

Delivery and Performance Committee


Tue 03 May 2022, 10:00 - 13:00

Teams

Agenda

10:00 - 10:00 **1. PRELIMINARY MATTERS**

0 min

 D&P_Agenda_03May22.pdf (2 pages)

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral Chair

1.3. Minutes from the previous meeting held on 28 February 2022, for approval

Oral Chair

 D&P_Item_1.3_Unconfirmed Minutes 28 February2022.pdf (14 pages)

1.4. Matters arising from the previous meeting

Oral Chair

1.5. Delivery and Performance Committee Action Log

Oral Chair

 D&P_Item_1.5_Action Log_May2022.pdf (2 pages)

10:00 - 10:00 **2. ITEMS FOR DISCUSSION**

0 min

2.1. Draft Performance Report, Section of Annual Report

Attached Director of Planning and Performance

 D&P_Item_2.1_Draft Performance Report Section of Annual Report_CoverPaper.pdf (4 pages)

 D&P_Item_2.1a_Draft Performance Report Section of Annual Report_2021-2022.pdf (71 pages)

2.2. Information Governance Toolkit Out-turn and Improvement Plan

Attached Medical Director

 D&P_Item_2.2_Information Governance Toolkit Out turn Report 2021-2022.pdf (7 pages)

2.3. Financial Performance Report Month 12 2021-2022

Attached Director of Finance and ICT

 D&P_Item_2.3_Financial Performance Report Month 12.pdf (17 pages)

2.4. Overview of Strategic Portfolio developments, including Progress and Risks

Attached Director of Planning and Performance

Powell Bethan
04/29/2022 13:26:54

 D&P_Item_2.4_Overview of Renewal Strategic Portfolio developments.pdf (30 pages)


2.5. Integrated Performance Report - Quarter 4 2021-2022

Attached *Director of Planning and Performance*

 D&P_Item_2.5_Integrated Performance Report_Quarter4_2021-2022.pdf (66 pages)

2.6. Information Governance Performance Report

Attached *Director of Planning and Performance*

 D&P_Item_2.6_Information Governance Performance Report.pdf (22 pages)

2.7. Committee based Risk Register

Attached *Director of Finance and ICT*

 D&P_Item_2.7_Committee Risk Report_April_2022.pdf (2 pages)

 D&P_Item_2.7a_AppendixA_Committee Risk Register April22.pdf (20 pages)

10:00 - 10:00
0 min

3. ITEMS FOR DISCUSSION

There are no items for inclusion in the section

10:00 - 10:00
0 min

4. OTHER MATTERS

4.1. Items to be brought to the attention of the Board and other Committees

Oral *Chair*

4.2. Any other Urgent Business

Oral *Chair*

4.3. Date of the Next Meeting: 23 June 2022 at 10:00

Powell Bethan
04/29/2022 13:00:54

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

**03 MAY 2022, 10:00 – 13:00
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				
10.00	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous meeting held on 28 February 2022, 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 DISCUSSION				
10:05	2.1	Draft Performance Report section of Annual Report	Attached	Director of Planning and Performance
10:40	2.2	Information Governance Toolkit Out-turn and Improvement Plan	Attached	Medical Director
10:55	2.3	Financial Performance Report Month 12 2021/22	Attached	Director of Finance and IT
11:10	2.4	Overview of Renewal Strategic Portfolio developments, including progress and risks	Attached	Director of Planning and Performance
11:40	2.5	Integrated Performance Report – Quarter 4 2021/22	Attached	Director of Planning and Performance
12:00	2.6	Information Governance Performance Report	Attached	Director of Finance and IT
12:20	2.7	Committee based Risk Register	Attached	Interim Board Secretary
3 ITEMS FOR INFORMATION				
There are no items for inclusion in this section				
4 OTHER MATTERS				
	4.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
	4.2	Any Other Urgent Business	Oral	Chair
	4.3	Date of the Next Meeting: • 23 June 2022, at 10:00 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.

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04/29/2022 13:00:54



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

UNCONFIRMED

**MINUTES OF THE MEETING HELD ON MONDAY 28 FEBRUARY 2022
VIA MICROSOFT TEAMS**

Present:

Mark Taylor	Independent Member (Committee Chair)
Kirsty Williams	Vice-Chair
Rhobert Lewis	Independent member
Ronnie Alexander	Independent member
Tony Thomas	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 Environment
Pete Hopgood	Director of Finance & IT Services
Andrew Gough	Deputy Director Finance
Jason Crowl	Assistant Director Community Services
Samantha Ruthven-Hill	Assistant Director of Planning
Steven Powell	Assistant Director Performance and Commissioning
Sophie Lloyd	Planning Manager
James Quance	Interim Board Secretary

Observers:

David Collington	Community Health Council
Bethan Hopkins	Audit Wales

Apologies for absence:

Vivienne Harpwood	PTHB Chair
Alison Davies	Director of Nursing and Midwifery
Mitchell Parker	Health Inspectorate Wales

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
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Powell Bethan
04/29/2022 13:00:54

PPPH/21/17	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p> <p>The Chair highlighted that as of 01 April 2022 Ronnie Alexander, Independent Member, will stand as Vice Chair of the Delivery and Performance Committee.</p>
PPPH/21/18	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
PPPH/21/19	<p>MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 1 NOVEMBER 2021</p> <p>The minutes of the previous meeting held of the Delivery & Performance Committee on 1 November 2021 were CONFIRMED as a true and accurate record.</p>
PPPH/21/20	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>No matters arising were declared.</p>
PPPH/21/21	<p>COMMITTEE ACTION LOG</p> <p>There were no action log updates.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
There were no items for inclusion in this section.	
ITEMS FOR DISCUSSION	
PPPH/21/22	<p>Integrated Medium Term Plan (IMTP), including Performance Trajectories and Financial Plan</p> <p>The Assistant Director of Planning presented the report which updated Members on the development of the IMTP for 2022-25 ahead of submission to PTHB Board for approval on</p>

Powell Bethan
04/29/2022 13:00:54

30 March 2022 and submission to Welsh Government on 31 March 2022. A presentation on performance trajectories was provided which had been constructed in conjunction with the services provided by PTHB. It was the intention to be compliant with expected performance by the end of 2022/23 but there would be a period when the organisation was still in a pandemic recovery position.

The Chief Executive confirmed that work on performance trajectories was ongoing, and the Executive Committee would be considering this matter at their meeting on 9 March 2022.

The Director of Planning and Performance advised that the trajectories were subject to several assumptions, some of which were external and changes to these could impact on the trajectories in a positive or negative way. The trajectories only related to performance of services operated by PTHB. The public also received services from adjoining health boards and the Powys IMTP would need to include information from adjoining health boards' IMTPs in relation to commissioned services.

How can the Board take assurance that commissioned services will be delivered? What impact does public expectation and political pressure have on the morale of staff?

The Director of Planning and Performance confirmed that PTHB is involved with Welsh Government and other health boards relating to the planned care national recovery plan. Work is undertaken to ascertain what is possible as a service provider including considering insourcing opportunities. The plan is at its initial stage and further work will be undertaken with Welsh Government. However, it is acknowledged that managing expectations will be difficult.

The Chief Executive noted that the Welsh Government recovery priorities were likely to be published shortly after the IMTP was due for submission. However, there it is unlikely that adjustment to IMTP priorities will be required.

The Director of Finance and IT presented the 2022/23 IMTP Revenue Plan included in the agenda pack outlining that a benefit in the opening position had been received with an additional 0.8% above the standard 2% uplift. Pressures were outlined as Continuing Health Care funding and variable pay. The assumption was made that delivery would be made against savings. Specific details regarding WHSSC (Welsh Health Specialised Services Committee) and EASC (Emergency Ambulances Services Committee) were provided as requested by Members. Potential national

Powell Bethan
04/29/2022 13:00:54

	<p>pressures such as energy costs and employers National Insurance (from the Health and Social Care levy) were noted as risks if they materialised and were not supported nationally. Covid related spending was expected to be covered nationally if required. If this expenditure was not covered nationally, it would be a risk.</p> <p>Savings of £8.9M had been identified as necessary to balance the plan. Of this £1.8M were still to be found and would be identified within the next six weeks.</p> <p><i>Is the organisation being too optimistic in terms of risk by not including items within the plan?</i></p> <p>The assumptions contained within the Plan are consistent with other health boards and the expectations of the Finance Delivery Unit. The assumptions are kept under constant review to reflect changes in circumstances and risk.</p> <p><i>Are assumptions relating to covid still valid now national government has outlined its direction in relation to covid?</i></p> <p>Welsh Government will soon announce the Test, Trace and Protect preferred option including financial implications, noting that much of the infrastructure is provided by UK Government. Assumptions are based on the best available information at this point in time.</p> <p>The Chief Executive asked the Committee to note that a forthcoming accountable officer letter will include risks to break-even as it is not certain at the present time whether the Board will accept the level of risk outlined.</p> <p>The IMTP update was NOTED.</p>
PPPH/21/23	<p>Performance Reporting</p> <p>a) Performance Overview</p> <p>The Director of Planning and Performance presented the Integrated Performance Report included within the agenda pack which outlined performance against the 2021/22 NHS Delivery Framework.</p> <p><i>There has been a fall in breast screening of 7% in the four years to 2018/19 and PTHB are now 7th in Wales. Is this decrease consistent with other health boards or are Powys patients not been treated by other health boards? Is this under the control of Public Health Wales (PHW)?</i></p> <p>PTHB neither commission nor provide screening which is undertaken by PHW. Some of the data regarding screening is old and a report on screening will be brought to a future meeting.</p> <p>Action: Director of Planning and Performance</p>

Powell Bethan
04/29/2022 13:00:54

	<p>b) Commissioning Assurance</p> <p>The Director of Planning and Performance presented the Commissioning Assurance report included within the agenda pack outlining those providers who were in Special Measures or who scored Level 4 or above in the PTHB Commissioning Assurance Framework.</p> <p>Attention was drawn to Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board who remained in Special Measures along with Wye Valley NHS Trust who were at Level 4.</p> <p>The Ockenden Report on Maternity Services in SaTH was due to be published imminently.</p> <p>A Strategic Change report is being prepared outlining the situation in all neighbouring trusts. This paper will be included in the Committee Work Programme.</p> <p>Action: Director of Planning and Performance</p> <p><i>Has the organisation had advance sight of the Ockenden Report?</i></p> <p>The Chief Executive advised that the Ockenden Report will be published in March and PTHB were in contact with the affected families and would provide support if required. A recent Panorama programme had rehearsed the situation but highlighted more recent cases which was a cause for concern. Whilst green shoots of recovery were apparent three months ago, recent developments were concerning and an Executive to Executive escalation is sought.</p> <p><i>A report to PEQS before Christmas had suggested that the position was improving.</i></p> <p>The Chief Executive noted that it would be necessary to take stock and suggested a Board Development session in April to understand the current challenges.</p> <p>Action: Interim Board Secretary</p>
PPPH/21/24 <div style="transform: rotate(-90deg); transform-origin: left bottom; position: absolute; left: 0; bottom: 0; font-size: small;"> Powell Bethan 04/29/2022 13:00:54 </div>	<p>Financial Performance: Month 10, 2021/22</p> <p>The 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.</p> <p>The current position is a £149k underspend with a forecast of breakeven. Capital expenditure to date was £4.4M</p>

however, there is a considerable amount of work ongoing, and many payments are expected to be made in the short term.

Key areas of concern continue to be variable pay and continuing health care costs.

The percentage of total pay consisting of agency costs is 9.4% in Powys, the highest in Wales and far above the average of 5.2%. What is the cost of agency staff, and can a different approach be taken?

The Director of Finance and IT reiterated variable pay was one of the key areas of concern and was an area of focus within the IMTP. This is both a financial issue but also affects continuity of care for patients.

It appears there were no professions within the organisation that do not have recruitment challenges. Block booking of agency staff is understandable but is not good from a financial perspective.

The Director of Planning and Performance noted that the number of vacancies in inpatient services was concerning and confirmed block booking had taken place during the omicron wave. Frontline staff did not like using agency staff but did so when struggling to find cover. The establishment was under review and would be considered at Executive Committee in March 2020. It was expected that a change of practice would be recommended which would be more challenging in some areas than others. This matter would be considered at Workforce and Culture Committee.

Action: Director of Workforce and OD

The feedback from the aspiring nurses programme has been positive. It will be necessary to build on this progress.

The Assistant Director of Performance and Commissioning confirmed Ward Reviews were taking place to ascertain the minimum staffing level that is necessary. This is a particular challenge for rural areas.

It is understood that in Mental Health services there is a reliance on locums for some parts of the service. This is a concern for continuity of service to patients.

Powell Bethan
04/29/2022 13:00:54

	<p>The Chief Executive advised that a strategic review of Mental Health services was planned due to issues of sustainability particularly in respect to staffing.</p> <p>The Director of Therapies and Health Sciences noted that the national shortage of psychiatrists in England and Wales meant a creative approach to support of patients was required.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Month 10 2021/22 financial position • NOTED the actions required in 2021/22 to deliver a balance position on 31 March 2022, including savings delivery • NOTED the Covid-19 position report • NOTED the additional risks on delivery of a balanced position on 31 March 2022 • NOTED the underlying financial position and actions required to deliver recurrent breakeven for 2022/23
PPPH/21/25	<p>Report of the Director of Environment:</p> <p>a) Health, Safety and Fire Safety Update, including risks de-escalated from Corporate Risk Register</p> <p>The Director of Environment presented the report noting that Health and Safety had previously fallen within the portfolio of the Director of Workforce and OD and that Health and Safety Policies were being updated to reflect the change as of 1 December 2021.</p> <p>Specialised Health and Safety subgroups had been set up and reporting timeframes had been reduced from quarterly to monthly. Regular reports would be presented to the Delivery and Performance Committee. Health and Safety had been escalated to Board with a risk score of 12. The Health and Safety risk score remains at 12.</p> <p>The Fire risk score remains at 16. An operational fire management structure has been put in place and all sites have had fire drills. 400 staff have received Fire training.</p> <p>The Executive Committee has recommended that Health and Safety and Fire risks should be removed from Board monitoring but continue to be monitored by the Director of Environment.</p>

Powell Bethan
04/29/2022 13:00:54

Will it be necessary to employ external fire safety trainers and what will be the timescale for completion of this training?

A training needs analysis will be undertaken from which it will be possible to ascertain whether external training is sourced, or the internal training resource expanded to meet the demand. It is intended that the training needs analysis will be reported to Executive Committee in March 2022, and it is expected that external training will be required.

Are specific health and safety issues subject to Datix reports and if so, what is the outcome of these reports?

There is a process of monitoring incidents to ascertain if they should be subject to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). Reports should include not just the data but what happened because of the incident.

If the scores for Health and Safety and Fire Risks remain the same what is the rationale for de-escalating them from Board monitoring?

The de-escalation reflects the arrangements that have been put in place to manage the risks operationally which has reduced the need for Board oversight. The Director of Environment noted that should the monitoring of these risks identify any matters for a return to enhanced monitoring at Board level this would be reported.

The Health and Safety and Fire Safety risks were DISCUSSED.

b) NEPTS Performance

The Director of Environment presented the report which provided an update on the performance of WAST (Welsh Ambulance Services Trust) as the core NEPTS (Non-Emergency Patient Transport Services) provider, and the cross-border NEPTS contracts in Shropshire and Herefordshire with E-Zec Medical Services Limited. The National Collaborative Commissioning Unit will consider the transfer of the two E-Zec contracts to the national commissioner over the next 18 months. This will enable all activity in Powys to be visible.

The position in respect of the three NEPTS contracts was NOTED.

c) Capital Developments

The Assistant Director of Estates and Property presented the report included in the agenda pack. The current Capital Resource Limit (CRL) is £15.495M which is the highest level

Powell Bethan
04/29/2022 13:00:54

for some years and with 46 projects will be challenging for the team to deliver. The Discretionary Capital Programme (DCP) 2021/22 is on target to spend the £1.43M allowance. The DCP for 2022/23 has been reduced from £1.43M to £1.089M.

£2.2M was secured from the Estates Funding Advisory Board in 2021/22 for areas including decarbonisation, fire safety and infrastructure. Welsh Government have advised this scheme will be paused in 2022/23.

All Wales Capital Funding and Integrated Care Funding projects include:

- North Powys Programme;
- Llandrindod Phase 2 Programme.
- Brecon Car Park;
- Health and Care Academy, Bronllys; and
- Machynlleth Project.

Welsh Government Covid/Recovery capital has granted an additional £960k to the £550K already received to fund equipment and urgent capital project activity.

The decrease in discretionary capital funding is minimal. Why is this being flagged as an issue?

It was noted that one of the main implications is the reduced contingency that the health board is able to carry and it will need to be alert to slippage towards the end of the financial year.

The Director of Planning and Performance explained that the reduction in discretionary capital funding had a disproportionate overall effect and it is vital that the capital funding pipeline is sufficient to support the strategic ambition of the health board.

The Chief Executive drew attention to statistics which showed that PTHB had 38% of its estate predating 1948 compared with an all-Wales average of 12%. PTHB also had the least new estate with only 5% built post 2005 compared to an all-Wales average of 20%. The Chief Executive advised that a letter would be sent to the NHS Wales Chief Executive outlining that the impact of the reduction of capital funding on PTHB.

The report refers to the air handling unit at Llandrindod Wells Hospital. Have lessons been learnt from this issue?

The Assistant Director of Estates and Property confirmed that capital funding at current levels is recent for PTHB and whilst there were specific issues in this instance wider lesson have been learned.

Powell Bethan
04/29/2022 13:00:54

	<p>The Chair confirmed that this had been subject to an Internal Audit report where the lessons learned had been codified.</p> <p>The delivery of the Capital Programme in 2021/22 and position for 2022/23 was DISCUSSED.</p>
PPPH/21/26	<p>PLANNED AND UNSCHEDULED CARE REPORT</p> <p>The Assistant Director of Performance and Commissioning presented the report noting that in Planned Care there were challenges relating to echo-cardiograms, endoscopy and non-obstetric ultrasound. Plans were in place to improve the position relating to echo cardiogram and endoscopy. However, there was a particular issue for musculoskeletal (MSK) scans and options under consideration including pooling lists with Betsi Cadwalladr UHB.</p> <p>Whilst the overall waiting list was falling it remains high in adult audiology which was reliant on in-reach Service Level Agreements (SLAs). In-reach consultants had been called back during the omicron wave however, with the return of in-reach SLAs it was expected that the waiting list target would be met by June 2022.</p> <p>Performance in planned care was less positive and this would be a key area of work. There are waiting lists in both England and Wales, however, the performance and pace of recovery in planned care is better in England than in Wales.</p> <p>In relation to cataracts there are three waiting lists:</p> <ul style="list-style-type: none"> • Powys providers queue which is moving; • English providers queue which is moving slowly; and • Welsh providers queue which is moving very slowly. <p>The intention is to see if any patients in the English and Welsh queues can be bought back into the Powys queues. This would be the best outcome for patients. However, it was noted this would result in the wait times from England or Wales lists now being counted as Powys wait times.</p> <p>Performance across planned care was outlined within the report and the summary position outlined. It was noted that the Ministerial Outcome measures for 2022/23 were expected to define stretch targets moving back to a compliance with standards position. It was noted that some areas were expected take until March 2024 to recover and</p>

Powell Bethan
04/29/2022 13:00:54

	<p>not all the work necessary for return to compliance was yet financed.</p> <p><i>What are the assumptions that have been made to reach the position outlined?</i></p> <p>The model of planned care provided by Powys is considered to be accurate. However, planned care in provider services which might be affected by Emergency Department pressures is less easy to model.</p> <p><i>Are in reach consultants being recalled to their Health Boards on a fair basis or is this having a disproportionate effect on Powys residents?</i></p> <p>The Chief Executive noted this was a complex issue with Powys patients accessing planned and unscheduled care both in Powys and in the District General Hospitals. The omicron wave had resulted in unusual levels of volatility, but it was hoped that the position would now settle down.</p> <p>In relation to unscheduled care the current ambulance response time for red calls is variable and being driven by demand, the number of ambulances available to respond to calls and the waiting time to unload. The Minor Injury Unit performance is compliant, however, performance at Welsh Accident and Emergency sites has deteriorated in recent weeks. A number of 12-hour trolley breaches have been recorded which would previously have resulted in the imposition of Special Measures. Despite an intention to improve urgent care the current position appears to be ongoing with no sign of improvement. The average length of stay in a community hospital has reduced from 54 days (November 2021) to 36 days (January 2022). Over the same period the number of patients staying over 120 days has reduced from 20 to 3. Thousands of bed days have been released for repatriation of patients from District General Hospitals or to take patients directly from GPs.</p> <p>The Director of Planning and Performance highlighted the need to sustain this progress and reduced the length of stay to 21-28 days.</p> <p>The Planned and Unscheduled Care Report was DISCUSSED and NOTED.</p>
<div data-bbox="135 1848 319 2027" data-label="Text"> <p>Powell Bethan 04/29/2022 13:00:54</p> </div> <p>PPPH/21/27</p>	<p>COMMISSIONING ASSURANCE FRAMEWORKS: a) GENERAL MEDICAL SERVICES (GMS)</p>

The Director of Finance presented the report relating to the period 2020/21, noting that there had been a number of temporary contract changes during this period and that the focus had been on maintaining essential services. It was confirmed that all 16 Practices remained in Level 1 Routine Monitoring and that there were no contractual or regulation breaches during the period. Outside of GMS contractual obligations, quality and service delivery was monitored with a general theme of non-compliance relating to the national influenza targets and childhood immunisation targets. These areas are monitored and considered by the PTHB Influenza Vaccination Oversight Group and PTHB Health Child Wales Programme.

Current Powys practice absences are higher than others, for example 20% of GPs are absent, far higher than the Welsh average. Is the reason for this known?

The Director of Finance and IT was not aware of a specific reason for this but would investigate it.

Action: Director of Finance and IT.

This appears to be a positive position. Is this reflected on the ground?

The Director of Finance and IT confirmed that an Access Survey has taken place which will be reported at the Patient Experience, Quality and Safety Committee in March 2022. This paper has been through Executive Committee and can be circulated to Delivery and Performance Committee members.

Action: Interim Board Secretary

The Chief Officer of the Community Health Council (CHC) has indicated there is patient concern regarding General Practice and would wish to reinstate Patient Participation Groups in each of the Surgeries. The pressure that GPs are under is acknowledged and there is the potential of reinforcing negative views without evidence.

The Director of Planning and Performance confirmed that local practices were feeling under pressure and did not always feel supported by their local communities. It may be more appropriate to start Patient Participation Groups on a cluster basis to include community, GP and hospital services. The Director of Therapies and Health Sciences advised that an offer had been made to assist the CHC with thematic analysis and patient consent.

b) GENERAL DENTAL SERVICES

The Director of Finance presented the report outlining that for the period 2020/21 9 practices were at Level 1 Routine

Powell Bethan
04/29/2022 13:00:54

	<p>Monitoring whilst 14 practices were at Level 3 Enhanced Monitoring. The actions taken as a result of Level 3 monitoring were outlined within the report.</p> <p><i>What progress has been made on the new Dental Contract?</i> The Director of Finance and IT confirmed that discussion was ongoing with the intention to move towards supporting dental health rather than focusing on units of work.</p> <p>The Commissioning and Assurance Frameworks 2020/21 for General Medical Services and General Dental Services were DISCUSSED and NOTED.</p>
PPPH/21/28	<p>DIGITAL FIRST UPDATE</p> <p>The Director of Finance and IT presented the report which provided an update on Digital First and detailed progress and performance within Digital Transformation and Informatics, including Section 33 ICT performance activity. Attention was drawn to the successful implementation of the Medilogik Endoscopy Management system which PTHB were the first to implement across Wales. Additionally, PTHB have secured over £2.3M from the Welsh Government Digital Priorities Improvement Fund for improved infrastructure and Wi-Fi. It was noted that it would be necessary to modernise the performance indicators used in respect of Section 33 agreements.</p> <p><i>Does this project cover all aspects of infrastructure rather than focus primarily on Wi-Fi?</i> The Director of Finance and IT confirmed that the project covered all areas including servers and resilience.</p> <p>The Digital First Update was DISCUSSED and NOTED.</p>
ITEMS FOR INFORMATION	
There were no items for inclusion in this section.	
OTHER MATTERS	
PPPH/21/29	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There are no items for inclusion in this section</p>
PPPH/21/30	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
PPPH/21/31	<p>DATE OF THE NEXT MEETING</p> <p>3 May 2022 at 10:00, via Microsoft Teams.</p>

Powell, Bethan
04/29/2022 13:00:54

Key:

Completed

Not yet due

Due

Overdue

DELIVERY AND PERFORMANCE COMMITTEE ACTION LOG 2022/23 (May 2022)



GIG
CYMRU
NHS

Bwrdd Iechyd
Addysgu Powys
Powys Teaching

Minute	Meeting Date	Action	Responsible	Progress Position	Status
D&P/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.	
D&P/22/23	28 February 2022	Paper on screening data to be brought to Committee	Director of Public Health	Due to Committee in May 2022. Due to effect of this report being requested for assurance this is being prepared for Executive committee at the end of May and will be presented for information at a future Delivery and Performance Committee.	
D&P/22/23	28 February 2022	Strategic Change Report to be brought to Committee	Director of Planning and Performance	Taken to Planning, Partnerships and Population Health Committee 7 April 2022	

D&P/22/23	28 February 2022	Stocktake on Ockenden Report to be brought to April Board Development	Interim Board Secretary	Taken to Board Development on 28 April 2022	
D&P/22/24	28 February 2022	Report on review of staffing establishment to be taken to Workforce and Culture Committee	Director of Workforce and OD		
D&P/21/27	28 February 2022	Investigate reason for high level of GP absence	Director of Finance and IT		
D&P/22/27	28 February 2022	Circulate Patient Access Survey	Interim Board Secretary	Survey circulated on 16 March 2022	

Powell, Bethan
04/29/2022 13:00:54

Agenda item: 2.1

Delivery and Performance Committee		Date of Meeting: 3 May 2022
Subject:	Draft Performance Report Section of Annual Report 2021 -2022	
Approved and presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director of Planning	
Other Committees and meetings considered at:	None – this is the first consideration of the Draft Version of this report.	

PURPOSE:

This report provides the Committee with the Draft Performance Report Section of the Annual Report 2021/22 for consideration and feedback.

This is one component of the larger document that makes up the statutory Annual Report, comprising the Performance Report, Accountability Report and Financial Statements. (The Draft Accountability Report and Financial Statements are being considered through a separate process).

Following consideration by this Committee and any amendments made as a result, the Draft Performance Report section will be collated as part of the Draft Annual Report by the Corporate Governance Team and submitted to Audit Wales by 6 May 2022.

The Final version of the whole Annual Report will subsequently be presented for approval at PTHB Board on 14 June 2022 ahead of submission to Welsh Government by 15 June 2022.

RECOMMENDATION(S):

The Committee is asked to consider the Draft and provide any feedback which will be used to inform the final version.

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04/29/2022 13:00:54

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 the Draft Performance Section of the Annual Report 2021/22 for consideration and feedback.

DETAILED BACKGROUND AND ASSESSMENT:

The Draft Performance Report Section is one component of the larger document that makes up the statutory Annual Report, comprising the Performance Report, Accountability Report and Financial Statements. (The Draft Accountability Report and Financial Statements are being considered through a separate process).

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

The purpose of the Performance Report section of the Annual Report is set out in the guidance provided in the NHS Wales Manual for Accounts, to provide information on Powys Teaching Health Board, its main objectives and strategies and the principal risks that it faces.

In response to the Covid-19 pandemic, the reporting requirements have been reviewed and streamlined whilst ensuring all regulatory matters are met and the report provides information to reflect the position of the NHS body within the community and provide public accountability.

The report is structured to provide an account of progress against the PTHB Annual Plan for 2021/ 22 which was agreed initially in draft form at PTHB Board on 31 March 2021 and submitted to Welsh Government on the same day. It was subsequently agreed in final form at PTHB Board on 29 June 2021 and submitted to Welsh Government as the final version on that day. This was in line with the national requirements at that time, the Integrated Medium-Term Plan being suspended for a second year due to changes in national planning requirements to respond to the Covid-19 pandemic.

The Performance Report section has been developed following a significant process of collation of updates from teams across the organisation on their work up to the end of the year, and therefore incorporates the Quarter 4 report on progress against the Annual Plan 2021/22.

Key performance data and supporting intelligence is included, it should be noted that the data was the most up to date information available at the time of inclusion with Committee papers. Further updates will be carried out for the final version of the report in June 2022, where further year end data is available.

The report itself provides further detailed background and assessment, including a forward look to the year ahead.

NEXT STEPS:

Feedback is welcomed as this will inform the final version of the Performance Report section of the Annual Report.

The Performance Report section is collated as part of the Annual Report by the Corporate Governance Team and submitted as follows:

- The Draft Version of the Annual Report (including this Draft Performance Report, the Draft Accountability Report and Draft Remuneration report) will be reviewed by the Audit, Risk and Assurance Committee on Monday 13 June 2022 and presented to the PTHB Board for formal approval on Tuesday 14 June 2022;

The Final Annual Report and Accounts (with final versions of all sections) will be submitted to Audit Wales and HSSG Finance by Wednesday 15 June 2022, as a single unified PDF document.

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

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

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DRAFT Performance Report

For the Annual Report 2021 – 2022

Draft for Delivery and Performance Committee

3 May 2022

Powell Bethan
04/29/2022 13:00:54

CONTENTS

	<u>Page</u>
Purpose and Requirements for 2020/2021	3
Powys and its Population	3 – 5
The role of the health board	6
Planning and Delivery Framework	6 - 9
Highlights of the Year	10 - 11
Performance Overview	12 - 21
Covid Response	12 -
Modelling and Surge Planning	14
Powys Prevention and Response Plan	15 - 17
Covid-19 Vaccination Programme	17 - 20
Covid-19 Recovery and Rehabilitation	21
Essential Healthcare	22 - 38
Wellbeing and Prevention	23 - 24
Equalities and Welsh Language	25 – 26
Primary and Community Care	27 - 28
Urgent and Emergency Care	29 - 30
Regional and Specialist Care	31
Planned Care	32 - 38
Renewal	39 - 48
Frailty and Community Model	39 - 40
Long Term Conditions & Wellbeing	40 – 41
Diagnostics, Ambulatory and Planned Care	41
Advice, Support and Prehabilitation	42
Children and Young People	43 – 44
Tackling the Big Four	44 - 47
Value Based Health Care	48
Quality and Patient Experience	49 - 51
Workforce Futures	52 - 55
Digital First	56 - 58
Innovative Environments	59 - 61
Transforming in Partnership	62 - 65
Forward Look 2022 - 2025	66 - 70

Purpose and Requirements for 2021 /22

The purpose of the Performance section of this Annual Report as set out in the guidance provided in the NHS Wales 2020-21 Manual for Accounts is to provide information on Powys Teaching Health Board, its main objectives and strategies and the principle risks that it faces.

In response to the Covid-19 pandemic, the reporting requirements have been streamlined whilst ensuring all regulatory matters are met and the report provides information to reflect the position of the NHS body within the community and provide public accountability.

The requirements for an Integrated Medium Term Plan remained suspended in this period and an Annual Plan was required instead for the period 1st April 2021 – 31st March 2022.

The Annual Report is required to provide an overview of progress against the Annual Plan, in line with a revised recommended approach set out in the Annex 7 of the NHS Wales guidance.

Powys and its population

The health board develops its plans based on an assessment of the needs of the Powys population which takes into account environmental, social and economic issues and the role of the health board in its community.

Powys is one of the most rural counties in the UK. Whilst the county is large, covering approximately 25% of the landmass of Wales, it has only 5% of the population. The county has a strong network of small towns and villages with a high level of community commitment and a strong voluntary sector.

Unemployment is low; however, Powys has a low-income economy with low average earnings and house prices that are high when compared to other areas in Wales. Five areas (Lower Super Output Areas) are among the most deprived 30% in Wales, clustered around the main market towns with higher residential populations.

There are generally good health outcomes in the County and people live longer and spend more years in good health than the national average, eating a healthier diet and being more physically active.

The Powys Public Service Board Well-being Assessment, carried out prior to the pandemic and updated in 2021, notes a strong sense of community and satisfaction with life, with 83% reporting that they felt they belonged to their local area, compared to 75% in Wales as a whole. *See Powys Well-being Assessment for further detail and sources*

<https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

However, whilst general health is good, there are issues that have informed our long-term strategy prior to the pandemic and there is now the impact of the pandemic itself to be taken into account.

The population in Powys is older compared to the rest of Wales and the proportion of older people is growing. The working age adult population is smaller compared to Wales and it is predicted that the number of young people and working age adults will decrease, whilst the number of older people will increase.

The population assessment demonstrates that 1 in 5 people still smoke, 1 in 4 children are overweight or obese on entering school and 6 in 10 adults are overweight or obese. Health inequalities amongst people living in the most deprived areas of Powys are significant; a child born in the most deprived area lives approximately 10 years (boys) to 14 years (girls) less than a child born in the least deprived area.

The latest evidence regarding the impact of the Covid-19 pandemic (direct and indirect) on the population shows that the impacts will be felt in societies for many years to come, health inequalities will widen, unless this risk is mitigated, and there is evidence of a complex effect on health behaviour, with both positive and negative impact.

There will be differing effects between population groups, and with increased unemployment, there is evidence that longstanding illness would be expected to increase gradually. There would be a higher increment in the percentage of adults with limiting longstanding illness compared to adults with any long-standing illness which would have implications for healthcare services. It may result in c. 900,000 more adults of working-age in the UK developing chronic health conditions.

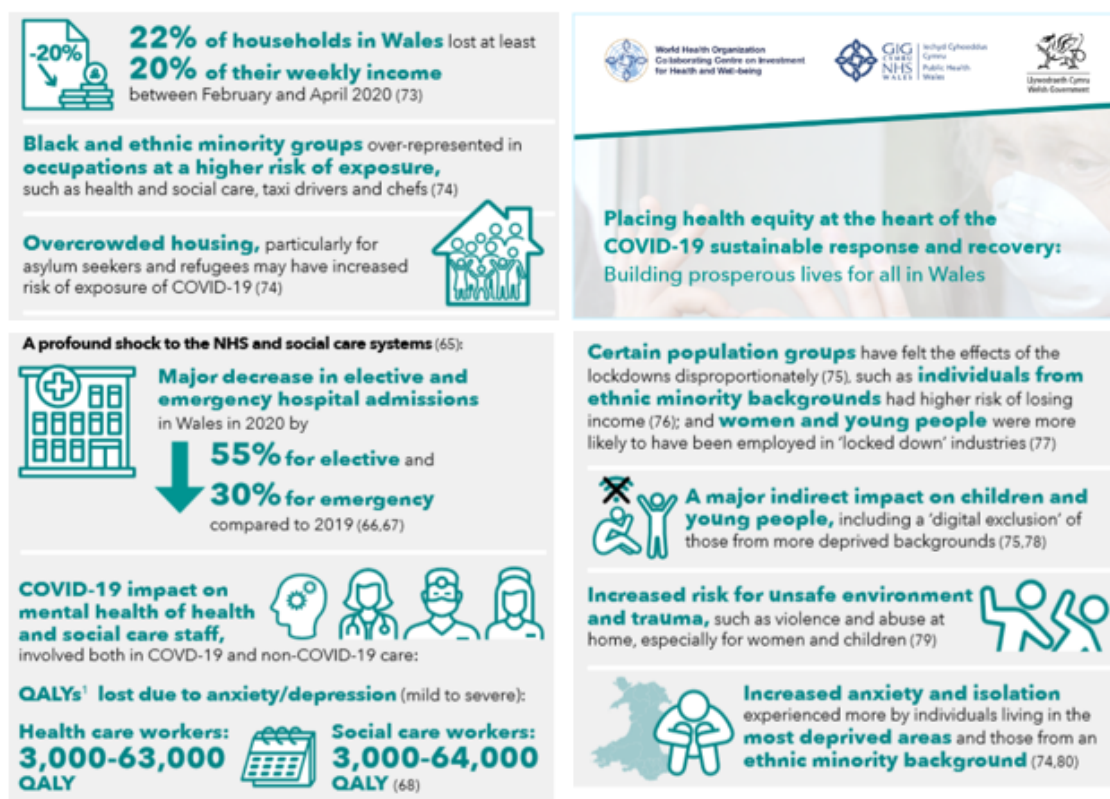
Based on current unemployment predictions, there is evidence that the percentage of working-age adults with chronic health conditions is projected to increase following the up to the end of 2022/23, with a higher increment for mental health and endocrine/metabolic problems:

- The proportion of working-age adults limited a lot by long-standing illness is projected to increase from 18.1% in 2019/20, to 24.4% in 2022/23. *For Powys, this is 4,719 more adults.*
- The proportion of working-age adults with musculoskeletal problems is projected to increase from 17.1% in 2019/20, to 19.4% in 2022/23. *For Powys, this is 1,723 more adults.*
- The proportion of working-age adults with heart and circulatory problems is projected to increase from 12.8% in 2019/20, to 15.5% in 2022/23. *For Powys, this is 2,023 more adults.*
- The proportion of working-age adults with respiratory problems is projected to increase from 8.2% in 2019/20, to 10.6% in 2022/23. *For Powys, this is 1,797 more adults.*
- The proportion of working-age adults with endocrine and metabolic problems is projected to increase from 7.9% in 2019/20, to 10.9% in 2022/23. *For Powys, this is 2,247 more adults.*
- The proportion of working-age adults with mental health problems is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23. *For Powys, this is 2,322 more adults.*

Source: Planning Ahead: Evidence Relating to the Impact of the Pandemic (Catherine Woodward, February 2021)

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

The report 'Placing health equity at the heart of the Covid-19 sustainable response and recovery' (The Welsh Health Equity Status Report, 2021) sets out the wider socio-economic impact in Wales:



The report emphasises the profound interdependence between population and community well-being and a window of opportunity to accelerate new approaches to healthier, more resilient people, societies and economies.

The Kings Fund have identified insights from recovery work globally noting that recovery will span 10 to 15 years and will not be linear. 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. There are four priority areas: Mental Health; Community need; Not leaving anyone behind; Collaboration.

The World Health Organisation have suggested that there will be different stages of impacts on populations following the pandemic and there is evidence emerging continually on population well-being of relevance to Powys that has informed the health board's work during the year and the development of its Annual Plan for 2021-22 and review of the Population Assessment which will be taking place in the year ahead.

The role of the health board

The health board has a unique role as both a provider and commissioner of healthcare for the residents of Powys.

Healthcare services that are directly managed by the health board are provided through its network of community services and community hospitals, with a range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community based facilities.

Primary care is delivered through contractors including General Practices and Out of Hours services; Dental Practices and health board primary care dental services as well as Community Dental Services located across Powys as part of community services; Pharmacies and Optometrists. Community and Voluntary services are also provided through agreements with the Third Sector.

The health board commissions secondary care from District General Hospital providers in both England and Wales. Specialist care is commissioned through collaborative arrangements overseen by the Welsh Health Specialist Services Committee.

The health board has defined the Values that underpin the organisation's structure, processes, people and culture.

These have been developed by people who work in the health board and its stakeholders.

They resonated even more strongly throughout the pandemic and remain core to the organisational well-being and development.



Planning and Delivery Framework 2021-22

Whilst the Covid-19 pandemic led to changes in the planning and delivery of healthcare, the shared long-term health and care strategy, A Healthy Caring Powys has remained the foundation for the health board's medium and long term view.

'A Healthy Caring Powys' is framed around eight well-being objectives that were developed following extensive engagement with the public, service users and carers, stakeholders and staff.

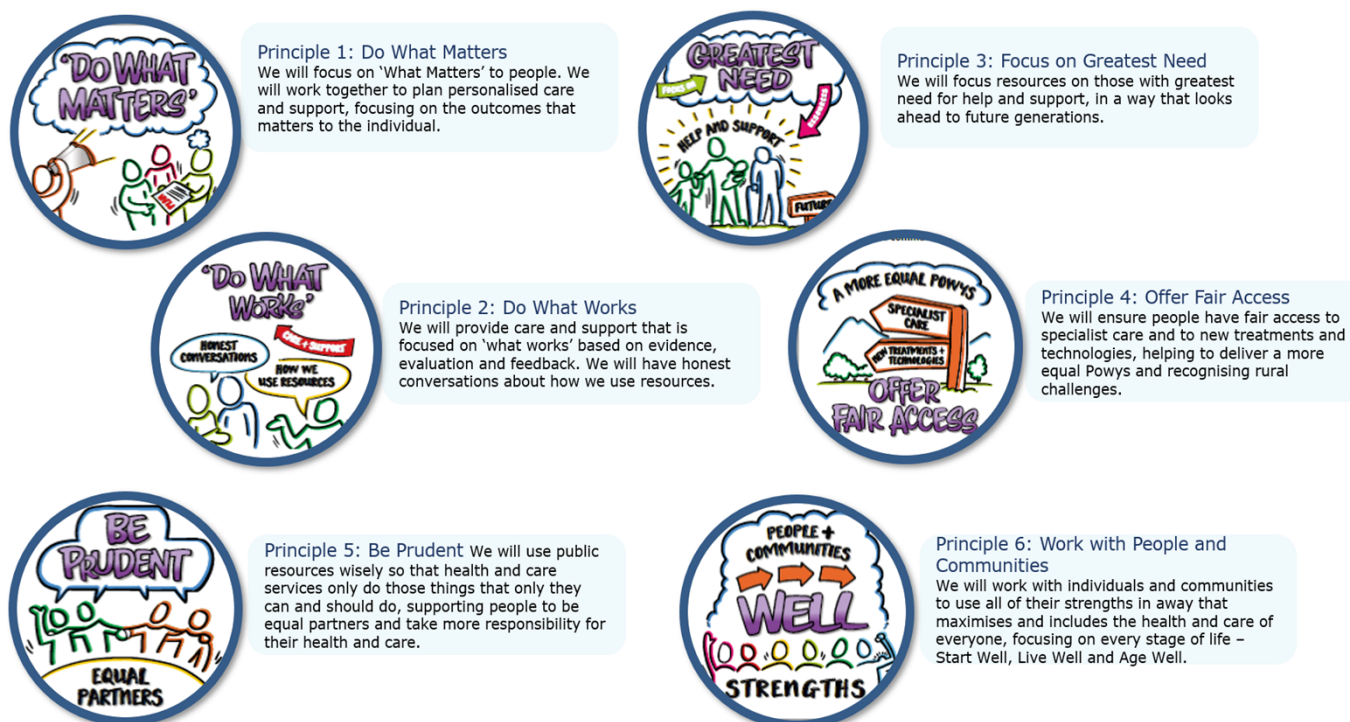
They consist of four core well-being objectives:

- Focus on Well-being
- Early Help and Support
- Joined Up Care
- Tackling the Big Four

And four enabling objectives:

- Workforce Futures
- Digital First
- Innovative Environments
- Transforming in Partnership

A set of principles were also developed with staff, partners, patients, carers and stakeholders as part of the Health and Care Strategy. These also came to the fore during 2020-21, setting the parameters for the delivery of safe and effective care and the agreement of meaningful priorities going forward.



Arrangements for Integrated Medium Term Plans were suspended at the outset of the pandemic in the first quarter of 2020/21 and remained suspended throughout the period of this report up to the end of March 2022. An Annual Plan was required to be developed instead and this report therefore focuses on delivery against that plan.

The Annual Report for 2021/22 whilst continuing to respond to the Covid-19 pandemic, was set in the context of 'A Healthy Caring Powys' which itself is informed by the Powys Well-being Assessment. It also followed Welsh Government and UK Government requirements and guidance from the World Health Organisation and clinical bodies in the context of the Covid-19 pandemic.

Development of the Annual Plan 2021/22 took a six step approach to ensure a full consideration of the complexity including emerging evidence of the impact of the pandemic.

Step One allowed for a *reflection* on what had been learnt by the health board during the pandemic to that point. This was important to understand where there were areas of positive development and where improvement was needed.

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04/29/2022 13:00:54

Step Two focused on the impact of the pandemic on the population of Powys. Using an *evidence-based approach* to determining critical priorities so that most effort is spent in ways that will make the most difference in areas of most need, the issue of inequity and health inequalities standing out particularly strongly.

Step Three *appraised the current position* of health service provision for patients/service users and communities. This considered information on how long people were waiting for access to services, particularly planned care appointments and operations, but also support with for example mental health, therapy services and other key health service support.

Step Four drew together the evidence from the previous three to form *critical priorities* for the year ahead. These included the continuation of measures to manage the pandemic, particularly the Test, Trace, Protect service and the Covid Vaccination service. Alongside this, the further acceleration of the provision of essential and routine services, recognising the access challenges brought about by the pandemic.

Step Five centred on *proposals to make a positive change* for and with the people of Powys. This embraced the learning during the pandemic, some of which was surprising, highly valuable and to be embraced. It set out ways the health service with partners and patients/service users/carers/citizens and communities can develop better ways of providing access to high quality healthcare.

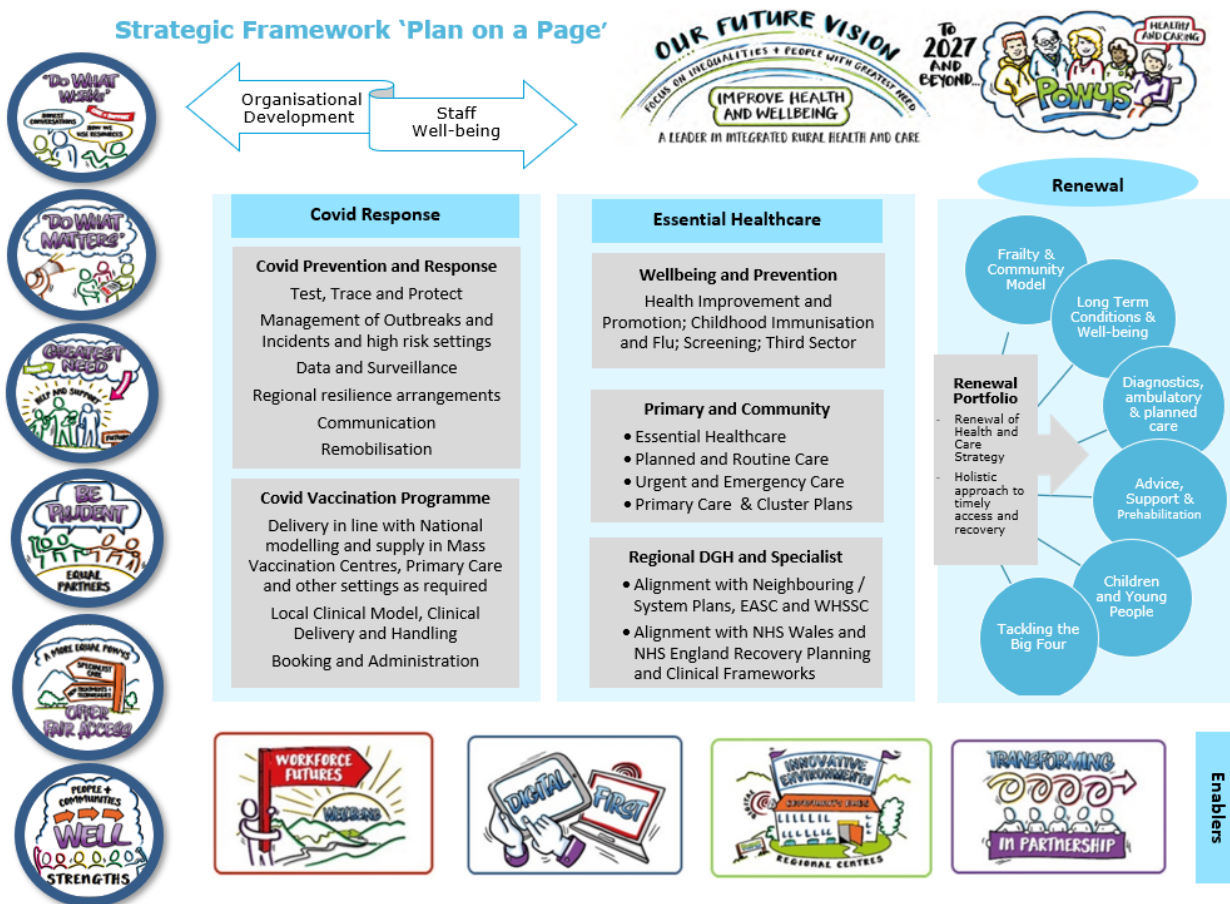
Step Six defined the actions necessary to achieve this change. It saw the creation of a significant new portfolio of work focused on Renewal which would tackle the recovery of access times and look longer term at sustainable delivery of quality healthcare.

The 'Plan on a Page' below shows how the final Annual Plan was set in the context of our future vision and principles, structured around three core elements:

- Covid Response
- Essential Healthcare
- Renewal

This is supported by the enabling objectives of Workforce Futures, Digital First, Innovative Environments and Transforming in Partnership:

Powell Bethan
04/29/2022 13:00:54



The importance of organisational development and staff wellbeing was highlighted, acknowledging the huge efforts that had been made in responding to the pandemic and the impacts on staff, partners and communities.

A focus on wellbeing was a key priority, with a recognition that it directly impacts on the ability to be involved in how services develop to meet the needs of our population; how the organisation itself develops and operates and how individuals can thrive through their work in the health board and in partnership with Trade Unions.

The Annual Plan similarly focused on community wellbeing, with self and supported care approaches, shared decision-making and care closer to home. Digital care has in many cases been transformative, with more rapid and accessible service provision, as well as providing opportunities for more efficient and effective working.

Innovation and agility, trying new things, improving ways of working and adapting to new challenges has been key, working with partners and the wider community.

Powell Bethan
04/29/2022 13:00:54

Highlights of the Year

There have been significant challenges over the past two years however there have also been substantial achievements. Services have been disrupted through the pandemic and access has been more difficult, however adaptations have been made to minimise the impact of this.

Essential healthcare was delivered, working in partnership with staff and trade unions to adapt ways of working, supported by training, role development and deployment.

- Quality, safety and infection control measures were maintained, with associated clinical and professional practice and guidance
- Estates and equipment improvements delivered to support covid response and surge preparations
- Primary Care contractors adapted to ensure life-essential and life-critical care was maintained
- Community Care teams pioneered new approaches including use of technology to support complex and vulnerable patients
- 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
- Partnership working continued with colleagues in the military services, volunteers and community groups, enabling the successful delivery of the covid vaccination programme
- Partnership with Powys County Council was central to the Covid response including the Test, Trace and Protect service
- Communications were enhanced with key stakeholders including the Community Health Council and local politicians, cabinet members



and partners. Local campaigns were delivered to support national messages and guidance

- There has continued to be progress against the ambition in 'A Healthy Caring Powys', with the Regional Partnership Board (RPB) and Public Services Board (PSB) renewing the commitment to the Health and Care Strategy and the Well-being Plan
- Joint work carried out 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 health board has taken important steps in 2021 on climate change, with Board approval of the Biodiversity Delivery Plan and Decarbonisation Delivery Plan.
- Transformation programmes 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 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.
- The health board has continued to implement the Clinical Quality Framework to target quality improvement work and strengthen feedback on patient experience.
- Intelligence capability has been strengthened linked to system resilience planning and giving greater lines of sight across both unscheduled and planned care pathways.
- The North, Mid and South Powys Clusters have reviewed their plans in parallel with the IMTP this year, resetting their aims in line with the ambition for Accelerated Cluster Development.

A more detailed analysis of performance against the three areas of the Annual Plan is provided on the following pages.

NB: This report will be updated with further Year End Performance Data for the Final Version (data not fully available at publication of Draft)

Powell Bethan
04/29/2022 13:00:54

Performance Overview

Covid Response

During the first phase of the response to Covid-19 the health board worked at pace to adapt its planning and delivery to life-essential and critical services and produced a Clinical Response Model and Support Services Model which has provided the foundation for the planning and delivery of safe, effective and quality services during the pandemic.

A **Covid-19 Prevention and Response Plan** has been in place throughout, regularly reviewed and updated in line with national policy. This encompassed:

- Prevention messages and activities for the general population.
- Prevention messages, support and enforcement in high risk settings such as hospitality, manufacturing, hairdressing and food processing.
- Prevention & Response related activities in care homes, community hospitals, schools and other closed settings.
- Covid-19 Testing
- Covid-19 Contact Tracing
- Covid-19 Mass Vaccination
- Incident Management
- System resilience arrangements

PTHB framed the delivery of healthcare in this period around the 'Four Harms' initially set out by Welsh Government in the context of the pandemic:

- Harm from the Covid-19 pandemic itself
- Harm from the reduction in non-Covid activity
- Harm from the risk of an overwhelmed health and social care system
- Harm from the lockdown or wider societal actions

This was subsequently updated to five harms (Technical Advisory Group Five Harms Arising from COVID-19, 9 July 2021, Welsh Government):

- 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

The PTHB Covid Response reflected the **dual track** approach recommended by the World Health Organisation, based on a 'proceed with caution' principle, remaining ready to provide care needed to prevent, diagnose, isolate and treat Covid-19 (Track 1) and addressing accumulated demand from services that were paused to reduce exposure to and provide care for during outbreak peaks (Track 2).

A **Strategic Gold Group**, chaired by the Chief Executive has been in operation throughout the pandemic to manage the response to the Covid-19 pandemic, underpinned by **delivery principles**:

- The use of agile planning to respond to Covid-19, using 30, 60 and 90 day cycles
- A stepped approach based on robust modelling and early warnings
- A dual track approach - continuous review and assessment to balance the delivery of Covid and Non Covid healthcare
- A collaborative approach building on regional working across Powys including the Local Resilience Forum, Silver Command structures cross border, Regional Partnership Board and Public Services Board
- An evidence based approach, utilising national and international learning, policy and practice and local learning

This approach is built on **strong partnerships** with Powys County Council and other key partners in regional resilience forums across Dyfed Powys, Shropshire Telford and Wrekin and Herefordshire and Worcestershire as well as Welsh Government. Collaboration with the third sector had been a defining feature of the first year of response in 2020/21 and remained important during the second year in 2021/22, helping and supporting people through the changing phases of the pandemic.



Powell Bethan
04/29/2022 13:00:54

Modelling and Surge Planning

Operational and tactical plans were reviewed as national guidance and requirements changed and escalation levels in relation to the covid pandemic and related restrictions and regulations evolved.

Surge plans were developed utilising national modelling intelligence and local information. Preparations had been made at the early stage of the pandemic in spring 2020 which were revisited throughout 2021/22. Whilst the health board had considered and carried out preliminary preparations for potential use of field or alternative hospital provision, these were not required as it was possible to deliver surge plans within PTHB capacity.

The national modelling in relation to the progress of the pandemic has been used as a guide and has been updated as part of the Minimum Data Set (MDS) provided by Welsh Government.

A key source of modelling is from the Wales Technical Advisory Group (TAG), a group of experts that provides 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.

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

Local modelling is underpinned by:

- An evidence based approach, utilising data, policy and guidance
- Regular review to take into account new scenarios and emerging Covid-19 variants under investigation or concern
- Robust local surveillance including R value and other Situation Analysis
- A collaborative approach across England and Wales
- The Minimum Data Set trajectories

Powys has a complex set of healthcare pathways spanning England and Wales and therefore modelling of demand relates to directly provided services and commissioned services.

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.

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Powys Prevention and Response Plan

The Powys Prevention and Response Plan encompassed the delivery of the Powys Testing Plan, developed in line with national requirements:

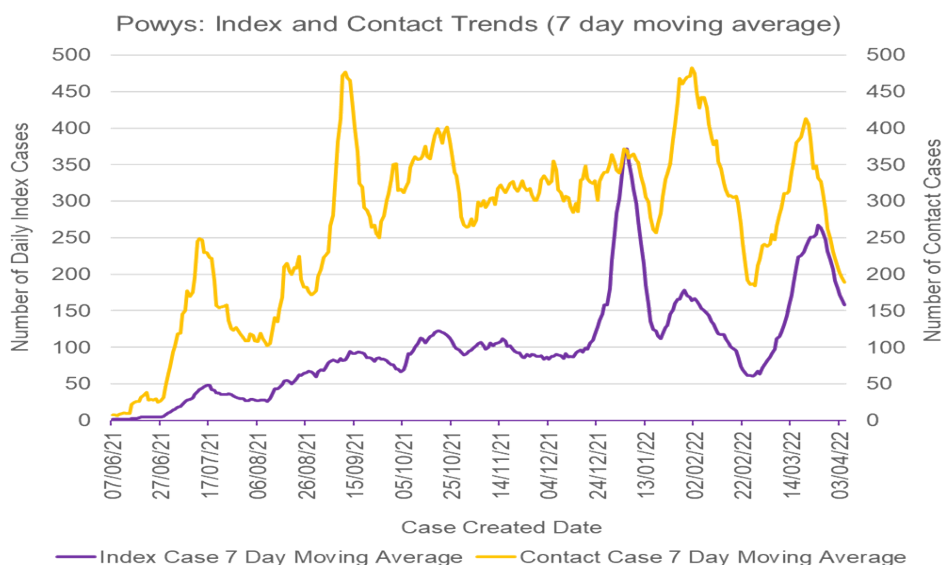
- Symptomatic testing
- Asymptomatic screen
- Antibody testing using PCR (polymerase chain reaction), LFT (Lateral Flow Testing) and new technologies
- Delivery of Contract Tracing
- Regional co-ordination of Test, Trace and Protect service

The Test Trace Protect (TTP) partnership in Powys has continued to be pivotal in keeping communities safe, with a sustained focus on prevention and response throughout the pandemic.

Contact tracing performance has remained strong despite the additional pressures associated with the Delta and Omicron variants during the year. Between 1 March 2021 - 31 March 2022 the team handled 53,202 Initial Contact Calls, 24,965 Standard Contact Traces, 10,073 Arriving Traveller Daily Checks and 5,852 Contact Daily Checks. This is in addition to the sending of Eforms, backward contact traces, incoming and other calls.

Since the launch of the service in June 2020 the team has dealt with:

- 36,446 Index Cases (93% successfully followed up)
- 94,686 Contact Cases (93% successfully followed up)



All quarterly milestones were completed:

- Public messaging reinforced and supported through PTHB channels
- Development of Workforce Plans for Testing and Tracing Q1
- Asymptomatic (surge) testing exercise preparations Q1, testing site operational June / July 2022, workforce training completed

- Delivery of LFD collect (Lateral Flow Devices arrangements) Q1 commenced, Sites across Powys including Powys libraries. By year end over 133,000 kits were collected:
 - 75,250 from supermarkets and 41,227 from libraries
 - 8,718 at events, 4,167 at leisure centres, 250 at livestock markets
 - 3,630 from pharmacies and 387 from community sites
- Escalation of Local Incident Management Team to respond to case rates Q2, regular review to respond to clusters and outbreaks
- Timely follow up of cases and contacts Q1 – Q4 monitored by Prevention and Response Strategic Oversight Group
- Part Year Review Q3 – no formal arrangements as co-ordinated partnership working enabled timely responses
- Workforce Review and preparation Q4 completed, contracts extended to deliver 'Together for a Safer Future' transition
- Civil contingencies and business continuity plans reviewed and updated Q3 / Q4 – with ongoing work into 2022/2023
- Governance and leadership including Strategic Gold Command, Dyfed Powys Strategic Co-ordinating Group, Recovery Co-ordination Group, Prevention and Response Group and Incident Management Team

The team accelerated the availability of Lateral Flow Tests with distribution via local libraries, pharmacies, leisure centres, supermarkets and other collection points.

The walk-in asymptomatic testing centre in Newtown was part of the first official visit to Powys by the Health Minister Eluned Morgan in June 2021.

A pop up testing centre at the Royal Welsh Winter Fair in November 2021 provided rapid testing for visitors without a COVID Pass. The Minister for Rural Affairs and North Wales and Trefnydd Lesley Griffiths visited and helped distribute testing kits to attendees.

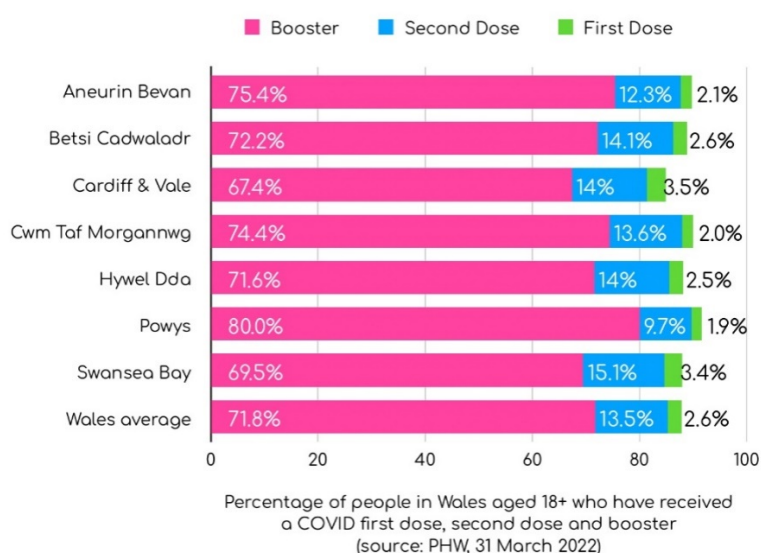


Detailed planning is under way in light of NHS Wales COVID-19 Transition Plan "Together For A Safer Future" published in March 2022 including the contingencies that need to be in place for "COVID Urgent" scenarios.

Further detail of the achievements of the team were shared at a Showcase Event in November 2021 available at: <https://youtu.be/u9Ec4mgf1eE>

COVID-19 Vaccination Programme

During 2021/22, Powys Teaching Health Board continued to deliver the highest rates of COVID-19 vaccination of all health boards in Wales. By the end of the year, over 80% of adults had taken up the invitation for booster vaccination with nearly 90% completing their primary course.



National aims for 2021/22 focused on delivery of the “Phase 3” strategy priorities, which were all achieved or exceeded in Powys:

<p>National Aim 1:</p> <p>All individuals identified as severely immunosuppressed, as set out in the JCVI advice, will be prioritised for an urgent appointment at the time best for them</p>	Achieved
<p>National Aim 2:</p> <p>We will offer the vaccine to all 12 to 15 year olds by 1 November with the majority of those who come forward vaccinated in October.</p>	Achieved
<p>National Aim 3:</p> <p>By 31 December, we will have offered the majority of those who are eligible for a booster a vaccine appointment. Eligible Care Homes residents will be offered their vaccination by 1 November.</p>	Exceeded
<p>National Aim 4:</p> <p>We will continue to work to ensure no-one is left behind and maximise vaccine coverage in Wales for the protection of individuals, their families and the communities in which they live.</p>	Achieved

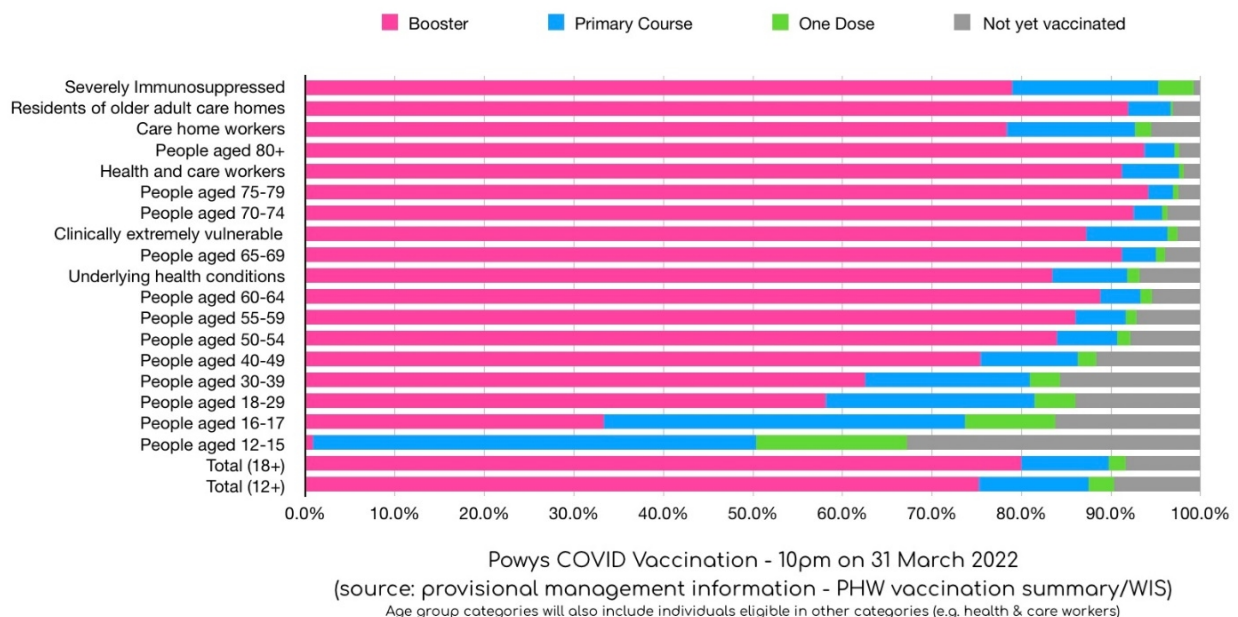
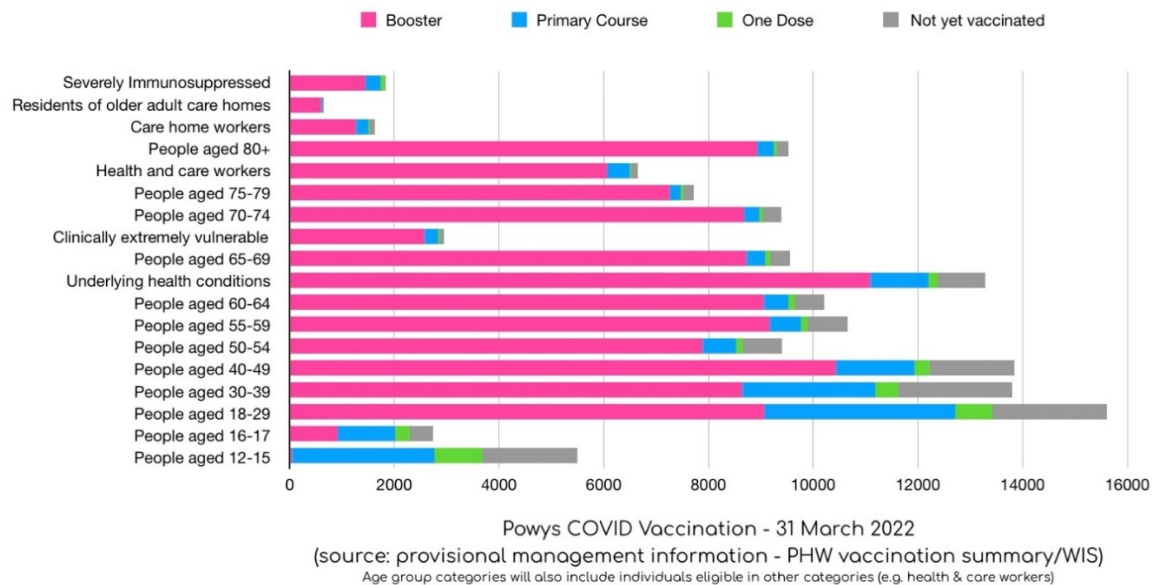
Phase 3 headline performance comparators (source: PHW, uptake as at 31 March 2022):

- 80.0% of the adult population have received their booster dose (Wales: 71.8%)
- 89.7% of the adult population have completed their primary course (Wales: 85.3%)
- 83.7% of 16-17 year olds have received their first dose and 72.8% have received their second (Wales: 76.3%, 60.75%)
- 66.9% of 12-15 year olds have received their first dose and 48.4% have received their second (Wales: 59.7%, 39.2%)

The local Phase 3 programme aims were also achieved:

To continue to offer first and second dose vaccination for people who have not yet taken up the offer, ensuring no one is left behind.	Achieved	"Always Open" offer remained in place through drop-in arrangements.
To deliver first and second dose vaccination for children and young people aged 12-17 in line with national guidance.	Achieved	Uptake is currently highest of all health boards in Wales. New guidance implemented to offer boosters to 16-17 year olds and extending first & second doses to 5-11 year olds
To deliver a safe, prudent and timely booster programme in line with national guidance.	Achieved	Booster uptake is the highest of all health boards in Wales. Programme accelerated in response to new guidance in November and December to offer all eligible individuals a booster by end December.
To deliver a third primary dose for individuals experiencing immunosuppression at the time of their first or second dose, in line with national guidance.	Achieved	Booster also implemented following new national guidance – booster uptake for this cohort is currently the highest of all Health Boards in Wales.
To continue to review COVID-19 vaccination delivery in order to develop our future model, if and as required by national policy and guidance.	Achieved	Our plan for 2022/23 is being developed and delivered in response to new national planning guidance published on 14 February 2022.

The graphs below show the uptake for first dose, primary course and first booster in each cohort group by 31 March 2022. Data are not yet available for second (spring) booster uptake.



The programme adapted to significant changes during the year:

- Following initial guidance on booster doses, eligibility was extended to include all adults and thereafter to include 16-17 year olds, and in response to the Omicron variant the dose interval was reduced from six months to three months followed by a new national requirement to offer all eligible adults their booster dose by end of December. These accelerated requirements were achieved in Powys.

- In December 2021 the Joint Committee on Vaccination and Immunisation (JCVI) announced first and second doses for children aged 5-11 in clinical risk groups, and in February 2022 this was extended to include a universal offer to all 5-11 year olds. Vaccination arrangements were put in place before year end.
- In February 2022 the JCVI announced a second (spring) booster for everyone aged over 75, residents of care homes for older adults, and people aged 12 and over with severe immunosuppression. The spring booster programme in Powys commenced in mid March 2022 and will continue through Q1 2022/23.
- Locally the temporary decommissioning of the vaccination centre in Llanelwedd has also been delivered, to accommodate the Winter Fair in November 2021, at the Royal Welsh Showground. This was the first major event on the site since the start of the pandemic.
- In February 2022 the vaccination centre in Newtown relocated from the Maldwyn Leisure Centre to Park Street Day Centre.

The vaccination programme has continued to receive positive feedback, and in February 2022 was presented with the “Family of the Year” award from the Powys County Times. This award recognise the true team effort across the programme including staff, volunteers and partners – as well as everyone who has taken up the offer of vaccination.

Volunteer support with assistance from Powys Association of Voluntary Organisations has continued to be pivotal to the success of the programme in Powys.

Looking ahead, new national planning guidance was published on 14 February 2022 to set out the requirement for 2022/23. Priorities include:

- delivery of the spring booster programme
- vaccination for 5-11 year olds
- delivery of an autumn booster programme subject to guidance
- preparedness for any surge response if needed
- and a continued “always open” offer to leave no one behind.

We would like to thank the Royal Welsh Agricultural Society, Freedom Leisure and Powys County Council for their continued support for the programme.

**THANK
YOU**

Covid-19 Recovery and Rehabilitation

The health board's approach to people recovering from Covid-19 is focused on providing care and support as close to home as possible, tailored to meet an individual's specific needs.

This is being achieved by providing integrated rehabilitation services for the range of longer-term effects such as fatigue, breathlessness, heart, physical or psychological impacts, whether as a result of Covid-19 or other pre-existing conditions.

The Post Covid Syndrome service has been in place since January 2021 supported by the Pain and Fatigue Management Service. In addition to the already established multi-disciplinary team it includes the input of a GP and an Advanced Practitioner to support the care being provided.

The Service have also developed a range of resources including a webpage which links to the NHS Wales Covid Recovery App <https://pthb.nhs.wales/services/painandfatiguemanagement/covid-recovery-and-rehabilitation/> and a module for the Invest in Your Health service dedicated to Managing Breathlessness.

- Cough
- Reduced fitness and muscle strength
- Joint pain and muscle aches
- Weight gain
- Low mood
- Weight loss
- Breathlessness
- Voice and swallowing problems
- Brain fog
- Stress and anxiety
- Fatigue
- Sleep problems



- + Install the NHS Wales COVID Recovery App
- + Set personalised goals based on your symptoms
- + Review educational videos to support you in achieving your goals
- + Monitor and record your progress over the next 12 weeks

The Health Board has been key to the development of services throughout Wales and has been represented at a number of national groups including the All Wales Covid Recovery Operational Group.

Owen Hughes, Head of Pain and Fatigue Management has presented at a number of conferences and events on the impact of COVID and its recovery including the International Chronic Pain Virtual Summit 2020 in June 2020.

Essential Healthcare

The pandemic required the NHS to mobilise healthcare in new and different ways to respond to the public health emergency, setting up entirely new services to provide protection, vaccination and support in the as described in the previous section.

Alongside this, it was also necessary to continue to provide essential healthcare to meet population needs, whether that was related to 'non-covid' or 'covid' related needs. Indeed, in many cases, healthcare was responding to a combination of complex factors, with the pandemic exacerbating existing health conditions or risk factors for some of the population.

The health board maintained essential healthcare for its directly provided services throughout, using new and alternative ways of working to counteract the reduction in physical space and capacity arising from the Covid-19 infection control measures and to offer virtual / remote service provision where possible.

The use of digital technology, phone and email access and provision was introduced in the early stages of the pandemic and continued into the second year, alongside 'face to face' services in line with national guidance and adaptations to the environment of care to accommodate the appropriate safety measures.

The sustained effort of staff has been enormous, with a huge collaborative endeavour across partners and communities in the face of a pandemic that continued into a second year.

The Annual Plan set out the key components for the delivery of Essential Healthcare in this context, based on three core components:

Wellbeing and Prevention

- Health improvement and promotion
- Childhood immunisation and Flu
- Screening
- Equalities and Welsh Language

Primary and communitycare

- Planned and routine Care
- Urgent and emergency care
- Primary Care and Cluster Plans

Regional (DGH) and specialist

- District General Hospital, Emergency Ambulance Services (EASC) and specialist services (WHSSC) Plans
- NHS Wales and NHS England Recovery / Clinical Frameworks

Wellbeing and Prevention

A long term inter-generational plan, 'Towards 2040', 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.



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 revise the Well-being Plan more fully in 2022, to take into account emerging evidence and learning from the pandemic response.

The shared ambition for improving population health and reducing health inequalities is a golden thread throughout this plan and central to the shared Health and Care Strategy for Powys, which 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.

Each partner has a role in ensuring that the golden thread is woven into its own delivery plans and there was a clear focus on wellbeing, prevention and inequalities within the PTHB Annual Plan 2021/22.

There was a focus on actions for health improvement and promotion, childhood immunisation and flu and screening. These required a flexible approach in line with the requirements for the changing phases of the pandemic and the deployment of resources.

Quarterly milestones were tracked during the year, some areas were delayed due to deployment to the Covid-19 response, with actions reprioritised in year and carried forward into the following year as follows:

- Smoke Free Premises and Vehicles regulations - policy embedded Q2 and compliance report completed and shared through Planning, Partnerships and Population Health Committee
- Implementation of the Smoking Cessation system framework, with the completion of a needs assessment in Q1, review of the current model and activity in Powys experienced some delay and further development of the service planned for 2022/23, with full implementation during Q3 (Autumn Winter 2022)
- Review of Healthy Weights Action Plan completed Q3 and approval process underway Q4 (with final approval in Q1 2022/23) recruitment to Obesity system posts completed
- Development of Weight management pathway on track with Strategic Group established to co-ordinate pathway development for Levels 1 to 4 and implementation of Multi-Disciplinary Team working group Q1; scoping and mapping of adult and children / young people's services carried out, progression of pilot on track
- Delivery of immunisation plans and post Covid catch up for vaccine preventable communicable diseases including influenza, Human-papillomavirus, Men AWCY (meningococcal bacteria) and MMR (mumps, measles and rubella) Q1 – Q4
- Implementation of plan and monitoring for Building A Healthier Wales funded programmes carried out Q1 – 4
- Screening programmes progressively restored in line with national directives and to recover where there have been service disruptions such as the Child Measurement Programme
- The review of school aged screening for the Healthy Child Wales Programmes was not progressed in 2021/22, but has been included as business as usual into the coming year
- Vision screening has recommenced in schools to catch up provision for eligible cohorts of children and audiology screening offer is being progressed

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Equalities and Welsh Language

Fairness & Equality represents one of the six core organisational values of the health board. The values are the things that are important in the way we live and work and represent the guiding principles behind our actions.

As a UK public sector body, the health board is subject to the Public Sector Equality duty as outlined in the Equality Act (2010), which among other things sets out a general duty to reduce inequality of opportunity and foster good relations between groups of people.

The PTHB [Strategic Equality Plan](#) (SEP) for 2020-2024 sets objectives which have been designed to sit alongside the 10 year Health and Care Strategy and form part of the PTHB Planning and Delivery Framework.

Each year, the Executive Lead for Equality agrees an annual work plan to identify priority equality actions for the year.

Highlights from work carried out in 2021-22 include:

- The provision and rollout of in-house training in relevant areas such as Equality Impact Assessment and Equality for Managers.
- Training for staff across the organisation to produce documents in Easy Read format, improving accessibility for a wide range of audiences.
- Commencement of an exciting new Patient Stories project, collecting the experiences of a diverse range of patients in order to inform service and project delivery across the health board.
- Promotion of a regular series of virtual talks and events for staff via our internal communications channels, including opportunities for staff to respond to consultations and collaborate on internal projects.
- The introduction of a new intranet based Staff Wellbeing hub.
- New opportunities for staff to network with their colleagues, including across the wider Welsh NHS.

In relation to the Welsh Language, a range of actions have been carried out as outlined more fully in the Welsh Language Annual Report which is available at the link noted below.

Some of these projects were not originally a part of the work plan and have become possible thanks to new team skills or opportunities arising:

- Appointment of a full-time internal translator to provide in-house translation. This has improved service capacity and reduced turnaround times.
- Continued promotion of Welsh language impact assessment procedures for strategic decisions such as policy, service

development and/or redesign as part of the broader Equality Impact Assessment process, including training on assessing policies for the impact on Welsh.

- The establishment of new staff networks for Welsh speakers and learners, and the resumption of the Welsh Language Standards Service Leads group (following Covid-19 related disruption) to share good practice.
- Continued promotion of communication around national events such as Diwrnod Mae Gen i Hawl (Welsh Language Rights Day) and staff events such as a St. David's Day Bilingual Quiz and the Welsh and Equality Week talks hosted by Aneurin Bevan University Health Board.
- Implementation of a new Vacancy approval procedure which has ensured that all PTHB vacancies are advertised 100% bilingually, as per Standard 107A.

As with all of the health boards, the ongoing pandemic which required the redeployment of some key staff in the team has disrupted the efforts to improve capacity to deliver bilingual services. Activities reliant on staff presence such as audit or face-to-face training have also been disrupted and in some cases suspended in this reporting period.

Nonetheless, significant work has been progressed to continue to deliver and improve the provision of services in Welsh and its compliance with the standards.

The health board has recognised the importance of this area by providing more resources than have been available in the past, with a Welsh Language and Equality Officer being appointed to act as departmental deputy and support both agendas in addition to the translator mentioned above. This actively encourages staff to operate bilingually and to make greater use of translation by making it easier and faster to access support and guidance.



The full details of our work in this area over 2021-22 is available in the Equality Annual Report 2021 – 2022 <https://pthb.nhs.wales/about-us/key-documents/equality-and-welsh-language/>.

Further information can be obtained by contacting the Equality and Welsh Language team on powys.equalityandwelsh@wales.nhs.uk.

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Primary and Community Care

Primary and Community Care was central to the delivery of the Annual Plan 2021/22, building on the Clinical Support Model established in the first phase of the pandemic and continuing into 2021/22. This ensured the continued delivery of essential healthcare, with a greater focus on routine care, addressing backlogs and renewal of healthcare through the year.

The Annual Plan recognised the disruption in healthcare caused by the pandemic, with changes in the way people accessed support and longer waits for care. This also exacerbated challenges faced across primary and community care in relation to service fragility and sustainability.

The Annual Plan set out a clear ambition to develop high value approaches to services over the next three years, working with national programmes including those within NHS Wales for Primary Care, Planned Care and Recovery and Accelerated Cluster Development. Key points of progress:

- Significant efforts remained necessary in relation to infection control including personal protective equipment (PPE), environmental adaptations and prevention of nosocomial spread; this limited the physical capacity and methods of delivery however all primary care contractors adapted their ways of working to maintain access.
- General Practice adapted to respond to the pandemic, introducing total triage services and virtual consultations such as Attend Anywhere and Consultant Connect (remote secondary care advice).
- The Local Medical Committee has been involved in preparatory work ahead of the contract reforms to General Medical and Enhanced Services, in the context of the recovery and renewal of healthcare.
- A variety of resilience measures were put in place across Clusters such as buddy up systems, cluster contingency plans, active signposting services and remote working solutions.
- General Dental Practice and Optometry adapted to meet changing requirements for physical and clinical measures in response to Covid-19. The introduction of Attend Anywhere supported the delivery of advice and assessment. There have been challenges with dental provision and actions have been taken to increase community dentistry and take forward the national contract reforms.
- Pharmacy played a key role in the success of the Covid Vaccination programme in Powys, as well as providing a key point of contact, being an essential service and access point for advice and medication. The Pharmaceutical Needs Assessment provides the foundation for future service planning.



- The management of medicines has been taken forward with the first Area Prescribing Group being rolled out in Spring 2022.
- Key areas of optometry work have been progressively restored, with alignment to the national Eye Care programme and Electronic Patient Record, with e-referral and 'OpenEyes' hospital clinic developments which enable services closer to home.
- Expansion to the ophthalmology service in North Powys has been accelerated through the North Powys Wellbeing Programme.
- The nursing, women and children's' and therapies teams adapted approaches across virtual, ward and community environments, promoting universal access with a targeted approach for those with complex needs such as the development of integrated responses to safeguarding, domestic violence and additional learning needs (ALN)
- A home first ethos to support independence and avoid unnecessary acute care was progressed to support those with chronic disease, with case management and support for the most vulnerable
- The three Powys Clusters regrouped to refresh their plans for the populations in North, Mid and South of the county, in the context of the response to the pandemic and its impacts.
- A new contract for Non Emergency Transport was agreed with Shropshire, Telford and Wrekin Clinical Commissioning Group and commenced in the Autumn 2021.
- The health board has incrementally reinstated the arrangements for commissioning assurance notably in those areas subject to special measures, notably maternity services provided by Shrewsbury and Telford hospitals and Cwm Taf Morgannwg University Health Board.
- Work has continued in response to the earlier opening of the Grange hospital by Aneurin Bevan University Health and the accelerated changes to pathways.
- Targeted work has been taken forward to prevent out of county placements for children and young people with complex needs who require safe accommodation and continues as a key priority in the Integrated Medium Term Plan in 2022.
- Partnership work with Powys County Council has continued in relation to those areas covered in the 'Section 33' agreement in relation to the joint commissioning of Care Homes.



Urgent and Emergency Care

The challenges faced during the pandemic increased pressures in the healthcare system and particularly the capacity to respond to increased and changing patterns of demand for urgent and emergency care.

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 system resilience.

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 through arrangements set up by Strategic Gold Command.

A Delivery Coordination Group (DCG) was formed comprising operational and strategic representatives of Powys Teaching Health Board (PTHB), Powys County Council (PCC) and Powys Association Voluntary Organisations (PAVO).

The purpose of DCG was to coordinate tactical actions taken to limit the impact on any business continuity disruption and oversee delivery of the System Resilience Plan. Specifically, to:

- Ensure shared understanding and responsibility for system pressures
- Undertake performance monitoring & SITREP reporting across the whole system to improve system performance
- Co-ordinate problem solving at a tactical level to manage system pressures and to manage risk and flow, minimising delays
- Co-ordinate matters by exception for Primary, Community Care and Mental Health, Social Care, Care Homes and Third Sector
- Liaison with key health and care partners in England and Wales including Ambulance Services and District General Hospitals
- Co-ordinate Local Resilience Forum Reporting
- Oversee Communications/ Engagement for system resilience
- All partners agreed to implement a zero tolerance environment to delays attributable to funding decisions.

In December 2021, ahead of the system reset across Wales, the Powys Delivery Co-ordination Group led work to expedite patient flow and reduce delays in transfers of care. There was a clear understanding of the problem and the actions that needed to be taken.

Emergency access has been highly pressurised across primary, out of hours, secondary and community care with very long waits reported in acute accident and emergency (A&E) units in neighbouring hospitals.

There were considerable delays in transfers and discharges, and ambulance services have been impacted as they wait to handover patients at A&E units and are unable to deploy back to operation in the community.

In this context the health board has placed further focus on the Powys bed flow, to maximise provider beds supporting demand and reducing repatriation delays to the absolute minimum. It was critical to improve reaction and assessment time for patients to ensure needs were being met in the right place at the right time in a collaborative manner.

A whole system approach, including the third sector, enabled partners to prioritise discharge planning, and maximise community assets to support patients, carers and families. This was focused on optimising the quality and safety of care over a challenging winter period in the context of increased Covid driven by the Omicron variant.

The collaborative efforts resulted in significant progress on key areas of patient care and outcomes.

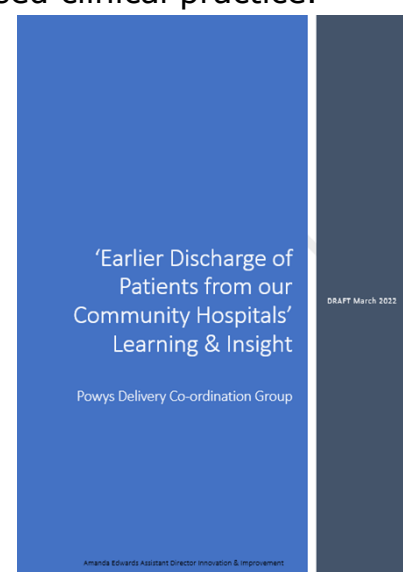
Headline results are shown below:

	2 nd November 2021	15 th February 2022	21 st March 2022
Number of patients in community hospital beds	139	135	141
Total number of bed days consumed	7,519	5,365	5264
Number of patients with a LoS of more than 120 days	20	6	4
	End November 2021	End February 2022	End March 2022
Average LoS	54 days	38 days	37.3 days

As a result of the changes there was a decrease in total bed days and the length of stay. The number of patients with a stay exceeding 120 days and the average stay was decreased significantly, promoting improved outcomes and reducing harm in line with evidence based clinical practice.

The improvement in patient flow and bed utilisation also meant that the health board had sufficient surge bed capacity in its own provided services and did not require external or field hospital capacity.

The health board has commenced a learning exercise to understand how patients and their families as well as staff experienced the changes. A number of key insights have been identified which will be used to build and sustain improvement and timely discharge. The findings have informed forward planning and will be taken into the next stage of work within the Regional Partnership Board.



Regional (District General Hospital) and Specialist Care

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 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.

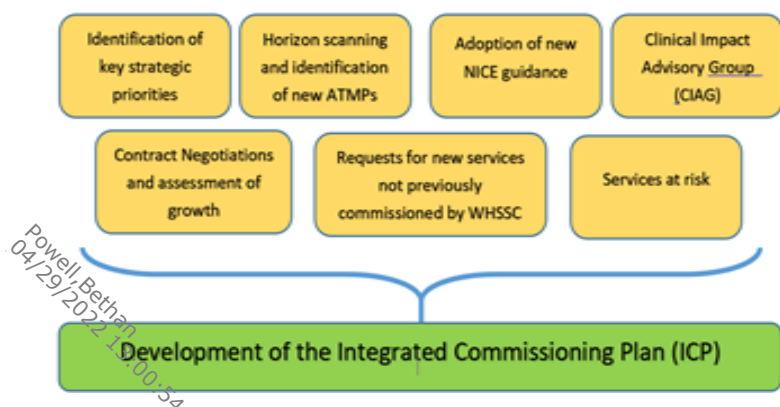
Work throughout the year has been increasingly aligned with the NHS Wales National Clinical Framework, Programmes for Renewal, Planned Care and Unscheduled Care, Outpatient Strategy and the NHS Wales Collaborative/ Regional Fora (inc. Endoscopy, Eye Care, Orthopaedics, Diagnostics, ophthalmology, theatre capacity and utilisation).

Nationally across both Wales and England, commissioning arrangements and contracting had been adapted to enable a flexible response during the pandemic. During this past year there has been a return to the agreement of Long Term Agreements / Service Level Agreements and preparations for these have involved complex provider and commissioner considerations and intention setting, acknowledging the ongoing uncertainty of the pandemic. Alignment and tracking of regional and provider plans has been prioritised based on risk, impact and benefits.

Participation in both Welsh Health Services Specialist Committee (WHSCC) and for Emergency Ambulance Services Committee (EASC) mechanisms has been focused on the development of sustainable models to deliver equity including those living in our rural communities.

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) has been developed in the latter part of 2021 in response to NHS planning guidance and takes account of National and ministerial priorities.



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.

Planned Care

The past two years has seen extra-ordinary changes in demand for healthcare due to the Covid-19 pandemic. There was both an increase in acute demand and system pressures but also a decrease and subsequent backlog in planned healthcare, with fluctuations in patterns of demand associated with the changing phases of the pandemic.

The Annual Plan for 2021/22 acknowledged this challenge, noting that it would not be met by existing approaches or existing resources; it would require radical solutions founded in a value based healthcare approach, nationally, regionally and locally. There are connections between and across recovery and transformation plans, in both NHS Wales and England, as these are developed and refined. Powys has a complex set of healthcare pathways and the planned care system is multi-dimensional, involving both directly managed and commissioned care.

The premise of the Annual Plan was that recovery and renewal would need to be grounded in an understanding of the experience and outcomes for those waiting and those at greatest risk. As well as the immediate work to reduce waiting times that are unprecedented opportunities for the health board to improve outcomes for patients by redesigning existing pathways across the system.

The health board has built an important Portfolio of work to achieve this Renewal, including a specific Programme to take forward as a core approach, Value Based Health Care.

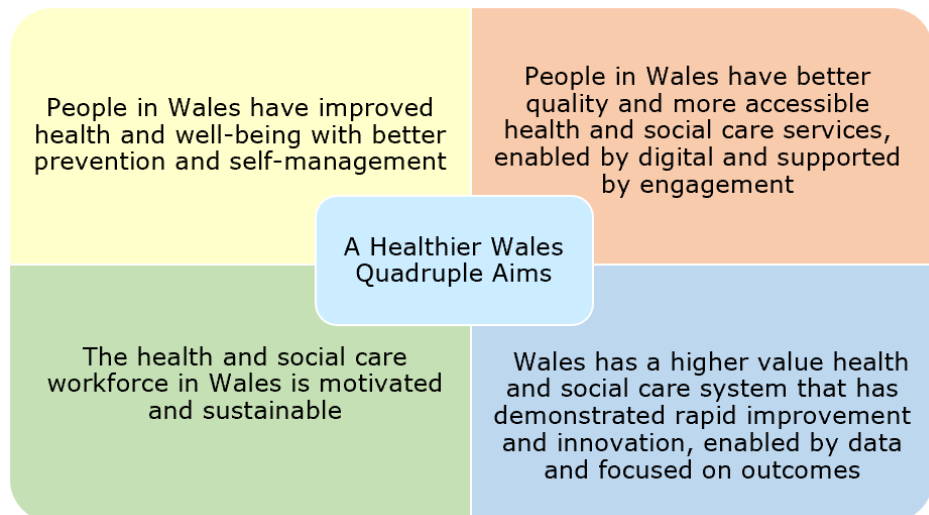
Key priorities were set according to the evidence base on the harms and impact of the pandemic, as well as the underpinning Burden of Disease work that identified key clinical priorities in the health and care strategy.

This Portfolio focused in the initial phase on the immediate actions to address access to services and waiting times, however it is longer term in its ambition to achieve strong outcomes, and patient/citizen/staff experience and reasonable costs through transforming pathways of care.

At the heart of the work is a transformation in the models of care for the population, to build sustainable services for the future. Partnership working and interdependencies with other flagship programmes are key to the success of this approach. There is a connectivity with the work being progressed via the Regional Partnership Board on Workforce Futures and the North Powys Well-being Programme, and the very long term inter-generational focus of the Public Services Board Wellbeing Plan.

Operational teams have already achieved significant improvements and have been successful in reducing waiting times for planned care throughout the year, as demonstrated on the following pages.

The NHS Delivery framework was updated for 2021/22 and reports against delivery measures mapped to the Healthier Wales quadruple aims.



Performance against the measures has been a challenge with the ongoing impact of COVID-19, however very positive improvement has been achieved in directly provided services, for referral to treatment (RTT) and the diagnostic and therapy pathways. When nationally benchmarked against the All Wales picture, provider performance is predominately positive at year end (latest data February 2022).

The individual measures are noted overleaf for Aims 1 and 2 (Aims 3 and 4 noted in the sections on Workforce and Quality later in this report).

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	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	51.9%		52.0%	1st	36.8%
2	'6 in 1' vaccine by age 1	95%	Q3 21/22	95.8%	93.9%	96.1%	6th*	95.2%
3	2 doses of the MMR vaccine by age 5	95%	Q3 21/22	91.3%	91.5%	91.0%	3rd*	91.4%
4	Attempted to quit smoking - Cum	5%	Q2 21/22	1.44%		1.62%	6th	2.06%
5	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q2 21/22	359.4	430.1	375.1	6th	382.3
6	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q3 21/22	64.0%	63.9%	61.8%	6th	69.0%
7a	Flu Vaccines - 65+	75%	2020/21	67.1%		73.5%	7th	76.5%
7b	Flu Vaccines - under 65 in risk groups	55%	2020/21	44.3%		52.2%	3rd	51.0%
7c	Flu Vaccines - Pregnant Women	75%	2020/21	93.3%		92.3%	2nd	81.5%
7d	Flu Vaccines - Health Care Workers	60%	2020/21	64.3%		56.5%	8th	65.6%
8a	Coverage of cancer screening for: bowel	60%	2019/20	56.4%		59.5%	1st	58.9%
8b	Coverage of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
8c	Coverage of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
9a	MH Part 2 - % residents with CTP <18	90%	Feb-21	92.0%	94.7%	93.9%	1st*	83.6%
9b	MH Part 2 - % residents with CTP 18+	90%	Feb-21	91.0%	68.0%	69.4%	3rd*	83.6%
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%

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

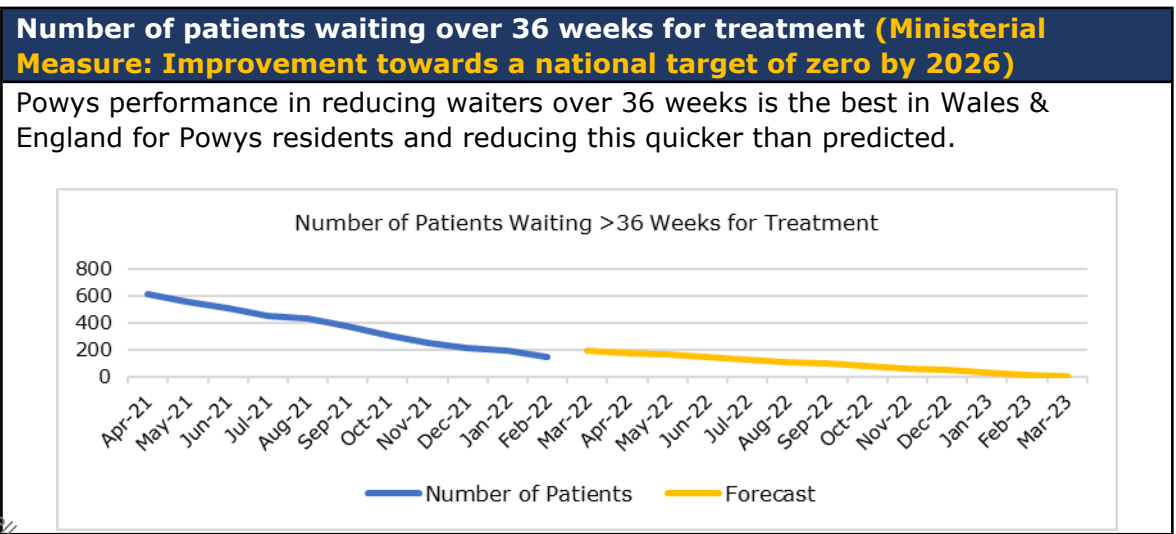
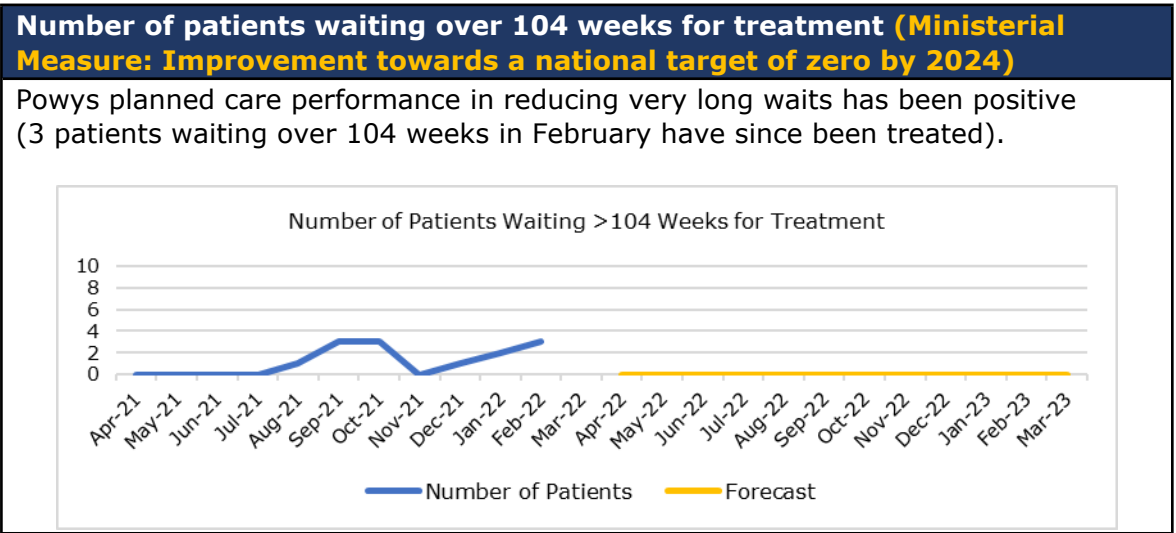
2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
15	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	56.3%		93.8%	2nd	75.9%
16	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 21/22	58.1%	50.6%	45.9%	5th	50.2%
17	Percentage of adults regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 21/22	48.1%	42.7%	38.4%	4th	38.2%
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%	Dec-21		90.3%	95.3%		
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Feb-22	70.1%	42.1%	52.9%	4th	55.0%
21	MIU % patients who waited <4hr	95%	Feb-22	99.8%	100.0%	99.9%	1st	66.6%
22	MIU patients who waited +12hrs	0	Feb-22	0	0	0	1st	9,150
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					
24	Median time from arrival at an ED to assessment by a senior clinical decision maker	12 month reduction trend						
32	Number of diagnostic breaches 8+ weeks	0	Feb-22	160	202	169	1st*	48,701
33	Number of therapy breaches 14+ weeks	0	Feb-22	59	38	33	1st*	13,097
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Feb-22	66.1%	85.4%	90.0%	1st*	52.9%
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Feb-22	863	195	141	1st*	250,892
38	Number of patients waiting for a follow-up outpatient appointment	<= 3,864	Feb-22				1st	786,563
39	Number of patient follow-up outpatient appointment delayed by over 100%	<= 201	Feb-22	480	632	591	1st	196,883
40	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Feb-22	61.1%	62.2%	56.3%	6th	59.9%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Jan-22	0.4%	1.2%	2.3%		
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
42	CAMHS % waiting <28 days for first appointment	80%	Feb-22	71.9%	95.7%	97.6%	3rd*	33.7%
43a	MH Part 1 - Assessments <28 days <18	80%	Feb-22	97.3%	100.0%	100.0%	1st*	45.4%
43b	MH Part 1 - Assessments <28 days 18+	80%	Feb-22	99.1%	82.6%	92.6%	4th*	54.0%
44a	MH Part 1 - Interventions <28 days <18	80%	Feb-22	96.2%	100.0%	100.0%	1st*	43.0%
44b	MH Part 1 - Interventions <28 days 18+	80%	Feb-22	88.5%	64.3%	48.5%	5th*	69.2%
45	Children/Young People neurodevelopmental waits	80%	Mar-22	66.5%	88.7%	86.7%	1st*	35.7%
46	Adult psychological therapy waiting < 26 weeks	80%	Mar-22	96.4%	96.3%	89.5%	2nd*	71.9%
47a	HCAI - E.coli per 100k pop cum	TBC	Feb-22				2.46	PTHB is not nationally benchmarked for infection rates
47b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Feb-22				0.00	
47c	HCAI - C.difficile per 100k pop cum	TBC	Feb-22				8.21	
48a	HCAI - Klebsiella sp cumulative number	TBC	Feb-22				0	
48b	HCAI - Aeruginosa per 100k cumulative number	TBC	Feb-22				0	

Powell Bethan
04/29/2022 13:00:54

Detailed commentary of the issues, actions and mitigations taken in relation to each of the measures within the framework is included in the Integrated Performance Reports to PTHB Board. This information is available on the PTHB Website at <https://pthb.nhs.wales/about-us/health-board-performance/>

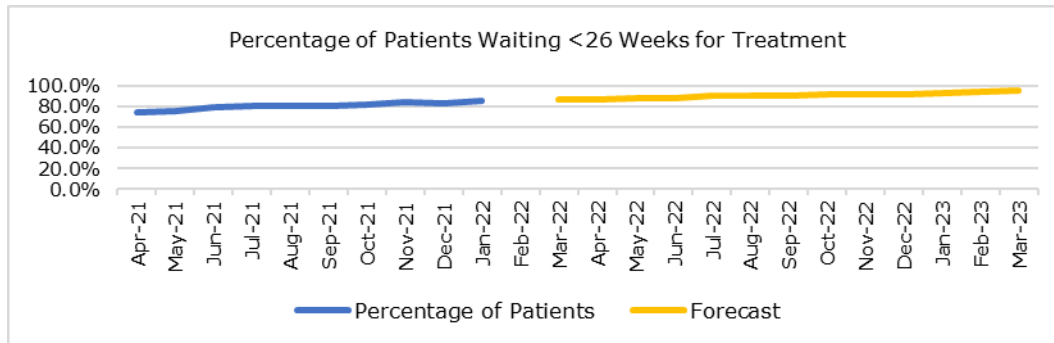
The key performance measures in relation to planned care are provided in more depth overleaf, noting the link to the new Ministerial measures introduced in January 2022 to track progress in key areas, in the context of the impact of the pandemic and the work to recover healthcare across NHS Wales.

A set of Ministerial measures were introduced with Phase 1 starting from January 2022. The tables below show performance against the Phase 1 measures in relation to access targets, together with key measures from the NHS Outcomes Framework for the period of this report:

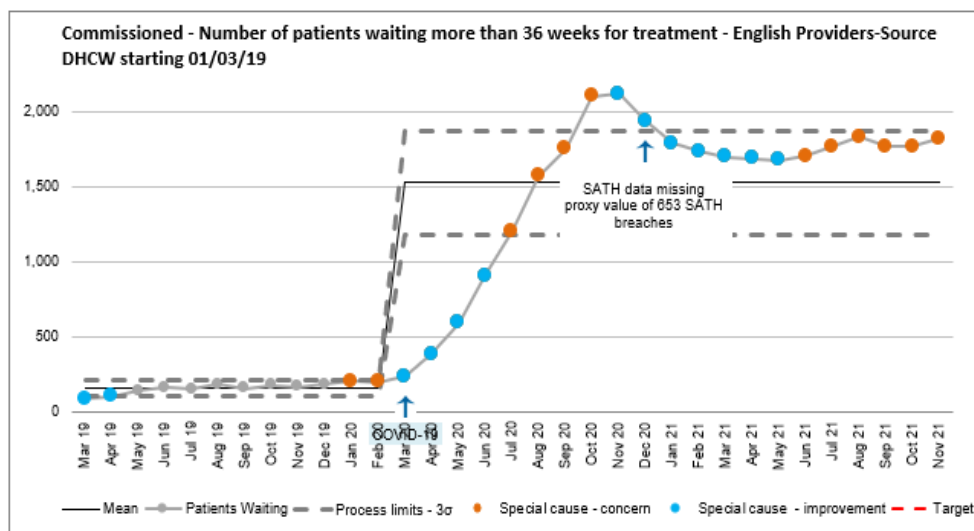
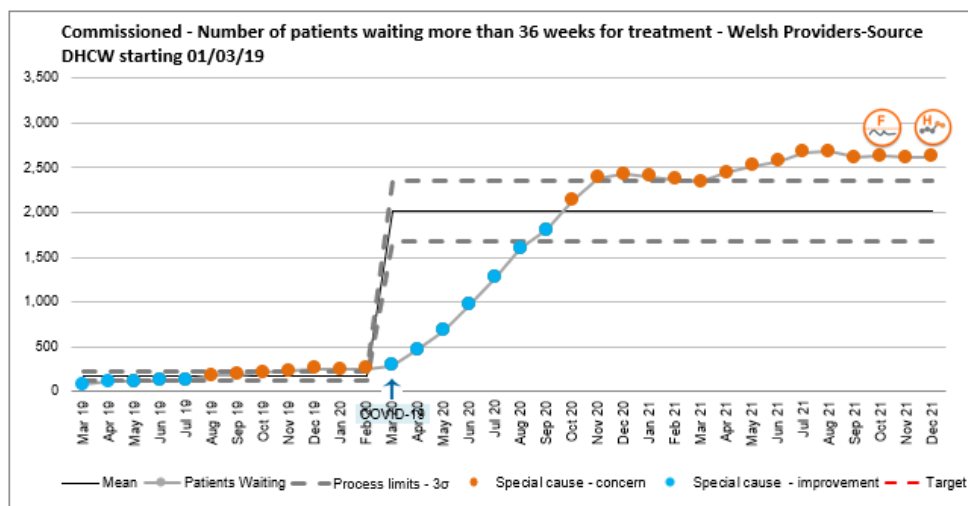


Number of patients waiting under 26 weeks for treatment (Ministerial Measure: Improvement towards a national target of 95% by 2026)

Planned care performance as a provider is very positive, at present 90% compliance against the 26 week target for treatment and on track to meet planned trajectory.



The following tables note the performance of neighbouring providers in relation to Powys patients waiting for planned care, with a challenging outlook for recovery across a number of years:



In relation to outpatients, diagnostics and therapies the position is either already compliant or has significantly improved for health board services:

Number of patients waiting over 104 Weeks for a new outpatient appointment (Ministerial Measure: eliminating over 104 week waits by July 2022)

Powys as a provider has not had patients waiting over 104 weeks for a new outpatient appointment, the health board is already compliant with the ministers target.

Number of patients waiting over 52 weeks for a new outpatient appointment (Ministerial Measure: eliminating over 52 week waits by October 2022)

Provider services have successfully reduced wait over 52 weeks to zero, the health board is already compliant with the ministers target.

Number of patients waiting over 8 weeks for diagnostic endoscopy (Ministerial Measure: Improvement trajectory to zero by March 2026)

Provider services on track to meet the ministers target.

Number of patients waiting over 8 weeks for a diagnostic endoscopy

Month	Number of Patients	Forecast
Apr-21	100	
May-21	100	
Jun-21	120	
Jul-21	150	
Aug-21	120	
Sep-21	120	
Oct-21	120	
Nov-21	120	
Dec-21	120	
Jan-22	120	
Feb-22	100	
Mar-22	50	50
Apr-22		20
May-22		10
Jun-22		5
Jul-22		2
Aug-22		1
Sep-22		1
Oct-22		1
Nov-22		1
Dec-22		1
Jan-23		1
Feb-23		1
Mar-23		1

Diagnostic breaches

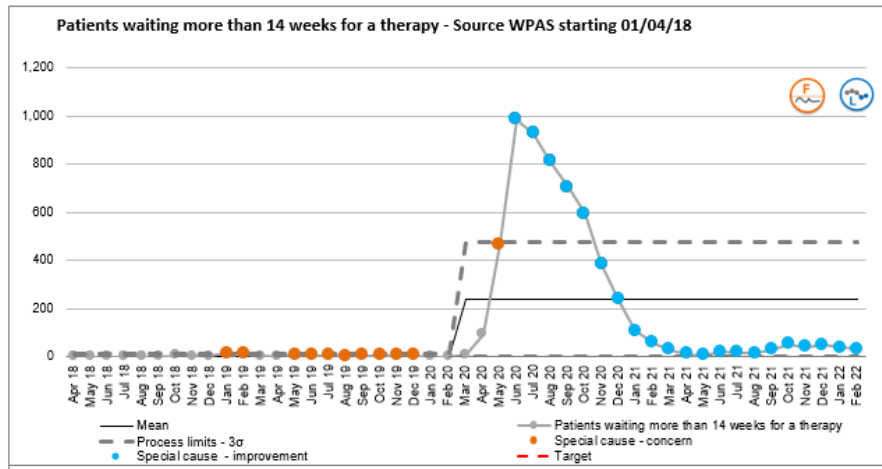
Significant improvement with the lowest breaches in Wales, although Powys residents breach the 8 week target within commissioned providers.

Patients waiting more than 8 weeks for a diagnostic- Source WPAS starting 01/04/18

Month	Mean	Process limits - 3σ	Target	Patients waiting more than 8 weeks for a diagnostic	Special cause - concern	Special cause - improvement
Apr-18	50	100	100	50		
May-18	50	100	100	50		
Jun-18	50	100	100	50		
Jul-18	50	100	100	50		
Aug-18	50	100	100	50		
Sep-18	50	100	100	50		
Oct-18	50	100	100	50		
Nov-18	50	100	100	50		
Dec-18	50	100	100	50		
Jan-19	50	100	100	50		
Feb-19	50	100	100	50		
Mar-19	50	100	100	50		
Apr-19	50	100	100	50		
May-19	50	100	100	50		
Jun-19	50	100	100	50		
Jul-19	50	100	100	50		
Aug-19	50	100	100	50		
Sep-19	50	100	100	50		
Oct-19	50	100	100	50		
Nov-19	50	100	100	50		
Dec-19	50	100	100	50		
Jan-20	50	100	100	50		
Feb-20	50	100	100	50		
Mar-20	50	100	100	50		
Apr-20	50	100	100	50		
May-20	50	100	100	50		
Jun-20	50	100	100	50		
Jul-20	50	100	100	50		
Aug-20	50	100	100	50		
Sep-20	50	100	100	50		
Oct-20	50	100	100	50		
Nov-20	50	100	100	50		
Dec-20	50	100	100	50		
Jan-21	50	100	100	50		
Feb-21	50	100	100	50		
Mar-21	50	100	100	50		
Apr-21	50	100	100	50		
May-21	50	100	100	50		
Jun-21	50	100	100	50		
Jul-21	50	100	100	50		
Aug-21	50	100	100	50		
Sep-21	50	100	100	50		
Oct-21	50	100	100	50		
Nov-21	50	100	100	50		
Dec-21	50	100	100	50		
Jan-22	50	100	100	50		
Feb-22	50	100	100	50		

Therapy breaches

Therapy performance significantly impacted by suspension of services, with special cause improvement in 2020 and breach levels recovered to near pre covid levels.



Powell Bethan
04/29/2022 13:00:54

Renewal

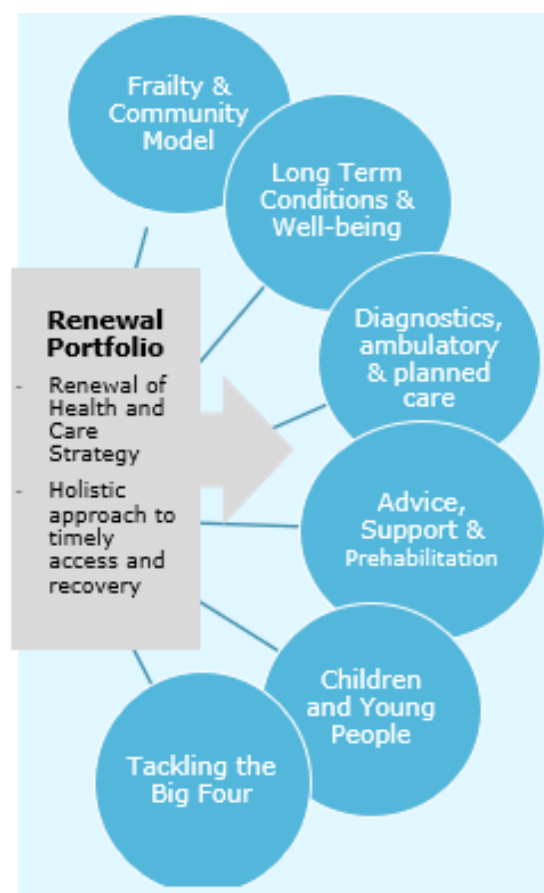
A portfolio of renewal work was set out in the Annual Plan 2021/22, to address the impacts of the pandemic on healthcare in Powys and restore timely access to services.

Six areas were set out initially, as shown in the diagram, encompassing a new community based model of care across Powys and accelerating high impact ways of working for those with the greatest needs in Powys.

The plan set out a phased long term transformation to ensure resilience and recovery from the impact of the pandemic.

This work has been central to the refreshed approach to the long term Health and Care Strategy, A Healthy Caring Powys.

A summary is provided highlighting progress against plan in the first year of delivery, during 2021/22:



Frailty & Community Model – Led by Medical Director

This programme was established to develop a revised Frailty & Community Model, using a Value-Based approach. Key points of progress:

- Programme initiation agreed in September 2021, and clinical leadership established, encompassing frailty assessment and scoring; complex geriatric assessment; and the development of the model including medical staffing and workforce.
- Strategic Demand and Capacity/Opportunity Analysis undertaken by the North Powys Well-being Programme and reported in Q3.
- Programme support arrangements in place from November 2021. A Programme board involving Primary Care, the Local Authority and the Welsh Ambulance NHS Trust established (although it was temporarily stood down at points over the winter period to support accelerated Covid vaccination and pandemic response).
- Elements that were not progressed in year such as the fast-tracking of the Frailty medical staffing solution have been carried forward into the Integrated Medium Term Plan for 2022-23.

System resilience work has accelerated elements that will have an impact both in the short term and contribute to longer term work.

- Detailed analysis commenced in February 2022 to inform the model and workforce plan with development planned for April 2022.
- Partnership work in train with Improvement Cymru to support the delivery of the new frailty and community model.

- 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.

Long Term Conditions and Well-being – Led by Director of Therapies and Health Science

The focus in relation to Long Term Conditions was to expand services to support renewal, beginning with Long Covid; and to ensure a baseline of activity and improvement trajectories developed. Key points of progress:

- A Long Covid service is in place and PTHB has a key role in All Wales work in relation to recording for Long Covid.
 - Recruitment difficulties in relation to advanced practitioner capacity, resulted in supervision duties being reallocated within the existing team and further discussions are underway to secure medicines optimisation pharmacy support.
 - Services to support weight management for Powys patients waiting for treatment have been developed and expanded.
 - Shared decision-making is being implemented and training undertaken in line with available funding.
 - The cross-cutting rehabilitation workstream has been established to determine if generic elements of different condition based programmes can be combined to achieve better value.
 - Expansion of E-learning and digital support is in development to support people receiving diagnosis and preparing for surgery, with a relaunch planned of Invest in Your Health with these new modules.
- The long term conditions priority is not a standalone programme and involves cross-cutting work within the Renewal programmes.

Powell Betfan
04/29/2022 13:00:54

Diagnostics, Ambulatory and Planned Care – Led by Director of Primary Care, Community and Mental Health

This programme was established to reduce the Referral To Treatment (RTT) backlog; to support the National Endoscopy Programme; to improve performance against the eyecare measure; and ensure improvement and modernisation in Outpatient service specifically follow ups in line with National Planned Care Outpatient Strategy. Key points of progress:

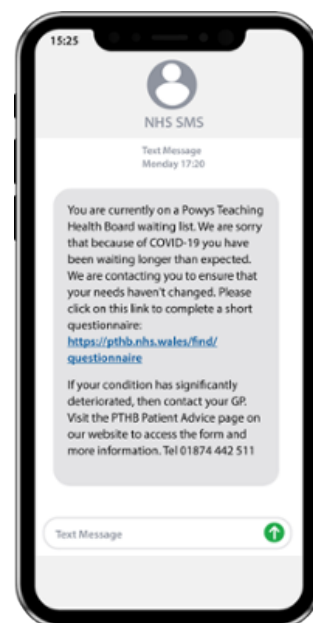
- Recruitment has proved challenging, although there have been some appointments to endoscopy and theatre posts.
- A temporary insourcing solution was mobilised, to reduce planned care waiting lists. This has been underway since February 2022, but the start date was deferred due to the pandemic response including the redeployment of staff. Just under 200 appointments, assessments and interventions have been provided so far.
- Additional equipment for ophthalmology and endoscopy has been provided including Water treatment units, Endoscope Washers and Pentax Scopes.
- Development of creative workforce model is carrying forward.
- Non recurrent funding secured for Eye care and Dermatology in November 2021 was impacted by the Covid response, however the Wet AMD Scheme (Age Related Macular Degeneration) has been delivered and the SLIT lamp and OCT Scanner are operational.
- The progress of the Dermatology Plan was affected by the mass vaccination and the COVID response (including redeployment), but the Telederm equipment was secured.
- Work on the Diagnostic Strategic Plan was initiated in February 2022 with the workstream to begin in April 2022.
- A reduction has been seen in the patients waiting longer than 52 weeks, however the overall waiting list is growing.
- The total number of patients waiting for 52 weeks and above was 2,654 in January 2022, compared to 3500 at the beginning of the Renewal portfolio.



Advice, Support and Prehabilitation – Led by Director of Planning and Performance

This workstream is part of the programme above and was established to develop an Advice, Support & Prehabilitation Service; Patient Liaison Service; Clinical Referral Guidance service (including virtual MDT). The initial priority is to support people waiting for orthopaedic treatment. Key points of progress:

- Patient Liaison Service staff delivering support from Q3, although there was deployment due to mass vaccination in December 2022.
- Waiting list validation exercises carried out, involving contacting patients on PTHB managed waiting lists for more than 26 weeks to provide advice. 206/237 responses received with approximately 21% of patients stating treatment is no longer required; awaiting outcome of clinical validation for final figures.
- The Patient Liaison Service has also supported work in relation to children who missed vision screening during the pandemic.
- Website funding secured Q3 to improve access to wellbeing advice, Version 1 went live in year; Version 2 in development.
- There have been difficulties with recruitment to a psychologist post however all four Assistant Psychologists due to be in post at year end with delivery into April 2022 onwards.
- Spinal consultant support secured for 12 months from Robert Jones and Agnes Hunt Orthopaedic Hospital for a spinal virtual MDT (Multi-disciplinary Team), with further virtual MDT scoping underway with Hywel Dda University Health Board.
- Working in partnership with commissioned services in relation to correspondence with Powys patients on external waiting lists to ensure consistent advice and signposting.
- Mapping and gapping exercise underway of prehabilitation offer to inform development of model.
- Work undertaken to ensure First Contact Practitioners in place.
- Timescales on the redesign of the orthopaedic pathway have been adjusted to ensure alignment with national work; GIRFT (Getting It Right First Time – National Programme) review visit took place February 2022 and the draft GIRFT orthopaedic review findings were received in March 2022 and will inform Phase 3 implementation from April 2022.
- Mapping against GIRFT clinical guidance completed and further mapping at sub-specialty due to commence.



Children and Young People – Led by Director of Nursing

This programme was established to focus on the recovery and renewal of healthcare for children and young people, spanning universal and targeted services. Key points of progress:

- **Healthy Growth and Development:** Workforce capacity for delivery of the Healthy Child Wales Programme has been impacted by the Covid response requirements however actions progressed in relation to baseline data exercises which are informing service improvement planning as well as data improvement requirements; focus on health visiting services to include family based health in context of Covid response; work undertaken with dental services; Start Well 'Voice of the Child' and Women and Children Services People's Experience Forum providing engagement and feedback; links established with PAVO Children Engagement Officer.
 - **Emotional Health and Wellbeing:** links with Start Well workstream established; DBT (Dialectical Behavioural Training) undertaken; SilverCloud Anxiety module for Children and Families operational; school-in reach facing recruitment challenges; outcome measures training rolled out; trauma awareness training undertaken.
 - **Immunisation and Vaccination:** Immunisation Co-ordinator appointed; flu action plan updated; a schools flu programme is under development; existing and new requirements are being scoped and a business case developed; and a review of standard operating procedures is in progress.
 - **Neurodevelopment:** A review of the pathway and recruitment is in progress to offer additional capacity to address referral to treatment (RTT) first appointments, backlog has been significantly reduced. An action plan to sequentially address RTT is in place but the RTT waiting list will not be fully addressed by end March 2022 due to lack of capacity and pre-employment check requirements impacting on start dates. Additional funding has been provided to December 2022.
 - **Increased Access to Health Care for Looked After Children:** links with Start well established; work undertaken on data and measures and improvement of information about looked after children placed in and out of county; progress in relation to Liberty Protection Safeguarding has not been as expected as the commencement date is not yet known.
 - **Complex Care:** links established and maintained with the Start Well workstream; action complete to identify the data baseline, new datasets and measures.
- Progress on the model has been affected by capacity constraints; work on the "Was Not Brought" Policy has been completed and



relaunched; recommendations from the Independent Review of the Community Children's Nursing Service not yet progressed.

- Healthy Weight Care Pathway: A multiagency group is in place; a Welsh Government Peer Review meeting held to approve the PTHB Weight Management Strategic Development Plan for 2021-24; business case prepared. Work on communication and engagement will continue within the next financial year.

Tackling the Big Four

Breathe Well (Respiratory) – Led by Director of Therapies and Health Science

- Nationally, one person in twelve has a respiratory illness
- The COVID-19 pandemic was a respiratory pandemic and has exacerbated risk and poorer outcomes for people with respiratory conditions
- As for other long term conditions, there is a 'syndemic' impact of the pandemic, increasing health inequalities
- The pandemic also put respiratory services under greater pressure than ever before
- Throughout the pandemic, the health board has prioritised the transformation of respiratory services

This programme focussed on establishing Multidisciplinary (MDT) arrangements, a spirometry pilot evaluation and finalising longer term spirometry plans. Key points of progress:

- Drive through spirometry pilot completed to test the model and clear the Covid related backlog - estimated that over 6,500 patient miles were saved (average of over 40 miles per patient).
- Longer-term spirometry model agreed, with PTHB-staffed clinics planned throughout Powys to provide accurate respiratory diagnosis
- Successful recruitment to most of the respiratory MDT posts, including nursing, physiotherapy, occupational therapy and healthcare support workers.
- Challenges in recruiting to the Respiratory Physiology post, which is to be re-banded. Also challenges in securing temporary medical input into the MDT with continuing exploration of options.



Powell Bethan
04/29/2022 13:00:54

- As part of Winter Resilience Response, letters were distributed to 2,746 asthma and 885 COPD patients (Chronic Obstructive Pulmonary Disease) to support self-management of their condition.
- The Oxygen review project concluded at the end of March 2022 as planned, awaiting written evaluation, including financial evaluation.
- Sleep diagnostics and spirometry clinics have commenced. A major item of medical equipment was delivered in March 2022 which will expand the respiratory diagnostics available for full lung function testing within Powys.
- Clinical reviews of patients overdue for follow-up in North Powys are underway with a total of 139 patients reviewed between November 2021 and January 2022, with 73 patients discharged or transferred.

Cancer – Led by Medical Director

- Cancers are one of the most common causes of death in Wales and this is likely to remain so in the decades ahead due to the ageing nature of the population.
- The COVID-19 pandemic has had a significant impact on people with cancer.
- Resources redirected during COVID peaks and control of infection measures affected the provision of cancer services causing the suspension of screening programmes, delays to diagnosis and backlogs to treatment.
- Patients have been less likely to attend GP practices with worrying symptoms.
- Some risks associated with cancer have also increased during the pandemic such as the use of alcohol.
- Whilst there are major challenges there are also major opportunities for improvement and transformation.

This programme was established to implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer. Key points of progress:

- Timescales for implementing the priorities in the Cancer Renewal Programme had to be readjusted in year however key posts were recruited in the latter part of 2021 and start of 2022.
- Cancer Clinical Lead, Transformation Programme Manager and Optimal Pathways Project Manager in post in Q3. Cancer Tracker in post Q4.
- Symptomatic Faecal Immunochemical Testing (FIT) available for all GPs across Powys for patients with suspected colorectal cancer.
- Access to vague symptom pathways / rapid diagnostic services for Powys patients with nonspecific suspected cancer symptoms mapped.

Some access began in 2022, with other Powys access routes identified for implementation in 2022/23.

- Cancer Tracker appointed to support strengthened PTHB harm review approach with clinically led harm review panel established. Work underway on improving the IT platform needed for tracking.
- Designated Wales Cancer Network Project Manager secured for Powys to work on optimal pathway, with initial mapping of Upper and Lower Gastrointestinal pathways completed and initial findings identified.
- Virtual Protected Learning Time sessions for staff in primary care took place in March involving 148 clinical staff and 186 other staff.
- Separate tranches of non-recurrent funding received and implemented in year from Welsh Government including £300k for chemotherapy drugs to keep patients out of hospital.

Circulatory - Led by Director of Public Health

- People with heart and circulatory diseases are at increased risk of complications and death when infected with COVID-19.
- Even in the context of COVID-19 the leading causes of death persist unabated, being dementia (including vascular dementia) and heart disease.
- There has been an impact on all parts of the clinical pathway during the pandemic response
- Access to urgent and emergency care, deferral of diagnostics procedures and therapeutic interventions, reduced access to specialist care in the community and identification and management of risk factors for heart and circulatory disease.

This programme covering stroke, diabetes and cardiac conditions was significantly affected as the Director of Public Health played a leading role in the pandemic response.

However, essential healthcare was maintained and a focus on urgent and emergency care was paramount throughout the pandemic.

In addition, with the assistance of the clinical leads within the Welsh Cardiac Network working with clinical Cluster representation and others in Powys a business case was developed and approved in principle for a community cardiology service and investment sources are being scoped.

Powell Bethan
04/29/2022 13:00:54

Mental Health – Led by Director of Primary Care, Community and Mental Health (interim arrangement December 2021 – March 2022 led by Director of Therapies & Health Science)

- 'Together for Mental Health' is the strategic plan 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 strategic plan through a detailed delivery plan.
- People who use Mental Health Services are central to identifying and delivering on shared priorities for mental health.

Key points of progress:

- Refreshed Hearts and Minds Together for Mental Health in Powys approved by the Powys Mental Health Partnership Board and PTHB Executive Committee in December 2021.
- Successfully rolled out Silver Cloud Online Cognitive Behavioural Therapy Service for Young People receiving services through Child and Adolescent Mental Health Services. Evaluation of Silver Cloud Online CBT Service completed and used to inform business case development and submission to Welsh Government for continuation of pan Wales service. Funding agreed by Welsh Government until 31 December 2024.
- Crisis Care Service Improvement delivered through development and piloting of Single Point of Access for Mental Health Services via 111 in Powys.
- General Practitioner commenced post in April 2022 to support the eating disorder service following completion of local service mapping and gap analysis against The National Institute for Health and Care Excellence standards.
- Perinatal Mental Health Midwife in post from September 2021 following completion of service mapping against Royal College of Psychiatrists Perinatal Community Standards.
- Early Intervention in Psychosis service Clinical Lead in post following the successful award of funding by Welsh Government.
- Recruitment for two posts for the Specialist Child and Adolescent Mental Health Service is ongoing.

Powell Bethan
04/29/2022 13:00:54

Value Based Health Care – Led by Director of Finance and Medical Director

This programme was established to ensure a focus on improving outcomes by doing what matters and what works through embedding value based health care.

Key points of progress:

- The Executive Committee approved an approach for value based health care. A Programme board, with an approved programme initiation document and plan are in place.
- An “Opportunities subgroup” has been established and is operational with early clinical areas identified as eye care, cataracts, MSK (Muscular Skeletal - Orthopaedics), frailty and diabetes.
- Organisational expertise has been strengthened through a Costing Accountant in post from February 2022 and an Advanced Information Analyst starting at the beginning of April 2022.
- There have been recruitment challenges securing Medicines Optimisation Pharmacists and this is being reviewed and alternative approaches scoped.
- Work is underway to develop an organisational approach to Patient Reported Outcome Measures and Patient Reported Experience Measures.
- PTHB has made representations to national bodies to ensure national dashboards reflect the whole population of health boards, including cross-border flows.
- There is close regional working including in relation to Health Economics expertise. A Regional ‘Bringing Value to Life’ course held in March 2022 was attended by 14 PTHB staff, including clinicians.

Powell Bethan
04/29/2022 13:00:54

Quality and Patient Experience

Quality is integral to all areas of the Annual Plan from the assessment of population and individual needs to the planning and delivery of care. In the context of a pandemic which has spanned across two years, there is a significant impact on community life and wellbeing which is noted throughout this report.

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.

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).



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 of 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

The Patient Experience Framework has also been reconsidered 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 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

Incident Reporting

An incident is defined as “any unintended or unexpected incident which could have, or did, lead to harm for one or more people whilst in receipt of NHS-funded healthcare.” The health board reported 2845 incidents during 2021 – 2022 across all provided services.

Ensuring learning is identified to inform quality improvement and patient care is essential when investigating incidents, these themes are shared widely within teams and services enabling and supporting change.

Improvements have been made within the pressure area scrutiny forum process, standards of record keeping which have been supported with the implementation of the patient digital records and the robust discharge planning process in partnership with other agencies.

Nationally Reportable Incidents (NRI) (previously known as Serious Incidents) are where it is assessed or suspected that an action or inaction in the course of a service user’s treatment or care, in any healthcare setting, has, or is likely to have caused or contributed to their unexpected or avoidable death, or contributed to severe harm.

There are several specific areas which automatically meet the criteria:

- Suspected homicides where the alleged perpetrator has been under the care of the mental health service in the past 12 months.
- Inpatient suicide
- Maternal death
- Never events
- Incidents where the number affected is confirmed to be significant

During 2021-22, the health board reported 13 Nationally Reportable Incidents (NRI) that met the criteria.

The new Welsh Government National Patient Safety Incident Reporting Policy (the Policy, May 2021) aims to bring about several key changes to national incident reporting.

The health board has made significant effort to implement the changes required within this Policy; a review and update of the documents to investigate and learn from NRI’s has been undertaken with an updated Framework being launched in 2022-2023.

The organisations performance in relation to serious incident management is scrutinised by the Chief Executive Officer weekly and by the Experience, Quality and Safety Committee.

Concerns

The health board is focused on working with those wishing to raise a concern in a proactive and supportive manner, ensuring where possible concerns and enquiries are managed to a desired resolution.

All concerns, informal and formal, have a named point of contact within the Health Board and are acknowledged within two working days.

During 2021-2022, the Health Board received 275 formal concerns, 242 enquiries/early resolution these were mostly relating to access to services, communication, along with care and treatment challenges.

Compliance with the required 30day response rate as outlined in the Welsh Government, *Putting Things Right (PTR) NHS (concerns, complaints and redress arrangements) Regulations Wales (2011)*, will be a focus for 2021-2022 due to a reported overall compliance of 38% for 2021-2022.

The team have implemented a number of improvements in line with the PTR regulation in order to ensure responses are timely, robust and appropriate for those raising concerns.

If a patient remains dissatisfied with a response to a concern investigated by the health board, the complainant has the right to raise the matter with the Public Services Ombudsman for Wales who determines whether to pursue a full investigation.

During the period of April 2021 to March 2022, the health board have received 10 ombudsman enquiries, and responded to all of the recommendations made, with a further 3 enquiries notified that are not being investigated.

Compliments

The health board receives and records compliments which are received in several formats including cards, letters, and verbal compliments. A total of 277 compliments were recorded in the year but it should be noted that this will not be the full picture as by their nature they are often informally received.

Learning and Improvement

Opportunities to share lessons and promote wider learning are taken through a 'Learning from Experience Group', the Patient Experience Steering Group and shared via Powys announcements. Root cause analysis training has been used to underpin 'what good looks like' in terms of professional inquiry, investigation, and analysis.

The focus on learning has increased throughout the year as demonstrated in reports generated for the Experience Quality and Safety Committee along with the plan for clinical audit.



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Workforce Futures

Workforce futures remains an essential enabler to delivering the Health and Care Strategy for the population of Powys. Throughout the year, workforce planning and staff wellbeing have continued to be areas of significant focus in response to the pandemic, 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 in key areas of work such as the Health and Care Academy and the volunteering programme. It focuses on 5 themes:

- Designing, Planning and Attracting the Workforce;
- Leading the Workforce;
- Engagement and Wellbeing;
- Education, Training and Development
- Partnership and Citizenship.

Key areas of delivery have included the successful resourcing and deployment of the workforce across Test, Trace, Protect and Covid Vaccination programmes. Good progress has also been made to develop the capacity required for the recovery and renewal work. Collaborations have been key, with a significant programme of volunteering, partnership with Powys County Council, the Military, Mid Wales and West Fire and Rescue Service and others.

Engagement with the staff side of the organisation has been key to navigating the complex challenges of the past two years, with strong partnership with Trade Unions and collaboration on well-being initiatives. The Local Partnership Forum has provided a formal advisory group ensuring action is considered and taken in response to feedback. This has included health and safety matters and the development of priorities as part of the organisation's forward planning.

As a health board, we have continued to closely monitor our key workforce performance indicators throughout the year, as shown in this overview:

Indicator	Q1. 2021/22	Q2. 2021/22	Q3. 2021/22	Q4. 2021/22	Quarterly Direction
Staff in Post (WTE)	1869.76	1854.40	1864.12	1888.83	↑
Turnover (%)	10.98%	12.17%	13.13%	13.98%	↑
Bank & Agency Usage (WTE)	109.86	116.10	109.07	107.53	↓
Sickness Absence (Rolling %)	4.95%	5.21%	5.36%	5.56%	↑
PADR (%)	69%	70%	73%	74%	↑
Statutory & Mandatory Training (%)	79%	81%	81%	82%	↑

Overall, on average, there has been an increase of 111.22 whole time equivalent staff employed in 2021/22 when compared to 2020/21. However, staffing capacity in some areas has been affected by increased turnover, sickness absence and vacancy levels, particularly in clinical roles. This is reflective of national challenges across health and care.

An internal Staff Survey on wellbeing and Agile Working had a good response rate from 525 staff. This demonstrated an overall sense of wellbeing of 4.15 out of 6, which indicates space for improvement. Sickness absence has increased year and is higher than the previous three years, reflecting national trends in the context of the pandemic. A stable position has been achieved in relation to performance appraisal development reviews (PADR's) and statutory and mandatory training.

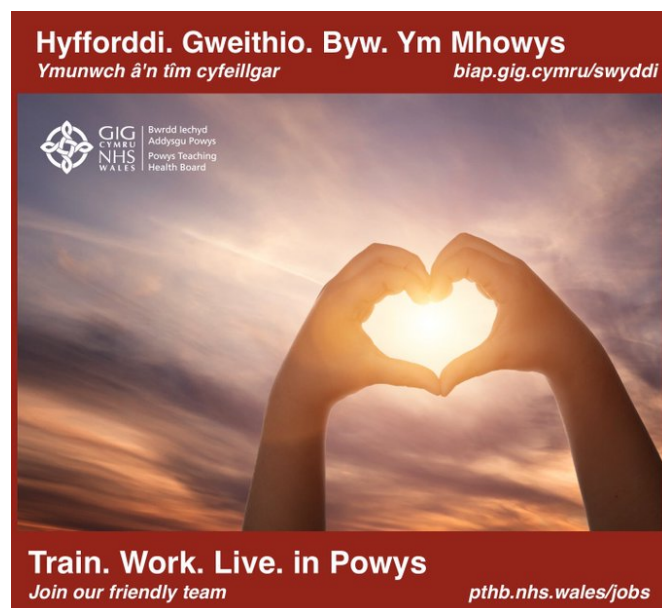
A number of actions have been taken, including stress management workshops for individuals and managers, direct access to the counselling service, wellbeing hubs and wellbeing breaks. Staff recognition has also been enhanced with universal approaches such as the Covid-19 pin badges and targeted Certificates of Appreciation.

Digital innovations have enabled improvements in staff communications and resources such as the Stay Well pages available to all staff via SharePoint, which is more accessible across devices away from the standard workplace access points.

The healthy working relationships approach has been promoted, encouraging early resolution of any issues which arise, supported by a range of both formal and informal interventions, ranging from "cuppa conversations" to formal mediation.

Leadership development has been enhanced with Welsh Government funded Intensive Learning Academy (ILA) in Leading Digital Transformation, in partnership with the University of South Wales. This is part of the offer within the new Health and Care Academy.

Despite the success recruiting to a number of clinical roles, Registered Nurse and Medical recruitment continues to be challenging. Although there is a small increase in the number of Registered Nurse staff employed, vacancy levels within wards have increased, with an overall vacancy deficit (excluding absence) of 18% in March 2021, increasing to 29% as at March 2022. There has been an increase of 17% in Bank Staff capacity since 31st March 2021. In the short term, there is likely to be an ongoing reliance on temporary staffing in order to maintain safe staffing levels.



Other developments have been progressed to ensure that staffing capacity can be addressed in the medium to longer term:

- There is a new emphasis on creative employment pathways in the longer term, supporting more effective recruitment and retention as part of a long term 'grow our own' model.
- The launch of the Aspiring Nurse program, actively recruiting to newly created career progression posts; supporting 17 individuals through a clear career pathway from Health Care Support Worker to Registered Nurse.
- The successful roll out of the kick start program in Powys, providing opportunities 16-24 year olds to gain employment experience, training and mentoring, with acknowledgement through a national award submission. 26 placements have been offered of which a high proportion will assimilate into paid employment.
- Progress with the Healthcare Support Worker Apprentice scheme, with 7 out of 8 participants from year 1 and 2 gaining substantive roles and another 6 from year 3 on track for substantive roles by the summer of 2022.
- Successful recruitment to 51.5 whole time equivalent posts to support the delivery of the Annual Plan 2021/22 with a focus on recovery and renewal.
- Strong voluntary and community collaboration with over 500 volunteers registered to support the Covid Vaccination programme.
- Development of Volunteers to enhance patient experience, communications and support, including ward based volunteers to provide additional support to inpatients, an extension of this approach is being explored with the care home sector for 2022

What our volunteers said:

"It taught me we take a lot for granted; I am fortunate to have seen some of the largest smiles I have seen, that will stay with me forever. Making a difference to our community is a privilege and something to be so proud of"

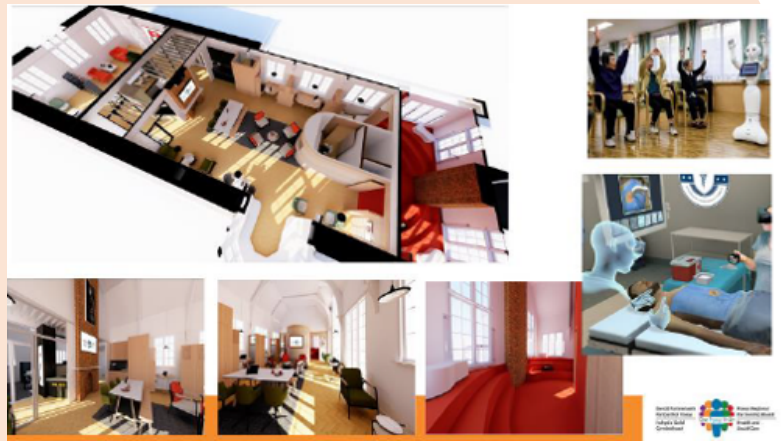
"I enjoy my role as a vaccination Marshall as it gives me a chance to give back to our community. Guiding members of the public safely to receiving their vaccination is rewarding and gives vital support to the NHS"

"I really enjoy volunteering and have made some good friends whilst contributing to a good cause. Volunteering makes me feel happy"

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The **Health & Care Academy** has been established, with the first physical space developed on the campus at Bronllys.

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 spaces for flexible, practical, academic and digital learning, a centre of excellence for research and an exemplar of rural professional and clinical education.

The Academy has focused to date on widening the access into the sector, including initiatives such as the Kickstart programme and Arwain programme, which aims to support the unemployed and those requiring support to access employability training.

The Academy has also acted as an activist for support of volunteers and carers. The Powys Balance programme, piloted during February – April 2022 aims to support unpaid carers with respite support through mindful living.

The Academy is developing a skills matrix approach for volunteers and carers that will support them to navigate paid and voluntary opportunities across the sector.

A second phase has been scoped for a pioneering 'Adaptive Simulated Living Space'. This will enable us to deliver training to our workforce including volunteers and carers in a home setting.

The Health & Care Academy in Powys has its own well established recognised brand and continues to work on the development of a digital platform that will showcase the Academy in county and on a national basis.



Academi Iechyd a Gofal Powys
Powys Health and Care Academy

Digital First

The acceleration of digital methods of delivering healthcare that took place in the first year of the pandemic was crucial in responding to covid and keeping Powys safe. It provided a platform for further development in 2021/22 in key areas as set out in the Annual Plan for the year.



The scale of adoption of new digital ways of working across health and care in the past two years has been extra-ordinary, with care being able to be brought much closer and, in many cases, right into people's homes. However, there have been challenges and a need to implement and improve systems to enable further developments in care.

The automation of processes to speed up ways of working and digitisation of record keeping and file sharing has been a key theme throughout the year and has required joint working across health and social care and third party organisations.

There are a number of complex dependencies which have been managed during the year such as the integration with secondary care services cross border and externally hosted systems.

There is evidence of the workforce growing confident and services have been enthusiastic and committed to progressing digital improvements.

More than 7000 online appointments have taken place in Powys over the last 12 months:

"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."

"The use of virtual technology 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 support that is available and we can deliver it to more people who need it."

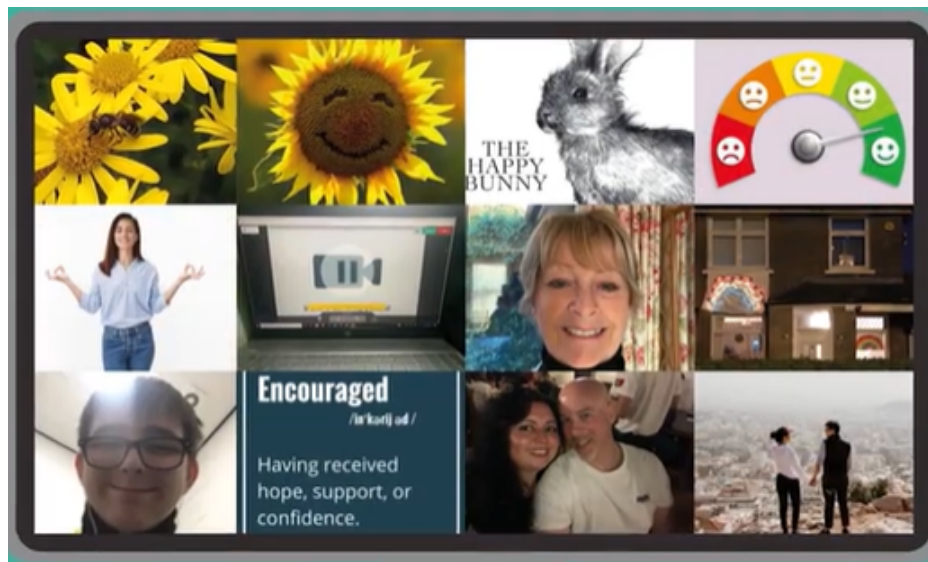
Virtual consultations help us to assess and support patients. We have offered virtual coaching and support. Much of what we do is also upskilling others such as teachers, parents and carers."

"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."

There is a wealth of **learning** from the acceleration of the digital rollout which enabled care to continue to be delivered where otherwise it would not have been possible to do so.

Tec Cymru asked people to add an image to describe an emotion that shows how they felt about using Attend Anywhere over the last year. This is an example of what people shared – the full video is available on their channel on You Tube.



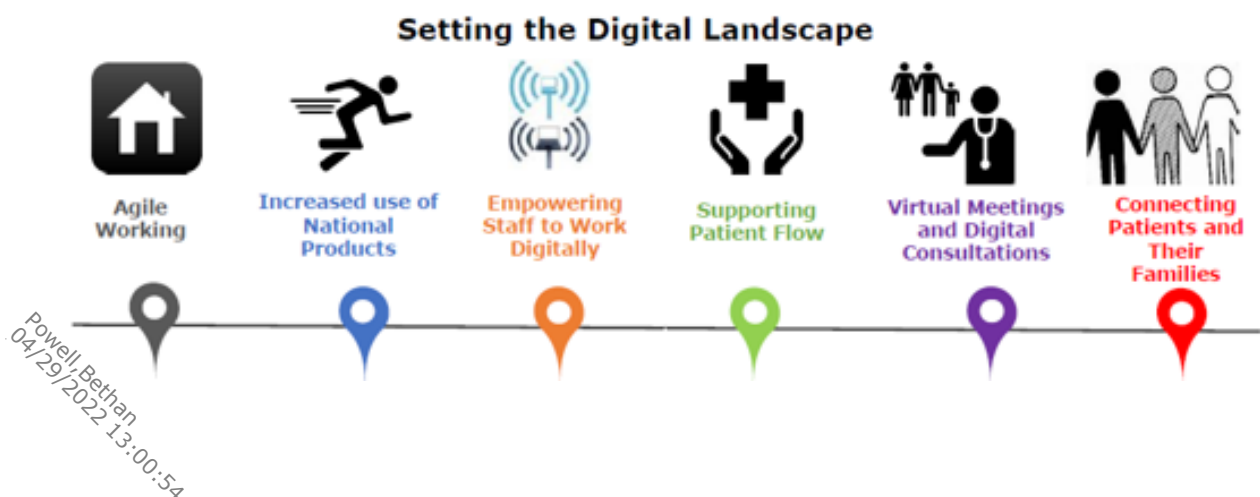
A significant programme of work has commenced to rationalise, stabilise, cyber secure and modernise the Digital platform. This is transforming the legacy platform and the way in which information is held and stored to improve business intelligence and agile working.

This has been 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.

Key points of progress are noted below:

- The further rollout of Attend Anywhere (virtual consultations) and Consultant Connect (remote access to secondary care advice)
- Additional expertise was secured which enabled enhanced use of virtual meeting platforms and file sharing and further developed agile working
- Roll out of the Welsh Nursing Care Record delivered on track with two sites successfully gone live in Brecon and Llandrindod Wells
- Digitisation of Health Records experienced some delay due to prioritisation of deployment on Covid Vaccination however an independent review conducted and business case drafted and currently at review stage

- Eye Care Digitisation Programme delivered to plan and progressed to implementation stage
- Implementation of key programmes including WCCIS (Welsh Community Care Information System), Welsh Clinical Portal (WCP) and Welsh Clinical Communication Gateway (WCCG) – with some challenges faced in the year in relation to connectivity and application issues being troubleshooted by Digital Health and Care Wales
- Business cases delivered on track to improve diagnostics and referral capability and tracking cross border as well as in Wales, with developments in the Welsh Results Reporting Service (WRRS), Welsh Patient Referral Service, Welsh Imaging Archive Service and GP Record
- Partnership work to support connectivity in rural Powys with alignment to the National Digital Health and Care Wales plan
- Expertise provided to key transformation programmes, with infrastructure review completed to support design requirements of North Powys Wellbeing Programme
- Review of telephony and managed print options completed
- Once for Wales Concerns Management System successfully completed through to implementation phase
- Building on nearly a decade of joint working IT teams from the Council and health board worked together on IT support and call handling for programmes including Test, Trace and Protect and Covid-19 Vaccination
- SilverCloud online Cognitive Behavioural Therapy (CBT) offer for residents and staff to support mental health and wellbeing
- Self-management apps available to support people with long term conditions, with packages including MyDiabetes and MyHeart available to patients on diabetes and cardiac specialist nurse caseloads to access rehabilitation / exercise / diet programmes



Innovative Environments

Innovative environments refers to the physical and the thinking space for healthcare. The focus over the past year in particular has been on sustaining and building momentum to ensure resilience and support renewal.



In this context, the issue of climate change and environmental sustainability is critical. Important commitments were made last year 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 made a landmark commitment at its Board Meeting in September 2021 to supporting the Welsh Government declaration of a Climate Change and Nature Emergency.

"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."

This commitment sets a clear ambition and intention for delivery against the duties under the Future Generations (Wales) Act 2015 and Environment (Wales) Act 2016. This includes the two major targets set for the public sector to deliver zero waste to landfill by 2050 and decarbonisation by 2030.

It underpins the commitment to the delivery of local actions in the national NHS Wales Decarbonisation and Biodiversity Plans 2021-2030.

The health board recognises the value of sustainability as a central organising principle and recognises that there is an immediate need to tackle climate change by reducing CO₂e emissions and ensuring measures are implemented to adapt to the changing environment.

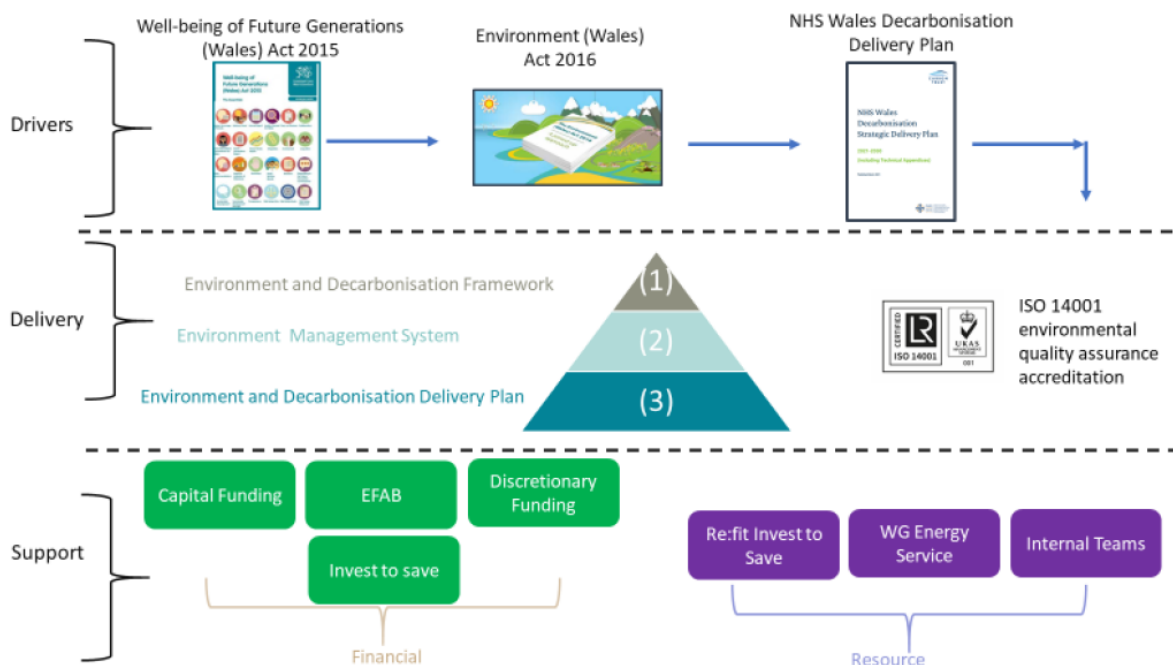
Environment and Sustainability has been driven through a multi-professional Environment and Sustainability Group (ESG) in 2021/22. 'Life cycle' principles, which consider environmental impacts of products and services, are used to support the decision-making processes. This ensures the health board is driving forward the principles of Sustainable Development (Environmental; Economic and Social).

The ESG provide strategic direction, consistency and transparency in management of environmental issues and a structured approach to

sustainability. The group is working to reduce the health board's impact on the environment and comply with legislation by implementing the Environment Policy and Environment Management Systems (EMS).

The certified ISO14001 (2015) Environment Management System has been key to promoting benefit for patients, staff and the environment in relation to carbon reduction and biodiversity improvements, in five areas of activity: Waste; Energy and Water; Travel; Procurement; Building Design and Biodiversity.

The ability to drive change has been supported by targeted Capital funding from Welsh Government and the health board has worked with the Welsh Government Energy Service and Refit Cymru to access further investment, as well as progressing the ambition for a partnership campus development as part of the North Powys Well-being Programme.



Key points of progress are noted below:

- The Research, Innovation and Improvement Co-ordination Hub (RIIC) has been progressed to provide facilitation, governance and measurement of improvement, with several research studies open and plans for further work with Health and Care Research Wales
- A Draft Integrated Estates Strategy developed, incorporating learning and anticipating outcomes from agile working, describing how innovative environments support recovery and renewal through a holistic integrated model of care

Delivery of all pipeline work to time and cost within the Discretionary Capital Programme, to enhance clinical space and estates compliance

- A risk based approach taken to prioritise estates maintenance, with new specialist contracts and performance and review measures.
- Helpdesk system delayed however criteria has been drafted to be agreed with stakeholders to inform forward plan.
- All Estates Funding Advisory Board funded projects delivered on track to enhance fire compartmentalisation, estate infrastructure and decarbonisation; re-evaluation of schemes underway in line with reduction in the available national funding for 2022/23.
- Five Year Capital Pipeline developed and endorsed in November 2021 and Capital Programme for 2022/24 initiated, informed by lessons learnt session with further work planned during Quarter 1 of 2022/23
- Delivery of Major Capital programme – key achievements:
 - Machynlleth Well-being Project: Full Business Case approved for overall project value £15.2M, enabling works and land purchase for junction widening initiated; construction work commenced on site, project on track due to complete in December 2022
 - Ligature Minimisation: Phase 1 work (£170K) completed and Phase 2 (£1M) to be completed with some time impact April 2022
 - Bronllys Health and Care Academy: Phase 1 works and refurbishment completed; Phase 2 opportunities identified
 - Brecon Car Park: £1.6M Welsh Government and charitable funds secured to improve patient access, completion due by end of 2022
 - Llandrindod Wells Hospital: Programme Business Case submitted to Welsh Government and endorsed following further work on scrutiny grid and gateway assurance; next stage of work initiated
 - North Powys Well-being Programme: Programme Business Case submitted to Welsh Government followed by further work to respond to scrutiny; Ministerial approval received March 2021; Strategic Outline Case due for submission April 2022

Powell Bethan
04/29/2022 13:00:54

What the campus could look like..



Transforming in Partnership

There is a complex partnership landscape for health and care in Powys, which is considered a region given its geographical footprint, covering a quarter of the landmass of Wales, albeit with a relatively small population size.



The shared Health and Care Strategy 'A Healthy Caring Powys' agreed in 2017 was the first of its kind in Wales and remained the foundation stone during the past two years, with all partners committing to renewing efforts on this ambition.

The Powys Regional Partnership Board (RPB) Priorities for 2021/22 were refreshed in this context, taking into account the impact of the pandemic. Key points of progress are noted below:

- Delivery of Start Well Programme: programme arrangements re-established, structure revised and joint chairing agreed, agenda reset to reflect agreed core deliverables for families and children
- Delivery of Live Well and Age Well Programmes: The arrangements were flexed in year with some suspension in meetings to enable the increased covid response requirements in Autumn/ Winter period, key elements maintained including agreement of the forward plan in the context of changes to national funding arrangements
- Cross Cutting Resources and Oversight Group (CCROG): the leadership group focused on cross cutting matters was an important forum for considering the impact of the pandemic and the reset of the priorities in the context of national changes including funding
- Population Assessment and Wellbeing Assessment: a joint approach was taken across the RPB and Public Services Board (PSB) to update the assessments of the Powys population and its wellbeing.

This co-ordinated work ensured that the initial findings were available for consideration as part of forward planning. The full findings will be finalised ready for use as part of a mid term review of the Health and Care Strategy due to take place in 2022.

- The Powys Public Services Board also progressively returned to its Well-being Plan and reconfirmed agreement to the 12 well-being steps 'Towards 2040' with a greater emphasis on three key steps: Digital infrastructure; Decarbonisation; Sustainable environments.
- Continuous Engagement: programme and issue led engagement has been restored where appropriate and viable; digital engagement has been enhanced and a soft launch has been delivered for the Engagement HQ platform at <https://www.haveyoursaypowys.wales>. Significant engagement has also been resumed on the North Powys Well-being Programme in line with the business case development process (further detail on this programme overleaf).

The North Powys Well-being Programme was reshaped against emerging evidence, with a Strategic Demand and Capacity analysis carried out to inform the ongoing business case development.

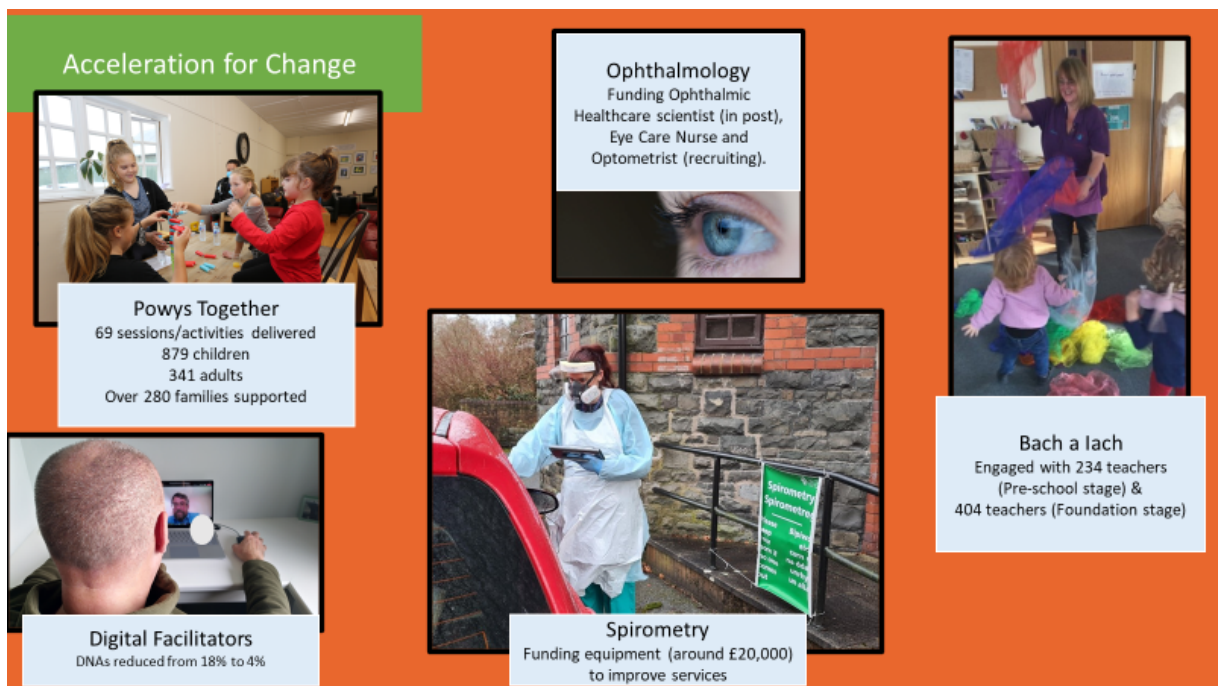


This Regional Partnership Board programme is a once in a generation scheme to transform the way health, care, community, wellbeing, library and education services are delivered in north Powys, with a new Rural Regional Treatment and Diagnostic Centre and Integrated Health and Care Centre as part of the ambition for a multi-agency campus in Newtown.

One of the key successes of 2021/ 22 was securing approval from Welsh Government for the 'Programme Business Case', enabling this important work to continue into the next stage of development.

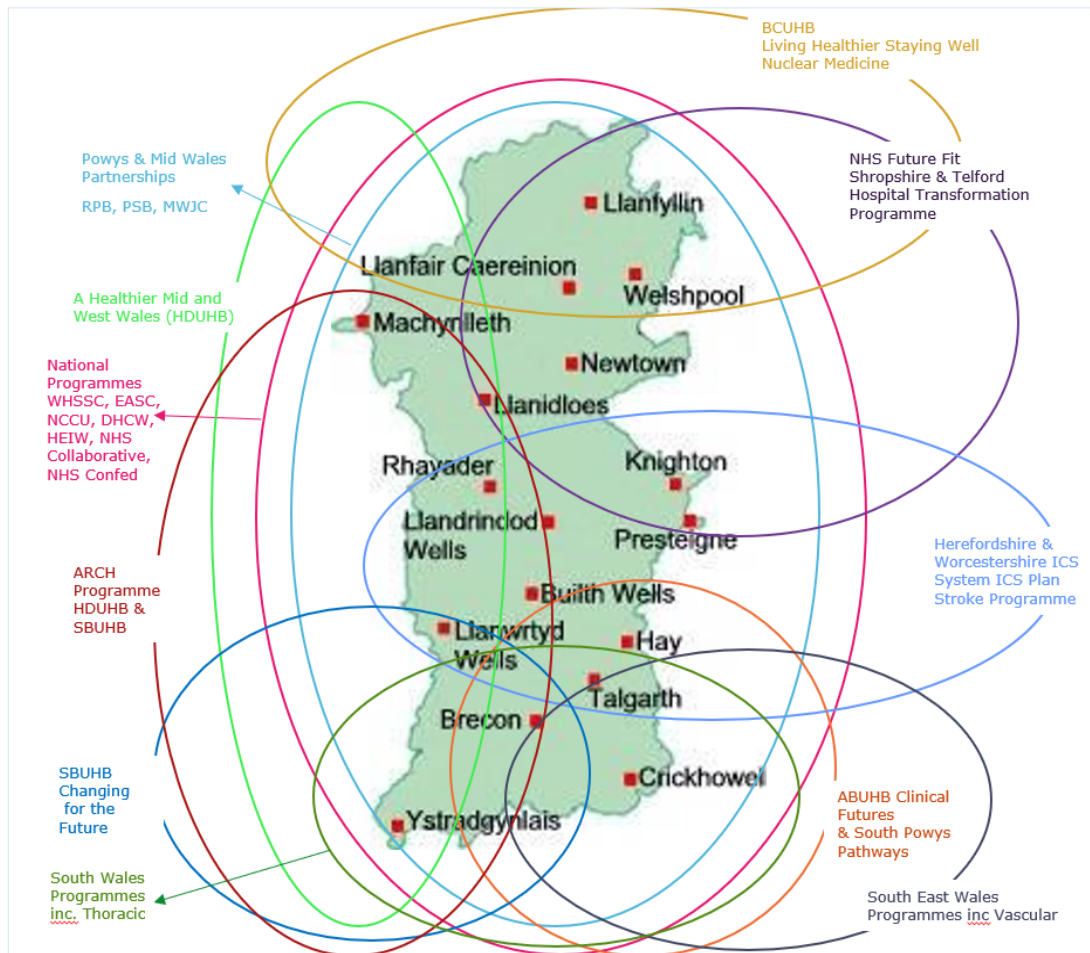
This will take forward pathfinders and accelerated areas of change for children and young people, mental health and wellbeing and a social model of health. Key highlights of progress made on these, up to December 2021, is shown below, demonstrating the impacts already being achieved in relation to service delivery and outcomes for patients:

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04/29/2022 13:00:54



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).

There are a number of strategic programmes at regional and national levels that relate to health and care provision and pathways for residents of Powys, countywide or in particular geographies, depending on the programme and relevant provider's catchment areas as shown below.



A co-ordinated approach has been taken to manage the complexity and the delivery of healthcare in this context, taking into account recovery plans across Wales and England. The health board has taken a role to ensure that the needs of the Powys population has been incorporated into recovery and system plans, advocating a value based approach to support shared decision making, patient outcomes and prevention.

Regular assessment of national and regional plans has been undertaken as part of the planning and commissioning cycle and links have been strengthened in key areas to align renewal and transformation priorities with the National Clinical Framework and Collaborative programmes / Clinical Networks across NHS Wales.

Long Term Agreement / Service Level Agreements have been revised in light of the pandemic and civil contingencies; with the progressive re-introduction of commissioning arrangements including the Commissioning Assurance Framework and maternity assurance in 2021/22.

The planning approach in the health board was similarly reset, acknowledging that a period of two years had passed during which shorter term plans were required in place of the suspended three year plan.

In returning to the Integrated Medium Term Plan, it was recognised that an in depth assessment of the external and internal context would be required to understand as fully as possible the environment in which the plan would be set. A comprehensive PTHB Planning Framework was developed in Autumn 2021 and refined through a process of internal and external engagement with stakeholders. This set out the key planning parameters, in a complex and evolving context.

A guided directorate planning process was also delivered in the Autumn 2021 to ensure a thorough assessment of the organisation's performance position, strategic risk and priorities. A schedule of Committee and Board development provided important governance and engagement touchpoints and culminated in the agreement of strategic priorities in early 2022. Some elements of directorate support were suspended during the heightened responses to the pandemic, including the Managers Training which included a module on planning and performance, however this was reestablished at year end and has been refreshed in light of the forward plan for the year ahead.

The way in which performance was measured was adapted in in line with changes to the national framework in response to the Covid-19 pandemic. An integrated approach was maintained to deliver the intelligence and surveillance required by Strategic Gold Command as well as regular reporting on core elements of finance, workforce and service delivery.

This system of governance, reporting and review continued to provide the necessary assurance through to Committees of the Board and the Board on the quality and safety of services, access to care, improvement and delivery against the Annual Plan, in a complex and changing environment.

Regular communication has been maintained with key stakeholders including briefings with the Community Health Council and local politicians, cabinet members and partner organisations and enhanced information for the public including the patient services contact centre.

Increased use of social media has been utilised to provide updates on healthcare for non Covid health as well as Covid related support.

The Powys Regional Partnership Board, working with the Powys Association of Voluntary Organisations (PAVO) supported collaboration across community support through the second year of the pandemic.

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Forward Look 2022 to 2025

The health board developed a Planning Framework as part of the forward look for 2022 to 2025 which provided a systematic analysis of the external and internal context as summarised below.

The External Context – Key Factors

PESTLE Analysis High level summary of the key Political, Economic, Sociological, Technological, Legal and Environmental Factors			
Political	<i>Complex socio-political context</i> <ul style="list-style-type: none"> - 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	<i>Scale and pace of innovation</i> <ul style="list-style-type: none"> - 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	<i>Uncertain fiscal outlook due to pandemic</i> <ul style="list-style-type: none"> - 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	<i>Significant legislative developments:</i> <ul style="list-style-type: none"> - 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	<i>Increasing inequalities is a key issue</i> <ul style="list-style-type: none"> - 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	<i>Growing urgency on climate change</i> <ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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

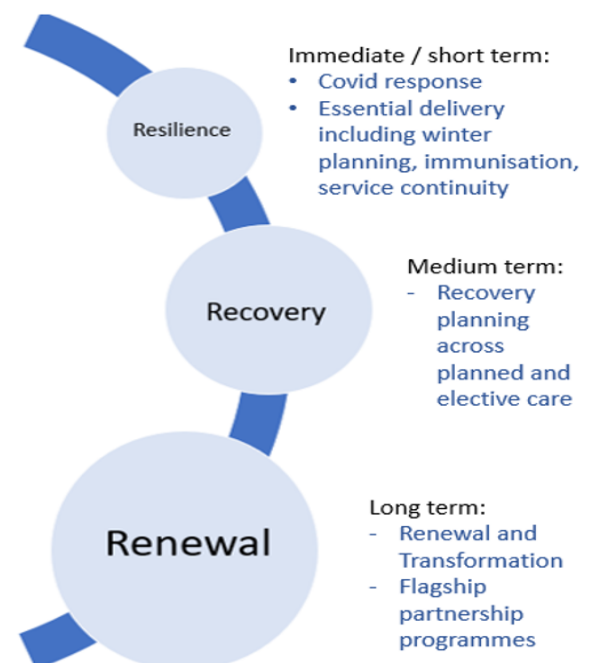
There remains considerable uncertainty and complexity over the next three year planning horizon. There are a number of challenges and risks to be managed over the next year:

- Complexity and uncertainty in the external environment, impacting on population health need
- Continued need for an agile response which limits the ability to fully align resources to priorities
- Changing nature of the covid response particularly in relation to vaccination and testing / tracing programmes
- Changing requirements for infection prevention and control in line with national directives at UK and NHS Wales level
- Workforce challenges in relation to supply and sustainability, with the impact of the pandemic on staff wellbeing and ways of working
- The increased and sustained pressures on the system and the scale and pace required to deliver, lead and manage change effectively
- Variability and inequity of access to treatment for patients with complex commissioning arrangements and provider plans
- Equally complex partnership arrangements with the need to balance sovereign governance and accountability with integrated approaches

A responsive, phased and cyclical approach will continue to be necessary in this context.

The three Rs of 'Resilience, Recovery and Renewal' have been used in the Integrated Medium Term Plan 2022 – 2025 to review and reset priorities in line with contingency and local options planning:

- Resilience: continued response to Covid and specific service and wider organisational resilience
- Recovery: recovery planning and action in the short and medium term, that supports rather than undermines longer term renewal
- Renewal: working to drive tangible service change that delivers improved outcomes, experience and cost with longer term sustainable transformation



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04/29/2022 13:00:54

Strategic Priorities 2022 – 2025

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 enhancing outcomes, experience and value and the six goals for urgent and emergency care
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)

Powell Bethan
04/29/2022 13:00:54

Workforce Futures	
13.	Design and implement a comprehensive approach to workforce planning , focusing on attracting/securing workforce for targeted services (including internationally)
14.	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
23.	Enhance integrated/partnership system working , in Wales & England, improving regional approaches to planning and delivery of key services
24.	
25.	Implement value-based healthcare to deliver improved outcomes and experience, including effective deployment and management of resources
26.	Implement key governance and organisational improvement priorities including embedding risk management, effective policy framework; assurance; Board effectiveness and systems of accountability and organisational development

At a Glance Summary – 'Plan on a Page' 2022 - 2025



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 & Organisational Improvement



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