Delivery and Performance Committee

Tue 02 May 2023, 14:15 - 17:00

Agenda

14:15 - 14:15
0 min

1. PRELIMINARY MATTERS

D&P_Agenda_02May2023 v4.pdf (2 pages)

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 2023 for approval

Attached *Chair*

D&P_Item_1.3_Draft Minutes D&P_28Feb23.pdf (13 pages)

1.4. Delivery and Performance Committee Action Log

Attached *Chair*

D&P_Item_1.4_D&P_Action Log_May2023.pdf (1 pages)

14:15 - 14:15
0 min

2. ITEMS FOR ASSURANCE

2.1. Update on the Performance Report section of the Annual Report

Oral *Director of Corporate Governance*

2.2. Financial Performance Month 12 Report

Attached *Director of Finance and IT*

D&P_Item_2.2_Financial Performance Report Mth 12.pdf (2 pages)

2.3. Integrated Performance Report 2022/23 (Month 11)

Attached *Director of Planning and Commissioning*

D&P_Item_2.3_Integrated Performance Report exception report Month 11.pdf (12 pages)
D&P_Item_2.3a_Integrated Performance Report_Month 11.pdf (99 pages)

2.4. Annual Delivery Plan 2023/2024

Oral *Director of Planning and Commissioning/ Director of Finance and IT*

2.5. Information Governance Annual Performance Report

Attached *Director of Finance and IT*

D&P_Item_2.5_Information Governance Annual Report 2022-23.pdf (9 pages)

2.6. Committee Risk Register

Attached *Director of Corporate Governance*

- D&P_Item_2.6_Committee Risk Report_May23.pdf (3 pages)
- D&P_Item_2.6a_AppA_Committee Risk Register_May23.pdf (20 pages)

14:15 - 14:15
0 min

3. ITEMS FOR DISCUSSION

There are no items for inclusions within this section

14:15 - 14:15
0 min

4. ESCALATED ITEMS

4.1. Records Management Improvement Plan

Attached *Director of Finance and IT*

- D&P_Item_4.1_Records Management Improvement Plan_May 2023.pdf (4 pages)
- D&P_Item_4.1a_App1_Records Management_Final Internal Audit Report.pdf (38 pages)

14:15 - 14:15
0 min

5. ITEMS FOR INFORMATION

There are no items for inclusion within this section

14:15 - 14:15
0 min

6. OTHER MATTERS

6.1. Development of Committee Annual Programme of Business. Committee Frequency

Oral *Director of Corporate Governance*

6.2. Items to be Brought to the Attention of the Board and/or Other Committees

Oral *Chair*

6.3. Any Other Urgent Business

Oral *Chair*

6.4. Date of the Next Meeting: 31 August 2023 at 13:30 via Microsoft Teams and likely an additional meeting will be added late June/early July 2023.

6.5. Minutes of the In-committee held on 28 February 2023

Attached *Chair*

6.6. Financial Sustainability

Presentation *Director of Finance and IT*

6.7. Integrated Plan 2023-26 - Feedback from Welsh Government and next steps

To Follow *Director of Planning and Commissioning/ Director of Finance and IT*

POWYS TEACHING HEALTH BOARD
DELIVERY AND PERFORMANCE COMMITTEE
TUESDAY 02 MAY 2023,
14:15 – 17:00
VIA MICROSOFT TEAMS

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

AGENDA				
Time	**Item**	**Title**	**Attached/ Oral**	**Presenter**
	1	**PRELIMINARY MATTERS**		
14:15	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 2023	Attached	Chair
14:20	1.4	Committee Action Log	Attached	Chair
	2	**ITEMS FOR ASSURANCE**		
14:25	2.1	Update on the Performance Report section of the Annual Report	Oral	Director of Corporate Governance
14:45	2.2	Financial Performance Month 12 Report	Attached	Director of Finance and IT
15:00	2.3	Integrated Performance Report 2022/23 (Month 11)	Attached	Director of Planning and Commissioning
15:20	2.4	Annual Delivery Plan 2023/2024	Oral	Director of Planning and Commissioning / Director of Finance and IT
15:40	2.5	Information Governance Annual Performance Report	Attached	Director of Finance and IT
15:50	2.6	Committee Risk Register	Attached	Director of Corporate Governance
10mins	**COMFORT BREAK**			
	3	**ITEMS FOR DISCUSSION**		
There are no items for inclusion within this section				
	4	**ESCALATED ITEMS**		
16:00	4.1	Records Management Improvement Plan	Attached	Director of Finance and IT
	5	**ITEMS FOR INFORMATION**		
There are no items for inclusion within this section				
	6	**OTHER MATTERS**		
16:10	6.1	Development of Committee Annual Programme of Business • Committee Frequency	Oral	Director of Corporate Governance

16:15	6.2	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.3	Any Other Urgent Business	Oral	Chair
	6.4	Date of the Next Meeting: 31 August 2023 at 13:30 via Microsoft Teams and likely an additional meeting will be added late June/early July 2023		

The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"

16:15	6.5	Minutes of the In-committee held 28 February 2023	Attached	Chair
16:20	6.6	Financial Sustainability	Presentation	Director of Finance & IT
16:40	6.7	Integrated Plan 2023-26 – feedback from Welsh Government and next steps	To follow	Director of Planning and Commissioning / Director of Finance and IT

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

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.

Powell,Bethan 26/04/2023 16:50:38

POWYS TEACHING HEALTH BOARD
DELIVERY & PERFORMANCE COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON TUESDAY 28 FEBRUARY 2023 VIA MICROSOFT TEAMS

Present:

Mark Taylor	Independent Member *(Chair)*
Ronnie Alexander	Independent Member
Kirsty Williams	Independent member
Cathie Poynton	Independent Member
Rhobert Lewis	Independent Member
Tony Thomas	Independent Member

In Attendance:

Hayley Thomas	Deputy Chief Executive and Director of Primary, Community Care and Mental Health
Stephen Powell	Director of Planning and Performance
Pete Hopgood	Director of Finance & Information Technology (IT)
Debra Wood-Lawson	Director of Workforce and Organisational Development
Kate Wright	Medical Director
Helen Bushell	Director of Corporate Governance (to item 2.3)
Jamie Marchant	Director of Environment
Hywel Pullen	Assistant Director Finance
Jayne Lawrence	Assistant Director Primary Care (for item 2.2a)
Jacqueline Seaton	Chief Pharmacist (for item 2.2b)

Observers:

David Collington	Community Health Council
Carl Cooper	PTHB Chair

Apologies for Absence:

Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Sciences

Committee Support:

Liz Patterson	Interim Head of Corporate Governance

D&P/22/70	**WELCOME AND APOLOGIES FOR ABSENCE** The Committee Chair welcomed members and attendees to the meeting. Apologies for absence were NOTED as recorded above.
D&P/22/71	**DECLARATIONS OF INTERESTS** There were no declarations of interest in addition to the declarations already made and published on the register.
D&P/22/72	**MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 11 NOVEMBER 2022** The minutes of the previous meeting held on 11 November 2022 were AGREED as a true and accurate record. Clarity was sought in relation to the improvements in the Integrated Performance Report to quantify the cost of financial blockages in social care. The Director of Finance and IT confirmed the intention was to include a response within the Month 10 Finance Report to Board. **Action: Director of Finance and IT** Clarity was sought regarding Aneurin Bevan UHB's comparatively strong performance in referral to treatments times. The Director for Planning and Performance undertook to seek this information. **Action: Director of Planning and Performance**
D&P/22/73	**COMMITTEE ACTION LOG** The Action Log recorded updates with the following additions provided during the meeting: D&P/22/21a - An update to be provided regarding communication with Health Education and Improvement Wales (HEIW) around the Dentistry workforce issues and following the assessment of the Dentistry contract reform – HEIW were developing a national dental plan, the timescales of which were unknown. The number of dental therapists has increased at Cardiff Dental School, and Bangor University will commence dental hygienist training in September 2023. An additional 30 training places will be available.

	D&P/22/27 - An update to be provided in terms of OOH service issues with Swansea UHB to include the gap data and timescales of implementation of the National reporting system – The system supporting Shropdoc, 111 and Swansea Bay out of hours emergency arrangements has been fully functional since 15 February 2023. Action closed. D&P/22/58 - To provide an update on dental services, following the completion of the contract procurement exercise – A contract has been awarded in Llandrindod Wells and the tender process in Newtown has been completed with Ministerial Approval awaited. Action closed. D&P/22/56b - To explore the categorisation and accessibility of Wales NHS Digital App to operate cross borders, update to be provided at next meeting – The National programme team advise that it cannot be assumed that there is full interoperability between NHS England and the NHS Wales app. The NHS App (England) and the NHS Wales App will work for two distinct groups of patients, based on whether their GP practice is in England or Wales. As an indication of future direction of travel the data architecture of the NHS Wales App has been designed to take data feeds from service delivery organisations in England and so will be able to capture and display additional English information such as appointments etc. but that is in the future and will require quite a considerable amount of service transformation activity. Action closed. *Given nearly 60% of secondary care is provided in England the lack of seamless information flow will be a challenge. What will be done to encourage this to be addressed?* The Director of Finance and IT advised that a letter would be sent to Digital Health and Care Wales from the Chief Executive or Digital Lead expressing concern regarding the lack of progress in this area. **Action: Director of Finance and IT** D&P/22/56c - To link with the Director of Public Health regarding the Nurse staffing issues across the Occupational Health service request to be deferred to Q4. To update on forward planning – A 0.5 Full Time Equivalent Occupational Health Physician has been appointed until June 2023, a

	Nurse Physician has also been appointed and an Occupational Health Nurse will start on 6 March 2023. Action closed. D&P/22/56a - DPCCMH to liaise with DPH to review the whole system approach to diabetic care to include analysis of excess death rates. *What is the timescale for action D&P/22/56a (DPCCMH to liaise with DPH to review the whole system approach to diabetic care to include analysis of excess death rates)?* The Director of Primary, Community Care and MH advised that a timeframe would be agreed with the Director of Public Health. D&P/22/56d - To explore appropriate pathways to maintain awareness of the Value Based Health Care momentum and progress. The Director of Finance and IT presented a paper on this action. *Could an evaluation of one project outlined in the Value Based Health Care report be made available to the Committee?* *The report notes that 103 care home staff from 14 homes had received training on safely lifting a fallen patient. How many care homes have not received this training?* The Medical Director advised that this data would be shared when more was available but early indications (one month of data) showed a reduction in falls, and no falls related conveyances from those care homes that took part in the project. **Action: Medical Director** The Committee received the updates on the action log.
ITEMS FOR ASSURANCE	
D&P/22/74	**PERFORMANCE MATTERS** **A) INTEGRATED PERFORMANCE REPORT** The Director of Planning and Performance presented the report providing performance data to Month 9 (December 2022) against the 2022/23 NHS Wales Performance Framework.

It appears good progress was made in recovering the performance in therapies but are there problems in maintaining performance?
The Director of Planning and Performance advised that mitigating actions would be included future reports.
Action: Director of Planning and Performance

The report records 50 breaches for Speech and Language Training (SALT) for adults, were there any breaches for children?
The Director of Primary, Community Care and MH confirmed that there had been no escalations of SALT breaches for children.

What are the fragilities for in-reach endoscopy services and what progress is being made on increasing use of endoscopy services?
The Director of Primary, Community Care and MH advised that endoscopy services continue to be fragile and alternatives, including internal, in-sourcing and inviting regions to use local facilities are being explored.

The health board are first in Wales for neurodevelopmental assessments but the levels are falling, and at 53% are some way off the 80% target. What can be done to support the team?
The Director of Planning and Performance confirmed the waits were variable and performance was not good enough. This was an issue of capacity and sustainability of posts, with the potential to use multidisciplinary teams under consideration.

The Committee took ASSURANCE from the health boards performance against NHS Wales Performance Framework.

B) Q3 IMTP DELIVERY

The Director of Planning and Performance presented the report outlining progress made against the IMTP for the period October 2022 – December 2022.

Are change requests to delay delivery dates being made as teams are working on the Accelerated Sustainable Model instead?
The Director of Planning and Performance advised there is fragility in the workforce, and it is necessary to focus on what is wrong, what can be don e and to move at pace.

Will reflecting on the current plan help in developing the new plan?

	The Director of Planning and Performance confirmed actions needed to be sharper and in which quarter they would be delivered in defined. Delivery will be key, and the plan will need to be structured to ensure accountability. Unforeseen issues (such as industrial action) may occur which will impact on the ability to deliver. The Committee took ASSURANCE from the health boards delivery against the IMTP.
D&P/22/75	**PRIMARY CARE SERVICES PERFORMANCE REPORT:** **A) GMS PERFORMANCE** The Assistant Director of Primary Care presented the report outlining the General Medical Services Commissioning Assurance Framework process during the 2021/22 contract year. No General Practice has required escalation. Two practices failed to comply with provision of information for random audits due to workforce pressures. Non-compliance was focussed on national flu targets and six week baby checks with support given to help practices improve. General Practice is experiencing workload pressures particularly in Llanfyllin, Rhayader and Crickhowell. *The health board have undertaken research to ascertain how easy it is to see a doctor. Can this be triangulated against reports from the CHC and Nuffield?* The Director of Primary, Community Care and MH advised that CHC reports are shared with surgeries. The Nuffield Report will be considered to ascertain how best to use when considering access to General Practice. **Action: Director of Primary, Community Care and MH** *How does the health board determine patient experience?* The Assistant Director of Primary Care advised that all surgeries are required to undertake a patient experience survey and submit an improvement plan by March 2023. It is a requirement to survey 25 per 1,000 patients. *The Chair of the Patient Experience, Quality and Safety Committee observed the role of that committee in considering patient experience.* *A common thread appears to be problems with staff absence and sickness. How does the health board support primary care colleagues?* A level of Occupational Health support is provided to General Practice which will be offered to Dental and Optometry.

	Attention to immediate need is given but further work is needed to support resilience and stability, including cross-practice cluster working. *In England many GPs work part time. Is that a strain on the system locally?* In Powys many GPs hold portfolio careers with several practices supporting hospitals. There are also a high number of enhanced services offered due to the rurality of the area. This creates additional pressure, but other staff are employed to support these services. *Who is responsible for assessing compliance with audit?* Peer review on quality improvements and audit is undertaken on a cluster basis and provides evidence for re-evaluation. The Committee took ASSURANCE that the General Medical Services Commissioning Assurance Framework provided contract monitoring of General Medical Services. **B) COMMUNITY PHARMACY** The Chief Pharmacist presented the report which provided an account of Powys' community pharmacy activities during 2022/23 and drew attention to the following areas: • There are 23 pharmacies in Powys of which 2 receive a guaranteed income as 'essential small pharmacies. • The Pharmaceutical Needs Assessment identified one gap in Llanwrtyd Wells which has since been addressed with a new contractor. • All pharmacies have transitioned onto the new pharmacy contract with the intention of providing more consistent access. • Financial challenges exist with a large spend on rota services. The level of use of these services will be investigated. • Consideration is being given to move to 56 day prescribing (Wales is the only nation that still uses 28 day prescribing). This will improve efficiency but will have an adverse financial impact on the 11 dispensing practices who would lose approximately £900k in dispensing fees. *Whilst Health Education and Improvement Wales are supportive of increasing Independent Prescribers is funding available to support this?* XXX *How will the sustainability of dispensing practices be assured with the move to 56 day prescribing?*

	It is not intended that the 11 prescribing practices will move to 56 day prescribing as that would be unsustainable. If the move was to be made the prescribing practice would move into the category of 'essential small pharmacy' which would trigger a guaranteed income thereby reducing potential savings. The Committee took ASSURANCE that the health board is fulfilling its role in the context of the community pharmacy contractual framework.
D&P/22/76	**FINANCIAL PERFORMANCE REPORT MONTH 10** The Director of Finance and IT presented the financial performance update including the financial position and financial recovery plan. There is a year to date deficit of £6.35m. The projected year end deficit remains at £7.5m. The capital spend is forecast to breakeven. The forecast underlying deficit at the start of 2023/24 is £18.6m resulting from: • continued growth in Continuing Health Care; • English provider recovery activity; • winter unscheduled care pressures; and • prescribing pressures *What does item 08 'provided services – non pay' on page 3 of the report refer to?* The Director of Finance advised that this related to accountancy gains which are non-recurrent savings. *Given that nursing and midwifery is causing particular pressure on variable pay what can be done to make cover slots attractive to internal staff?* The Director of Workforce and OD advised that enhanced pay could be used (offering enhancements for early or late booked slots) but that could result in gaming of the system. Welsh Government wants the use of enhanced rates to be reduced. Other advantages such as weekly pay could be offered to encourage take-up. *Is the forecast deficit of £8m in commissioned services due to additional work being undertaken or due to payment of block funding for work not undertaken?*

	The Director of Finance and IT advised that in England payment was on activity whereas in Wales it was via a semi-block agreement. The overspend relates particularly to the higher performance of English providers. *Page 4 of the report refers to 'red pipeline opportunities'. How will these be actioned?* The Director of Finance advised there were several avenues to help activate these including: • benchmarking information to identify opportunities; • the Accelerated Sustainable Model; • value based health care; and • the vault – a warehouse of information benchmarking including savings plans and best practice. This requires encouraging all employees to make improvements. The Committee; • DISCUSSED and NOTED the Month 10 2022/23 financial position. • DISCUSSED and NOTED the 2022/23 financial forecast deficit position. • DISCUSSED and NOTED the 2023/24 financial outlook.
D&P/22/77	**IT INFRASTRUCTURE AND ASSET MANAGEMENT INTERNAL AUDIT REPORT** The Director of Finance and IT advised that the Audit, Risk and Assurance Committee had received a Limited Assurance Report on IT Infrastructure and Asset Management. A Management Action Plan was provided to the Committee who would receive updates on this matter to each meeting to enable progress to be monitored. **Action: Director of Finance and IT**
ITEMS FOR DISCUSSION	
D&P/22/78	**INNOVATIVE ENVIRONMENTS OVERVIEW REPORT:** • **CAPITAL AND ESTATES COMPLIANCE REPORT** • **HEALTH AND SAFETY UPDATE** The Director of Environment presented the report. *The mitigations which led to a reduced fine in the recent Health and Safety Court case are noted. Can assurance be given that health and safety arrangements are properly in*

	place to ensure lessons have been learnt. In particular, is the arrangement where team members act as health and safety inspectors appropriate? The Director of Environment advised the arrangements in relation to health and safety case were outlined within the report which was provided for assurance. The Health and Safety Group are able to provide assurance to Executive and Independent Members. The position locally where team members act as health and safety inspectors enables team learning. *What are the intentions in relation to an Estates Strategy?* The health board have engaged consultants to produce an Estates Framework including a Development Control Document and six facet surveys where gaps are identified. Improvements such as the kitchen at Knighton Hospital and the roof at Ystradgynlais Hospital are examples of this work. *Can the Director of Environment give his professional opinion on if the health board are engaging at the right level for capital in the partnership arena?* The Director of Environment advised an increasing amount of funding is being routed through the Regional Partnership Board. To date this has come from local authority funding but it is expected that health board funding will be increasingly routed this way. *What are the difficulties identified in the report in relation to the site at Newtown for the North Powys Wellbeing Programme?* The Director of Primary, Community Care and MH advised that the Strategic Outline Case has been submitted to Welsh Government who have instructed that the infrastructure element of the Business Justification Case requires resubmission. Capital funding has been released for the education element of the programme, but it will be necessary to wait for the infrastructure element of the programme to be approved before capital funding for the health element of the programme is released. *Can assurance be given that the kitchen at Bronllys that has been downgraded from 5 to 4 for food hygiene, will be brought up to standard?*

	The Director of Environment advised that the minor issues which resulted in the downgrade were being addressed and a reinspection would be requested. *Could the Committee be provided with detail of the Machynlleth Project Gateway Review.* The Director of Environment advised the Gateway Review had been undertaken because Welsh Government had expected the project to have been further ahead. A report has been considered at the Innovative Environments Group which can be provided to the Delivery and Performance Committee. **Action: Director of Environment** *What is the position with the Llanfair Caereinion Primary Care development?* The Director of Environment advised that a paper would be taken to Executive Committee in March 2023 concerning the developer's ability to PROCEED and timelines associated with that. This would be brought to the Committee. **Action: Director of Environment**
ESCALATED ITEMS	
D&P/22/79	There are no items for inclusion within this section.
ITEMS FOR INFORMATION	
D&P/22/80	There are no items for inclusion within this section.
OTHER MATTERS	
D&P/22/81	**COMMITTEE RISK REGISTER** The Director of Finance and IT presented the Risk Register of risks relevant to the Committee. Both risk 004 (urgent and emergency care) and 005 (inequality of access to planned secondary and specialised care) are being kept under regular review. The Committee RECEIVED the Risk Register and took ASSURANCE that the risks were being managed in line with the Risk Management Framework.
D&P/22/82	**DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME BUSINESS**

	The Interim Head of Corporate Governance presented the development of Committee annual programme report. The following key points were highlighted: • delivery of 2022/23 Annual Programme of Business; • committee terms of reference; • feedback from committees (discussions and performance review); and • feedback from the Board The Committee DISCUSSED and NOTED the Development of Committee Annual Programme.
D&P/22/83	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES** There were no items noted.
D&P/22/84	**ANY OTHER URGENT BUSINESS** There were no items of urgent business.
D&P/22/85	**DATE OF THE NEXT MEETING** Tuesday 02 May 2023 at 13:30, via Microsoft Teams
IC/D&P/22/86	The following resolution was passed: Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.
IC/D&P/22/87	**MINUTES OF IN-COMMITTEE 11 NOVEMBER 2022** The minutes of the In-Committee meeting held on 11 November 2022 were AGREED.
IC/D&P/22/88	**FINANCIAL SUSTAINABILITY** The Director of Finance and IT advised the Committee that an Accountable Officer letter had been submitted to Welsh Government confirming that it will not be possible to deliver a financially balanced plan for 2023/24. Further detail relating to the financial position were shared with Members including the work that is required prior to submission of the Integrated Medium Term Plan on 31 March 2023.

	The Committee NOTED the update on financial sustainability.

RAG Status:

At risk	Red - action date passed or revised date needed
On track	Yellow - action on target to be completed by agreed/revised date
Completed	Green - action complete
No longer needed	Blue - action to be removed and/or replaced by new action
Transferred	Grey - Transferred to another group

Delivery and Performance Committee								
Meeting Date	**Item Reference**	**Lead**	**Meeting Item Title**	**Details of Action**	**Update on Progress**	**Original target date**	**Revised Target Date**	**RAG status**
OPEN ACTIONS FOR REVIEW								
11th November 2022	D&P/22/56a	DSPCP	Review Whole System Approach of Diabetic Care	DPCCMH to liaise with DPH to review the whole system approach to diabetic care to include analysis of excess death rates	The Director of Primary, Community Care and MH advised that a timeframe would be agreed with the Director of Public Health			At risk
30th November 2022	PTHB/22/82	DFIT	Financial Performance	Full costs of delayed transfers of care across all service areas will be included in future financial reports to the Delivery and Performance Committee	Action transfered from Board Action log			Transferred
25th January 2023	PTHB/22/102	DCCMH & DSPCP	Winter Resilience Report	An evaluation of 111 and 111 press 2 to be taken to the Delivery and Performance Committee	Action transfered from Board Action log			Transferred
25th January 2023	PTHB/22/105	DFIT	Integrated Performance Report	A report on the cyber attack to be taken to the Delivery and Performance Committee	Action transfered from Board Action log			Transferred
28th February 2023	D&P/22/72	DFIT	Financial Blockages	To include a response within the Month 10 Finance Report to Board regarding the costs of financial blockages in social care				At risk
28th February 2023	D&P/22/72a	DPP	ABUHB Referral to treatment times Performance	To seek further information regarding Aneurin Bevan UHB's comparatively strong performance in referral to treatment times and feedback to the committee				At risk
28th February 2023	D&P/22/73	DFIT	Lack of progress in secondary care across England	A letter would be sent to DHCW from the Chief Executive or Digital Lead expressing concern regarding the lack of progress of information flow in secondary care across England				At risk
28th February 2023	D&P/22/75	DSPCP	The Nuffield Report to be considered when accessing GP's	The Nuffield Report to be considered to ascertain how best to use when considering access to General Practices.				At risk
28th February 2023	D&P/22/77	DFIT	IT Infrastructure and Asset Management	Updates against each matter of the management action plan for IT Infrastructure and Asset management to be shared at each committee to monitor progress				At risk
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE								
28th February 2023	D&P/22/73a	MD	Care Home Staff Training	Data regarding care home staff training on safely lifting fallen patients would be shared when more was available but early indications (one month of data) showed a reduction in falls, and no falls related conveyances from those care homes that took part in the project.	Data to be reviewed and shared with Committee members at the next D&P Committee in July/August 2023.			On track
28th February 2023	D&P/22/74	DPP	Maintaining Performance within Integrated Performance Report	Maintaining performance mitigating actions to be included within future reports of the IPR				On track
23rd June 2022	D&P/22/31	DCG	Committee Chair's Panel	To explore a Committee Chair's panel to enable oversight of the performance matters identified across committees.	Chair of the Board and Director of Corporate Governance in process of setting up a Committee Chair's Forum from April			On track
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 02/05/2023)								
28th February 2023	D&P/22/78a	DSPCP	Llanfair Caereinion Primary Care Development	The Llanfair Caereinion Primary Care development report to be shared with Committee members following Executive committee discussions	Report shared with Executive Committee on 22nd March 2023. Report circulated to members on 19/04/2023			Completed
28th February 2023	D&P/22/78	DSPCP	Machynlleth Project Gateway review	To share the Machynlleth Project Gateway review report with Committee members for information	Report shared with Committee members on 25th April 2023			Completed
CLOSED ACTIONS								

Powys THB Finance Department
Financial Performance Report
Board

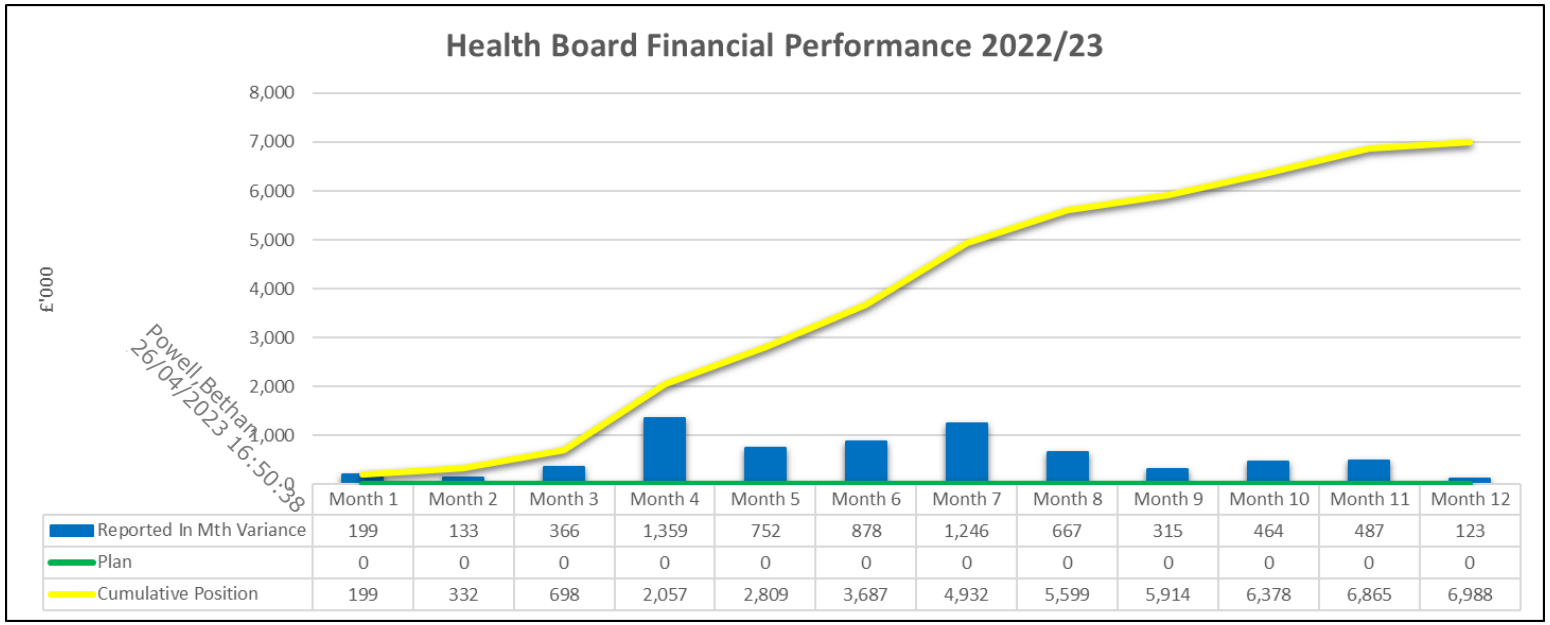
Period 12 (March 2023)
FY 2022/23

Date Meeting: 2nd May 2023

Summary Health Board Position 2022/23

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	**Value £'000**	**Trend**
Reported in-month financial position – (deficit)/surplus – Red	-123	↓
Reported Year To Date financial position – (deficit)/surplus – Red	-6,988	↓
Year end – (deficit)/surplus – Red	-6,988	↑

Capital		
	Value £'000	**Trend**
Capital Resource Limit	12,690	→
Reported Year to Date expenditure	12,622	→
Reported year end – (deficit)/surplus – Forecast	68	↓



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	199	133	366	1,359	752	878	1,246	667	315	464	487	123
Plan	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Position	199	332	698	2,057	2,809	3,687	4,932	5,599	5,914	6,378	6,865	6,988

Powys THB developed a financially balanced plan for 2022/23, which was approved by the Minister in July 2022. In the latter half of the year a deficit of £7.5m has been forecast against the revenue resource allocation. The actual position for the year has come in at £7.0m revenue overspend and a £0.1m capital underspend.

The hard work of the many teams in relation to managing the capital programme yet again this year is recognised.

The areas of revenue overspend which are a concerning are the:

- growth in CHC costs;
- ongoing increase above historic trend in variable pay; and
- underlying secondary healthcare commissioning pressures.

These are all areas, which feature in the financial plan for 2023/24 and for which action is being determined to help mitigate.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.3

Delivery & Performance Committee	**Date of Meeting: 2nd May 2023**
Subject:	**Powys Teaching Health Board Integrated Performance Report. Position as at Month 11 2022/23**
Approved and Presented by:	Director of Performance and Commissioning
Prepared by:	Assistant Director Performance & Commissioning Performance Manager
Other Committees and meetings considered at:	

PURPOSE:
This report provides an update on the latest available performance position for Powys Teaching Health Board against NHS Wales Performance Framework up until the end of February 2023 (month 11).
RECOMMENDATION(S):
The Delivery and Performance Committee are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	**Discussion**	**Information**
✖	✓	✓

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

EXECUTIVE SUMMARY:

This report provides the Delivery and Performance Committee with the latest available performance update against the 2022/23 NHS Wales Performance Framework released in July 2022.

This document includes data up until the end of month 11 (February 2023), please note that data provided within the dashboards is latest where possible, however some measures have significant delays in reporting because of national collection processes.

Using this data, we highlight performance achievements and challenges at a high level, as well as comparison to the All-Wales performance benchmark where available. A measures data quality and completeness is flagged using RAG within each slide. Most measures are utilising national or validated data, some have known data quality challenges but are reported for completeness and to monitor improvement.

Performance remains challenging across national and local measures, the report highlighting key exceptions across the quadruple aims of the NHS Performance Framework.

DETAILED BACKGROUND AND ASSESSMENT

NHS Performance Framework

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

<u>Quadruple Aim 1</u>: People in Wales have improved health and well-being and better prevention and self-management.

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Weight Management	Executive Director of Public Health	Consultant in Public Health	1	% Achieving Clinically Significant weight loss	✓	Annual improvement	Not currently available					
	Executive Director of Public Health	Consultant in Public Health	2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	✓	Evidence of Improvement	Aug-22			Red	N/A	
	Executive Director of Nursing and Midwifery	Head of Midwifery and Sexual Health	3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
Smoking	Executive Director of Public Health	Consultant in Public Health	4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	2021/22	13.0%		10.7%	1st	13.0%
		Consultant in Public Health	5	% Attempted to quit smoking	✓	5% annual target	Q2 2022/23	1.62%		1.52%	6th	1.97%
		Consultant in Public Health	6	Qualitative report - Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	✓	Evidence of Improvement	Aug-22			Amber	N/A	
Diabetes	Deputy Chief Executive and Executive Director of	TBC	7	% diabetics who receive 8 NICE care processes	✓	>=35.2%	Q2 2022/23	31.5%	42.4%	46.8%	1st	37.7%
			8	% Diabetics achieving 3 treatment targets	✓	1% annual increase from 2020-21 baseline (27.2%)	2021/22	26.2%		27.2%	4th	27.6%
Substance Misuse	Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend	Q2 2022/23	428.6	400.7	390.7	4th	392.8
			10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend	Q3 2022/23	65.0%	68.9%	60.2%	5th	74.2%
Vaccinations	Executive Director of Public Health	Consultant in Public Health	11	'6 in 1' vaccine by age 1		95%	Q3 2022/23	96.1%	94.1%	95.2%	3rd	94.6%
			12	2 doses of the MMR vaccine by age 5		95%	Q3 2022/23	91.0%	90.4%	87.7%	7th	90.2%
			13	Autumn 2022 COVID-19 Booster	✓	75%	31/03/2023			84.0%		
			14a	Flu Vaccines - 65+		75%	2021/22	73.5%		75.3%	7th	78.0%
			14b	Flu Vaccines - under 65 in risk groups		55%	2021/22	52.2%		50.9%	3rd	48.2%
			14c	Flu Vaccines - Pregnant Women		75%	2021/22	92.3%		66.7%	6th	78.5%
			14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
Screening	Executive Director of Public Health	Consultant in Public Health	15a	Coverage of cancer screening for: cervical		80%	2020/21	76.1%		72.7%	1st	69.5%
			15b	Coverage of cancer screening for: bowel		60%	2020/21	56.4%		68.3%	1st	67.1%
			15c	Coverage of cancer screening for: breast		70%	2021/22 (May)	74.6%		75.8%	1st	72.3%

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

- Substance Misuse (Measure 10) – 60.2% of people who have been referred to health board services who have completed treatment for alcohol substance misuse. PTHB performance has deteriorated slightly from Q2 but still meets national improvement trend target.

- Vaccinations
  - Measure 11: '6 in 1' vaccine by age 1 – 95.2% performance against target of 95%, PTHB performance having improved from Q2 and above the Wales average of 94.6%.

  - Measure 12: 2 doses of MMR vaccine by age 5 – 87.7% performance against target of 95%. PTHB performance has deteriorated over the previous two quarters, now below all Wales Average of 90.2%.

  - Measure 13: Autumn Covid Booster Uptake – PTHB continued to report excellent progress of 84% (as at 31st March 2023) against 75% uptake target.

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

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Primary & Community Care	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships	Assistant Director of Primary Care	16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2021/22	93.8%		100.0%	1st	88.6%
			18	Number of new patients (children aged under 18 years) accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23	Not available, new measure	473	653	7th*	30,813
			19	Number of new patients (adults aged 18 years and over) accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23		658	902	7th*	47,495
			20	Number of existing patients accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23		7146	6503	7th*	378,903
Urgent & Emergency Care	Executive Director of Operations / Director of Community and Mental Health	Senior Manager Unscheduled Care	21	% 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	Jun-22	96.3%	87.0%	83.0%	*3rd	83.6%
			22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	Q3 2022/23	8.3%	8.2%	7.9%	4th	10.9%
			25	MIU % patients who waited <4hr		95%	Feb-23	99.9%	100.0%	99.9%	1st	71.6%
			26	MIU patients who waited +12hrs		0	Feb-23	0	0	0	1st	8,036
			31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Feb-23	52.9%	44.1%	42.2%	7th	50.9%
Elective Planned Care	Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards 0 by Spring 2024	Feb-23	75	14	17	1st	15,974
			40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Feb-23	169	182	132	1st	42,921
			41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Feb-23	33	249	193	2nd	7,635
			42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB set trajectory target (zero) for 22/23 financial year	Feb-23	1	0	1	1st	63,027
			43	Number of patient follow-up outpatient appointment delayed by over 100% (unbooked & booked FUPs over 100%)	✓	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	Feb-23	7667	4699	4743		233,766
			44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Feb-23	56.3%	68.5%	66.5%	2nd	62.0%
			LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	Feb-23	2.3%	0.4%	0.5%		
Elective Planned Care			45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Feb-23	3	0	0	1st	37,594
			46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026 (64 Nov 22)	Feb-23	141	100	108	1st	237,016
			47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026 (91% Nov 22)	Feb-23	90.0%	93.8%	93.7%	1st	56.9%

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Elective Planned Care	Director of Performance and Commissioning	Assistant Director of Performance and Commissioning	LM2	Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers)		Individual Targets	Jan-23	710	554	523		
			LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Jan-23	1,894	2,696	2,468		
			LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Jan-23	4,811	4,959	4,910		
			LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Jan-23	59.6%	60.0%	60.1%		
Mental Health	Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	48	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	✓	Annual Reduction	2021/22	2.42		2.09	1st	3.95
			49	CAMHS % waiting <28 days for first appointment	✓	80%	Feb-23	97.6%	100.0%	100.0%	1st	92.1%
			50	Assessments <28 days <18	✓	80%	Feb-23	100.0%	100.0%	100.0%	1st	68.8%
			51	Interventions <28 days <18	✓	80%	Feb-23	100.0%	90.3%	93.3%	1st	35.1%
			52	% residents with CTP <18	✓	90%	Feb-23	93.9%	100.0%	93.0%	6th	92.9%
		Assistant Director of Women's and Childrens Services	53	Children/Young People neurodevelopmental waits	✓	80%	Feb-23	88.7%	59.4%	68.6%	1st*	29.5%
		Assistant Director of Mental Health	54	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	✓	Evidence Improvement	Aug-22			Green	N/A	
			55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Jan-23	100%	100%	100%	1st	95.9%
			56	% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%	Jan-23	100%	100%	100%	1st	100.0%
			57	Assessments <28 days 18+	✓	80%	Feb-23	92.6%	78.0%	86.0%	6th	87.9%
			58	Interventions <28 days 18+	✓	80%	Feb-23	48.5%	41.0%	49.0%	6th	74.0%
			59	Adult psychological therapy waiting < 26 weeks	✓	80%	Feb-23	96.3%	81.5%	82.3%	2nd*	69.0%
			60	% residents with CTP 18+	✓	90%	Feb-23	69.4%	85.0%	83.0%	5th	83.6%
	TBC	TBC	61	Qualitative report detailing progress to improve dementia care	✓	Evidence Improvement	Aug-22			Red	N/A	
	Executive Director of Operations /	Assistant Director of Mental Health	62	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	✓	Evidence Improvement	Aug-22			Green	N/A	
Hospital Infection Control	Executive Director of Nursing and Midwifery	Deputy Director of Nursing	63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local	Feb-23			2 cases	PTHB is not nationally benchmarked for infection rates	
			64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓		Feb-23			13 cases		

Primary Care

- Dental – No RAG compliance is currently available for this measure as the target is based on a 4-quarter improvement, but Powys has seen quarterly improvement on all metrics except existing patient access. Access for Q3 was lower than Q2; Q4 also lower than Q3, this being due to practices focusing on new patients, with PTHB encouraging some practices to focus on seeing new patients to address the volume of patients on the Powys Dental Waiting List.

Unscheduled Care

- PTHB Minor Injury Unit (MIU) performance has remained excellent throughout 2022/23, exceeding the required target every month for patients waiting less than 4 hrs. No patients have waited 12+ hours during the 2022/23 financial year.

- Wales Ambulance Service NHS Trust response times for Powys latest performance of 42.2% compliance for red calls arriving within 8 minutes against target of 65% (PTHB) and 50.9% (Wales). There have been multiple issues challenging the service including increased demand, handover delays, geographical challenges, and industrial action.

- Unscheduled care pressures experienced in commissioned service providers is impacting on the ability of providers to deliver elective activity and consequent impact on Referral to Treatment (RTT) target compliance.

Planned Care (Powys Provider)

- Diagnostics
    - Number of patients waiting more than 8 weeks for diagnostic endoscopy – the number of patients breaching the 8 week target has increased and now non-compliant with the health board trajectory for 2022/23. The service continues to be fragile, reliant on in-reach providers and extra private capacity to maintain waiting times. Actions and mitigations have included use of insource to reduce backlog during 22/23, recruitment to lead nurse post for endoscopy, trainee post completion for clinical endoscopist (extra JAG accredited capacity for gastroscopy), and development of cytosponge and naso-endoscopy scheme for 2023/24.

    - Number of patients waiting more than 8 weeks for a specified diagnostic - The picture for all diagnostic specialties waiting over the 8-week target is more challenging with a 6-month trend (Aug 22 – Jan 23) of increased breaches. The reported position in February was that 132 patients waited over 8 weeks. The challenge is within non obstetric ultrasound (NOUS) and predominately in North Powys and in musculoskeletal health where the service capacity is very fragile and relies on in-reach radiologists. Work to recover includes continuous waiting list reviews, appointment of own sonographers, training of sonographer for the lumps & bumps service, and capacity work with external providers. For the national picture, a total of 42,921 patients in Wales are currently breaching and Powys ranks 1st.

- Therapies
    - Number of patients waiting more than 14 weeks for a specified therapy – February 2023 position shows 193 patients waiting longer than 14 weeks, this being an improved position from both December 2022 and January 2023.

      Challenges for the service include cancelations of clinics at short notice because of sickness, vacancies, caseload type and priority e.g., follow-up or new appointments, and challenges in waiting list data, accuracy and validation. Actions include weekly waiting list management by head of service, caseload reviews across all therapies, and increased sessions from 1 to 4 per week in Podiatry, Dietetics, and SALT Heads of Service clinical job plans.

- Access

    - Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% - Follow-up reporting remains high risk. Internal validation reports show 4,743 patients are overdue 100%+. It should be noted that circa 50% of these pathways have been assessed and estimated to be invalid or duplicates following a change in reporting process. Work is ongoing to complete the validation in order to assist operational teams to accurately assess their current wait lists and target patients appropriately, aiming to complete by the end of May 2023.

    - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date – PTHB performance does not meet the 95% target but has improved to 66.5% in February 2023. Challenges include fragility of in-reach providers, actions and mitigations include multiple schemes such as having first nurse injector specialist trained and one stop eye clinic established in North Powys.

    - RTT – PTHB as a provider has had no patients waiting over 104 weeks for treatment since March 2022. 6,657 (93.7%) of 7,103 patient pathways at February 2023 are waiting under 26 weeks. 108 patients are waiting over 36 weeks, 8 patients waiting over 52 weeks.

      Challenges are linked to in-reach service fragility particularly in anaesthetics and cross border diagnostic and treatment pathways with significant diagnostic waits in acute care providers.

    - Cancer – PTHB downgrade performance has been poor against recommended NICE guidance that patients who do not have cancer are told within 28 days, PTHB performance of 26.2% in February 2023. There have been a large number of pathways where downgrade confirmation has been made late for reasons including diagnostic and administration delays.

    - Mental Health
        - Neurodevelopmental Disorder – performance has improved since December 2022, however, overall has fallen since June 2022. Current performance is 68.6% compliance against 80% target; however, Powys ranks 1st in Wales.

- CAMHS – PTHB achieving 100% of patients waiting less than 28 days for first appointment for CAMHS.

- Under 18 years - PTHB achieving 100% of mental health assessments undertaken within 28 days of receipt of referral.; 93.3% of mental health interventions undertaken within 28 days from date of receipt of referral against target of 80%; 93% of patients in receipt of secondary mental health services have a valid care and treatment plan against target of 90%. Challenges include high rates and complexity of referrals and significant staff sickness.

- Over 18 years – PTHB achieving 86% of mental health assessments undertaken within 28 days of receipt of referral against target of 80%; 49% of interventions undertaken within 28 days from date of receipt of referral against target of 80% (performance impacted by staff sickness, high referral demand, increased complexity of referrals); 82.3% of patients starting psychological therapy in less than 26 weeks against target of 80%; 83% of patients in receipt of secondary mental health services have a valid care and treatment plan against target of 90% (impacted by PTHB and Social Services staff vacancies).

Planned Care (Commissioned Service Providers)

- NHS Wales service provider performance
  - RTT - Powys residents waiting > 104 weeks remains high, with 467 patients waiting over 104 weeks at February 2023. Welsh providers are working to the ministerial targets of 0 patients waiting >52 weeks for outpatient appointment and 0 waiting> 104 weeks for treatment by 30th June 2023.

  - Cancer – Provisional data for February 2023 shows that 20 patients missed the 62-day cancer target (38% compliance). Key challenges include service flow, surgical/diagnostic capacity in secondary care, and patient choice. There is marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales.

- NHS England service provider performance

- RTT – Powys residents waiting >104 weeks remains very low (10 at January 2023) with the number of patients waiting > 78 weeks continuing to improve (169 at January 2023). English providers working to have 0 patients waiting over 78 weeks by the end of March 2023; and have 0 patients waiting over 65 weeks by March 2024.

- Cancer - Shrewsbury and Telford Hospital (SATH) NHS Trust reported 5 breaches of their cancer pathway reported for February 2023. All breaches were patients waiting over 104 days, key breach tumour sites include Breast, Urology, Upper Gastrointestinal. Reasons for breaches primarily caused by screening, diagnostic and outpatient capacity and patient choice.

  Wye Valley NHS Trust (WVT) – The latest data for Powys residents breaches is December 2022, 4 breaches were reported and 1 of these breaches were over 104 days. Lung and Urology are the two breaching tumour sites during this period. Ongoing risk regarding timely return of cancer harm reviews.

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

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

2022/23 Performance Framework Measures								Performance			Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Staff Resources	Executive Director of Finance, IT and Information	TBC	67	Agency spend as a percentage of the total pay bill	✓	12m↓	Feb-23	10.1%	10.8%	9.1%	12th (Dec-22)	6.7%
	Executive Director of Workforce and Organisational Development	Head of Workforce	68	(R12) Sickness Absence	✓	12m↓	Feb-23	5.6%	6.0%	5.9%	4th (Dec-22)	6.94%
		Service Improvement Manager: Welsh Language & Equalities	69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	6 months ending Sep-22	15.8%	16.1%	16.9%	5th	15.9%
Training & Development		Head of Workforce	70	Core Skills Mandatory Training	✓	85%	Feb-23	81.0%	82.0%	81.0%	3rd (Dec-22)	82.0%
			71	Performance Appraisals (PADR)	✓	85%	Feb-23	73.3%	73.0%	73.0%	5th (Dec-22)	66.2%
Staff Engagement		Head of Workforce	72	Staff Engagement Score	✓	Annual Improvement	2020	79% (2018)		78.0%	1st	75%
			73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement	2020	77% (2018)		75.5%	2nd	65.9%

- Agency Spend – 9.1% expenditure reported, target of 8.5% not met. Common issues include sickness, substantive professional workforce availability and rurality. Key mitigations include improve roster planning, targeting of PTHB bank over agency, targeted recruitment campaigns, recruitment of 5 overseas RNs into Welshpool.

- Sickness absence – 12 month sickness has improved slightly however is 5.9% in February 2023. Key reported sickness related to stress & anxiety, respiratory problems. Key mitigations include improved training on Managing Attendance at Work policy, staff counselling service, and bi-weekly case reviews of long term sick.

- Level 1 competencies of Core Skills and Training Framework – 81% performance in February 2023 against 85% target. Key challenges are staff sickness and introduction of new mandatory training packages.

- Personal Appraisal and Development Review – 73% performance in February 2023 against target of 85% with challenges of staff sickness and absence impacting on timeliness of PADRs.

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

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Decarbonisation	Deputy Chief Executive and Executive Director of Strategy, Primary Care and	Environment and Sustainability Manager	74	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	✓	16% Reduction by 2025 Against 21018/19 NHS Wales Baseline	2020/21	17,021		23,107	2nd*	1,001,378
		Environment and Sustainability Manager	75	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	✓	Evidence Improvement	Aug-22			Amber	N/A	
New Ways of Working	Director of Performance and Commissioning	TBC	76	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	✓	Delivery of Foundational Economy initiatives and/or evidence of improvements in	Aug-22			Amber	N/A	
	Executive Director of Finance, IT and Information	Assistant Director of Transformation and Value	77	Qualitative report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	✓	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the	Aug-22			Red	N/A	
	Executive Director of Finance, IT and Information	Lead Nurse for Informatics and Nurse Staffing	78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q3 2022/23	20877	30,865	32,716	5th	889,149
			79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q3 2022/23	6	8	8	6th	220
		Head of Information - Digital Transformation and Informatics	80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months	Dec-22	100.0%	100.0%	100%	*1st	84.4%
Clinically Effective Prescribing	Medical Director	Chief Pharmacist	81	Total antibacterial items per 1,000 STAR-PUs	✓	A quarterly reduction of 5% against a baseline of 2019-20 (215.8)	Q3 2022/23	260	237.6	333.2	2nd	358.7
			82	% secondary care antibiotic usage within the WHO access category	✓	55%	Measure suspended by WG - Data quality					
			83	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction	Q3 2022/23	479	485	502	1st	10,342
			84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend	Q3 2022/23	4222.1	4218.2	4261.3	2nd	4,442.2

- Number of wards using Welsh Nursing Clinical Record remains at 8, meeting national target of 4 quarter trend improvement.

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

- Total antibacterial items per 1,000 STAR-PUs has not achieved target, performance having deteriorated from Q2 to Q3. Antimicrobial stewardship improvement plan in place with absence of dedicated antimicrobial pharmacist included within the medicines management risk register.

- Number of patients over 65 years of age prescribed an anti-psychotic. PTHB has seen an increase in prescribing between Q2 and Q3, however PTHB has the lowest percentage of people aged 65 and over who are prescribed an anti-psychotic.

- Opioid average daily quantities per 1,000 patients has not achieved target, performance having deteriorated from Q2 to Q3. PTHB has second lowest level of opioid burden in Wales but has seen steepest increase in prescribing since Q4 2021/22.

Operational Measures

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

	Operational Measure	Target	Month	12 months Previous	Previous Period	Current Period
A.	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Feb-23	2.53%	1.99%	1.93%
C.	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q3 2022/23	0.10%	0.09%	0.09%
G.	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q4 2022/23	37%	83%	64%

- Crude hospital mortality rate (Powys as provider) - The crude mortality rate in Powys has continued to show an improvement predominately due to the increase in inpatient flow. It should be noted that Powys normally has a higher than All Wales average crude mortality as a non-acute care provider who also supports end of life within inpatient wards. No issues have been reported, and actual monthly deaths are within expected values, no mitigations are required at this time.

- Percentage of complaints that have received final reply or interim reply up to and including 30 working days from date complaint received - Performance has significantly improved throughout 2022/23, however has deteriorated from Q3 to Q4, current performance of 64% against target of 75%. Services have been challenged to proactively manage concerns, this is a positive approach with more contacts being dealt with in an appropriate and timely manner. Key challenges include limited user feedback, timely commissioned care provider responses and data/systems quality. Key actions and mitigations include the implementation of a robust escalation process to 30 working day response timescale, ongoing review of concerns management process, implementation of a concerns feedback process with the use of CIVICA, and work around data quality, recording and assurance.

NEXT STEPS

- Please note that this cover document reports performance on an exception basis, full details of all reportable measures are included within the IPR main document.
- With the Integrated Performance Framework scope agreed the Health Board is implementing the required process to provide effective challenge, support, and scrutiny of both provider and commissioned services with the aim to improve patient outcomes.
- Ongoing work to tackle COVID backlog and capacity challenges remains the single largest risk for Powys residents and their required health care, solutions being scoped include the use of private providers to treat repatriated patients where their treatment can be carried out in Powys provider facilities.
- The Performance team is working with commissioned service providers to obtain understanding of referral demand, demand and capacity gaps, waiting list profiles at specialty level and convert outputs into indicative activity plans (IAP). This includes work to model robust performance trajectories in line with the NHS Wales Planning Framework targets 2023/24 for Powys provider, English and Welsh commissioned services.

Powys Teaching Health Board

Integrated Performance Report

Month 11 – Updated 17/04/2023

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

Executive Summary

This integrated performance report (IPR) provides the Board with the latest available performance update against the 2022/23 NHS Wales Performance Framework released in July 2022. This release includes data up until the end of Month 11 (February 23), please note that various metrics will remain un-completed/delayed where they are new or without data, or where the metrics data is significantly delayed due to national validation process/update schedule.
The data, drawn from various sources has been supported by statistical process charts, and includes officer lead narrative for challenges, actions, and further mitigations. It should also be noted that the availability of recent performance data varies by measure with monthly, quarterly, and annual updates, this resulting in some metrics not having an update for a 12+ month period.

Summary

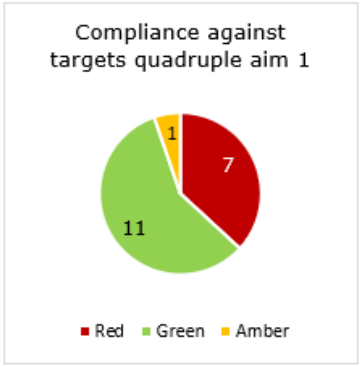
The month 11 February position for the health board shows that the key areas of challenge remain across planned and unscheduled care access in both provider and especially commissioned services. Although performance has remained robust across planned care access when compared to other Welsh and English providers, RTT and diagnostics have failed to meet PTHB trajectories set for Ministerial priority access measures. Mental Health care in the provider remains robust with almost pre Covid-19 waiting list access times, even where targets are missed the provider performs well against the All Wales position. Key challenges remain in Commissioned services for Powys resident access and their treatment within acute care pathways although overall waiting times have seen improvement. Key themes for capacity challenges and recovery across planned care in England and Wales include recent ongoing industrial actions, staffing pressures due to sickness or vacancy, diagnostic pressures, theatre capacity, and bed flow. Further challenge for planned care is linked to equity of access for Powys residents who wait on average longer in Wales, with potential waits being reported up to and beyond 12 months longer than those equivalent specialties that flow via cross border services into English acute care.

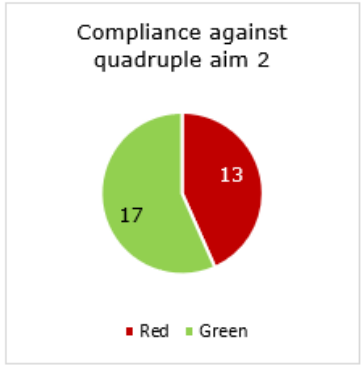
Unscheduled care in Powys performs well with minor injury units exceeding national targets for wait times. Patients that require A&E access in both England and Wales or an emergency ambulance are unfortunately still waiting a significant time and beyond national targets to receive care although showing improvement from December where performance was the worst recorded for ambulance red responses as an example. Key challenges are similar to planned care and include increased demand, staff sickness/vacancies ongoing including industrial action, and acute site patient flow bottlenecks resulting in long ambulance handover times, further rurality and access points of care impact on patient access/response times and outcomes. The health board continues to maximise repatriation of patients to improve acute flows, and has increased inpatient bed capacity from Q3 to help alleviate Powys residents awaiting step down from acute facilities.

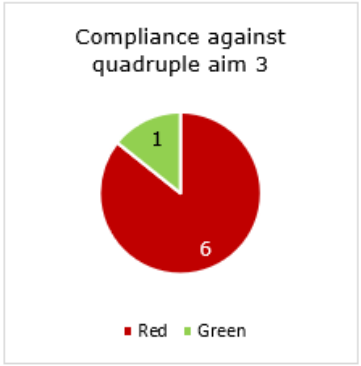
Finally it should be noted that Executive appointments and structure changes have been applied from this IPR going forward.

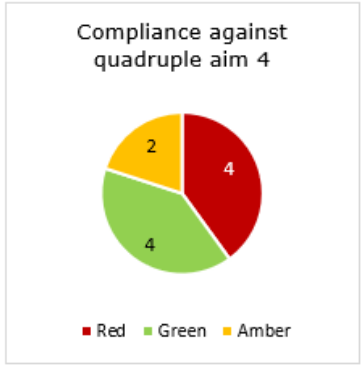
Compliance against NHS Delivery framework measures at month 11 by quadruple aim area.

*Please note amber RAG ratings are for qualitative measures only









NHS Wales Performance Framework

NHS Wales Performance Framework

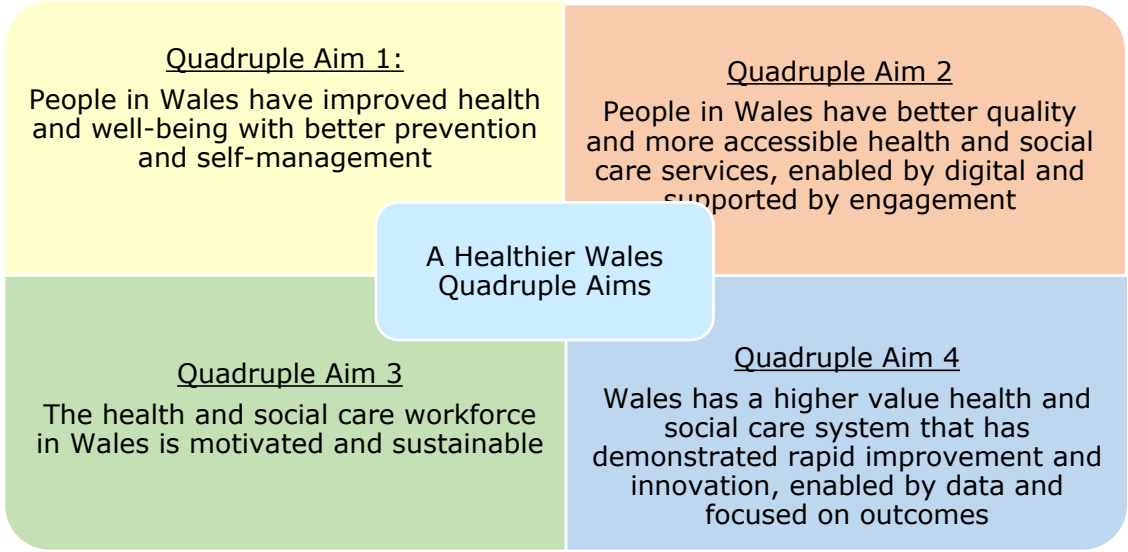
The NHS Wales Performance Framework has been significantly revised for 2022/23 with currently 84 measures. Of the 84 measures, 54 have been identified as ministerial priorities. A further 8 measures are classed as operational and not routinely reported to Welsh Government, but are included within the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

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

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

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

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



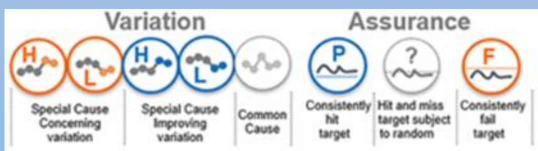
NHS Wales Performance Framework

A brief introduction to statistical process control charts (SPC)

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

SPC charts

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



Work to integrate this approach into Powys Teaching Health Board performance reporting, and assurance will be ongoing and will mature throughout 2022/23.

Key for performance & data quality RAG ratings

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

National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Weight Management	Executive Director of Public Health	Consultant in Public Health	1	% Achieving Clinically Significant weight loss	✓	Annual improvement	Not currently available					
	Executive Director of Public Health	Consultant in Public Health	2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	✓	Evidence of Improvement	Aug-22			Red	N/A	
	Executive Director of Nursing and Midwifery	Head of Midwifery and Sexual Health	3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
Smoking	Executive Director of Public Health	Consultant in Public Health	4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	2021/22	13.0%		10.7%	1st	13.0%
		Consultant in Public Health	5	% Attempted to quit smoking	✓	5% annual target	Q2 2022/23	1.62%		1.52%	6th	1.97%
		Consultant in Public Health	6	Qualitative report - Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	✓	Evidence of Improvement	Aug-22			Amber	N/A	
Diabetes	Deputy Chief Executive and Executive Director of	TBC	7	% diabetics who receive 8 NICE care processes	✓	>=35.2%	Q2 2022/23	31.5%	42.4%	46.8%	1st	37.7%
			8	% Diabetics achieving 3 treatment targets	✓	1% annual increase from 2020-21 baseline (27.2%)	2021/22	26.2%		27.2%	4th	27.6%
Substance Misuse	Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend	Q2 2022/23	428.6	400.7	390.7	4th	392.8
			10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend	Q3 2022/23	65.0%	68.9%	60.2%	5th	74.2%
Vaccinations	Executive Director of Public Health	Consultant in Public Health	11	'6 in 1' vaccine by age 1		95%	Q3 2022/23	96.1%	94.1%	95.2%	3rd	94.6%
			12	2 doses of the MMR vaccine by age 5		95%	Q3 2022/23	91.0%	90.4%	87.7%	7th	90.2%
			13	Autumn 2022 COVID-19 Booster	✓	75%	31/03/2023			84.0%		
			14a	Flu Vaccines - 65+		75%	2021/22	73.5%		75.3%	7th	78.0%
			14b	Flu Vaccines - under 65 in risk groups		55%	2021/22	52.2%		50.9%	3rd	48.2%
			14c	Flu Vaccines - Pregnant Women		75%	2021/22	92.3%		66.7%	6th	78.5%
			14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
Screening	Executive Director of Public Health	Consultant in Public Health	15a	Coverage of cancer screening for: cervical		80%	2020/21	76.1%		72.7%	1st	69.5%
			15b	Coverage of cancer screening for: bowel		60%	2020/21	56.4%		68.3%	1st	67.1%
			15c	Coverage of cancer screening for: breast		70%	2021/22 (May)	74.6%		75.8%	1st	72.3%

National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking	
Area	**Executive Lead**	**Officer Lead**	**No.**	**Abbreviated Measure Name**	**Ministerial Priority**	**Target**	**Latest Available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
Primary & Community Care	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships	Assistant Director of Primary Care	16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2021/22	93.8%		100.0%	1st	88.6%
			18	Number of new patients (children aged under 18 years) accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23	Not available, new measure	473	653	7th*	30,813
			19	Number of new patients (adults aged 18 years and over) accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23		658	902	7th*	47,495
			20	Number of existing patients accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23		7146	6503	7th*	378,903
Urgent & Emergency Care	Executive Director of Operations / Director of Community and Mental Health	Senior Manager Unscheduled Care	21	% 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	Jun-22	96.3%	87.0%	83.0%	*3rd	83.6%
			22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	Q3 2022/23	8.3%	8.2%	7.9%	4th	10.9%
			25	MIU % patients who waited <4hr		95%	Feb-23	99.9%	100.0%	99.9%	1st	71.6%
			26	MIU patients who waited +12hrs		0	Feb-23	0	0	0	1st	8,036
			31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Feb-23	52.9%	44.1%	42.2%	7th	50.9%
Elective Planned Care	Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards 0 by Spring 2024	Feb-23	75	14	17	1st	15,974
			40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Feb-23	169	182	132	1st	42,921
			41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Feb-23	33	249	193	2nd	7,635
			42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB set trajectory target (zero) for 22/23 financial year	Feb-23	1	0	1	1st	63,027
			43	Number of patient follow-up outpatient appointment delayed by over 100% (unbooked & booked FUPs over 100%)	✓	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	Feb-23	7667	4699	4743		233,766
			44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Feb-23	56.3%	68.5%	66.5%	2nd	62.0%
			LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	Feb-23	2.3%	0.4%	0.5%		
Elective Planned Care			45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Feb-23	3	0	0	1st	37,594
			46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026 (64 Nov 22)	Feb-23	141	100	108	1st	237,016
			47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026 (91% Nov 22)	Feb-23	90.0%	93.8%	93.7%	1st	56.9%

National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking	
Area	**Executive Lead**	**Officer Lead**	**No.**	**Abbreviated Measure Name**	**Ministerial Priority**	**Target**	**Latest Available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
Elective Planned Care	Director of Performance and Commissioning	Assistant Director of Performance and Commissioning	LM2	Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers)		Individual Targets	Jan-23	710	554	523		
			LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Jan-23	1,894	2,696	2,468		
			LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Jan-23	4,811	4,959	4,910		
			LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Jan-23	59.6%	60.0%	60.1%		
Mental Health	Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	48	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	✓	Annual Reduction	2021/22	2.42		2.09	1st	3.95
			49	CAMHS % waiting <28 days for first appointment	✓	80%	Feb-23	97.6%	100.0%	100.0%	1st	92.1%
			50	Assessments <28 days <18	✓	80%	Feb-23	100.0%	100.0%	100.0%	1st	68.8%
			51	Interventions <28 days <18	✓	80%	Feb-23	100.0%	90.3%	93.3%	1st	35.1%
			52	% residents with CTP <18	✓	90%	Feb-23	93.9%	100.0%	93.0%	6th	92.9%
		Assistant Director of Women's and Childrens Services	53	Children/Young People neurodevelopmental waits	✓	80%	Feb-23	88.7%	59.4%	68.6%	1st*	29.5%
		Assistant Director of Mental Health	54	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	✓	Evidence Improvement	Aug-22			Green	N/A	
			55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Jan-23	100%	100%	100%	1st	95.9%
			56	% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%	Jan-23	100%	100%	100%	1st	100.0%
			57	Assessments <28 days 18+	✓	80%	Feb-23	92.6%	78.0%	86.0%	6th	87.9%
			58	Interventions <28 days 18+	✓	80%	Feb-23	48.5%	41.0%	49.0%	6th	74.0%
			59	Adult psychological therapy waiting < 26 weeks	✓	80%	Feb-23	96.3%	81.5%	82.3%	2nd*	69.0%
			60	% residents with CTP 18+	✓	90%	Feb-23	69.4%	85.0%	83.0%	5th	83.6%
	TBC	TBC	61	Qualitative report detailing progress to improve dementia care	✓	Evidence Improvement	Aug-22			Red	N/A	
	Executive Director of Operations / Director of	Assistant Director of Mental Health	62	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	✓	Evidence Improvement	Aug-22			Green	N/A	
Hospital Infection Control	Executive Director of Nursing and Midwifery	Deputy Director of Nursing	63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local	Feb-23			2 cases	PTHB is not nationally benchmarked for infection rates	
			64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓		Feb-23			13 cases		

National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures							Performance			Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Staff Resources	Executive Director of Finance, IT and Information	TBC	67	Agency spend as a percentage of the total pay bill	✓	12m↓	Feb-23	10.1%	10.8%	9.1%	12th (Dec-22)	6.7%
	Executive Director of Workforce and Organisational Development	Head of Workforce	68	(R12) Sickness Absence	✓	12m↓	Feb-23	5.6%	6.0%	5.9%	4th (Dec-22)	6.94%
		Service Improvement Manager: Welsh Language & Equalities	69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	6 months ending Sep-22	15.8%	16.1%	16.9%	5th	15.9%
Training & Development		Head of Workforce	70	Core Skills Mandatory Training	✓	85%	Feb-23	81.0%	82.0%	81.0%	3rd (Dec-22)	82.0%
			71	Performance Appraisals (PADR)	✓	85%	Feb-23	73.3%	73.0%	73.0%	5th (Dec-22)	66.2%
Staff Engagement		Head of Workforce	72	Staff Engagement Score	✓	Annual Improvement	2020	79% (2018)		78.0%	1st	75%
			73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement	2020	77% (2018)		75.5%	2nd	65.9%

National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	**Executive Lead**	**Officer Lead**	**No.**	**Abbreviated Measure Name**	**Ministerial Priority**	**Target**	**Latest Available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
Decarbonisation	Deputy Chief Executive and Executive Director of Strategy, Primary Care and	Environment and Sustainability Manager	74	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	✓	16% Reduction by 2025 Against 21018/19 NHS Wales Baseline	2020/21	17,021		23,107	2nd*	1,001,378
		Environment and Sustainability Manager	75	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	✓	Evidence Improvement	Aug-22			Amber	N/A	
New Ways of Working	Director of Performance and Commissioning	TBC	76	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	✓	Delivery of Foundational Economy initiatives and/or evidence of improvements in	Aug-22			Amber	N/A	
	Executive Director of Finance, IT and Information	Assistant Director of Transformation and Value	77	Qualitative report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	✓	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the	Aug-22			Red	N/A	
	Executive Director of Finance, IT and Information	Lead Nurse for Informatics and Nurse Staffing	78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q3 2022/23	20877	30,865	32,716	5th	889,149
			79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q3 2022/23	6	8	8	6th	220
		Head of Information - Digital Transformation and Informatics	80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months	Dec-22	100.0%	100.0%	100%	*1st	84.4%
Clinically Effective Prescribing	Medical Director	Chief Pharmacist	81	Total antibacterial items per 1,000 STAR-PUs	✓	A quarterly reduction of 5% against a baseline of 2019-20 (215.8)	Q3 2022/23	260	237.6	333.2	2nd	358.7
			82	% secondary care antibiotic usage within the WHO access category	✓	55%	Measure suspended by WG - Data quality					
			83	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction	Q3 2022/23	479	485	502	1st	10,342
			84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend	Q3 2022/23	4222.1	4218.2	4261.3	2nd	4,442.2

Operational Measures: Performance Scorecard

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

	Operational Measure	Target	Month	12 months Previous	Previous Period	Current Period
A.	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Feb-23	2.53%	1.99%	1.93%
C.	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q3 2022/23	0.10%	0.09%	0.09%
G.	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q4 2022/23	37%	83%	64%

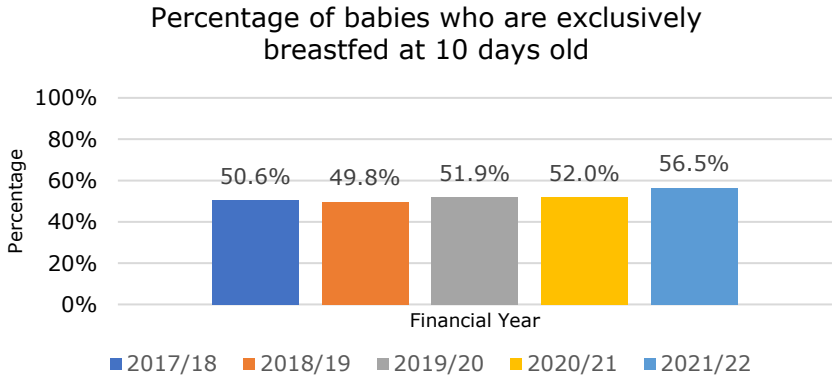
Quadruple Aim 1

No.	3

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

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

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



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

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

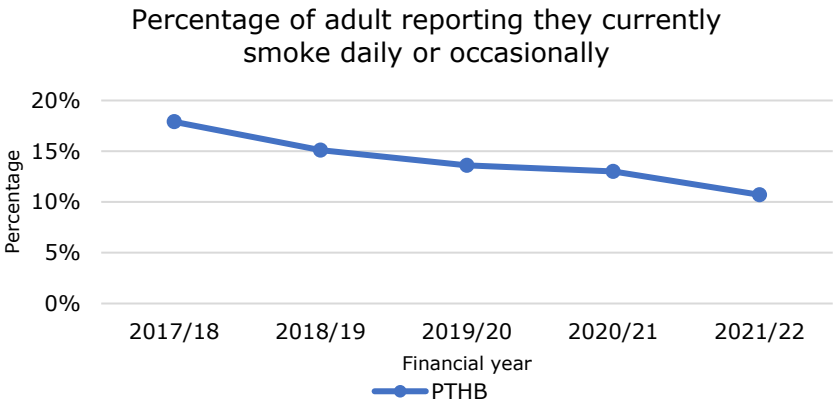
What the data tells us	Issues	Actions	Mitigations
The last validated performance is for 21/22 financial year, PTHB has met the target of annual improvement for the last 3 reportable years. Powell Bethan 26/04/2023 16:50:38	Powys no longer has Baby Friendly Initiative (BFI) accreditation.	BFI training is completed for maternity and health visiting staff. There is an infant feeding coordinator in post who will be reviewing the data requirements and including within the training the importance of accurate data collection by staff. Strategic Action Plan workstream recommenced. Plan to apply for BFI status year 23-24 Specialist pathways being finalised. 3 staff being trained as Infant feeding specialists to support a specialist service as required for BFI status	Powys is now a site for a multi-centre UK randomised control trial looking at the use of infant feeding helpers in supporting families antenatally and postnatally, with one aim being to identify if this results in improved breastfeeding rates in the intervention group. The study commenced recruitment in January 2022 and has recruited 33 women up to August 2022. Powys volunteer breastfeeding groups have recommenced some face to face groups across Powys, increasing the support available to families.

Quadruple Aim 1

No. 4

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

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



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

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

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

What the data tells us	Issues	Actions	Mitigations
The Health Board's reported adults smoking rate continues to decline year –on-year, with a further step change in the last 12 months from a rate of 13% to its current lowest reported rate of 10.7% for 2021/22. This is the lowest adult smoking prevalence rate for HBs across Wales, and well below the all Wales average of 13.0%	As the percentage of adults reporting they smoke daily or occasionally in Powys continues to decrease it leaves remaining the group of smokers who find it most difficult to quit. This group of smokers are likely to have more complex needs and require more in depth support to quit smoking and it is likely that the quit rate will slow down in Powys as we work towards a target of <5% by 2030.	The Health Board is looking to enhance the support offered to remaining smokers who find it hardest to quit. Extra training in Health Coaching for Smoking Cessation Advisors has commenced to enable the Advisors to increase their skills and enable them to offer more in depth support to this group of smokers. The Health Board has recommenced the face to face offer of support commencing in areas of deprivation, in addition to the current telephone provision, as it's known to be the most effective provision of support.	The Health Board has increased the capacity of community advisors to allow them sufficient time to support the remaining smokers in Powys with more complex needs.

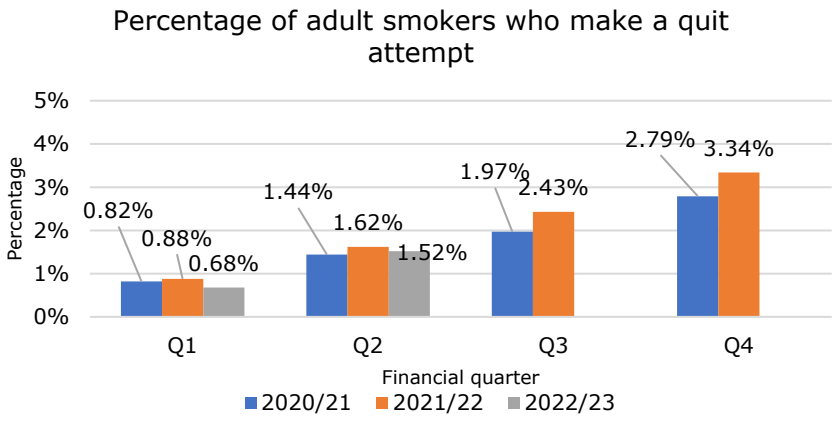
Quadruple Aim 1

No.	5

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

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

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



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

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

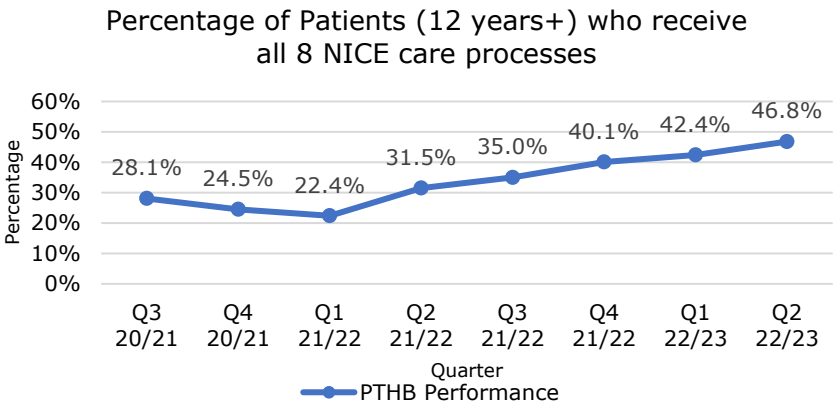
What the data tells us	Issues	Actions	Mitigations
Note: In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance. The cumulative quit attempts for 2021/22 show a slight uptake in quit attempts on 2020/21 but are below target and the national benchmark. 2022/23 cumulative quit attempts for Q2 has dropped below 2021/22 level for the same period, but is improved against 2020/21 financial year.	• There is issue in terms of the reduction of pharmacies offering the Level 3 pharmacy smoking cessation services which is common across Wales. In Powys currently only approximately 50% of the L3 pharmacies who provided a service pre-pandemic are currently doing so. An action plan has been drafted to increase the service provision and numbers of clients engaged to make a quit attempt • A recent review within maternity services has led to a planned change in delivery model for smoking cessation support to pregnant women. This change in delivery model aims to increase numbers of referrals from the maternity service of pregnant women who smoke. • As the percentage of adults smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit.	• An action plan was developed based on the challenges faced by pharmacies to providing a smoking cessation service. • The smoking cessation team has expanded to allow more capacity for supporting clients. The new model of delivery is being developed to enhance smoking cessation support offered to the Powys population • Extra training in Health Coaching has commenced for the Smoking Cessation Team to enable them to offer further support to smokers in Powys who make a quit attempt. • The Health Board has recommenced the face-to-face offer of support as it is known to be the most effective provision of support to make a quit attempt.	• Planned engagement with targeted communities and identified services working with priority groups to increase level of referrals and numbers of smokers making a quit attempt. • Recent activity has taken place to visit all pharmacies, surgeries, optometrists, dentists, libraries, leisure centres, ensuring details about the HMQ programme are well displayed • Work is progressing to re-orientate services to reach groups in deprived areas.

Quadruple Aim 1

No. 7

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

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



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

Executive Lead	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships
Officer Lead	TBC
Strategic Priority	2

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

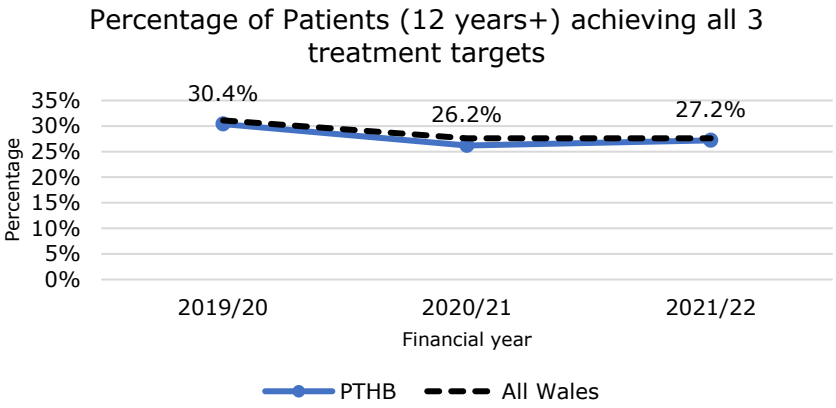
What the data tells us	Issues	Actions	Mitigations
Performance continues to improve during Q1 & Q2 2022/23, it is now at 46.8% against the set 35.2% target which is a 2.5% improvement on 20/21 baseline. This benchmarks favourably against the All Wales average of 37.7% for the same period.	• No officer lead has been identified for narrative updates.		

Quadruple Aim 1

No.	8

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

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



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

Executive Lead	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships
Officer Lead	TBC
Strategic Priority	2

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

What the data tells us	Issues	Actions	Mitigations
Performance reported in 2021/22 has improved slightly meeting target to 27.2%. This is slightly below the All Wales average of 27.6%.	• No officer lead has been identified for narrative updates.		

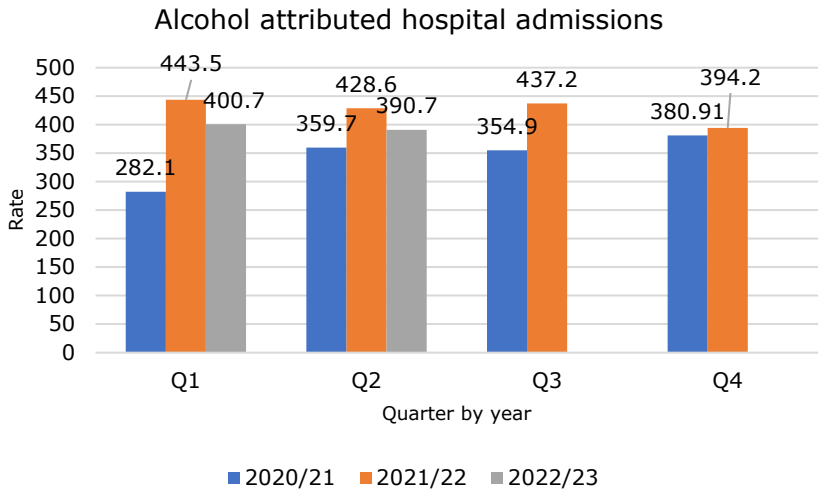
Powell Bethan 26/04/2023 16:50:38

Quadruple Aim 1

No. 9

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

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



Performance Q2 2022/23	
Provider Performance	All Wales Benchmark
390.7	4th (392.8)
Variance Type	
N/A	
Target	
4 quarter reduction trend	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	2

"To reduce alcohol consumption, actions are taking place across Wales to raise awareness of the harms of alcohol, to support those with alcohol dependency … and to reduce the availability and affordability of alcohol. In relation to the latter, the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 came into force on 2 March 2020.
An indication of whether these areas of work are having a positive impact is to monitor the standardised rate of hospital admissions that are attributed to alcohol."

What the data tells us	Issues	Actions	Mitigations
• Alcohol attributed hospital admissions have displayed a quarterly reduction trend meeting target since Q4 2021/22. Performance as at Q2 2022/23 is reported as 390.7. • PTHB ranks 4th improving on Q1 and has fallen below the All Wales average of 392.8 for the first time since Q3 2020/21. Please note that historical data has been re-validated nationally from Q4 2020/21. This has not affected Powys compliance against target with very minor adjustments.		• Continue to monitor reduction. • Review public health information provision in terms of messaging to general public. • Identify any repetitive patients accessing services and consider alternative support as appropriate.	

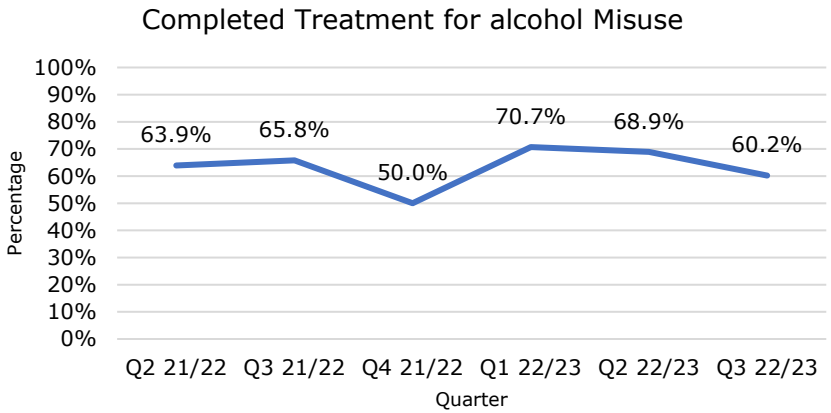
Quadruple Aim 1

No. 10

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

Alcohol Misuse

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



Performance Q3 2022/23	
Provider Performance	All Wales Benchmark
60.2%	5th (74.2%)
Variance Type	
N/A	
Target	
4 Quarter Improvement Trend	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	2

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

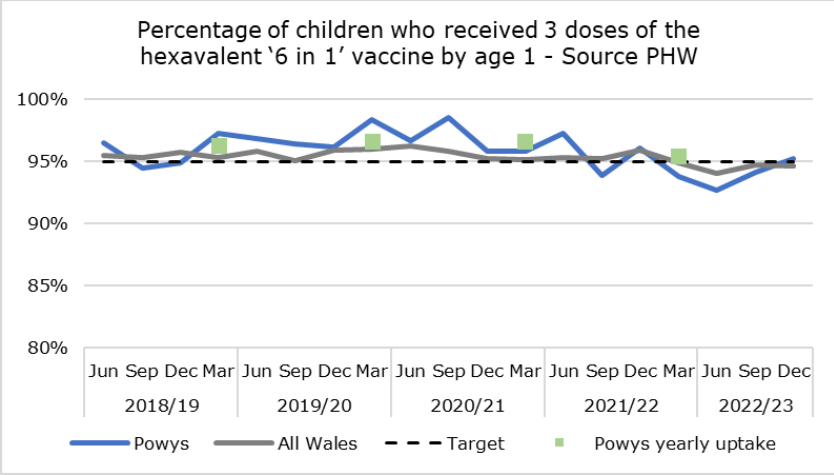
What the data tells us	Issues	Actions	Mitigations
Performance has fallen slightly for Q3 2022/23 to 60.2%, but this still meets the national target of 4 quarter improvement. The health board has fallen to 5th in Wales against the All Wales figure of 74.2%. Please note that historical data has been re-validated nationally from Q1 2021/22. This has not effected Powys compliance against target with most quarters having <1% variance.	This target is very broad, and interpretation of the target varies across Wales. We have focussed the Powys service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence and clients may access the service for a significant length of time.	• Re-tendering for the drug and alcohol community treatment service has been complete and the successful provider has taken up the new contract (September 2022). • The new contract places a greater emphasis on client identified outcomes and holistic support.	Delivery of the 2022 Area Planning Board work plan focused on achieving client-centred goals and recovery including the development of recovery focused communities.

Quadruple Aim 1

No.	11

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

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



Performance Q3 2022/23	
Provider Performance	All Wales Benchmark
95.2%	3rd (94.6%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality & Source	
PTHB Public Health	

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

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

What the data tells us	Issues	Actions	Mitigations
Uptake of the complete three-dose of '6 in 1' and 2 doses by the first birthday has continued to recover and has met the target for quarter 3 at 95.2%., and is above the Wales average of 94.6%. Powell Bethan 26/04/2023 16:50:38	Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices, and recorded on their information system. The Child Health System and GP database are not electronically linked, so information flows means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status.	• Work ongoing to cleanse data, promote uptake and offer missed immunisations. • In addition, a polio vaccination catch-up is underway by GP Practices until 31 March 2023.	

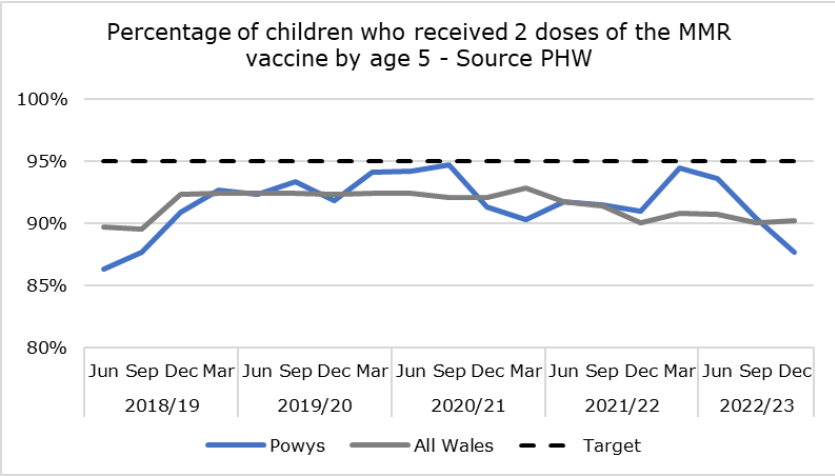
Quadruple Aim 1

No.	12

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

Childhood Vaccinations

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



Performance Q3 2022/23	
Provider Performance	All Wales Benchmark
87.7%	7th (90.2%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality & Source	
PTHB Public Health	

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

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

What the data tells us	Issues	Actions	Mitigations
The uptake of 2 doses of MMR by age 5 in Powys has decreased to over the last two reported quarters to 87.7% in Q3 (ranking 7th in Wales), this is below the All Wales average. A further 23 children would need to have vaccination recorded on system to reach target of 95%.	Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices, and recorded on their information system. The Child Health System and GP database are not electronically linked, so information flows means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status. The previous decrease in MMR uptake at age 5 years during 2021 may reflect the impact of the pandemic, individual willingness to take children to be vaccinated during the pandemic, along with primary care workforce capacity, patient flow and social distancing.	There is currently a local Polio catch-up being undertaken for children up to age 5 years, and involves: - Data cleansing - GPs offering other missed vaccinations - reviewing their reporting lists which should increase reporting accuracy, and uptake of all childhood immunisations.	To be confirmed once further actions have been taken.

Quadruple Aim 1

No.	

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

COVID-19
Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents by health board – **Uptake snapshot 31/03/2023**

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

Total Eligible	Had Autumn Booster	Currently Eligible	Percentage uptake Autumn Booster
74,308	**62,737**	**72,691**	**84%**
Who is Eligible All individuals who have completed a primary course (whether they have had a booster or not) where: the latest dose is more than or equal to 91 from end of Autumn campaign (31/03/2023), and there is no date of death, and there is no opt out date	**Numerator** had annual booster within campaign dates 01/09/2022 to 31/03/2023	**Denominator** All individuals who are in the total eligible cohort and there is no suspense date or the suspense date is before the end of campaign.	**Calculation** Had Autumn booster/Total Eligible

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

What the data tells us	Issues	Actions	Mitigations
• The rollout of the COVID-19 booster campaign started officially in Wales from September 1st to care home residents, and immunosuppressed individuals. The Autumn booster campaign finishes on the 31/03/2023. • PTHB has exceeded the set Autumn booster campaign target of 75% and in detail the health board has vaccinated **62,737** people with the booster, this is **84%** of the total eligible (**74,308**) as reported at 31/03/2023.	• Significant reduced social, digital and media communication • Denominator for health and social care group	• Walk-in available at all MVCs for any eligible residents who have missed appointment • Emergency Surge Plan and action cards developed as part of business continuity planning and plans to undertake a desk top exercise	• Cancellation rate is reviewed twice a week and at the Operational Delivery and Leaving No One Behind Group.

Quadruple Aim 1

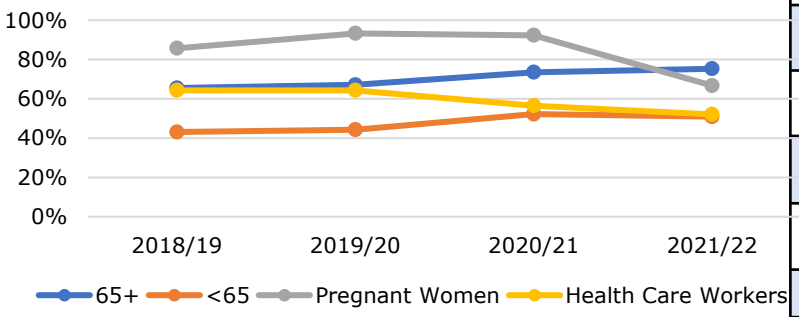
No. 14

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

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

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

Influenza vaccination uptake by group – source PHW



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

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

2022/23 Framework

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

What the data tells us	Issues	Actions
• 65+yrs: Performance this year 2021/22 just past the 75% target and shows a year on year improvement. • <65ys at risk: Performance was above the Wales average but remains below target and has dropped 1.3% since 2020/21, although this may reflect the impact of COIVD19 • Health care workers uptake has declined for a second year partly due to COVID-19, and with remote working. • **Please note the new measure cannot be used for 2021/22 data e.g., cannot be compared against new set target.**	The variable uptake across the groups may reflect a number of issues including, call-recall vaccination process, perceived risk of flu, primary care workforce capacity, data recording, clinic/patient flow within clinics, availability and flexibility of appointments and social distancing arrangements.	• Although the pregnant women uptake appears to have dropped significantly this percentage is based on very small sample. 100% of pregnant women were offered the flu vaccine. • We are actively engaging primary care regarding delivery of the flu and COVID-19 vaccines for Autumn 2022/23. • A staff vaccination steering group has been established to lead on offer of co-delivery of COVID-19 and flu vaccination to maximise use of resources, followed by targeted peer vaccinators model. Invitation letters issued to staff, with second letter in December. Walk-ins for eligible residents available from January 2023 at all MVCs

Performance 2021/22

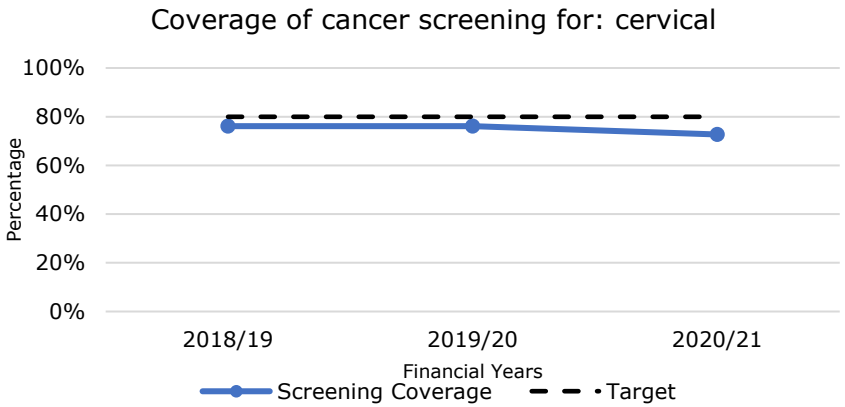
Group	Area	Immunised	Eligible	Uptake
Total *Excludes Pregnant Women	PTHB	40,315	57103	**67.1%**
	Wales	804,368	1,229,692	**65.4%**
65+	PTHB	28,949	38,440	75.3%
	Wales	535,876	687,339	48.2%
<65 at risk	PTHB	8,889	17,467	50.9%
	Wales	215,332	446,772	78.0%
Pregnant Women	Not Available			66.7%
				78.5%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

Quadruple Aim 1

No. 15a

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

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



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

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

"Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival.
For screening programmes to reach their full potential, coverage…needs to improve.
A combination of awareness raising, and more acceptable testing will help to achieve this."

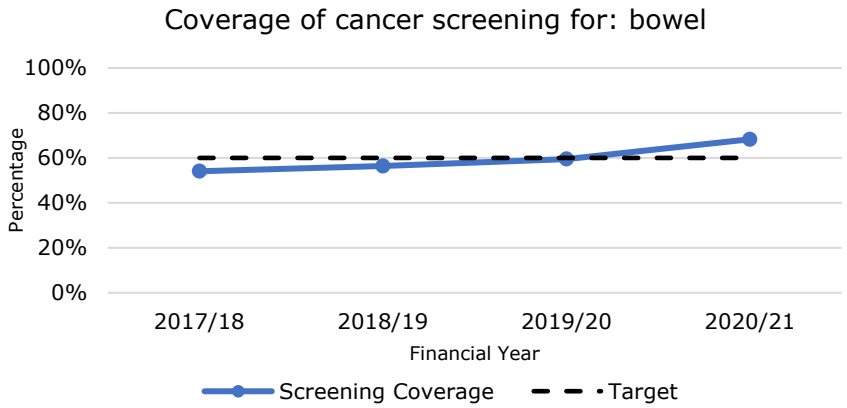
What the data tells us	Issues	Actions	Mitigations
Since 2018/19 Powys has ranked as the highest achieving Health Board and remains ranked 1st with an uptake of 72.2% in 2020/21, which is above the Wales average of 69.5%, though below the 80% national target. There has be a slight decrease in uptake across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

Quadruple Aim 1

No. 15b

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

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



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

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

"Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival.
For screening programmes to reach their full potential, coverage…needs to improve.
A combination of awareness raising, and more acceptable testing will help to achieve this."

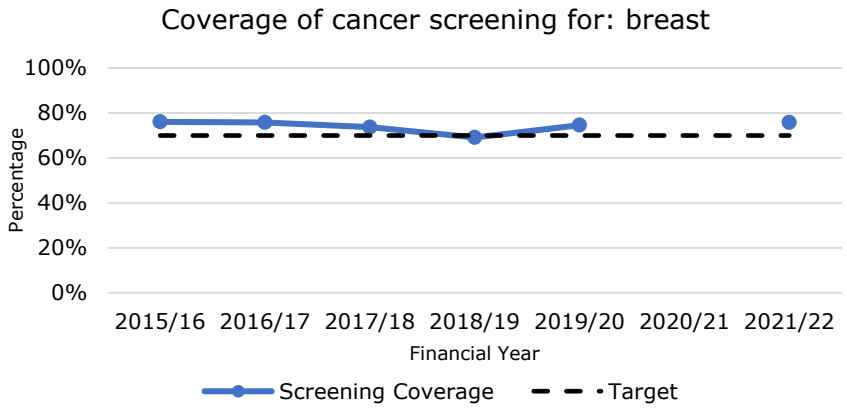
What the data tells us	Issues	Actions	Mitigations
Coverage for bowel screening has improved consistently for Powys, with uptake at 68.3%, up 6.6% from 2019/20 and achieving well above the 60% target. The Health Board has the highest uptake across Wales, with the Wales average being 67.1%. The GP clusters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

Quadruple Aim 1

No. 15c

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

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



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

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

"Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival.
For screening programmes to reach their full potential, coverage…needs to improve.
A combination of awareness raising, and more acceptable testing will help to achieve this."

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

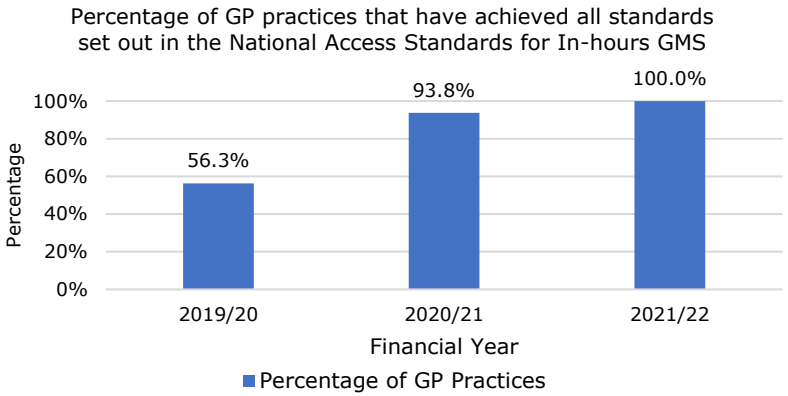
Quadruple Aim 2

No. 16

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

In-hours GP Access

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



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

Executive Lead	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships
Officer Lead	Assistant Director of Primary Care
Strategic Priority	4

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

What the data tells us	Issues	Actions	Mitigations
The target of 100% performance has been met. This represents a significant improvement from 56.3% in 2019/20. PTHB performs above the All Wales average General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards. Access Standard achievement is annual and year end performance data for 2022/2023 will be 31/03/2023. 100% of practices achieved Phase 1 of the 2022/2023 Access Standards at 30/09/2022, allowing progression onto Phase 2 to be achieved by 31/03/2023. The year end position will be confirmed 12th May 2023			Practices are required to submit quarterly updates on their progress in meeting the standards. PTHB provides an ongoing supportive role in assisting practices with achievement of the standards. Through the local Access Forum and aligned to the national work, PTHB works closely with all practices to maintain all access standards achievement. Since 31/03/23, practice year end evidence has started to be submitted and is currently being reviewed for appropriateness.

Quadruple Aim 2

No.	18,19,20

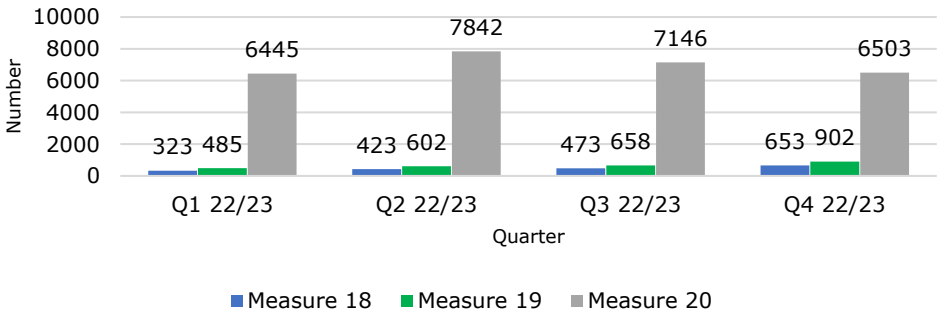
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Dental - Powys as a provider

Measure 18. Number of new patients (children aged under 18 years) accessing NHS dental services
Measure 19. Number of new patients (adults aged 18 years and over) accessing NHS dental
Measure 20. Number of existing patients accessing NHS dental services

Executive Lead	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships
Officer Lead	Assistant Director of Primary Care
Strategic Priority	4

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



Q4 Performance 2022/23		
Provider Performance		All Wales Benchmark
18	653	*7th 30,813
19	902	*7th 47,495
20	6,503	*7th 378,903
Variance Type		
N/A		
Target		
4 quarter improvement		
Data Quality & Source		
Welsh Government Performance Team		

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

What the data tells us	Issues	Actions	Mitigations
This measure is new for 2022/23 and currently only has three data points, at present Powys has improved on the numbers of new patients across the 3 quarters to dates, and dipped at Q3 existing patients accessing NHS dental services, however still showing an increase from Q1. The 'existing patient' dip in Q3 and Q4 is due to practices concentrating on new patients. Contract Reform allows for the new patient target (both adults and children) to be interchangeable with the existing patient target. Due to the number of patients currently on the Powys Dental Waiting List, PTHB has been encouraging some practices to focus on seeing new patients. Benchmarking is not appropriate without a rate for comparison. Powys with its smaller population will be unlikely not to be ranked lowest of all health board areas.	Final validated data for dental year end will not be available until July 2023. The monitoring of the Contract Reform (CR) metrics has been highly complex and across Wales significant concern has been raised regarding the CR metrics.	The final data when available will provide updated access against these measures	PTHB Executive are fully briefed on the Contact Reform metrics and ongoing access provision

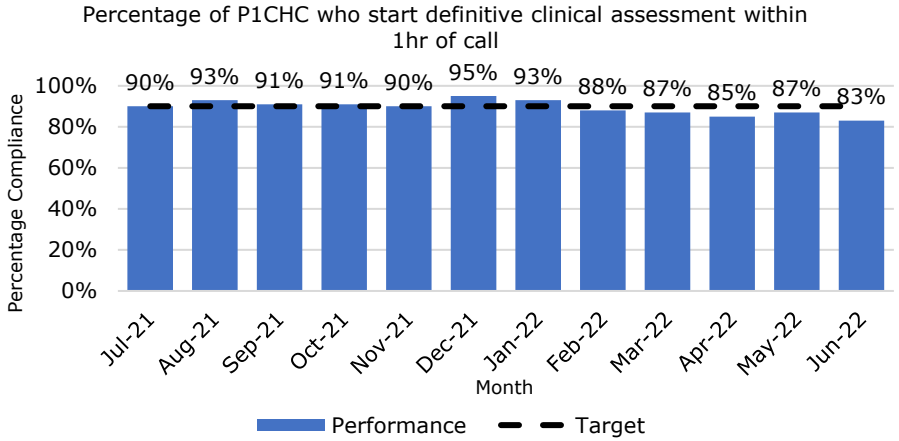
Quadruple Aim 2

No.	21

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

111 Assessment

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



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

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Senior Manager Unscheduled Care
Strategic Priority	4

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

What the chart tells us	Issues	Actions	Mitigations
Full performance reporting temporarily ceased following a cyber attack on the 4th August. As a result a complete data set is not available from July 2022. Although the system has been fully functional from the 15/02/2023 no data is available for the month 11 position. Nationally Welsh Government continued to report a portion of 111 data that is recorded on CAS flowing via WAST. For this limited portion of data PTHB achieves 99.5% against the 90% target in January 2023, however the majority of calls in Powys are recorded via Adastra and this data is not complete.	• On the 4th August 2022, Advanced had a cybersecurity incident caused by ransomware and immediately took action to mitigate any further risk by disabling all of their Health and Care systems. • As a result, there has been a temporary loss in service to the out of hours Adastra system, used to support NHS Wales (and England). This has affected all Health Boards across Wales. From the PTHB perspective this has impacted significantly on 111, Shropdoc and the Swansea Bay University Health Board (SBUHB) OOH service. Therefore there is incomplete data from July onwards.	• As of 15/02/2023 a fully functioning Adastra system is now operational, and therefore 111, Shropdoc and SBUHB will be no longer working under Business Continuity & Incident arrangements. • The national twice weekly Business Continuity & Incident calls have been stood down as of today. Reporting of activity data will resume in Q4	Shropdoc are currently preparing year end data to include the period Nov-22 to March 23. WG have confirmed that from a national perspective due to the hacking incident data is not required to be provided from Aug-22 to Oct-22

Quadruple Aim 2

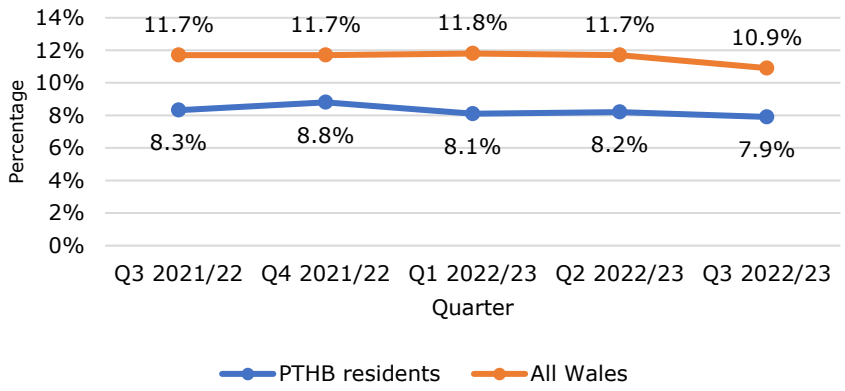
No.	22

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

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

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Senior Manager Unscheduled Care
Strategic Priority	11

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



Q3 2022/23 Performance	
PTHB Responsible Performance	All Wales Benchmark
7.9%	4th (10.9%)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Performance Team	

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

What the data tells us	Issues	Actions	Mitigations
Please note that this data is provided via WAST/DHCW, this is a snapshot of all Powys in and out of county conveyances. Powys as a provider does not have type one emergency departments. Performance in Q3 fell slightly to 7.9%, Powys does not meet the 4 quarter improvement target. Powys Performance sits below the All Wales average of 10.9% which fell slightly in Q3, Powys ranked 4th out of the Health Boards.	Whilst the ambulance service looks to maximise their 'hear and treat' and 'see and treat' offer, alternative services require development. In the absence of acute provision, some options such as SDEC may be limited, however opportunities exist for expansion in community urgent care provision. At the same time footfall in MIU needs to be increased, and consideration given to expansion of remit.	The Health Board has committed to unscheduled care review as a workstream falling out of the Accelerated Sustainability Programme. Action has been taken to improve MIU access through the promotion of walk-in as an option and further review of clinical opportunities underway.	MIU provision across county Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission Full engagement with the 6 Goals for Urgent Care programme to optimise Health Board unscheduled care performance and services.

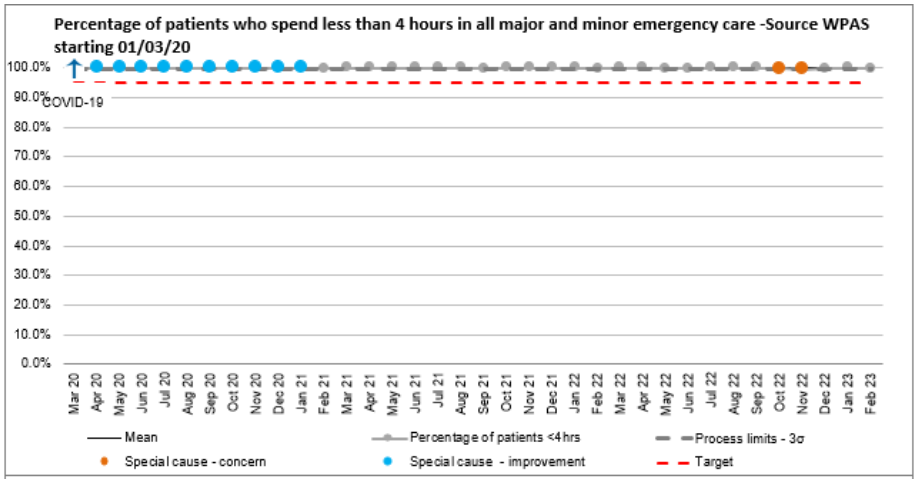
Quadruple Aim 2

No. 25

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

Minor Injury Unit (MIU) Performance

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



February 2023 Performance	
Provider Performance	All Wales Benchmark
99.9%	1st (71.6%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality & Source	
EDDS	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Senior Manager Unscheduled Care
Strategic Priority	11

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

What the chart tells us	Issues	Actions	Mitigations
MIU performance against the access target remains excellent circa 99+% on a monthly basis. In February **1** patient waited over 4hrs The All Wales average for February has seen significant improvement to 71.6%. However this performance is non directly comparable to Powys with only local minor injury provision, whilst the All Wales picture includes all major and minor emergency care facilities.	No issues with MIU performance as reflected in data. Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.	A standard operating procedure (SOP) and training has been done on the management of delays which has been signed off by the medical director and head of nursing.	Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.

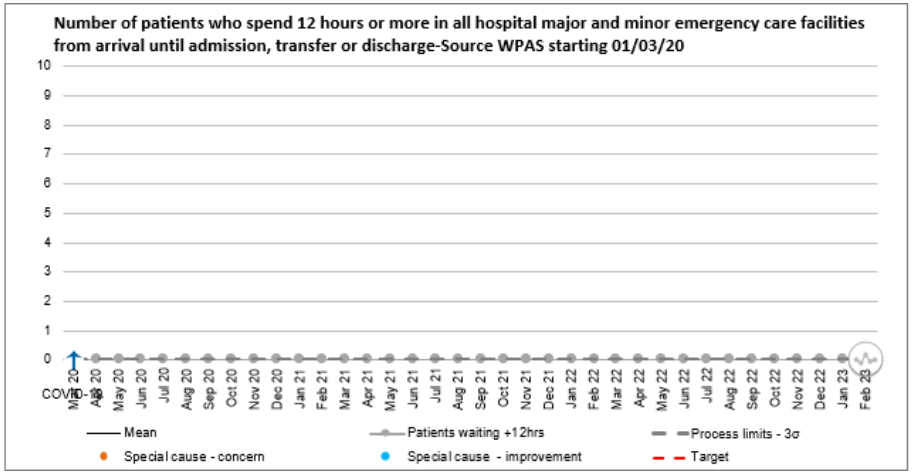
Quadruple Aim 2

No. 26

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

Minor Injury Unit (MIU) Performance

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



February 2023 Performance	
Provider Performance	All Wales Benchmark
0	1st (8,036)
Variance Type	
Common Cause	
Target	
0	
Data Quality & Source	
EDDS	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Senior Manager Unscheduled Care
Strategic Priority	11

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

What the data tells us	Issues	Actions	Mitigations
MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis. The All Wales total of patients waiting for admission over 12 hours in major and minor emergence care has reduced significantly to 8,036 in February. Performance is non comparable as Powys only has minor injury facilities.	No issues with 12 hour breaches but as per following slides amounting pressures in WAST are likely to cause increasing delays in transfers, including red calls.	Implemented standard operating procedures (SOP) & escalation of any transfer delays. This has been approved internally for use to manage the risk across the system. Lengthy delays are all captured on DATIX	Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.

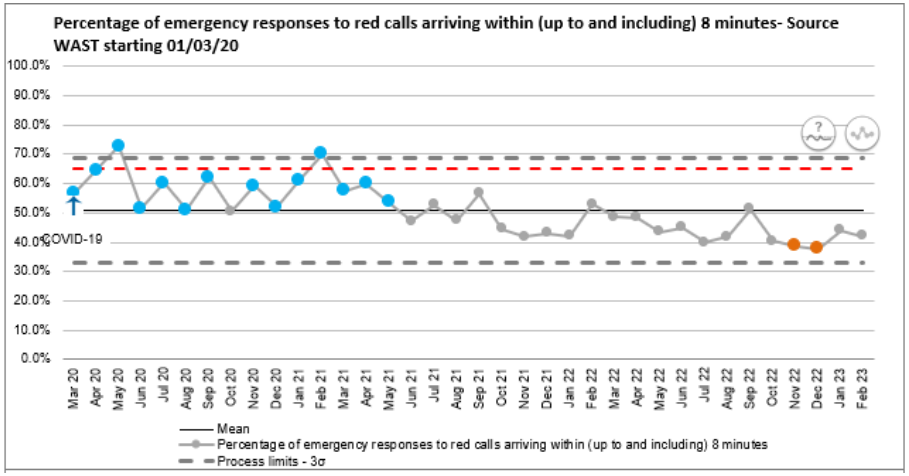
Quadruple Aim 2

No. 31

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

Red Calls

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



February 2023 Performance	
Local Performance	All Wales Benchmark
42.2%	7th (50.9%)
Variance Type	
Special cause concern	
Target	
65%	
Data Quality & Source	
WAST	

Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Senior Manager Unscheduled Care
Strategic Priority	11

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

What the data tells us	Issues	Actions	Mitigations
The reported performance in February remains poor with 42.2% compliance for the 8 minute emergency response target for red calls. The All Wales performance is poor but improved against the 65% target at 50.9%, PTHB ranks 7th this month the worst in Wales.	Demand for urgent care services continues to increase including calls to 999 ambulance services Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas. Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.	All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved All Wales urgent care system escalation calls being held daily (often more than once per day) Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option. Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.	Wider system calls being held daily with the aim to improve overall system flow. Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission

Quadruple Aim 2

No. 31

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

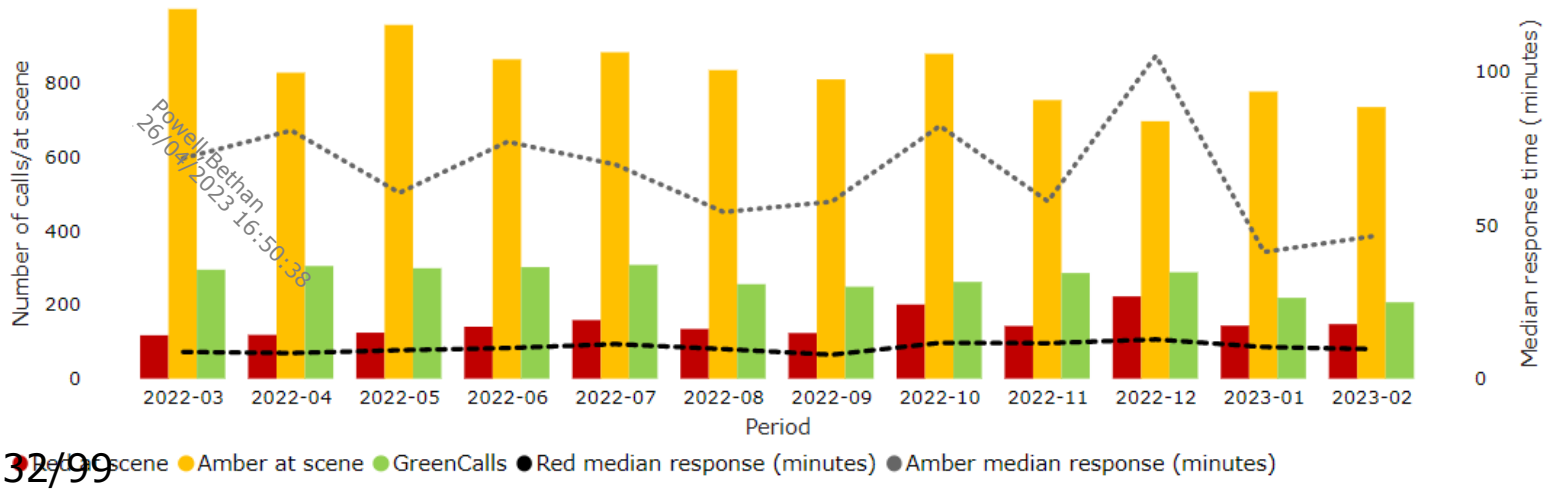
Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Senior Manager Unscheduled Care
Strategic Priority	11

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

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

Period	Red at scene	% compliance 8 minute	Red median response (minutes)	Amber at scene	Amber median response (minutes)	Number of green calls
2022-03	117	48.7	9	998	72	294
2022-04	118	48.3	8	826	81	304
2022-05	124	43.5	9	955	60	298
2022-06	140	45.0	10	862	77	301
2022-07	158	39.9	11	881	69	307
2022-08	134	41.8	10	833	54	255
2022-09	123	51.2	8	808	57	248
2022-10	200	40.5	12	877	82	261
2022-11	142	38.7	12	752	58	285
2022-12	222	37.8	13	695	105	287
2023-01	143	44.1	10	775	41	218
2023-02	147	42.2	10	733	46	206

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



Quadruple Aim 2

No.	35 & 36

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

35. Patient Flow
Percentage of people assigned a D2RA pathway within 48 hours of admission

36. Patient Flow
Percentage of people leaving hospital on a D2RA pathway

Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Senior Manager Unscheduled Care
Strategic Priority	11

"Recognising that an acute hospital setting does not provide a suitable environment for recovery and assessment for ongoing needs, the Discharge to Recover then Assess (D2RA) model has been established.
The D2RA pathway provides a seamless transfer to longer-term support in the community, thereby: maximising the individual's recovery and independence; reducing the length of stay in hospital … and supporting 'whole system flow'"

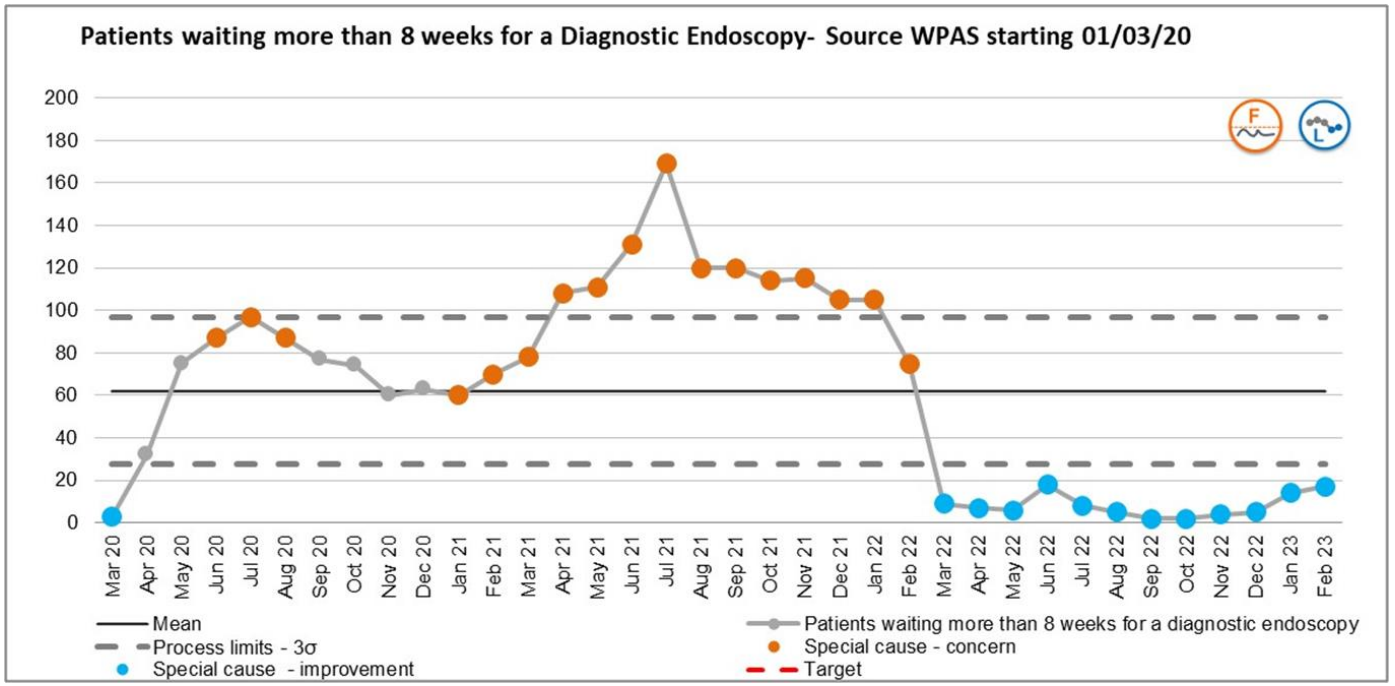
Issues	Actions	Mitigations
• PTHB does not directly provide any acute hospital beds, therefore almost all patients enter the D2RA process when stepped down from acute hospitals to a community hospital. As such, the HB reports 100% compliance to the Delivery Unit until DTOC is reinstated as the relevant measure. • Patients who are admitted directly home (with support) from out of county acute hospital locations are recorded as receiving 'Home First' services, and will be recorded as Pathway 0 in the D2RA reporting. • To inform community development, all discharge pathways have been implemented for recording onto WPAS. Compliance in recording can be limited, including utilisation of Estimated Discharge Dates on WPAS by the wards. Mandating of some fields has not been implemented at this time, due to the likely change in national reporting due shortly, including the reporting of all D2RA pathways.	• Report required & in development from informatics on non compliance. • Further reinforced within discharge training at ward level which is intended to improve compliance. • Additional work underway to map all discharges to newly implemented D2RA pathways • All Pathway 3 discharges reverted to community hospitals and now planned focus to reduce outstanding assessment delays. • Further work in progress to develop Trusted Assessment model to reduce assessment burden and shorten pathways.	• Manual data collection continues & audit undertaken in 2021. • Collection and monitoring of D2RA data from acutes already collated by therapies. • National mandated reporting being agreed in coming months with expected compliance by all Health Boards.

Quadruple Aim 2

No. 39

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

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



Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Community Services
Strategic Priority	5

February 2023 Performance	
Provider Performance	All Wales Benchmark
17	1st 15,974
Special Cause - Improvement	
Target	
Improvement trajectory towards 0 by Spring 2024	
Data Quality & Source	
WPAS	

What the data tells us

- The number of patients breaching the 8 week target for diagnostic endoscopy has increased and is now non compliant with the health board trajectory for the 2022/23 year. It should be noted that the SPC continues to report special cause improvement, and PTHB has a 12 month positive trend. The data continues to demonstrate a fragile system that is reliant on in-reach providers and extra private capacity to maintain wait times during the year.

"Due to population changes, a lower threshold for suspected cancer investigation and increasing cancer surveillance, the demand for endoscopy services is out of balance with core capacity.
To address this, an improvement plan has been introduced to support health boards to develop sustainable endoscopy services.'"

Issues, actions, and mitigations are on the next slide

Quadruple Aim 2

No. 39

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

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

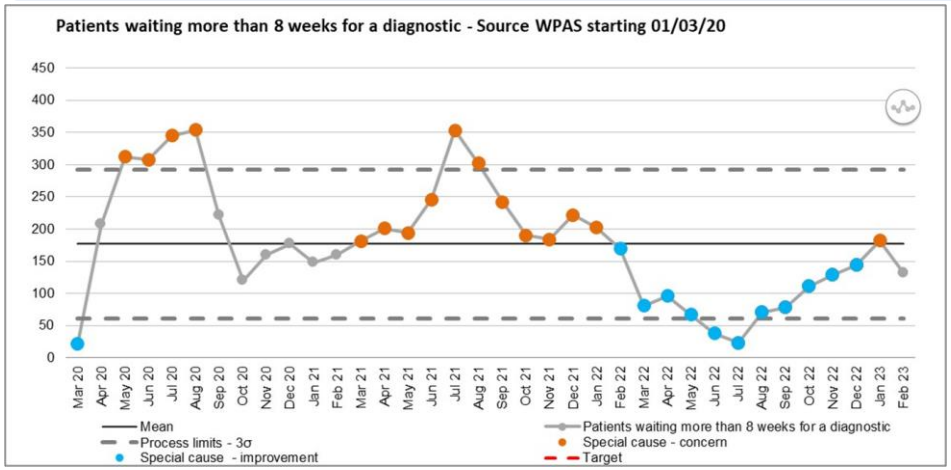
Issues HB	Actions	Mitigations
Powys Endoscopy service is very fragile, challenges to capacity and waiting times include but are not limited to; • In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service. • Ongoing deficit in colonoscopy capacity as modelled prior to COVID pandemic. • Bowel screening service challenges including increased demand following FIT changes from Oct-22, vacant staff positions and single points of service failure. • In-reach fragility of General Surgery outpatient capacity resulting in pathway delays for patients. • Delays in acute hospital provided histology & diagnostics impacting patient pathways and ongoing treatment. • Senior clinical leadership role for Powys theatres/endoscopy vacancy since Jun-22 (currently covered by Senior Planned Care Manager awaiting recruitment) • National shortage of endoscopists (especially colonoscopists) challenging recruitment. • Joint Advisory Group (JAG) 5-year Assurance visit is due to take place in Q2 2023/24 Clinical oversight is an essential to maintain accreditation and for new accreditation for the Llandrindod Endoscopy Unit.	Examples of actions being undertaken but not limited to; •PTHB first clinical endoscopist trainee post has completed training in Jan-2023, this post provides additional JAG accredited endoscopy capacity for gastroscopy. • PTHB Clinical Endoscopist lead lifestyle peer support group clinics for endoscopy patients commenced in January 2023 • Joint recruitment programmes with CTMUHB for Bowel screening Wales as part of regional solutions (recruited 1 nurse Q3 & 1 nurse Q4) current advert for PTHB specialist nurse ongoing Q4. • Escalation of ongoing service level agreement concerns around fragility with CTUHB and Aneurin Bevan UHB (ABUHB), including long term provision of timely pathology and histology service. • Action underway to review cancer pathways and patient tracking. • Recruitment for Senior Clinician Leadership post ongoing with broadened criteria for staff who may hold linked nursing/operating department experiance. • Request for capacity support from health boards/NHS trusts for lower endoscopy, including offers of PTHB clinical space to support regional working/management of waiting lists and backlog. • Repatriation of patients from Wye Valley to Llandrindod Wells Hospital (ongoing work with ABUHB) • Medical & Leadership review once recruitment of Planned Care Clinical Director made (planned Q1 23/24) • Endoscopy development to improve capacity and quality of care to include cytosponge and naso-endoscopy from 2023/24	• Rolling programme of clinical and administrative waiting list validation. • Additional in-sourcing capacity to be provided to address routine backlog commenced in March 22 on-going, but with provisional extension to March 23. • Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.

Quadruple Aim 2

No. 40

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

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



February 2023 Performance	
Provider Performance	All Wales Benchmark
132	1st 42,921
Variance Type	
Common cause variation	
Target	
12 month reduction trend towards 0 by Spring 2024	
Data Quality & Source	
WPAS	

Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Community Services
Strategic Priority	5

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

What the data tells us	Issues	Actions	Mitigations
This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non obstetric ultrasound. Performance and recovery remains fragile and although showing special cause improvement for the last 11 months and meeting the national target of reduction over 12 months there is an increasing breach trend (over 5 months).February reported 132 breaches, these are predominately within non obstetric ultrasound (NOUS). Please note Endoscopy specific narrative within previous slide	**Non Obstetric Ultrasound (NOUS)** • PTHB have appointed own Sonographers • Powys sonographers scope of practice does not currently include MSK, the health board have visiting radiologists who come once a month, there is a risk that patients who need MSK ultrasound have to wait for that session (potential pathway delays), this is an ongoing issue that if the radiologists take leave those patients effected have to wait. This has been highlighted with our providers.	**Non Obstetric Ultrasound (NOUS)** • Working with providers to find capacity • Training of sonographer underway for "lumps and bumps".	**Non Obstetric Ultrasound (NOUS)** Continuous monitoring of waiting list

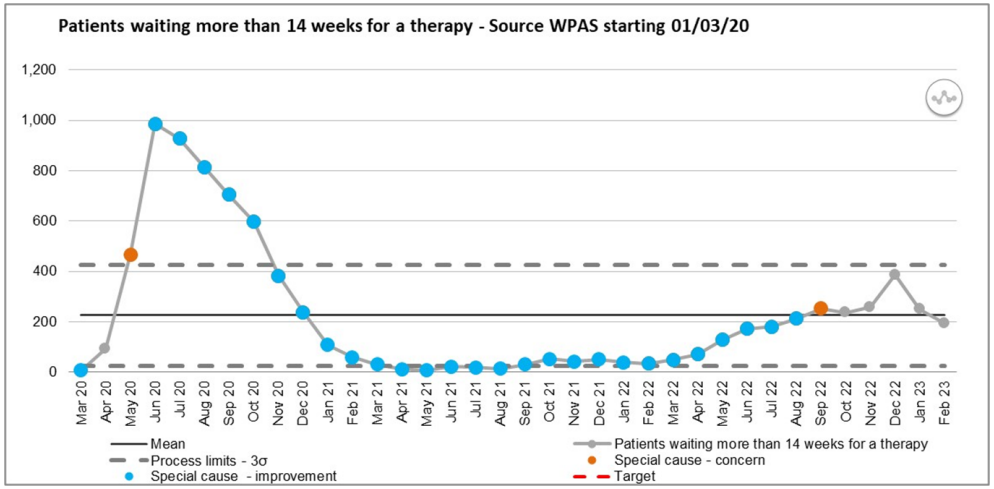
Quadruple Aim 2

No. 41

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

Therapy Breaches

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



February 2023 Performance	
Provider Performance	All Wales Benchmark
193	2nd 7,635
Variance Type	
Common Cause	
Target	
12 month reduction trend towards 0 by Spring 2024	
Data Quality & Source	
PTHB Information Warehouse	

Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Community Services
Strategic Priority	5

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

What the data tells us	Issues	Actions	Mitigations
193 patients are reported waiting longer than 14 weeks at the February snapshot this is a decrease reporting common cause variation. Performance improvement is linked to significant validation work following the switch to national stored procedure reporting process and increasing capacity in key areas including recruitment.	• Cancellations of clinics at short notice as a result of staff having to isolate due to covid/general sickness resulting in breaches • Vacancies across services particularly physiotherapy, Dietetics and Audiology having some impact. • North Powys MSK remains challenging. • Industrial action risk for Q4 • Follow-up (FUP) caseload backlog impacting on new booking capacity • Challenges with core reporting support escalated with Digital Transformation team.	• Weekly management of waiting lists by Heads of Service. • Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) . • Podiatry, Dietetics and SALT Heads of service (clinical) have increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced – we are unable to recruit locum to vacancies at present in these areas • SALT – Head of service reviewing on weekly basis. SALT –long term sickness member of staff returned; all long waits booked.	

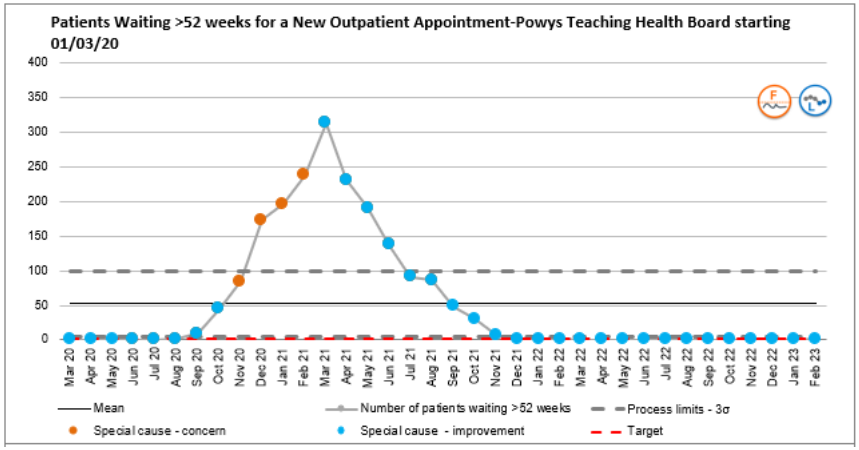
Quadruple Aim 2

No.	42

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

New Outpatient

Number of patients waiting over 52 weeks for a new outpatient appointment **– Powys as a provider**



February 2023 Performance	
Local Performance	All Wales Benchmark
1	1st 63,027
Variance Type	
Special Cause - Improvement	
Target	
PTHB submitted target (zero)	
Data Quality & Source	
DHCW	

Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Community Services
Strategic Priority	5

"The number of patients waiting for a new outpatient appointment has increased year on year whilst capacity has been unable to meet demand.
NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level."

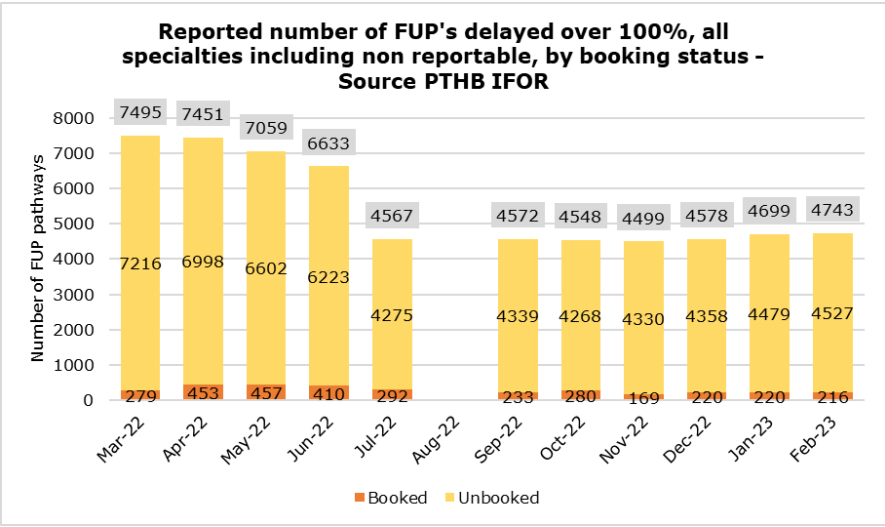
What the data tells us	Issues	Actions	Mitigations
Powys as a provider has a single pathway reported over 52 weeks awaiting first outpatient appointment in the February snapshot. This pathway breached ministerial target due to adjustment of the service and its specialty (now coming under reportable consultant care) 6.9% of all Powys resident pathways in Wales now wait over 52 weeks for a first outpatient appointment at the end of February, 12 months previous 12.7% of patients in Wales waited over 52 weeks. This data is unavailable for English providers as they do not submit staging information to the DHCW.	• "PFM Weight Management" and "Pain Management" subspecialties have been replaced by "Powys Living Well Service", some of these new sub-specs have been replaced and are now consultant led (submitted via RTT). Unfortunately, some pathways do not run continually, and this breach is a result of that process. • Ongoing risk of fragile in-reach consultant led pathways within the provider. • Increased demand of urgent and urgent suspected cancer referrals impacting on routine referrals.	• Investigation and resolution of pathways challenges. Pathways that have breached target have now been resolved as @06/04/2023.	• OP Transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled • Utilising in reach to support capacity shortfalls in oral surgery & general surgery. • Reviewing use of see on symptoms (SOS)/ patient initiated follow-ups (PIFU) across specialities. • Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process with in reach providers.

Quadruple Aim 2

No.	43

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

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



February 2023 Performance	
Provider Performance	All Wales Benchmark
4743	(233,766)
Variance Type	
N/A	
Target	
Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	
Data Quality & Source	
WPAS	

Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Community Services
Strategic Priority	5

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

What the data tells us	Issues	Actions	Mitigations
• PTHB is **not** reporting the revised position of FUPs nationally. Internal validation reports show 4743 patients are overdue 100%+ on a FUP pathways including non reportable specialties and those with booked appointments. However circa 50%+ of these pathways are assessed to be invalid or duplicates and await fixing on WPAS system..	• Limited progress has been made in resolving the FUP data quality challenge since Q2 2022/23. • Original clinical & administrative validation by service teams is dated with 90% undertaken and submitted for resolution with Digital Transformation application team during Q2. • Ongoing risk to service due to bulk of pathways being incorrect when planning capacity and understanding demand pressure.	• Renewed focus to resolve FUP challenge by end of May 2023.	• Reportable waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation.

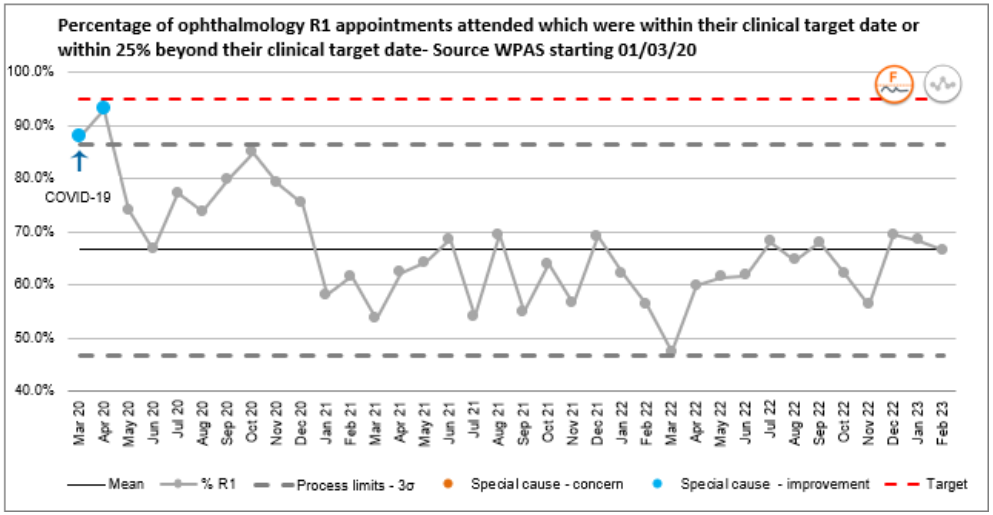
Quadruple Aim 2

No.	44

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

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

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Community Services
Strategic Priority	5



February 2023 Performance	
Local Performance	All Wales Benchmark
66.5%	2nd (62%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality & Source	
WPAS	

"For particular eye conditions, patients need regular reviews and ongoing treatment to ensure that their sight is improved and the risk of avoidable blindness is minimised. A patient 'target date' for both new and existing appointments was introduced in 2018 to reduce the number of ophthalmology patients with a high clinical risk (R1) waiting 25% over their agreed date for their clinical appointment."

What the chart tells us

Performance for R1 appointments attended does not meet the 95% target reporting to 66.5% in February, performance remains common cause variation. The health board was benchmarked 2nd in Wales against a national performance of 62%.

In the provider the percentage of patients without a HRF factor in December reported 0.5% which is excellent and below the 2% recommended maximum.

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

Issues, actions, and mitigations continued on next page

Quadruple Aim 2

No. 44

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

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

Issues	Actions	Mitigations
• Fragility of in reach providers and DGH system pressures including industrial action, sickness including ongoing backlog pressures and recruitment challenges. • Fragility of theatre staffing due to sickness absence, and vacancies • Digital Eye Care pilot continued delay since May 2022 and National system & IG issues are flagged. • Mid Wales Joint Committee recruitment to ophthalmology consultant lead post for HDUHB/PTHB recruitment challenges. • FUP challenge (as discussed in slide 39) - ongoing risk to service due to bulk of pathways being incorrect when planning capacity and understanding demand pressure.	• Enhanced staffing - PTHB Ophthalmic health care scientist is the first non registrant person in the UK to be awarded Professional Certificate in Medical Retina. This will support multi disciplinary team (MDT) service development. • Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2nd PTHB injector training (complete 2023/24). • Outpatient nursing team supporting the Digital eye care record roll out in PTHB to be lead with pilot in YCH with National Planned Care Clinical Lead who is a PTHB in reach ophthalmologist, with phase 2 into North Powys. Currently delayed nationally with risk of no confirmed progression date. • Working closely with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment. • Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre. • Awaiting implementation of Welsh Government (WG) referral management centre centrally triaged referrals from optometry for All HBs. Risk to national timeline, WG fully appraised but anticipate further 3 month delay that impacts all HBs. • MDT lead glaucoma management within Planned Care & Community Optometry – service opened Q4 2022/23 • One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – Q3 2022/23. • Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB. • National Digital Eye Care Programme ICT, IG, procurement, finance is currently being reviewed by DHCW outcome of review anticipated in Q4 2022/23.	• Community optometry support to risk stratify long waits/overdue follow ups • Development of eye care MDT to support service sustainability • In reach SLA managed via PTHB CAF • Eye Care MDT Inc. ophthalmic scientist/hospital optometry developed. New one stop eye care clinic established in Llanidloes/Welshpool, patients no longer need to travel out of county to Hywel Dda University Health Board(HDUHB)/face significant wait for eye care scans, approx. 42,000 miles of patient journey saved per annum. • Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales. • Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.

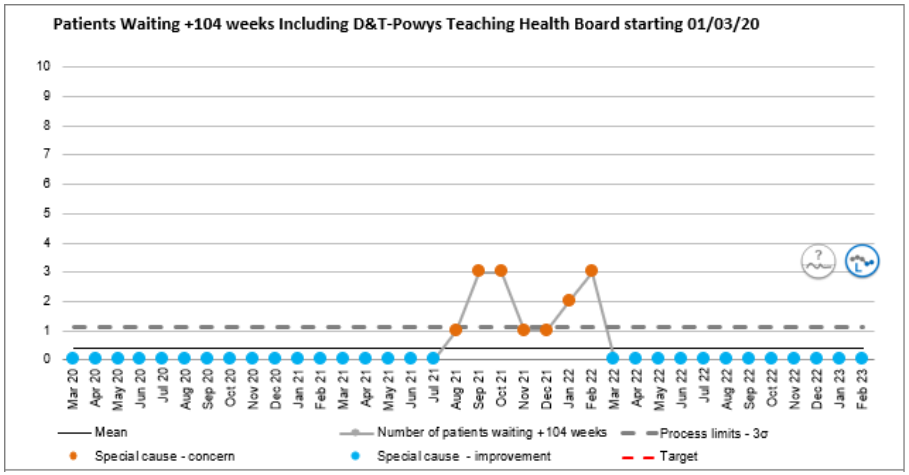
Quadruple Aim 2

No. 45

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

Referral to Treatment – Powys Teaching Health Board as a provider

Number of patients waiting more than 104 weeks for treatment



February 2023 Performance	
Provider Performance	All Wales Benchmark
0	1st (37,594)
Variance Type	
Special Cause Improvement	
Target	
PTHB submitted target (zero)	
Data Quality & Source	
DHCW	

Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Community Services
Strategic Priority	5

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

What the data tells us	Issues	Actions	Mitigations
PTHB as a provider has had no patients waiting over 104 weeks since March 22. It should be noted that Powys residents wait longer than 104 weeks in commissioned services. – See commissioned services slides, and appendix for more details.	Ongoing risk to RTT waiting times in the provider linked to in-reach fragility especially anaesthetics, and reliance on DGH pathology & diagnostic waits where waits can be up to 14 months for soft tissue scans.	Escalating issues via CQPRM meetings	

Quadruple Aim 2

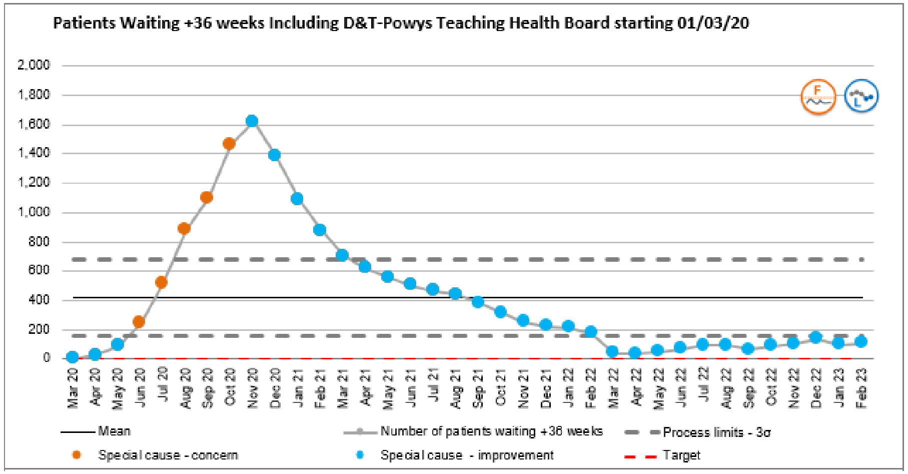
No.	46

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

Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Community Services
Strategic Priority	5

Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment



February 2023 Performance	
Provider Performance	All Wales Benchmark
108	1st (237,016)
Variance Type	
Special Cause- Improvement	
Target	
PTHB submitted target (16 or less breaches of 36 week)	
Data Quality & Source	
DHCW	

What the chart tells us

- PTHB provider has reduced the number of pathways waiting over 36 weeks more successfully than any Welsh provider in Wales. However PTHB has not achieved the submitted target plan of 16 or less patients waiting over 36 weeks for this month. Reported performance is that 108 patients wait longer than 36 weeks for treatment.
- Ambitious and challenging set target and the ongoing fragility of service and increased urgent demand have reduced the ability to recover to a pre-Covid performance levels for the provider.

Actions

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation and Speciality Boards continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation. Theatre lists are clinically prioritised utilising the Federation of Surgical Speciality Association Covid-19 prioritisation tool with the vast majority of patients categorised as priority 4 (low risk), however all long waiters are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising. Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Embedded vascular "mega" clinic established in North Powys August 2021 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic running successfully.
- Recruitment to Clinical Director Planned Care new medical leadership post Q1 2023/24
- Scan4Quality theatre stock system implementation pilot in Brecon Theatres commenced

Mitigations

- National Planned Care Programme is developing national harm review processes and national system.
- Additional capacity in place from February 2022, this insourcing is planned to extend into 23/24.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.
- SLAs managed via PTHB Commissioning Assurance Framework

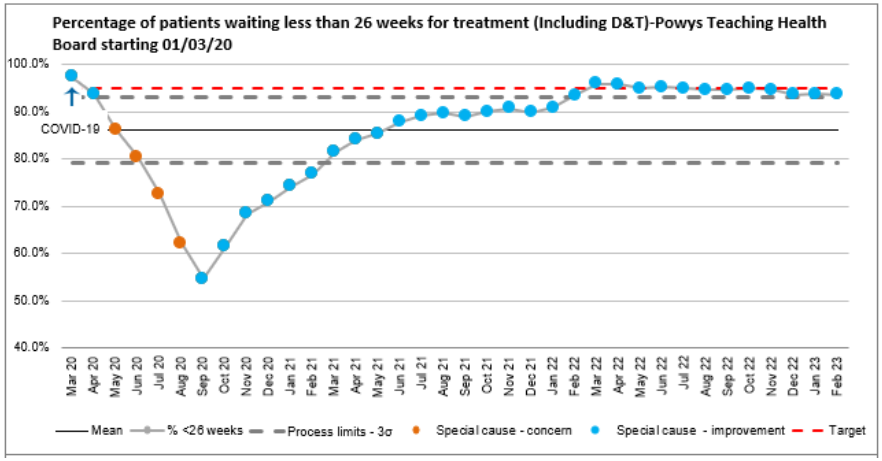
Quadruple Aim 2

No. 47

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

Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment



February 2023 Performance	
Provider Performance	All Wales Benchmark
93.7%	1st (56.9%)
Variance Type	
Special Cause - Improvement	
Target	
PTHB submitted target (94%)	
Data Quality & Source	
DHCW	

Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Community Services
Strategic Priority	5

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

RTT pathways by specialty and band	Feb-23	Patients Waiting				
Main Spec	* % of pathways < 26 weeks	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	Total Waiting
100 - GENERAL SURGERY	84.1%	427	68	12	1	508
101 - UROLOGY	87.9%	102	13	1		116
110 - TRAUMA & ORTHOPAEDICS	88.3%	537	48	20	3	608
120 - ENT	92.2%	554	31	16		601
130 - OPHTHALMOLOGY	89.5%	785	81	11		877
140 - ORAL SURGERY	84.8%	190	24	9	1	224
143 - ORTHODONTICS	92.9%	13	1			14
191 - PAIN MANAGEMENT	98.6%	144	1		1	146
300 - GENERAL MEDICINE	94.4%	51	2	1		54
302 - ENDOCRINOLOGY	100.0%	9				9
320 - CARDIOLOGY	83.3%	184	22	14	1	221
330 - DERMATOLOGY	100.0%	69				69
410 - RHEUMATOLOGY	76.2%	115	27	9		151
420 - PAEDIATRICS	98.4%	60	1			61
430 - GERIATRIC MEDICINE	93.3%	28	2			30
502 - GYNAECOLOGY	97.1%	235	3	4		242
998 - Diagnostic Services	100.0%	233				233
999 - Allied Health Professional Services	99.4%	2921	14	3	1	2939
Total	93.7%	**6657**	**338**	**100**	**8**	**7103**

What the chart tells us	Issues
Powys provider planned care has continued to report special cause improvement since Q3 2020. The service in February has maintained performance (93.7%) but has not achieved the improvement trajectory set as part of the Ministerial priority measures.	Sickness related in reach absences/pressures including unavailability of anaesthetic cover and patient unavailability due to sick leave including Covid-19/flu etc have been the primary cause of waiting list pressures. Anaesthetic cover remains challenging particularly into mid Powys liaising with Wye Valley Trust to resolve and develop forward plan, managed via PTHB commissioning performance and assurance processes Industrial action of NHS staff has impacted on capacity during Q4 resulting in cancellations.

Actions and Mitigations on previous page

Quadruple Aim 2

No. | Com

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

Referral to Treatment (RTT) Commissioned

Performance of patient pathways within commissioned services against Welsh NHS targets

	Feb-23	Patients Waiting							No. long waits by cohort, with latest SPC variance					
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks	
Aneurin Bevan Local Health Board	64.2%	1515	269	250	165	104	58	2361	577	H	327		58	H
Betsi Cadwaladr University Local Health Board	44.4%	307	85	106	65	64	64	691	299	H	193	H	64	H
Cardiff & Vale University Local Health Board	54.6%	207	39	48	34	24	27	379	133		85		27	H
Cwm Taf Morgannwg University Local Health Board	48.8%	288	53	79	67	51	52	590	249	H	170	H	52	H
Hywel Dda Local Health Board	58.5%	975	200	226	128	65	74	1668	493	H	267	L	74	L
Swansea Bay University Local Health Board	51.2%	938	202	229	175	96	192	1832	692	L	463	L	192	L
Total	56.2%	**4230**	**848**	**938**	**634**	**404**	**467**	**7521**	**2443**	H	**1505**	L	**467**	L

	Jan-23	Patients Waiting							No. long waits by cohort, with latest SPC variance					
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks	
English Other	70.6%	207	35	42	7	2	0	293	51		9		0	L
Robert Jones & Agnes Hunt Orthopaedic & District Trust	61.0%	1706	305	443	263	68	10	2795	784	H	341	H	10	
Shrewsbury & Telford Hospital NHS Trust	63.5%	2447	563	510	264	68	0	3852	842	H	332	H	0	
Wye Valley NHS Trust	64.8%	2226	476	504	206	21	0	3433	731	H	227	H	0	L
Total	63.5%	**6586**	**1379**	**1499**	**740**	**159**	**10**	**10373**	**2408**	H	**909**	H	**10**	L

Data Quality & Source

DHCW

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

Detailed SPC's by provider in Appendix 1

What the data tells us

- Welsh commissioned provider performance has seen limited change (common cause variation) against the under 26 week position with a slight improvement to 56.2% reported in February. Patient pathways over 36 weeks has decreased slightly to 2,443 but remain special cause for concern, patient pathways waiting over 1 year have reduced to 1505 (special cause improvement), and finally the extremely long patient pathways (104+ weeks) has seen a reduction trend (467 Feb-23) since Mar-22 and report special cause improvement.
- English commissioned services report a slight increase in under 26-week pathway performance in Jan-23 (63.5%) remaining common cause variation. The number of pathways over 36 weeks have decreased slightly from the previous month (2,408 Jan-23) remaining special cause for concern. Patient pathways over 1 year have decreased reporting 909 in Jan-22 (special cause concern), but pathways waiting 104+ weeks remains very low (10) showing special cause improvement.

Quadruple Aim 2

No.	Com

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

Referral to Treatment (RTT) Commissioned continued…

Performance of patient pathways within commissioned services against Welsh NHS targets

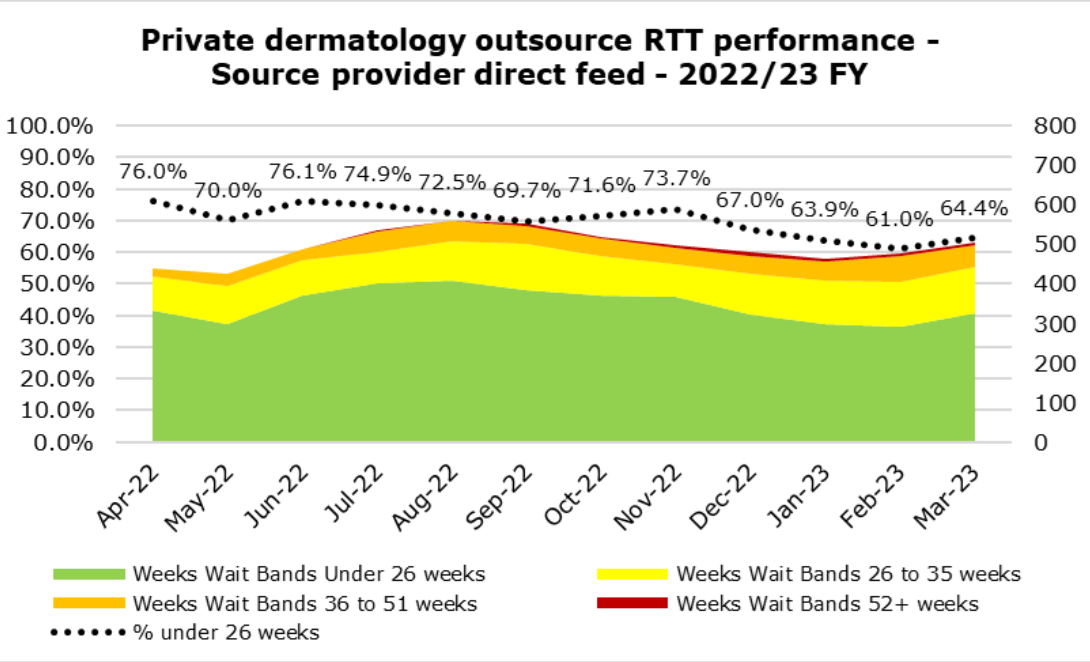
Issues	Actions	Mitigations
• Recent service pressures as a result of industrial action, increased sickness, bed capacity pressures, and winter weather during Q3 & Q4 have resulted in suspension of elective activity in some providers, this will impact on patient waits and delay recovery progress to meet Q4 national targets. • Recovery forecasts for waiting lists across all providers are particularly challenging with increased demand, and staffing fragility impacting through put. • Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing a better service for residents in the North & East of the county. Those residents who live within the south west health economy have the poorest access times for treatment and wait the longest. • Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner.	• Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity. • Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement. • Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within the provider or alternative private service. Examples of repatriation to date include endoscopy patients from Wye Valley NHS Trust and Cwm Taf Morgannwg University Health Board, Echo Cardiograms repatriation from English commissioned services to have diagnostics in the provider. • The health board continues to engage on a regular basis with all commissioned providers via commissioning, quality and performance meetings. These meetings are used to discuss challenges, and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and casemix recommendations are discussed and noted. • 3 month extension of insourcing contract to provide additional capacity within PTHB. • Opportunities being explored with RJAH for increased insourcing capacity for high volume, low complexity long waiting orthopaedic patients to be repatriated to PTHB. • Proposal being developed to submit against Welsh Government Planned Care recovery monies.	• All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.

Quadruple Aim 2

No. | Com

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

Insourcing/Outsourcing
Private Dermatology Outsourcing – Referral to Treatment



Executive Lead	Director of Performance and Commissioning
Officer Lead	Assistant Director of Performance and Commissioning
Data Quality/Source	Direct feed – private provider

Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Apr-22	76.0%	333	87	18		438
May-22	70.0%	299	97	31		427
Jun-22	76.1%	372	88	29		489
Jul-22	74.9%	400	80	53	1	534
Aug-22	72.5%	407	100	52	2	561
Sep-22	69.7%	385	117	44	6	552
Oct-22	71.6%	371	98	45	4	518
Nov-22	73.7%	367	83	41	7	498
Dec-22	67.0%	323	101	48	10	482
Jan-23	63.9%	297	113	47	8	465
Feb-23	61.0%	291	113	68	5	477
Mar-23	64.4%	326	116	57	7	506

What the chart tells us	Actions	Mitigations
Please note that data for month 10 (Dec-2022) was incorrectly reported. This has been validated and a corrected 2022/23 position has been provided. Performance within the private dermatology provider has been inline with other English providers for RTT pathways. Since July a small number of pathways have exceeded 1 years wait, the longest wait in March reported at 70 weeks although the pathway is now booked.		• Provider reviewing capacity to be able to see more new patients and reduce waiting times. • Private provider has advised extra capacity available from Q4 2022/23.

Quadruple Aim 2

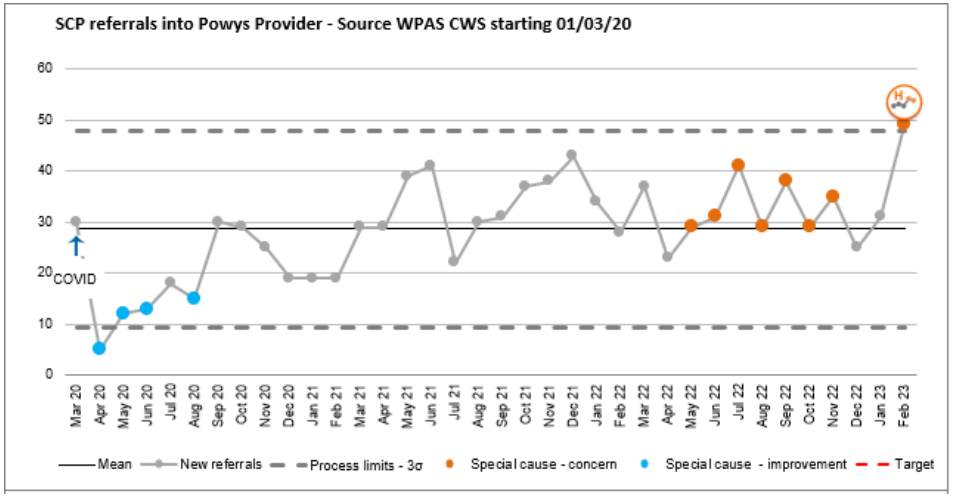
No.

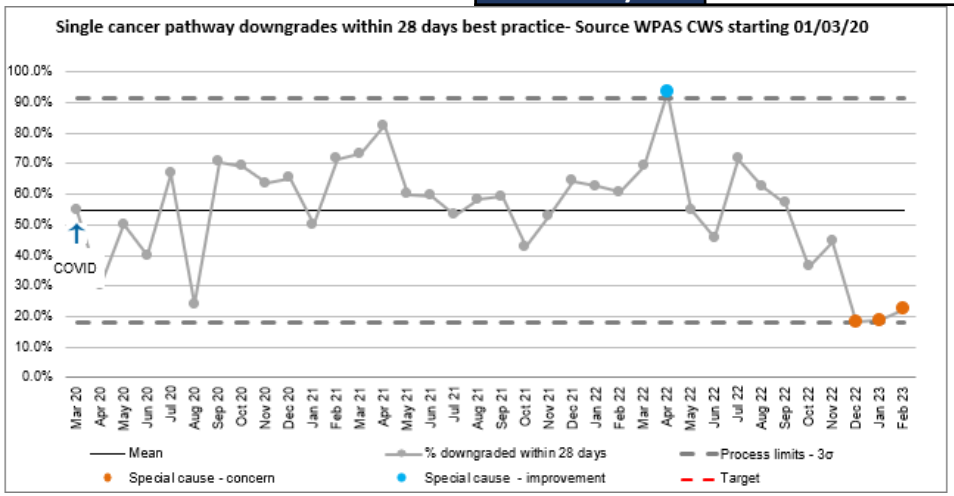
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	7

Provider Single Cancer Pathway (SCP) Reported Performance

Patient referrals and downgrade performance against 28 day best practice.





What the data tells us	Issues	Actions	Mitigations
• During February 49 pathways were recorded as starting via the SCP cancer tracker an SCP pathway within the provider, this is a significant spike showing special cause concern. 46 of the referrals were received from GP services • The downgrade performance in for the last three months has been poor against the recommended NICE guidance that patients who **DO NOT** have cancer are told within 28 days. Powys performance reported 26.2% in February and links to a large number of pathways where the downgrade confirmation has been made late due to various reasons from diagnostic to administration delays.	• Limited referrals come via Powys as a provider, the majority flow direct into acute care centres. • Powys only submits official performance against downgrades, all patients diagnosed within the health board have their treatment pathway compliance reported by their treating health board. • Compliance against the component parts of cancer pathways is directly linked to service fragility as described in measure 39 and main RTT planned care measures 40, 45, 46, and 47. • Higher than average median to first diagnostic and outpatient appointments when compared to the All Wales picture.	• Provider patient services teams work with in-reach clinical leads and DGH diagnostics to monitor patients on the WPAS cancer waits tracker. • Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.	

Data Quality & Source
WPAS CWT

Quadruple Aim 2

No.	C38

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

Cancer performance reporting, commissioned services

Executive Lead n	Medical Director
Officer Lead	TBC
Strategic Priority	7

Welsh Single Cancer Pathway Performance Powys Residents "Percentage of patients who started treatment within target (62 days from point of suspicion)" target 75% - Source DHCW

Welsh Single Cancer Pathway Performance Powys Residents "Percentage of patients who started treatment within target (62 days from point of suspicion)" target 75% - Source DHCW

Provider	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02
Aneurin Bevan Local Health Board	57%	89%	80%	58%	77%	67%	65%	67%	48%	48%	56%	82%
Betsi Cadwaladr University Local Health Board		100%	0%	0%	100%	100%	0%	30%	38%	53%	29%	20%
Cardiff & Vale University Local Health Board							50%		100%	0%	0%	
Cwm Taf Morgannwg University Local Health Board	100%	33%	33%	67%	14%	20%	22%	57%	0%	50%	20%	25%
Hywel Dda Local Health Board	43%	80%	30%	40%	25%	33%	50%	50%	57%	57%	20%	57%
Swansea Bay University Local Health Board	75%	0%	50%	67%	25%	83%	67%	67%	60%	100%	38%	67%
Total number treated within target (numerator)	14	15	14	17	14	20	22	22	26	26	19	20
Total pathways that started treatment (denominator)	22	21	28	33	29	32	48	41	52	50	51	37
Total monthly percentage compliance	64%	71%	50%	52%	48%	63%	46%	54%	50%	52%	37%	38%

Data Quality & Source

DHCW - Please note SCP data is not finalised until quarterly refresh is carried out by submitting health boards

Commissioned services key notes on performance

Welsh Providers

- Provisional data for February shows that 20 patients missed the 62 day cancer target (38% compliance), it should be noted that individual provider performance can be adversely affected by low numbers starting treatment in that month e.g., low numbers effecting percentage calculations. However key challenges reported include service flow, surgical, and diagnostic capacity in secondary care. Another challenge is the marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales. Finally it should also be noted that patients flowing into Cwm Taf Morgannwg could have initial diagnostics and outpatient appointments carried out by the Powys hosted in-reach services (PTHB has one of the highest median waits for first outpatients in Wales and this could impact target compliance).

English Providers

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 5 breaches of their cancer pathway reported for February 2023. All breaches were patients waiting over 104 days, key breach tumour sites include Breast, Urology and Upper Gastrointestinal (UGI). Reasons for breaches included screening, diagnostic and outpatient capacity, and patient choice.

- Wye Valley NHS Trust (WVT) – The latest data for Powys residents breaches available is December 2022, 4 breaches were reported and 1 of these breaches were over 104 days. Lung and Urology are the two breaching tumour types in this period. Ongoing risk for the unavailability of harm reviews, and timely cancer breach assurance following capacity challenges in the WVT team during 2022/23. This risk is a key topic within escalated commissioned quality and performance meetings with the provider.

Quadruple Aim 2

No.	C38

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

Cancer performance reporting, commissioned services continued…

Executive Lead n	Medical Director
Officer Lead	TBC
Strategic Priority	7

Issues	Actions	Mitigations
• Commissioned services in England & Wales are showing increased demand pressures with increased referrals & later staging of patients. • Risk of increasing backlog of all patients (not just residents) waiting over 62 & 104 days in SATH. Capacity challenge includes increased referrals, radiology delays, complex pathways, and patient choice e.g., declining/delaying invitation for appointments due to holiday etc. • Tumour site specific performance variation has been flagged across Welsh providers.	• Cancer breaches are part of the agenda for each Commissioning, Quality & Performance Review (CQPR) Meetings led by the Commissioning Team. • Escalation of Wye Valley specific breach harm review reporting delays via CQPR. • The PTHB Renewal Programme is working with the Wales Cancer Network to develop an intelligence tool to track Powys patients currently active on the on the Suspected Cancer Pathway for Welsh providers. Initial discussions have taken place to include English flows so that the tracking tool includes all Powys residents. • The Cancer Renewal Programme has established a clinically led Harm Review Panel reviewing the harm reviews undertaken in different health boards and NHS Trusts for Powys patients.	• New BI tool is available for Welsh provider data, but currently it is waiting for English provider information source. • Wales Cancer Network non recurrent funding will enable further refinement of the tool to take place October 22 – March 23. • The pilot of the temporary cancer tracker support will be evaluated. • Organisationally, through operational and commissioning routes, validation of waiting lists continues.

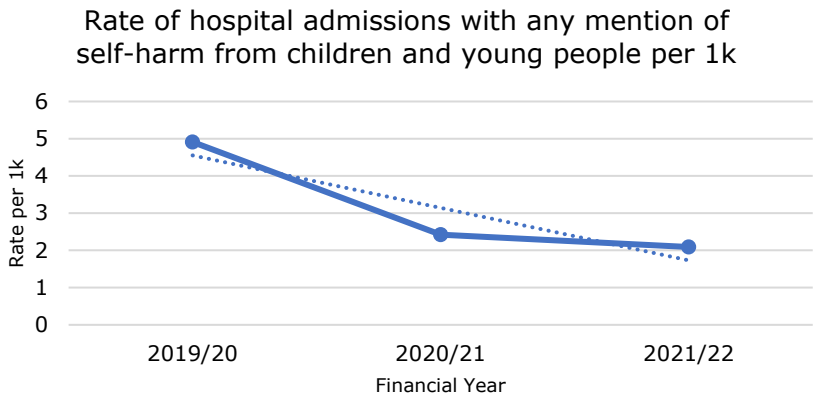
Quadruple Aim 2

No.	48

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

Self-Harm

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



Performance 2021/22	
Provider Performance	All Wales Benchmark
2.09	1st (3.95)
Variance Type	
N/A	
Target	
Annual Reduction	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead n	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

"Early identification, accurate diagnosis and treatment of mental health issues can prevent suicide and self-harm.
Hospital admission rates are a useful indicator of the success of preventative action as set out in the Suicide and Self-Harm Strategy for Wales."

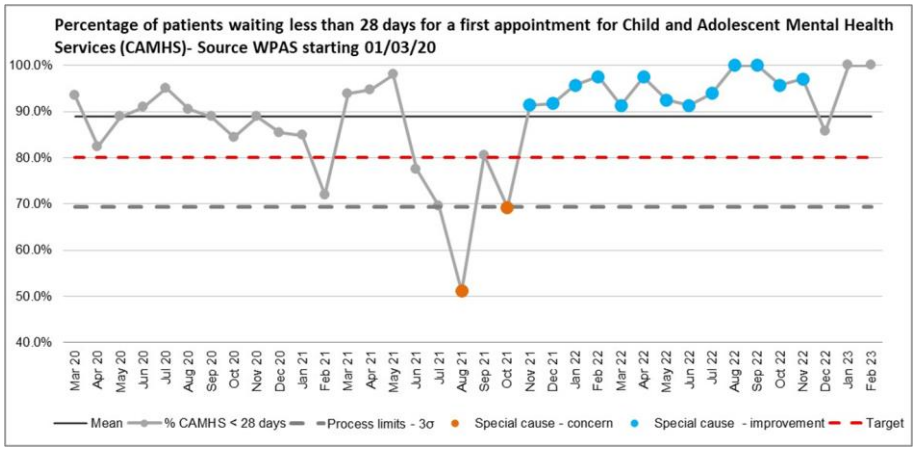
What the data tells us	Issues	Actions	Mitigations
Please note that the data available via Welsh Government has been refreshed/updated compared to the previous IPR. Reported self harm rates within hospital admissions meets the annual reduction target reporting 2.09 per 1k in 2021/22. Through benchmarking PTHB ranks first against the All Wales position of 3.95 per 1k population.	Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.	• Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm. CAMHS is included and involved in a working group as well as training opportunities for staff, this has included training for Minor Injury staff. • The Powys Forum for the Prevention of Suicide & Self Harm was officially launched on the 30th of June 2022. • School CAMHS outreach is now operational (through the WG funded programme) to provide MH and Wellbeing practitioners in every Powys secondary school. They are providing training and support around self harm.	See actions.

Quadruple Aim 2

No.	49

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

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



February 2023 Performance	
Provider Performance	All Wales Benchmark
100%	1st (92.1%)
Variance Type	
Common Cause Variation	
Target	
80%	
Data Quality & Source	
WPAS	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
Performance has reported 100% compliance for the last 2 months. Powys benchmarked 1st in January compared to the All Wales performance of 92.5%.	• Recruitment to vacant posts remains a significant challenge within CAMHS. We had recruited into vacant posts reported in the last quarter but subsequently, additional vacancies have arisen. Recently lost a staff member from SPOA. • All options to further skill mix are being considered, including further training in CBT and DBT for existing practitioners. This will enable the service to respond to changing needs.	New recruitment campaign continues and has achieved a number of successful appointments. Providing children and young people with a timely assessment is a priority Single Point of Access (SPOA) service has been operational since July. By offering a service dedicated to providing the majority of Part 1 assessments as well as screening and triaging all referrals into CAMHS, it has now given both Primary Mental Health and SCAMHS practitioners capacity to provide more timely intervention support.	See actions.

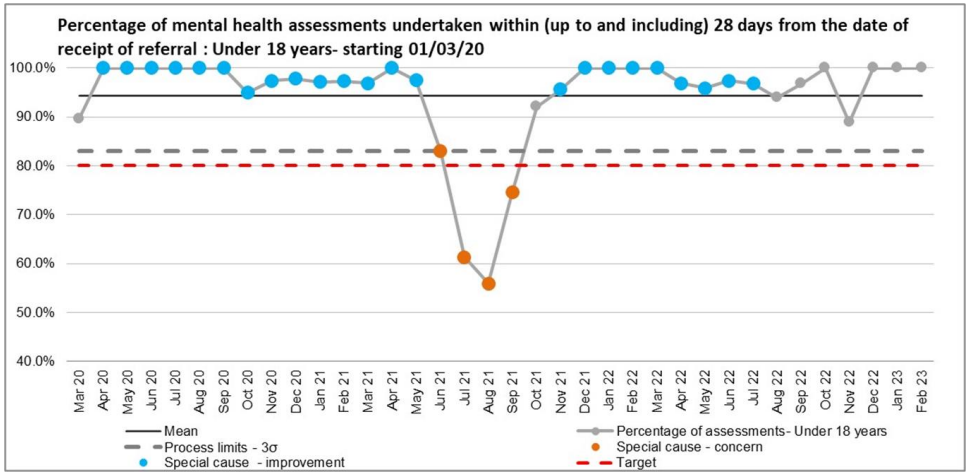
Quadruple Aim 2

No. 50

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

Mental Health Assessments, <18s

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



Performance February 2023	
Provider Performance	All Wales
100%	1st (68.8%)
Variance Type	
Common Cause Variation	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
Performance has reported 100% compliance in February (last 3 months recorded as 100% compliance) In January PTHB ranked 1st in Wales against the All Wales position of 57% Powell Bethan 26/04/2023 16:50:38	• No specific issues with CAMHS Part 1 compliance, capacity can often be an issue when we have high staff turnover/ vacancies/ staff sickness however the service always aims to provide all referrals with an assessment within the timeframes. CAMHS have seen a significant increase in referrals into their services in the last two years in comparison to the previous years. • Data quality challenge including post submission revisions.	The introduction of Single Point Of Access (SPOA) team is instrumental in supporting the compliance with Part 1 Measure Awaiting appointment of new starters to support SPOA Awaiting appointment of intervention workers so that PMH can support SPOA when capacity increases. A number of vacant posts within CAMHS have now been filled.	See actions

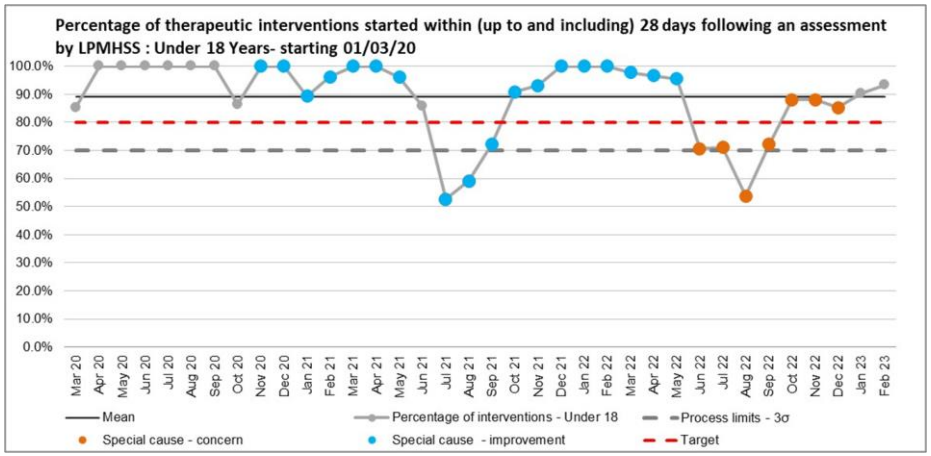
Quadruple Aim 2

No. 51

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

Mental Health Interventions, <18s

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



Performance February 2023	
Provider Performance	All Wales
93.3%	1st (35.1%)
Variance Type	
Common Cause - Variation	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
• Performance in February meets the national 80% target reporting 93.3% compliance, the last 2 months of performance are showing common cause variation and have improved above mean. • In January PTHB benchmarks 1st in Wales against a reported All Wales position of 30.6%.	• Performance in terms of interventions within 28 days dropped due to reorganisation of the Single Point Of Access (SPOA) • Staff sickness, vacant posts, annual leave within the team and demand outstripped capacity in the service. • CAMHS service, increased referral demand. • Data quality challenge including post submission revisions.	• Development of the SPOA – DUTY and Assessment team where a team of dedicated staff conduct all the duty calls and part 1 assessments in a timely manner, thus freeing up the rest of Local primary mental health support (LMPHS) and specialist child and adolescent mental health services (SCAMHS) to provide timely interventions. • Recruitment of an intervention worker to south Powys Primary Mental Health and further recruitment into the North Team will aid compliance to provide therapeutic assessments within 28 days.	See Actions

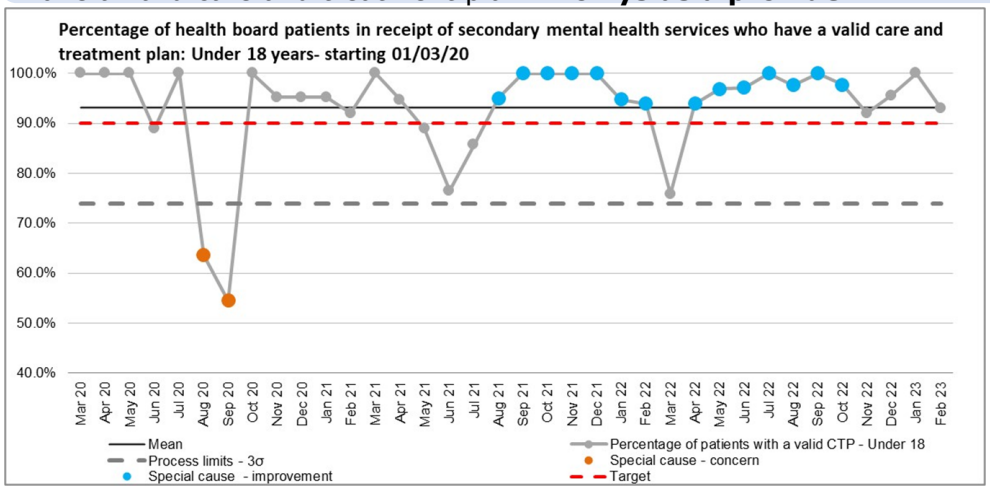
Quadruple Aim 2

No. 52

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

Mental Health CTP, <18s

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



Performance February 2023	
Provider Performance	All Wales
93.0%	6th (92.9%)
Variance Type	
Common Cause Variation	
Target	
90%	
Data Quality & Source	
PTHB Mental Health Service	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
Performance remains above target so far in 2022/23 financial year, during February 93.0% was the reported compliance. In January PTHB benchmarked 1st against and All Wales position of 30.6%.	No current issues in terms of CAMHS CTP compliance. 100% of CAMHS patients open to secondary care services have a valid care and treatment plan as of July 2022. Data quality challenge including post submission revisions.	CTP compliance is a standing agenda item on caseload supervision. Due to the (relatively) small number of relevant patients under Part 2 of the MHM, one patient's over-due CTP can lead to a significant variation in performance.	

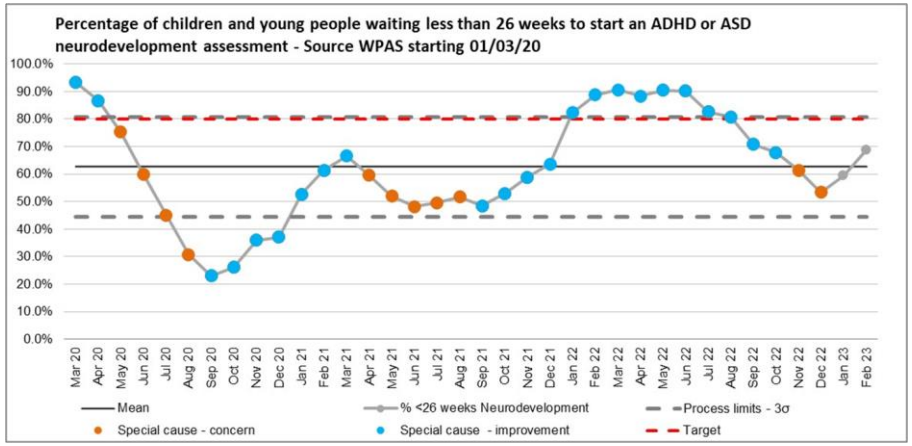
Quadruple Aim 2

No. 53

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

Neurodevelopment (ND) Assessment

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



Performance February 2023	
Provider Performance	All Wales Benchmark
68.6%	*1st (29.5%)
Variance Type	
Common Cause Variation	
Target	
80%	
Data Quality & Source	
WPAS	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Women's and Children's Services
Strategic Priority	10

"There has been an increase in the number of children and young people waiting for a neurodevelopmental assessment, these waits have been exacerbated by the COVID-19 pandemic.
A demand and capacity review of neurodevelopmental services has been commissioned to better understand the increased waiting times and pressures on the neurodevelopmental services."

What the data tells us	Issues	Actions	Mitigations
Performance for neurodevelopmental assessment has reported 2 months of improvement with compliance reaching 68.6% in February. In the January benchmark Powys ranked 1st in Wales against a reported position of 29.5%	• The average referral rate of 20 per month pre COVID has drastically increased to 54 per month in 2022/23. • Capacity remains insufficient to meet this ongoing demand, even with additional temporary Renewal work force colleagues. • The Referral To Treatment (RTT) time position, and the 'Assessments in progress' backlog has not reduced as anticipated due to the overwhelming referral demand and deficient workforce. • Given the consistent increase in referral demand since June 2021, ND waiting lists have not been addressed to a satisfactory position as at 31st March 2023.	• During Qtr4, the first appointments were prioritised but this in isolation did not improve the ND service RTT waiting time position. • The above action consequently also increased the 'assessments in progress' waiting list.	• A business case (BC) has been drafted to secure core recurrent monies beyond March 2023. This will support the essential capacity required to meet the increase in referral demand long term. • In the interim, five ND temporary posts have been extended to June 2023 to reduce the waiting list position whilst the BC is being considered. • Non recurrent grant funding streams are being applied for to support additional workforce for 2023-25.

Quadruple Aim 2

No.	54

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

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

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

Performance Apr - Aug 2022 (Bi-annual submissions)
Powys provider awarded RAG status
Green
Target
Evidence Improvement

Reason for RAG status (Welsh Government policy lead narrative)	**Areas done well** (Welsh Government policy lead narrative)	**Areas for improvement** (Welsh Government policy lead narrative)	**PTHB comments**
• The health board is clearly committed to addressing maternal smoking and has made good progress in advancing this work. We look forward to seeing further progress in the next return. Powell Bethan 26/04/2023 16:50:38	• The organisation has demonstrated clear integration of this agenda within its organisational policies and by its strategic leadership. • We are pleased to see the health board is seeking to understand the needs of its population in order to inform service delivery and improvements. • The health board has robust mechanisms in place for monitoring progress and outcomes.	• We would like to see the organisation address the identified risks so that they can continue to build on and make further progress with a sustainable integrated service. • We welcome the health board's commitment to reducing maternal smoking and willingness to participate in the national work that will look at maternal smoking across Wales being led by Welsh Government and Public Health Wales.	CAMHS Schools in reach services are fully operational in all of Powys schools. However, we have labelled them as 'Wellbeing support' within schools in order to not stigmatise Young people with a Mental Illness 'label' or diagnosis. Further work is required to raise awareness with Teachers about this service and support their understanding that the Wellbeing service is part of the CAMHS offer to Schools.

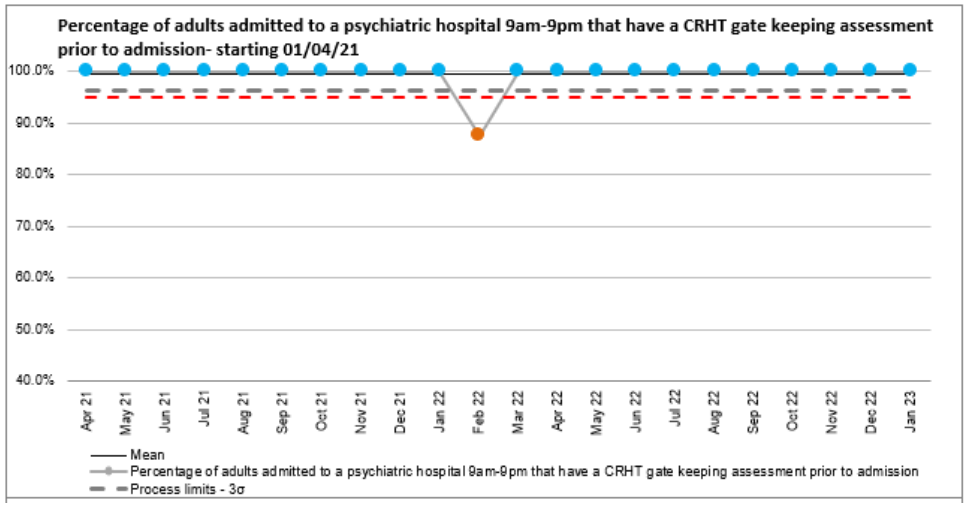
Quadruple Aim 2

No. 55

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

Gatekeeping Assessments, Adults

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



Performance January 2023	
Provider Performance	All Wales Benchmark
100%	1st (95.9%)
Variance Type	
Special Cause - Improvement	
Target	
95%	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
Performance is 100% compliant with the national target. PTHB benchmarks 1st against an All Wales position of 95.9% for January.	• As this is a new measure, PTHB do not yet have a means of recording this data due to a variance in responsibility for gate keeping assessment in hours.	• Standardise gate keeping assessment responsibility for both North and South Powys. • Implement a means of recording this measure data.	

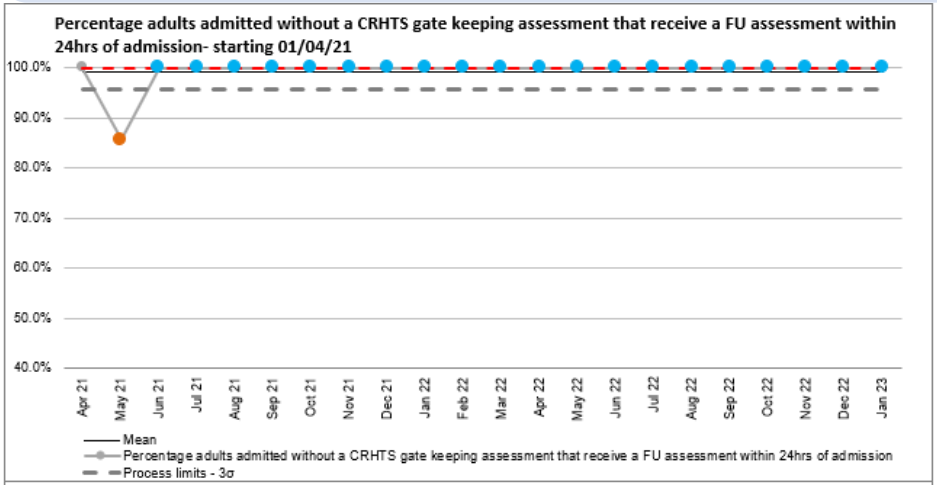
Quadruple Aim 2

No. 56

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

Gate Keeping Assessments, Adults

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



Performance January 2023	
Provider Performance	All Wales Benchmark
100%	1st (100%)
Variance Type	
Special cause - Improvement	
Target	
100%	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
Performance is reported at 100% for the last 17 months and compliant with the national target. All health boards in Wales have 100% compliance against this measure.	• There are no issues to report, PTHB are reporting 100%.		

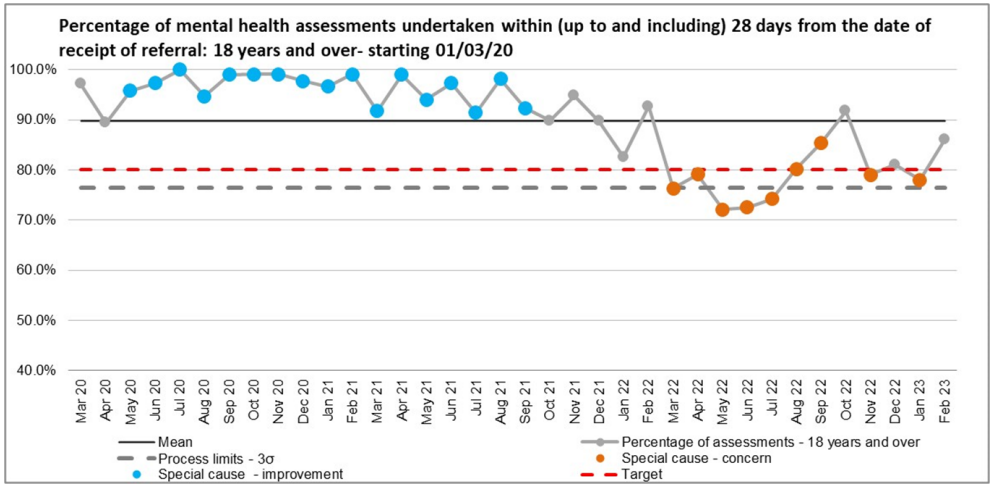
Quadruple Aim 2

No. 57

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

Mental Health Assessments, Adults

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



Performance February 2023	
Provider Performance	All Wales Benchmark
86.0%	6th (87.9%)
Variance Type	
Special Cause - Concern	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
Performance in February has been reported at 86% vs the 80% target. National comparison benchmarked as 6th in January against the All Wales position of 78%. Powell Bethan 26/04/2023 16:50:38	Challenges with performance are a direct result of staffing sickness which continue to impact on the service, reducing service capacity and inevitably building the waiting list. Referrals into the service remain high, further impacting the ability of the service to meet increasing need.	Additional resource for LPMHSS has been awarded by WG via the 2022 Service Improvement Fund and recruitment to implement additional capacity is underway. However, additional demand is growing more quickly than LPMHSS service can increase capacity – this is despite good availably and take up of self help and third sector services.	Delivery of waiting list initiative.

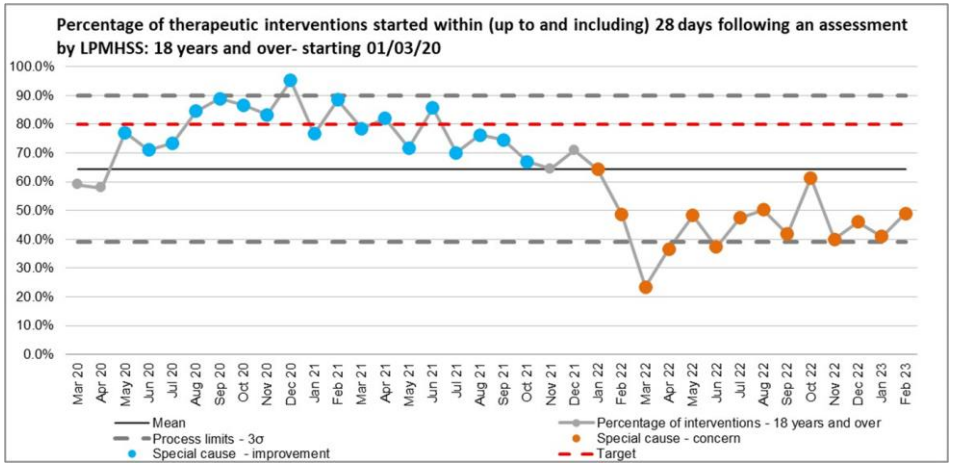
Quadruple Aim 2

No. 58

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

Mental Health Interventions, Adults

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



Performance February 2023	
Provider Performance	All Wales Benchmark
49.0%	6th (74%)
Variance Type	
Special Cause - Concern	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
Interventions in adult and older patients continues to report special cause concern (49.0% compliance), performance is consistently below mean for the last 13 months as displayed in the SPC chart. In January Powys ranked 6th when benchmarked against the other health boards. All Wales position was reported as 69.3%	Performance in terms of interventions within 28 is below target due to; • Staffing sickness which impacted significantly into 2022, reducing service capacity and building the waiting list. • Referrals into the service remain high, impacting the ability of the service to meet increasing need. • Nature of referrals are noted as becoming more complex, requiring longer, more specialist interventions e.g. Eye Movement Desensitization and Reprocessing (EMDR) and cognitive behavioural therapy (CBT) and complex trauma presentations. • Data quality challenge including post submission revisions.	Continued promotion of Silvercloud to enable self help as well as other 3rd Sector Tier 0/1 interventions). Additional resource for local primary mental health support (LPMHSS) has been awarded by WG via the 2022 Service Improvement Fund.	Due to critical mass and the geography of Powys, LPMHSS services in Powys deliver both high and low intensity interventions. Data cleansing exercise to separate high intensity interventions (which should be counted within the 26 week RTT) from low intensity interventions that are relevant to this target.

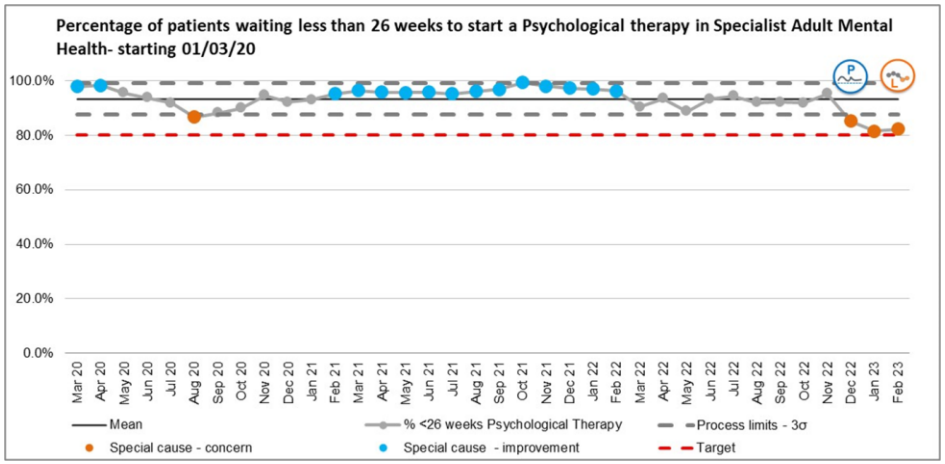
Quadruple Aim 2

No. 59

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

Psychological Therapy

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



Performance February 2023	
Provider Performance	All Wales Benchmark
82.3%	2nd (69%)*
Variance Type	
Special Cause - Concern	
Target	
80%	
Data Quality & Source	
WPAS	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
Performance remains above target (82.3%) but has flagged special cause concern for the last 3 reported month dropping significantly below the mean. In the latest benchmarking available for the January period PTHB achieved 81.5% and benchmarked 2rd against an All Wales position of 69%.	• Waiting list data is reviewed weekly to ensure that patients with a clinical condition of "Psychology - Neuropsychological Assessment" are not included in the 26 week wait list (as neuro assessment does not fall under the 26-week target). • Since the neuro assessment patients have been removed from the 26-week waiting list, the number of valid waiters has reduced, providing an accurate waiting list in terms of this target. • Data quality challenge including post submission revisions.	Head of Psychology to continue weekly validation of waiting lists to identify data anomalies and long waiters.	see actions

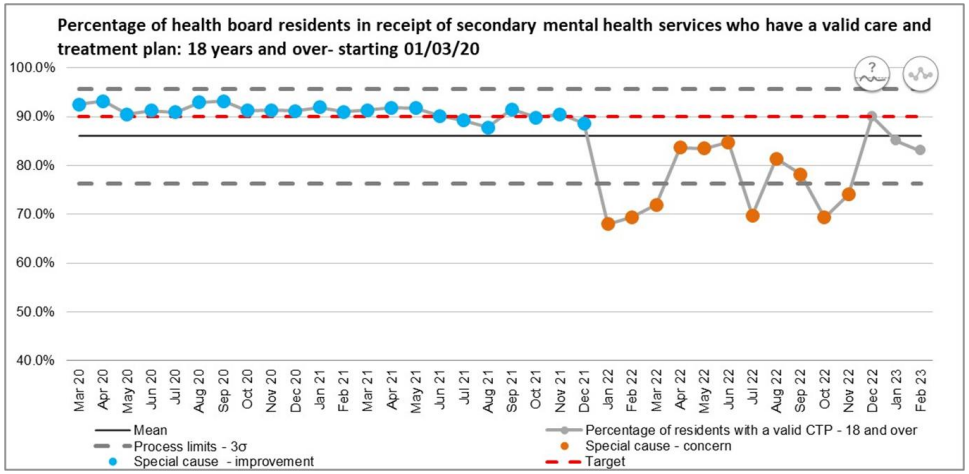
Quadruple Aim 2

No. 60

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

Mental Health CTP, Adults

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



Performance February 2023	
Provider Performance	All Wales
83.0%	5th (83.6%)
Variance Type	
Common Cause Variation	
Target	
90%	
Data Quality & Source	
PTHB Mental Health Service	

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
Adult and older CTP compliance has fallen to 83.0% and reports common cause variation. In January PTHB benchmarked 4th against an All Wales position of 84.6%.	• North Powys services continue to face significant challenges in terms of staff vacancies. • The service is further impacted by Social Services inability to undertake their share of Office Duty, and recruit to their Social worker vacancies, which placed additional demand on NHS staff. • An improvement initiative is underway to improve accuracy of data, and the service is currently seeking additional administrative support. • The recent migration to SharePoint continues to cause significant issues to teams' ability to access the Microsoft Access database where the MH Measure data is stored due to a change in permissions / licensing. • Data quality challenge including post submission revisions.	• Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams. However, this has not resolved PCC Social worker capacity challenges. • Continue to advertise recruitment positions. • A data cleansing project is underway to review WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.	• Clinical assessment and prioritisation of case loads. • Prioritising data cleansing and data accuracy. • Currently investigating a 'MH Measure' data recording area of WCCIS to replace and centralise current means of data collection. • Recruitment to vacant posts within the service.

Powell Bethan 26/04/2023 16:50:38

Quadruple Aim 2

No.	62

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

Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities - **Powys as a provider**

Rationale – "Evidence indicates that people with a learning disability suffer a disproportionately higher level of health inequalities and mortality at a younger age in comparison with the general population. To address this, the Learning Disability – Strategic Action plan (published 31 May 2022) outlines a series of health actions that will strengthen NHS services and subsequently improve the lives of people with a learning disability.

Executive Lead	Executive Director of Operations / Director of Community and Mental Health
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

August 2022 submission (Bi-annual submissions)
Powys provider awarded RAG status
Green
Target
Evidence Improvement

Reason for RAG status (Welsh Government policy lead narrative)	**Areas done well** (Welsh Government policy lead narrative)	**Areas for improvement** (Welsh Government policy lead narrative)	**PTHB comments**
• Good achievement across all but one priority area and the lack of evidence regarding reducing reliance on medication priority may be related to the very small numbers of inpatients.	• Strong focus on transition, early intervention and crisis prevention for young people, including identifying young people requiring support from adult LD team and ensuring smooth transition planning prevent crisis into adult services. • Robust discharge planning resulting in no lengthy stays in Assessment & Treatment Units and no delayed discharges. • Implementation of the Paul Ridd Foundation Module – supporting NHS mainstream staff to identify and respond appropriately to the needs of an individual with LD – making reasonable adjustments.	• No areas for improvement requested by policy lead.	

Powell Bethan 26/04/2023 16:50:38

Quadruple Aim 2

No.	63

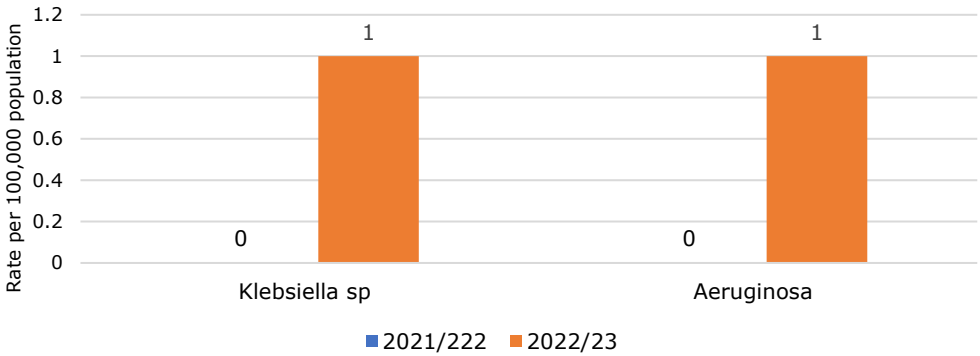
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

HCAI

Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp, and Aeruginosa **Powys as a provider**

Executive Lead	Executive Director of Nursing and Midwifery
Officer Lead	Deputy Director of Nursing
Strategic Priority	22

February comparison snapshot of cumulative reported cases by bacteraemia type – source PHW



Performance February 2023	
Provider Performance No.	
Infection Type	Performance
Klebsiella sp	1
Aeruginosa	1
Target	
Local	
Data Quality & Source	
Workbook Wales	

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status…
In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems."

What the data tells us	Issues	Actions	Mitigations
Powys has had 1 inpatient specimen of Klebsiella.sp in July but none reported since. Powys has had 1 inpatient specimen of Aeruginosa reported in September. Powell Bethan 26/04/2023 16:50:38	Although Powys has low rates of bacteraemia and is not benchmarked against other health boards, the ambition is to strive for zero tolerance of preventable health care associated infections.	The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.	• Robust IPC audit processes and link-worker programmes • Focus on statutory and mandatory infection prevention and control training along with Aseptic Non-Touch Technique practices.

Quadruple Aim 2

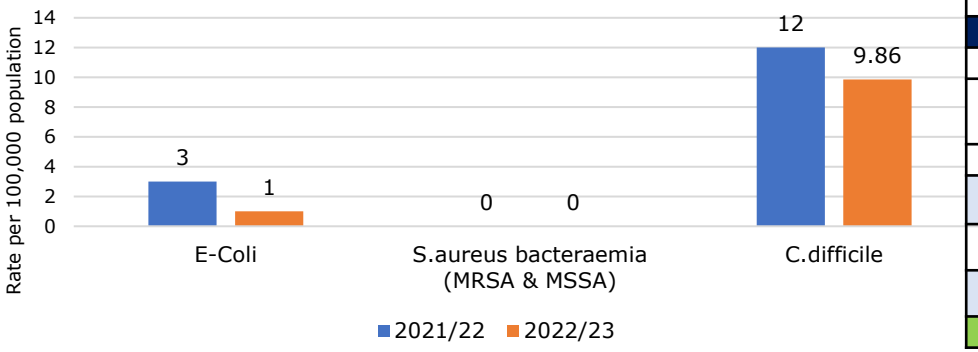
No. 64

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

HCAI

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

February comparison snapshot of cumulative cases by bacteraemia type – source PHW



Performance February 2023	
Provider Performance per 100k	
Infection Type	Performance
E-coli	1.00
S.Aureus (MRSA & MSSA)	0
C.Difficile	9.86
Target	
Local	
Data Quality & Source	
Workbook Wales	

Executive Lead	Executive Director of Nursing and Midwifery
Officer Lead	Deputy Director of Nursing
Strategic Priority	22

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status…
In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems."

What the data tells us	Issues	Actions	Mitigations
PTHB infection rates for the monitored and reported bacteraemia are very low and are not benchmarked with the other health boards. E-coli cumulative rate for 2022/23 is 1.0 per 100k below the rate for the same period in 2021/22. Nil, S.aureus infections have been reported in 2021/22 or 2022/23. The C.difficile reported rate in February below the previous year for the same period at 9.86 compared to 12 per 100k in 2021/22.	• Powys has seen a large increase in prescribing of the 4-Cs (co-amoxicalv, cephalosporins, fluoroquinolones and clindamycin) in primary care. This is a nationally recognised problem and not specific to Powys. • The 4 Cs are most commonly implicated in *Clostridioides Difficile* infection as they are broad spectrum antibiotics which are more likely to disturb the gut flora, potentially enabling other pathogens to become established and cause disease.	• The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.	• Work underway to reduce the inappropriate prescribing of antimicrobials through direct contact to Primary Care, promoting engagement with infection review processes and feedback of learning where appropriate. • Engagement with guidelines for appropriate prescribing

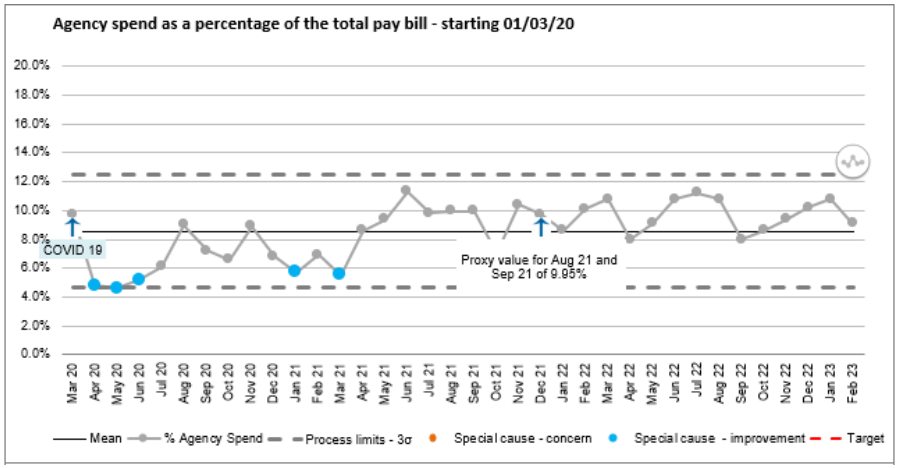
Quadruple Aim 3

No. 67

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

Agency Spend

Agency spend as a percentage of the total pay bill



Performance February 2023	
Provider Performance	All Wales Benchmark
9.1%	12th 6.9% (Nov-22)
Variance Type	
Common Cause Variation	
Target	
PTHB submitted target (8.5%)	
Data Quality & Source	
PTHB Finance	

Executive Lead	Executive Director of Finance, IT and Information
Officer Lead	TBC
Strategic Priority	13

"To ensure safe and sustainable NHS services across Wales, there is need to drive down agency and locum deployment and encourage people to return to the NHS labour market.
This will provide a regular supply of staff who can provide a quality and consistent approach to patient care, whilst reducing overall spend."

What the data tells us	Issues	Actions	Mitigations
The provider agency spend as a percentage of total pay bill varies as a response to demand. The trajectory thus target set by the health board for the Ministerial priorities has not been met in February with reported spend of 9.1% vs the 8.5% prediction.	• Changes in operational footprint including escalation • Limited substantive Professional workforce availability • Rurality • COVID & impacts of short term Sickness absence • Patient acuity & dependency	• Reviewing operational footprint to further reduce reliance on temporary staffing • Negotiating with on-contract agencies for additional recruitment and long-lining of staff • refresh of actions from establishment review • Additional recruitment of OSCE Nurses in April 2023	• Further tightening of operational processes including; • Earlier roster planning • Improved roster compliance and sign off • Targeting of Bank over agency • Targeted recruitment campaigns • Long lining of on contract agency • Establishment review • Recruitment of 5 overseas RN into Welshpool • Roster scrutiny and accountability. • Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.

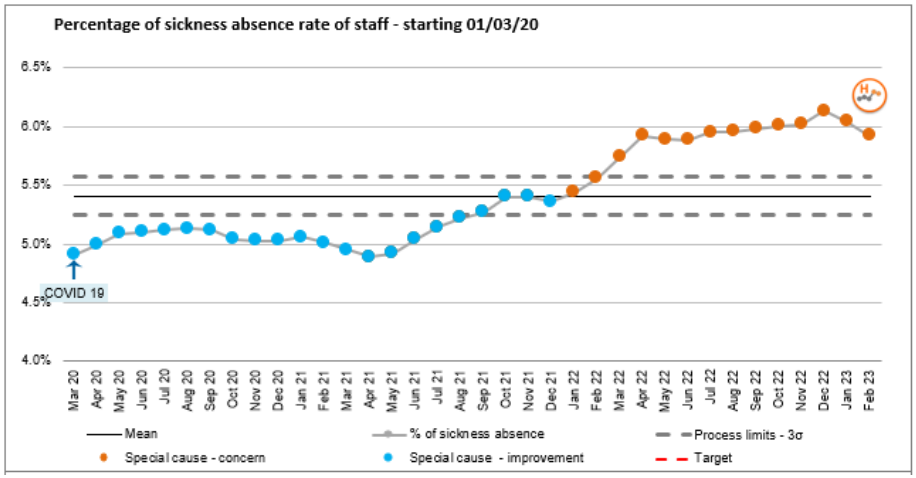
Quadruple Aim 3

No. 68

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

Sickness Absence (R12)

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



Performance February 2023	
Provider Performance	All Wales Benchmark
5.9%	4th (6.94%) (Dec-22)
Variance Type	
Special Cause - Concern	
Target	
PTHB submitted target (5.3%)	
Data Quality & Source	
PTHB ESR	

Executive Lead	Executive Director of Workforce and Organisational Development
Officer Lead	Head of Workforce
Strategic Priority	14

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

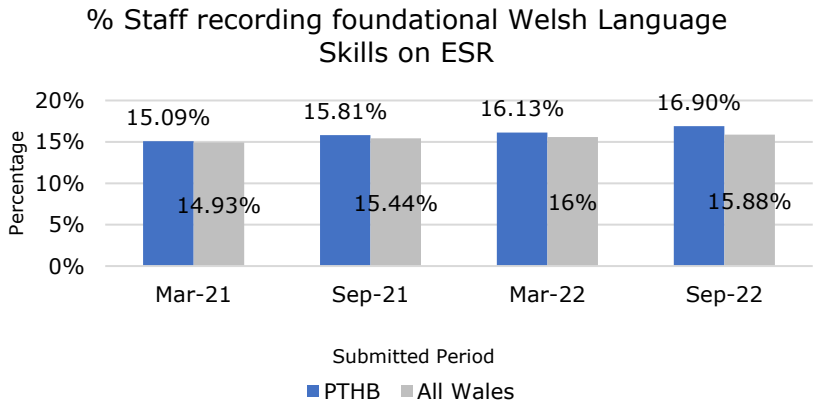
What the data tells us	Issues	Actions	Mitigations
• PTHB sickness performance remains as special cause of concern. The rolling 12 months performance is reported as 5.9% for February a reduction but not meeting the submitted trajectory, monthly actual 4.82% which consists of 1.84% short term and 2.97% long term sickness.	• Absences relating to Stress & Anxiety remain high. Covid-19 also continues to have an impact on sickness absence percentage. • Occupational Health staffing vacancies remains a concern.	• Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors. • Bespoke training sessions for managers on All Wales. Managing Attendance at Work policy to be scheduled. • Recruitment to 1.4 whole time equivalent (WTE) clinical vacant posts in Occupational Health is underway. • New Counselling service provider due live since the 5th of September (VIVUP) • New managers toolkit for Attendance Management published.	• Training for managers on Managing Attendance at Work Policy. • Well being action plan. • Staff counselling service. • Online Cognitive behavioural therapy (CBT). • Long Covid Programme. • Occupational Health Service offer. • Case reviews for all long term absences undertaken every 2 weeks. • Review of short term absence prompts being undertaken to ensure compliance with the Managing Attendance at Work Policy.

Quadruple Aim 3

No. 69

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

Welsh Language
Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above – **Provider measure**



Performance 6 months ending September 2022	
Provider Performance	All Wales Benchmark
16.9%	15.9%
Variance Type	
N/A	
Target	
Bi annual Improvement	
Data Quality	
WG Performance Scorecard	

Executive Lead	Executive Director of Workforce and Organisational Development
Officer Lead	Service Improvement Manager: Welsh Language & Equalities
Strategic Priority	14

"Welsh language skills of the NHS Wales workforce are critical to effectively engaging with Welsh speaking patients, their family and friends…
As part of the More Than Just Words plan NHS organisations are required to: offer opportunities for staff to learn Welsh or improve their existing language skills and to record the Welsh language skills of their staff on ESR."

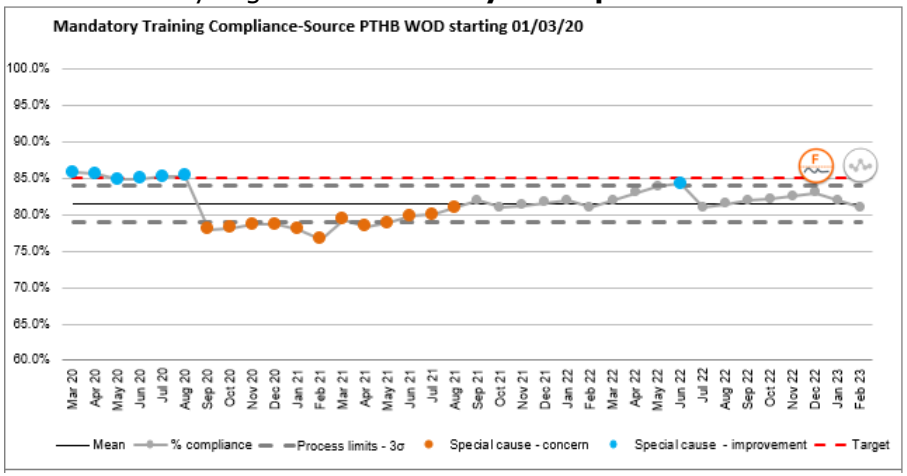
What the data tells us	Issues	Actions	Mitigations
PTHB is compliant with target. For the 6 months ending September 2022/23, 16.9% of PTHB employees had recorded Welsh language speaking and listening skills at foundational level or above on electronic staff record (ESR), this is above the national average of 15.9%. Staff with these skills are unevenly distributed across the Health Board (e.g. for this metric, the Machynlleth based staff body is at 56% whilst the Brecon Hospital staff body is at 10%).	• Not all staff reporting a certain level of skills will be willing/have confidence to use their Welsh with the patients. • Wider issues around recruitment make it difficult to make inroads in this area by favouring Welsh skills in recruitment. • Staff with Welsh language skills may be concentrated in particular areas and/or departments, leaving others unable to provide services in Welsh. • Growth in figures may merely represent improved ESR completion rates.	• Beginners' classes and confidence building courses available via Health Education Improvement Wales (HEIW) and Aberystwyth University and Work Welsh scheme will be promoted to all staff • Working Welsh resources promoted to staff on sharepoint via the Welsh language team. • Encourage recruiters to consider the Welsh skills needed for new posts and Welsh team to support. • Rolling 'Welsh Essential' RN and HCSW vacancies to encourage applicants.	• Concentrations of Welsh-speaking staff map concentrations of Welsh speakers in the wider population, meaning the best-equipped sites are those most likely to see demand for the use of Welsh (Machynlleth, Ystradgynlais).

Quadruple Aim 3

No. 70

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

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



Performance February 2023	
Provider Performance	All Wales Benchmark
81.0%	3rd(82%) (Dec-22)
Variance Type	
Common Cause Variation	
Target	
85%	
Data Quality	
PTHB WOD	

Executive Lead	Executive Director of Workforce and Organisational Development
Officer Lead	Head of Workforce
Strategic Priority	14

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

What the data tells us	Issues	Actions	Mitigations
Performance in February is reported at 81.0%, this remains common cause variation but has fallen below the mean. Powell Bethan 26/04/2023 16:50:38	• Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in completion of mandatory training since the beginning of the pandemic.	• Workforce & Organisational Directorate (WOD) HR Business Partners are discussing mandatory compliance at senior management groups within services. • Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors, for areas performing below the national target. • Ongoing performance relating to compliance will be addressed with directorates via directorate performance review meetings.	• Services have been asked to prioritise staff groups to undertake essential training relevant to role.

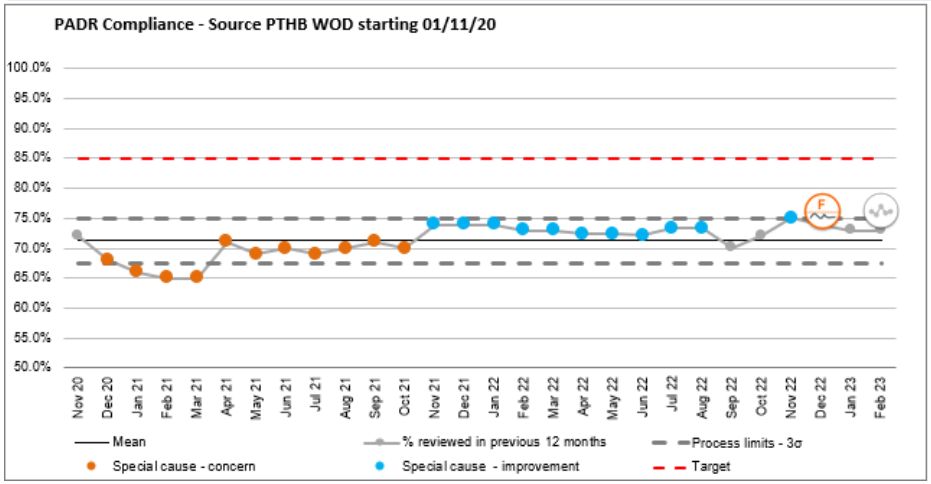
Quadruple Aim 3

No. 71

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

PADR Compliance

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



Performance February 2023	
Provider Performance	All Wales Benchmark
73.0%	5th(66.2% Sep-22)
Variance Type	
Common Cause Variation	
Target	
85%	
Data Quality	
PTHB WOD	

Executive Lead	Executive Director of Workforce and Organisational Development
Officer Lead	Head of Workforce
Strategic Priority	14

of NHS Wales is the provision of an annual personal appraisal and development review.
This allows staff at all levels to have clear performance objectives, with an agreed development plan, that supports them to deliver their roles."

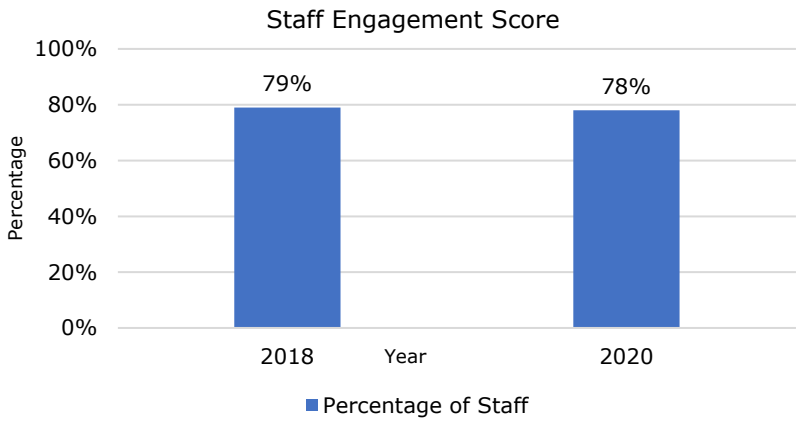
What the data tells us	Issues	Actions	Mitigations
PTHB PADR performance reported at 73.0% for February, which is below the 85% target and reports common cause variance. Powell Bethan 26/04/2023 16:50:38	• Staff absence and vacancies has caused challenges in delivery of PADRs since the beginning of the pandemic. This continues to be a challenge post pandemic with increase service demand and inability to recruit. • Pay progression policy reinstated from October 22. Systems have been introduced during the transitions phase to ensure that PADRs are undertaken for staff who are due for consideration of pay progression.	• WOD HR Business Partners are discussing PADR compliance at senior management groups within services. • Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors, for areas performing below the national target. • Monthly detailed analysis of compliance is shared via Assistant Directors. • Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated. • FAQs for managers and staff developed by WOD and circulated.	• Regular updates are highlighted and discussed by Workforce Business Partners being undertaken and supported within services.

Quadruple Aim 3

No.	72

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

Overall Staff Engagement Score



Performance 2020	
Local Performance	All Wales Benchmark
78.0%	1st (75%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead	Executive Director of Workforce and Organisational Development
Officer Lead	Head of Workforce
Strategic Priority	15

"All NHS services should have key employment practices and actions in place to support and engage staff so that they are fully aligned and committed to delivering excellent care...
The success of these mechanisms is monitored via the NHS Wales Staff Survey."

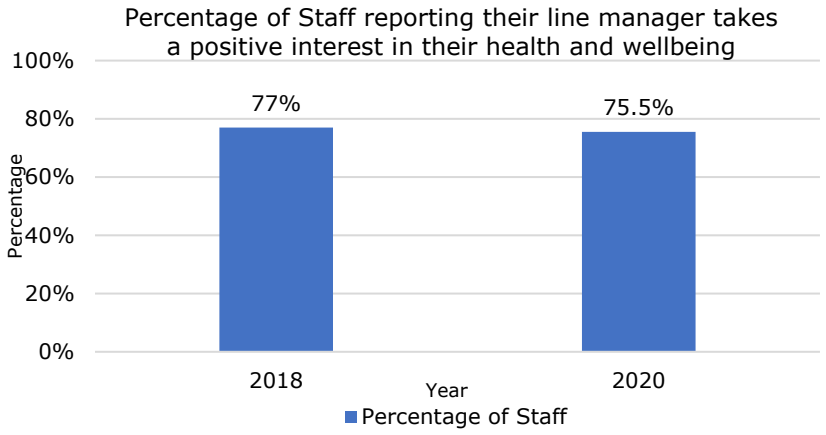
What the data tells us	Issues	Actions	Mitigations
Performance is good when compared to the All Wales benchmark, the health board ranks 1st in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.	The engagement index score is provided out of the national staff survey and the next iteration is not due to be undertaken until 2023.		

Quadruple Aim 3

No. 73

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

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



2020 Performance	
Local Performance	All Wales Benchmark
75.5%	2nd (65.9%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & Source	
Welsh Government Scorecard	

Executive Lead	Executive Director of Workforce and Organisational Development
Officer Lead	Head of Workforce
Strategic Priority	15

"The workforce is the NHS' greatest asset and it is important that their health and well-being is prioritised and supported."

What the data tells us	Issues	Actions	Mitigations
Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.	Sense of wellbeing overall in local survey was 4.15 out of 6. However, there is a difference between those working at home with an average score of 4.94, and those in the workplace (mainly clinicians) who scored 3.84.	All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.	Updated agile working policy. Continued focus on PADR.

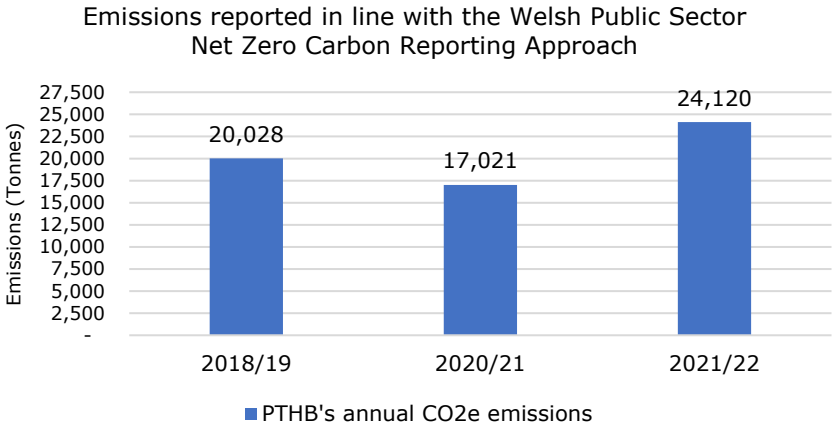
Powell Bethan 26/04/2023 16:50:38

Quadruple Aim 4

No. 74

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

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



Performance 2020/21	
Local Performance	All Wales Benchmark
24,120	2nd (1,001,378)*
Variance Type	
N/A	
Target	
16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position (tCO2e)	
Data Quality (RAG) & Source	
PTHB Environments and Estates	

Executive Lead	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships
Officer Lead	Environment and Sustainability Manager
Strategic Priority	20

"Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030."

What the data tells usa	Issues	Actions	Mitigations
PTHB's target is to reduce the emissions to 16,823 tCO2e by 2025 - a reduction of 16% against 2018/19 baseline of 20,028 tCO2e. Powell Bethan 26/04/2023 16:50:38	Data reporting and sources of emissions nationally remain in a state of developing maturity. Data collection methods will need to be developed for particular measures. This increased data collection will likely lead to an increase in reported carbon output.	Annual quantitative carbon emissions report submitted to Welsh Government in September. Carbon reporting update provided to IEG in October.	One must be mindful of the impact on carbon during the Covid-19 pandemic. Restrictions affected nearly all healthcare services, with expected impact on building, travel, waste and procurement emissions. Data mining reveals that scope 3 emissions have been negatively impacted by RPI increase, major capital investment and increased commissioned inpatient care. Data accuracy is being reported and discussed within meetings and Programme Boards with WG and other public sector bodies.

Quadruple Aim 4

No.	75

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

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

Executive Lead	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships
Officer Lead	Environment and Sustainability Manager
Strategic Priority	20

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

August Submission 2022 (Bi-annual submissions)
Powys provider awarded RAG status
Amber
Target
Evidence Improvement

Reason for RAG status (Welsh Government policy lead narrative)	Areas done well (Welsh Government policy lead narrative)	Areas for improvement (Welsh Government policy lead narrative)	PTHB comments
• PTHB report that a high percentage of their initiatives are 'on track' and their overall delivery confidence for reducing emissions by 2025 is higher than other NHS organisations. The information provided suggests there are several initiatives awaiting surveys or reports to be completed and so it is currently difficult to fully assure progress.	• PTHB has an established Environment and Sustainability Team which has meant they are well-placed to move this agenda forward and to drive Board level engagement. Monthly and quarterly review processes should mean they have a grip of progress and any risks to delivery. • New staff car park at Brecon War Memorial Hospital has been designed with a new electrical feed, which can support current 10% provision, plus over 100% charge point growth, including WAST requirements. Expansion is possible further through smart array technology and load sharing amongst charge points. • The Health Board has created and maintains a tree nursery which supports their Biodiversity Action Plan promise to plant 2 trees for any felled across their estate and has planted over 100 saplings around Bronllys Hospital this year with staff and volunteers.	• Report provides a lot of information but evidence on actual progress is difficult to assure.	Granularity on decarbonisation tracking has been enhanced with decarbonisation progress on track with current progress at 62% against 2030 target progress of 59%. Many decarbonisation initiatives are intertwined, which is why our Re:fit programme is intrinsically valuable for reducing our operational emissions. Have an extant process with Re:fit framework and actively working with four energy contractors to visualise what efficiency savings can be met through the scheme. Have designed improved exception reporting to the Environment & Sustainability Group, which will see extra detail on 'At Risk' and 'Work Req'd' initiatives. Improvements will be monitored. Qualitative reporting to WG will be submitted in April.

Quadruple Aim 4

No.	77

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

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

Executive Lead	Executive Director of Finance, IT and Information & Medical Director
Officer Lead	Assistant Director of Transformation and Value
Strategic Priority	24

Rationale – "Value Based Health Care is the equitable and sustainable use of available resources to achieve better outcomes and experience for every person. It focuses on: reducing unwarranted variation in care pathways; investing in secondary prevention approaches; reducing adverse clinical outcomes and; collecting and using clinical and patient reported outcomes to inform decision making and clinical care. To achieve this approach, NHS organisations are required to embed Value Based Health Care in their strategic decision making, planning and allocation of resources."

August Submission 2022 (Bi-annual submissions)
Powys provider awarded RAG status
Red
Target
Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)

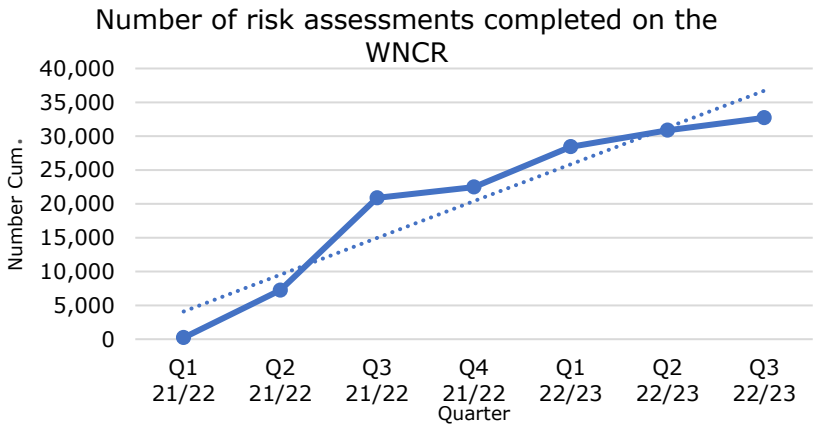
Reason for RAG status (Welsh Government policy lead narrative)	**PTHB comments**
• Value Based Health and Care (VBHC) is still in its infancy. Powys THB has demonstrated that it is taking some steps towards VBHC, but that there is a need for a large amount of work to plan and create a structure and systems to ensure that it the organisation becomes a VBHC organisation.	Powys THB's VBHC approach is embedded in its organisational IMTP and Delivery Plan, which is supported by a detailed programme plan. **Although the RAG status was Red in August 2022, members of the Welsh Value in Health Centre (WViHC) visited Powys THB on 21 Nov 2022 and recognised that the ranking for Powys THB needed to be uplifted against the WViHC's maturity matrix due to the progress made,** which included: • A well attended multidisciplinary VBHC Programme Board is in place, jointly chaired by the Executive Leads • VBHC priority areas identified, • VBHC Opportunities Subgroup, chaired by Director of Clinical Strategy, has identified how value can be improved within the Wet AMD and Cataract pathways, with implementation plans in place to take the work forward. The Subgroup has reviewed the MSK Shoulder Pathway and this work will be fed into the MSK Redesign Workstream. • Interventions Not Normally Undertaken Subgroup established and examining outlying providers at specialty level to understand variance, with a dashboard created to support the identification of low value procedures • £206k non-current funding secured for two additional VBHC projects focussing on a multiagency approach to prevention of falls and diagnosis of cardiac arrythmias, implemented in 2022/23. Evaluation work is being finalised. • Approval by Exec Committee for EQ-5D-5L as the generic organisation Powys THB PROM, with condition-specific PROMs layered on top, aligned to the work underway on the All Wales Outcomes Framework. • Paper outlining a range of engagement activities to embed VBHC supported by VBHC Programme Board and approaches being implemented. • Participation in Welsh Value Leads and other best practice sharing fora. The WViHC agreed to continue to support Powys THB with specific VBHC priorities. PTHB presented its progress to National Value Finance Leadership Group on 03/06/23.

Quadruple Aim 4

No.	78

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

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



Performance Q3 2022/23	
Provider Performance	All Wales Benchmark
32,716	5th (889,149)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Scorecard	

Executive Lead	Executive Director of Finance, IT and Information & Medical Director
Officer Lead	Lead Nurse for Informatics and Nurse Staffing
Strategic Priority	22

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

What the data tells us	Issues	Actions	Mitigations
Usage of the Welsh Nursing Clinical Record in Powys has increased to 32,716 assessments in Q3 2022/23, performance is target compliant. Powell Bethan 26/04/2023 16:50:38	• No issues identified		

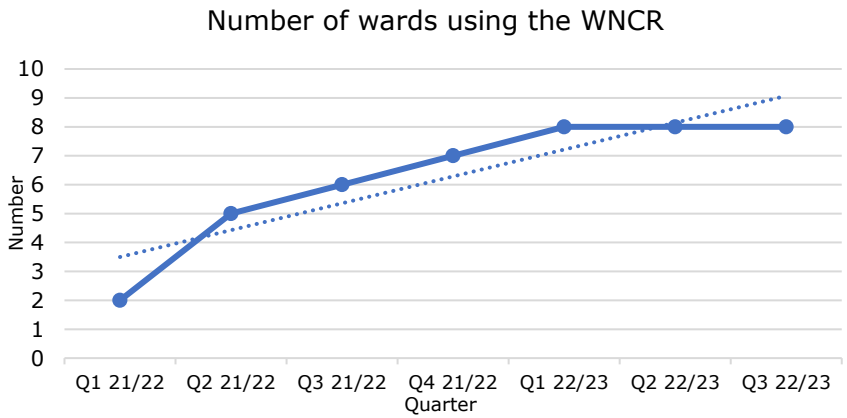
Quadruple Aim 4

No. 79

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

Welsh Nursing Clinical Record

Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust – **Powys as a provider**



Performance Q3 2022/23	
Provider Performance	All Wales Benchmark
8	6th (220)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Scorecard	

Executive Lead	Executive Director of Finance, IT and Information & Medical Director
Officer Lead	Lead Nurse for Informatics and Nurse Staffing
Strategic Priority	22

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

What the data tells us	Issues	Actions	Mitigations

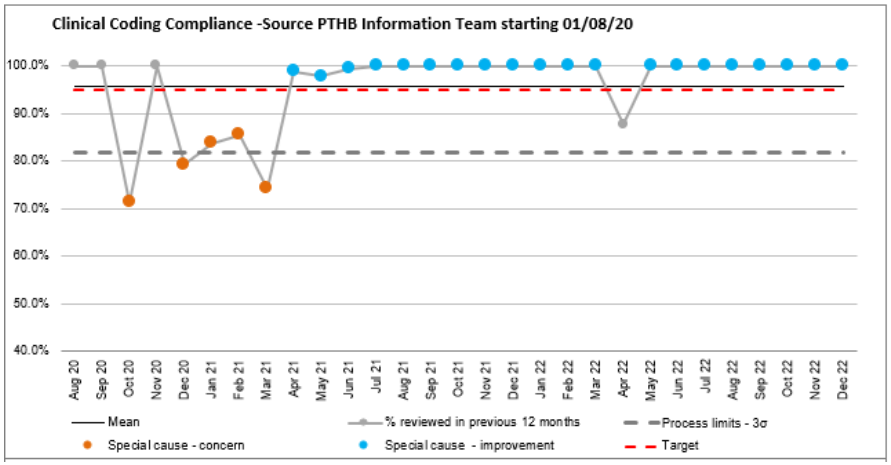
The number of wards using the Welsh Nursing Clinical Record in Powys remains at 8 in Q3 2022/23, this still meets the national target of 4 quarter improvement trend.
 	
Powell Bethan 26/04/2023 16:50:38
	• Pre-Go Live Wi-Fi survey at Bronllys completed 17/11/2021 identified the following issues:
	  • Coverage was patchy and ranged from 0%-45%
	  • FSEs were unable to find any Access Points
	  • Potential asbestos in attic space limited investigations
	• Clinical Decision: Determined not clinically safe to Go Live with WNCR on Llewellyn ward (Bronllys) until Wi-Fi improvements completed
	• Jan 2022, IT investigated using additional access points - unsuccessful
	• April 2022 external suppliers reviewed infrastructure as part of wider survey to determine cabling improvement requirements across health board sites
		• Project Manager appointed October 2022 to Digital Transformation Team to lead on Wi-Fi infrastructure improvements	• Infrastructure improvements required to deliver Wi-Fi solution that is 'fit for purpose'
			• Ward continue to use standardised All Wales documentation and risk assessments in paper format

Quadruple Aim 4

No.	80

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

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



Performance December 2022	
Local Performance	All Wales Benchmark
100%	*1st (84.4%)
Variance Type	
Special Cause - Improvement	
Target	
95% or a 12 month improvement trend	
Data Quality & Source	
PTHB Information Team	

Executive Lead	Executive Director of Finance, IT and Information & Medical Director
Officer Lead	Head of Information - Digital Transformation and Informatics
Strategic Priority	22

"Information from clinical coding is used to monitor clinical outcomes, mortality rates, effectiveness of treatment and clinical governance; it informs patient and service level costings and; is used to examine public health trends."

What the data tells us	Issues	Actions	Mitigations
PTHB performance is reporting 100% in December 2022, it should be noted that performance in May was incorrectly reported and has been revised to 100% inline with DHCW reported compliance. The All Wales performance for December was 83.1%, PTHB traditionally benchmarks 1st in Wales.		Senior Coder continues to assess the number of records that require coding to ensure that compliance is met Management reports used regularly during month to identify any records that have not been submitted for coding	• Use of management reports allows senior coder to liaise with wards/departments to chase for outstanding records if not submitted

Quadruple Aim 4

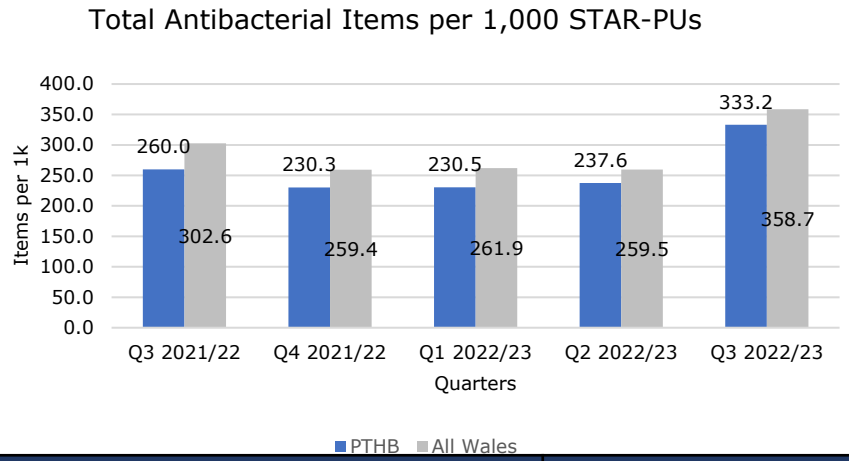
No. 81

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

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

Total Antibacterial Items per 1,000 STAR-PUs

Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU) – **Powys as a provider**



Q3 2022/23 Performance	
Provider Performance	All Wales Benchmark
333.20	2nd (358.67)
Variance Type	
N/A	
Target	
≤206	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status…
Optimal use of antibiotics is key to reducing the overall burden of antimicrobial usage driving antimicrobial resistance."

What the data tells us	Issues	Actions	Mitigations
PTHB performance for Q3 2022/23 reported 333.30, this does not meet the set target of under 206 per 1,000 STAR-PUs No health boards in Wales are meeting the target of ≤206 items per 1,000 STAR-PUs Powys is currently showing the second best performance against this indicator in Wales. Although PTHB has below average prescribing in Wales, when compared to English NHS organisations, prescribing is above the English average. There is considerable scope and need for improvement. New target to be introduced for 2023/24 – 10% reduction on 2019/20	• All health boards saw a dramatic increase in antimicrobial prescribing between Q2 and Q3 2022/23 due to the Strep A issue and reduced threshold for antimicrobial prescribing. • The health board does not have a dedicated antimicrobial stewardship pharmacist in post – this is on the risk register. • Powys has the highest use of the 4C antimicrobials – prescribing of co-amoxiclav and quinolones is of particular concern.	• Antimicrobial Stewardship Group in place (meets quarterly) – reports to IPC Group. • Antimicrobial stewardship improvement plan in place. • Monthly antimicrobial KPI data provided to practices • Plan to highlight to practices that PTHB has the highest level of 4C antimicrobial prescribing in Wales. • Antimicrobial prescribing discussed during practice meetings. Targeted conversations to be introduced where antimicrobial prescribing is identified as a concern with a practice. • Antimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAs • Absence of dedicated antimicrobial pharmacist included in meds management risk register. • Microguide launched and to be more widely promoted.	See actions.

Quadruple Aim 4

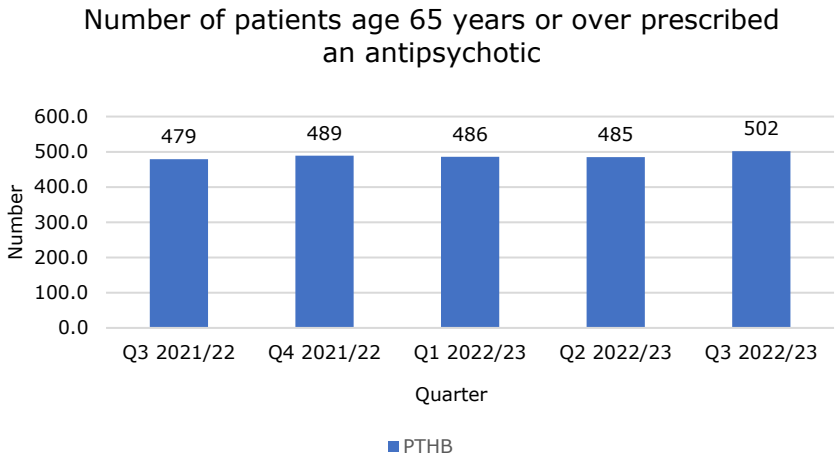
No. 83

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

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

Older Age Adult Anti-Psychotics

Number of patients age 65 years or over prescribed an anti-psychotic – **Powys as a provider**



Q3 2022/23 Performance	
Provider Performance	All Wales Benchmark
502 (1.29%)	10,342 (1.49%)
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

"Evidence shows that antipsychotic medicines only have a limited benefit in treating the behavioural and psychological symptoms of dementia, whilst carrying a significant risk of harm."

What the data tells us	Issues	Actions	Mitigations
Between Q2 and Q3 2022/23 PTHB has seen an increase in prescribing of antipsychotics in patients age 65 years and over. PTHB has the lowest percentage of people aged 65 and over who are prescribed an antipsychotic (range 1.29%-1.73%) Further development of this indicator is required to allow comparisons between health boards in Wales (i.e. the indicator should show % of people aged 65 years and over who are prescribed an antipsychotic).		• Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65' monitored through national medicines safety dashboard. • The national figure is 1.49%, our figure is 1.29%. Powys has the lowest level of prescribing in this area of all Welsh Health Boards.	• Regular monitoring • Risks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis. • Plan to provide regular reports to primary care as soon as resource allows.

Quadruple Aim 4

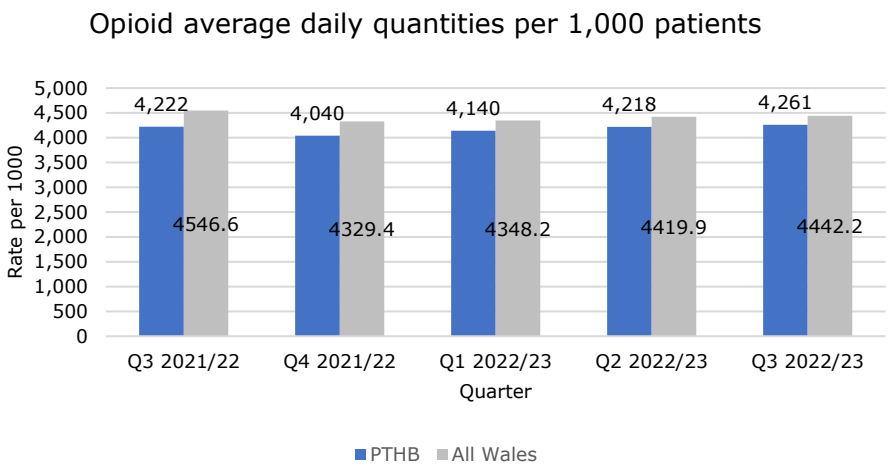
No. 84

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

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

Opioid Usage

Opioid average daily quantities per 1,000 patients - **Powys as a provider**



Q3 2022/23 Performance	
Provider Performance	All Wales Benchmark
4,261.3	2nd (4,442.2)
Variance Type	
N/A	
Target	
< 3460	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

"Between 2007 and 2017 the number of prescriptions for opioid analgesic dispensed across Wales increased by 50% whilst the number of opioid related deaths increased by 59.4%. …
The aim of this measure is to encourage health professionals to adopt a prudent approach to prescribing opioid analgesics, taking into account the risks and the benefits."

What the data tells us	Issues	Actions	Mitigations
PTHB has seen an increase in opioid prescribing volume since Q4 2021/22. PTHB has the second lowest level of opioid burden (ADQ per 1,000 patients), but has seen the steepest increase in prescribing since Q4 2021/22	There has been an increase in the overall prescribing of opioids, although there has been a slight reduction in the use of high strength opioids.	• Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives. • Raising awareness of opioids aware resource for clinicians and patients. • Regular monitoring through the national indicators. • Regularly discussed during practice visits. • Regular provision of prescribing data to primary care (monthly) • Introduction of prescribing analysis to identify 'excessive' prescribing • Inclusion of opioid prescribing in the Medicines Management Incentive Scheme (MMIS) • Access to the PrescQIPP training module on opioid prescribing commissioned and requirement to complete included in MMIS	See actions

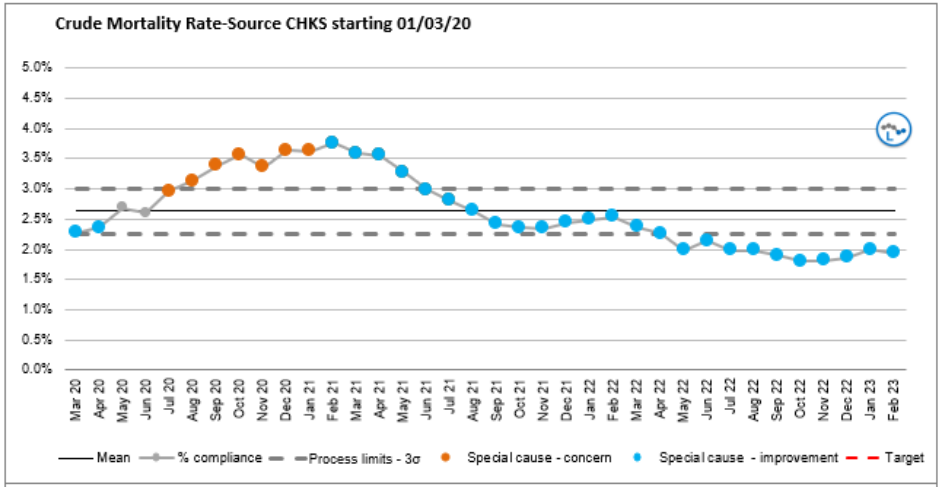
Operational Measures

No. A

Operational Measures are not routinely reported nationally

Crude Hospital Mortality Rate (R12)

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



Performance February 2023	
Provider Performance	All Wales Benchmark
1.93%	N/A
Variance Type	
Special Cause - Improvement	
Target	
12 month reduction trend	
Data Quality & Source	
CHKS	

Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	24

What the data tells us	Issues	Actions	Mitigations
The crude mortality rate in Powys has continued to show a special cause improvement predominately due to the increase in the denominator of admissions into provider services. It should be noted that Powys normally has a higher than All Wales average crude mortality as a non acute care provider who also supports end of life within inpatient wards.	No issues actual monthly deaths within expected values.		No mitigations are considered needed at this time. COVID mitigations are in place. Renewal work is exploring reinstating care pathways that have been disrupted due to COVID.

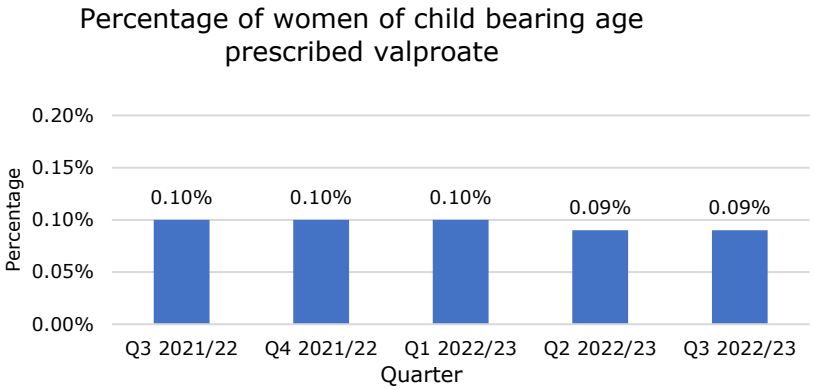
Operational Measures

No. C

Operational Measures are not routinely reported nationally

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

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



Q3 2022/23 Performance	
Provider Performance	All Wales Benchmark
0.09%	0.12%
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

What the data tells us	Issues	Actions	Mitigations
0.09% of female patients aged 14-45 were prescribed valproate in Q3 2022/23. Prior to Q4, PTHB had the lowest prescribing rate of valproate in women of child bearing age in the whole of Wales. We have now moved to second lowest position (C&V now 0.08%)	Nationally Q3 2022/23 – 787 female patients aged 14-45 were issued with a prescription for sodium valproate in Wales = 0.12% of female patients aged 14-45.	• Regularly monitored through national medicines safety dashboard. • Regular reminders about prescribing valproate in women of child bearing age. • Reminder about Pregnancy Prevention Plan (PPP) • Cascade of patient information to primary care and community pharmacy.	See actions Plan to provide regular reports to primary care as soon as resource allows.

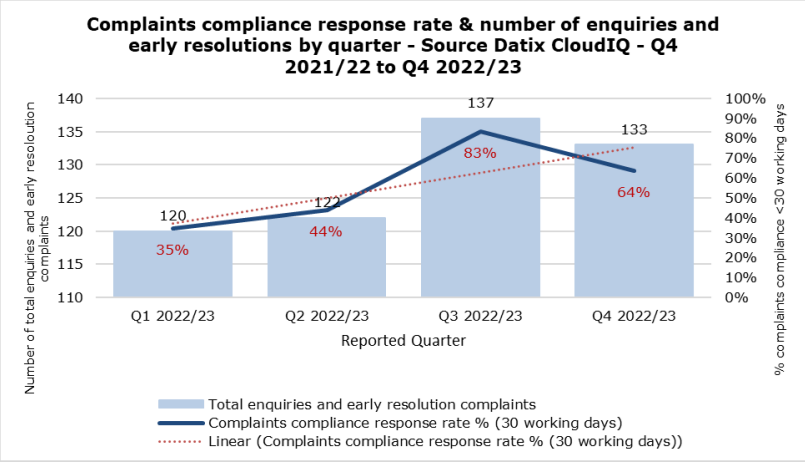
Operational Measures

No. G

Operational Measures are not routinely reported nationally

Concerns and Complaints
Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation

Executive Lead	Director of Nursing
Officer Lead	Assistant Director of Quality & Safety - Nursing
Strategic Priority	24



What the chart tells us

- Q4 reports a decrease in concerns and complaints compliance to 64%. It should be noted that for 2022/23 overall there has been a significant reported improvement trend when compared to 2021/22
- The number of concerns managed as early resolutions and enquires remains high with services managing these contacts quickly, this proactive approach means that more contacts are being dealt with in an appropriate and timely manner.

Q4 2022/23 Performance

Local Performance	All Wales Benchmark
64%	N/A

Target

75%

Data Source & Quality

PTHB Q&S Team

Issues	Actions	Mitigations
• Timely responses not received from other Health Boards/Trusts impacting lengthy delays	• Implement clear process for learning and improvement from concerns • Continued proactive management of concerns and increase in numbers of enquiries/Early resolution resolved quickly. • Implementation of a concerns feedback process 'How was the process for the complainant' with the use of CIVICA	• Overwhelming positive feedback regarding the concerns process from individuals who have raised a concern during Q2&Q3, obtained via CIVICA

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Next Steps

Next Steps

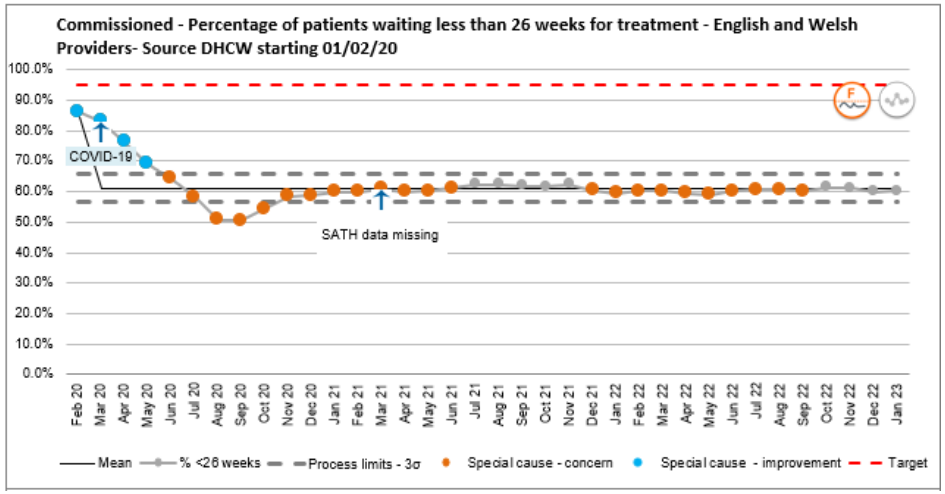
- With the Integrated Performance Framework scope agreed the health board is implementing the required process to provide effective challenge, support, and scrutiny of both provider and commissioned services with the aim to improve patient outcomes.
- Ongoing work to address the backlog of long waiting patients and capacity challenges remains the single largest risk for Powys residents and their required health care, opportunities being explored including repatriating patients where their treatment can be carried out in Powys provider facilities.
- The Performance team is working with both PTHB provider and commissioned service providers to obtain understanding of referral demand, demand and capacity gaps, waiting list profiles at specialty level and convert outputs into indicative activity plans (IAP). This includes work to model robust performance trajectories in line with the NHS Wales Planning Framework targets 2023/24 for Powys provider, Welsh commissioned service providers; and NHS England targets 2023/24 for English commissioned service providers.

Appendix 1

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

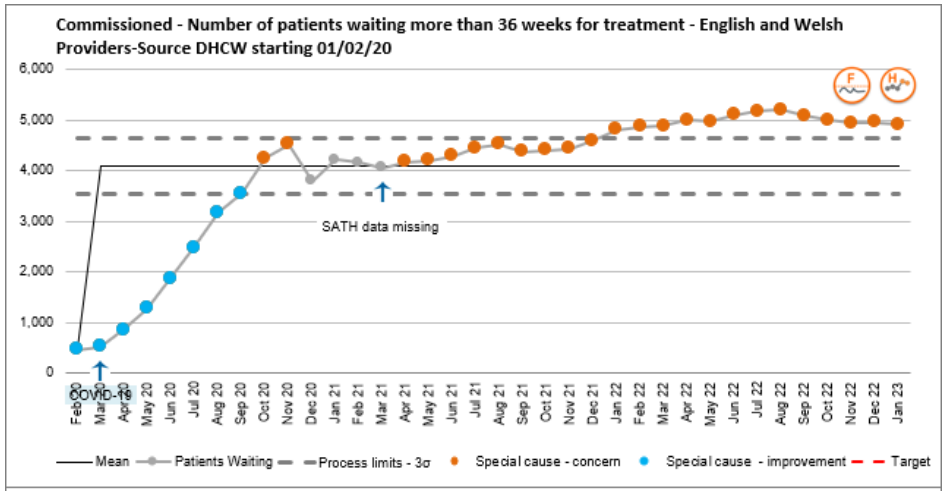
Combined Welsh and English Health Boards

Percentage of RTT pathways <26 weeks



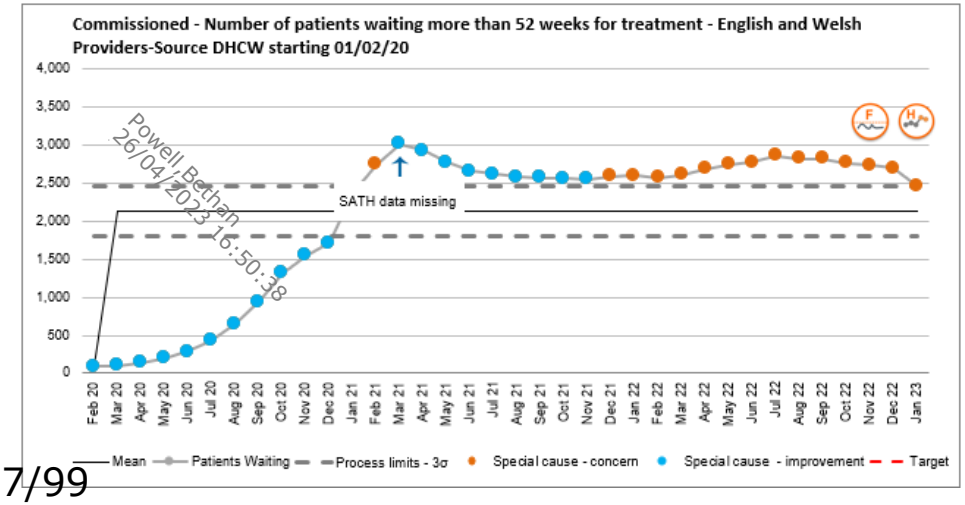
Number of RTT pathways 36+ weeks

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

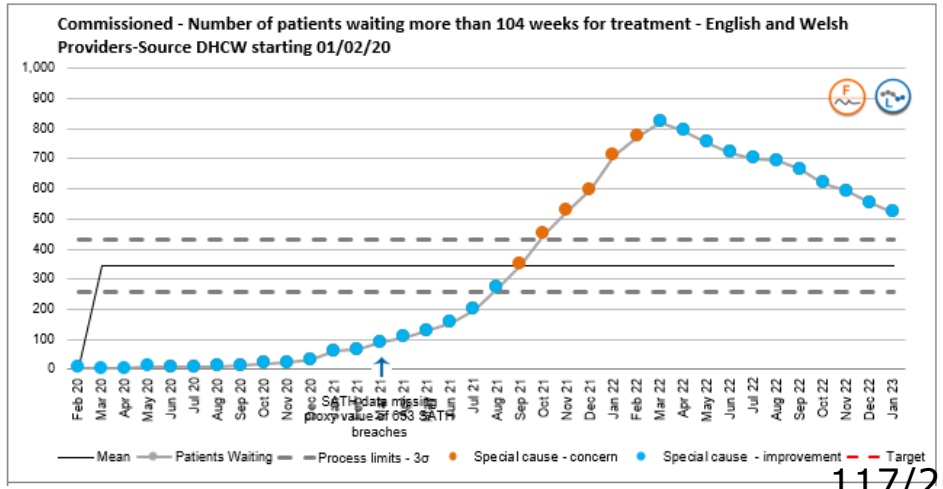


Number of RTT pathways over 52 weeks

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



Number of RTT pathways over 104 weeks

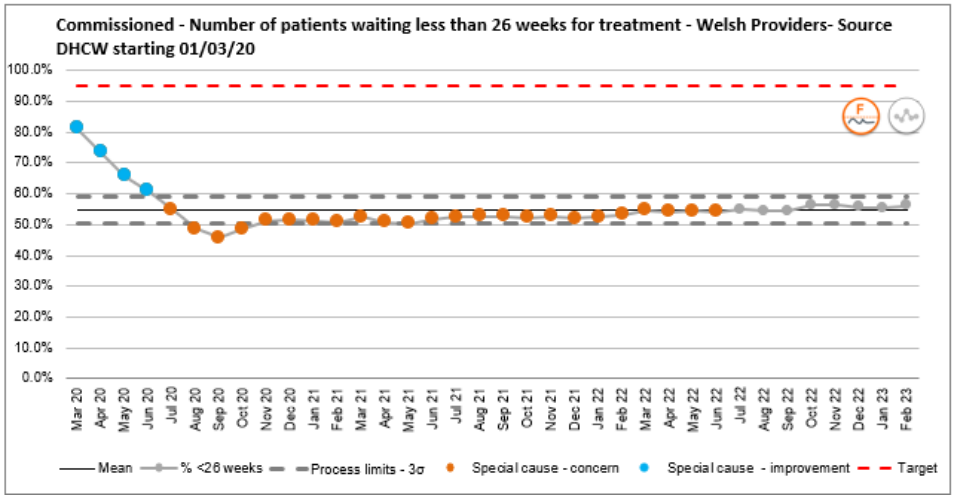


Appendix 1

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

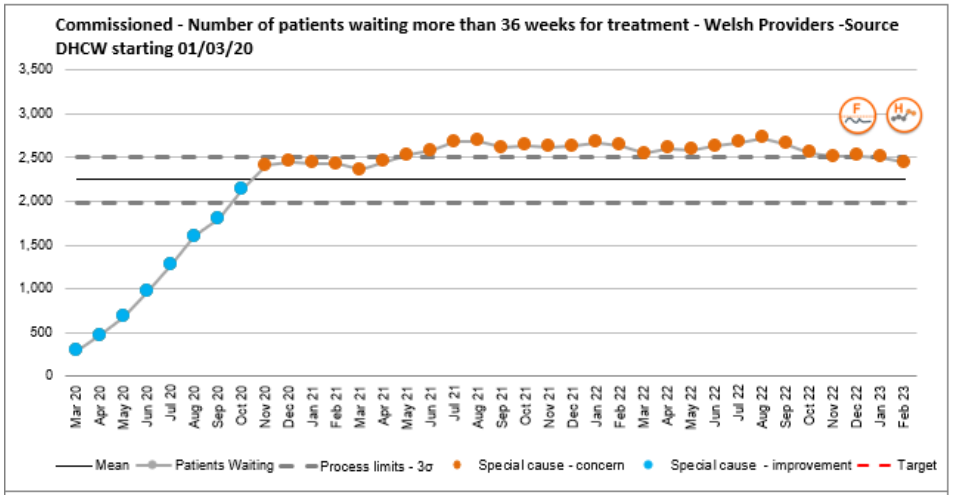
Combined Welsh Health Boards

Percentage of RTT pathways <26 weeks



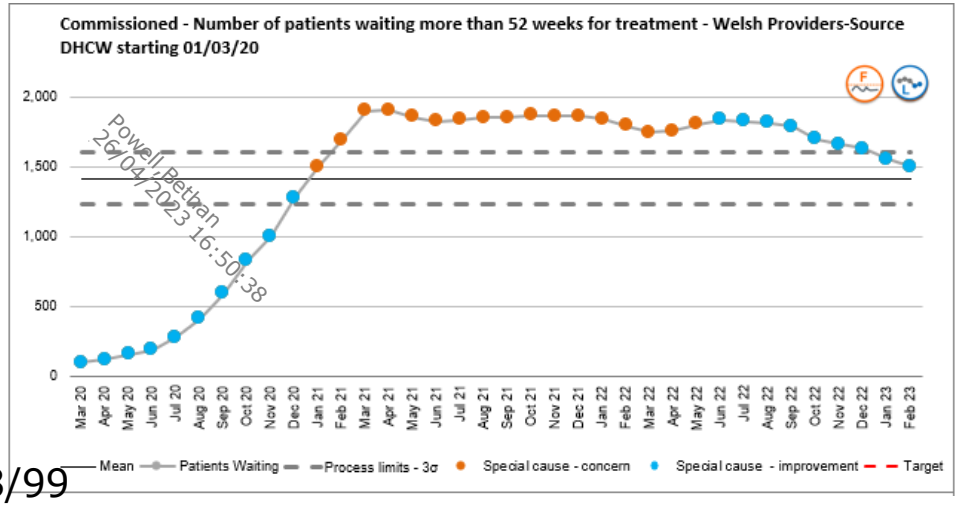
Number of RTT pathways 36+ weeks

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

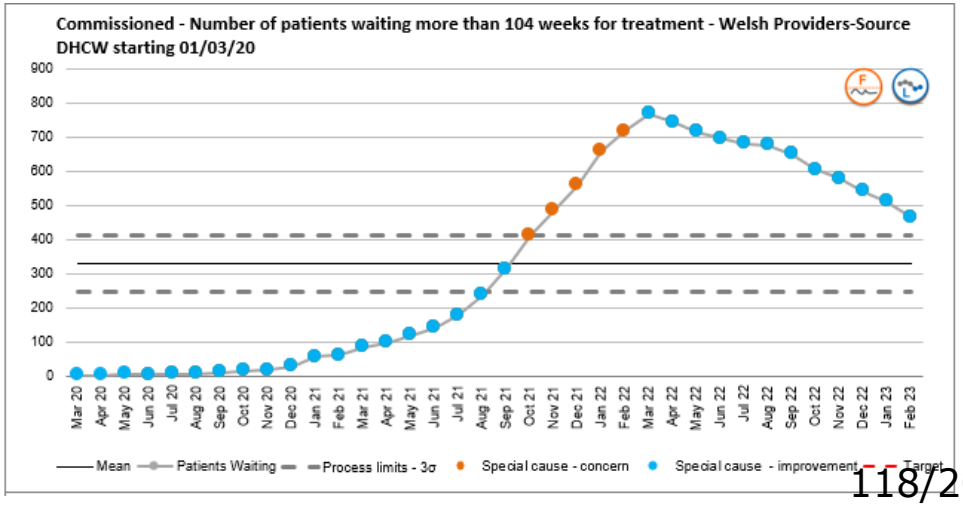


Number of RTT pathways over 52 weeks

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



Number of RTT pathways over 104 weeks

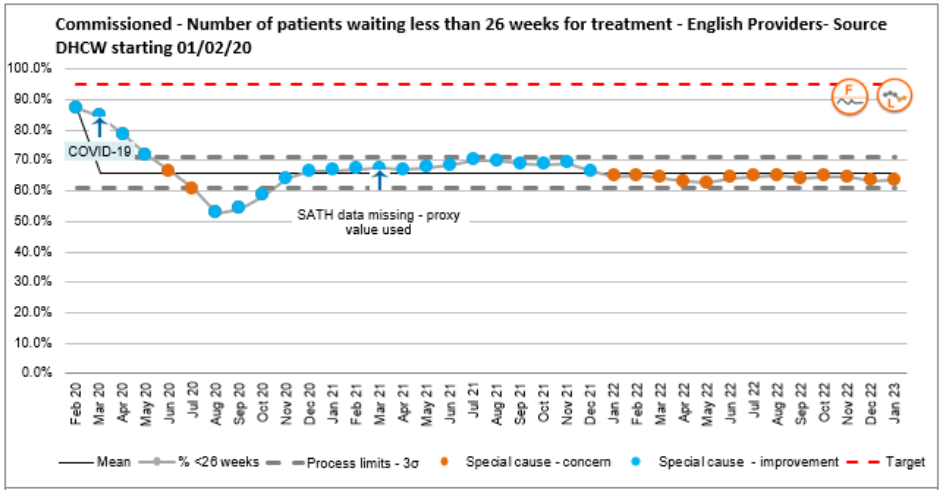


Appendix 1

Referral to Treatment – Powys Teaching health board as a Commissioner

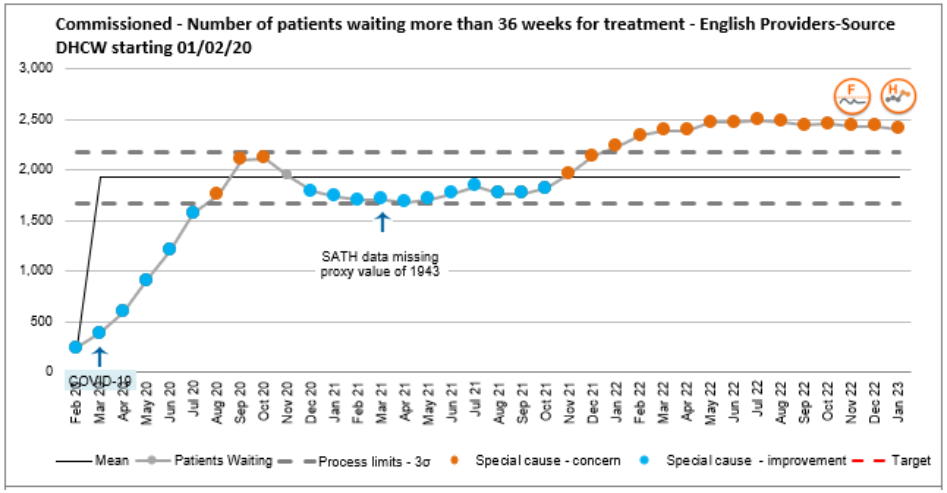
Combined English Health Boards

Percentage of RTT pathways <26 weeks



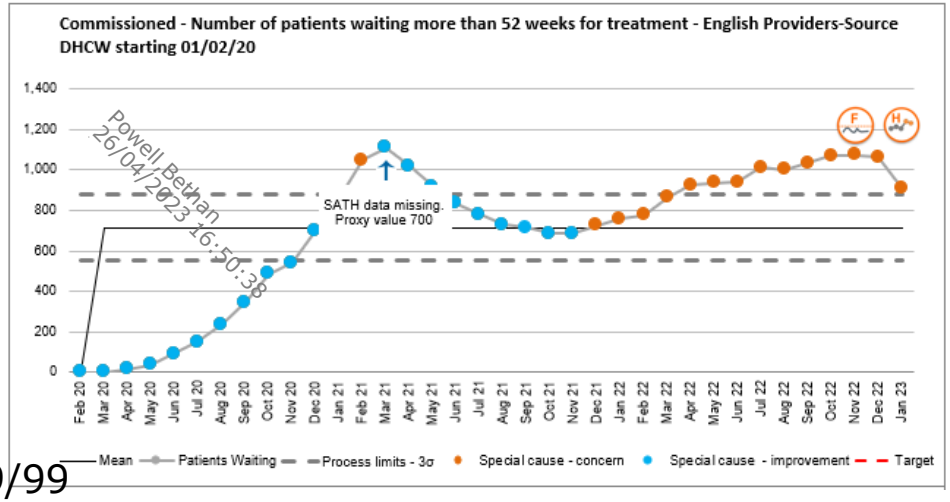
Number of RTT pathways 36+ weeks

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

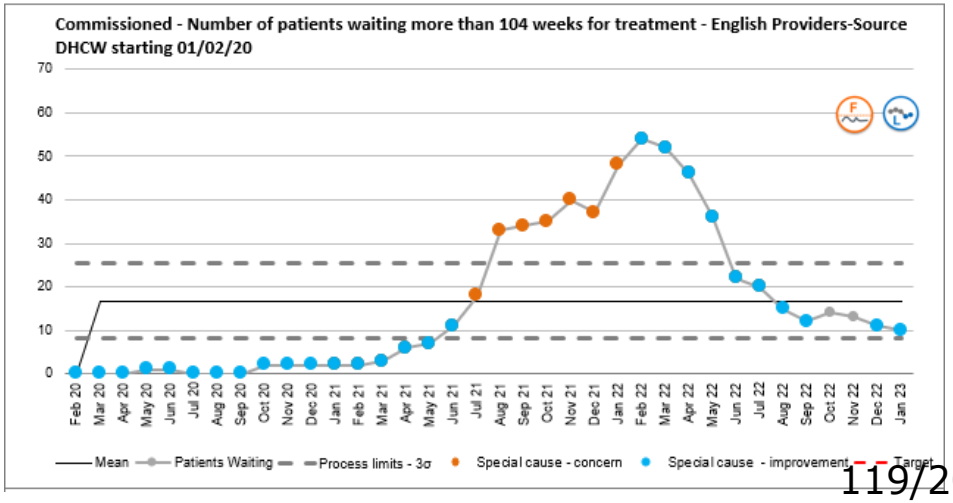


Number of RTT pathways over 52 weeks

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



Number of RTT pathways over 104 weeks

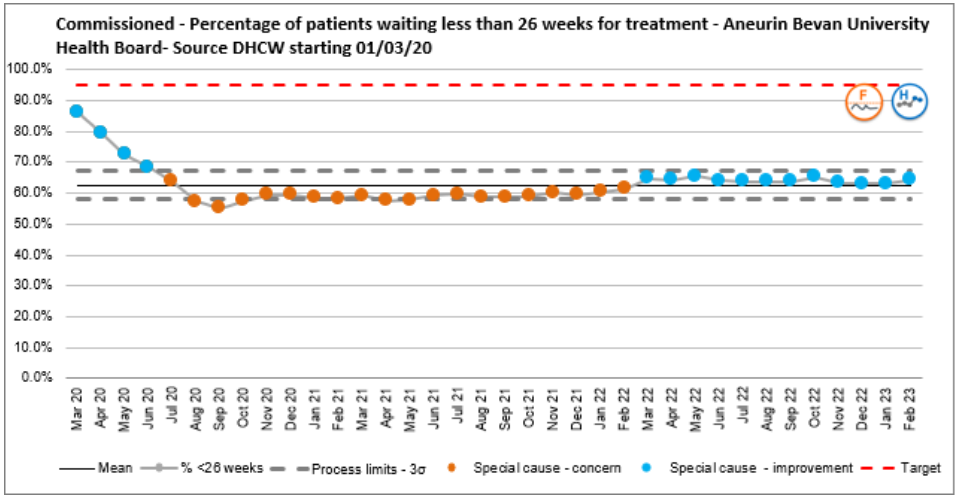


Appendix 1

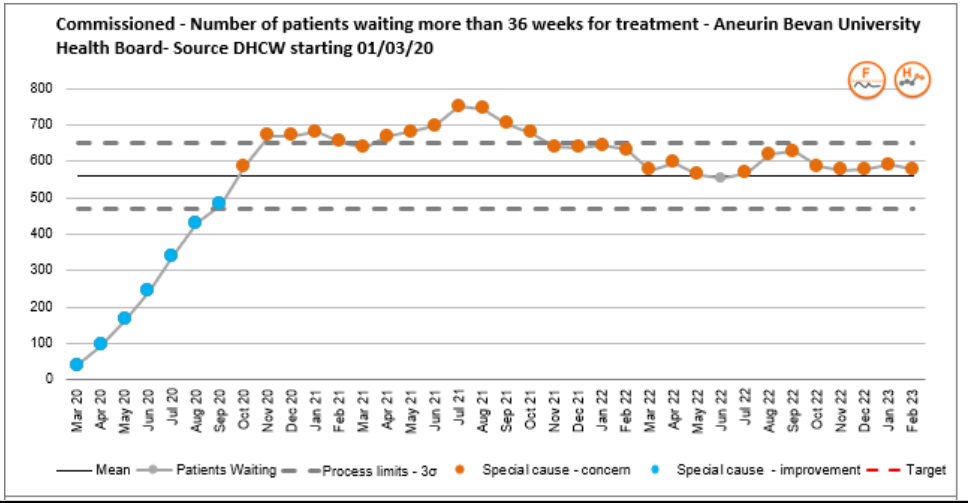
ABUHB February 2023 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	63%	30,000	8,900	9,300
Their actual for all patients (inc. Powys)	61.6%	34,324	3,460	9,486
Powys resident performance	64.2%	577	58	119

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

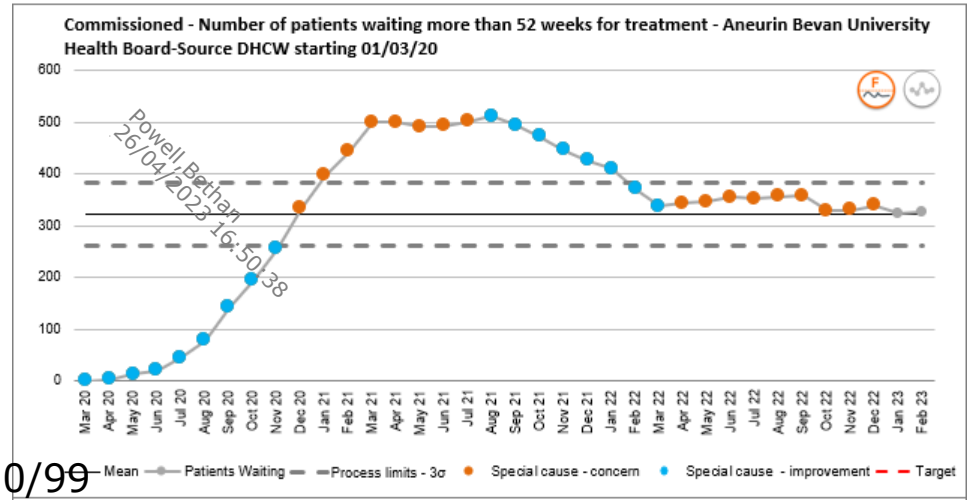
Percentage of RTT pathways <26 weeks



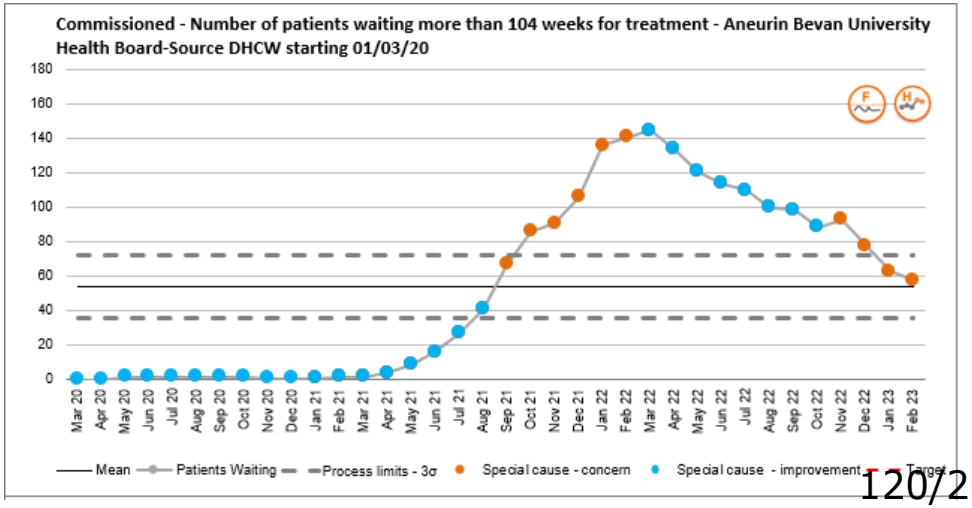
Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks

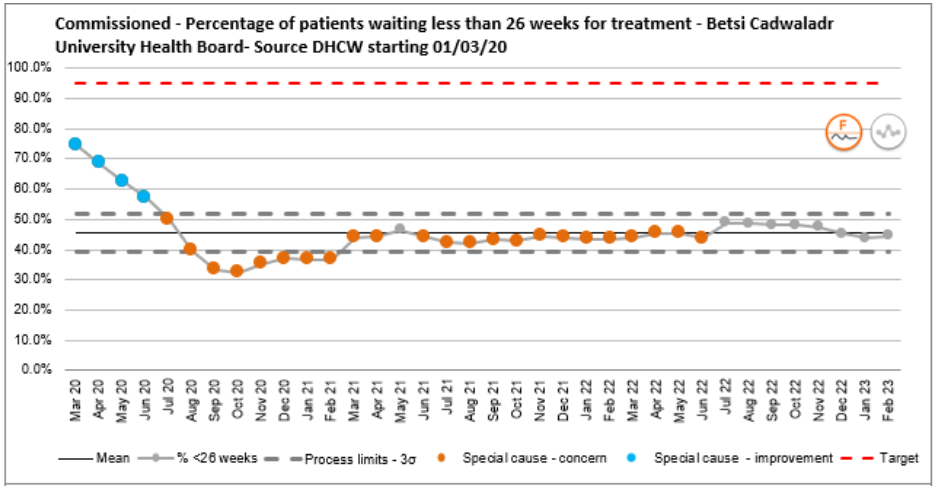


Appendix 1

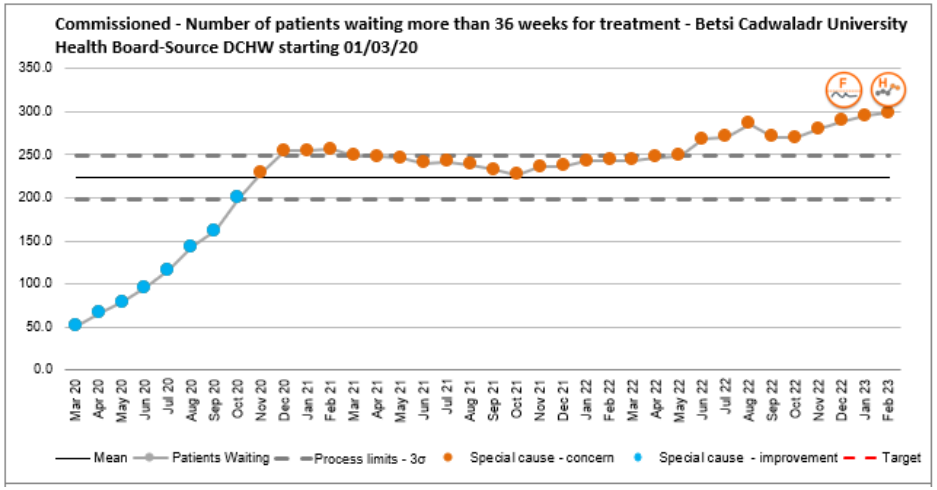
BCUHB February 2023 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	23.6%	16,366	5,085	601
Their actual for all patients (inc. Powys)	55.6%	58,806	10,724	15,423
Powys resident performance	44.4%	299	64	114

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

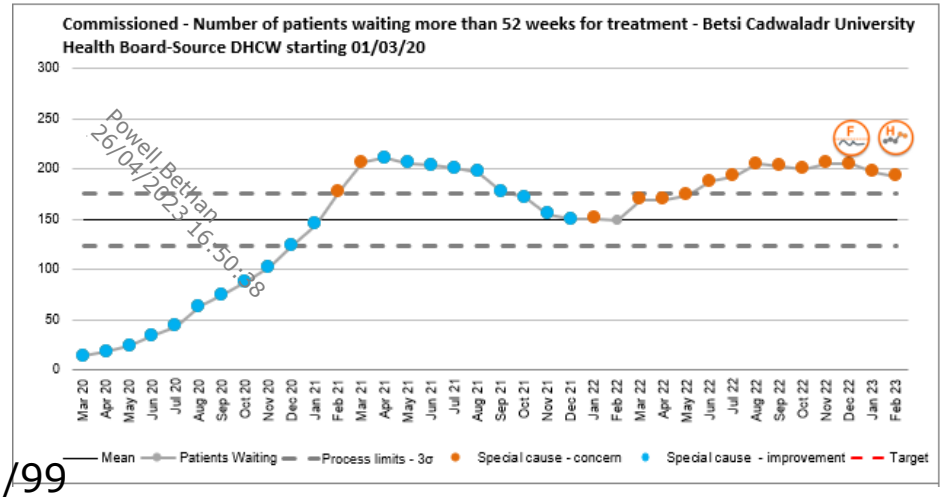
Percentage of RTT pathways <26 weeks



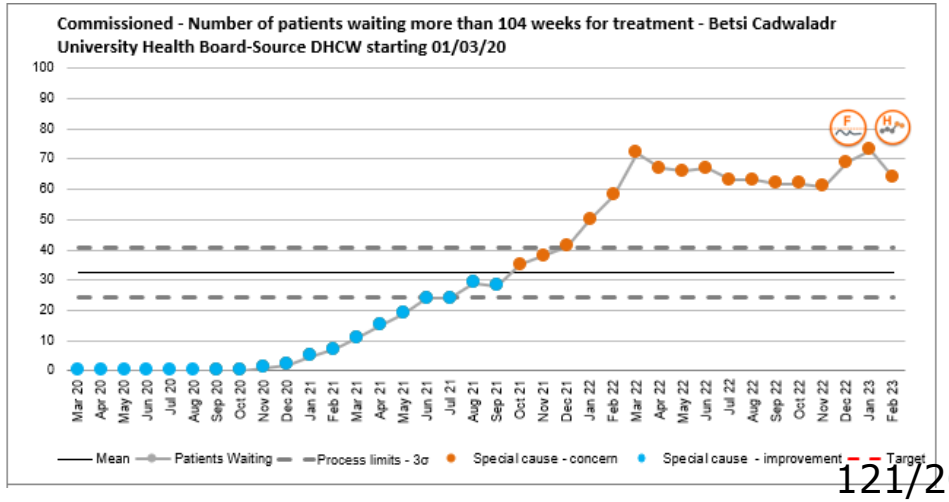
Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks

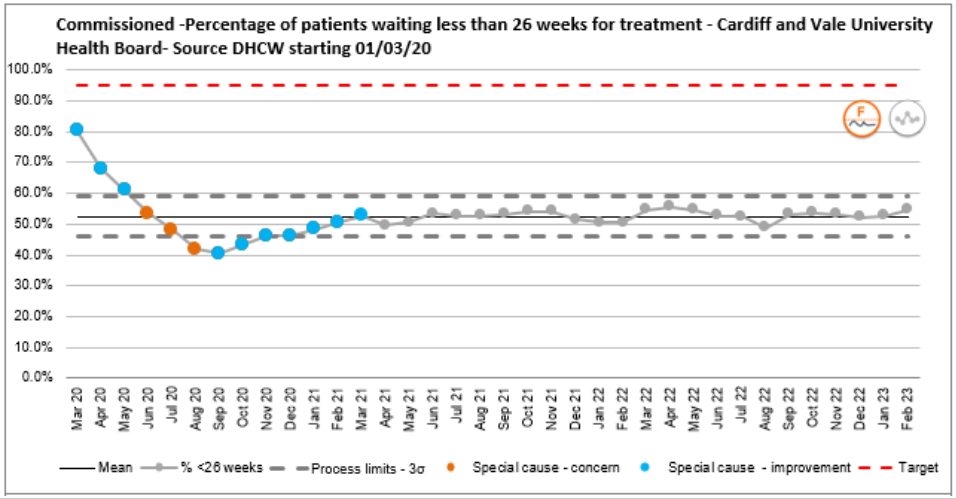


Appendix 1

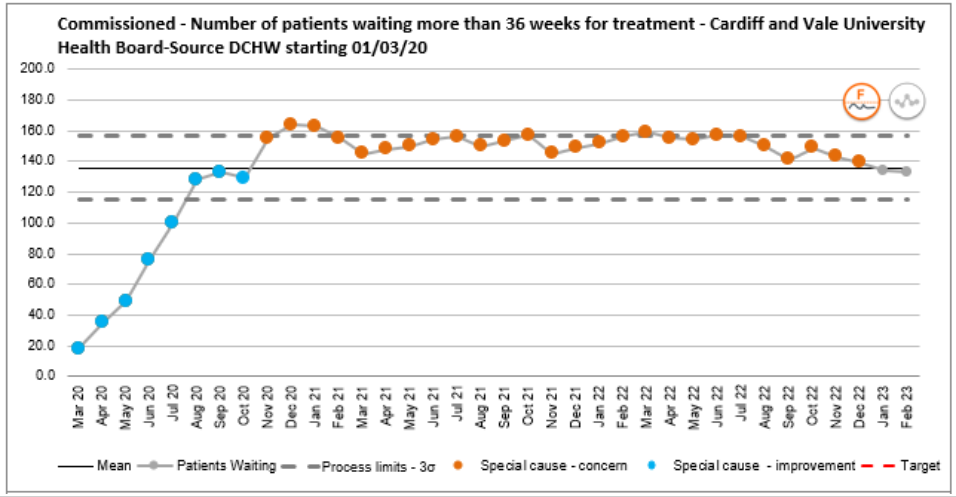
C&V February 2023 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	55%	44,190	3,412	18,484
Their actual for all patients (inc. Powys)	56.9%	39,182	4,185	10,403
Powys resident performance	54.6%	133	27	46

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

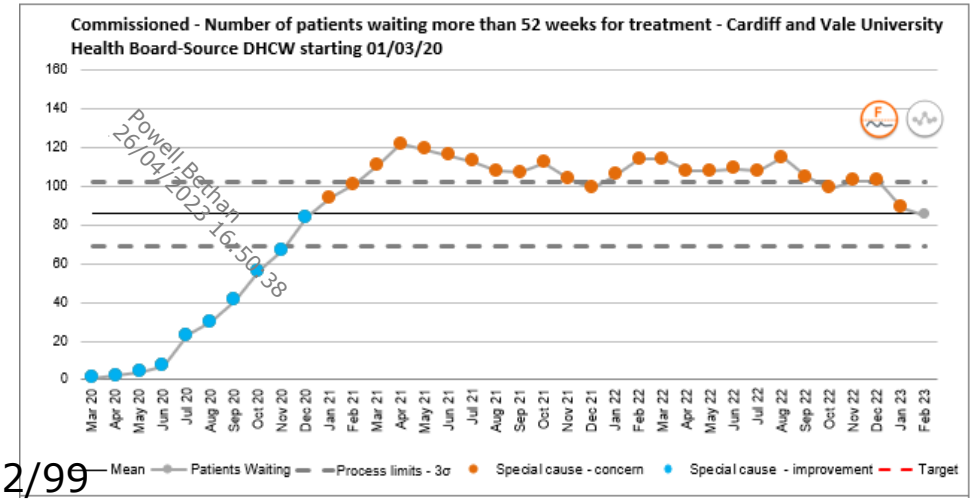
Percentage of RTT pathways <26 weeks



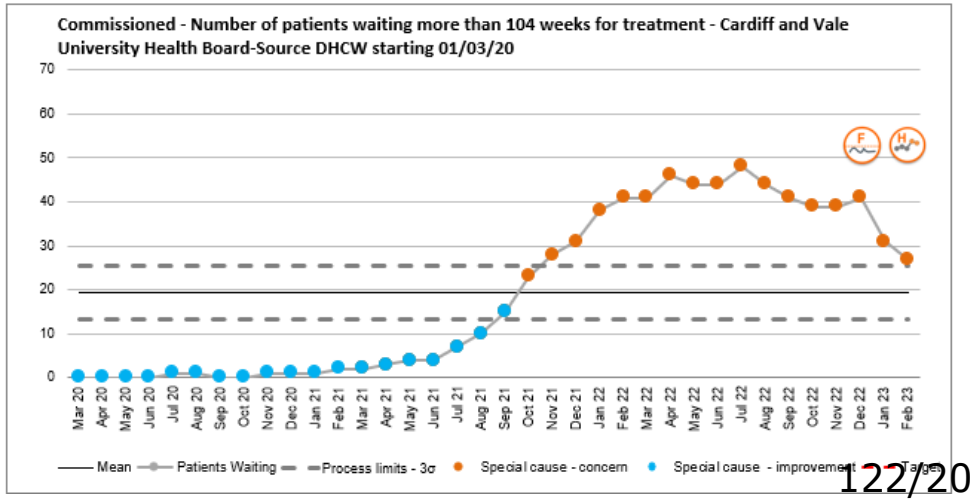
Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks

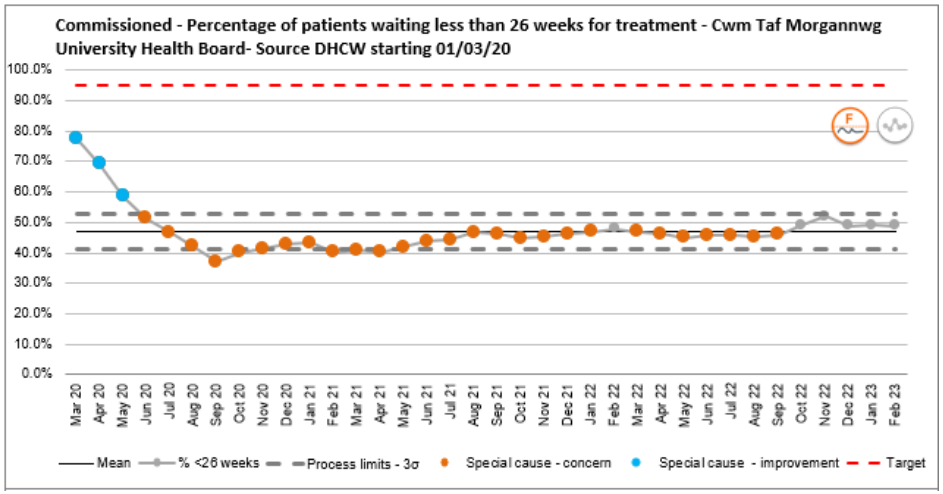


Appendix 1

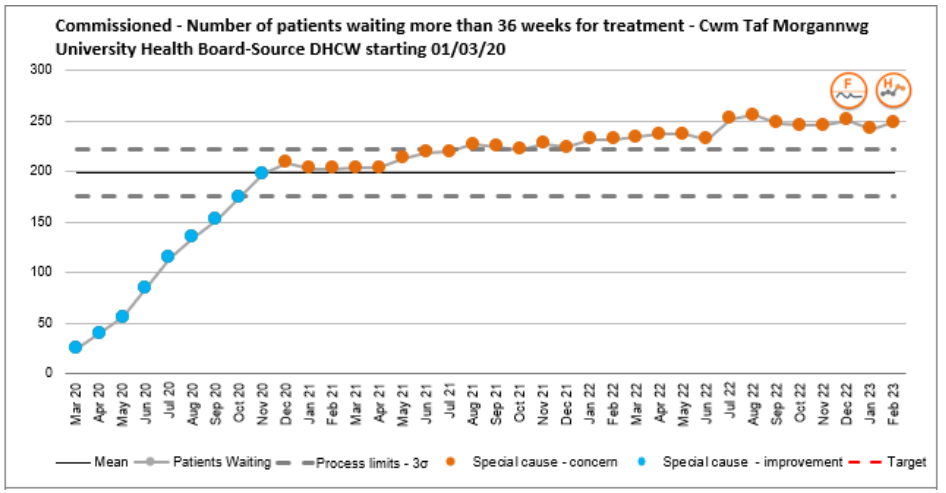
CTM February 2023 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	45%	53,033	13,853	13,421
Their actual for all patients (inc. Powys)	49%	46,888	8,556	17,416
Powys resident performance	48.8%	249	52	51

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

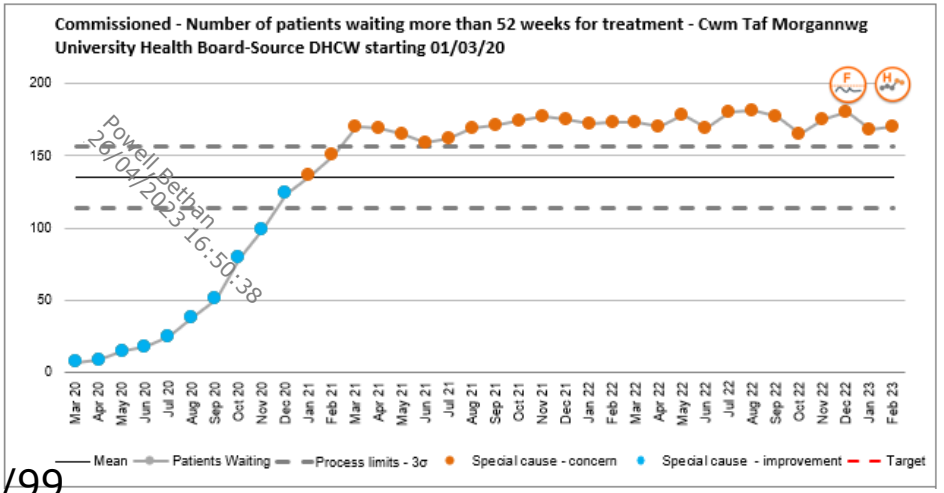
Percentage of RTT pathways <26 weeks



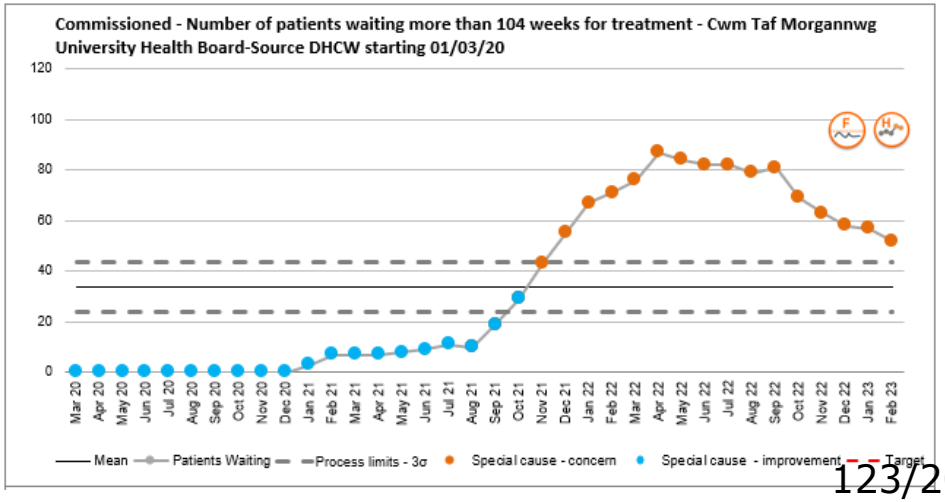
Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks

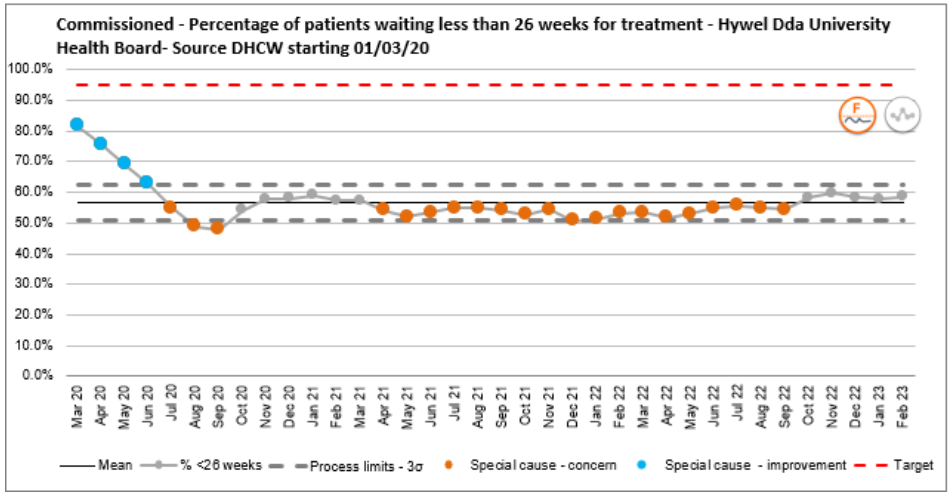


Appendix 1

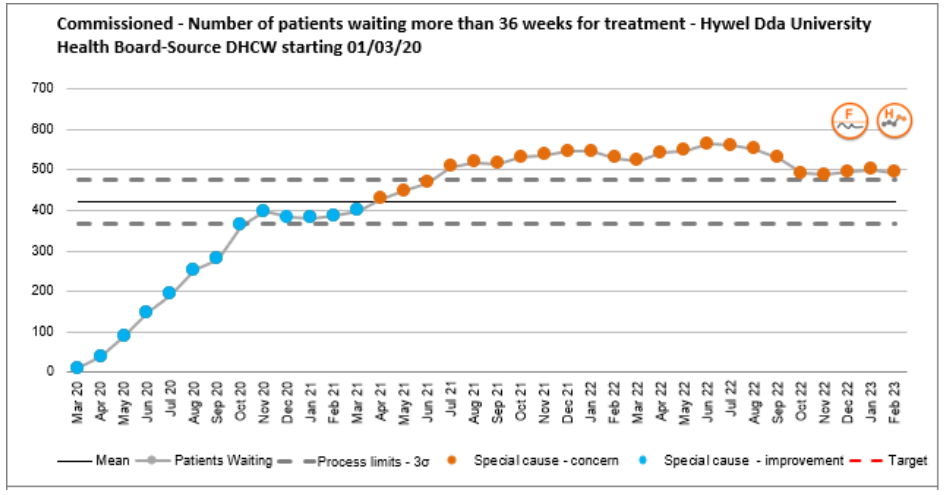
HDUHB February 2023 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	53%	18,607	4429	3104
Their actual for all patients (inc. Powys)	59.3%	28,041	4,113	5,017
Powys resident performance	58.5%	493	74	267

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

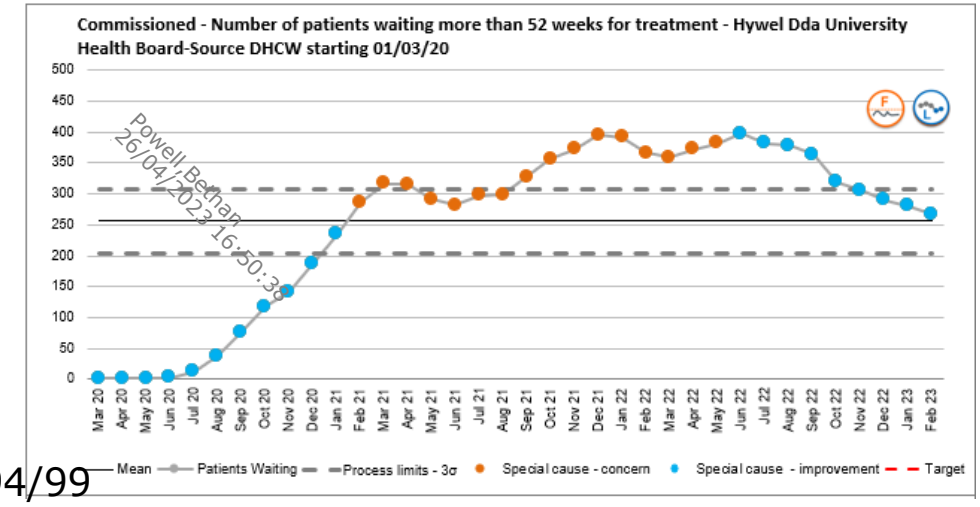
Percentage of RTT pathways <26 weeks



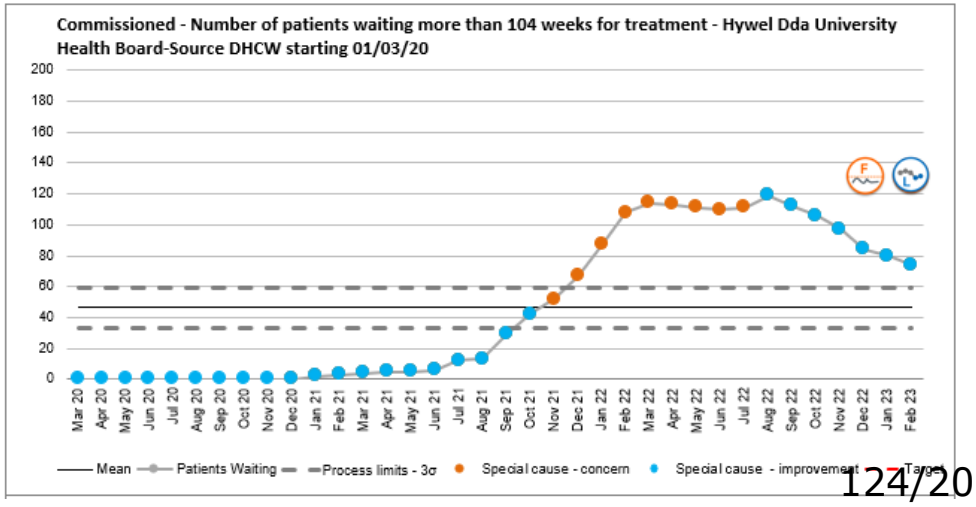
Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks

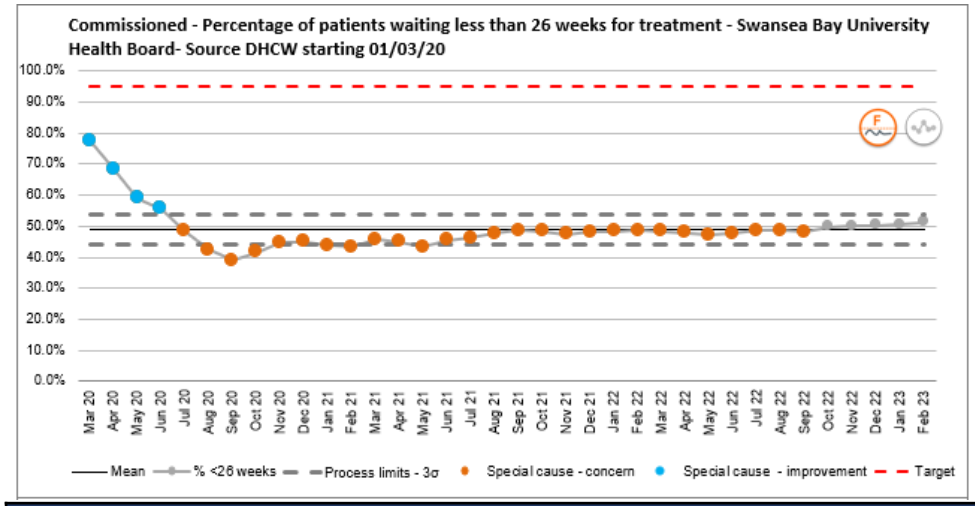


Appendix 1

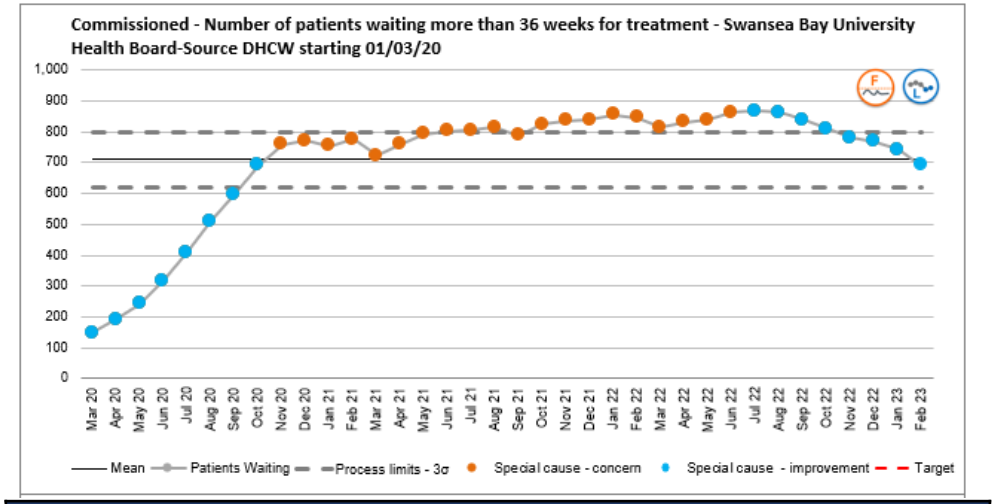
SBUHB February 2023 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	47.4%	43,491	6320	7265
Their actual for all patients (inc. Powys)	56.9%	29,667	6,556	5,281
Powys resident performance	51.2%	692	192	111

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

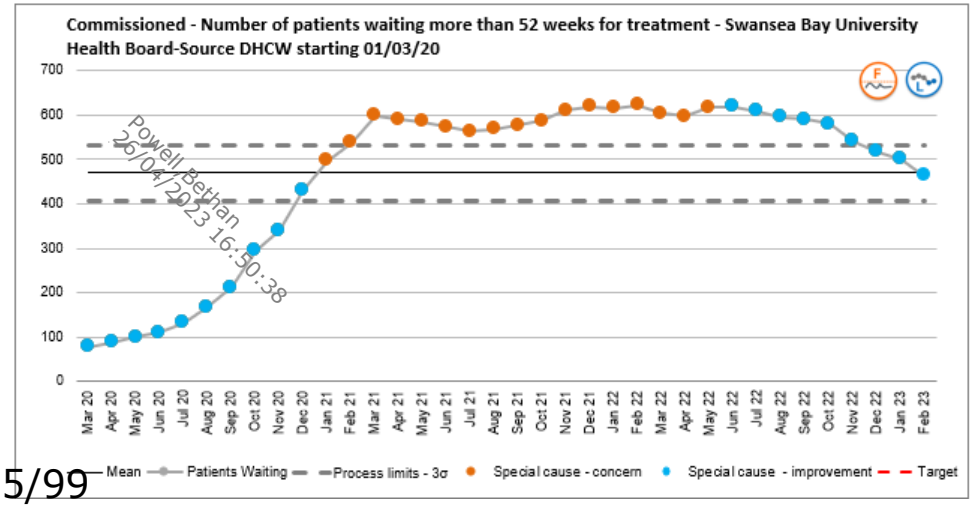
Percentage of RTT pathways <26 weeks



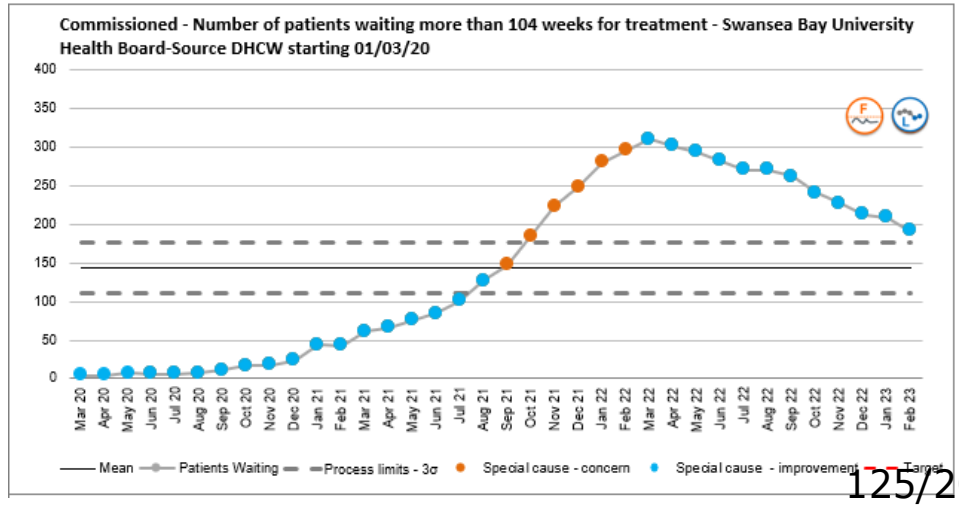
Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks

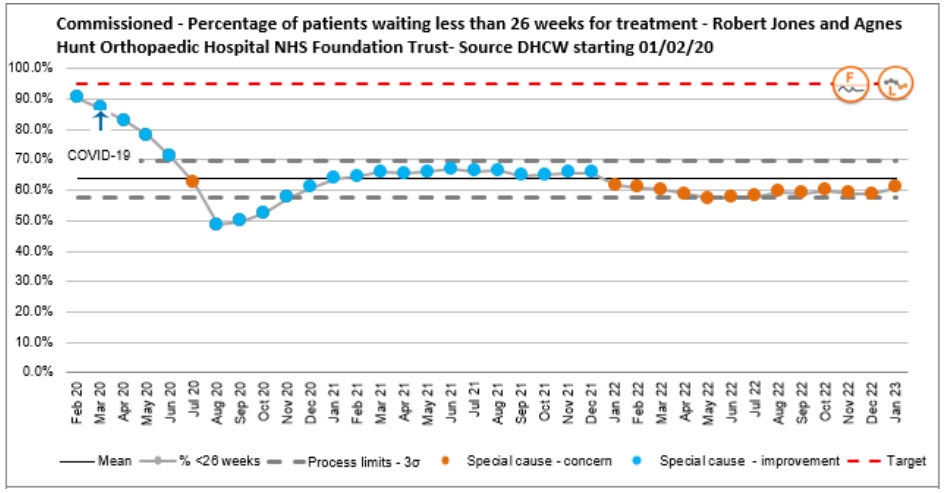


Appendix 1

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

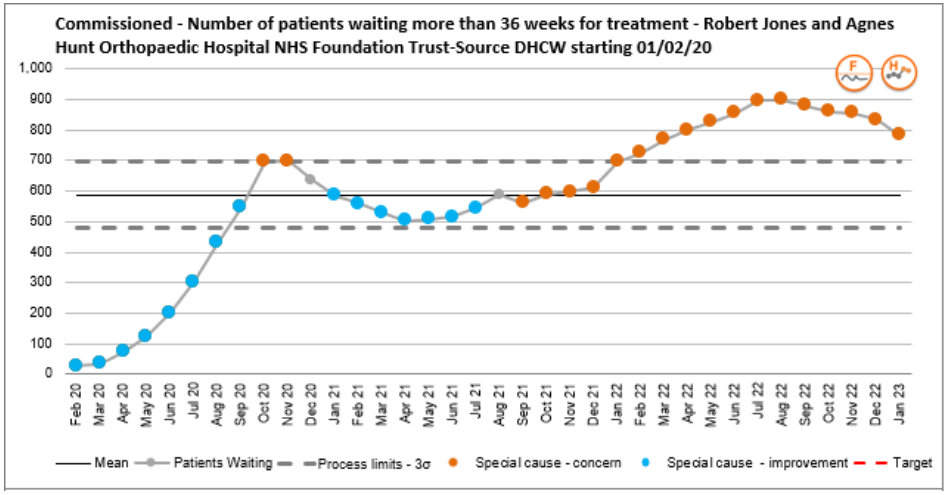
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



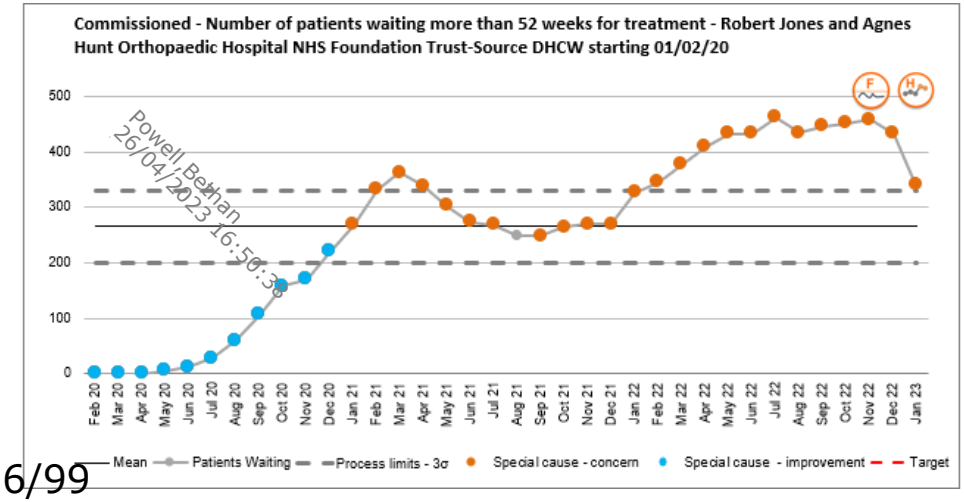
Number of RTT pathways 36+ weeks

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

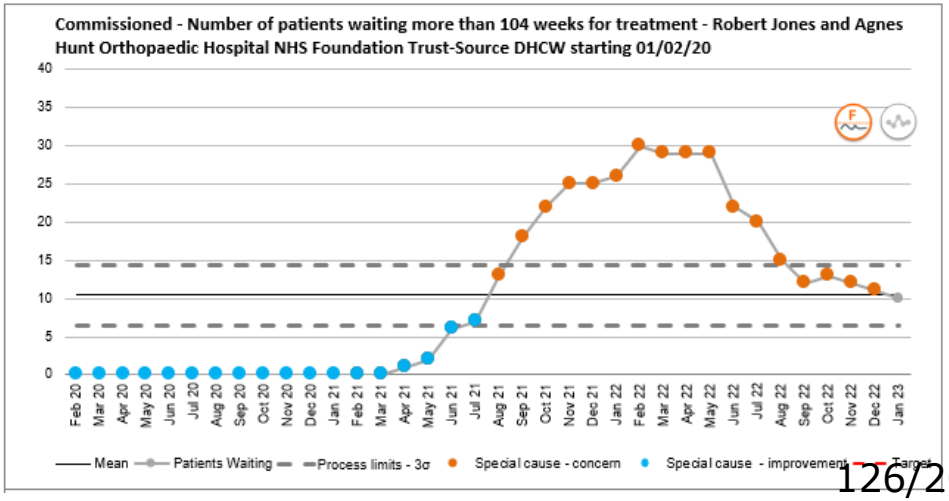


Number of RTT pathways over 52 weeks

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



Number of RTT pathways over 104 weeks

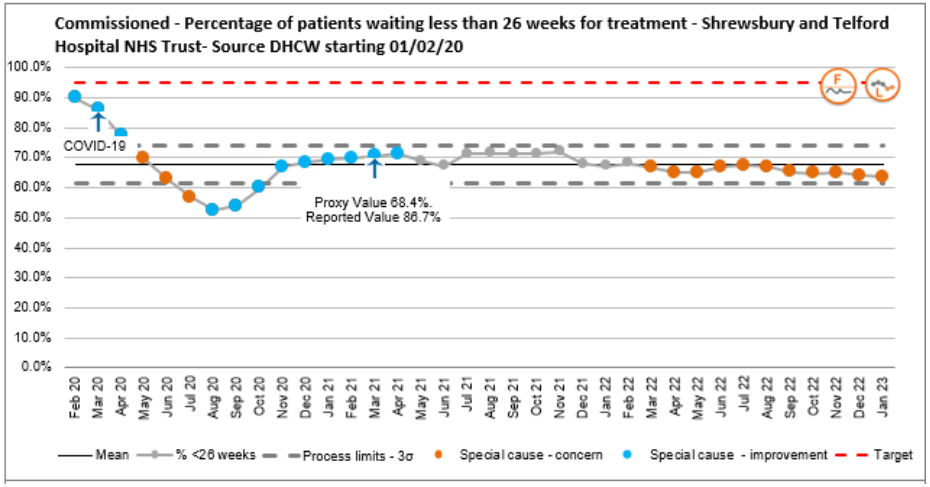


Appendix 1

Shrewsbury and Telford Hospital NHS Trust

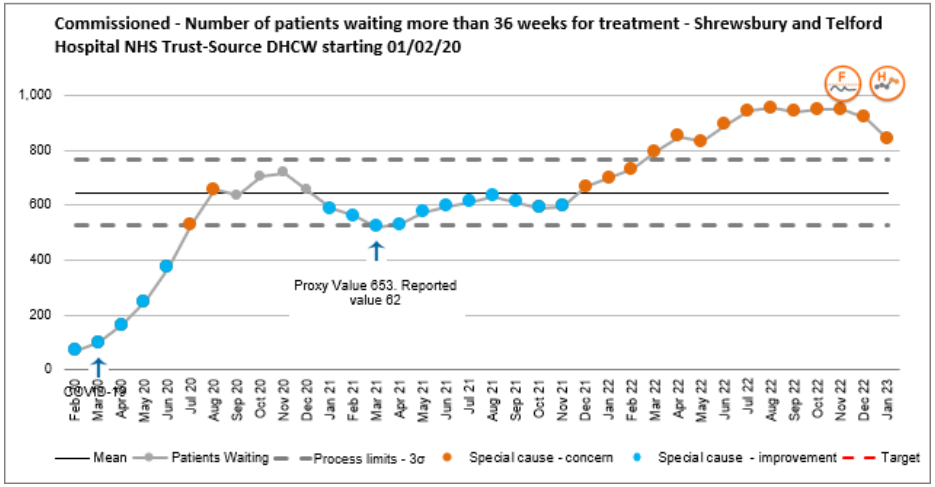
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



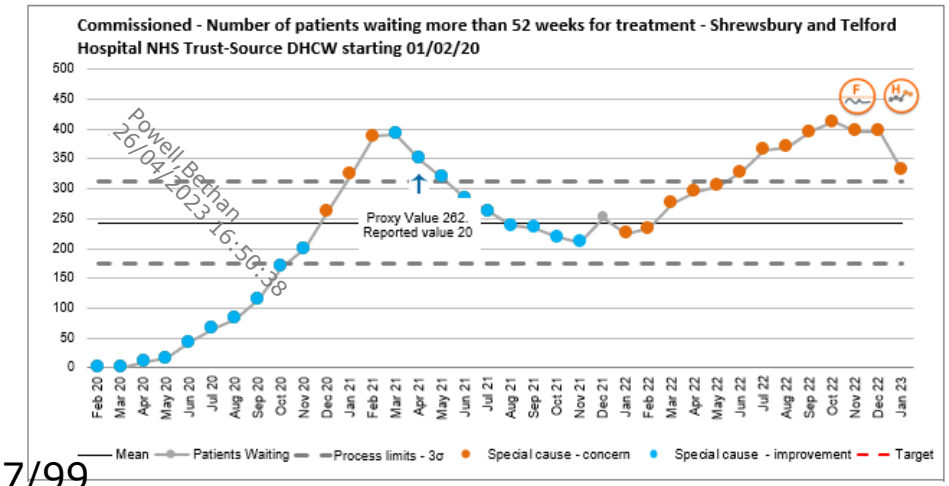
Number of RTT pathways 36+ weeks

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

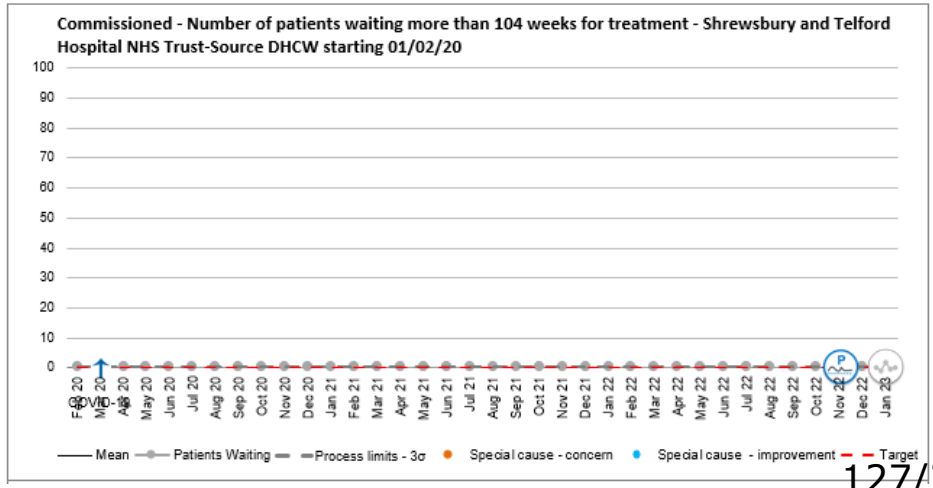


Number of RTT pathways over 52 weeks

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



Number of RTT pathways over 104 weeks

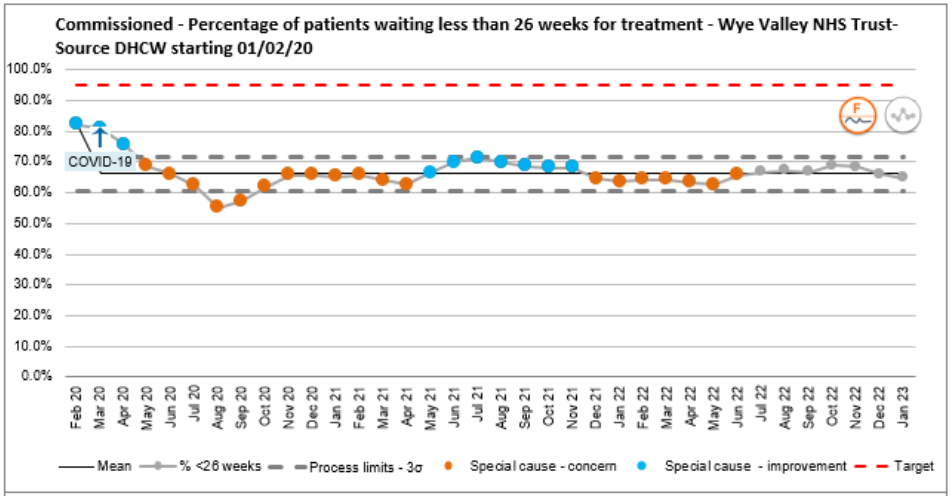


Appendix 1

Wye Valley NHS Trust

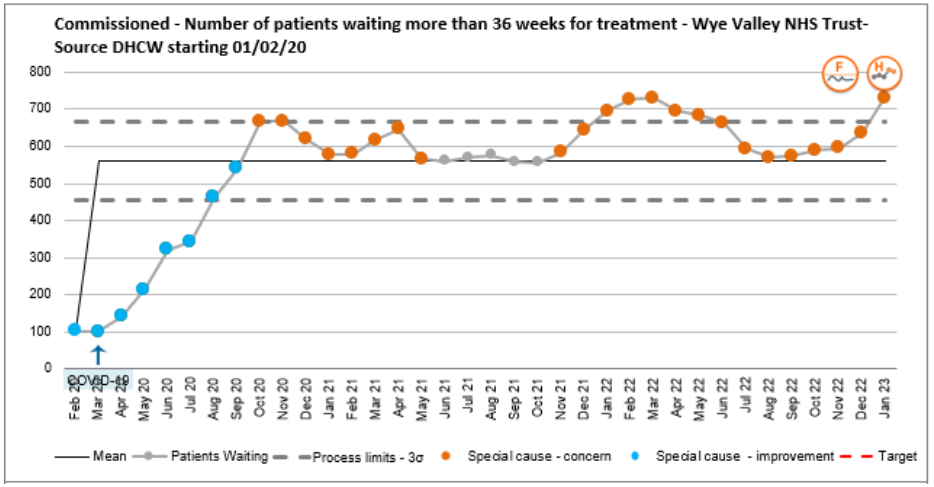
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



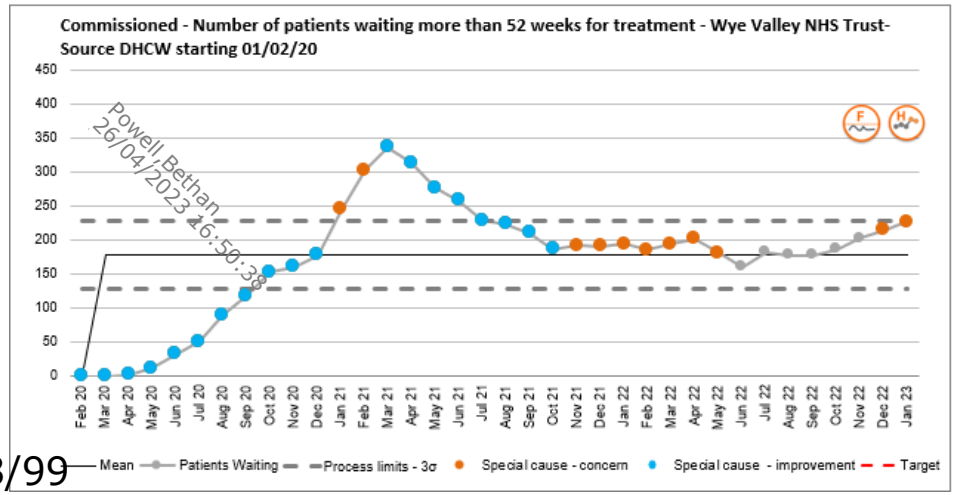
Number of RTT pathways 36+ weeks

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

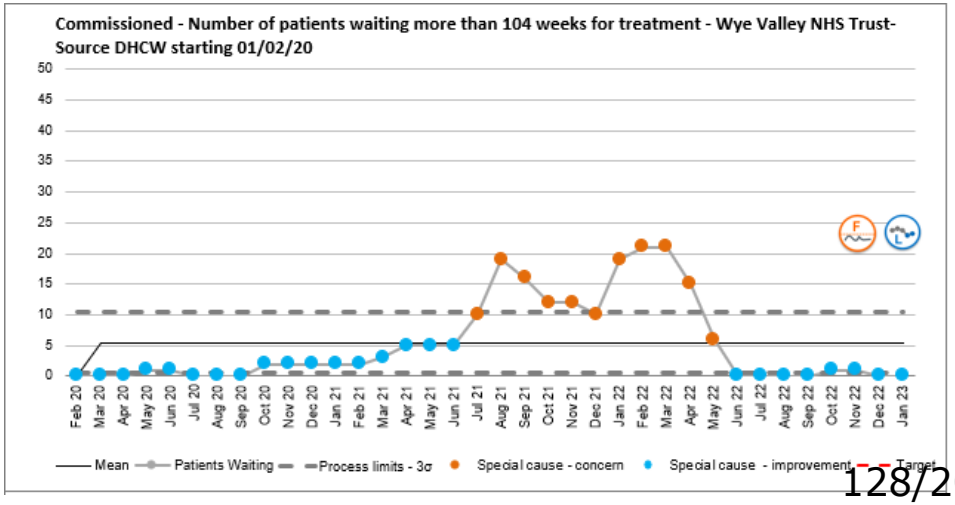


Number of RTT pathways over 52 weeks

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



Number of RTT pathways over 104 weeks

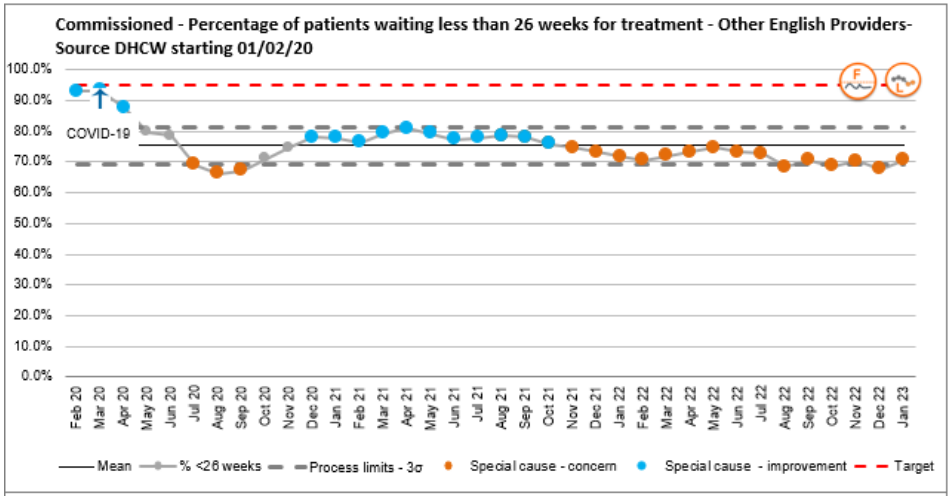


Appendix 1

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

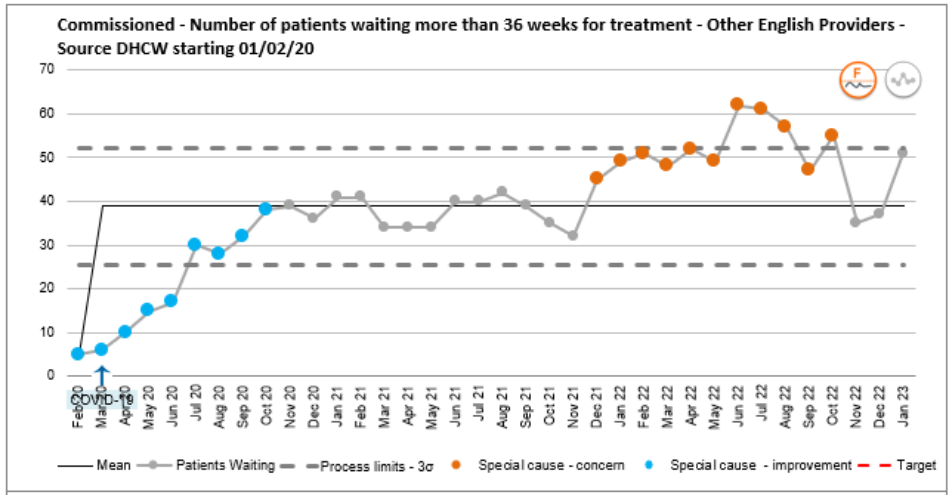
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



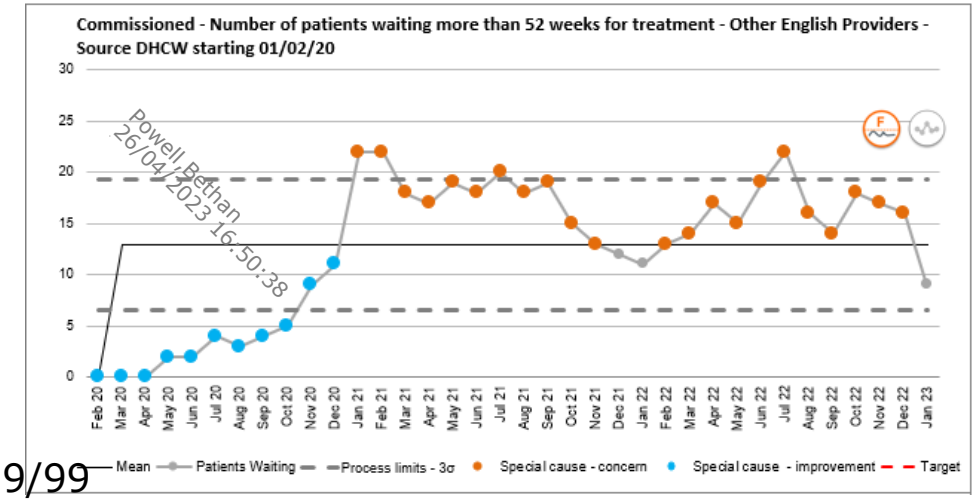
Number of RTT pathways 36+ weeks

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

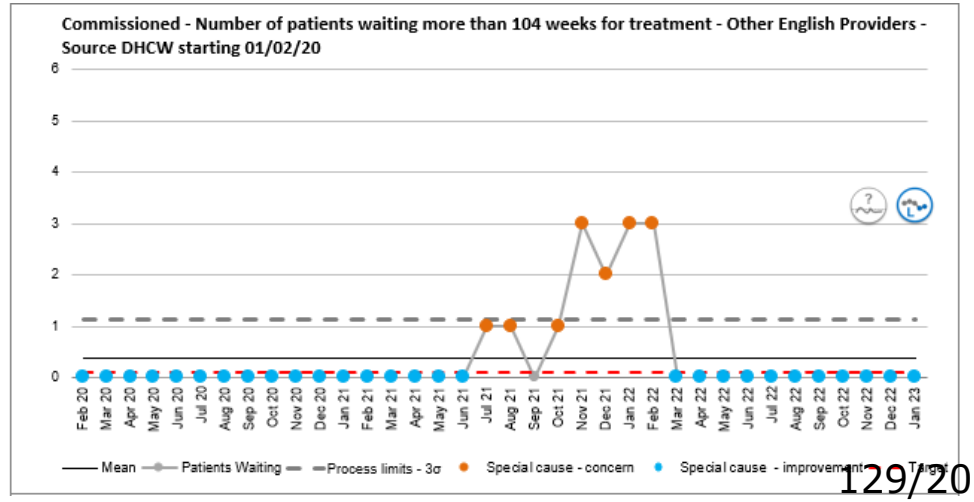


Number of RTT pathways over 52 weeks

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



Number of RTT pathways over 104 weeks



Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.5

Delivery and Performance Committee	**Date of Meeting: 2nd May 2023**
Subject :	**20-22/23 Information Governance Annual Report**
Approved and Presented by:	Pete Hopgood Executive Director of Finance and ICT and Services
Prepared by:	Amanda Smart Head of Information Governance, Records and Data Protection Officer
Other Committees and meetings considered at:	Executive Committee on 19th April 2023

PURPOSE:

The purpose of this report is to provide an overview of the arrangements in place to ensure the health board complies with its statutory obligations in relation to data protection legislation, national frameworks, and good practice. This will include the work undertaken during 2022/2023 and anticipated work for 2023-2024.

RECOMMENDATION(S):

The Delivery and Performance Committee is asked to:

- NOTE the content of this report and work planned for 2023/24
- Take Assurance that the Data Protection Officer (DPO) role is being effectively planned and discharged to provide the Executive Team and Health Board with the appropriate information and assurances regarding compliance with the UK GDPR and Data Protection Act.

Approval/Ratification/Decision	**Discussion**	**Information**
✖	✓	✓

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

EXECUTIVE SUMMARY:

Information Governance is a framework to support the provision of high-quality care and service by promoting effective and appropriate use of information. It covers corporate and clinical information, specifically how the information is held, obtained, recorded, used**,** and shared. It ensures the necessary safeguards for the appropriate use of patient, staff**,** and corporate information. The Information Governance role within PTHB can be divided broadly into six work streams:

- Compliance with Legal and Regulatory Framework
- Advice, Training**,** and assurance
- Records Management (corporate and clinical)
- Information Security
- Audit and Monitoring
- Data Protection Officer (Head of IG)

Compliance with Legal and Regulatory Framework
Compliance with key legislation, such as the (UK)GDPR, the Data Protection Act 2018 (DPA), Environmental Information Regulations (EIR) and Freedom of Information Act 2000 (FOI) is co-ordinated and monitored by the IG Team.

In addition, the Medical Examiner's (ME) function in Wales advised Health Boards, that in order to support their work in improving accuracy of death certificates to enhance Office of National Statistics data and enable doctors to issue the MCCD quickly, the IG Team took on the role of co-ordinating this process and submitting the required information to the ME Service within 72 hours of the death occurring.

The table below shows 2022/2023 statistics and compliance in relation to Access to Information Requests. Please be advised that this report was requested prior to end of the financial year, figures are up to date as of 29 March 2023:

Type of Request	Total number of Requests	Breaches	% Compliance
FOIA	412	93	**77%**
EIR	0	0	**100%**
SAR (living) UK GDPR	465	38	**81%**
Requests for Erasure	3	0	**100%**
Requests for Rectification	2	0	**100%**
AHRA (deceased)	11	1	**91%**
Third Party e.g. Police	63	0	N/A
Medical Examiner Service	108	0	N/A

The main causes for breaches during this last year were:

- Delays caused by staff commitments to provide responses within the time frame**.**
- Delays caused by the IG Team chasing services.
- Increased number of complex requests
- Director delay in approving
- Delay with Head of Service Quality Assurance approval

The legislation is regulated by the Information Commissioner's Office (ICO). The ICO has the power to issue an enforcement notice or monetary penalty should a UK GDPR breach occur. The higher maximum amount is £17.5 million or 4% of the total annual worldwide turnover in the preceding financial year, whichever is higher or the standard maximum if there is an infringement of other provisions, such as administrative requirements of the legislation will apply, which is £8.7 million or 2% of the total annual worldwide turnover in the preceding financial year, whichever is higher.

There is no monetary penalty currently for EIR or FOIA, however during 2022, the ICO's renewed approach to regulating the FOIA, committed them to acting against public authorities with consistently poor performance against responding to FOI requests. This approach is set out in the ICO's new FOI and Transparency Regulatory Manual and strategic plan, ICO25. As PTHB is below the recommended compliance threshold the Team are currently reviewing this document to identify additional work required to mitigate an ICO review.

Datix Incidents (breach reporting)
All incidents with an information governance theme are investigated and scored by the team. Those scoring above the threshold are deemed reportable to the ICO.

The table below shows the number of IG related incidents for this last year:

Personal Data Breaches

Number of PTHB IG Incidents reported	**125**
Number of IG incidents NOT reported within 72 hrs (including non PTHB incidents)	**39**
Non PTHB incidents	**23**
Number of incidents reported to the Information of Commissioner (ICO)	**4**

A reminder to staff around the need to report within the 72 hours was issued via several IG alerts and is now included in all Datix and IG training sessions.

Risk Management:
The Senior Information Risk Owner (SIRO) is responsible for overseeing information risks within the Health Board. The SIRO is supported in this by the IG Team who in turn are working with system owners to populate the Health Board's Information Asset Register (IAR). This may also involve developing policies, procedures and business continuity plans as well as documenting their personal data information flows and conducting regular information risk assessments. The IG and Digital Transformation Team support services in achieving these objectives.

The SIRO and IG Team monitor and report risks through the Risk and Assurance Committee.

Advice, Training and Assurance
The profile of the Information Governance awareness has been raised further this past year. In particularly through

- Digital Governance Board when assuring new and existing systems
- Collaborating with services to identify and develop information sharing agreements,
- Investigating IG related incidents
- Providing tailored training sessions.
- Issuing IG Alerts
- Updating the internal and external webpages
- Providing advice as part of digital transformation
- Better presence in meetings/groups
- Close working relationships with national colleagues throughout Wales and across the border through national groups (IGMAG, HRMAG, WASPI, and DPO Forum).

The average health board training compliance for the Mandatory IG e-Learning training within ESR was 89.41% on 31 December 2022. Figures for Quarter 4 are not yet available until month end. During Quarter 3 a target email exercise was undertaken to remind non-compliant staff to complete this training to help improve compliance rates further.

New Starters: Welsh Government requires that all mandatory training is undertaken within 6 weeks of commencing employment and figures show that on 31 December 2022 85.41% (88 new members of staff) did not complete their IG Training within the required 6-week period. Should an incident requiring notification occur, the Information Commissioner's Office will not look favourably should those staff not undertaken this training.

Records Management
Separate update on the progress with the Records Management Improvement Plan has been submitted.

Migration to SharePoint
The team were one of the first to successfully migrate to SharePoint. This has enabled more secure and efficient practices and encouraged increased collaborative working with other departments.

The team have also actively engaged in utilising Power BI with support from the Digital Informatics team to create in-house databases for FOI and SAR, with a view to roll out the use to all our service functions. The team are collectively also looking at other systems such as SYSaid to support collaborative working and compliance.

Information Security
Digital Governance Board (DGB)**:** DGB are a Group of digital experts that approve the procurement of any local new or existing digital solution to ensure complies with relevant legislation and standards (UK GDPR and NIS Regulations) thus avoiding PTHB being put at un-necessary risk, such as from a Cyber Attack, loss of data, incident/breach of patient's data, fine from the ICO or NCSU.

DGB are currently exploring a central solution to enhance collaborative DGB processes which will in turn assist in improving compliance with the Information Governance and Cyber Security legislation for all new and existing digital systems.

National and Local Programmes: The IG team continues to be involved in a number of high profile National and Local programmes and projects to ensure that the potential incident risk to the health board is low and that we can continue to provide assurance to our key stake holders.

Information Sharing:

National WASPI Code of Conduct:_The Wales Accord of Sharing of Personal Information (WASPI) Code of Conduct (CoC)is a proposed annual assessment that the IG team will be required to complete to provide assurance against information sharing practices. Two members of IG team attended a conference in March 2023 in Cardiff with presentations from the ICO, Welsh Government and other Welsh organisations to discuss WASPI CoC proposal and have started their review of the consultation papers. The consultation closes at the end of April. The forecasted timeline proposes that the CoC will be live from Spring 2024, with planning being undertaken to ensure the IG team has provision to support this assessment going forward.

Local Reviews and Newly Developed Agreements: Over the last 12 months, the team has seen a positive increase in the number of services voluntarily contacting the IG department for support with updating existing, or drafting new, information sharing agreements to support patient care with our external partners. The team has worked closely with services to review existing agreements and confirm if still required to ensure we meet our legislated obligations.

The table below the number of information sharing agreements that have been completed:

Information Sharing

Type of Information Sharing Agreement	**Number of New / Reviewed Agreements**
Data Disclosure Agreements (WASPI)	8
Information Sharing Agreements (Local)	4
Information Sharing Protocols (WASPI)	9
Memorandum of Understanding (local)	5
Other Contract	0
Total for 2022-2023	**26**

Audit and Monitoring:

Wales IG Toolkit for Health Boards and Trusts

The Health Board is required to undertake the NHS Wales Information Governance Toolkit for Health Boards and Trusts and all NHS Wales organisations must complete this to provide assurance that they are practising good data security and that personal information is handled correctly.

The Toolkit platform was replaced with a new supplier for 2022-23 submissions, which has delayed this year's submission. The assessment is now live until 30

June 2023. The IG Team are responding to the assessment questions and sourcing evidence to demonstrate our continued and improved compliance.

As a result of progress made on the Records Management Improvement plan since February 2022, it is anticipated that the toolkit submission will demonstrate a marked improvement in our compliance levels.

An information governance workplan is in place which the team will continue to work to during 2023/24.

National Intelligent Integrated Audit Solution (NIIAS)
NIIAS is a pro-active audit monitoring system which is utilised within NHS Wales and has been in place since 1 July 2017. A report is run weekly by the IG Team to monitor potential inappropriate access of the member of staff's own clinical record or that of a family member (Home relation).

The table below shows the annual figures showing the number of notifications the team have investigated:

Type of Notification	**No. of notifications**
Own Record - 1st offence	12
Own Record - repeated	3
Home Relations (Family) Record - 1st offence	10
Home Relations (Family) Record - repeated	0
Both home relations and own record accessed	0
Notification for Non-PTHB member of staff	0
Total for 2022-2023	**25**

The Future/Development Plans for 2023/24

- Explore ways to progress the IG and Records work plans to support the Digital Strategy;
- Post EU Exit – GDPR become UK GDPR in name and statute in 2021. The IG team will continue to amend references to GDPR in all relevant documents and Privacy Notices;
- Target and progress the Information Asset Register;
- Continue to explore ways to further improve compliance against UK GDPR, DPA 2018 and FOIA;
- Work with services to improve compliance with IG mandatory e-learning;
- Enhance networking both internally and externally;
- Continue to identify existing agreements to ensure that PTHB is compliant. There will be reviews required for agreements where PTHB is also a partner organisation as part of this wider project, which will involve external collaboration with emergency services, local authorities and third sector organisations;
- Through recent appointment of designated IG resource to support the provision of the Electronic Prescribing Medicines Administration Project (ePMA) and work to support the implementation of this project; and

- Strengthen the process for IG related risks to ensure they are visible to the Information Governance function to ensure the level of severity is known and to ensure this is accurately reflected where applicable on related Risk Registers.

Maintaining the focus

The IG team will continue to re-enforce key messages and guidance about keeping information safe and secure, in reporting and learning from incidents and only sharing information that is necessary and appropriate. We are committed in ensuring that the health board maintains public and patient confidence in the way that we handle health and staff information. Our Privacy Notice will continue to be reviewed and updated to ensure compliance with the latest Data Protection legislation.

The Data Protection Officer (DPO) is responsible for ensuring that the application of data protection and confidentiality legislation is consistently observed, and any weaknesses in current practices are identified and remedied where possible. In 2018 the Health Board successfully implemented the General Data Protection Regulation and Data Protection Act (2018), alongside existing Confidentiality obligations. Since this time, the DPO has provided data protection advice across the Health Board. Common themes include clarity around internal and cross-organisational information sharing and assessing privacy risks. Updates and issues are discussed regularly with the Health Board's Medical Director/Caldicott Guardian and Senior Information Risk Owner (SIRO).

As Data Protection Officer the expectation is to see on-going maturity of the IG and Records Management Improvement Plans alongside clear IG and Records Strategy/obligations'.

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

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item:

Delivery and Performance Committee	**Date of Meeting: 2 May 2023**
Subject:	**CORPORATE RISK REGISTER (Relevant to the committee)**
Approved and Presented by:	Director of Corporate Governance and Board Secretary
Prepared by:	Director of Corporate Governance and Board Secretary Interim Corporate Governance Manager
Other Committees and meetings considered at:	Executive Committee, 8 March 2023 Board, 29 March 2023

PURPOSE:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the May 2023 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Committee. This copy of the Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on 29 March 2023.

The Committee is asked to **consider** the corporate risks within the committee's remit, discuss any relevant issues and take **assurance** that risks are being managed in line with the Risk Management Framework.

The Committee is asked to **note** that risk CRR 009 (Cyber Security) has been circulated separately to Committee Members, due to the confidentiality of its content.

Approval/Ratification/Decision	Discussion	Information
✓	✓	

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

EXECUTIVE SUMMARY:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

BACKGROUND AND ASSESSMENT:

The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder. The CRR is reviewed by the Executive Committee on a bi-monthly basis and is noted by the Board.

The Committee is asked to DISCUSS the risks relating to Delivery and Performance Committee and the risk targets within the Committee Based Risk Register, and to CONSIDER whether the targets identified are achievable and realistic.

The full Committee Risk Register is attached at **Appendix A.**

NEXT STEPS:
The group will lead the ongoing development of Delivery and Performance risks as set out above. An updated version of the Corporate Risk Register is due to be presented to the Board on 24th May 2023.

Delivery and Performance Committee
(2nd May 2023)
Committee Based Risk Register

COMMITTEE RISK HEAT MAP

There is a risk that...

Private Risk (Circulated to Members only)		• A cyber-attack results in significant disruption to services and quality of patient care						
Impact	**Catastrophic**	**5**				• **The health board fails to manage its financial resources in line with statutory requirements** • **The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens**		
	Major	**4**			• **A significant public health event/emergency impacts on provision, continuity and sustainability of services**	• **The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities** • **the care provided in some areas is compromised due to the health board's estate being not fit for purpose**	• **Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens**	
	Moderate	**3**						
	Minor	**2**						
	Negligible	**1**						
			1	**2**	**3**	**4**	**5**	
			Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**	
			Likelihood					

COMMITTEE RISK DASHBOARD

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/×	Lead Board Committee	Risk Impacts on
DFIIT	CRR 001	**Financial Sustainability**	The health board fails to manage its financial resources in line with statutory requirements	**4 x 5 = 20**	Cautious	8	×	Delivery and Performance	Organisational Priorities underpinning all WBOs
DFIIT	CRR 002	**Financial Sustainability**	The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities	**4 x 4 = 16**	Cautious	8	×	Delivery and Performance	Organisational Priorities underpinning all WBOs
DPCCMH	CRR 004	**Safety**	The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	**4 x 5 = 20**	Averse	12	×	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPP	CRR 005	**Quality**	Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens	**5 x 4 = 20**	Minimal	12	×	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/×	Lead Board Committee	Risk Impacts on
DFIT	CRR 009	**Performance and Service Sustainability**	A cyber-attack results in significant disruption to services and quality of patient care	PRIVATE RISK - CIRCULATED TO MEMBERS ONLY				Delivery and Performance	Loss of systems and impact to recovery timescales
DoE	CRR 010	**Quality**	The care provided in some areas is compromised due to the health board's estate being not fit for purpose	**4 x 4= 16**	Minimal	9	×	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPH	CRR 011	**Performance and Service Sustainability**	A significant public health event/emergency impacts on provision, continuity and sustainability of services	**3 x 4 = 12**	Cautious	12	✓	Delivery and Performance	Health and wellbeing of the population

KEY:

Risk Appetite Descriptors and Categories

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

Executive Lead:	
CEO	Chief Executive
DPCCMH	Director of Primary, Community Care and Mental Health
DoNM	Director of Nursing and Midwifery
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director Public Health
DWOD	Director of Workforce and OD
DoTHS	Director of Therapies and Health Sciences
DPP	Director of Planning and Performance
BS	Board Secretary
DoE	Director of Environment

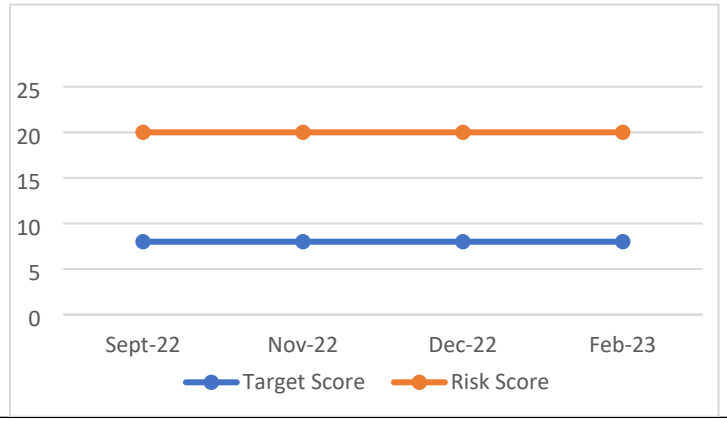
Risk Scoring

LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25

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

CRR 001 **Risk that:** the health board fails to manage its financial resources in line with statutory requirements	**Executive Lead:** Director of Finance, Information and IT **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning all WBOs	**Date last reviewed:** February 2023

Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8 **Date added to the risk register** Risk Updated September 2022		**Rationale for current score:** ▪ The IMTP included a balanced core financial plan including a balanced recurrent position. ▪ Non recurrent Funding assumed at risk for local COVID response costs and exceptional national pressures in year. This will impact on the underlying position. ▪ Deficit forecast of £7.5m for 2022/23 and an underlying deficit of £18.6m reported at month 10. ▪ Financial planning for 2023/24 has identified that the THB will have a significant deficit. ▪ The THB forecasts that it can manage its capital expenditure within the capital allocation.

Controls (What are we currently doing about the risk?)	**Mitigating actions (What more will we do?)**		
▪ Balanced Financial Plan included in IMTP Submission. ▪ Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance. ▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks ▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making). ▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward ▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery.	**Action**	**Lead**	**Deadline**
	Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	Structure realignment completed
	Financial Plan for 2023/24 being developed, including robust assessment of cost pressures and establishment of saving schemes.	DFIIT	Underway
	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.	DFIIT / MD	Established

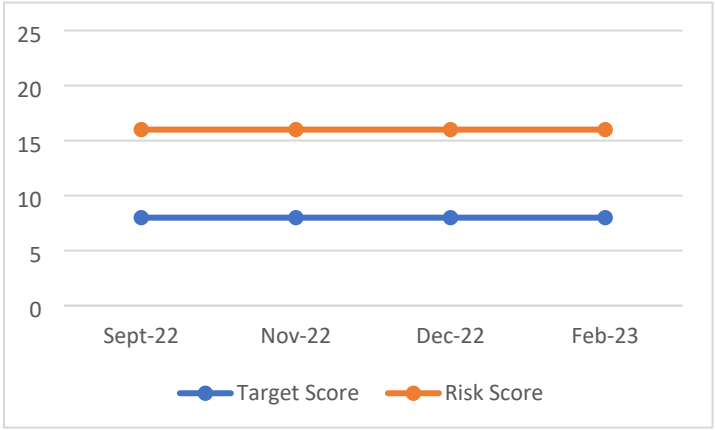
▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach. ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position. ▪ Additional control - Finance and Performance Group established as sub-group of Executive Committee. Initial focus on savings and opportunities.			
Current Risk Rating	**Update including impact of actions to date on current risk score**		
4 x 5 = 20	Finance and Performance Group in place from September 2022 focussing on opportunities in each Directorate to be developed in addition to continuing focus on key areas such as CHC, variable pay and contracting.		

CRR 002 **Risk that:** the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities	**Executive Lead:** Director of Finance, Information and IT **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning all WBOs	**Date last reviewed:** February 2023

Risk Rating

(likelihood x impact):
Inherent: 4 x 5 = 20
Current: 4 x 4 = 16
Target: 2 x 4 = 8

Date added to the risk register
September 2022



Rationale for current score:

- Forecast deficit of £7.5m for 2022/23 and overspend of £ 6.4m at month 10 indicates that resources are being consumed above planned and allocated levels (IMTP Financial Plan).
- Lack of data re Patient Outcome and Experience to support understanding.
- Value Based Healthcare approach introduced, but not yet ~~fully~~ embedded into financial plan and budget allocation fully.
- Value Board established and key action is to develop the Health Board approach to PROMs and PREMs (to measure patient experience and outcomes) to inform future resource allocation.
- PTHB is working with national groups to ensure that dashboards show a resident health board position, including English flows, rather than a Welsh provider position, so that they are reliable for corporate decision making in Powys.
- Nationally the PROMS and PREMS electronic platforms have been procured separately. The platform for patient experience is in place, but does not have all the necessary functionality for PROMS collection and analysis.

Controls (What are we currently doing about the risk?)

- Value Board established (report via Transformation and Value Group) and reporting into Executive Committee.
- Value approach embedded in IMTP focused on outcome, experience and cost.
- Organisational position in relation to PROMs and PREMs (to inform resource allocation and actions) approved in principle by Executive Committee, based on EQ5DL for PROMS, overlaid with condition specific outcomes.
- CIVICA in place for the collection of patient experience.

Mitigating actions (What more will we do?)

Action	Lead	Deadline
Action as identified in Value Group Workplan including approach to developing PROMs and PREMs.	AD T&V	Ongoing.
Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.

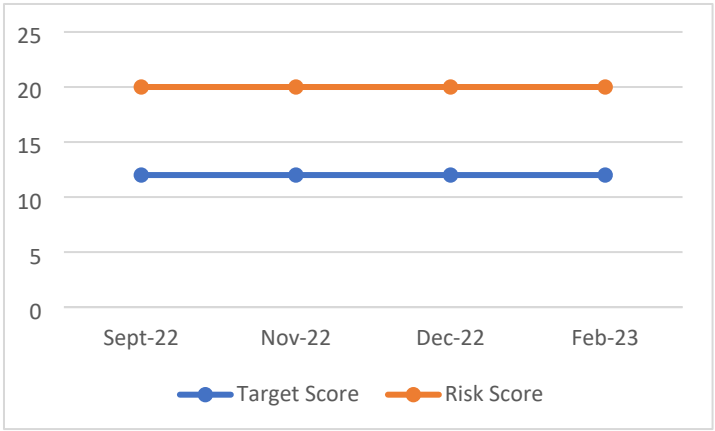
▪ PROMS Group established to assist with technical implementation of PROMS. Value Opportunities Group established. ▪ Interventions Not Normally Undertaken Group established. ▪ Information and Data Dashboards under development to inform reporting re outcomes and experiences, with work undertaken to ensure national dashboards are amended to show resident health board position including English patient flows. ▪ Accelerated Sustainable Model Programme in place with Discovery Report completed, embedding value approach, to help guide prioritisation and resource allocation for maximum value impact. ▪ Approach agreed with WOAD and Programme Board to develop and embed organisational understanding of value from induction through to leadership development. ▪ Series of Getting It Right First Time Reviews completed with implementation underway. ▪ Full Board involvement in development of priorities and financial plans for 2023/24.	Continue to progress work on the Accelerated Sustainable Model including Design and Delivery phases.	Execs and ADTV	23/24
Current Risk Rating	**Update including impact of actions to date on current risk score**		
4 x 4 = 16	N/A		

CRR 004 **Risk that:** the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	**Executive Lead:** Director of Primary Care, Community and Mental Health Services **Assuring Committee:** Delivery and Performance Committee
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4	**Date last reviewed:** February 2023

Risk Rating

(likelihood x impact):
Inherent: 4 x 5 = 20
Current:4 x 5 = 20
Target: 3 x 4 = 12

Date added to the risk register
September 2022



Rationale for current score:

- Fragility and rising demand on the unscheduled care system, including 111, GP In and Out of Hours, WAST response times, delays and pressures within the acute system. This includes delays in discharges and flow from acute and community hospital settings. This leads to an impact/effect on the quality of timely care provided to patients, delays in care and poorer outcomes, increased incidents of a serious nature relating to handover delays at the Emergency departments front door and delayed ambulance response to community emergency calls, increasing pressure on adverse patient experience, reduction in stakeholder confidence and increased scrutiny from regulators.
- Planned industrial action and potential impact on the urgent and emergency health system capacity to meet demand and timely response for care.
- Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds.
- Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost.

Controls (What are we currently doing about the risk?)

- Daily management system in place to manage patient flow including multiple daily local and national calls.
- Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos.

Mitigating actions (What more will we do?)

Action	Lead	Deadline
▪ Operational delivery of Winter Plan	DPCCMH	Ongoing
▪ Daily operational management of patient flow	DPCCMH	Ongoing

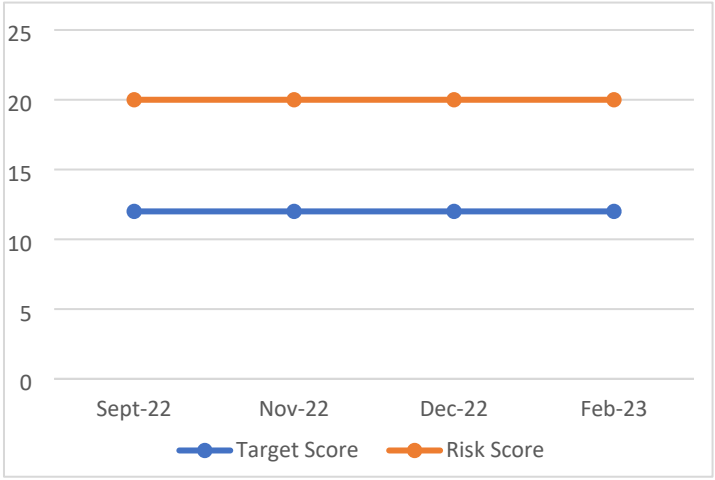
▪ Regular reviews of long stay patients in community hospitals to reduce average length of stay. ▪ Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team. ▪ Review of urgent care team arrangements, with exploration of a business case to advance capacity of Discharge Liaison officers. ▪ Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys. ▪ Bed escalation plans activated to support the national programme of 1000 extra community care beds across Wales by end of October 2022 (within limits of staffing availability). ▪ Care Home risk and escalation plans to support care home capacity. ▪ Social care fragility and delays – regular attendance at Head of Service level to Delivery Coordination Group and escalated discussions at Director and CEO level. ▪ Delivery Coordination Group in place to manage operational delivery across whole system. ▪ Winter Plan developed to manage whole system pressures. Urgent review of escalation options in development between health and social care to increase community care capacity and to reduce delays. ▪ Industrial action command and control structure in place to manage service impact and to minimise disruption to services.	▪ Delivery Coordination Group in place to improve performance and delivery at a system level. ▪ System escalation including senior officer daily review and weekly Gold level oversight. ▪ Review of Complex Care arrangements in place to improve system improvements and to reduce delays. ▪ Transformational development of urgent care system (6 Goals) including 1000 beds and focus on handover delays ▪ Urgent escalation plan in development to secure additional system impact to improve community care capacity and flow. ▪ Industrial action management plans in place, coordinated and reporting at bronze, silver and gold levels.		December 2022
Current Risk Rating	**Update including impact of actions to date on current risk score**		
4 x 5 = 20	N/a - new risk September 2022		

CRR 005 **Risk that:** inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens	**Executive Lead:** Director of Planning and Performance **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4	**Date last reviewed:** February 2023

Risk Rating

(likelihood x impact):
Inherent: 5 x 4 = 20
Current:5 x 4 = 20
Target: 3 x 4 = 12

Date added to the risk register
Risk Updated December 2022



Rationale for current score:
Baseline as at end of September 2022 indicates current aggregated waiting times as follows (including PTHB provided services):
5,194 patients waiting over 36 weeks, of these 2,795 are waiting over 52 weeks of those 668 wait longer than 104 weeks.

Validated position: at end December 2022 in NHS Wales commissioned service providers, 543 Powys residents waiting > 104 weeks; 1092 Powys residents waiting 53-104 weeks.
At end of November 2022 in NHS England commissioned service providers, 13 Powys residents waiting > 104 weeks; 1062 Powys residents waiting 53-104 weeks.

A number of patients are not getting treatment within published access standards. There is the potential risk of and harm for patients with excessive treatment waiting times.

If urgent and emergency care pressures lead to the invoking of the NHS Local Options Framework, planned care will be reduced/suspended resulting in further delays to treatment.

Controls (What are we currently doing about the risk?)

- Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand both year end position 2022/23 and for 2023/24 (latter with reference to NHS Wales Planning Framework 2023-26 access target requirements by June 2023; and NHSE access target requirements by March 2024).
- Medinet contract extended – proposals being developed to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys.

Mitigating actions (What more will we do?)

Action	Lead	Deadline
Secure performance improvement trajectories from providers.	DPP	Jan 2023
Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement	DPP/ DOF	Jan 2023

▪ Identify key priorities to deliver elective treatments within ministerial access targets. ▪ Implementation of Integrated Performance Framework. ▪ Ongoing scrutiny and oversight through CQPR meetings utilising Commissioning Assurance Framework with escalation through monthly ICAM meetings and through Integrated Performance Report. ▪ Provider issue summary and fragile services log. ▪ Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers. ▪ Ensure Powys residents are included in the activity being sourced through the West Midlands Mutual Aid hub.	trajectories in light of 22/23 guidance published for planned care recovery.		
Current Risk Rating	**Update including impact of actions to date on current risk score**		
5 x 4 = 20	Improved performance experienced within NHS England commissioned service providers; improvement not being experienced in NHS Wales commissioned service providers creating inequity of access for Powys residents.		

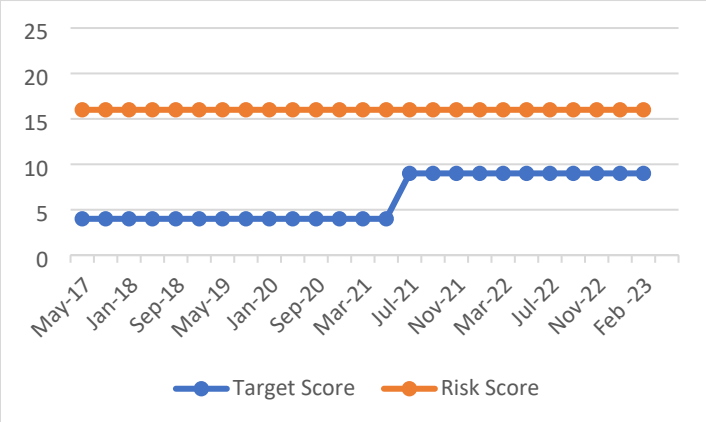
CRR 009 **Risk that:** a cyber-attack results in significant disruption to services and quality of patient care	**Executive Lead:** Director of Finance, Information and IT **Assuring Committee:** Delivery and Performance **Date last reviewed:** February 2023
PRIVATE RISK – CIRCULATED TO MEMBERS ONLY	

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

Risk Rating

(likelihood x impact):
Inherent: 4 x 5 = 20
Current: 4 x 4 = 16
Target: 3 x 3 = 9

Date added to the risk register
January 2017



Rationale for current score:

- **Estates Compliance**: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required.
- **Capital:** the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk.
- **Environment & Sustainability**: NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 with challenging targets with limited resource.

Controls (What are we currently doing about the risk?)	Mitigating actions (What more will we do?)		
ESTATES	**Action**	**Lead**	**Deadline**

▪ Specialist sub-groups for each compliance discipline ▪ Risk-based improvement plans introduced ▪ Specialist leads identified ▪ Estates Compliance Group and Capital Control Group established ▪ Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up. ▪ Capital Programme developed for compliance and approved ▪ Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan ▪ Address (on an ongoing basis) maintenance and compliance issues ▪ Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards **CAPITAL** ▪ Capital Procedures for project activity ▪ Routine oversight / meetings with NWSSP Procurement ▪ Specialist advice and support from NWSSP Specialist Estates Services ▪ Audit reviews by NWSSP Audit and Assurance ▪ Close liaison with Welsh Government, Capital Function ▪ Reporting routinely to P&R Committee ▪ Capital Programme developed and approved ▪ Detailed Strategic, Outline and Full Business Cases defining risk ▪ Capital and Estates set as a specific Organisational Priority **ENVIRONMENT** ▪ ISO 14001 routine external audit to retain accreditation ▪ Environment & Sustainability Group ▪ NWSSP Specialist Estates Services (Environment) support and oversight ▪ Welsh Government support and advice to identify and fund decarbonisation project initiatives	Implement the Capital Programme and develop the long-term capital programme.	AD Estates & Property	In line with Annual Plan for 2022-23
	Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in readiness for any capital slippage in latter part of financial year cycle. Additional funding from Welsh Government being provided for 2022/23 (i.e. year end slippage). Monies will be spent across equipment, ICT and estate. Formal notification also imminent for final allocation Estates Funding Advisory Board (EFAB) for 2023/24 onward	AD Estates & Property	In line with Annual Plan for 2022-23
	Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for 2022-23
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address limited establishment staff numbers in Works Team and recruitment challenges. Initial resource review undertaken by IEG in June 2022 with financial constraints necessitating more detailed analysis. This has been further discussed in IEG in October and a more detailed paper will be brought to IEG in December including demand levels and performance around Planned and Preventative Maintenance (PPMs) this will be further discussed at IEG in March 2023	AD Estates & Property	March 2023

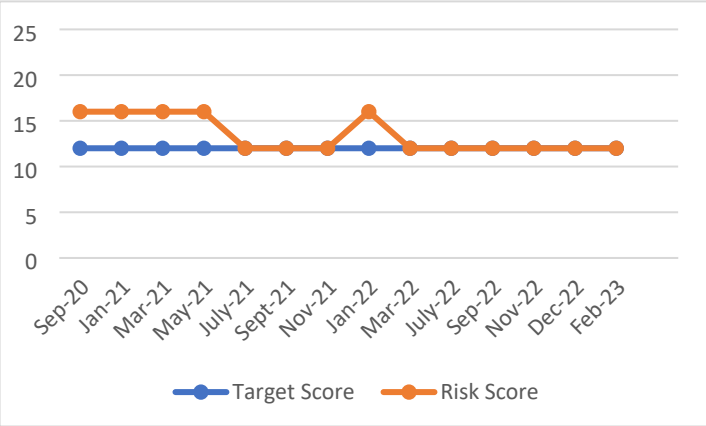
Current Risk Rating	Update including impact of actions to date on current risk score
4 x 4 = 16	**Estates:** Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. **Fire:** Work to improve operational fire structure in 2021 has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented to address dependant on funding. **Property:** COVID moves of staff in uncontrolled manner will need to be addressed to step back up business as usual alongside implementation of new agile working approach. **Finance:** significant escalation for cost pressures related to fuel and inflation which are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Example of Estates related pressure is resultant electrical defects with tendered cost of £59K following 5 statutory 5 year Fixed Wire Testing on sites – this carries a risk and is part of a £500K compliance defect cost pressure which carries a risk if not completed.

CRR 011 **Risk that:** a significant public health event/emergency impacts on provision, continuity and sustainability of services	**Executive Lead:** Director of Public Health **Assuring Committee:** Delivery and Performance
Risk Impacts on: the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.	**Date last reviewed:** February 2023

Risk Rating

(likelihood x impact):
Inherent: 4 x 4 = 16
Current: 3 x 4 = 12
Target: 3 x 4 = 12

Date added to the risk register
February 2020



Rationale for current score:

Likelihood: 'Possible'. Vaccination has weakened the link between cases and admissions to hospital and provide good protection against severe disease from variant strains of SARS-CoV2, although protection against infection and mild disease is lower and relatively short lived. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has reduced, the likelihood has been adjusted from 'likely' to 'possible' as of February 2022.

It should be noted there are still risks including uncertainties regarding the size and timing of potential future waves of Covid-19, winter remains the season when the threat from Covid-19 and other respiratory viruses is greatest. The emergence of new variants of concern cannot be discounted due to the unpredictability of virus evolution over winter 2022 to 2023. Other winter respiratory viruses such as influenza virus and respiratory syncytial virus (RSV) are co-circulate with Covid-19, and there has been an increase in Strep A virus. An overlap in waves of infection due to different respiratory and other infectious viruses would pose increased risks to the health of individuals and to the NHS. Throughout the pandemic, Covid-19 has disproportionately affected those in older age groups, residents in care homes for older adults, and those with certain underlying health conditions, particularly those who are severely immunosuppressed. Following vaccination, these same factors continue to identify those persons who are at higher risk of developing severe COVID-19. The NHS is already operating at near maximum capacity, and large numbers of staff isolating due to illnesses may impact on some

	services. The risk score will therefore need to be kept under regular review. Impact: 'Major'. COVID-19 presents four harms to the population: - 1. The direct harm arising from the disease itself; 2. The harm caused by an overwhelmed NHS; 3. The harm caused by stopping other non-COVID activity; and 4. The wider harm to wellbeing caused by population level measures in response to COVID-19.

Controls (What are we currently doing about the risk?)	**Mitigating actions (What more will we do?)**		
1. Delivery of Autumn (2022) Booster Programme commenced on 1st September 2022 to eligible groups as identified by JCVI with the primary objective to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023. Walk-ins available at all MVCs and since January 2023 offer of flu vaccine to eligible population, and non-attendees offered reappointments. 2. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group, which has widening remit to include oversight of other health protection areas e.g. MPox, Ukrainian refugees. 3. Test, Trace Protect programme transitioned in line with '*Together for a Safer Wales'* with very small team in place to carry out testing, contact tracing for covid-19 'stable situation' in line with WG guidance: • PCR testing remains in place for target/eligible population via Powys CTUs; • Contact tracing service operating; • Care home cell meeting regularly and as required; • Regional response cell meetings stood down but to reconvene if required. 4. Working as part of the wider system in Wales through participation in national planning and response arrangements as these evolve to respond to stage of pandemic and wider health protection issues. 5. Continued delivery of '*Together for a Safer Future*' transition in line with WG policy decisions and national health protection review.	**Action**	**Lead**	**Deadline**
	• Plan for delivery of COVID-19 vaccination for 2023/24 in line with WG funding.	MB/SB	31/03/23
	• Exercise surge vaccination plan and review in response to learning	MB/DB	30/06/23
	• Continue to deliver flu vaccination programme with monthly review	MB/NB	31/02/23

6. Staff testing and protective behaviours (PPE/Social distancing etc) guidance updated regularly in line with WG guidance and local circumstance, overseen by HB Infection Prevention Advisory Group. 7. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use. 8. Staff testing guidance and IPC policies kept under review. 9. Surge vaccination plan developed and submitted to WG in January 2023. 10. Delivery of 2022/23 flu vaccination programme delivered by GP Practices & Pharmacies commenced in September, and expended via MVCs to eligible population from January 2023. 11. Reviewing vaccination plan (workforce and venues) in line with reduced WG funding. 12. Scoping health protection response in line with WG funding and requirements for 2023/24.			
Current Risk Rating	**Update including impact of actions to date on current risk score**		
3 x 4 = 12			

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.1

Delivery and Performance Committee	**Date of Meeting: 2nd May 2023**
Subject :	**Records Management Improvement Plan Progress Update**
Approved and Presented by:	**Pete Hopgood, Executive Director of Finance and ICT Services**
Prepared by:	**Amanda Smart Head of Information Governance, Records and Data Protection Officer** **Laura Hughes Document & Records Manager**
Other Committees and meetings considered at:	**Executive Committee 19th April 2023**

PURPOSE:

The purpose of this report is to provide an update and to detail the progress and performance against the Records Management Improvement Plan.

RECOMMENDATION(S):

The Committee is asked to: report is for information purposes and to note the following:

- **Note** the progress report,
- **Note** the key areas of development,
- Take **assurance** that progress is being made to ensure the Health Board has an appropriate and effective records management system.

Approval/Ratification/Decision	Discussion	Information
×	✓	✓

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

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

EXECUTIVE SUMMARY:

The report details current delivery against the Records Management Improvement Plan following the 2019 Internal Audit and outcome of 'no assurance given'.

DETAILED BACKGROUND AND ASSESSMENT:

In August 2019, Internal Audit undertook a review of records management within the health board. Conclusion of the review was that the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with records management was 'No Assurance.' The report recommended six high rated recommendations for action, and a Records Management Improvement Plan was created and adopted on the 11 November 2019, by the Audit, Risk & Assurance Committee. **See appendix 1.**

For the three outstanding recommendations, additional tasks have been identified to meet full compliance. The outstanding work to progress these is included within the Document and Records Managers workplan. Overview on actions are below:

- Records Management policies, procedures, and guidance. Additional procedures and guidance have been identified within the workplan to ensure Powys THB are fully compliant in response to the recommendations made.

- Identification and Tracking of Records. Further actions are required to improve the current Information Asset Register, planning arrangements relating to records management need to be built into business continuity plans, and digitisation of records.

- A Business case for the Digitisation of Records Project was submitted to the Executive Team (via the Investments Benefit Group) in February 2023. Due to the significant capital costs, the Health Board has approached Welsh Government to explore potential funding streams to support over a 2 year period (potentially from DPIF), discussions are ongoing with no outcome to date.

- A full Risk review in relation to records management and reporting. There is an opportunity and requirement to strengthen the process for Records related risks, to ensure they are visible to the Information Governance function to track the level of severity and to ensure this is accurately reflected where applicable on related Risk Registers.

- Embargo on the destruction of health records (Independent inquiry into Child Sexual Abuse and Infected Blood Inquiry). Work has commenced with Heads of Service to collectively plan and take forward the work required to appraise and identify those records overdue for destruction.

- Senior level discussions are taking place in terms of how the health board commences the destruction programme particularly with the 20-year retention ruling now applied for patients with long term illnesses:
    - How to identify these cohort of patients.
    - What is the definition of a long-term condition and the complexities that this will bring to the process.
    - Once identified, the additional resources required to re-appraise records to locate and retrieve the identified patients.
    - **The reduction in the number of records we can destroy and the impact this will have on our storage areas.**
    - What should the plan for those records be e.g., scan or retain as paper.

The table below (table 1) details progress made to date for each of the six high rated audit recommendations:

Table 1:

Recommendation no	Progress June 2022 %	Progress March 2023 %	RAG Status	Start Date	End Date
1. Accountability, leadership, and coordination of records management	100	100			
2. Strategies, Policies and Procedures	50	60		May 2022	Sept 2023
3. Identification and Tracking of Records	40	65		Mar 2022	Dec 2023
4. Security of Records	30	100			
5. Storage of records	30	100			
6. Risk Management	60	60		May 2022	Mar 2024

Key

Complete
In progress
Not started

NEXT STEPS:

- Work will continue to progress the above outstanding actions.

Appendices

1. 2019 Internal Audit Review of Records Management

Agenda Item 3.5a
Appendix 2

Records Management

Internal Audit Report

2019/20

Powys Teaching Health Board

NHS Wales Shared Services Partnership

Audit and Assurance Services

CONTENTS Page

Review reference:	PTHB-1920-17
Report status:	Final
Fieldwork commencement:	1 August 2019
Fieldwork completion:	30 August 2019
Draft report issued:	4 September 2019
Draft report clearance meeting:	19 August 2019, 11 September 2019
Management response received:	1 November 2019
Final report issued:	1 November 2019
Auditors:	Helen Higgs, Head of Internal Audit Osian Lloyd, Deputy Head of Internal Audit Matthew Smith, Senior Auditor
Executive sign off:	Executive Committee
Distribution:	Rani Mallison, Interim Board Secretary Carol Phillips, Information Governance Manager Dr Jeremy Tuck, Assistant Medical Director Jason Crowl, Assistant Director Community Services

	Joy Garfitt, Assistant Director Mental Health and Learning Disabilities Jayne Lawrence, Assistant Director Primary Care Margy Fowler, Assistant Director Therapies and Health Sciences Wayne Tannahill, Assistant Director Estates and Property Andrew Cresswell, Assistant Director Facilities and Support Services Michelle Williams, Head of Information
Committee:	Audit Committee Performance and Resources Committee Experience, Quality and Safety Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

ACKNOWLEDGEMENT

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Powys Teaching Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

The records management review sought to provide Powys Teaching Health Board (the 'health board') with assurance that operational procedures and practices were compliant with the health board's strategies, policies and procedures for records management, including:

- IGP 005 Destruction of Records Policy & Procedures
- IGP 007 Health Records Management Procedures
- IGP 008 Records Management Policy
- IGP 009 Records Management Strategy

The General Data Protection Regulation (GDPR) is a new legal framework that came into force on May 25 2018 and was designed to modernise laws that protect the personal information of individuals. The introduction of GDPR changed how public sector organisations must handle personal information and increased the need for greater focus on Information Governance (IG) compliance. Internal Audit reviewed compliance with the requirements of the GDPR in 2018/19 (PTHB-1819-16 refers) which reported reasonable assurance. To aid compliance with GDPR, the health board identified objectives and introduced a number of controls in line with their GDPR work programme defined in the 2019-20 Annual Plan.

2. Scope and Objectives

The internal audit assessed the adequacy and effectiveness of the internal controls in operation. Any weaknesses have been brought to the attention of management and advice issued on how particular problems may be resolved and control improved to minimise future occurrence.

The objective of the audit was to assess the adequacy of the arrangements in place for the management of health records, including compliance with policies and procedures. The audit did not review the content or accuracy of health records.

The review sought to provide assurance that:

- roles, responsibilities and arrangements for the creation, storage, management, retention and disposal of records are clearly documented and reflect the GDPR;
- records are securely shared and stored, including the tracking and transportation of information, accessibility / availability and maintenance of records (including archiving and disposal);
- any record management issues have been identified, risk prioritised and reported; and

- sufficient resources are afforded to train staff (including induction training) and that staff overseeing the management of records have sufficient knowledge and experience.

3. Associated Risks

The risks considered in the review were as follows:

- non-compliance with records management policies and procedures;
- poor management of records, including security, storage, accessibility, archiving and disposal; and
- records are lost or stolen resulting in reputational damage and potential financial penalty from the Information Commissioner's Office (ICO).

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with records management is **No** assurance.

RATING	INDICATOR	DEFINITION
No assurance		The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

					
1	Roles, responsibilities and arrangements for records management	✓			
2	Security and storage of health records, including tracking and transportation, accessibility / availability and maintenance	✓			
3	Records management issues are identified, managed and reported		✓		
4	Sufficient resources, knowledge and experience		✓		

** The above ratings are not necessarily given equal weighting when generating the audit opinion.*

Design of System / Control

The findings from the review have highlighted **six** issues that are classified as weakness in the system control/design for records management.

Operation of System/Controls

The findings from the review have highlighted **one** issue that is classified as weakness in the operation of the designed system/control for records management.

6. Summary of Audit Findings

An effective records management system is critical in the provision of care to patients and staff and to assist in the efficient running of the organisation. However, our audit has identified significant issues regarding the adequacy of the arrangements in place. The majority of the findings are consistent with those raised in previous audits, dating as far back as 2012, including a no assurance audit report in 2015/16. Our follow up review in 2017/18 noted progress with the responding action plan. We advised Audit

committee in September 2017 that work had been carried out by the Information Governance Team to address the recommendations made in the 2015/16 audit report, however, further work was needed to address key areas.

During our current review, we identified a number of areas where poor practices continued to be in operation including in respect of identification and tracking, storage and security of records. We have also raised issues in relation to a lack of accountability, leadership and coordination. Policies and procedures are out of date and do not reflect current working practices which also vary throughout the health board and there are issues with the operational management of risks relating to records management. The issues highlighted within this report could impact the quality of patient care and lead to penalties being imposed by the ICO (up to €20 million, or 4% of the health board's total budget, whichever is higher, from failure to comply with an ICO enforcement notice, assessment notice or information notice).

While a lot of work has since been undertaken by staff within localities to find local solutions to address some of the concerns around records storage, the two national inquiries into historical child sexual abuse and infected blood have resulted in increased pressure on storage areas as a result of the embargo imposed on the culling of records. Despite this, there has been an apparent lack of urgency at more senior levels to undertake the necessary action required.

The '*Informed Health and Care – A Digital Health and Social Care Strategy for Wales'* and '*A Healthier Wales: our Plan for Health and Social care*' documents outline the vision for the future use of digital technology to support patient care.

The long term strategy for the digitalisation of records nationally will assist in solving many of the issues identified. However, this will require capital outlay, resource and a considerable amount of time. In the interim alternative solutions should be sought locally to manage the risk.

A paper presented by the Medical Director to the Executive Committee in June 2019 on 'Digitalisation of Medical Records' for the health board, outlined a proposal to implement intelligence tracking for active and archived records. This exercise needs to be undertaken in advance of progressing the digitalisation of records agenda. The paper stated: '*Until recently, the health board tracked medical records manually and there is little intelligence available on the volumes of medical records in circulation or those stored in archive areas. In August 2018, the Information Services Department began implementing the Intelligence Tracking module of the Welsh Patient Administration System (WPAS). This allows volumes of*

medical records to be identified and tracked electronically to a named location.'

The paper estimates that the health board has 1.1 million volumes of active and archive health records. However, in the absence of information on the number held it is difficult to manage records effectively.

Our audit identified multiple record management systems in place, however, this is not unique to the health board. Primarily, the Myrddin patient administration system is used to track records. Testing confirmed that multiple processes are being followed, with a lack of documented procedures. The 'Digitalisation of Medical Records' paper brought by the Medical Director requested resources and funding of c£360k for intelligence tracking over a 2 year period. The Executive Committee discussed the paper and agreed that there was a need to look further into the logistics and implementation aspects of this proposal, including the project management support required to take this work forward.

7. Detailed Audit findings

In this section, we summarise the findings from our audit fieldwork. The detailed findings are reported in the Management Action Plan (Appendix A).

Objective 1: Roles, responsibilities and arrangements for the creation, storage, management, retention and disposal of records are clearly documented and reflect the GDPR

Our audit found a lack of accountability, leadership and coordination in respect of records management. The health board does not have a Head of Health Records position, records management is instead overseen by the individual heads of services, placing additional pressure on the workforce to find solutions to challenges faced and issues encountered.

The 2018-19 internal audit review of GDPR, which assessed the health board's arrangements to prepare for the regulation, identified that a process for populating its information asset register (IAR) had been developed, and guidance for this process had been provided to staff. Our current audit identified that the IAR continues to be a work in progress and is not yet completed. However, we recognise that this is a dynamic document and as such, the IAR will never be 'completed' instead, identifying, entering and reviewing assets will be a continual process which will be required for compliance with the GDPR.

While the health board has adopted the All Wales Information Governance Policy, all health board policies relevant to records management are overdue for review but are extant. During our site visits we held discussions with staff across various departments, including Patient Services (North and

South), Women & Children's Services, Information, Information Governance, Transport and Estates. The above mentioned policies and procedures include sections on roles and responsibilities from the Chief Executive Officer to the local operational level, including the Caldicott Guardian, Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO). However, we were informed of an inconsistent approach and working practices being applied to records management, some of which are not in accordance with health board policies.

We identified multiple record management systems in place. Primarily, the Myrddin patient administration system is used to track records. Testing confirmed that multiple processes are being followed, with a lack of documented procedures. Health records are kept in multiple formats, including electronically in various patient administration systems and in hard copy. The latter also involves multiple paper files in different formats where separate records are typically kept for each patient contact. There is a lack of robust information on the volumes of health records held, their current location and age. Furthermore, the flow of information between the Information Governance (IG) Team and the Localities, Directorates and Heads of Service is disjointed. For example, we were informed by the IG team that there have been instances where they have not been notified of records management incidents and breaches. The recent formation of the quarterly records management group (sub-group of Information Governance Champions Group) in March 2019 should assist in addressing these issues and to support the records management agenda.

We identified two high priority issues, which we consider require prompt management action. See findings 1 and 2 in Appendix A.

Objective 2: Records are securely shared and stored, including the tracking of information, accessibility / availability and maintenance of records (including archiving and disposal)

Identification and Tracking of Records

There is currently no central inventory of records that provides the exact location of the records held. This is in line with the paper presented to the Executive Committee in June 2019.

We understand that not all 'live' health records held within the local hospitals have been uploaded into the electronic tracking system, only those records that have been requested by hospitals, clinics etc. During our review, we were provided with a report from the Information Department that indicated 4,566 non-mental health records were noted as not having been received within 14 days, which in effect means that they were 'still in transit'. There is a risk that a number of these records are potentially lost

or missing which could result in patient harm where clinicians do not have access to a complete health record, impacting on their ability to make the most accurate clinical assessments. In addition, during our site visits, we selected a sample of ten health records held at Brecon War Memorial (BWM) Hospital and identified two instances where they were incorrectly recorded as being held in a different location per the electronic tracking system. There is also a lack of a standardised signatory process for the collection and delivery of health records, aside from when case notes are transferred to the clinical coders for updating as there is a defined pro-forma signatory sheet.

It is also unknown how many duplicate copies of a health record exist. Whilst the recent introduction of the electronic tracking system has led to improvements, we were informed through discussions with staff that it has also identified more duplicate health records are in existence than expected.

During our fieldwork we were informed of a number of practices being applied that are not in accordance with policy. In addition, whilst we were provided with examples of Information Sharing Protocols between the health board and other NHS organisations, we were informed that Wye Valley NHS Trust are utilising digital health records which creates an issue for the health board as it cannot access these records. This could lead to services being cancelled.

The health board's integrated performance report for quarter 4 2018/19 highlights that the project to fully implement the Welsh Community Care Information System (WCCIS) system, a web based software program that allows frontline carers, therapists, mental health workers and community nurses the ability to co-ordinate patient cases through a shared electronic record of care with the aim of improving treatment, across Powys is running significantly behind schedule. Furthermore, while the health board's rurality poses connectivity issues, the number of outages recently reported in relation to WCCIS, some of which have been known to last for days at a time, creates a serious cause for concern for staff as it prevents them from accessing the system and maintaining accurate and up-to-date records.

Security

During the 2015/16 records management audit we raised a high priority finding in regards to security where we identified a number of areas where poor practices were found to be in operation. We noted progress was being made in this area during the follow up audit undertaken in 2017/18, where a rolling programme of 'spot checks' had commenced which included a review of security, highlighting that arrangements could be improved. However, the health board still did not have an up to date record of all storage sites and areas for records which have been risk assessed for matters of security, protection, age, access and responsibility.

Similar findings were identified during the current year audit. We were unable to confirm whether the spot checks have been undertaken since the previous follow up audit, although we understand from review of the health board's IPR for quarter 4 2018/19 that a programme of audits has been agreed for 2019/20. The separate finding raised within this report on the identification and tracking of records has also highlighted security issues regarding confidential sacks and the destruction of records, again reflecting findings from previews audit reviews.

Storage

During the 2015/16 records management audit we raised a high priority finding in regards to storage where testing identified that at each site, storage space across the health board was at a premium.

Typically, records were stored within redundant rooms, some of which were not fit for purpose, corridors, stairs and rooms that were in use occasionally for other purposes were also utilised. We noted progress was being made in this area during the follow up audit undertaken in 2017/18 where the Property and Accommodation Group had been formed and tasked with managing property matters for the health board. One of the early issues brought to the attention of the group was the significant number of requests from departments for extra storage space for archive records, and a piece of work was undertaken to assess the current storage along with options and opportunities. It was also noted that the records stores were often unsuitable in terms of the environment in which they are kept, the security of the space and the appropriateness of the shelving.

Similar findings were identified during the current year audit where storage space for records remains a significant issue. This has been exacerbated by the current embargo on the culling of records initiated by the Welsh Government due to ongoing national inquiries. While we note that the Executive Committee approved the proposal presented at its July meeting to ease accommodation pressures in Newtown, the identification of additional storage space for health records is typically left to the services, placing additional pressure on them to find solutions.

During our site visits, we identified two filing cabinets on a corridor that were unlocked and contained staff records. We also identified that 'live' BWM Hospital health records are now being stored in the old crèche archive site at Bronllys Hospital. We understand that the records have been transferred due to BWM Hospital being at full capacity, which we were informed is also the case elsewhere, and despite concerns around the suitability of the crèche being raised previously on numerous occasions. The building was condemned by the Fire Safety Officer in November 2018, we are aware of other sites that are unsuitable / pose fire safety risks from

review of Executive Committee papers, and the list of necessary works identified to attain both regulatory and legislative compliance have not yet been undertaken.

We identified four high priority issues, which we consider requires prompt management action. See findings 3, 4 and 5 in Appendix A.

Objective 3: Any record management issues have been identified, risk prioritised and reported

Assurance against IG related incidents are reported to sub-board committee level. Incidents are categorised by GDPR Principle definition and include those that originated in GP Practices and other health boards. IG related incidents recorded on Datix from 1 September to 19 December 2018 totalled 45 and involved missing records, personal identifiable information (PII) being sent to the wrong recipient or misdirected mail and the loss / security of PII. The health board determined that none of the incidents investigated during this period have been reported to the ICO by the Board Secretary in their role as the health board's SIRO. A further 96 IG related incidents were reported between 1 January to 31 August 2019, of which five were determined as reportable to the ICO. However only one of the five incidents were reported within the 72 hour requirement under GDPR. Improvements are required to evidence the thought process and rationale for determining whether or not an incident is reportable to the ICO. We note that assurance oversight over IG incidents has not been reported since January 2019, following the restructure of the Committees of the health board.

The Information Governance Risk Register was last presented to the Information, Management, Technology and Governance Committee (IMTG) in January 2019. The Committee Risk Dashboard presented at the meeting was that of July 2018. The risk register has not been reported since to the Performance and Resources Committee. Whilst the health board's Corporate Risk Register at March 2019 contained risk CRR3*: 'the health board breaches IG Standards and legislative requirements, such as the General Data Protection Regulation'*, this had been reduced from 'Major (16)' to 'Moderate' with a score of (12). Given the number of significant findings raised within this report, including their potential impact on the quality of patient care and the associated penalties that could be imposed by the ICO, we recommend the health board reviews this assessment. Review of the March 2019 meeting of the Records Management Group identified that the Group has agreed to develop a Records Management Group risk register. The health board is working to improve this area, following limited assurance internal audit reports being issued in both 2017/18 and 2018/19, including the recent formation of the Risk Assurance

Group and the roll-out of risk management training which commenced in April 2019.

We identified one high priority issue which we consider requires prompt management action. See finding 6 in Appendix A.

Objective 4: There are sufficient resources afforded to train staff (including induction training)

The health board's integrated performance report (IPR) for quarter 4 2018/19 notes that '*the GDPR compliant IG e-learning toolkit has been mandated and implemented for all staff which has resulted in a drop in compliance.*' The toolkit was approved by the Information Governance Management and Advisory Group (IGMAG) and must be completed by all staff.' The aims and objectives are stated as follows:

- *understand how Information Governance is organised in Wales;*
- *recognise principles of information governance and how they apply in every day working environments, including identifying where to gain access to local policies, procedures and further information;*
- *understand the fundamentals of Data Protection, Duty of Confidentiality and the Caldicot Principles;*
- *identify your organisations responsibilities under the Freedom of Information Act 2000 and the Environmental Information Regulations 2004;*
- *demonstrate principles of good record keeping, including data quality;*
- *recognise, within the context of your role, how you can apply and maintain information security guidelines; and*
- *understand the circumstances in which information may be used and how access must be appropriately authorised.*

We were provided with the Statutory and Mandatory training compliance report from the Directorate of Workforce and Organisational Development for July 2019. This showed an 89% compliance rate for IG training, above the 85% target set by Welsh Government.

In addition, classroom training is offered by the IG team, including on health records. During our site visits, many of the heads of the individual services have been in their roles for many years, and whilst that provides good experience in the day-to-day operations involved with records management, they all expressed concern in the lack of provision of specific records management training. The need for training is supported by the findings raised within this report. See finding 2 in Appendix A.

8. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	**6**	**-**	**-**	**6**

Finding 1 Accountability, leadership and coordination of records management (Design)	Risk
Our audit found a lack of accountability, leadership and coordination in respect of records management. The health board does not have a Head of Health Records position, records management is instead overseen by the individual heads of services, placing additional pressure on the workforce to find solutions to challenges faced and issues encountered. The lack of a coordinated approach has led to inconsistent working practices being applied, some of which are not in accordance with health board policies (refer to the identification and tracking of records finding for examples). We identified multiple record management systems in place. Primarily, the Myrddin patient administration system is used to track records. Testing confirmed that multiple processes are being followed, with a lack of documented procedures. Health records are kept in multiple formats, including electronically in various patient administration systems and in hard copy. The latter also involves multiple paper files in different formats where separate records are typically kept for each patient contact. There is a lack of robust information on the volumes of health records held, their current location and age. Furthermore, the flow of information between the Information Governance (IG) Team and the Localities, Directorates and Heads of Service is disjointed. For example, we were informed by the IG team that there have been instances where they have not been notified of records management incidents and breaches. The recent formation of the quarterly records management group (sub-group of Information Governance Champions Group) in March 2019 should assist in addressing these issues and to support the records management agenda. The terms of reference for the group includes the following *'a working group overseeing the following elements for implementation of Records Management within the tHB:* • *Any review of current arrangements for the management of records (clinical) across the Health Board.* • *Promoting consistency and standardisation of all documents in use* • *Develop, monitor and update the Health Board's Records Management Strategy and Policy and associated procedures.'*	There is an increased risk to the health board of a lack of certainty concerning roles and responsibilities leading to non-compliance with GDPR.

The group also receives the Chair's report from the National Health Records Managers Advisory Group which looks at key records management issues within NHS Wales. The 2018-19 internal audit review of GDPR, which assessed the health board's arrangements to prepare for the regulation, identified that a process for populating its information asset register (IAR) had been developed, and guidance for this process had been provided to staff. Our current audit identified that the IAR continues to be a work in progress and is not yet completed. However, we recognise that this is a dynamic document and as such, the IAR will never be 'completed' instead, identifying, entering and reviewing assets will be a continual process which will be required for compliance with the GDPR. Information Asset Owners (IAO) should be responsible for ensuring that all information held by their directorate/service area is used and managed effectively, efficiently, securely, responsibly and legally, regardless of format. To do this, IAOs responsibility needs to be formally assigned and they need to know what information is held, the legal basis for processing it and who it is shared with. The previous Internal Audit review of GDPR also recommended that the health board ensure that the Information Governance team be supported and adequately resourced to deliver the improvements and enhancements set out in its GDPR action plan. We understand that the health board is still looking to recruit to support the requirements of the IG and records management agendas. In addition, the previous internal review of GDPR also recommended that, in order to ensure accountability and demonstrate compliance to the GDPR, the DPO responsibility should be formally assigned with the job description of the appointed officer updated accordingly. We understand that the organisation has assigned the responsibility of the DPO to the Information Governance Manager. However, the job description has not been updated accordingly.	
Recommendation 1	**Priority level**
The health board should strengthen its leadership arrangements and the coordination of its approach to enable effective records management.	**High**

Individual roles and responsibilities should be reviewed, defined and documented accordingly, either within the most appropriate policy or a separate roles and responsibility document.	
Management Response 1	**Responsible Officer/ Deadline**
The Audit, Risk & Assurance Committee has approved an Improvement Plan to ensure compliance with legislative and regulatory requirements in respect of records management. This internal audit recommendation will be achieved by the implementation of the following actions from the Improvement Plan:	

PTHB Action	Lead	Timescale for completion
Review and update the Health Board's Records Management Policy and supporting Procedures to ensure clarity on roles, responsibilities and the framework for operation in the organisation	Board Secretary	To be approved February 2020

Finding 2 Strategies, Policies and Procedures (Design)	Risk
We inspected the health boards intranet site and identified the following policies in relation to records management: • IGP 009 Records Management Strategy 2014-16: *'sets out an overarching framework for integrating current records management initiatives, as well as recommending new ones. It defines a strategy for improving the quality, availability and effective use of records in the Health Board and provides a strategic framework for all records management activities.'* 'This *Policy was reviewed by the IG Team, in conjunction with the Board Secretary, in July 2017. Due to work being taken forward nationally to re-establish an All-Wales Health Records Managers Group and review the Records Management Policy an extension was applied until May 2018.*' • IGP 008 Records Management Policy: *'sets out the framework to ensure that records are managed and controlled effectively, and at best value, commensurate with legal, operational and information needs.'* *'This Policy was reviewed by the IG Team, in conjunction with the Board Secretary, in July 2017. Due to work being taken forward nationally to re-establish an All-Wales Health Records Managers Group and review the Records Management Policy an extension was applied until May 2018.'* • IGP 005 Policy and Procedure for the Destruction of Records*: 'Defines the Retention & Disposal Periods for Health and Corporate records and highlights requirements to select records for permanent preservation. This will support the confidentiality, integrity and availability of all information held and/or used by the health board.'*	Processes and procedures are not adequately defined, resulting in exposing the health board to the risk of data breaches and associated financial penalties.

'This Policy was reviewed by the IG Team, in conjunction with the Board Secretary, in July 2017. Due to work being taken forward nationally to review policies in readiness for the introduction of the GDPR an extension was applied until May 2018.' • IGP007 Health Records Procedure: 'A*imed at staff involved with the handling of patient health records and how they should undertake key tasks in the course of their day to day duties.'* *'PTHB acknowledge that this document is past the review date. A review is currently in progress therefore an extension has been applied to April 2018.'* Our review of the minutes from the March meeting of the Records Management Group identified actions '*to review the Records Management policy/procedure schedule and advise the IG Team of any further records management procedures required for development by 19 April 2019. All to prioritise their development according to need/risk'* and for '*Group members to provide comments on the Health Records Procedure*.' During our site visits we held discussions with staff across various departments, including Patient Services (North and South), Women & Children's Services, Information, Information Governance, Transport and Estates. The above mentioned policies and procedures include sections on roles and responsibilities from the Chief Executive Officer to the local operational level, including the Caldicott Guardian, SIRO and DPO. However, we were informed of an inconsistent approach and working practices being applied to records management. As noted above, we identified multiple record management systems and processes in place. Primarily, with a lack of documented procedures. Health records are kept in multiple formats, including electronically in various patient administration systems and in hard copy. Paper records are essentially identified as 'live' or 'archived' where there are multiple paper files in different formats where separate records are typically kept for each patient contact.	

Additionally, many of the heads of the individual services have been in their roles for many years and whilst that provides good experience in the day-to-day operations involved with records management, they all expressed concern in the lack of provision of specific records management training.	
Recommendation 2	**Priority level**
In order to ensure correct and up to date policies and procedures are accessible to all staff, policies and procedures need to be reviewed and updated to reflect current legislation, All Wales guidance and current working practices. Once updated and approved, the policies and procedures should be communicated to staff. The health board should consider rolling out training / workshops to remind staff of the agreed procedures and practices to ensure consistent application.	**High**
Management Response 2	**Responsible Officer/ Deadline**
The Audit, Risk & Assurance Committee has approved an Improvement Plan to ensure compliance with legislative and regulatory requirements in respect of records management. This internal audit recommendation will be achieved by the implementation of the following actions from the Improvement Plan:	

PTHB Action	Lead	Timescale for completion
Review and update the Health Board's Records Management Policy and supporting Procedures to ensure clarity on roles, responsibilities and the framework for operation in the organisation	Board Secretary	To be approved February 2020

Publish the updated Policy and Procedures, raising awareness across the organisation	Board Secretary	March 2020
Introduce a programme of records management training for clinicians and staff, including management of identified risks	Board Secretary	April 2020 onwards

Finding 3 Identification and Tracking of Records (Design)	Risk
There is currently no central inventory of records that provides the exact location of the records held. This is in line with the paper presented by the Medical Director to the Executive Committee in June 2019 on 'Digitalisation of Medical Records' which stated: '*Until recently, PTHB tracked medical records manually and there is little intelligence available on the volumes of medical records in circulation or those stored in archive areas. In August 2018, the Information Services Department began implementing the Intelligence Tracking module of the Welsh Patient Administration System (WPAS). This allows volumes of medical records to be identified and tracked electronically to a named location… In the absence of information on the total number of medical records held it is difficult to manage records effectively… PTHB does not have robust data to inform the impact of the national embargo on culling records or the future digitalisation of records.*' We understand that not all 'live' health records held within the local hospitals have been uploaded into the electronic tracking system, only those records that have been requested by hospitals, clinics etc. During our review, we were provided with a report from the Information Department that indicated 4,566 non-mental health records were noted as not having been received within 14 days, which in effect means that they were 'still in transit'. There is a risk that a number of these records are potentially lost or missing. In addition, during our site visits, we selected a sample of ten health records held at Brecon War Memorial Hospital and identified two instances where they were incorrectly recorded as being held in a different location per the electronic tracking system. There is also a lack of a standardised signatory process for the collection and delivery of health records, aside from when case notes are transferred to the clinical coders for updating as there is a defined pro-forma signatory sheet. It is also unknown how many duplicate copies of a health record exist. Whilst the recent introduction of the electronic tracking system has led to improvements, we were informed through discussions with staff that it has also identified more duplicate health records are in	If records are incomplete, for example in transit / are kept in multiple paper files in different formats and have not been coded, or cannot be accessed due to system outages then there is a risk that clinicians may not have access to the complete health record which impacts on their ability to make the most accurate clinical assessments possible. In this circumstance, a clinical decision based on incomplete history may result in patient harm. Data protection is compromised, resulting in exposing the health board to the risk of data breaches and associated financial penalties.

existence than expected. In addition, inconsistent operating procedures are being applied following the introduction of the electronic tracking service system, particularly in respect of the report running functions used to monitor the health boards compliance with the Welsh Government's clinical coding target of 95% within a 4 week period. During our fieldwork we were informed of a number of practices being applied that are not in accordance with policy: • despite this being defined as a 'last resort' when sharing data, there are still occasions whereby health records are still 'faxed' instead of being scanned and sent digitally via encrypted pdf or file sharing portal; • at present, notes are being transferred outside the health board in their original form, which is against health board policy; • inconsistent practices being applied in relation to the packaging and labelling of health records being transferred; • tracer cards / manual log books are still being completed by members of staff, who are also using the electronic system to track records. This is a duplication of effort which we understand is to ensure that, if computer systems go down, the records last known location would be known; • confidential waste sacks not auditable during different parts of the process and at risk of breaching GDPR legislation where there have been instances where waste bags are regularly left open and / or unattended in public areas. This issue was raised previously in the 2015/16 and 2017/18 records management internal audit reports, although we understand that the arrangements are currently under review as per minutes of the March 2019 records management group; and • a lack of evidence to demonstrate the process regarding the destruction of health records, noting the current national embargo on culling records.	

In addition, whilst we were provided with examples of Information Sharing Protocols between the health board and other NHS organisations, we were informed that Wye Valley NHS Trust are utilising digital health records which creates an issue for the health board as it cannot access these records. This could lead to services being cancelled. The health board's integrated performance report for quarter 4 2018/19 highlights that the project to fully implement the WCCIS system, a web based software program that allows frontline carers, therapists, mental health workers and community nurses the ability to co-ordinate patient cases through a shared electronic record of care with the aim of improving treatment, across Powys is running significantly behind schedule. Furthermore, while the health board's rurality poses connectivity issues, the number of outages recently reported in relation to WCCIS, some of which have been known to last for days at a time, creates a serious cause for concern for staff as it prevents them from accessing the system and maintaining accurate and up-to-date records. This issue was included within the report published by the National Assembly for Wales Public Accounts Committee in November 2018 titled '*The Informatics Systems in NHS Wales*'. The lack of a mobile functionality also hampers the practitioner's ability to work flexibly as they always have to return to base to record visits, with inputting into multiple systems impacting on practitioners' time and there is risk of patients missing appointments. There has been a greater call on resource from the Information Department which will be ongoing that had not been envisaged. Whilst the intent of the WCCIS was to remove the need for two databases held separately by health boards and local authorities, we have been informed that a common issue is the creation of duplicate electronic records, including some without a record of an individual's NHS number (a unique identifier and vital for quality assurance). Both scenarios result in additional administrative work for the health board to merge the two records or identify the NHS number.	

Recommendation 3	Priority level
The health board should ensure records are tracked adequately and that all staff are aware of these processes. Processes should be fully documented and consistent across the health board, to aid staff in their responsibilities. In line with recommendation 1, local procedures should be developed, but aligned to the policies regarding records management and tracking. Practices should be consistent from one site to another. The health board should strengthen the current processes for the transport of health records through the introduction of standard packaging and labelling requirements along with a standard signatory system for collection and delivery. The health board should investigate the access issues to Wye Valley NHS Trust's digital records, including the extent this applies to other NHS organisations, and revisit the information sharing protocol to ensure a better flow of patient information. The health board should ensure robust business continuity arrangements are in place to minimise the impact of system outages, WCCIS in particular, and work with the local authority to ensure the effective implementation of the integrated system, including the merging of multiple records and removal of duplicate records to create one single record.	**High**
Management Response 3	**Responsible Officer/ Deadline**
The Audit, Risk & Assurance Committee has approved an Improvement Plan to ensure compliance with legislative and regulatory requirements in respect of records management. This internal audit recommendation will be achieved by the implementation of the following actions from the Improvement Plan:	

PTHB Action	Lead	Timescale for completion
Review and update procedures and guidance to support effective tracking of records	Board Secretary with Director of Finance & IT	March 2020
Ensure adequate Business Continuity Planning arrangements are in place relating to records management	Board Secretary with Executive Directors	April 2020
Review and update arrangements for the retrieval and transportation of records, ensuring consistency in approach across the organisation	Board Secretary with Director of Workforce & OD	March 2020
Develop a business case for the digitisation of active records	Board Secretary with Director of Finance and IT	June 2020
Review Information Sharing Protocols in place for commissioned services	Board Secretary with Director of Planning & Performance	April 2020 (as part of LTA negotiations)

Finding 4 Security of Records (Design)	Risk
During the 2015/16 records management audit we raised a high priority finding in regards to security where we identified a number of areas where poor practices were found to be in operation. We noted progress was being made in this area during the follow up audit undertaken in 2017/18, where a rolling programme of 'spot checks' had commenced which include a review of security, highlighting that arrangements could be improved. However, the health board still did not have an up to date record of all storage sites and areas for records which have been risk assessed for matters of security, protection, age, access and responsibility. Similar findings were identified during the current year audit. We were unable to confirm whether the spot checks have been undertaken since the previous follow up audit, although we understand from review of the health board's IPR for quarter 4 2018/19 that a programme of audits has been agreed for 2019/20. The separate finding raised within this report on the identification and tracking of records has also highlighted security issues regarding confidential sacks and the destruction of records, again reflecting findings from previous audit reviews. Our visit to Brecon War Memorial (BWM) Hospital found that records were generally being stored appropriately, including on suitable shelving within locked cupboards in rooms that could only be entered via access codes on the doors. Records are stored sequentially via their unique identifier. However, our separate finding on storage has also identified security issues which could lead to unauthorised access, theft and damage to health records.	The risks to the health board include loss of confidential and personal records resulting in regulatory censure or financial penalties, breaches of security, reputational loss and financial loss. Poor storage of personal records may result in an increased risk of insufficient medical information available to hand to assist with a patient's immediate needs.

Recommendation 4	Priority level
The health board should identify all storage sites and areas for records and risk assess each site accordingly, for matters of security, protection, age, access and responsibility. Following on from above, the health board should ensure that the security of records is maintained and that the points raised in this report are addressed, where weaknesses are identified.	**High**
Management Response 4	**Responsible Officer/ Deadline**
The Audit, Risk & Assurance Committee has approved an Improvement Plan to ensure compliance with legislative and regulatory requirements in respect of records management. This internal audit recommendation will be achieved by the implementation of the following actions from the Improvement Plan:	

PTHB Action	Lead	Timescale for completion
Explore and secure suitable storage spaces (on-site or off-site) for the storage of active records	Board Secretary with Director of Planning and Performance	April 2020
Explore and secure suitable storage spaces (on-site or off-site) for the storage of archived records	Board Secretary with Director of Planning and Performance	April 2021

Finding 5 Storage of Records (Design)	Risk
During the 2015/16 records management audit we raised a high priority finding in regards to storage where testing identified, that at each site, storage space across the health board was at a premium. A paper was presented to Executive Committee in July 2019 noting the accommodation pressures and outlining proposals to resolve the lack of storage space for health records, in particular from across the North locality. The paper states that *'the challenge and risks presented by record storage across the North locality has been escalated to Corporate Health & Safety on three occasions; 20th October 2017, 15th February 2018 and most recently on 20th July 2018… Staff are regularly advised that they must review their records storage with a view to archiving records to minimise the impact they have on space utilisation.'* Typically, records were stored within redundant rooms, some of which were not fit for purpose, corridors, stairs and rooms that were in use occasionally for other purposes were also utilised. We noted progress was being made in this area during the follow up audit undertaken in 2017/18 where the Property and Accommodation Group had been formed and tasked with managing property matters for the health board. One of the early issues brought to the attention of the group was the significant number of requests from departments for extra storage space for archive records, and a piece of work was undertaken to assess the current storage along with options and opportunities. It was also noted that the records stores were often unsuitable in terms of the environment in which they are kept, the security of the space and the appropriateness of the shelving, highlighting that they could constitute both a fire risk and risk to floor loadings in some of the older premises. Similar findings were identified during the current year audit where storage space for records remains a significant issue. This has been exacerbated by the current embargo on the culling of records initiated by the Welsh Government due to ongoing national inquiries, placing additional pressure on the services to find solutions. There is currently no centralised storage facility for archived material. While we note that the Executive Committee approved the proposal presented at its July meeting to ease accommodation pressures in Newtown, the	The risk to the Health Board is that records are not maintained appropriately and securely and are in breach of the GDPR. The lack of available space means that individual service areas regularly find inappropriate alternative accommodation for their own records, leading to an increased health and safety risk. As the volume of records increases, it will become increasingly more difficult to securely store records and retrieve them in a timely manner.

identification of additional storage areas on-site is typically left to the heads of services and the process for a 'change of use' is time consuming, requiring input from a number of Directorates including the service, estates, facilities and information governance as well as the Property and Accommodation Group. The current audit again found records were being stored in rooms that were not fit for purpose, corridors and stairs. Rooms that were in use occasionally for other purposes were also utilised. During our site visits, we identified two filing cabinets on a corridor that were unlocked and contained staff records. We were informed by management that these were removed and stored securely in a locked office as an interim measure whilst the appropriate archiving is arranged. We also identified that 'live' BWM Hospital health records are now being stored in the old crèche archive site at Bronllys Hospital. We understand that the records have been transferred due to BWM Hospital being at full capacity, which we were informed is also the case elsewhere, and despite concerns around the suitability of the crèche being raised previously on numerous occasions. The building was condemned by the Fire Safety Officer in November 2018, we are aware of other sites that are unsuitable / pose fire safety risks from review of Executive Committee papers, and the list of necessary works identified to attain both regulatory and legislative compliance have not yet been undertaken. Our visit at the site noted that records were easily accessible and were alongside various items of old equipment which had been discarded. The room is in a poor state of upkeep with plants growing through the windows, cobwebs, smell of damp and rat / mice droppings. Curtains are also hanging out of the window which could easily be reached from outside the building and set on fire.	

Recommendation 5	Priority level
Whilst recognising that capital expenditure is required to address this risk, a plan should be compiled for identifying adequate facilities for the storage of records throughout the health board.	High
Management Response 5	**Responsible Officer/ Deadline**
The Audit, Risk & Assurance Committee has approved an Improvement Plan to ensure compliance with legislative and regulatory requirements in respect of records management. This internal audit recommendation will be achieved by the implementation of the following actions from the Improvement Plan:	

PTHB Action	Lead	Timescale for completion
Explore and secure suitable storage spaces (on-site or off-site) for the storage of active records	Board Secretary with Director of Planning and Performance	April 2020
Explore and secure suitable storage spaces (on-site or off-site) for the storage of archived records	Board Secretary with Director of Planning and Performance	April 2021

Finding 6 Risk Management (Operation)	Risk
Assurance against Information Governance related incidents are reported to sub-board committee level, categorised by GDPR Principle definition. For example, IG related incidents recorded on Datix from 1 September to 19 December 2018 totalled 45 and were reported to the Information, Management, Technology and Governance Committee (IMTG) meeting held on 10 January 2019. The incidents include those that originated in GP Practices and other health boards and involved missing records, personal identifiable information (PII) being sent to the wrong recipient or misdirected mail and the loss / security of PII. The health board determined that none of the incidents investigated during this period have been reported to the ICO by the Board Secretary in their role as the health board's SIRO. A further 96 IG related incidents were reported between 1 January to 31 August 2019, of which five were determined as reportable to the ICO. However only one of the five incidents were reported within the 72 hour requirement under GDPR. We also note that the datix records were often incomplete, where details of investigations undertaken had not been populated nor the thought process and rationale for determining whether or not an incident is reportable to the ICO. We note that assurance oversight over IG incidents has not been reported since January 2019, following the restructure of the Committees of the health board. The Information Governance Risk Register was last presented to the IMTG Committee in January 2019. The Committee Risk Dashboard presented at the meeting was that of July 2018. The risk register has not been reported since to the Performance and Resources Committee. The following risks were rated 'major' with a score of 16 on the current register: • CRR3 - The health board breaches IG Standards and legislative requirements, such as the General Data Protection Regulation. • CRR4 - ICT systems are not robust or stable enough to support safe, effective and up to date care.	The risk to the health board is that risks are being ignored or insufficient progress is completed, which increases the chance of financial loss, reputational damage and enforcement action by the ICO.

It was also noted at the meeting that: '*it is recommended that risk IG01 - Inappropriate and ineffective management of patient, staff and corporate records be de-escalated from 12 to 6 in light of the controls and mitigating actions put in place.*' Furthermore, whilst the health board's Corporate Risk Register at March 2019 contained risk CRR3, this had been reduced from 'major (16)' to 'moderate' with a score of (12). Given the number of significant findings raised within this report, including their potential impact on the quality of patient care and the associated penalties that could be imposed by the ICO, we recommend the health board reviews this assessment. In addition, review of the March 2019 meeting of the Records Management Group identified that the Group has agreed to develop a Records Management Group risk register. The health board is working to improve this area, following limited assurance internal audit reports being issued in both 2017/18 and 2018/19, including the recent formation of the Risk Assurance Group and the roll-out of risk management training which commenced in April 2019.	
Recommendation 6	**Priority level**
Where the decision is taken to not refer an incident to the ICO, this should be documented to demonstrate that an assessment has been undertaken and to evidence the rationale for not notifying. Advice on notifications should be sought where appropriate. A review of the risks relating to records management should be undertaken. The results of this review should be reported and monitored at the appropriate health board forums on an ongoing basis. Individuals with responsibilities in relation to records management should attend the risk management training being rolled out across the health board to improve the identification, management and mitigation of risks.	**High**

Management Response 6	Responsible Officer/ Deadline

The Audit, Risk & Assurance Committee has approved an Improvement Plan to ensure compliance with legislative and regulatory requirements in respect of records management. This internal audit recommendation will be achieved by the implementation of the following actions from the Improvement Plan:

PTHB Action	Lead	Timescale for completion
Introduce of a programme of records management training for clinicians and staff, including management of identified risks	Board Secretary	April 2020 onwards
Ensure that risks associated with records management, including those arising from the Internal Audit review, are identified and recorded managed in-line with the Risk Management Framework	Board Secretary/ Head of Risk & Assurance	November 2019
Review arrangements for the reporting and management of information governance related breaches and incidents	Board Secretary	January 2020

Audit Assurance Ratings

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

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

 **Limited Assurance -** The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

** Unless a more appropriate timescale is identified/agreed at the assignment.*

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Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

Office details:

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Audit and Assurance	Audit and Assurance	Audit and Assurance
Hafren Ward	Cwmbran House (First Floor)	Floor 2, Matrix House
Bronllys Hospital	Mamhilad Park Estate	Matrix Park
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