

2022-06-23 Delivery and Performance

Thu 23 June 2022, 10:00 - 13:00

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

Oral Chair

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral All

1.3. Minutes from the previous meeting: 3 May 2022

Attached Chair

 D&P_Item_1.3_Unconfirmed Minutes 3 May 2022.pdf (14 pages)

1.4. Matters arising from the minutes of the previous meeting

Oral Chair

1.5. Delivery and Performance Committee Action Log

Attached Chair


10:00 - 10:00
0 min

2. ITEMS FOR ASSURANCE

2.1. Performance Overview: a) Performance Dashboard. b) Commissioning Assurance.

Attached Director of Planning and Performance

 D&P_Item_2.1_Performance Overview_Cover Sheet_20220620.pdf (3 pages)

 D&P_Item_2.1a_Performance_Dashboard.pdf (67 pages)

 D&P_Item_2.1b_Commissioning Assurance Escalation Report.pdf (15 pages)

2.2. Financial Performance Overview: a) Month 2 Financial Position.

Attached Director of Finance and IT


 D&P_Item_2.2_Financial Performance Report Mth 02.pdf (17 pages)

2.3. Digital First Update:

Attached Director of Finance and IT

 D&P_Item_2.3_Digital First Update June 22.pdf (6 pages)

 D&P_Item_2.3a_Appendix_1_Service Level Agreement KPIs.pdf (14 pages)

 D&P_Item_2.3b_Appendix_2_Service Desk Survey.pdf (5 pages)

 D&P_Item_2.3c_Digital Programme Plan.pdf (3 pages)


2.4. Capital Pipeline Overview 2021-2022

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Attached *Head of Estates*

 D&P_Item_2.4_Capital Pipeline Overview 2021_22.pdf (47 pages)

 D&P_Item_2.4a_Mach Project Update (Dashboard).pdf (2 pages)

 D&P_Item_2.4c_Llandrindod Project Update.pdf (38 pages)

10:00 - 10:00 **3. ITEMS FOR DISCUSSION**

0 min


Oral

Chair

3.1. Update on the implementation of Value-Based healthcare approach

Attached

Chair

 D&P_Item_3.1_Value Based HealthCare Update.pdf (8 pages)

3.2. Records Management Improvement Plan Update

Attached

Director of Finance and IT

 D&P_Item_3.2_Records Management Improvement Plan.pdf (4 pages)

3.3. Out of Hours Update

Attached

Director of Primary, Community Care & Mental Health

 D&P_Item_3.3_OOH_EOY_Performance Report_June 2022.pdf (12 pages)

10:00 - 10:00 **4. BUSINESS CASES, SERVICE PLANNING PROPOSALS, WHOLE SYSTEM PATHWAY DEVELOPMENT AND RE-DESIGN**

0 min

There are no items for inclusion in this section

10:00 - 10:00 **5. ESCALATED ITEMS**

0 min

There are no items for inclusion in this section

10:00 - 10:00 **6. ITEMS FOR INFORMATION**


0 min

6.1. Information Governance Toolkit, Improvement Plan.

Attached

Medical Director

 D&P_Item_6.1a_Information Governance Toolkit Improvement plan 2022-23.pdf (4 pages)

 D&P_Item_6.1_Information Governance Toolkit Report 2021-2022.pdf (6 pages)

10:00 - 10:00 **7. OTHER MATTERS**


0 min

7.1. Committee Risk Register

Attached

Director of Environment


 D&P_Item_7.1_Committee Risk Report_Jun2022.pdf (2 pages)

 D&P_Item_7.1a_Appendix_A_D&P Risk Register.pdf (21 pages)

7.2. Committee Work Programme

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Attached *Board Secretary*

 D&P_Item_7.2_Committee_Work Programme_2022-23.pdf (5 pages)

7.3. Items to be brought to the attention of the Board and/or Other Committees

Oral *Chair*

7.4. Any Other Urgent Business

Oral *Chair*

7.5. Date of Next Meeting: 12 September 2022. 10:00, via Microsoft Teams

Oral *Chair*

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

UNCONFIRMED

**MINUTES OF THE MEETING HELD ON TUESDAY 3 MAY 2022
VIA MICROSOFT TEAMS**

Present:

Mark Taylor	Independent Member (Committee Chair)
Kirsty Williams	Vice-Chair
Ronnie Alexander	Independent member
Tony Thomas	Independent Member
Cathie Poynton	Independent Member

In Attendance:

Carol Shillabeer	Chief Executive
Kate Wright	Medical Director
Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Primary, Community Care and Mental Health
Stephen Powell	Director of Planning and Performance
Pete Hopgood	Director of Finance & IT Services
Claire Roche	Director of Nursing and Midwifery
Julie Rowles	Director of Workforce and Organisational Development
Samantha Ruthven-Hill	Assistant Director of Planning
Amanda Smart	Head of Information Governance
Clare Lines	Assistant Director of Transformation and Value
James Quance	Interim Board Secretary

Observers:

David Collington	Community Health Council
Anne Beegan	Audit Wales

Apologies for absence:

None

Committee Support:

Bethan Powell	Interim Corporate Governance Business Officer
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D&P/22/01	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed members and attendees to the meeting and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
D&P/22/02	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
D&P/22/03	<p>MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 28 FEBRUARY 2022.</p> <p>The minutes of the previous meeting held of the Delivery and Performance Committee on 28 February 2022 were CONFIRMED as a true and accurate record.</p>
D&P/22/04	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>The following matters arising were discussed:</p> <ul style="list-style-type: none"> • D&P/21/24. It was noted that the percentage total pay comprising agency costs is 9.4%, the highest in Wales. <p><i>What is the dynamic of the position and has there been an improvement with the variable pay concerns?</i></p> <p>The Director of Finance confirmed that action had been taken to recruit to additional Health Care Support Workers (HCSW) to help to reduce the alliance on agency staff within this area. There is an ongoing focus of financial costs being reviewed through a Task and Finish Group which has been implemented. It was agreed that an update would be provided regularly to the Delivery and Performance Committee.</p> <p>Action: Director of Finance and ICT</p> <p>The Director of Primary, Community Care and Mental Health added that the establishment reviews have been discussed during Executive Committee and it has been agreed that a formal project would be established across the services. The recruitment process for HCSW is paramount with the aim to recruit 9WTE and 11 substantive posts. The Chief Executive highlighted to Committee members for awareness in terms of openness and transparency, proposals are being worked through to ensure that a clear vision on funded</p>

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	establishment are moving forward and to ensure the organisation is clear where the highest vacancy levels are.
D&P/22/05	<p>COMMITTEE ACTION LOG</p> <p>The following updates were provided to the Action Log and agreed closure:</p> <p>D&P/21/27: Investigate reason for high level of GP Absence.</p> <p>A review has been undertaken where high levels of incidents and system pressures are apparent. The health board is currently providing support to Powys wide General Practices. Committee members were assured of progress and agreed to close the action.</p>
D&P/22/06	<p>DRAFT PERFORMANCE REPORT SECTION OF THE ANNUAL REPORT</p> <p>The Director of Planning and Performance, together with the Assistant Director of Planning presented the report which provided the Committee with an overview on the development of the Performance Report section of the Annual Report for consideration and feedback.</p> <p>The Assistant Director of Planning reported that this report is one component that makes up the statutory Annual Report. It is structured to provide an account of progress against the Powys Teaching Health Board Annual Plan for 2021/2022, which has been agreed initially in draft form to Board on 31 March 2021 and submitted to Welsh Government. The final version of the Annual Report would subsequently be presented for approval to Board on 14 June 2022 ahead of submission to Welsh Government on 15 June 2022.</p> <p>It was noted that key performance data and supporting intelligence inclusive within the report is current information available at the time of inclusion of Committee papers. The Committee were advised that further update would be carried out for inclusion of the final report in June 2022, where further year end data would be available.</p> <p><i>Who is the target audience, and does it include the general public?</i></p> <p>The Assistant Director of Planning confirmed that the Performance report is published to a complex set of audiences which provides the public with detailed technical information in relation to the complex work that has been undertaken by the health board over the previous year. The</p>

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	<p>report structure follows specific guidance from NHS manual of accounts, set out in chapter 3 to which the health board has suppressed into simple narrative.</p> <p><i>Would the final Annual Report be made available to the public in an easy read and simplified format?</i></p> <p>The Chief Executive confirmed that following the final submission of the Annual Report there is an opportunity for the health board to develop a summarised slide pack which would be available ahead of the Annual General Meeting (AGM) in July 2022. Further work will be undertaken with a view to the detail, style, tone, and balance to ensure clear navigation through the organisation's performance throughout 2021/22.</p> <p>It was highlighted that further examples could be provided within the Performance Report in relation to the concerns issues where performance across the health board has been challenging.</p> <p>Action: Assistant Director of Planning</p> <p><i>What impact is being made in terms of the trajectories in relation to the changes to health indicators?</i></p> <p>The Chief Executive confirmed that this specific piece of work has been commissioned from Dr Catherine Woodward, former Public Health Director, highlighting the importance to identify the differences of the impact of the Covid-19 pandemic (direct and indirect). It was stated that there is evidence emerging continually on population well-being of relevance to Powys that has informed the health board's work during the year and the development of its Annual Plan for 2021-22. This would help enable the health board to prevent indirect harms becoming known.</p> <p>The Chief Executive advised that the trajectories form part of the Renewal priorities with the intention to shape, adapt and improve services previously delivered.</p> <p>The Draft Performance Report was NOTED, and feedback was provided by the Committee to inform the final version of the Performance Report section of the Annual Report.</p>
D&P/22/07	<p>INFORMATION GOVERNANCE TOOLKIT OUTTURN AND IMPROVEMENT PLAN</p> <p>The Medical Director presented the Information Governance Toolkit Report which outlined the health boards performance as assessed by the NHS Wales Information Governance Toolkit for Health Boards and Trusts 2021-2022.</p>

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	<p>It was highlighted that the toolkit contains assessed categories that determine the level of assurance achieved. It was highlighted that each category is scored from Level 0 (lowest compliance) to Level 3 (highest compliance). When developing the toolkit assessment, it was agreed across NHS Wales that a Level "0" should be put in place to demonstrate that Level 1 requirements have not yet been met but work is underway to meet this level.</p> <p>The Improvement plan has been developed to highlight those areas of work required to improve the current score and assurance level ahead of the 2022-2023 submission. The toolkit is a self-assessment tool which enables organisations to measure their level of compliance against national Information Governance standards and legislation.</p> <p>The Medical Director highlighted that there has been a delay in reporting the 2021-2021 assessment due to the re-prioritisation of resources for Covid-19. It was noted that while the toolkit demonstrates IG performance, some aspects are also assessed under the biennial Welsh Cyber Assurance Process (WCAP).</p> <p>The IG toolkit Improvement Plan for 2022-2023 was not available during Committee and therefore it was agreed for this to be circulated to Committee members and brought to the Delivery and Performance committee in June for information.</p> <p>Action: Medical Director/Interim Board Secretary</p> <p>The committee APPROVED the publication of the toolkit scores and final out-turn report.</p>
D&P/22/08	<p>FINANCIAL PERFORMANCE: MONTH 12, 2021/2022</p> <p>The Director of Finance, Information and IT Services presented the Financial Performance Report which provided an update on the March 2022 (Month 12) Financial position including Financial Recovery Plan (FRP) delivery and Covid-19.</p> <p>It was highlighted that as per 2020/21 spend in relation to Covid-19, is included in the overall position but is offset by an anticipated or received allocation from Welsh Government, as per the planning assumptions and so is not directly contributing to the Year to Date £0.08m under spend.</p> <p>The Director of Finance and IT Services raised that excluding Covid-19, the areas of overspend which continue to be a concern as we move into the next financial year, are the</p>

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	<p>growth in Continuing Health Care costs and ongoing increase above historic trend in variable pay. This was noted as a recurrent impact on the 2022/2023 plan. The health board continues to forecast a balanced year end position, with the total revenue spend in 2020/2021 at £393 million.</p> <p><i>In terms of the Task and Finish Groups in place, how will recent data be reported back to the Delivery and Performance Committee?</i></p> <p>The Director of Finance and ICT Services confirmed that a dashboard would be implemented to address which financial reports would be reported to the appropriate Committee in order to provide the relevant detail required and assurance to Committee members.</p> <p>Action: Director of Finance and ICT</p> <p>The Committee DISCUSSED and NOTED the Month 12 2021/22 financial position.</p>
D&P/22/09	<p>OVERVIEW OF RENEWAL STRATEGIC PORTFOLIO DEVELOPMENTS, INCLUDING PROGRESS AND RISKS.</p> <p>The Chief Executive introduced the Renewal Strategic Portfolio Developments report which articulates a collection of programmes, all of which provide potential new solutions to care, embedding Value Based Healthcare in order to improve costs, care, and outcomes. The portfolio of programmes drives forward recovery and longer-term service 'Renewal' in response to the pandemic with a key focus on: Emergency and frailty care, cancer, respiratory, circulatory, and mental health conditions, Children and Young people, diagnostics, ambulatory and planned care.</p> <p>The Assistant Director of Transformation and Value provided the committee with an overview of the Renewal priorities which focus on the things which will matter most to the wellbeing of the population of Powys. The scale of the challenge, and of the opportunity, requires new radical solutions using a Value-Based healthcare approach.</p> <p>During December 2021 and January 2022, the programmes were stood down (and many staff redeployed) to help respond to the immediate demands of mass vaccination and Omicron. Nearly all programmes are back up and running but this, coupled with earlier recruitment challenges, has affected progress. Despite this, significant steps were still taken in the last quarter to address delayed care for patients including:</p>

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- in-sourcing additional capacity for pre-operative assessment, outpatient appointments, and day case general surgery, oral surgery, and endoscopy with just under 200 additional appointments provided to date
- new clinical equipment installed for ophthalmology, endoscopy, and lung function testing (and secured for teledermatology)
- 139 patients with delayed respiratory follow-up in north Powys were reviewed through a strengthened multidisciplinary team with 73 patients either to be discharged or to receive alternatives to consultant care
- Powys managed patients waiting more than 26 weeks contacted, with 21% indicating they may no longer need to be on a waiting list, which is to be confirmed clinically
- strengthened information about wellbeing advice and sources of support made available
- school vision screening letters distributed to parents of children missed due to Covid-19
- tests made available across primary care in Powys in relation to symptomatic bowel cancer - with learning sessions in relation to Cancer involving just under 400 clinicians and other staff
- virtual pulmonary rehabilitation continuing to reduce waiting times
- and an external Getting it Right First Time Review of orthopaedics completed to guide the way forward.

What is the current dynamic of the recruitment position of the 7 unfilled vacancies?

The Assistant Director of Transformation and Value reported that the 7 unfilled vacancies are across various services, 4 involve Medicines Optimisation pharmacists. It was reported that these posts may require a collaborative approach across Mid and West Wales as a key element of the Value-Based Healthcare work is to ensure medicines are being utilised with maximum effect. Another post related to physiology where in order to achieve the board's future vision, a review of the current vacancy Banding within the Respiratory service would be required to recruit to the required capacity.

The report states that 21% of patients contacted may not need to be on a waiting list, how can the Committee take assurance that this clinical judgement decision is correct?

The Assistant Director of Transformation and Value advised that whilst the patients contacted had indicated they may not

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need to be on the waiting list this was subject to a clinical decision. In-reach consultants clinically risk stratify the waiting list and keep it under review. Patients would only be removed from lists with clinical agreement. The purpose of contacting the patients was not just validation but to ensure that patients at risk of a delayed intervention had access to sources of advice and support which could help to improve outcomes. The Patient Liaison Team was proactively providing links to wellbeing advice and support, including Silver Cloud in relation to emotional wellbeing.

What is the alignment between renewal and the strategic review risks identified across Mental Health services?

The Assistant Director of Transformation and Value advised the committee that the strategic review of Mental Health Services was a Renewal Priority. The progress of the Review would be closely monitored and reported through Executive Committee.

How does the frailty renewal work align with accelerated cluster development and how is this managed within the community by the wider Primary Care teams?

Discussions have taken place with primary care, for example within North Powys in relation to Frailty and there was primary care representation on the Frailty Programme Board. However, the Renewal Strategic Portfolio Board had already identified that further discussion was needed about how best to ensure alignment with accelerated cluster plans and the discussion would take place at the Strategic Board imminently.

Is there further scope within cancer pathways for Powys residents to attend services closer to home?

Further opportunity is available to provide cancer services closer to home for the residents of Powys. Work is underway to identify the parts of pathways which could be provided more locally, such as patient education which could be made available virtually in order to reduce travel distances for patients. PTHB was identifying the diagnostics which could be provided closer to home, for example FIT (Fecal Immunochemical Test), for early diagnosis of bowel cancer, had been made available across all GP practices in Powys. Protected learning time had been for clinicians and other staff, including linking with the Wales Cancer Network.

What is the current status of the Nevill Hall Business Case for patients to access services closer to home?

Powys Teaching Health Board has supported the business case for Nevill Hall Hospital to become a Satellite Radiotherapy Centre, which was an important development

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	<p>to bring some services closer to those living in South Powys through a commissioned service.</p> <p>The Renewal Strategic Portfolio, including Progress and Risks was DISCUSSED AND NOTED.</p>
D&P/22/10	<p>INTEGRATED PERFORMANCE REPORT – QUARTER 4 2021/2022</p> <p>The Director of Planning and Performance presented the Integrated Performance Report noting that the data provided is the latest available performance update against the phase one Ministerial Measures. It was highlighted that Performance for the health board remains challenging against the key Welsh Government metrics that are used to assess improvement towards the 'A Healthier Wales' ambitions priority areas. The key areas that remain challenging are linked to the ongoing Covid-19 outbreak exacerbating pressures with ongoing fragility for Planned care with in-reach consultant led services.</p> <p>The Director of Planning and Performance advised the committee that in response to supporting and maximising repatriation to improve acute flows, the health board has placed further focus on increased management input into Powys bed flow which aims to maximise provider beds in supporting demand and reducing repatriation delays to a minimum.</p> <p><i>What work can be implemented with partners to understand the increase of referral patterns of neurodiversity and Children and Young people presentation of self-harm and the requirement for assessment?</i></p> <p>The Chief Executive reported that the key aim is to ensure that the approach remains comprehensive and holistic with the focus on population health and wellbeing, albeit with the need to understand this through the lens of the impact of the pandemic. A view to seek local and national guidance in relation to the upward trend of neurodiversity referrals patterns would enable the health board to identify the level of demand and intervention required.</p> <p><i>What steps are being implemented to support the wider issues regarding social care with commissioned services and</i></p>

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what is the appetite for discussion with the partners for the organisations ability to affect change?

The Chief Executive reported that plans would be developed with the support of the Board to implement a proposition to test acceptability to patients and to ensure social care issues are addressed with partners. The Committee agreed that an update would be presented to members at a future committee.

Action: Chief Executive Officer

The Performance scorecard for improved health and wellbeing with better prevention and self-management conveys no progress in relation to the Public Health Wales Coverage of Cervical and Breast Screening, what are the key priorities of focus for the new Public Health Director in Powys?

The Chief Executive highlighted that a detailed report and assessment is due to be undertaken for review at Executive Committee. This review would ensure the public have full access to screening with particular focus across communities who are less likely to attend. It was agreed that the report and assessment results would be shared at the Delivery and Performance Committee for assurance.

Action: Director of Planning and Performance/ Interim Board Secretary

Pre-pandemic, Diabetic retinopathy waiting lists were extremely long, what is the current position of coping with patient demand within this area?

The Chief Executive responded through highlighting the progress position of staff and environment challenges due to Covid19 have resulted in a pause in the service. The alternative for residents to visit Optometrists which has proven difficult across rural areas, specifically within the North of Powys. The service has now been reinstated within Machynlleth in order to review the backlog of waiting lists.

The Director of Planning and Performance advised that there are currently over 700 patients on an external Health Board or English Trust waiting list for treatments such as Diagnostics, Outpatients, and routine care. The key area of focus is to review the greater waiting times in order to proceed with intervention through a different pathway of care in order to reduce the waiting times.

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Has progress been made in terms of providing wider care and the approach to regional centres?

The Chief Executive advised the Committee that an area of focus relates to the potential expansion of the Endoscopy service and the productivity of what the expectation of Day cases should be seen as opposed to the reliance on inpatient beds.

The Director of Primary, Community Care and Mental Health advised that work is underway to review the physical available capacity across Powys given the workforce constraints. Together with the demand and capacity model which provides additionality due to the level of significant backlog, a formal offer has been made to regional working in terms of available capacity. The Committee agreed for a detailed update report to be provided around the wider care across regional centres to include proposals around the various skill mix of procedures potentially taking place within theatres across Powys at a future Delivery and Performance Committee.

Action: Director of Primary, Community Care and Mental Health/Interim Board Secretary

It was highlighted that new Endoscopy decontamination equipment funding via Welsh Government Renewal monies have been installed and are operational in Brecon Hospital. The Joint Advisory Committee (JAG) annual review has successfully been completed for Brecon, with Powys' first trainee Nurse Endoscopist successfully JAG accredited.

Is the external funding time bound for expiration and has the Organisation provided enough resources for future plans if the funding expires?

During previous years it has been recognised that the number of Tranches provided have been proven difficult with non-recurrent monies in respect of revenue more so than in relation to Capital spend. Welsh Government have confirmed that further tranches will be made available to Health Boards for this financial year, however dependant on the challenges of recruitment the majority are recurrent at present, with the intention that non recurrent would not be so great within this financial year.

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	<p><i>Are compliments systematically analysed in the same that complaints are?</i></p> <p>The Chief Executive responded in light of Patient Experiences, values, and concerns. It was highlighted that a commitment has been implemented within the Integrated Medium-Term Plan (IMTP) in relation to a Digital Support System in order to analyse patient experiences. There is the aim that this will provide an elicit a greater number of patients to provide feedback, specifically those outside of the health board within Commissioned services. In addition, a learning group has been established by Clinical Directors which has a focus on various trends via existing patient experience framework.</p> <p>The Integrated Performance Report was DISCUSSED and NOTED.</p>
D&P/22/11	<p>INFORMATION GOVERNANCE PERFORMANCE REPORT</p> <p>The Director of Finance presented the report, providing an overview of the assessment against key performance and compliance indicators for information governance (IG). The reporting period of the report covers both Quarters 3 and 4, from 1 October 2021 to 31 March 2022.</p> <p>The Director of Finance reported that a total of 166 requests were received (1 October 2021 – 31 March 2022) to access information. This is a slight decrease of 13.8% when compared to the same period in 2020/21 (189 requests). It was highlighted that the overall compliance remains below the Information Commissioners target of 90% with continuous improvements being made. It was noted that the dashboard is a work in progress and further work will be implemented to identify longer trends.</p> <p>It was confirmed that a project plan is in place to steer a significant piece of work over the next 9 months to retrospectively register all projects/initiatives that have previously required IG input. The purpose is to ensure all programmes are in one place within the IG file structure to enable more accurate searching and comply with records management. This will aid future project development, prevent duplication of work, and assist with cost savings. It will also enable more accurate KPIs to better manage provision of resources within the team to provide the support required.</p>

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	<p><i>Given the number of initiatives within the Information Governance team following review of the conversion rate, are the right resources in place in order to deliver successful outcomes?</i></p> <p>The Information Governance team are involved with various assessments where the report references to conversion rates supporting a number of functions. The Committee agreed that the dashboard would be reviewed in order to include a trend analysis spanning over 1 year to help identify longer trends providing assurance to Committee members.</p> <p>The Information Governance Performance Report was DISCUSSED and NOTED.</p>
D&P/22/12	<p>COMMITTEE BASED RISK REGISTER</p> <p>The Interim Board Secretary provided the committee with the end of April 2022 version of the committee risk register. The Committee risk register reflects the summary of the significant risks identified as requiring oversight by this lead committee. The risks also include widespread risks beyond the local area and for which the cost of control is reviewed by the Executive Committee on a bi-monthly basis. It was also noted that there is clear correlation between the Committee and Board in terms of providing oversight and assurance.</p> <p>The Committee discussed the potential for a further consideration of Finance risk balance across the three-year cycle. The current in year short term risk reporting mechanism which is currently monitored monthly is working well with a review of risks not being delivered, in addition to a future reporting position. The Director of Finance was to give consideration as the best way to present this future look ahead.</p> <p>The Director of Nursing and Midwifery highlighted that the Unscheduled Care risk, access to emergency care services for Powys residents, is not articulated within the risk management matrix.</p> <p>Consideration would be given to focus on the Corporate Risk Register reporting at Executive Committee in order review the pattern assessment of risks within the financial year. It was discussed and agreed that directorates would demonstrate the mitigation feature of each risk identified within the Corporate Risk Register during Committees going forward.</p> <p>Action: Interim Board Secretary</p> <p>The Corporate Risk Register was DISCUSSED and NOTED.</p>

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ITEMS FOR INFORMATION	
There were no items for inclusion in this section.	
OTHER MATTERS	
D&P/22/13	ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES There are no items for inclusion in this section
D&P/22/14	ANY OTHER URGENT BUSINESS There was no urgent business.
D&P/22/15	DATE OF THE NEXT MEETING 23 June 2022 at 10:00, via Microsoft Teams.

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Agenda item: 2.1

Delivery & Performance Committee		Date of Meeting: 23 June 2022
Subject:	Powys Teaching health board integrated performance report updated 2022/23 – Month 2	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	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 national and local measures up until the end of May 2022 (month 2). It also contains the latest information around COVID-19 infections and vaccination progress.

RECOMMENDATION(S):

The D&P Committee are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

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

EXECUTIVE SUMMARY:

This report provides the Board with the latest validated performance update.

It contains a high-level summary of COVID infection rates, vaccination progress, and an update for Powys Teaching Health Board's (PTHB) set against the revised 2021/22 National Outcome and Delivery Frameworks four aims, and their measures, including a subsection of Ministerial Measures, showing performance, and including set trajectories for 2022/23.

Data provided within the dashboards is of month 2 where possible, but it should be noted that some measures have significant delays in reporting because of national collection processes. *(Nationally validated RTT performance for May is unavailable as @ 20/06/2022 but will be available for the full board meeting in July.)*

Using this data, we highlight performance achievements, and challenges at a high level, as well as brief comparison to the All-Wales performance benchmark where available.

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The Health Board remains focused on reviewing and improving performance reporting both to service leads and formal report forums. As part of the review this main performance report continues to evolve with the aim of producing and supplying more insightful information.

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Powys Teaching Health Board

Integrated Performance Report

Month 2 – Updated 20/06/2022

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

[Executive Summary](#)

[COVID-19](#)

[Ministerial Measures](#)

[NHS Delivery Framework Performance](#)

[National Outcomes Framework: Performance Scorecard](#)

[Quadruple Aim 1](#)

[Quadruple Aim 2](#)

[Quadruple Aim 3](#)

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Powell Bethan
06/23/2022 08:47:02



Executive Summary

This report provides the Board with the latest available performance update against the phase one Ministerial Measures their progress against trajectories set in the IMTP, and the existing 2021/22 NHS Delivery Framework. This snapshot is for month 2 2022/23 but data will remain un-completed for metrics from the 2021/22 financial year, some measures do not have a final update until late in Q2. 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

Performance for the health board remains challenging against the key Welsh Government metrics that are used to assess improvement towards the "A Healthier Wales" ambitions and priority areas.

This snapshot against shows a diverse picture with very positive improvements of most key planned and elective care targets including referral to treatment (RTT), diagnostics, therapies, and mental health pathways targets in the local provider services.

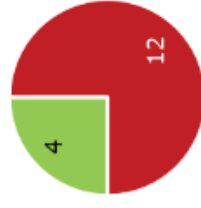
Key areas of challenge for the health board are linked to ongoing COVID-19 outbreak exacerbating whole system pressures e.g., inpatient facilities that are via COVID outbreaks affecting patients, and staffing capacity as a result of sickness absence. And the ongoing fragility for planned care with in-reach consultant led services.

Commissioned service challenges are significant including emergency access where continuing very high system pressures in acute care are resulting in very long waits in accident and emergency (A&E), this in turn also impacts on ambulance waiting times with units unable to hand over patients quickly redeploying back in to the county. Patient access times for planned care pathways remains poor with elective care patients waiting beyond acceptable targets for treatment. The ongoing variance of recovery between Powys as a provider, Welsh acute care providers, and English care providers has resulted in three speeds of access depending on patient geographical of specialism flow pathway. COVID-19 has also impacted on acute care trusts admissions and sickness resulting in ongoing emergency and elective care pathway disruption.

In response supporting and maximising repatriation to improve acute flows the health board has placed further focus on increased management input into Powys bed flow, this will maximise provider beds supporting demand and reducing repatriation delays to the absolute minimum.

Compliance against NHS Delivery framework measures at month 2 by quadruple aim area.

Compliance against targets quadruple aim 1



Not-compliant Compliant

Compliance against quadruple aim 2



Not-compliant Compliant

Compliance against quadruple aim 3



Not-compliant Compliant

Compliance against quadruple aim 4



Not-compliant Compliant



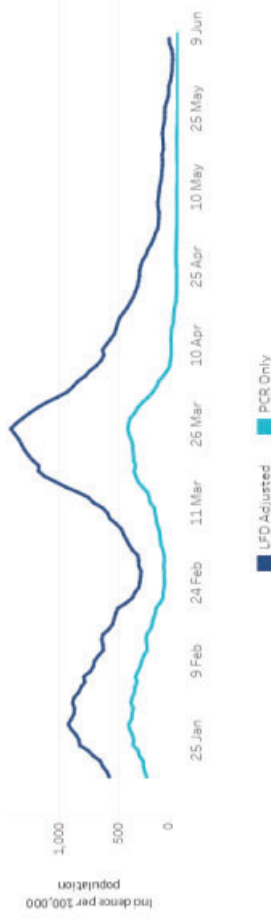
COVID-19 Infection Reporting – Source Public Health Wales

National reporting of COVID-19 infection data by Public Health Wales changed on 26 May 2022. At that time the latest published data on cases and tests by Local Authority of residence was as follows (snapshot date 20/05/2022 – Source Public Health Wales):

Time Period	Cases	Cases per 100k population	Testing Episodes	Testing per 100k population	Positive proportion
All Cases	26,301	19,859.6	167,951	126,817.7	15.7%
Wales average	834,202	26,458.4	4,892,528	155,176.5	17.1%

PHW reporting from 26 May 2022 reflects the changes in testing from 1 April 2022. Since 1 April 2022 the availability of community testing via both PCR and lateral flow devices has reduced significantly and may continue to change as guidance is updated. Therefore PCR and LFD testing figures and trends should be interpreted with caution and considered alongside other sources such as hospital admissions, mortality, wastewater to monitor COVID prevalence.

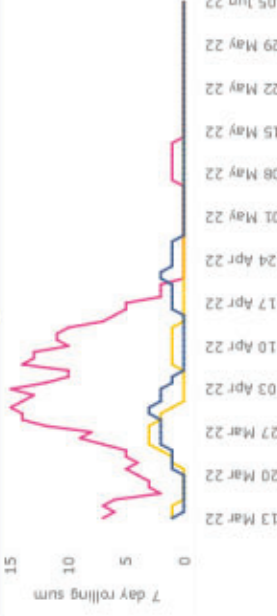
Rolling 7-day incidence per 100,000 population, by Local Health Board



The chart on the left shows the rolling 7-day incidence based on “PCR only” and “LFD adjusted” rates for Powys.

The chart on the right shows the rolling 7 day sum of hospitalised cases in PTHB hospitals (red = hospital acquired, blue = community acquired, yellow = indeterminate).

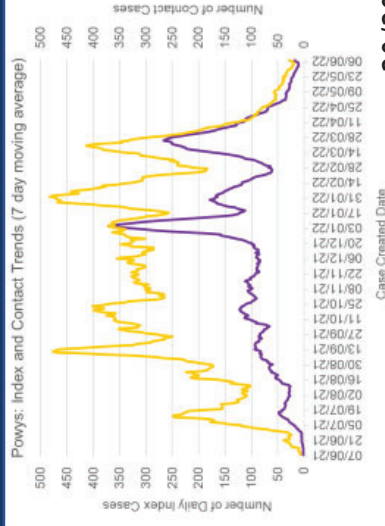
Rolling 7 day sum of hospitalised cases in Powys THB, by acquisition



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

Reporting of COVID-19 TTP data is sourced directly from Powys County Council Business Intelligence team. The Test, Track, and Protect process is in a period of transition from the previous model in place during 2021/22 to a new model from Q2 2022/23. Funding and requirements for contact tracing in 2022/23 were confirmed by Welsh Government in March 2022 and transition is nearing completion. As at 15 June 2022 Welsh Government has not yet confirmed funding or requirements for testing from 1 July 2022, which creates a level of operational and financial risk.

Changes in testing since 1 April mean that the number of index and contact cases have reduced since the last IPR and for the period 01 Jun to 07 Jun there were **137** contact cases (compared with 2197 for 08 Feb to 15 Feb) of which 99.3% were successfully followed up. Of **118** index cases (compared with 837 from 08 Feb to 15 Feb), 71% had completed contract tracing (56% within 24 hours). 100% of health and social care workers has contract tracing complete.

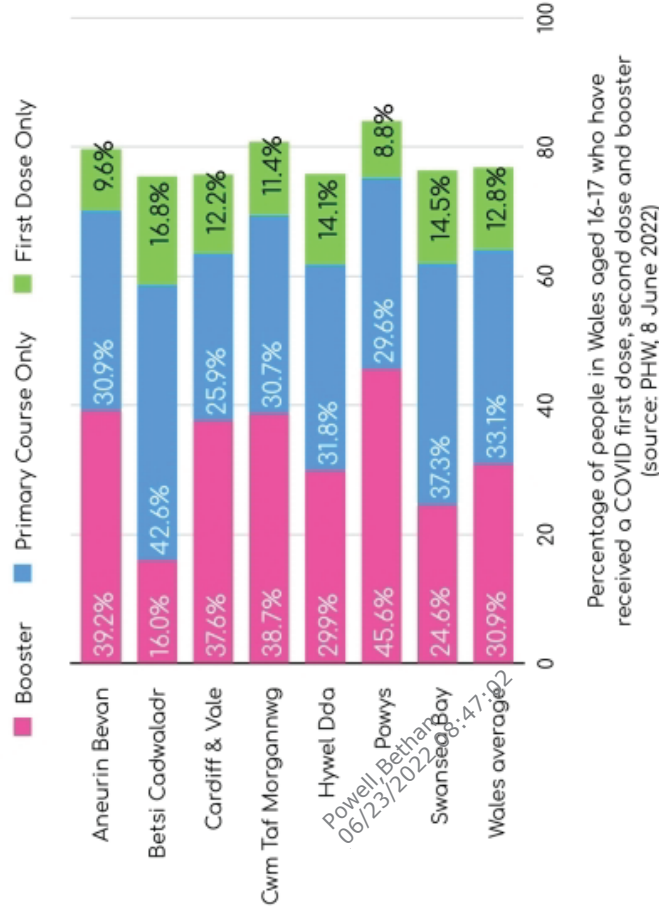
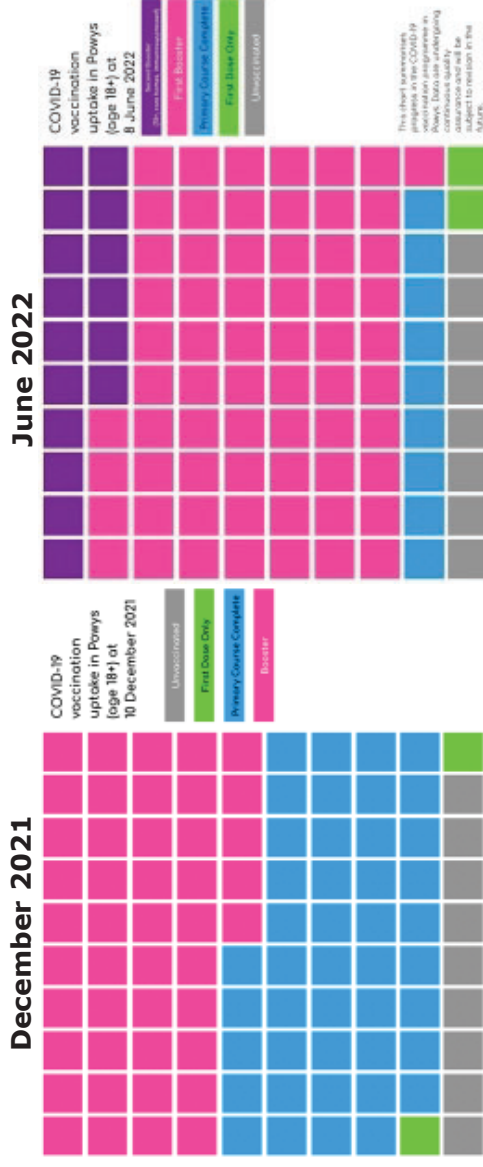




COVID-19 Vaccination Programme

Where are we now?

- 80.6% of all adults in Powys have received their first booster, and 80% of eligible individuals have received their spring booster.
- This remains the strongest performance of all health boards across Wales and is among the leading rates in the UK.
- The charts on the right show the progress made in over the last six months including a further slight increase in uptake of first and second doses.



Current priorities include:

- Spring boosters for eligible individuals (residents of care homes for older adults, people aged 12+ with severe immunosuppression, people aged 75+): All invitations have been issued, and drop-in is available. 80% of eligible individuals have already taken up the invitation, which is the highest rate of all HBs in Wales.
- Boosters for people aged 16-17: All invitations have been issued, and drop-in is available. 45.6% of 16-17 year olds have taken up the invitation, which is the highest rate of all HBs in Wales (see left).
- First and second doses for people aged 5-11: Partial booking letters have been sent to all eligible individuals but uptake has been low (6% compared with Wales average of 14.1%). A programme of "full booking" is being considered for the summer holidays.
- "Always Open" offer for people who have not previously taken up COVID vaccination or completed their course: Drop-in remains available for first & second doses (12+), first boosters (16+) and spring boosters (eligible individuals).
- Planning ahead for Autumn Boosters following interim guidance published by the JCVI on 19 May 2022.



National changes to reporting measures

Please note this is a preview of the upcoming changes to the national reporting measures and is within a draft non finalised stage as of 17/06/2022.

The month 2 integrated performance report (IPR) currently contains two separate frameworks for reporting assurance, and performance for Powys responsible patients health and well-being.

1. Ministerial measures
2. NHS delivery framework

For Q2 2022/23 the health board is preparing for a change to a new framework following signoff by the Health Minister and NHS Executive leads. Replacing the two current performance frameworks will be a single consolidated version which places measures into three tiers.

1. Priority performance measures
2. Supporting performance measures
3. Operational performance measures

This change remains at present under development but has been created to best support the Health Ministers assurance that Welsh residents are receiving improved population health outcomes.

When the health board receives a finalised version the IPR will change to reflect these measures and their reporting structure.

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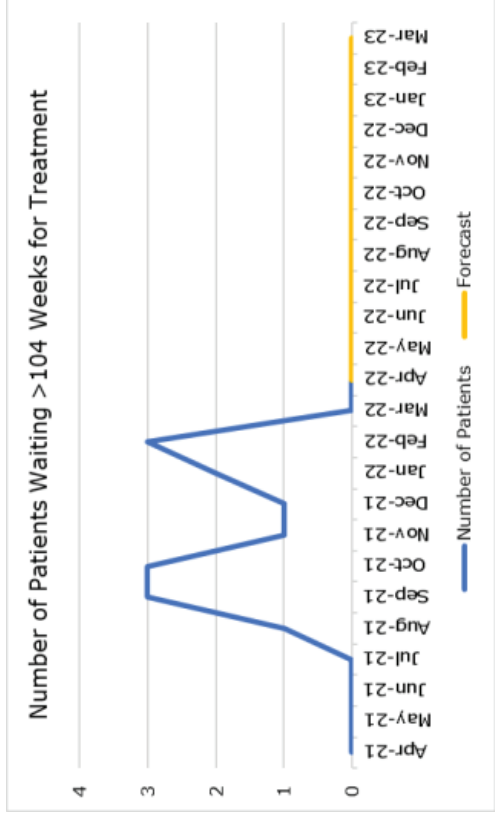


Ministerial Measures

Ministerial Measures

Within the NHS Wales Planning Framework 2022-2025 (which was published 9 November 2021), the Minister outlined her expectations and priorities for the NHS going forward at this challenging time. Within the Framework <https://gov.wales/nhs-wales-planningframework-2022-2025>, the Minister indicated her intention to set and issue a number of measures that will demonstrate improvement in the identified priority areas. These measures as discussed above will be amalgamated into a new framework.

The below section will contain the current Phase 1 measures where the health board has profiled a trajectory of performance for 2022/23, and where the measure has data available.



Number of patients waiting over 104 weeks for treatment Target - Improvement trajectory towards a national target of zero by 2024

Powys planned care performance in reducing very long waits has been positive, no patients now wait 104 weeks for treatment.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)

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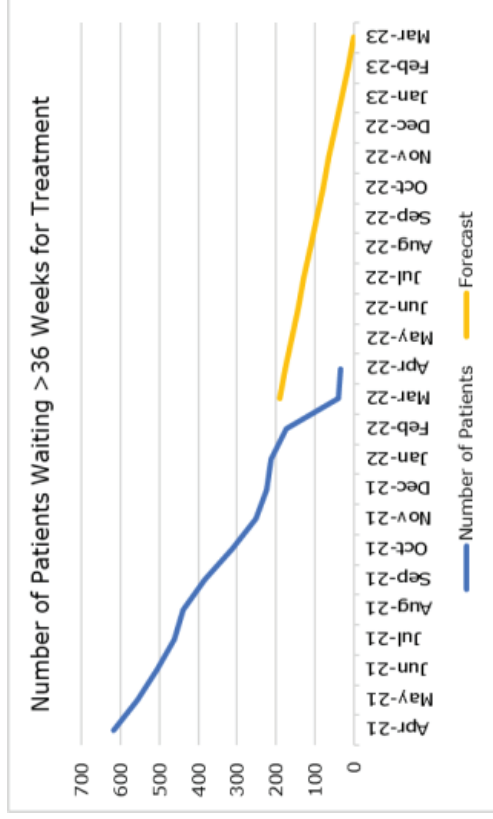
Ministerial Measures

Number of patients waiting over 36 weeks for treatment

Target - Improvement trajectory towards a national target of zero by 2026

Powys planned care performance in reducing waiters over 36 weeks is the best in Wales & England for Powys residents. The health board is currently reducing this patient cohort quicker than predicted.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)



Number of patients waiting over 104 weeks for a new outpatient appointment

Target - Improvement trajectory towards eliminating over 104 week waits by July 2022

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

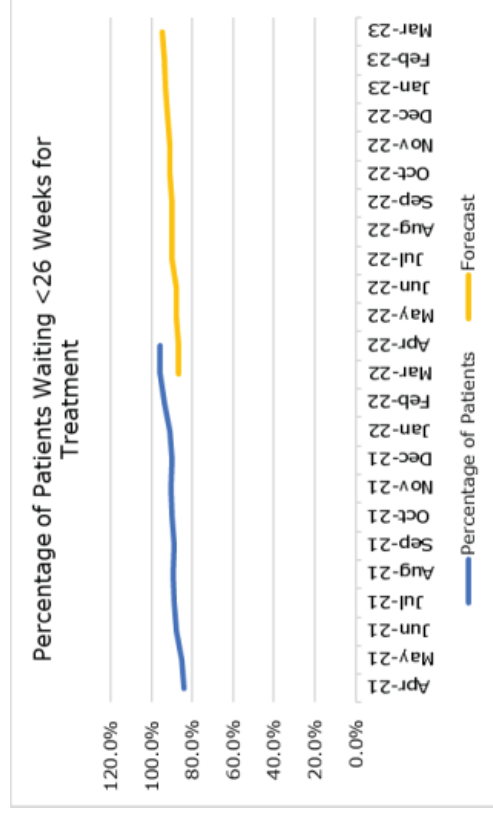
For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)

Number of patients waiting under 26 weeks for treatment

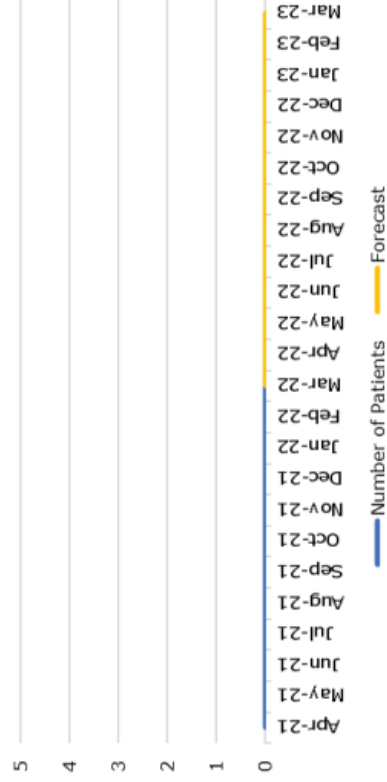
Target - Improvement trajectory towards a national target of 95% by 2026

Powys planned care performance as a provider is very positive, the health board at present is reporting validated 95.8% compliance against the 26 week target for treatment. As a provider we are on track to meet trajectory as set out in the IMTP.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)



Number of patients waiting over 104 weeks for a new outpatient appointment





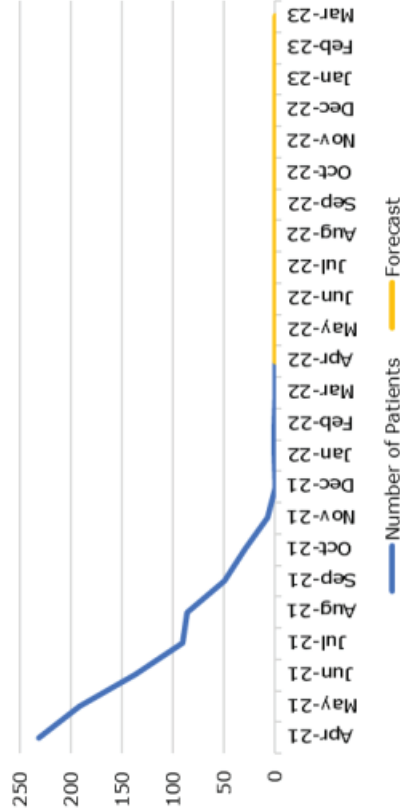
Ministerial Measures

Number of patients waiting over 52 weeks for a new outpatient appointment Target - Improvement trajectory towards eliminating over 52 week waits by October 2022

Provider services have successfully reduced patients wait over 52 weeks for a new outpatient appointment to zero before the October deadline.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)

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

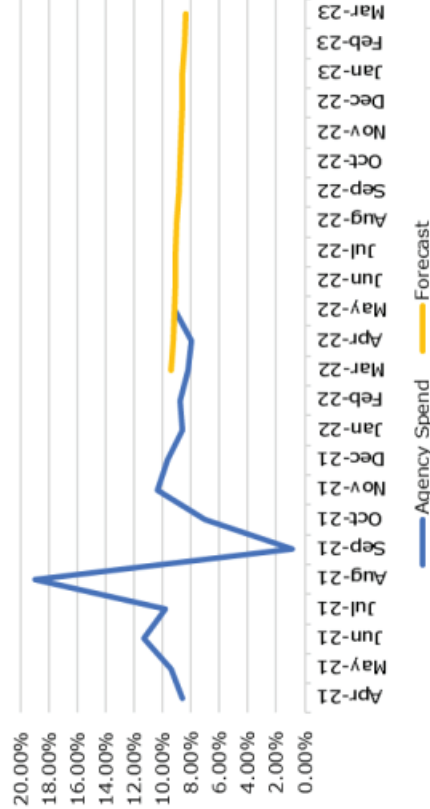


Agency spend as a percentage of the total pay bill

The provider agency spend as a percentage of total pay bill varies as a response to demand. The health board plans to remain on trajectory although there is significant unforeseeable risk including COVID-19 sickness of another wave happens in the remaining period to year end 22

For more details on agency spend please review the quadruple aim 4 slide [here](#)

Agency spend as a percentage of the total pay bill

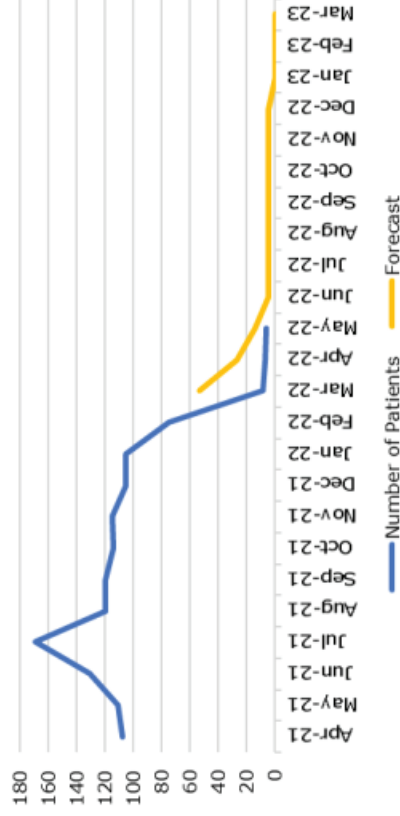


Number of patients waiting over 8 weeks for diagnostic endoscopy Target - Improvement trajectory towards a national target of zero by March 2026

Powys provider services are on track to meet the ministers target reducing the number of patients to zero before March 2026.

For more details on diagnostics please review the quadruple aim 2 diagnostic slide [here](#)

Number of patients waiting over 8 weeks for a diagnostic endoscopy



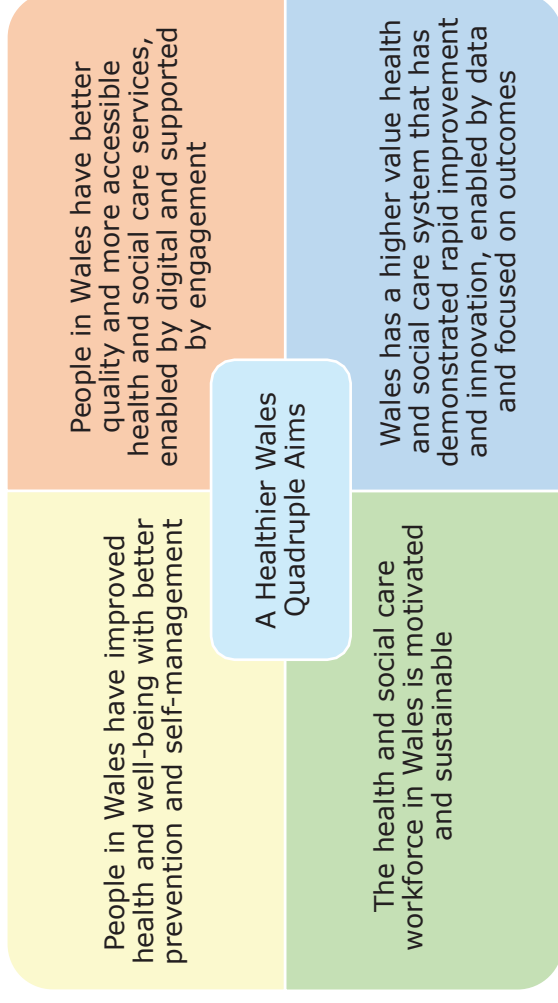


NHS Delivery Framework Performance

NHS DELIVERY FRAMEWORK PERFORMANCE

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

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



A brief introduction to statistical process control charts (SPC)

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

SPC charts

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



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



National Outcomes Framework: Performance Scorecard

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

2021/22 NHS Outcome Framework Summary – Key Measures – Provider							Performance			Welsh Government Benchmarking	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management	Director of Nursing		1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	51.9%		52.0%	1st	36.8%
	Director of Public Health	Consultant in Public Health	2	‘6 in 1’ vaccine by age 1	95%	Q3 21/22	95.8%	93.3%	96.1%	3rd	95.9%
	Director of Public Health	Consultant in Public Health	3	2 doses of the MMR vaccine by age 5	95%	Q3 21/22	91.3%	91.5%	91.0%	4th	90.0%
	Director of Public Health	Consultant in Public Health	4	Attempted to quit smoking – Cum	5%	Q3 21/22	2.00%	1.62%	2.43%	5th	2.99%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	5	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q3 21/22	355.2	425.1	428.5	6th	378.6
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	6	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q4 21/22	69.6%	63.1%	50.0%	6th	67.4%
	Director of Public Health	Consultant in Public Health	7a	Flu Vaccines – 65+	75%	2020/21	67.1%		73.5%	7th	76.5%
	Director of Public Health	Consultant in Public Health	7b	Flu Vaccines – under 65 in risk groups	55%	2020/21	44.3%		52.2%	3rd	51.0%
	Director of Public Health	Consultant in Public Health	7c	Flu Vaccines – Pregnant Women	75%	2020/21	93.3%		92.3%	2nd	81.5%
	Director of Public Health	Consultant in Public Health	7d	Flu Vaccines – Health Care Workers	60%	2020/21	64.3%		56.5%	8th	65.6%
Quadruple Aim 2: People in Wales have improved health and wellbeing with better prevention and self management	Director of Public Health	Consultant in Public Health	8a	Coverage of cancer screening for: bowel	60%	2019/20	56.4%		59.5%	1st	58.9%
	Director of Public Health	Consultant in Public Health	8b	Coverage of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
	Director of Public Health	Consultant in Public Health	8c	Coverage of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	9a	MHPart 2 – % residents with CTP <18	90%	Apr-22	94.7%	75.8%	93.9%	3rd	80.1%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	9b	MHPart 2 – % residents with CTP 18+	90%	Apr-22	91.9%	71.9%	85.4%	6th	85.4%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	10	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

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National Outcomes Framework: Performance Scorecard

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

2021/22 NHS Outcome Framework Summary - Key Measures - Provider							Performance			Welsh Government Benchmarking (*in arrears)	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Primary Care	15	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	56.3%		93.8%	2nd	75.9%
		Assistant Director of Primary Care	16	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q3 21/22	55.7%	45.9%	40.5%	5th	43.6%
		Assistant Director of Primary Care	17	Percentage of adults regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q3 21/22	47.0%	38.4%	32.8%	5th	33.0%
		Assistant Director of Primary Care	18	Percentage of Out of Hours (OOH)/111 patients prioritised as P1/CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	Apr-22		87.0%	85.0%	3rd*	84.8%
		Senior Manager Unscheduled Care	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	May-22	53.6%	48.3%	43.5%	7th	54.5%
		Senior Manager Unscheduled Care	21	MIU % patients who waited <4hr	95%	May-22	100.0%	100.0%	99.9%	1st	66.6%
		Senior Manager Unscheduled Care	22	MIU patients who waited +12hrs	0	May-22	0	0	0	1st	10,226
		Senior Manager Unscheduled Care	23	Median time from arrival at an ED to triage by a clinician	12 month reduction trend	No data locally available due to metric revision					
		Senior Manager Unscheduled Care	24	Median time from arrival at an ED to assessment by a senior clinical decision maker	12 month reduction trend						
		Assistant Director of Community Services	32	Number of diagnostic breaches 8+ weeks	0	May-22	194	96	67	1st*	45,028
		Assistant Director of Community Services	33	Number of therapy breaches 14+ weeks	0	May-22	7	70	128	1st*	13,103
		Assistant Director of Community Services	34	RTT patients waiting less than 26 weeks	95%	Apr-22	84.0%	96.0%	95.8%	1st	53.7%
		Assistant Director of Community Services	35	RTT patients waiting over 36 weeks	0	Apr-22	618	41	35	1st	258,190

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National Outcomes Framework: Performance Scorecard

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

2021/22 NHS Outcome Framework Summary - Key Measures - Provider						Performance				Welsh Government Benchmarking (*in arrears)							
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales						
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Community Services/Assistant Director of Mental Health	38	Number of patients waiting for a follow-up outpatient appointment	<= 3,864	Performance not reportable (Data Quality)											
			39	Number of patient follow-up outpatient appointment delayed by over 100%	<= 201												
		Assistant Director of Community Services	40	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	95%							May-22	64.5%	59.9%	61.5%	6th*	65.4%
		Assistant Director of Community Services	Local	Percentage of patient pathways without a HRF factor	<= 2.0%							May-22	0.3%	0.7%	1.3%		
		Assistant Director of Mental Health	41	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction							2020/21	5.06		2.42	2nd	3.54
		Assistant Director of Mental Health	42	CAMHS % waiting <28 days for first appointment	80%							May-22	98.0%	97.5%	92.5%	2nd*	41.2%
		Assistant Director of Mental Health	43a	MH Part 1 - Assessments <28 days <18	80%							Apr-22	96.9%	100.0%	96.9%	1st	45.2%
		Assistant Director of Mental Health	43b	MH Part 1 - Assessments <28 days 18+	80%							Apr-22	91.7%	76.3%	79.1%	3rd	67.7%
		Assistant Director of Mental Health	44a	MH Part 1 - Interventions <28 days <18	80%							Apr-22	100.0%	97.8%	96.6%	1st	37.9%
		Assistant Director of Mental Health	44b	MH Part 1 - Interventions <28 days 18+	80%							Apr-22	78.5%	23.4%	36.7%	6th	62.7%
		Assistant Director of Womens and Children's	45	Children/Young People neurodevelopmental waits	80%							May-22	52.0%	88.3%	90.4%	1st*	37.5%
		Assistant Director of Mental Health	46	Adult psychological therapy waiting < 26 weeks	80%							May-22	95.7%	93.5%	88.8%	2nd*	71.8%
		Deputy Director of Nursing	47a	HCAI - E.coli per 100k pop cum	Local - Improvement							Mar-22			2.20		PTHB is not nationally benchmarked for infection rates
		Deputy Director of Nursing	47b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum								Mar-22			0.00		
		Deputy Director of Nursing	47c	HCAI - C.difficile per 100k pop cum								Mar-22			8.27		
		Deputy Director of Nursing	48a	HCAI - Klebsiella sp cumulative number								Mar-22			0		
		Deputy Director of Nursing	48b	HCAI - Aeruginosa per 100k cumulative number								Mar-22			0		
12/67											29/293						



National Outcomes Framework: Performance Scorecard

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

2021/22 NHS Outcome Framework Summary - Key Measures - Provider							Performance			Welsh Government Benchmarking (*in arrears)	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Director of Nursing	Assistant Director of Primary Care	49	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2020/21	87.9%		78.0%	7th	88.0%
	Director of Workforce and OD	Head of Workforce	52	Performance Appraisals (PADR)	85%	May-22	69.0%	72.0%	72.6%	1st (Feb-22)	58.0% (Feb-22)
	Director of Workforce and OD	Head of Workforce	53	Core Skills Mandatory Training	85%	May-22	78.9%	83.0%	84.0%	2nd (Feb-22)	79.0% (Feb-22)
	Director of Workforce and OD	Head of Workforce	55	(R12) Sickness Absence	12m ↓	May-22	4.90%	5.87%	5.84%	2nd (Feb-22)	6.67% (Feb-22)
	Director of Workforce and OD	Head of Workforce	56	Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing	Annual Improvement	2020		77% (2018)	75.5%	2nd	65.90%

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National Outcomes Framework: Performance Scorecard

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

2021/22 NHS Outcome Framework Summary - Key Measures - Provider							Performance			Welsh Government Benchmarking (*in arrears)	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month previous	Previous period	Current	Ranking	All Wales
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Director of Nursing	Assistant Director Quality & Safety	59	Concerns & Complaints (local data)	75%	Q4 2021/22		38.0%	30.0%	Not applicable	
	Medical Director	TBC	60	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	Nationally no reportable studies for PTHB					
	Medical Director	TBC	61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies						
	Medical Director	TBC	62	Crude hospital mortality rate (74 years of age or less)	12m↓	Apr-22	3.55%	2.33%	2.38%	Not applicable	1.06%*
	Medical Director	Chief Pharmacist	66	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q3 21/22	97.0%	97.5%	97.7%	6th	98.8%
	Medical Director	Chief Pharmacist	67	Total antibacterial items per 1,000 STAR-PUs	249.3	Q3 21/22	206.7	223.5	260.0	1st	302.6
	Medical Director	Chief Pharmacist	69	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q3 21/22	491	472	479.0	1st	10,312
	Medical Director	Chief Pharmacist	70	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q3 21/22	0.13%	0.10%	0.10%	1st	0.13%
	Medical Director	Chief Pharmacist	71	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q3 21/22	4,251.5	4,187.3	4222.1	2nd	4,546.6
	Director of Finance and ICT	TBC	74	Agency spend as a percentage of the total pay bill	12m↓	May-22	9.4%	8.0%	9.1%	10th (Feb-22)	10.2% (Feb-22)
Director of Finance and ICT	Head of Information	75	Percentage of episodes clinically coded within one reporting month post episode discharge end date	12m improvement trend towards achieving the 95% target	Mar-22	100.0%	100.0%	100.0%	1st	83.7%	

Powell Bethan
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Quadruple Aim 1

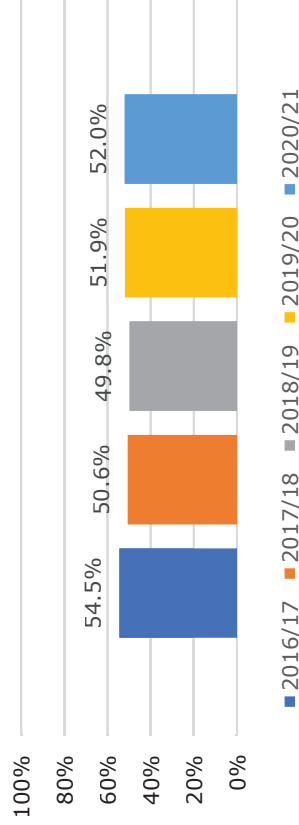
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1

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

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

Percentage of babies who are exclusively breastfed at 10 days old



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

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

What the data tells us	Issues	Actions	Mitigations
2020/21 performance slightly above the average performance over the last 5 years. Powys benchmarks positively against the All Wales figure of 36.8%. Powell, Bethan 06/23/2022 08:47:02	Although breastfeeding rates are above the Wales average there is a reduction in exclusive breastfeeding rates between birth (77% in 2020, Source NCCHD) and 10 days. Some areas of Powys are noted anecdotally to have lower breastfeeding rates than others, but the current data collection methods do not support identification of specific areas. COVID19 has resulted in some reduced visiting in the postnatal period, which may have impacted on the level of support provided to some breastfeeding mothers.	The Powys Infant Feeding Steering Group will be restarting in 2022 with revision of the infant feeding action plan. There is an infant feeding coordinator in post who will be reviewing the data requirements and including in training the importance of accurate data collection by staff. Maternity and health visiting staff who have not completed the Baby Friendly Initiative (BFI) training in the last 3 years are required to complete it in 2022.	Powys is now a site for a multi-centre UK randomised control trial looking at the use of infant feeding helpers in supporting families antenatally and postnatally, with one aim being to identify if this results in improved breastfeeding rates in the intervention group. The study has commenced recruitment in January 2022. Powys volunteer breastfeeding groups have recommenced some face to face groups across Powys, increasing the support available to families.



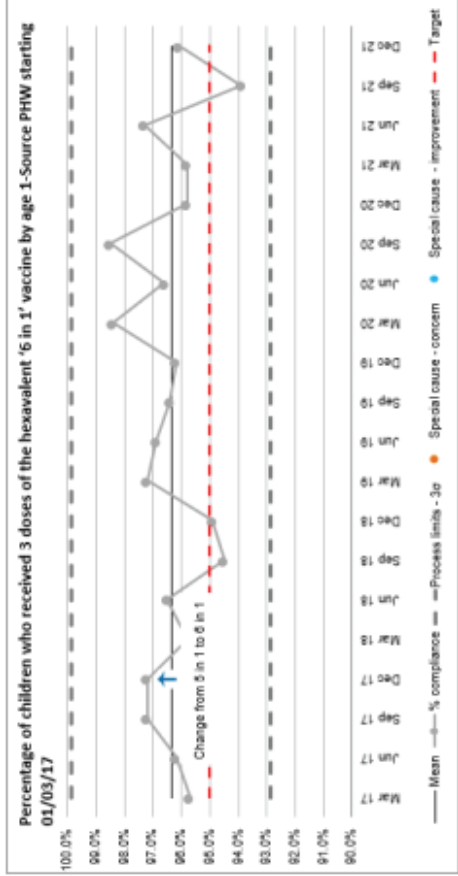
Quadruple Aim 1

No.

2

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

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



Performance Q3 2021/22	
Local Performance	All Wales Benchmark
96.1%	95.9% (3 rd)
Variance Type	
Common Cause	
Target	
95%	
Data Quality	

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

What the data tells us	Issues	Actions	Mitigations
PTHB normally performs consistently above the 95% target for coverage of the 6 in 1 vaccinations. The latest Q3 2021/22 ending December has shown recovery to above target and near average performance for the provider, the All Wales performance is 95.9%.		Work is underway to develop a enhanced primary care dashboard to identify any variation and work with individual practices to address under performance.	None required.



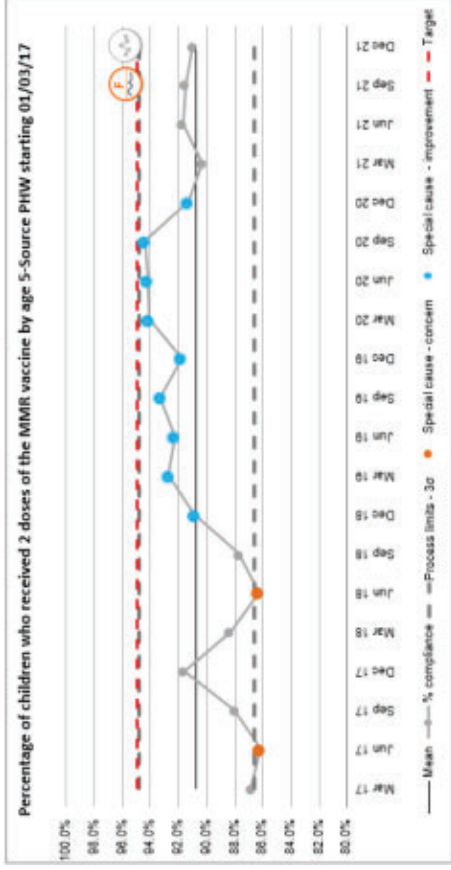
Quadruple Aim 1

No.

3

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

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



Performance Q3 2021/22	
Local Performance	All Wales Benchmark
91.0%	90.0% (4 th)
Variance Type	
Common Cause	
Target	
95%	
Data Quality	

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

What the data tells us	Issues	Actions	Mitigations
PTHB has not met the target for 2 doses of MMR by age 5, performance is above calculated mean. PTHB benchmarks 4th against and All Wales performance of 90% for Q3 2021/22. Powell Bethan 06/23/2022 08:47:02	We have seen uptake drop off for MMR at 5 years, we believe that this is two fold; a reluctance by parents to take children to be vaccinated at this age, and the pressure on primary care to provide face to face appointments.	We are currently working with general practices with the longest queue to request further immunisation slots are opened up. Capacity to undertake this work is limited due to lack of capacity from the immunisation coordinator.	A recovery plan will be developed during Q1 and 2 to catch up on children under vaccinated in previous quarters and ensure the direction of travel is improved. Data cleansing is also being undertaken with the child health departments as staffing capacity was reduced during the pandemic.



Quadruple Aim 1

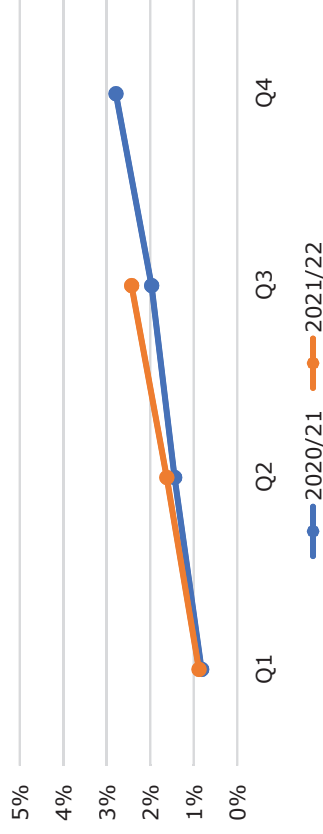
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4

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

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

Percentage of adult smokers who make a quit attempt



Performance Q3 2021/22

Local Performance	All Wales Benchmark
2.43%	5th (2.99%)
Variance Type	
N/A	
Target	
5% Annual Target	
Data Quality	

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

What the data tells us

The cumulative quit attempts for the financial year to Q3 show a slight uptake in quit attempts on 2020/21 but they are still lower than the national benchmark.

This includes the total quit attempts across Powys.

The numbers of smokers within Powys attempting to stop smoking is in the main lower than other health board areas.

Issues

The most significant issue driving the reduction in smoking quit attempts appears to be a reduction in access, specifically through level 3 pharmacy provision with over a 50% reduction in activity between the same periods in 2019 and 2021 from 4,749 to 2,264 respectively.

Both community and maternity provision has increased slightly.

Actions

With the removal of further social distancing and IPC requirements it is hoped community pharmacy will increase the offer to those wishing to quit.

The health board is also currently working through a bidding process to try and secure extra funding to enhance the support to those who find it hardest to quit and those who are awaiting a planned procedure.

Mitigations

Mitigation is limited at the current time although the community services are increasing slot for smokers wishing to be supported through quit attempts.



Quadruple Aim 1

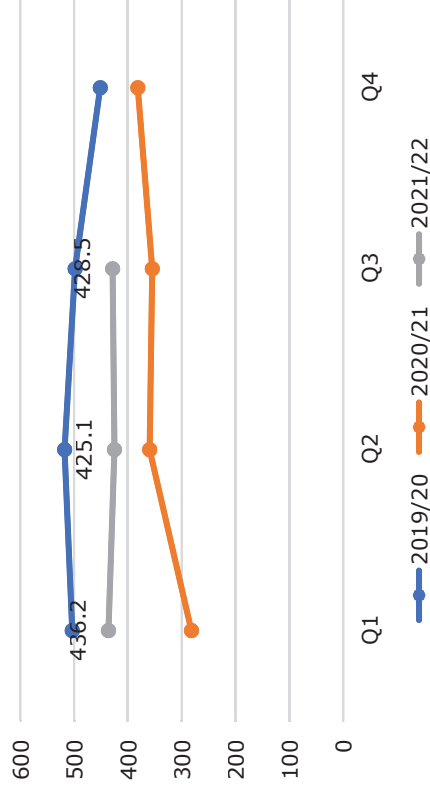
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5

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

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

Alcohol attributed hospital admissions



Performance Q3 2021/22	
Local Performance	All Wales Benchmark
428.5	6th (378.6)
Variance Type	
N/A	
Target	
4 quarter reduction trend	
Data Quality	

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	TBC
Strategic Priority	2

What the data tells us

Increasing four quarter trend in alcohol attributed hospital admissions, however rates in 2021/22 are below 2019/20 reported levels. Welsh average for Q3 2021/22 is 3 and PTHB ranks 6th.

Issues

A recent Public Health England study reported that alcoholic liver deaths increased by 21% during the pandemic year 20/21. And 24.4% more alcohol was sold, it is likely that increases in drinking habit as a result of COVID-19 have affected admission rates for Powys residents in line with UK findings

Actions

Continue to monitor reduction noted in quarter 2. Review public health information provision in terms of messaging to general public. Identify any repetitive patients accessing services and consider alternative support as appropriate.

Mitigations

To be confirmed once further action has been taken.



Quadruple Aim 1

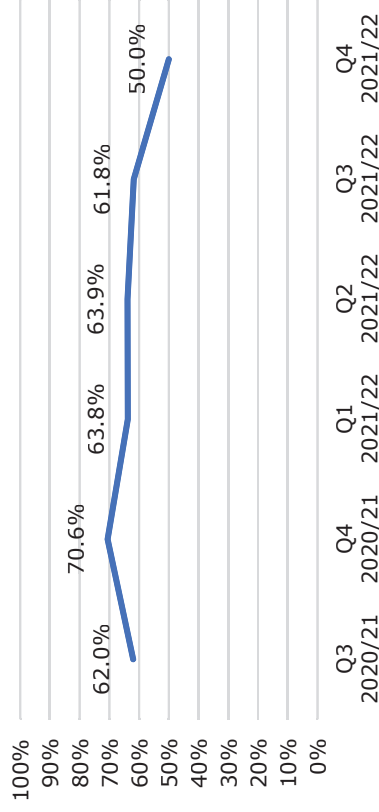
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6

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

Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse

Completed Treatment for alcohol Misuse



Performance Q4 2021/22

Local Performance	All Wales Benchmark
50.0%	6 th 67.4%
Variance Type	
N/A	
Target	
4 Quarter Improvement Trend	
Data Quality	

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Mental Health
Strategic Priority	2

What the chart tells us

Performance has not met the national target of 4 quarter improvement. The health board is ranked 6th in Wales against the All Wales figure of 67.4%.

Issues

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

Actions

Re-tendering for the drug and alcohol community treatment service has been complete and the successful provider to take up contract in September 2022. the new contract places a greater emphasis on client identified outcomes and holistic support.

Mitigations

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



Quadruple Aim 1

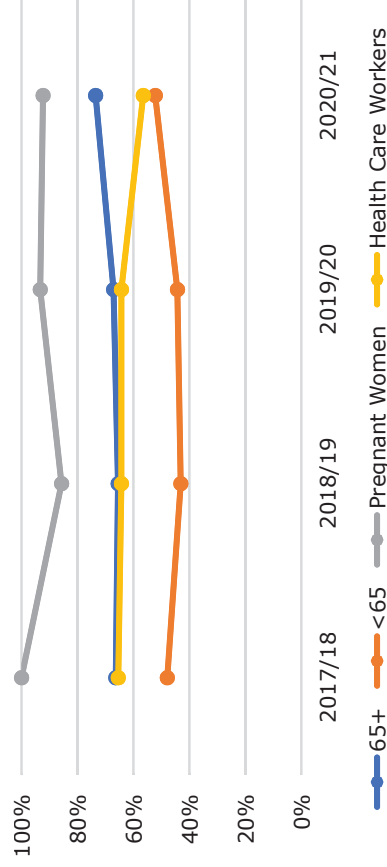
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7

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

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

Influenza vaccination uptake by group – source PHW



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

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

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

What the data tells us	Issues	Actions	Mitigations
<ul style="list-style-type: none">65+ yrs: Performance was close to the 75% target in 2020/21 and shows a year on year improvement.<65ys at risk: Performance was above the Wales average but below target.Pregnant women uptake remains robust well above all Wales average.Health care worker uptake fell in 2020/21, partly due to COVID-19, with remote working, shielding staff members and corresponding difficulty accessing vaccinations.	<p>During 2020/21 the numbers vaccinated in the key risk groups increased, however, primary care workforce capacity and social distancing arrangements made vaccination difficult.</p>	<ul style="list-style-type: none">We are actively engaging primary care regarding delivery of the flu vaccine for 2021/22. Practices have been offered up to six sessions where they can close the practice and routine work will be covered by the out of hours provider. We do however still face problems with vaccine supply.A separate staff vaccination steering group has been put in place. Every effort has been made to increase the numbers of peer vaccinators available to increase staff vaccination.	<p>We have increased the offer of flu vaccinations through community pharmacy and for staff have strengthened the offer through additional community clinics and extended hours sessions.</p>



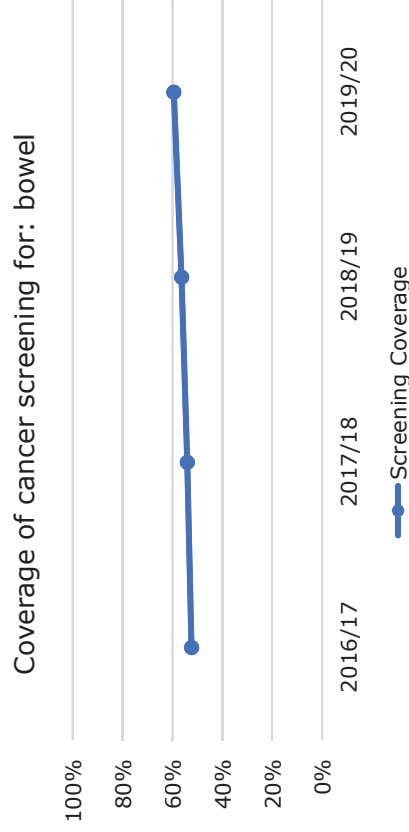
Quadruple Aim 1

No.

8a

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

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



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

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	7

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



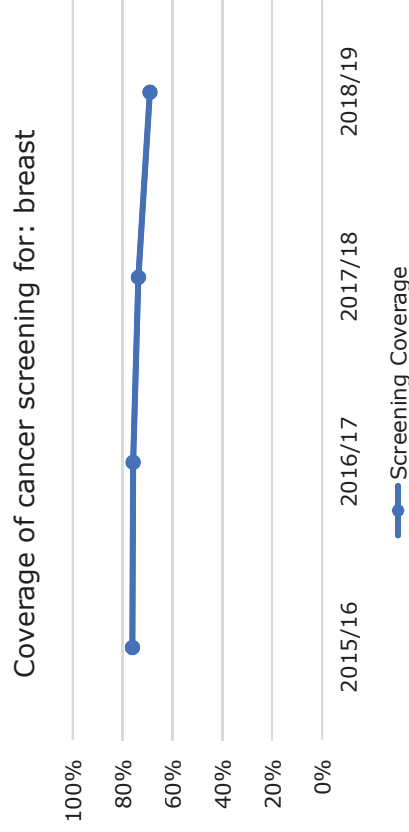
Quadruple Aim 1

No.

8b

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

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



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

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	7

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



Quadruple Aim 1

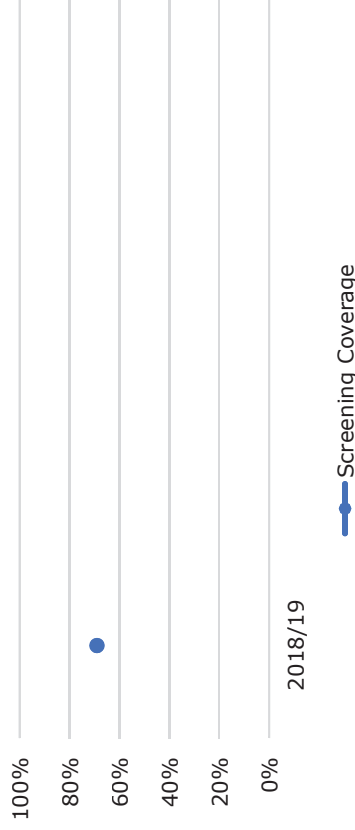
No.

8c

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

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

Coverage of cancer screening for: cervical



Screening Coverage

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

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

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



Mental Health - Part 2

Percentage of patients with a valid CTP - Under 18

Special cause - concern

Target

Mean

Process limits - 3σ

Special cause - improvement

COVID-19

Apr 18 May 18 Jun 18 Jul 18 Aug 18 Sep 18 Oct 18 Nov 18 Dec 18 Jan 19 Feb 19 Mar 19 Apr 19 May 19 Jun 19 Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20 Aug 20 Sep 20 Oct 20 Nov 20 Dec 20 Jan 21 Feb 21 Mar 21 Apr 21 May 21 Jun 21 Jul 21 Aug 21 Sep 21 Oct 21 Nov 21 Dec 21 Jan 22 Feb 22 Mar 22 Apr 22

Powell, Bethan
06/23/2022 08:45:02

What the charts tells us	Issues	Actions	Mitigations
Adult and older CTP compliance has increased to 85.4% and no longer remains special cause concern in April.	North Powys services face significant challenges in terms of staff vacancies. The service is further impacted by Social Services inability to undertake their share of Office Duty (due to vacancies and home working), with this responsibility falling to PTHB Staff, further impacts on clinicians' ability to care coordinate.	Series of meetings set with Director of Social Services and Head of Adults over Powys County Councils responsibilities in Community Mental Health Teams. Recruitment to vacant posts.	Clinical assessment and prioritisation of case loads. Prioritising data cleansing and data accuracy.
Under 18 years of age CTP compliance has improved in April to 93.9% above target.		TSU administration support sought as interim measure.	
PTHB benchmarks above the All Wales average for both measures in April.	Access to administration support continues to be a contributory factor, affecting ability to extract accurate data – medical secretary support in North Older Adult is a huge challenge due to sickness. An improvement programme is planned to improve accuracy of data, and the service is currently seeking additional administrative support.	A data cleansing project is underway to review WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.	

* Benchmark from previous available period



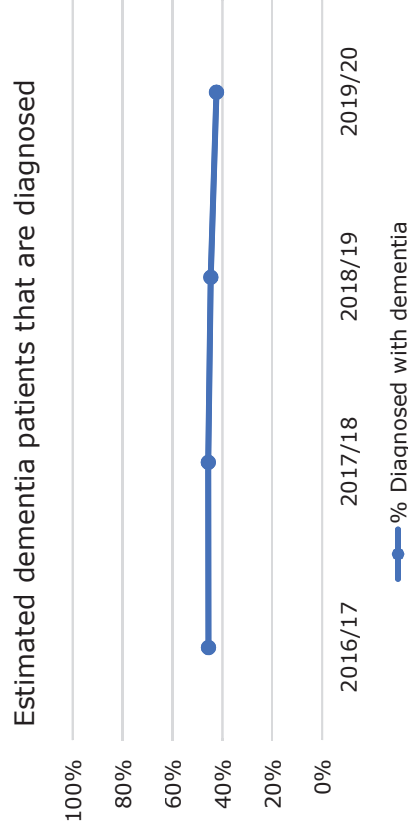
Quadruple Aim 1

No.

10

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

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



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

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

What the chart tells us	Issues	Actions	Mitigations
<p>Powys has failed to meet the target for the last 3 years of improvement. The health board ranks 7th against an All Wales average of 53.1%.</p> <p>Powell, Bethan 06/23/2022 08:47:02</p>	<p>The target has proved challenging for Memory Assessment services for a number of years, compounded during the Covid-19 pandemic.</p> <p>This is because:</p> <ul style="list-style-type: none">Difficult access to diagnostic CT (now improving)Difficulties in recruiting Memory Assessment Nurses.Medical Vacancies.Reluctance for patients to visit clinics during the pandemic, and difficulties in communicating via VC or telephone for remote consultation.	<p>A key priority for 2022 is to redesign Memory Assessment Services.</p> <p>A medical recruitment SBAR that identifies a number of options to improve recruitment of psychiatrists is under consideration. This includes the introduction of non medical prescribers and assessors within the service. If approved, this will change the pathway so that other clinicians take the lead on diagnosis (supervised by a consultant), and creates additional capacity to improve performance.</p>	<p>See the action segment.</p>



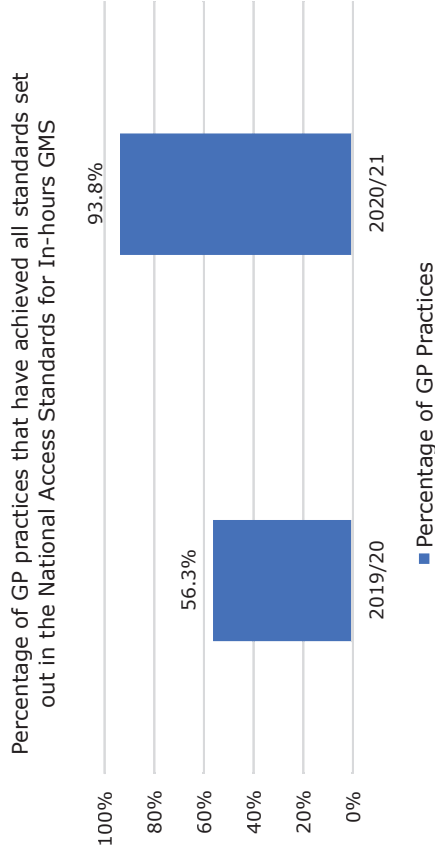
Quadruple Aim 2

No.

15

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

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



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

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Primary Care
Strategic Priority	4

What the chart tells us

Limited data (2 points) available for this metric makes long term trend hard to ascertain. Performance shows a significant improvement to 93.8% from the previous year. PTHB performs above the All Wales average

General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards.

Issues

Out of all the standards, only one standard was not achieved by one practice. This is Standard 5 - email facility for patients to make appointments or have a call back.

Actions

The Mid Cluster Practice representative on the PTHB Access Forum is linking in with the practice to offer support and advice to meet this indicator in 2021/22

Mitigations

PTHB provides an ongoing supportive role in assisting practices with achievement of the standards. Through the local Access Forum and aligned to the national work, PTHB work closely with all practices to improve access standards achievement.

Specific mitigation for this issue is as per the Action.



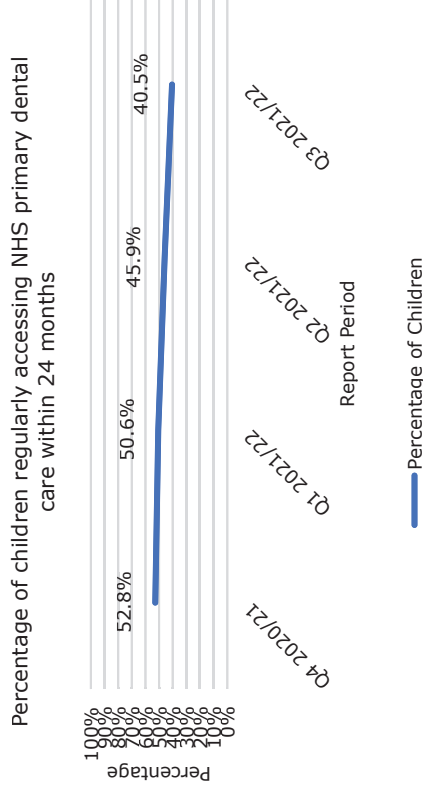
Quadruple Aim 2

No.

16

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

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



Q3 2021/22 Performance	
Local Performance	All Wales Benchmark (5 th) 43.6%
40.5%	
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality	

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Primary Care
Strategic Priority	4

What the chart tells us	Issues	Actions	Mitigations
Performance has continued to fall across the displayed time period. PTHB performs below the All Wales average and ranks 5th for this metric. Dental measures are to be revised for 202/23 financial year with the new Welsh Government framework.	Welsh Government suspended the normal contract monitoring metrics (UDA's) until Q4 21/22. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures. Meeting the IPC and ventilation standards/requirements for the clinical environment has impacted significantly on patient footfall.	<ul style="list-style-type: none">Reduced IPC requirements introduced in Q4 will improve patient flowRestart of dental contract reform has commenced since 1st April 23Practices have a choice to either be part of the reform programme or a return to contractual arrangements based wholly on delivery of UDA activity.75% of Powys practices have chosen the contract reform model for 22/23	The following measures will be monitored during 22/23 <ul style="list-style-type: none">>80% of all child patients with a risk of caries (red or amber) have an application of fluoride varnishNew patient target, for patients who have not had an appointment in the preceding 4 years, including children and adultHistoric patient target, to review patients seen in the previous four years, including children and adult. Child access against the above measure will be monitored monthly.



Quadruple Aim 2

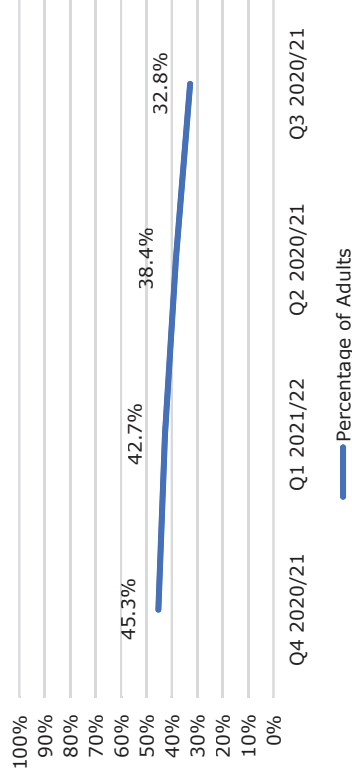
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17

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

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

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



Q3 2021/22 Performance

Local Performance	All Wales Benchmark (5 th)
32.8%	33%
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality	

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Primary Care
Strategic Priority	4

What the chart tells us

Performance has continued to fall for this measure over the displayed period. PTHB performs slightly below the All Wales average of 33% ranking 5th.

Dental measures are to be revised for 22/23 financial year with the new Welsh Government best framework.

Issues

Welsh Government suspended the normal contract monitoring metrics (UDA's) until Q4 21/22. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures.

Meeting the IPC and ventilation standards/requirements for the clinical environment has impacted significantly on patient footfall.

Actions

- Reduced IPC requirements introduced in Q4 will improve patient flow
- Restart of dental contract reform has commenced since 1st April 23
- Practices have a choice to either be part of the reform programme or a return to contractual arrangements based wholly on delivery of UDA activity.
- 75% of Powys practices have chosen the contract reform model for 22/23

Mitigations

The following measures will be monitored during 22/23

- New patient target, for patients who have not had an appointment in the preceding 4 years, including children and adult
- Historic patient target, to review patients seen in the previous four years, including children and adult.

Access against the above measure will be monitored monthly.



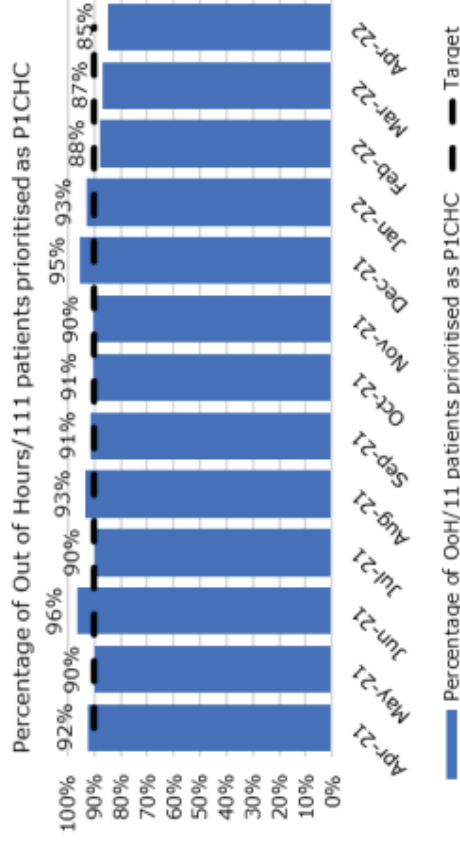
Quadruple Aim 2

No.

18

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

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



April 2022 Performance	
Local Performance	All Wales Benchmark
85%	N/A
Variance Type	
N/A	
Target	
90%	
Data Quality	

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Primary Care
Strategic Priority	4

What the chart tells us

Performance against the 90% target dropped in Feb, March and April due to winter pressures combined with Covid-19. In addition there have been considerable staffing challenges due to Covid-19 absence.

The provider IT systems supporting the PTHB out of hours service (OOH) provision are not able to fully report against the OOH standards. The data provided is limited.

The reasons for this vary with each provider:

- Shropdoc - It is currently not possible to report against the OOH measures for the whole patient journey as end to end reporting between 111 and Shropdoc is unachievable as the 'time stamp' of referral from the 111 service to the Shropdoc face to face service is not transferred between the systems.
- Swansea Bay University Health Board (SBUHB) - Due to the lack of inter-operability between 111 and the Adastra SBUHB OOH system causes limitations in being able to specifically report on Powys patients and the Powys data.

Accurate OOH reporting is a national issue and given the need for accurate reporting a replacement IT system, SALUS, is currently being developed for implementation in 2022.

Issues

The provider IT systems supporting the PTHB out of hours service (OOH) provision are not able to fully report against the OOH standards. The data provided is limited.

Actions

To overcome the ongoing assurance reporting deficiencies, PTHB has commissioned a bespoke development to enable PTHB access to a data feed to access all the data involved in a patient OOH contact, irrespective of the provider of the service to enable full reporting against the OOH standards. This will provide PTHB with assurance on both the quality and efficiency of the service it has commissioned with all providers since the inception of 111 in October 2018. Future robust reporting against the OOH standards should be available during 22/23

Mitigations

The PTHB OOH Performance Management Group continue to seek alternative ways to gain assurance, for example standard achievement from an individual provider perspective, quarterly reviews of clinical risk registers, Incidents, Complaints, Compliments, 111 Health Profession Feedback and Safeguarding issues.



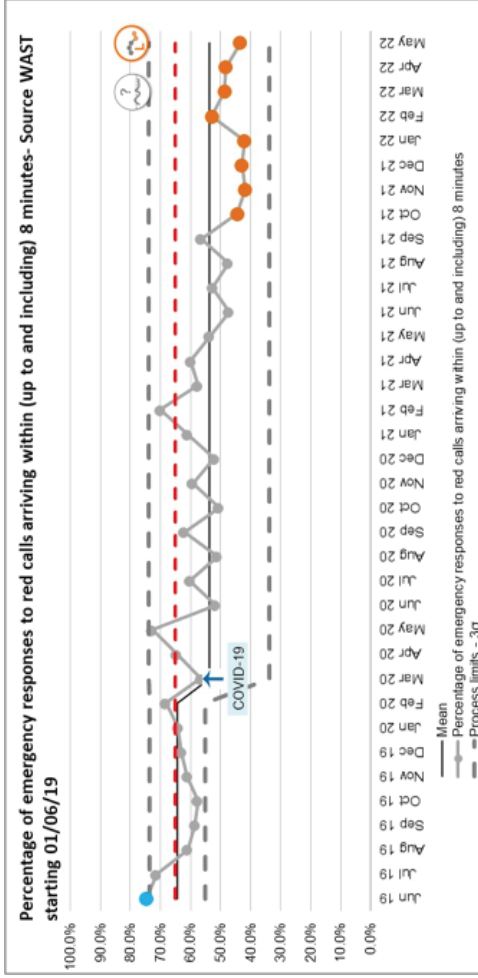
Quadruple Aim 2

No.

19

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

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



May 2022 Performance	
Local Performance	All Wales Benchmark (7th) 54.5%
43.5%	
Variance Type	
Special cause concern	
Target	
65%	
Data Quality	

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

What the chart tells us	Issues	Actions	Mitigations
Performance has deteriorated in May to 43.5% this is special cause concern and could show a shift in process with 7 sequential points below the mean. Powys ranks 7th below the All Wales average of 54.5% for the same period.	Demand for urgent care services continues to increase including calls to 999 ambulance services Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times Impact of Covid 19 on ambulance staffing continues to cause significant impact on staff availability and rotas. Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds	WAST have deployed additional staff resource including military personnel to cover actual ambulance crew sickness. Military support is expected to end at the end of March All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved All Wales urgent care system escalation calls being held daily (often more than once per day) Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option. Staff have been redeployed to support urgent care flow	Wider system calls being held daily with the aim to improve overall system flow.



Quadruple Aim 2

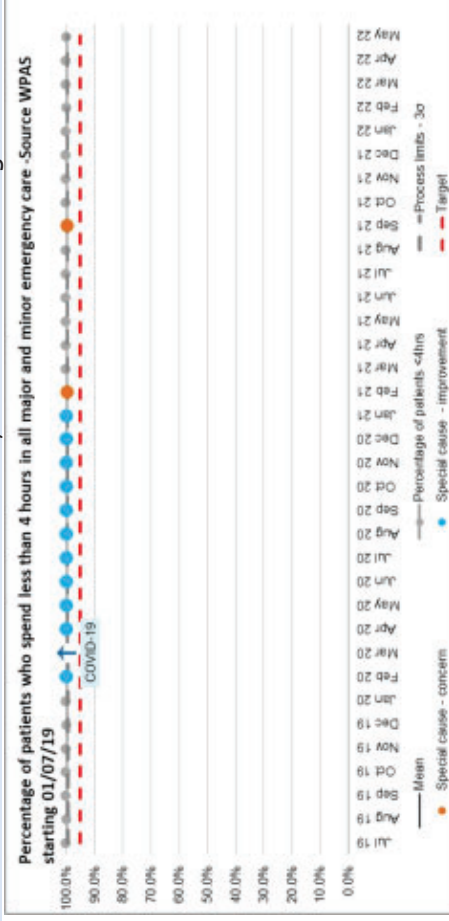
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21

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Minor Injury Unit (MIU) Performance

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



May 2022 Performance	
Local Performance	All Wales Benchmark
99.9%	(1 st) 66.6%
Variance Type	
Common Cause	
Target	
95%	
Data Quality	

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

What the chart tells us

MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average was 66.6% but this is non comparable due to the provider service types e.g., minor vs mixed units including tier 1.

Powell Bethan
06/23/2022 08:47:02

Issues

No issues with MIU performance as reflected in data.
Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.

Actions

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

Mitigations

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



Quadruple Aim 2

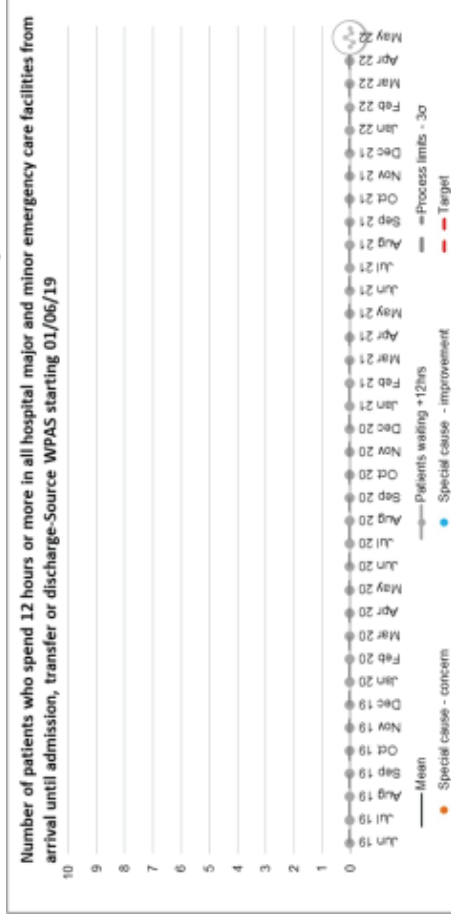
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22

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Minor Injury Unit (MIU) Performance

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



May 2022 Performance		
Local Performance	All Wales Benchmark	
0	10,226 (1 st)	
Variance Type		
Common Cause		
Target		
0		
Data Quality		

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

What the chart tells us

MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis. The All Wales total of patients waiting over the target for May was 10,226 which has been the second highest number of delays recorded in 2021/22.

Powell Bethan
06/23/2022 08:47:02

Issues

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

Actions

Implement standard operating procedures (SOP) & escalation of any transfer delays.

Mitigations

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



Quadruple Aim 2

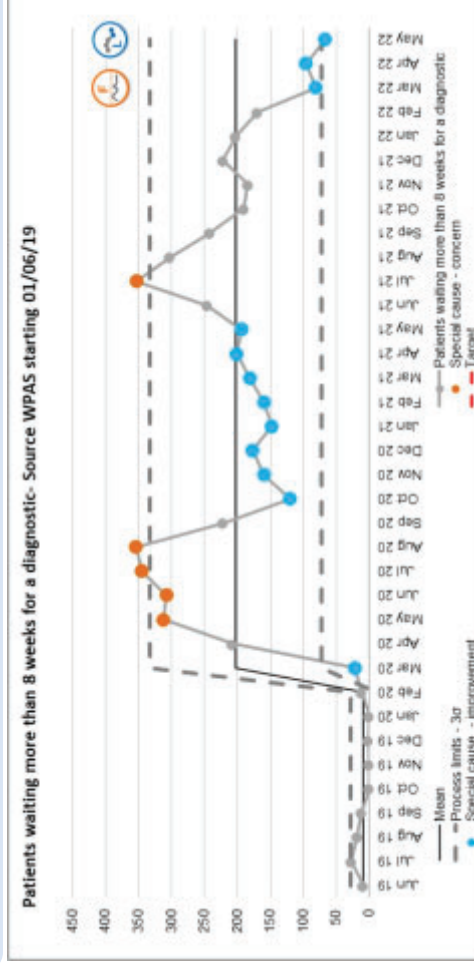
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32

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

Diagnostic Breaches

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



May 2022 Performance	
Local Performance	All Wales Benchmark
67	*(1st) 45,028
Variance Type	
Special cause improvement	
Target	
0	
Data Quality	

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

What the chart tells us

The diagnostic performance recovery remains fragile for the provider since the impact, and suspension of services from COVID-19 in Wales. The variance is a special cause for improvement for the past three months, after a significant reduction in Q4 21/22 and in reach capacity. Key speciality with challenge in May remains non-obstetric ultrasound.

PTHB has the lowest number of breaches of any Welsh health board as a provider, although Powys residents breach the 8 week target within commissioned acute health care providers.

[Please find Issues, Actions, and Mitigations for diagnostics on the next page](#)



Quadruple Aim 2

No.

32

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Diagnostic Breaches

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

Issues	Actions	Mitigations
<div>Endoscopy<ul style="list-style-type: none">The service is fragile and reliant on in reach particularly for lowers. In reach CD retires in July 2022There is a national shortage of colonoscopists.Capacity impacted by C19 testing and isolation requirements unable to fill cancellation slots at short noticeBowel screening service is fragile single points of failureDemand & Capacity modelling pre covid indicated underlying deficit in colonoscopy capacity for PTHB 5 sessions per month</div> <div>Non Obstetric Ultrasound (NOUS)<ul style="list-style-type: none">PTHB have appointed own SonographersThe specialist NOUS e.g. MSK (out of the scope of Powys's practitioners) are the breachers</div>	<div>Endoscopy<ul style="list-style-type: none">Lead Nurse post for endoscopy developed and successfully recruited to provide specific speciality level clinical leadership to the service.PTHB first clinical endoscopist trainee post completes training in August 22 and will provide additional JAG accredited endoscopy capacity for gastroscopySchemes under development for endoscopy include cytosponge and naso endoscopy.Clinical Endoscopist currently working with National Team to develop lifestyle virtual group clinics for endoscopy patientsWorking with National Endoscopy Programme on demand and capacity modelling and regional plans/solutions (across 3 regions South East, South West, North)Plans in place for medical model & leadership reviewWorking with PHW Bowel Screening Wales on regional solutions to service sustainability, CTMUHB specialist nurse post providing in reach into PTHB service</div> <div>Non Obstetric Ultrasound (NOUS)<ul style="list-style-type: none">Liaising with external providers to provide a plan</div>	<div><ul style="list-style-type: none">Rolling programme of clinical and administrative waiting list validation.Additional in sourcing capacity to be provided to address routine backlog commenced in March 2022 and extended to Q3Working at Regional level to support service sustainability</div> <div>Non Obstetric Ultrasound (NOUS) Continuous monitoring of waiting list</div>

Powell, Bethan
06/23/2022 08:47:02



Quadruple Aim 2

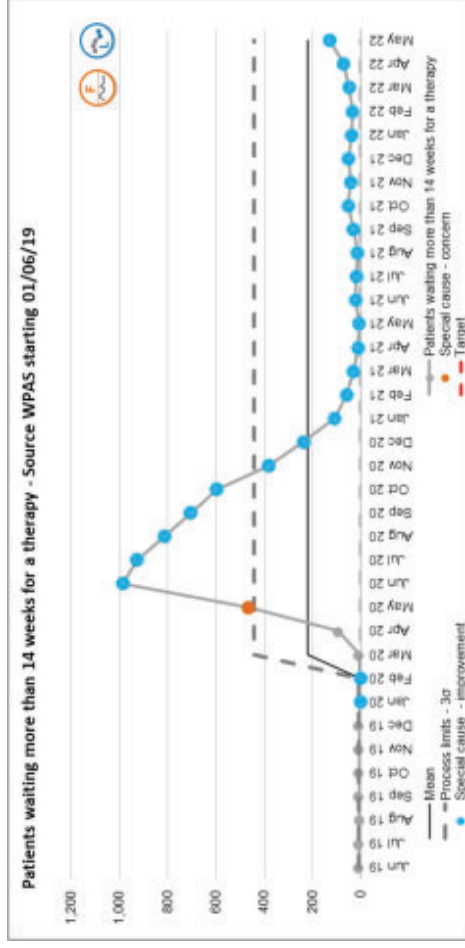
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Therapy Breaches

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



May 2022 Performance	
Local Performance	All Wales Benchmark (1st) *13,103
128	
Variance Type	
Special Cause - Improvement	
Target	
0	
Data Quality	

What the chart tells us

Therapy performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. The service since June 2020 has been reporting special cause improvement but breach levels have increased slightly to 128. Breaches remain in Audiology, Paediatric Dietetics, Podiatry, Physiotherapy and Speech & Language Therapy.

Issues

- Cancellations of clinics at short notice due to staff having to isolate due to covid causes breaches
- Vacancies across services particularly physiotherapy, Dietetics and Audiology having some impact.

Actions

- Locums have been employed; however, the market is becoming limited.
- Weekly management of waiting lists by Heads of Service.

Mitigations

To be confirmed if actions fail to resolve current performance shortfall



Quadruple Aim 2

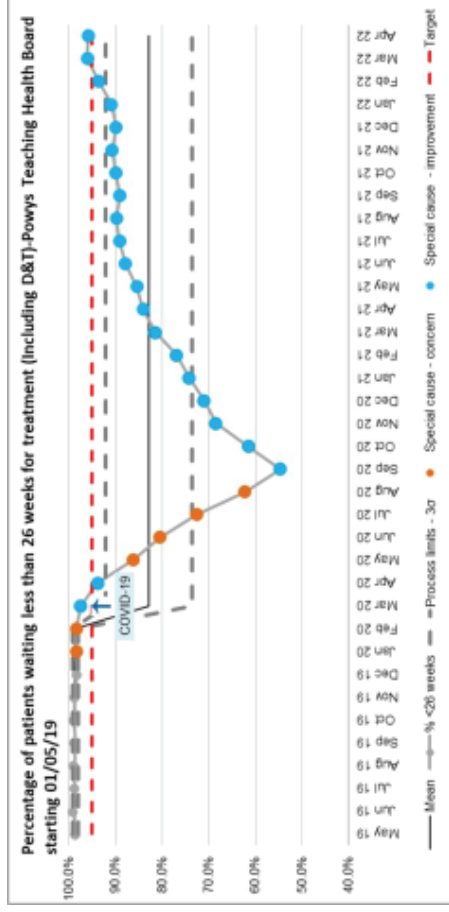
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Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment



April 2022 Performance	
Local Performance	All Wales Benchmark
95.8%	53.7% (1 st)
Variance Type	
Special Cause - Improvement	
Target	
95%	
Data Quality	

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

What the chart tells us	Issues
Powys provider planned care has continued to report special cause improvement since Q3 2020. The service in April reported 95.8% compliance against the 95% target for patients waiting under 26 weeks (considerably better than other Welsh providers).	Covid-19 related in reach absences/pressures including unavailability of anaesthetic cover and patient unavailability due to Covid-19 have been the primary cause of waiting list pressures.

RTT waits by specialty and band		Weeks wait band								Grand Total
		0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks			
Main Specialty										
100 - GENERAL SURGERY		269	20	7	0	0	0	0	296	
101 - UROLOGY		129	22	3	0	0	0	0	154	
110 - TRAUMA & ORTHOPAEDICS		459	57	13	1	0	0	0	530	
120 - ENT		356	7	0	1	0	0	0	364	
130 - OPHTHALMOLOGY		774	40	0	0	0	0	0	814	
140 - ORAL SURGERY		237	31	7	0	0	0	0	275	
143 - ORTHODONTICS		18	1	0	0	0	0	0	19	
191 - PAIN MANAGEMENT		158	0	0	0	0	0	0	158	
300 - GENERAL MEDICINE		47	0	0	0	0	0	0	47	
320 - CARDIOLOGY		112	11	0	0	0	0	0	123	
330 - DERMATOLOGY		36	4	0	0	0	0	0	40	
410 - RHEUMATOLOGY		105	9	2	0	0	0	0	116	
420 - PAEDIATRICS		52	0	0	0	0	0	0	52	
430 - GERIATRIC MEDICINE		22	1	0	0	0	0	0	23	
502 - GYNAECOLOGY		238	20	1	0	0	0	0	259	
Total Excluding D&T		3012	223	33	2	0	0	0	3270	
998- DIAGNOSTIC SERVICES		85	1	0	0	0	0	0	86	
999- AHP SERVICES		2863	0	0	0	0	0	0	2863	
Grand Total		5960	224	33	2	0	0	0	6219	

Actions and Mitigations on next page

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Quadruple Aim 2

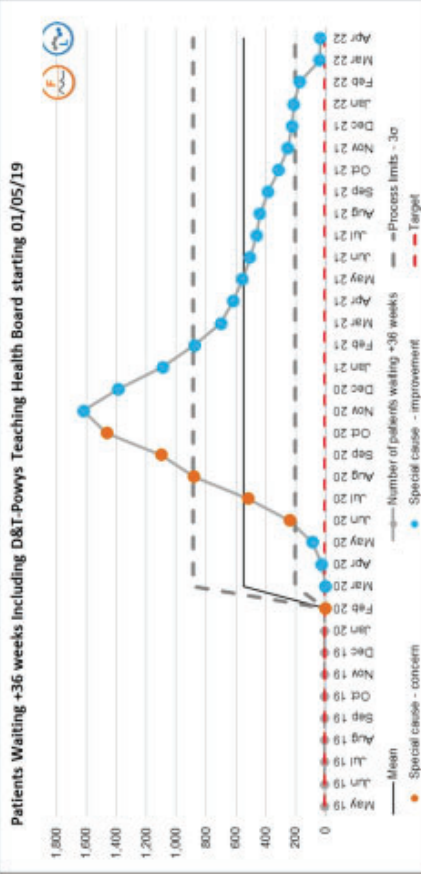
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Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment



April 2022 Performance	
Local Performance	All Wales Benchmark
35	258,190 (1 st)
Variance Type	
Special Cause - Improvement	
Target	
0	
Data Quality	

What the chart tells us

Long waiting patients on treatment pathways within Powys provider services continue to fall in April's reported performance. Planned care services have demonstrated exemplar recovery progress prior to Welsh Government recovery monies, outsource contracts, and transformational workstreams. Since Q3 2020 the recovery of long waiters has reported special cause improvement.

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

Actions

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

Mitigations

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



Quadruple Aim 2

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Referral to Treatment Percentage of patients waiting less than 26 weeks for treatment & Number of patients waiting more than 36 weeks for treatment

Welsh Providers	Apr-22	Patients Waiting				
		0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks
Aneurin Bevan Local Health Board	64.4%	1469	216	251	137	73
Betsi Cadwaladr University Local Health Board	45.4%	256	61	77	80	23
Cardiff & Vale University Local Health Board	55.5%	241	38	47	37	25
Owm Taf Morgannwg University Local Health Board	46.1%	248	53	67	51	35
Hywel Dda Local Health Board	51.8%	717	124	170	137	122
Swansea Bay University Local Health Board	48.0%	946	192	234	186	109
Total (Including D&T)	54.1%	3877	684	846	628	387
English Providers	Mar-22	Patients Waiting				
		0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks
English Other	70.6%	202	36	34	10	2
Robert Jones & Agnes Hunt Orthopaedic & District Trust	60.3%	1642	313	391	269	79
Shrewsbury & Telford Hospital NHS Trust	66.6%	2521	471	520	235	41
Total (Excluding D&T)	64.2%	4365	820	945	514	122
English Providers	Feb-22	Patients Waiting				
		0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks
Wye Valley Trust	64.2%	2128	461	540	127	38
Total (Excluding D&T)	64.2%	2128	461	540	127	38

Actions and Mitigations

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

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.

In England overall progress is being slowed currently by the impact of Covid-19 on staff resulting in system elective activity suspensions decisions (a system decision is collective change to providers (integrated care systems (ICSs) in a region by NHSEI [NHS England](#) » [Integrated care in your area](#)), inclusive of this is the impact of urgent care on the delivery of planned care services.

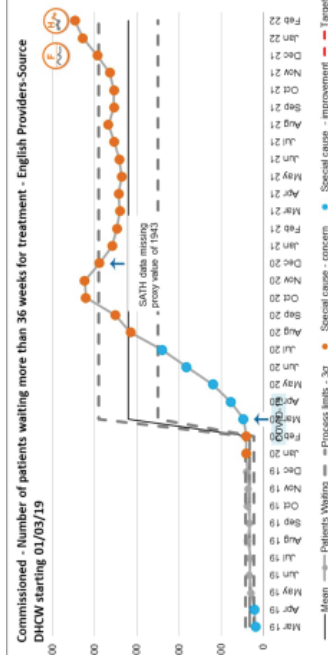
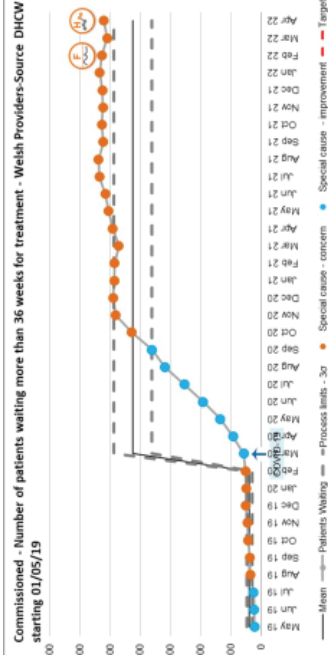
As part of planning for 2022/23, the Health Board will be working with all providers to ascertain what progress will be made particularly with the reduction in extreme long waiters. It is envisaged that improvement trajectories will be agreed with all providers.

What the chart tells us

Welsh provider performance does not meet the national targets with limited improvement, both under <26 week and +36 week national targets are special cause concern variation and failing to meet target.

That English providers are showing common cause variation for under 26 week performance and failing to meet the target. Whilst for 36+ week waiters they are showing special cause for concern with a significant increase during Q4 (to Feb due to submission delays).

No NHS commissioned services are delivering the Welsh Government set RTT standard





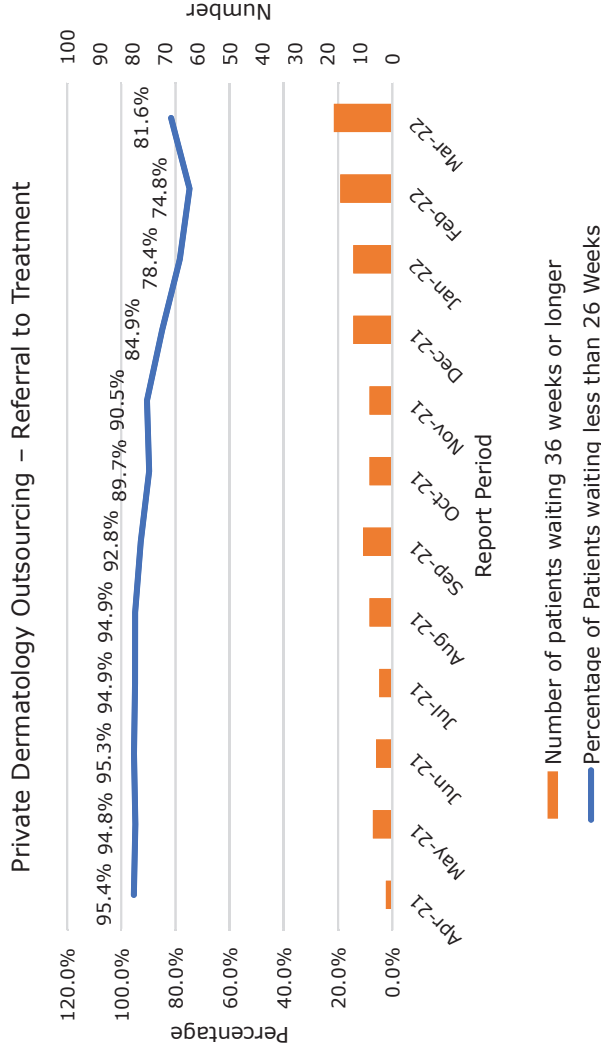
Quadruple Aim 2

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Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment



Source: Provider	% patients waiting under 26 weeks	Weeks Wait Bands				Total waiting
		Under 26	26 to 35	36 to 51	52+ Weeks	
Month						
Apr-21	95.4%	248	10	2	0	260
May-21	94.8%	275	9	6	0	290
Jun-21	95.3%	286	9	5	0	300
Jul-21	94.9%	319	13	3	1	336
Aug-21	94.9%	354	12	6	1	373
Sep-21	92.8%	337	17	9	0	363
Oct-21	89.7%	341	32	7	0	380
Nov-21	90.5%	354	30	7	0	391
Dec-21	84.9%	338	48	12	0	398
Jan-22	78.4%	338	81	11	1	431
Feb-22	74.8%	336	97	16	0	449
Mar-22	81.6%	338	58	18	0	414

What the chart tells us

Performance at the private provider has dipped slightly against the under 26 week target during Q4 21/22 with a slight increase in patients waiting over 36 weeks. It should be noted that no patients wait over 52 weeks.

Please note that the provider supplies updates at quarterly frequency for waiting list information.

Actions

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

Mitigations

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



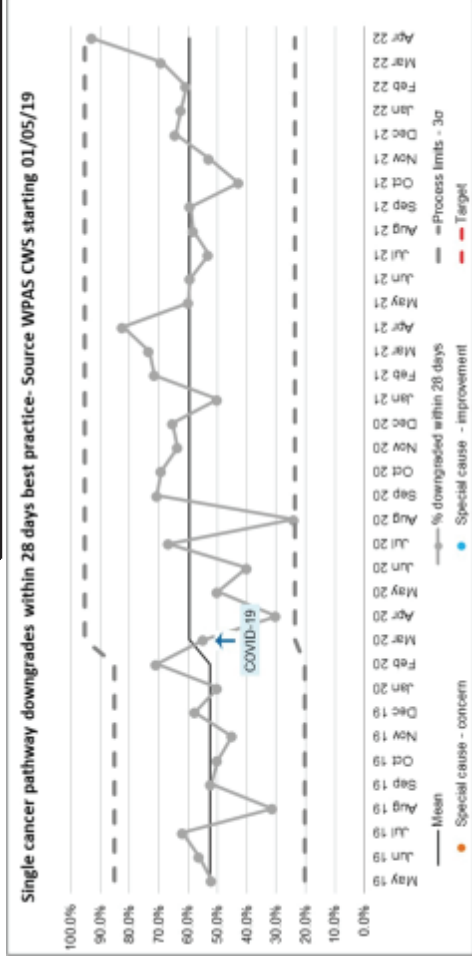
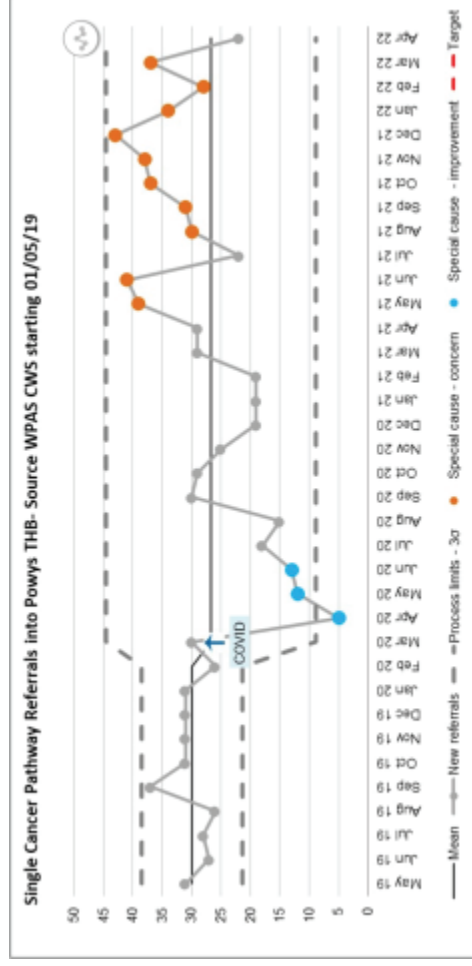
Quadruple Aim 2

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Provider Single Cancer Pathway (SCP) Performance

Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	7



What the charts tells us

- During April 23 patients started an SCP pathway within provider, slightly below the month average. The number of patients being referred however has remained predominately above average this financial year.
- The downgrade performance (92.9% Apr-22) against the best practice guidance for those patients who **DO NOT** have cancer being told within 28 days.
- Low number of both referrals and downgrades can cause significant fluctuation in the provider, and the majority of referrals go from primary to secondary acute care directly (especially in North and South West Powys).

Issues

Actions

Mitigations

- The Cancer Services Tracker continuously monitors live data for PTHB as a provider.
- There are no current breaches identified for patients receiving their diagnostic appointments in Powys.



Quadruple Aim 2

No.

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Commissioned Services Single Cancer Pathway (SCP) Breach Performance

Welsh SCP pathways breaching by provider – source DHCW

ProviderOrgDesc	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	Total
Aneurin Bevan Local Health Board	2	4	3	3	5	4	2	3	12	6	4	1	49
Betsi Cadwaladr University Local Health Board			1	1				2					4
Cwm Taf Morgannwg University Local Health Board		3	2	3	1	2	2	1	2	2		3	21
Hywel Dda Local Health Board	2	4	4	1	2	4	6	4	5	1	6	2	41
Swansea Bay University Local Health Board	2	2	7	2	3	2	6	2	3	5	2	3	39
Total	6	13	17	10	11	12	16	12	22	14	12	9	154

Commissioned services - What the table tells us

Welsh Providers

- The number of breaches reported has not significantly changed with 9 reported across all Welsh treatment providers for April.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 8 breaches of their cancer pathway reported for April 2022, 2 patient was reported as waiting over 104 days.
- Wye Valley NHS Trust (WVT) reported 4 breaches of their cancer pathway in January 2022, the challenge of issues mirrors SATH including radiological investigation delays and elective capacity challenges.

Issues

- Powys Teaching health board does not have access to the SCP open pathways information, as such breaches are reported post event.
- COVID-19 pressures impacting cancer treatment, flow, surgical, and diagnostic capacity.
- Commissioned provider breach counts are being updated retrospectively following validation.

Actions

- Initial work (phase 1) undertaken in March and April 2022 using non-recurrent Wales Cancer Network funding to develop a business intelligence tool using the Power BI platform for all active suspected cancer pathways for Powys residents receiving diagnosis or treatment in other health boards or NHS trusts in Wales.
- PTHB Harm Review panel established and meeting monthly to review breach reports completed by commissioned providers.

Mitigations

- Wales Cancer Network have confirmed non recurrent funding for April – September 2022 of £43093 to further develop progression of the business intelligence tool. Phase 2 will enable the transfer of the Power BI standalone system onto the Powys server and then linking to the data resulting in live tracking of Powys patients on the Suspected Cancer Pathway in Wales. Phase 3 will include English flows so that the picture for PTHB spans the population for which it is responsible.



Quadruple Aim 2

No.

38/39

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Follow Ups

Measure 38 - Number of patients waiting for a follow-up outpatient appointment

Measure 39 - Number of patients waiting for a follow-up outpatient appointment who are delayed by 100%

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

Please note PTHB performance data is currently not available for the follow-up metrics. Welsh Government have been notified of this reporting and operational challenge. Work to resolve this is currently being undertaken, this work includes engagement with PTHB patient services, operational teams, Powys Digital Transformation and Informatics, and the DHCW (national) patient administration system team (PAS).

What the chart tells us	Issues	Actions	Mitigations
No performance data for these measures is currently available. Powell, Bethan 06/23/2022 08:47:02	The health board has an ongoing challenge to validate the follow-up waiting list especially within the non-reportable specialties.	All service validation currently being undertaken with deadline for reportable specs by 31 st of July 2022.	<ul style="list-style-type: none">Reportable waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation.



Quadruple Aim 2

No.

40

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Ophthalmology

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

Retired measure - Percentage of ophthalmology R1 appointments who are waiting within their clinical target date or within 25% beyond their clinical target date

Chart 1 – Current measure 2021/22 framework

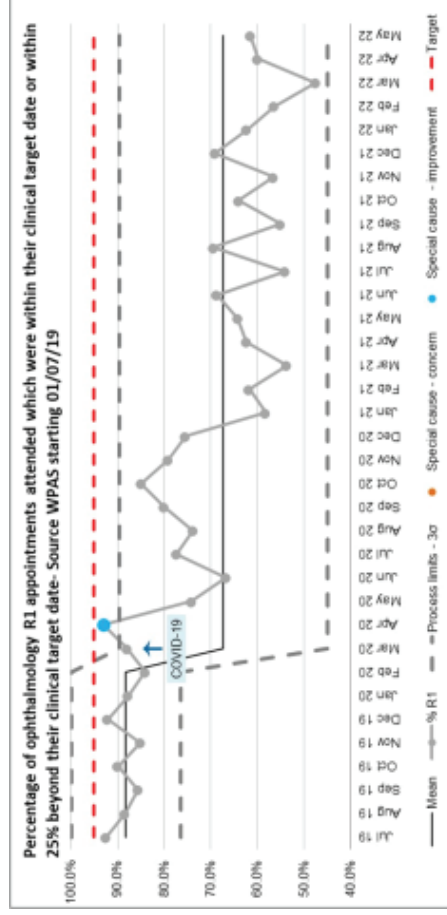
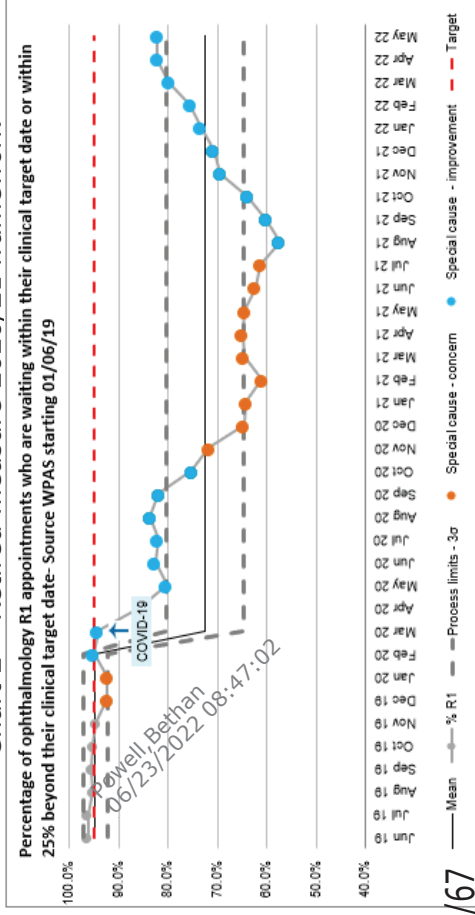


Chart 2 – Retired measure 2020/21 framework



What the chart tells us

The Ophthalmology measure changed during Q3 2021 with the release of the new but late 2021/22 NHS Delivery Framework.

The wording of this measure had been revised, the measure for 2021-22 reports on ophthalmology R1 appointments attended. The previous measure focused on R1 patients who were waiting within their clinical target date for care and treatment. To provide transparency both measures continue to be reported in the IPR until the priority measures are released.

Performance for R1 appointments attended does not meet the 95% target (61.5%) in May but has improved significantly. Although common cause variation the performance compliance remains below post COVID-19 suspension average. It should be noted that data quality due to the follow-up challenge could be adversely affect reported performance.

Performance for R1 patients waiting within their clinical target date or within 25% has seen special cause for improvement (82.2% May-22) since Q3.

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

March 2022 Performance

Local Performance	All Wales Benchmark
61.5%	* (6th) 65.4%
Variance Type	
Common Cause	
Target	
95%	
Data Quality	

Data quality risk linked to FUP reporting challenge affecting current measure

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



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

Ophthalmology

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

Retired measure - Percentage of ophthalmology R1 appointments who are waiting within their clinical target date or within 25% beyond their clinical target date

Issues	Actions	Mitigations
<ul style="list-style-type: none">• Reporting for the measure is under review with PTHB Information Department with linked performance risk and follow up validation & reporting issues.• Fragility of in reach providers and DGH Covid-19 pressures, Covid-19 related absences.• Fragility of theatre staffing due to sickness absence, and vacancies• Digital Eye Care pilot delayed until May 2022	<ul style="list-style-type: none">• Wet AMD service has been extended into mid Powys, now available in Llandrindod and Brecon Hospitals. PTHB 1st nurse eye care injector trained. Excellent clinical outcomes above national average for wet AMD service.• MDT for eye care including ophthalmic scientist and hospital optometry developed. New one stop eye care clinic established in Llanidloes, patients no longer need to travel out of county to HDUHB Bronglais where they face significant wait for eye care scans, further extension of the service into Welshpool (repatriating patients from Shrewsbury & Telford NHS Trust) in Q4 2021/22• General out patient (OP) teams in North Powys received update training specific. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management.• OP nursing team supporting the Digital eye care record roll out in PTHB to be lead with pilot in Ystradgynlais community hospital with National Planned Care Clinical Lead who is a PTHB in-reach ophthalmologist. Phase 2 will include North Powys• Hydroxychloroquine Screening Service for eye care & rheumatology patients under development with equipment purchased from WG Eye Care funding in Q4 2021/22. Service SOPs under development, team visits to view service at Birmingham and Midland Eye Centre.• Nurse led glaucoma pilot commencing in July 22 to provide additional eye care capacity, community optometry management of glaucoma scheme in place since April 22• Eye care in North Powys looking at opportunity to establish biometric clinics to support cataract surgery within PTHB• Scoping potential for Physicians Assistants in optometry	<ul style="list-style-type: none">• Community optometry support to risk stratify long waits/overdue follow ups• Development of eye care MDT• Corporate review of FU reporting performance and harm management

Powell Bethan
06/23/2022 08:47:02



Quadruple Aim 2

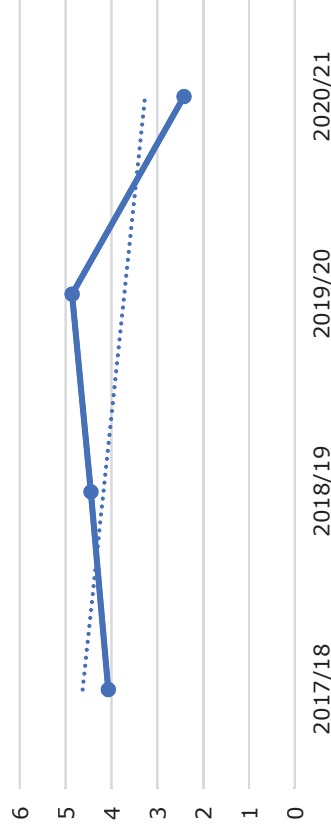
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41

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

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

Rate of hospital admissions with any mention of self-harm from children and young people per 1k



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

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

What the chart tells us

Performance meets the annual reduction target for 2020/21. PTHB performance in comparison to the All Wales average (3.54) is good with the health board ranking 2nd.

Powell Bethan
06/23/2022 08:47:02

Issues

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

Actions

- Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm.
- School CAMHS outreach service will be operational from Q4 2021/22 (through the WG funded programme to provide MH and Wellbeing practitioners in every Powys secondary school

Mitigations

See actions.



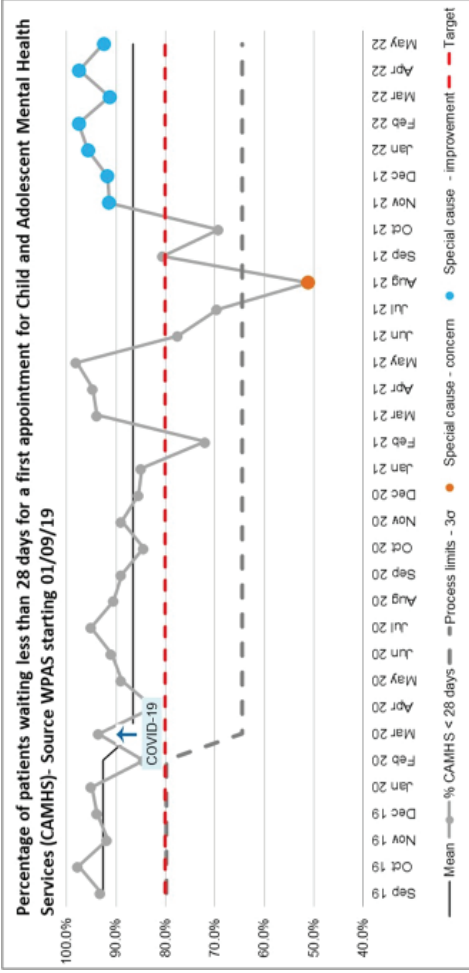
Quadruple Aim 2

No.

42

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

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



Performance April 2022		All Wales Benchmark
Local Performance	97.5%	2nd (41.2%)
Variance Type		
Special Cause Improvement		
Target		80%
Data Quality		

* Benchmark from previous available period

What the chart tells us

Performance remains robust and achieving national targets.

Powell, Bethan
06/23/2022 08:47:02

Issues

Performance would be further improved by;

- Recruitment to vacant posts remains a significant challenge within CAMHS. We had recruited into vacant posts reported in the last quarter but subsequently, additional vacancies have arisen.
- All options to further skill mix are being considered.

Actions

New recruitment campaign is underway.

Silvercloud service has commenced in CAMHS and uptake has been encouraging. Further promotion of the service will further improve performance.

Single Point of Access (SPOA) piloted for access to both PCAMHS and SCAMHS – reducing duplicate assessments and clinical time. Pilot was successful and entailed two regular staff providing SPOA duties. Service has since recruited into one of two SPOA/ Duty team posts. Interviewing mid April for second position which in turn will free capacity for PCAMHS and SCAMHS intervention support.

Mitigations

See actions.



Quadruple Aim 2

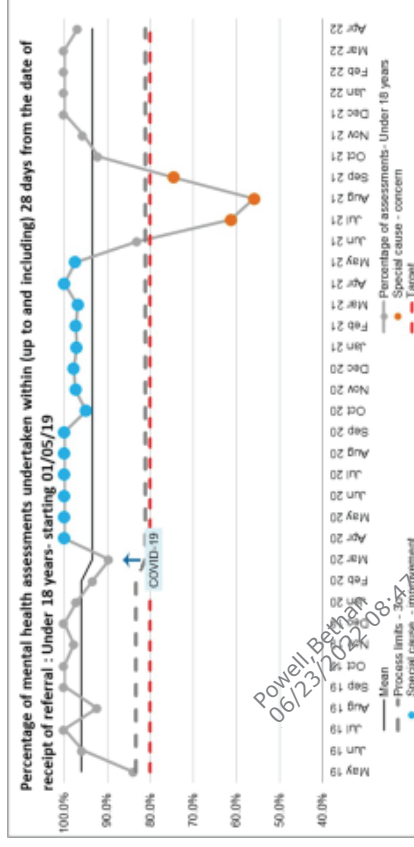
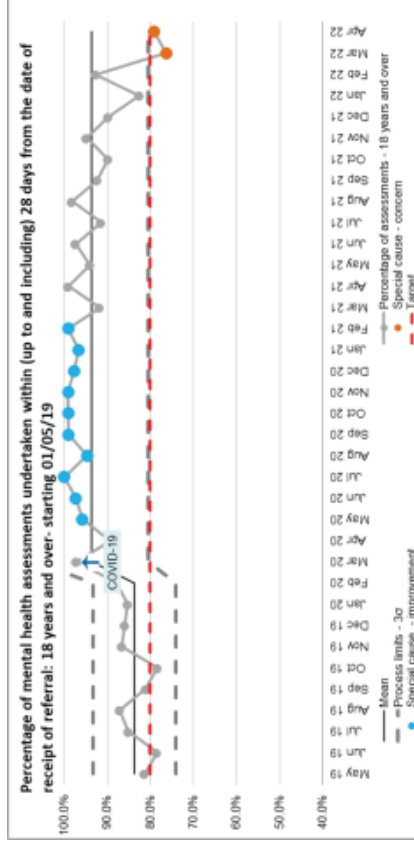
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43

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

Mental Health - Part 1

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: 18 years and over, starting 01/05/19
referral : Under 18 years, and 18 years and over



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

April 2022 Actual Performance			
18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
79.1%	67.7%	96.9%	45.2%
Variance Type			
Special cause concern (18+), Common Cause (<18)			
Target			
80%			
Data Quality			

What the chart tells us	Issues	Actions	Mitigations
<ul style="list-style-type: none">Part 1 + 18 year old assessments performance improved in April to 79.1% narrowly missing the 80% national target.Part 1 < 18 year old assessments performance has reported 96.9% compliance for the last 4 reported months.Performance against the All Wales benchmark is positive with PTHB being significantly higher for <18 performance.	Challenges with performance are as a direct result of staffing sickness impacting significantly into March reducing service capacity. Increases in referrals is also impacting the ability of the service to meet increasing need.	Additional resource for LPMHSS has been bid for in the 2022 WG service improvement fund. When approved, this will allow for a waiting list initiative to achieve the target.	Staffing capacity has improved during April, with two Team Leads on Phased return as of the end of May 2022. Awaiting outcome of the Service improvement funding submissions to recruit additional capacity.



Quadruple Aim 2

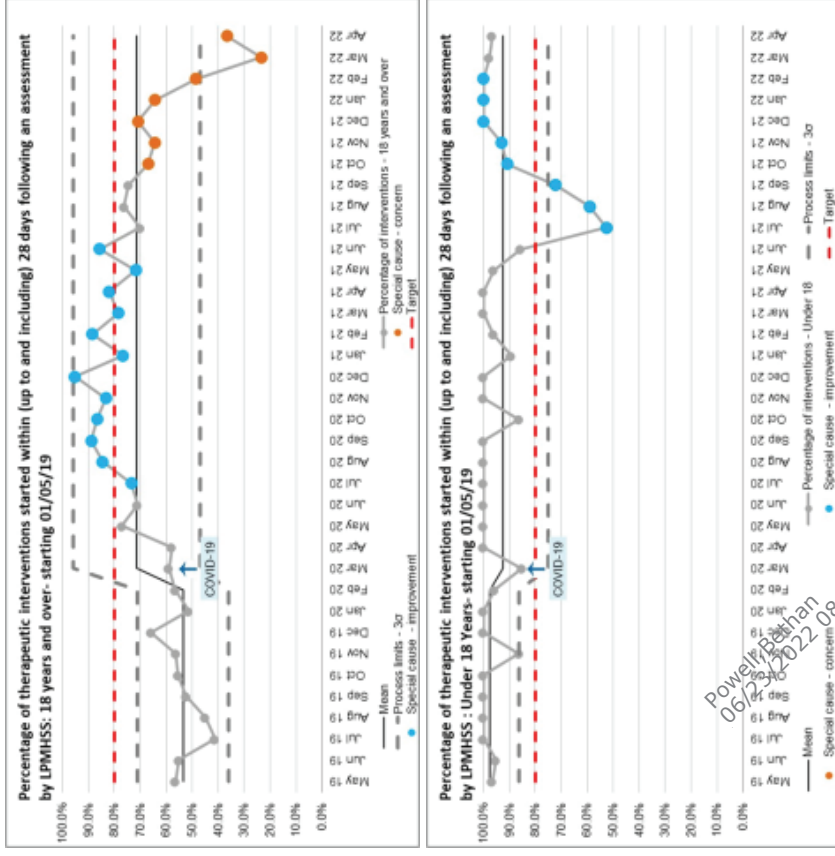
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Mental Health - Part 1

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



April 2022 Actual Performance

18 years & over	Under 18 years
Local	Local
All Wales	All Wales
36.7%	96.6%
62.7%	37.9%

Variance Type

Special cause concern (18+), Common Cause (<18)

Target

80%

Data Quality

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

What the chart tells us	Issues	Actions	Mitigations
<ul style="list-style-type: none">Performance for therapeutic interventions in adult and older patients has improved to 36.7%, however this is special cause concern and below lower control limit.< 18 years performance for therapeutic interventions in contrast is very positive with 96.6% compliance.	<p>Performance in terms of interventions within 28 is low due to;</p> <ul style="list-style-type: none">Significant staff sickness across servicesIncrease in acuity and number of patients referred to the service.Service delivering more intensive services to prevent escalation into secondary care (e.g. CBT, EMDR) these courses of treatment take longer.Staffing challenges in terms of vacancies in Ystradgynlais	<p>Recruitment to unfilled posts.</p> <p>Continued promotion of Silvercloud.</p> <p>Secure additional capacity within the service, and for management of the service (via service improvement fund), this will include a waiting list initiative.</p> <p>Staff are on a phased return and we can expect compliance to slowly improve. There will be an inevitable backlog to address following their absences, teams are cross covering where possible.</p>	<p>See Actions</p>



Quadruple Aim 2

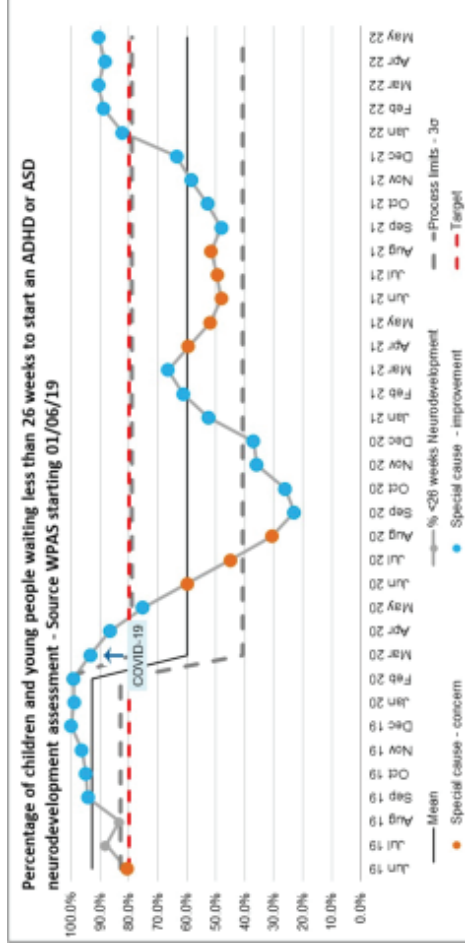
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Neurodevelopment Assessment

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



Performance May 2022	
Local Performance	All Wales Benchmark
90.4%	* 37.5%
Variance Type	
Special cause - Improvement	
Target	
80%	
Data Quality	

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Women's and Children's Services
Strategic Priority	10

What the chart tells us	Issues	Actions	Mitigations
Performance for neurodevelopmental assessment has shown special cause - improvement for the last 9 reported months. Powys compares favourably with All Wales for April reporting only 37.5% compliance. 06/23/2022 08:47:02 Bethan	<ul style="list-style-type: none">The referral demand trend continues to increase from an average of 20 per month pre COVID, rising to an average 40 at Qtr3.Capacity remains insufficient to meet this ongoing demand, even with additional temporary renewal work force colleagues.The hidden waiting list (assessments in progress) backlog, combined with the waiting list for first appointments, is not reducing as anticipated due to the overwhelming referral demand.	<ul style="list-style-type: none">ND service capacity continues to be ratioed to enable both the Referral To Treatment (RTT) and 'hidden' waiting lists to be addressed simultaneously. However, given the continual increase in referral demand, there is a risk that these waiting lists will not be fully address the waiting lists by 31st December 2022.	<ul style="list-style-type: none">Additional non recurrent renewal funding has been extended for 5 key posts until Dec 2022 to enable the current waiting list backlogs to continue to be addressed.An IBG funding application will be submitted to secure core recurring monies beyond December 2022. This will support the essential capacity required to meet the increase in referral demand long term.



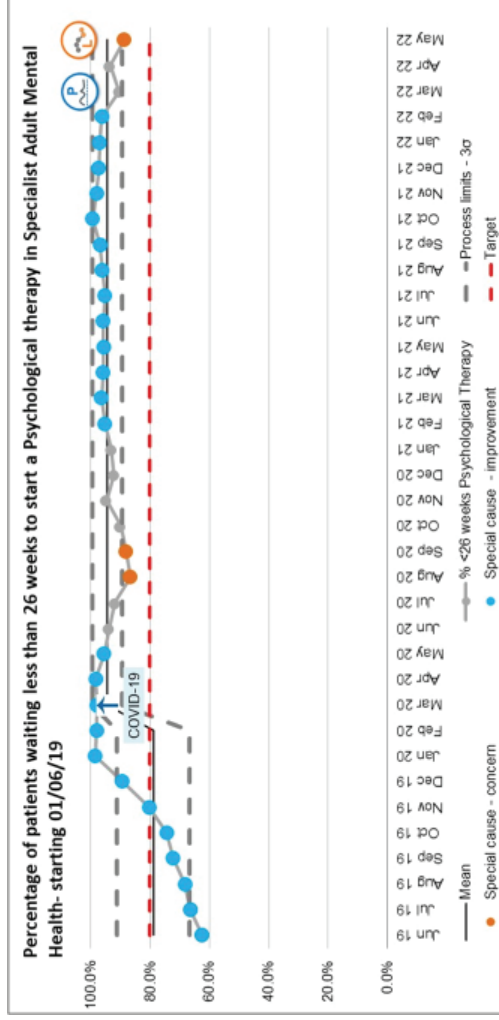
Quadruple Aim 2

No.

46

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

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



Performance May 2022	
Local Performance	All Wales Benchmark
88.8%	2 nd *71.8%
Variance Type	
Special Cause Concern	
Target	
80%	
Data Quality	

* Benchmark from previous available period

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

What the chart tells us	Issues	Actions	Mitigations
<ul style="list-style-type: none">Performance remains above target at 88.8% for May. It should be noted that the this month is showing special cause concern - falling outside of the lower control limit.The health board benchmarks positively with All Wales performance not meeting the target at 71.8% in April.	<p>PTHB's Head of Psychology has been working with the Information Team to cleanse the waiting list 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). Until recently, we were not aware that Neuro assessment patients were being counted in these figures.</p>	<p>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.</p>	



Quadruple Aim 2

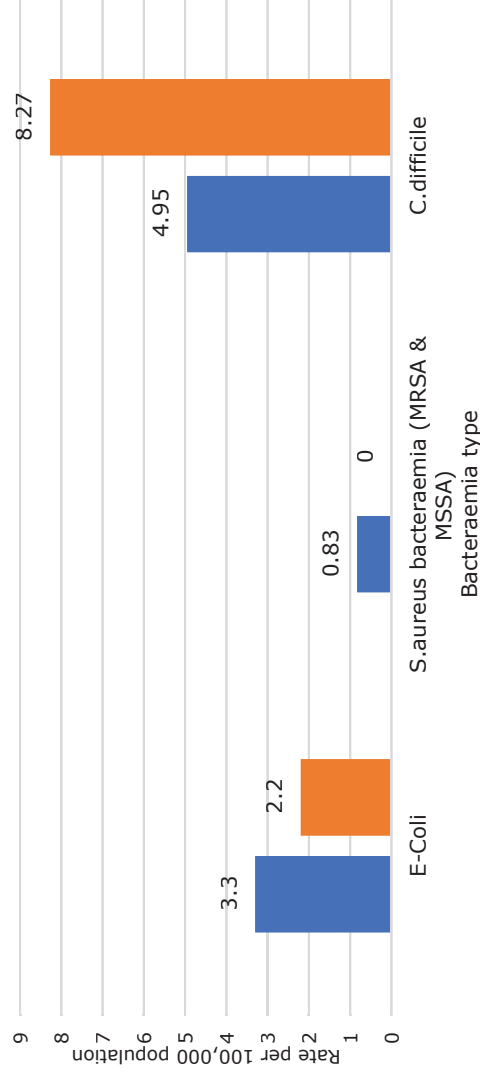
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

February comparison snapshot of cumulative reported cases per 100,000 by bacteramia type – source PHW



■ 2020/21 ■ 2021/22

Performance March 2021/22

Local Performance per 100k

Infection Type	Performance
E-coli	2.2
S.Aureus (MRSA & MSSA)	0
C.Difficile	8.27
Target	
Local – Improvement	
Data Quality	

What the chart 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 2021/22 is 2.2 slightly below the rate for 2020/21. No S.aureus infections have been reported in 2021/22, and C.difficile reported rate is higher at 8.27 per 100k when compared to 4.95 for the same period in 2021.			

52/67

69/293



Quadruple Aim 2

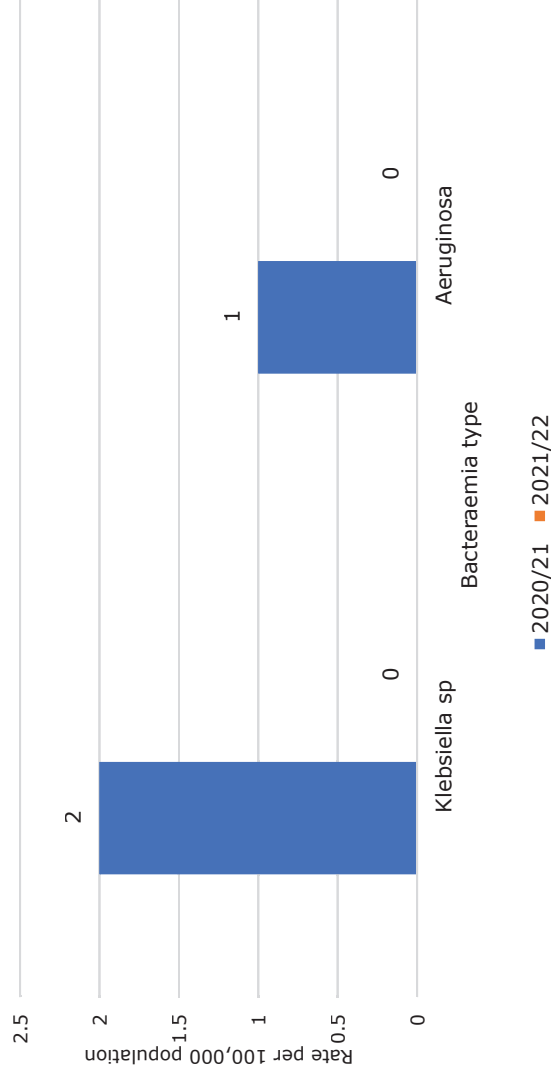
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48

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

Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp, and Aeruginosa

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



Performance February 2021/22

Local Performance per 100k		
Infection Type	Performance	
Klebsiella sp		0
Aeruginosa		0
Target		
Local – Improvement		
Data Quality		

Executive Lead	Director of Nursing TBC
Officer Lead	
Strategic Priority	22

What the chart tells us

Powys has had no cases reported within the 2021/22 financial year for either Klebsiella.sp or Aeruginosa. This improves on the previous financial year position, although numbers of infection are positively extremely low.

Issues

Actions

Mitigations



Quadruple Aim 3

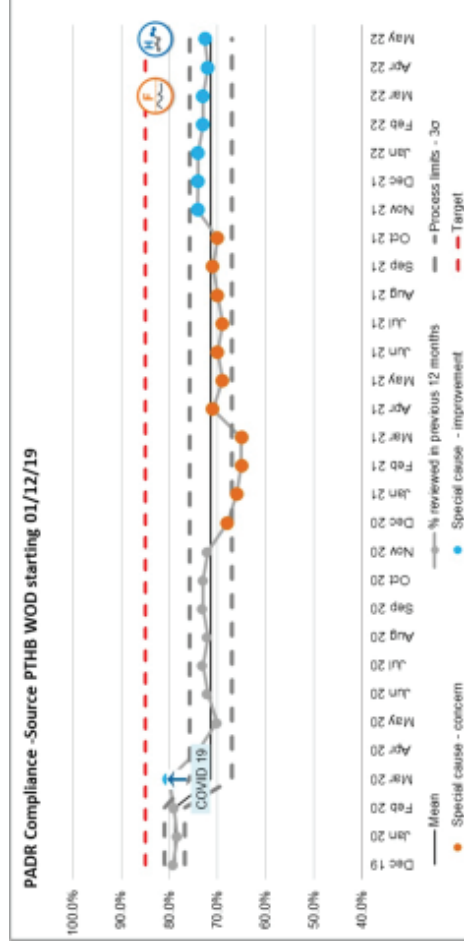
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52

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

PADR Compliance

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



May 2022 Actual Performance	
Local Performance	All Wales Benchmark
72.6%	58% (Feb-22)
Variance Type	
Special Cause Improvement	
Target	
85%	
Data Quality	

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

What the chart tells us

PTHB PADR performance reported at 72.6% for May, this is still above average for the period since COVID-19, and is special cause for improvement. The health board benchmarks positively against the All Wales position.

Issues

- Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in delivery of PADRs since the beginning of the pandemic.

Actions

- WOD HR Business Partners are discussing PADR compliance at senior management groups within services.
- Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director.
- Monthly detailed analysis of compliance is shared via Assistant Directors
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.

Mitigations

- Regular conversations as normal management of staff being undertaken and supported within services.



Quadruple Aim 3

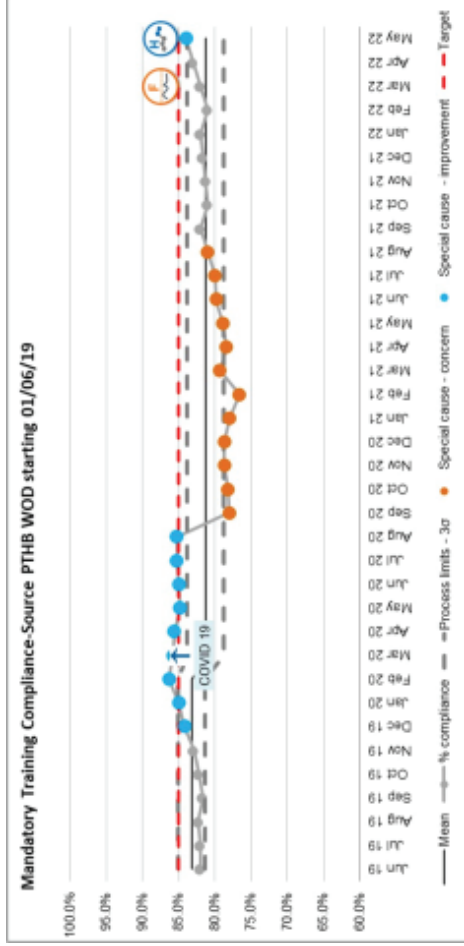
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53

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

Core Skills Mandatory Training

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



May 2022 Actual Performance	
Local Performance	All Wales Benchmark
84.0%	79% (Feb-22)
Variance Type	
Special Cause Improvement	
Target	
85%	
Data Quality	

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

What the chart tells us

Performance in May reported as 84% and is showing special cause improvement. PTHB is 1% below meeting the national target of 85%.

Howell Bethan
06/23/2022 08:47:02

Issues

- Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in completion of mandatory training since the beginning of the pandemic.

Actions

- WOD HR Business Partners are discussing mandatory compliance at senior management groups within services.
- Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director.
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.

Mitigations

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



Quadruple Aim 3

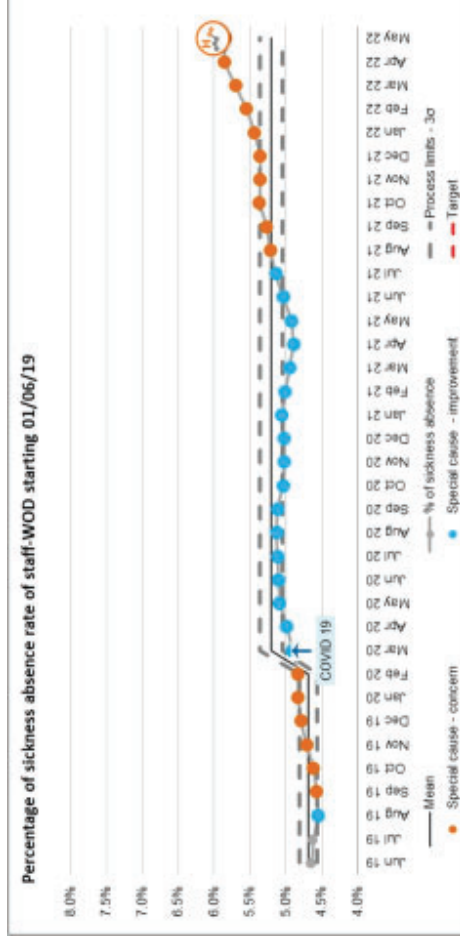
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55

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

Sickness Absence (R12)

Percentage of sickness absence rate of staff



May 2022 Actual Performance	
Local Performance	All Wales Benchmark
5.84%	6.67% (Feb-22)
Variance Type	
Special Cause - Concern	
Target	
12 month reduction	
Data Quality	

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

What the chart tells us	Issues	Actions	Mitigations
PTHB sickness performance remains as special cause from concern. The rolling 12 performance is reported as 5.84% for May, monthly actual 5.38% which consists of 1.4% short term and 3.98% long term. Although high when compared to pre-covid the health board is one of the lowest in Wales.	<ul style="list-style-type: none">COVID-19 continues to have an impact on sickness absence percentage. High levels of stress & anxiety reflective of the overall population.	<ul style="list-style-type: none">Continues to be monitored by managers and HR Business Partners in line with All Wales Managing Attendance at Work policy.Well being action plan now approved.Business case to support OH team capacity approved. Recruitment to vacant posts is underway.A single tender waiver to increase counselling services has also been approved, ahead of a retender exercise.	<ul style="list-style-type: none">Managing Attendance at Work PolicyWell being action planStaff counselling serviceOnline CBTLong Covid ProgrammeOccupational Health Service



Quadruple Aim 3

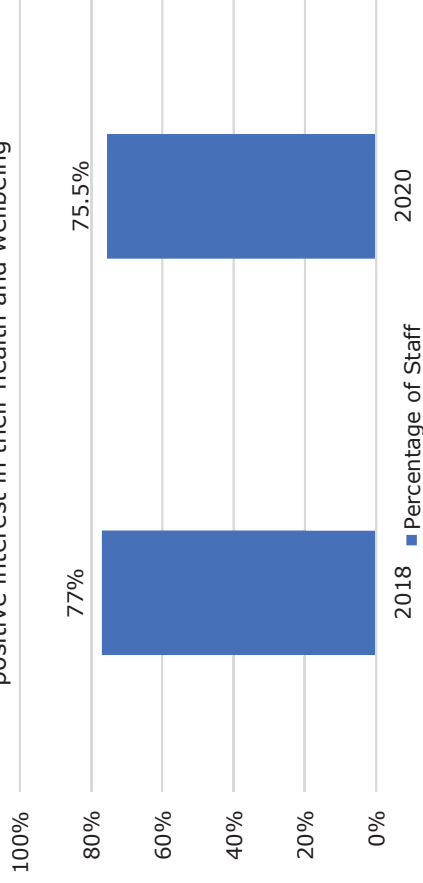
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56

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

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

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



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

Executive Lead	Director of Workforce & OD
Officer Lead	Head of Workforce
Strategic priority	15

What the chart tells us

Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales. But has not met the improvement target when compared to the 2018 data point.

Issues

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.

Actions

All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.

Mitigations

Updated agile working policy. Continued focus on PADR.



Quadruple Aim 4

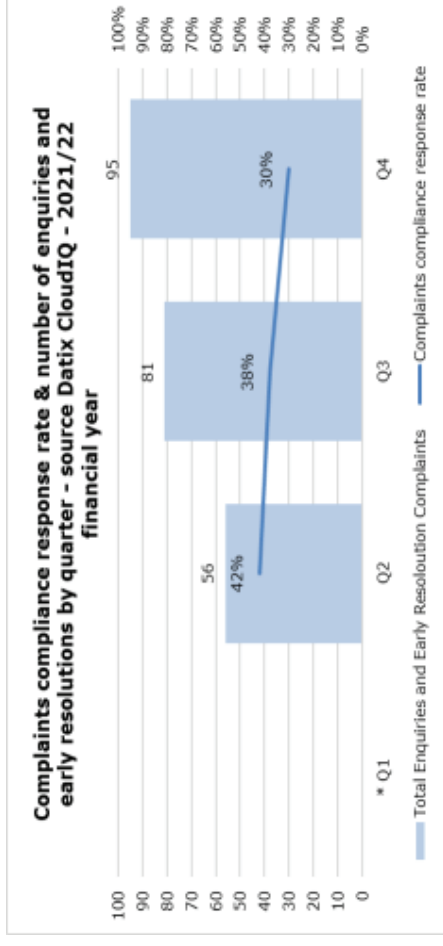
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59

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

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



What the chart tells us

- * Please note that the Datix incidents were closed as part of the Datix upgrade data for April & May and are not comparatively available for Q1 2021/22.
- No national benchmark data is currently available via Welsh Government due to the Datix upgrade.
- Performance is not currently meeting the 75% target however extensive and ongoing validation work is being undertaken to strengthen the compliance and subsequent reporting for the measure. Positively this work has shown the mis categorising of complaints with an increased number actually being resolved via early resolution or actually being correctly reported as enquiries.

Q4 2021/22 Actual Performance

Local Performance	All Wales Benchmark
30%	N/A
Target	
75%	
Data Quality	

Executive Lead	Director of Nursing
Officer Lead	Assistant Director of Quality & Safety
Strategic priority	22

Issues	Actions	Mitigations
<ul style="list-style-type: none">Mis categorisation of commissioned complaintsProactive and supportive management of concerns when receivedLack of appropriate escalation to ensure 30 working day response is prioritisedLack of accurate and accessible dataNo user feedback	<ul style="list-style-type: none">Review of the concerns management processRefresh template lettersImplementation of a robust escalation process to meet 30 working day (WD) response timescaleReview improvement planImplement clear process for learning and improvement from concernsFurther work required to cleanse and quality assure dataImplementation of a concerns feedback process 'How was the process for the complainant'	<ul style="list-style-type: none">Robust review of end to end process to ensure compliance with PTR regulationsImprovements being data ledRobust escalation process to meet 30WD response timescaleReview improvement planImplement clear process for learning and improvement from concernsFurther work required to cleanse and quality assure data



Quadruple Aim 4

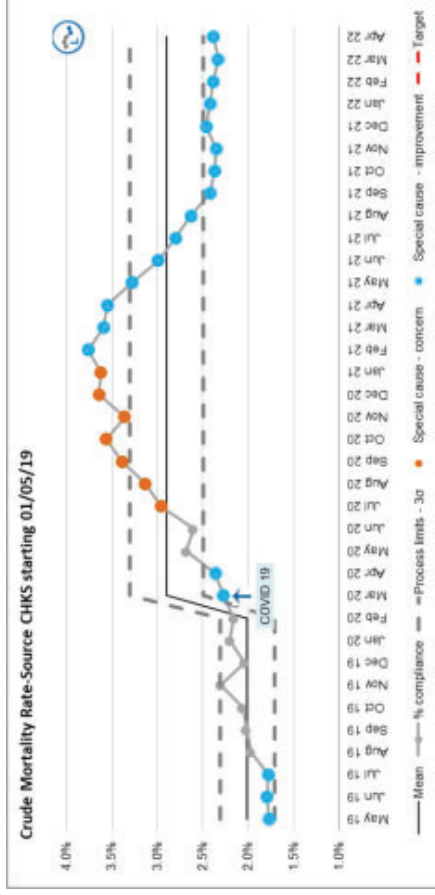
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62

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

Crude Hospital Mortality Rate (R12)

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



April Actual Performance	
Local Performance	All Wales Benchmark
2.38%	1.06%
Variance Type	
Special Cause - Improvement	
Target	
12 month reduction trend	
Data Quality	

Executive Lead

Medical Director

Officer Lead

TBC

Strategic priority

22

What the chart 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.



Quadruple Aim 4

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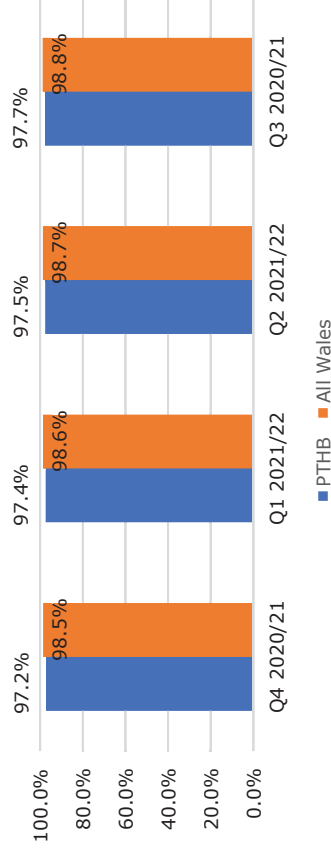
66

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

New Medicine Availability

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

New medicine availability within 2 months of Nice Final Appraisal



Q2 2021/22		
Actual Performance		All Wales Benchmark
Local Performance	97.7%	98.8%
Variance Type		
N/A		
Target		
100%		
Data Quality		

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24

What the chart tells us

The health board does not meet the national target but has an improvement trend reporting 97.7% for Q3 2021/22. The national All Wales average is 98.8%.

No provider in Wales meets the target of 100%.

The trend is based on the long term average since the New Treatment Fund began in 2017.

The variation between national and local indicators is due to the way historic data was recorded.

Issues

- Discrepancies with nationally reported data on this metric.
- Locally reported that in 2017 there were some delays in hitting the 2 month deadline, it is unclear whether this is still impacting on our compliance? Since 2017 the 2 month deadline has been met on all but 3 occasion (2 drugs relating to highly specialised treatments that are not provided within Powys and other LHBs were struggling to implement and 1 drug at the beginning of COVID when the Medicines Management Team was focussed on the COVID response).
- Shared national NTF excel document updated every time a new AWMMSG/NICE TA is published.

Actions

- Non compliant areas of formulary updated to confirm that the health board does commission the treatments – 'specialist use only' and mapping carried out to understand pathways for access to such specialised treatments.

Mitigations

- Set aside dedicated time each week to ensure NTF access definition of within 2 months is met and our performance continues to improve.



Quadruple Aim 4

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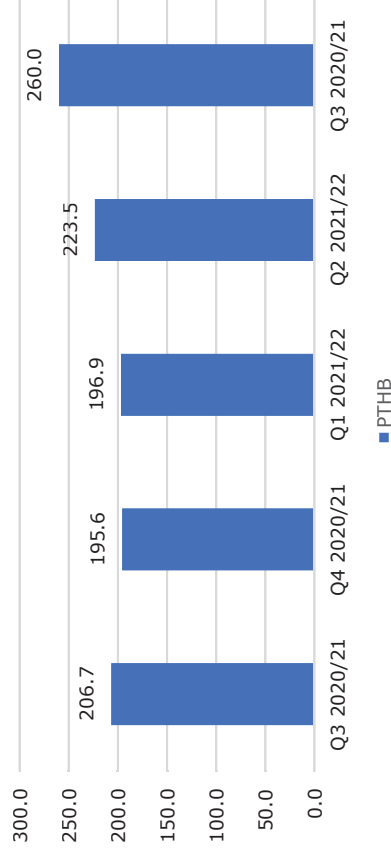
67

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

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

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

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



Q3 2021/22	
Actual Performance	All Wales Benchmark
Local Performance	260
Variance Type	
N/A	
Target	
249.3	
Data Quality	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24

What the chart tells us

The Q3 2021/22 Powys target for this metric is 249.3 items per 1000 star PU's, the provider performance for Q3 has been reported as 260.0. No health board in Wales met their derived target for Q3 but Powys was the lowest prescriber (items/1000 STAR-PU) of antibacterial items.

Issues

- No antimicrobial stewardship pharmacist in post.
- COVID response creating challenge with prioritising national KPIs

Actions

- Antimicrobial Stewardship Group in place (meets quarterly) – reports to IPC Group.
- Antimicrobial stewardship improvement plan in place.
- Data analyst providing regular data on antimicrobial prescribing in primary care.
- Antimicrobial prescribing discussed during practice meetings.
- Antimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAs
- Linking with antimicrobial stewardship pharmacists in England to support RCA of CDI cases (community acquired)
- Investment benefits group (IBG) paper written to secure funding for AMS pharmacist – absence of dedicated antimicrobial pharmacist included in meds management risk register

Mitigations

See actions.
Further mitigations not possible due to workforce challenges.



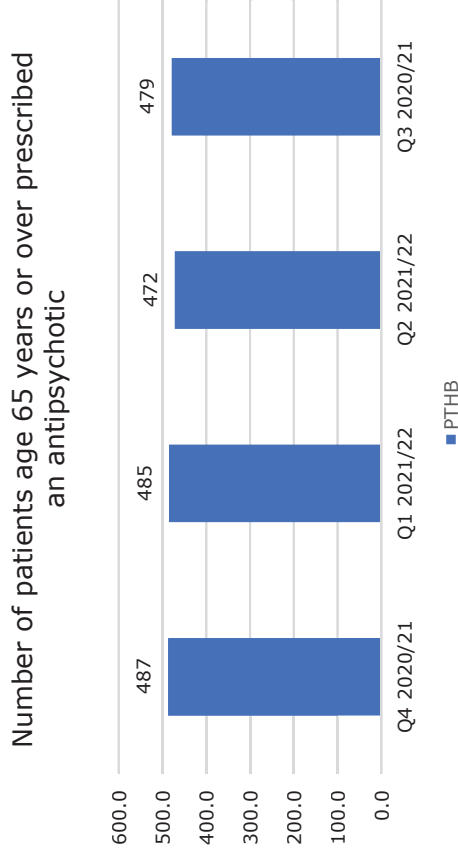
Quadruple Aim 4

No.

69

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

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



Q3 2021/22		
Actual Performances		All Wales Benchmark
Local Performance	479	10,312
Variance Type		
N/A		
Target		
Quarter on Quarter Reduction		
Data Quality		

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24

What the chart tells us	Issues	Actions	Mitigation
PTHB has not met the target of reduction for Q3 2021/22 (479). In Wales we prescribe the least of all health boards, but have the smallest cohort size. Further development of the measure would be required to allow comparisons between health boards in Wales.	<ul style="list-style-type: none">COVID response creating challenge with prioritising national KPIs	<ul style="list-style-type: none">Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65 monitored through national medicines safety dashboard.The national figure is 1.5%, our figure is 1.23%. Powys has the lowest level of prescribing in this area of all Welsh Health Boards.	<ul style="list-style-type: none">Regular monitoringRisks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis.Plan to provide regular reports to primary care as soon as resource allows.



Quadruple Aim 4

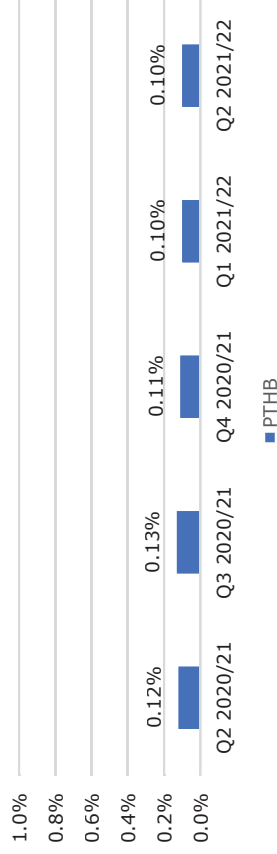
No.

70

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

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

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



Q1 2021/22		
Actual Performance	Local Performance	All Wales Benchmark
	0.10%	0.14%
Variance Type		
N/A		
Target		
Quarter on Quarter Reduction		
Data Quality		

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24

What the chart tells us	Issues	Actions	Mitigations
PTHB has met the required target of quarterly reduction with 0.10% of women prescribed valproate in Q3 2021/22. Powys remains as ranked 1 st in Wales with the lowest prescribing rate of all Welsh health boards. <i>06/23/2022 08:47:02</i> Gwyneth Bethan	Nationally Q3 2021/22 – 946 female patients aged 14-45 issued with a prescription for sodium valproate in Wales = 0.134% of female patients aged 14-45. Powys = 0.1% (lowest % of all LHBs) Quarter on quarter reduction being seen. COVID response creating challenge with prioritising national KPIs	<ul style="list-style-type: none">Regularly monitored through national medicines safety dashboard.Regular reminders about prescribing valproate in women of child bearing age.Reminder about Pregnancy Prevention Plan (PPP)Cascade of patient information to primary care and community pharmacy.	See actions Plan to provide regular reports to primary care as soon as resource allows.



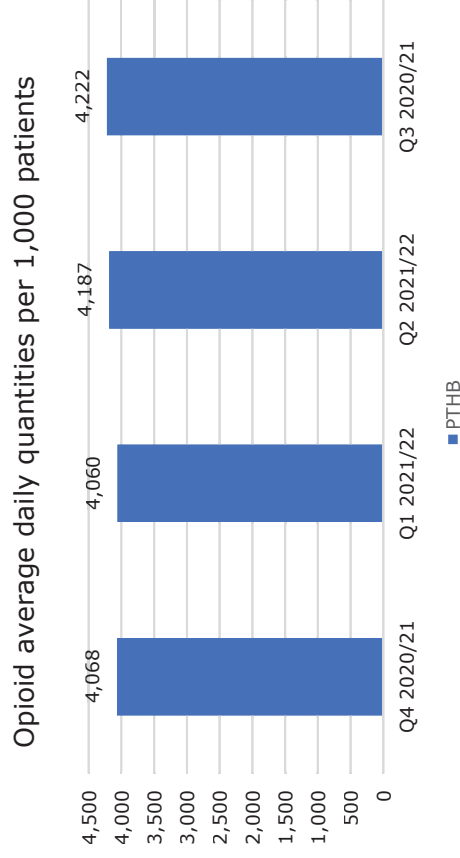
Quadruple Aim 4

No.

71

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

Opioid average daily quantities per 1,000 patients



Q3 2021/22		
Actual Performance		All Wales Benchmark
Local Performance	4222.1	4546.6
Variance Type		N/A
Target		
4 Quarter reduction trend		
Data Quality		

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24

What the chart tells us	Issues	Actions	Mitigations
PTHB has not met the 4 quarter reduction target for Opioid quantities although Q2 2021/22 the position has deteriorated – 4,222.10 ADQ/1000 pts. Powys ranks 2 nd nationally against and All Wales figure of 4,500.4 Powell, Bethan 06/23/2022 08:47:02	COVID response creating challenge with prioritising national KPIs	<ul style="list-style-type: none">Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives.Raising awareness of opioids aware resource for clinicians and patients.Regular monitoring through the national indicators.Regularly discussed during practice visits.Regular provision of prescribing dataIntroduction of prescribing analysis to identify 'excessive' prescribing	See actions



Quadruple Aim 4

No.

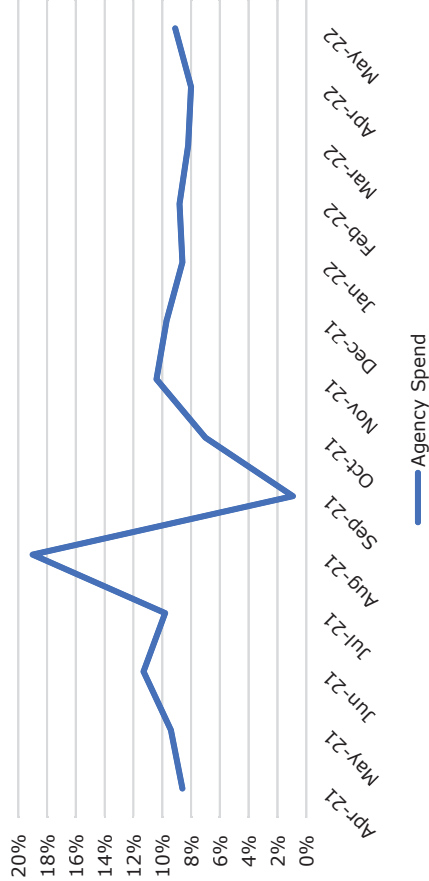
74

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

Agency Spend

Agency spend as a percentage of the total pay bill

Agency spend as a percentage of the total pay bill



May 2022 Actual Performance		
Local Performance	All Wales Benchmark	
9.1%	10.2% (Feb-22)	
Variance Type		
N/A		
Target		
12 Month Reduction Trend		
Data Quality		

Executive Lead	Director of Finance and ICT
Officer Lead	TBC
Strategic priority	13

What the chart tells us

The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has been met for May 22. However as noted by the finance team that the agency spend figure 0.9% for September is significantly lower, this was due to the Month 6 return being used for correction purposes to avoid prior monthly adjustment. This has not affected the overall pay position or forecast but **will affect** the 12-month reduction target calculation which uses trend function.

Issues

Actions

Mitigations



Quadruple Aim 4

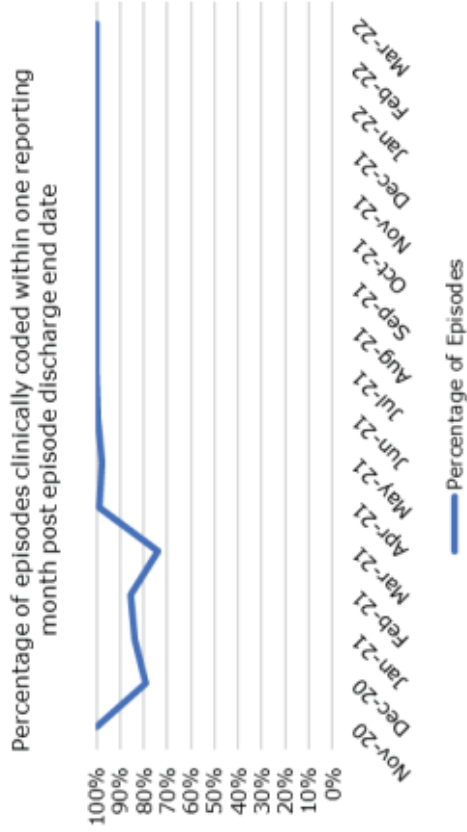
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75

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

Clinical Coding

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



March 2022		
Actual Performance		All Wales Benchmark
Local Performance	100%	83.7%
Variance Type		
N/A		
Target		
12 month improvement trend towards achieving the 95% target		
Data Quality		

Executive Lead	Director of Finance and ICT
Officer Lead	Head of Information
Strategic priority	22

What the chart tells us	Issues	Actions	Mitigations
PTHB performance has remained at 100% since July 2021. The All Wales performance for March was 83.7%. <i>Powell Bethan 06/23/2022 08:47:02</i>			



Next Steps

Next Steps

- Service recovery and restoration remains the single largest challenge for Powys residents. As a provider the health board has made significant, and positive steps in improving its immediately controllable flows back to near target performance, although remaining at significant risk from COVID-19 & subsequent variant re-infections.
- The health board has now restarted the directorate review process during Q1 which aim to:
 1. *Review directorate performance against directorate plan and agreed performance measures*
 2. *Ensure directorate performance management and review is considered across all perspectives, e.g. Quality, Access, Workforce, Finance and Governance.*
 3. *Investigate any challenging areas of non-delivery and ensuring improvement plans are in place*
 4. *Explore learning opportunities and areas of best practice*
 5. *Identify areas for additional support and guidance (improvement through learning)*
 6. *Enable a culture of high performance and continuous improvement. (linking with the redeveloping Improving Performance Framework)*
- Work remains ongoing as part of the Recovery Portfolio Strategic Board, they remain focused to assist with the very long waiter backlog which is especially significant in commissioned Welsh health providers in South Powys.
- Welsh Governments phase one Health Minister measures have had their first projections submitted for 2022/23 via the IMTP and Minimum Data Set (MDS) processes. The health board will be required to monitor, assess, and intervene if required to meet the goals set out. These measures have been designed to support the vision and ambitions set out in “A Healthier Wales” and are aimed to drive improvement, sustainability, and transformational change for the population. The health board continues to engage with the Integrated quality, performance and delivery meetings hosted by Welsh Government on a monthly basis, and have just successfully completed the Q1 meeting schedule.
- Integrated Performance reporting will continue to evolve during 2022/23 strengthening the ability of stakeholders to assess progress against key targets, aims, and required actions. This will include updating the Improving Performance Framework, revising the Commissioning Assurance Framework (CAF), and working with the new measures and their rollout.
- National development of the replacement framework for the National Delivery Framework and Ministerial measures is in the final stages of sign off to be confirmed early Q2. The Powys Performance and Planning team remain fully engaged with these work streams to ensure that Powys as a community health board can maximise the integration of measurement and assurance and report robustly going forward.

AGENDA ITEM: 2.1b

DELIVERY & PERFORMANCE COMMITTEE		DATE OF MEETING: 23 June 2022
Subject:	COMMISSIONING ESCALATION REPORT	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Director of Planning and Performance	
Other Committees and meetings considered at:	This paper is coming direct to the Delivery & Performance Committee	

PURPOSE:

The purpose of this paper is to highlight to the Delivery & Performance Committee the providers in Special Measures or scored as Level 4 and above under the PTHB Commissioning Assurance Framework.

RECOMMENDATION(S):

It is recommended that the Delivery & Performance Committee DISCUSSES this Commissioning Escalation Report.

Approval/Ratification/Decision ¹	Discussion	Information
	x	

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

Strategic	1. Focus on Wellbeing	✓
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¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

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

EXECUTIVE SUMMARY:

This report highlights providers in Special Measures or scored as Level 4 and above. The PTHB Internal Commissioning Assurance Meeting (ICAM) took place on the 8th June 2022. Given the impact of the Covid 19 pandemic and operational emergency pressures within providers, this has had an adverse impact on operational capacity within provider organisations. It has not been possible to hold all commissioner / provider meetings in recent months. Some meetings have been entirely stood down, at the request of providers, whilst others have been held but with a much-reduced representation.

Based on commissioner / provider meetings that have occurred, and the information gathered via that process, Commissioning Assurance Framework (CAF) scores and ratings have been carried out. The latest assessment scores based on the information available are:-

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

The report also provides:

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

The Commissioning Assurance Framework is currently being reviewed to ensure its purpose, function and content is providing a more meaningful overall assessment. This is particularly important as the NHS recovers from the Covid 19 pandemic and many more performance indicators have been introduced as part of the new Welsh Health Minister's oversight measures. More focus will be given on a data driven assessment supplemented by a wider range of qualitative and patient experience measures.

Latest ICAM ratings are as follows as at 8th June 2022.

SPECIAL MEASURES						
Provider	Area of Measure	March 2022	April 2022	May 2022	June 2022	Change in Status
Shrewsbury and Telford Hospital NHS Trust	Quality & Safety	Not Reviewed				↔
	Patient Experience	Not Reviewed				
	Access	Not Reviewed				
	Finance	Not Reviewed	Not Reviewed	Not Reviewed		
	Governance & Strategic Change	NOT RATED				
Cwm Taf Morgannwg University Health Board	Quality & Safety	Not Reviewed				↔
	Patient Experience	Not Reviewed			Limited Info	
	Access	Not Reviewed				
	Finance	Not Reviewed	Not Reviewed	Not Reviewed		
	Governance & Strategic Change	NOT RATED				
LEVEL FOUR						
Provider	Area of Measure	March 2022	April 2022	May 2022	June 2022	Change in Status
Wye Valley NHS Trust	Quality & Safety	Not Reviewed				↔
	Patient Experience	Not Reviewed				
	Access	Not Reviewed				
	Finance	Not Reviewed	Not Reviewed	Not Reviewed		
	Governance & Strategic Change	NOT RATED				

DETAILED BACKGROUND AND ASSESSMENT:

PTHB's Commissioning Assurance Framework (CAF) helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients.

It considers patient experience, quality, safety, access, activity, finance governance and strategic change. It is a continuous process, considering information from a broad range of sources including "credible soft intelligence". It is not a performance report between fixed points. Each PTHB Directorate is invited to contribute information to the CAF and to attend the ICAM.

Formal inspection reports for the NHS organisations commissioned are available on the websites of Health Inspection Wales (HIW) and the Care Quality Commission (CQC). PTHB attempts to draw from providers' existing Board reports, plans, returns to Government and nationally mandated information wherever possible.

The usual commissioning arrangements have not been in place since March 2020 due to the pandemic. Since July 2020, PTHB has been working to restore the CAF, although there remain significant limitations due to the national position. It is not possible to score all domains, for example "block" financial arrangements do not reflect pre-COVID budgets or Long term Agreements. Escalation processes cannot operate in the usual way, for example, elective care delays are at an unprecedented level due to the pandemic. The Public Health resource assisting with the interpretation of the Clinical Health Knowledge System results which was diverted to COVID 19 outbreak is being restarted focusing on maternity services.

The business processes in place before the pandemic are increasing being reinstated for the 22/23 financial year eg. finance is no longer on a block contract regime and more information focus is now being placed on waiting time reduction.

The CAF process is currently being reviewed both in terms of information content but also the style and trigger points for escalation up and to including Board level. Future committee reports will feature a revised CAF escalation and reporting regime with a new report to be aimed at being implemented during quarter 2 of the current financial year.

Given lengthening Referral to Treatment Times (RTT) across all NHS providers that will take time to recover, the CAF Escalation scoring, and Access measurement process has been reviewed. All providers will take a number of years to recover the waiting list position back to the official RTT access time target.

Shrewsbury and Telford Hospitals NHS Trust (SATH)

As previously reported to the Committee SATH is in special measures and is rated as “inadequate” overall. There have been a series of concerning reports following inspections by the Care Quality Commission (CQC) resulting in Section 31 Notices imposing conditions on the regulated activity there. The full reports can be accessed via the CQC website (www.cqc.org.uk) but include concerns in relation to the management of:

- Pressure area care
- Falls
- Nursing documentation
- Learning from previous incidents
- Mental Capacity Act and Deprivation of Liberty Safeguards
- Children and young people with mental health needs, learning disabilities and behaviours that challenge
- End of life care
- Maternity Services
- the oversight of audits and the improvement of outcomes
- the culture.

Reports on these matters continue to be considered by the Experience, Quality and Safety Committee (EQS) and previous Performance Committees have referenced the concerns raised by the CQC.

Key issues reported to the SaTH Board on the 9th June 2022, are summarised below in two reports being routinely produced by them namely: -

1. Getting to Good Progress
2. Ockenden Report Action Plan

Getting to Good Progress

The aim and focus of Getting to Good Phase 2, is to embed the improvement projects which are within the Executive Director portfolios to deliver sustainable change that supports the organisation in achieving an overall Care Quality Commission (CQC) rating of ‘Good’ by 2023. ‘Getting to Good’ incorporates nine programmes, each of which is led by an Executive Director

The 9 programmes are shown in the diagram below.



The Executive summary from the Getting to Good Progress June 2022 Board report reads as follows:

"The purpose of this paper is to inform on the progress made in April 2022, on the delivery of the nine programmes and 26 projects within Getting to Good Phase 2. Three of the 9 programmes are reporting all projects as being on track this period; Maternity Transformation; Culture; and Workforce. Three programmes are reporting as having a combination of both on track and reasonable projects; Quality and Safety; Finance and Resources; and Digital Transformation. The Leadership programme is reporting a status of reasonable. Two programmes are reporting as having off track projects; Operational Effectiveness; and Corporate Governance. The off track projects in this reporting period are Communications and Engagement; Restoration and Recovery and Theatre Productivity"

The full report can be viewed via the link below.

[104.22-Getting-to-Good-Progress-Report-Public-BoD-9.6.22-combined.pdf \(sath.nhs.uk\)](https://sath.nhs.uk/104.22-Getting-to-Good-Progress-Report-Public-BoD-9.6.22-combined.pdf)

Ockenden Report Action Plan

Progression against both Ockenden reports issued is captured in the report to SATH's Board on the 9th June. A full copy of the report can be viewed via the link below:

Extracts from the report are included in the following section.

1.0 PURPOSE OF THIS REPORT

1.1 This report provides the following information:

- An update on outstanding actions from the first Ockenden Report (2020)
- The current position in relation to the actions from the final Ockenden Report (2022), as at 10th May 2022.
- Next steps being taken to progress this work

2.0 THE OCKENDEN REPORTS (2020) AND (2022)

2.1 The First Ockenden Report 2020

2.2 The Board of Directors received the first Ockenden Report – *“Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust: our first Report following 250 clinical reviews”*¹ at its meeting in public on 7th January 2021.

2.3 The Board of Directors received the final Ockenden Report – *“Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust – Our Final Report”*² at its meeting in public on 14th April 2022.

2.4 The numbers of actions for the Trust to implement from the two reports are, as follows:

Report	Local Actions for Learning (LAFL's) - SATH only	Immediate and Essential Actions (IEA's) - All providers of maternity care in England	Total no. of actions
First – Dec 2020	27	7 Themes – (25 sub actions)	52
Final – Mar 2022	66	15 Themes – (92 sub actions)	158
Totals	93	117	210

Progression against the total number of actions is then documented as follows:-

- 3.7 The Delivery and Progress Statuses of all the actions, as validated on 10th May 2022, are summarised in the following tables:

Delivery Status

Report	Domain	Total Number of Actions	Not Yet Delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
First Report 2020	LAFL	27	1	4	22
First Report 2020	IEA	25	5	1	19
First Report Sub-Total	BOTH	52	6	5	41
Final Report 2022	LAFL	66	62	4	0
Final Report 2022	IEA	92	78	14	0
Final Report Sub-Total	BOTH	158	140	18	0
Total Both reports	ALL	210	146	23	41

Progress Status

Report	Domain	Total Number of Actions	Not Started	Off-Track	At Risk	On Track	Completed
First Report (2020)	LAFL	27	0	0	0	5	22
First Report (2020)	IEA	25	0	1	0	5	19
First Report Sub-Total	BOTH	52	0	1	0	10	41
Final Report (2022)	LAFL	66	61	0	0	5	0
Final Report (2022)	IEA	92	78	0	0	14	0
Final Report Sub-Total	BOTH	158	139	0	0	19	0
Total Both reports	ALL	210	139	1	0	29	41

The report concludes that:

7.0 SUMMARY

- 7.1 Significant work has been undertaken already to undertake a preliminary review of all the actions from the final report. This work is complex but will continue at pace, and with the due diligence required to deliver them all fully and properly.
- 7.2 There is a great deal of work arising from these new actions, which include prioritising them and, also, undertaking assessments to determine the resource and time requirements to deliver them.

SATH remains an escalated matter for PTHB.

Cwm Taf University Health Board (CTMUHB)

The Independent Maternity Services Oversight Panel progress report on CTMUHB maternity services was published in September 2021.

The report concluded: -

- (i) the impact of COVID-19, the pace of progress has been slower than anticipated
- (ii) there has been regression in some areas, although where that is the case, the reasons for that are clear and there are plans and trajectories in place to recover the ground which has been lost.
- (iii) whilst there is still work to do, the improvements which have been made in the maternity service over the last two and a half years have largely been consolidated and remain firmly embedded in operational practice.
- (iv) some further incremental progress has been made and the Panel has agreed that there is sufficient evidence to justify another five of the 70 Royal Colleges' recommendations being signed off as fully delivered – the total number of recommendations now delivered to 55 - almost four-fifths (79%) have now been delivered.

The Panel did not reach any firm conclusions about progress against the neonatal elements of the improvement plan because the Neonatal Deep Dive work is still in progress. This situation could potentially impact on the timescales for implementing the second phase of the South Wales Programme (transfer of maternity services to CTMUHB) – It is understood that members of the South Powys Programme are fully sighted on all aspects of these issues/risks.

Maternity Update (June 2022) - The Independent Maternity Services Oversight Panel has continued to oversee improvements in the maternity and neonatal services at Cwm Taf Morgannwg University Health Board. The IMSOP published its April 2022 Progress Report, which updates on the progress being made by the health board in implementing its maternity and neonatal improvement programme.

- (i) The panel and its independent multidisciplinary teams determined that in around a third of the maternity reviews conducted, major modifiable factors were present which contributed significantly, meaning different management may have resulted in a different outcome for the mothers and/or babies. Inadequate or inappropriate treatment and the diagnosis or recognition of a high-risk factor were the issues which most often contributed. This was echoed in the stillbirth category.
- (ii) (ii) In terms of neonatal care, the panel and its independent multidisciplinary teams assessed that at least one major modifiable factor was identified in around one sixth of neonatal reviews which was likely to have made a difference to the outcome for the baby. The management of admission and first hours as well as ongoing treatment were the areas where these issues were most frequently identified.
- (iii) (iii) Within this category, there were sadly 17 neonatal deaths. In six of the deaths reviewed, major modifiable factors were identified in relation to the neonatal care provided. In a further six deaths, major modifiable factors were identified in relation to the maternity care provided.

CTMUHB continues to progress all three of the agreed targeted intervention domains: (i) leadership and culture; (ii) quality and governance and (iii) trust and confidence.

Referral to Treatment Times (RTT)

As reported nationally, there is now an unprecedented challenge in relation to timely access to routine services across the NHS as a result of the response to the pandemic. The Director General of Health and Social Services in Wales has warned that the situation may take several years to resolve.

Capacity was significantly reduced in order to care for the surge in COVID patients and to prevent the spread of infection. Private sector capacity has been used to maintain essential services, such as for those with suspected cancer. The situation has been exacerbated due to unscheduled care pressures, with activity exceeding pre-pandemic levels for some providers. There have also been considerable difficulties with flow in surrounding DGHs due to capacity and pressure on domiciliary care services, which are crucial to timely discharge from hospital.

Addressing this situation is a key focus in the PTHB Annual Plan for 2022/2023 as it was during 2021/22. Whilst performance for our own providers services is showing good improvement overall, performance with commissioned services remains far below expected standards. Welsh Government are specifically addressing this issue with targeted intervention to support the reduction of long waiting patients and have published a supportive framework to achieve this. Many of the requirements are captured within the 5 Goals for Planned Care section.

[Transforming and modernising planned care and reducing waiting lists | GOV.WALES](#)

From a delivery perspective actual activity versus activity trajectories submitted are now being monitored by Welsh Government on a weekly basis.

The English NHS has also received additional funding to improve access.

Powys Provider Referral to Treatment (RTT) as at 30th April 2021

ProvidersMainGroup	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	Total
Powys Teaching Local Health Board	5960	224	33	2	6219
100 - GENERAL SURGERY	269	20	7		296
101 - UROLOGY	129	22	3		154
110 - TRAUMA & ORTHOPAEDICS	459	57	13	1	530
120 - ENT	356	7		1	364
130 - OPHTHALMOLOGY	774	40			814
140 - ORAL SURGERY	237	31	7		275
143 - ORTHODONTICS	18	1			19
191 - PAIN MANAGEMENT	158				158
300 - GENERAL MEDICINE	47				47
320 - CARDIOLOGY	112	11			123
330 - DERMATOLOGY	36	4			40
410 - RHEUMATOLOGY	105	9	2		116
420 - PAEDIATRICS	52				52
430 - GERIATRIC MEDICINE	22	1			23
502 - GYNAECOLOGY	238	20	1		259
998 - Diagnostic Services	85	1			86
999 - Allied Health Professional Services	2863				2863
Total	5960	224	33	2	6219

As can be seen above, there are patients two patients waiting more than a year for treatment but none waiting more than two years. Plans are in place to reduce treatment times including the potential use of the newly extended insourcing agreement with the private sector. Trauma and orthopaedics surgery continues to be the most challenged specialty at present. Improvement plans are being constructed and with a performance update included in the next iteration of this report.

Powys Provider - Inc D&T	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
% of patients waiting < 26 weeks for treatment	85.4%	87.8%	89.1%	89.8%	89.0%	90.0%	90.7%	89.9%	90.9%	93.6%	96.0%	95.8%
Number of patients waiting < 26 weeks for treatment	5132	5828	6130	6476	6301	6093	5682	5341	5162	5317	5733	5960
% of patients waiting 26 - 35 weeks	5.3%	4.5%	4.2%	4.1%	5.6%	5.4%	5.2%	6.3%	5.4%	3.4%	3.3%	3.6%
Number of patients waiting 26 - 35 weeks	321	301	286	299	395	364	327	377	305	192	198	224
% of patients waiting 36 - 51 weeks	3.1%	3.2%	3.3%	2.9%	2.7%	2.4%	2.5%	2.5%	2.5%	2.1%	0.5%	0.5%
Number of patients waiting 36 - 51 weeks	187	214	224	212	191	165	154	149	143	117	32	33
% of patients waiting 52 weeks and over	6.2%	4.4%	3.5%	3.2%	2.7%	2.2%	1.6%	1.3%	1.2%	1.0%	0.2%	0.0%
Number of patients waiting 52 weeks and over	370	292	239	228	192	148	99	76	69	57	9	2
Total Patients waiting 36 weeks and over	557	506	463	440	383	313	253	225	212	174	41	35
Total Patients waiting	6010	6635	6879	7215	7079	6770	6262	5943	5679	5683	5972	6219

NHS Commissioned Service Provider Referral to Treatment (RTT)

	Apr 2022	Patients Waiting						
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	64.4%	1469	216	251	137	73	134	2280
Betsi Cadwaladr University Local Health Board	45.4%	256	61	77	80	23	67	564
Cardiff & Vale University Local Health Board	55.5%	241	38	47	37	25	46	434
Cwm Taf Morgannwg University Local Health Board	46.1%	248	53	67	51	35	84	538
Hywel Dda Local Health Board	51.8%	717	124	170	137	122	113	1383
Powys Teaching Health Board	95.8%	5960	224	33	2	0	0	6219
Swansea Bay University Local Health Board	48.0%	946	192	234	186	109	302	1969
	73.5%	9837	908	879	630	387	746	13387
	Mar 2022	Patients Waiting						
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	70.6%	202	36	34	10	2	2	286
Robert Jones & Agnes Hunt Orthopaedic & District Trust	60.3%	1642	313	391	269	79	29	2723
Shrewsbury & Telford Hospital NHS Trust	66.6%	2521	471	520	235	41	0	3788
	64.2%	4365	820	945	514	122	31	6797
	Feb 2022	Patients Waiting						
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Wye Valley NHS Trust	64.2%	2128	461	540	127	38	21	3315
		6542	1283	1457	598	126	54	10060

Commissioned performance remains an escalated area of concern particularly with Welsh Health Boards.

All Health Boards have been requested to construct performance recovery trajectories to deliver the expected performance outcomes contained within the 5 Goal Framework. Weekly with NHS Wales are now taking place to monitor progress.

Conclusion

There are two neighbouring NHS organisations with services in special measures. An update has been provided in relation to Shrewsbury and Telford Hospitals NHS Trust which remains at the highest level of escalation under the PTHB CAF. Maternity services in CTMUHB are in special measures and an Independent Oversight Panel is in place. Further work is underway to provide independent assurance that neonatal services are safe, effective, well led and importantly integrated with the maternity service to provide a seamless service for women and babies.

As reported nationally there is now an unprecedented challenge in relation to timely access to routine services across the NHS as a result of the response to the pandemic. This has been exacerbated this summer by unscheduled care pressures within surrounding DGHs, which exceed the pre-COVID levels.

Fragile Services – a number of services across English and Welsh providers are indicating their current fragility largely as a result of an inability to recruit to key posts to ensure services are sustainable. Working with providers directly or across service networks, a Fragile Service log will be reintroduced to both capture the risk and plans to mitigate the risk (where possible).

NEXT STEPS

In line with the PTHB Commissioning Assurance Framework providers scored as Level 4 or in Special Measures will continue to be reported to the relevant Board Committees.

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

Equality Act 2010, Protected Characteristics:

	No impact	Adverse	Differential	Positive	
Age		✓			Reporting the outcome of the Internal Commissioning Assurance Meeting has no adverse impact on people with protected characteristics. It helps to ensure escalation and resolution of matters which could have a
Disability		✓			
Gender reassignment		✓			

Pregnancy and maternity		✓			negative impact. However, at present, due to the COVID-19 pandemic, it is not possible to operate the Commissioning Assurance Framework in the usual way, meaning there is a reduced level of assurance. There is also a deteriorating position in relation to referral to treatment times.
Race		✓			
Religion/ Belief	✓				
Sex	✓				
Sexual Orientation	✓				
Marriage and civil partnership	✓				
Welsh Language		✓			
Risk Assessment:					
	Level of risk identified				The reporting of the outcome of the Internal Commissioning Assurance Meeting is designed to help identify and reduce risks within commissioned services. However, due to the COVID 19 pandemic, there is a reduced level of assurance and a deteriorating position in relation to waiting times.
	None	Low	Moderate	High	
Clinical			✓		
Financial			✓		
Corporate			✓		
Operational	✓				
Reputational			✓		

Powys THB Finance Department Financial Performance Report Delivery & Performance Committee

**Period 02 (May 2022)
FY 2022/23**

Date Meeting: 23rd June 2022

Powell, Bethan
06/23/2022 08:47:02



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 02 OF FY 2022/23
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Andrew Gough, Deputy Director of Finance
Other Committees and meetings considered at:	Delivery & Performance Group Board
PURPOSE:	
This paper provides the Board/Committee with an update on the May 2022 (Month 02) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.	
RECOMMENDATION:	
It is recommended that the Board/Committee: <ul style="list-style-type: none">• DISCUSS and NOTE the Month 02 2022/23 financial position.• NOTE and APPROVE Covid-19 Report position reported on page 10 and in the attachments detailed in appendix 1.• NOTE underlying financial position and draft financial plan for 2022/23.	

Approved by Bethan
23/05/2022 08:47:02

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

Approval/Ratification/Decision	Discussion	Information
	✓	
2/17		101/293

Powys THB 2022/23 – 2024/25 IMTP was approved by the Board prior to being submitted to Welsh Government (WG) on 31st March 2022. Formal approval of the IMTP is anticipated and the THB continues to work closely with both WG and FDU colleagues.

The Core financial plan is shown in Table 1. This excludes the ongoing costs for COVID response and exceptional national pressures that are assumed to be fully funded at risk.

Table 1 – Core Financial Plan Year 1 2022/23 – 2024-25 IMTP

Core Financial Plan	£m
B/Fwd underlying deficit	6.80
Recurrent impact 21/22 pressures	2.32
Delivery unmet savings & assumed recurrent benefits	(3.69)
NHS commissioned services growth	3.09
Locally determined growth & pressures	5.98
Standard national pressures / growth	0.70
WG Allocation:	
Core uplift 2.8%	(7.06)
Planned and unscheduled care sustainability	(7.52)
Value based recovery	(0.62)
Core Financial Plan 22/23	0.00

Delivery of a breakeven position in 2022/23 requires delivery of a £4.6m cash releasing / reduction savings target and the management of all operational pressures including CHC and variable pay.

All delegated budgets will need to be recurrently balanced and cash releasing savings will need to recurrent in order to achieve a c/fwd nil underlying deficit into 2023/24.

The reported financial position for month 2 to the end of May is an operational deficit of £0.332m, a deterioration of £0.133m on the month 1 position. There is a wide variation in delegated budget holder performance. The month 2 operational variance is primarily driven by CHC growth, the run rate is con. There were also significant pressures against both pay and commissioning budgets. Review and assurance will be required in order to ensure a balanced position can be delivered.

Delivery of the core financial plan includes a 1.3% (£4.6m) cash releasing savings requirement. **This target is not profiled into the position as at month 2.** The Health Board list of amber/red schemes needs urgent review to clarify deliverability and profiling and where necessary further schemes developed. **There has been very little progress made in month.** This is a key financial risk that needs to be managed.

Table 2 – Month 2 Reported Position

	Budget YTD	Actual YTD	Variance YTD
01 - Revenue Resource Limit	(63,510)	(63,510)	0
02 - Capital Donations	(22)	(22)	0
03 - Other Income	(925)	(1,029)	(105)
Total Income	(64,456)	(64,561)	(105)
05 - Primary Care - (excluding Drugs)	6,954	6,904	(50)
06 - Primary care - Drugs & Appliances	5,117	5,128	11
07 - Provided services - Pay	15,113	15,308	194
08 - Provided services - Non Pay	5,062	4,323	(738)
09 - Secondary care - Drugs	164	245	81
10 - Healthcare Services - Other NHS Bodies	24,324	24,972	648
12 - Continuing Care and FNC	3,664	3,930	266
13 - Other Private & Voluntary Sector	571	596	24
14 - Joint Financing & Other	2,695	2,694	(1)
15 - DEL Depreciation etc	723	723	1
16 - AME Depreciation etc	69	69	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	64,456	64,893	436
Reported Position			332

It should be noted that £0.512m of non recurrent corporate opportunities have been released into the position at month 2.

CHC and variable pay run rates are continuing to increase.

CHC provider uplifts are yet to be agreed. This could cause a significant additional financial pressure and is being worked through.

No Welsh or English provider activity data has been received to date so the current commissioning position and forecast is subject to change.

The potential impact of South Powys flows is not included in the month 2 position. There is a full year risk estimated at £2.4m.

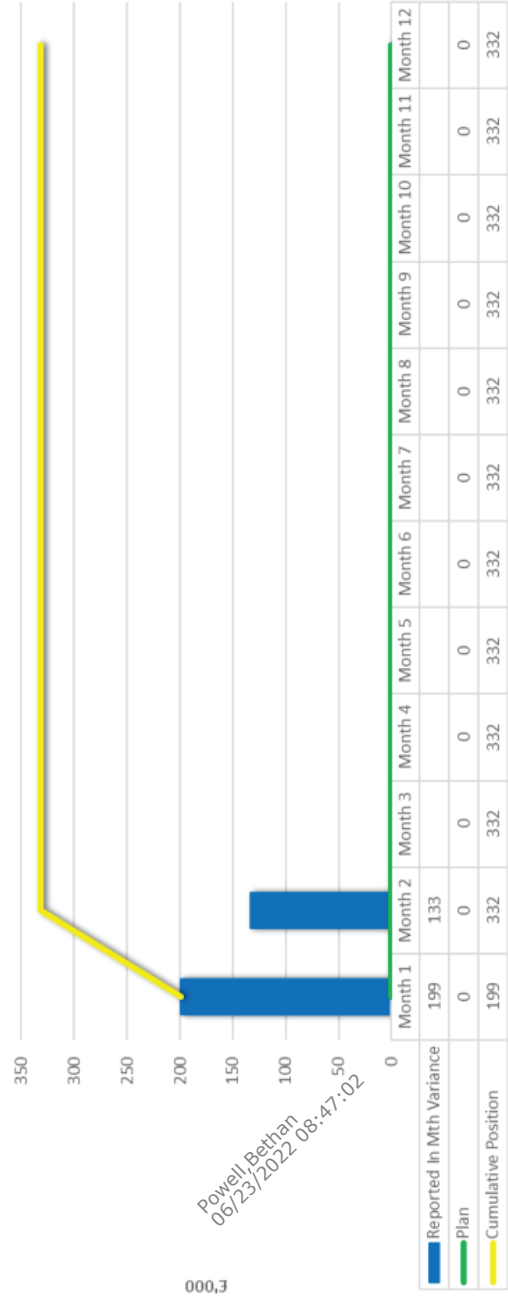
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Summary Health Board Position 2022/23

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	-133	➡
Reported Year To Date financial position – deficit/(surplus) – Red	-332	➡
Year end – deficit/(surplus) – Forecast Green	0	➡

Capital		
Financial KPIs : To ensure that the costs do not exceed the capital resource limit set by Welsh Government	Value £'000	Trend
Capital Resource Limit	9,647	➡
Reported Year to Date expenditure	478	➡
Reported year end – deficit/(surplus) – Forecast Green	0	➡

Health Board Financial Performance 2022/23



Powys THB 2022/23 Plan was approved by the Board and submitted to WG on 31st March 2021, with an update provided on 30th June. Both submissions provided a balance plan for 2022/23.

As per 2022/23 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £0.332m overspend at Mth 02.

Excluding Covid, the areas of overspend which are a concerning at this point in the year are the growth in CHC costs and ongoing increase above historic trend in variable pay, and the recurrent impact of this on the 2022/23 Plan. The table on the next slide provides an overall summary/variance by area but this will include Covid spend.

PTHB continues to forecast a balanced year end position but there are significant number of risks and opportunities that the Board need to effectively manage to ensure this can be delivered.

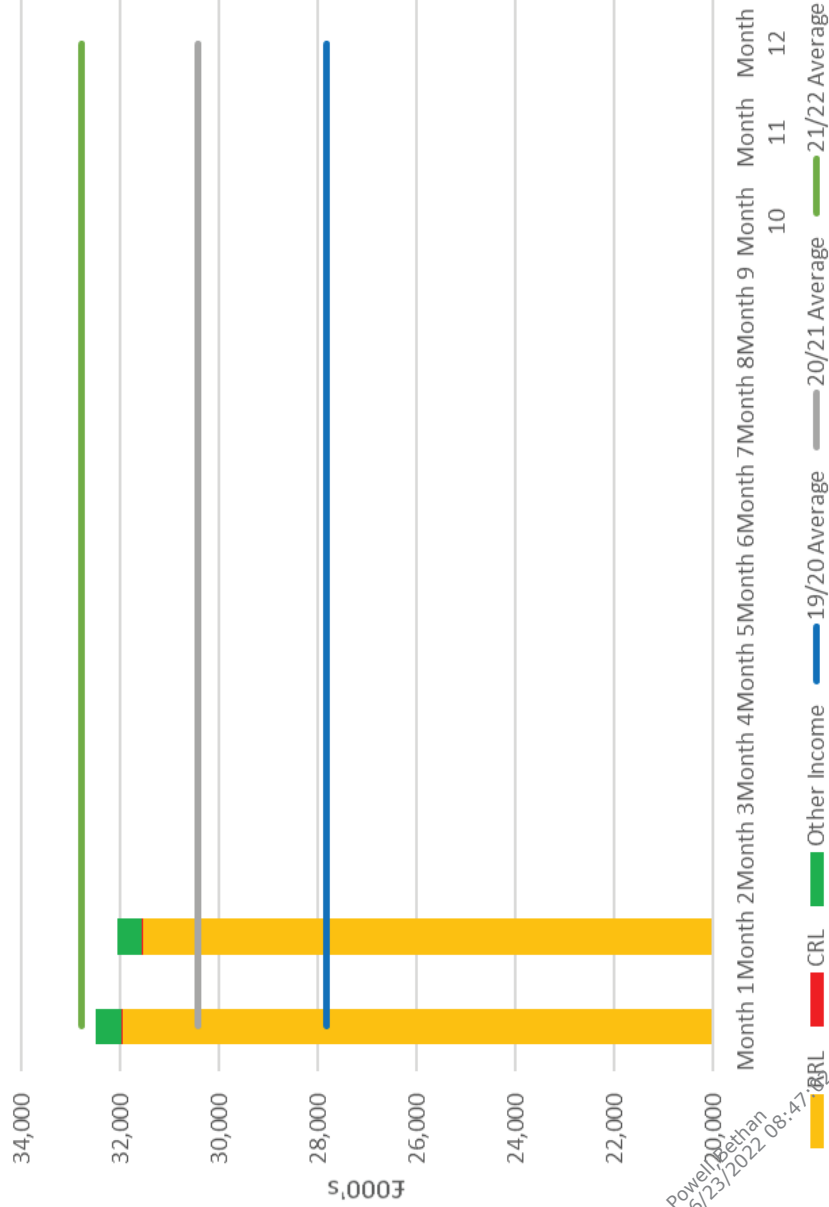
Chart 1 - Forecast Performance Against £4.649m Target

Directorate	Green	Amber	Total of Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£000'	£000'	£000'	£000'	£000'
P&CC MH Directorate		4,205	4,205	500	-
Primary Care		444	444	-	-
Grand Total	-	4,649	4,649	500	-

- Delivery of the 2022-23 financial plan includes making £4.649m (1.3%) of recurrent savings.
- The current list of indicative savings proposals needs to be progressed at pace to firm up deliverability, profile and recurrent value. There has been limited progress to month 2 and the savings target is not profiled into the month 2 position.
- Delivery of recurrent savings will be discussed at all Service Group/Directorate Performance reviews scheduled in June.
- Urgent progress is required. This is a key financial risk that needs to be managed.

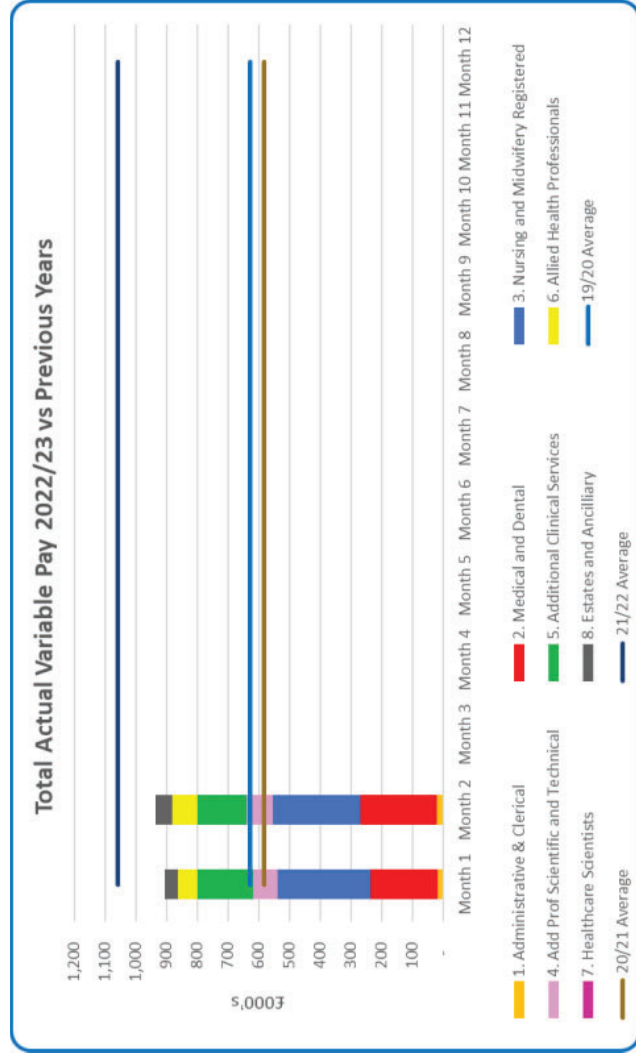
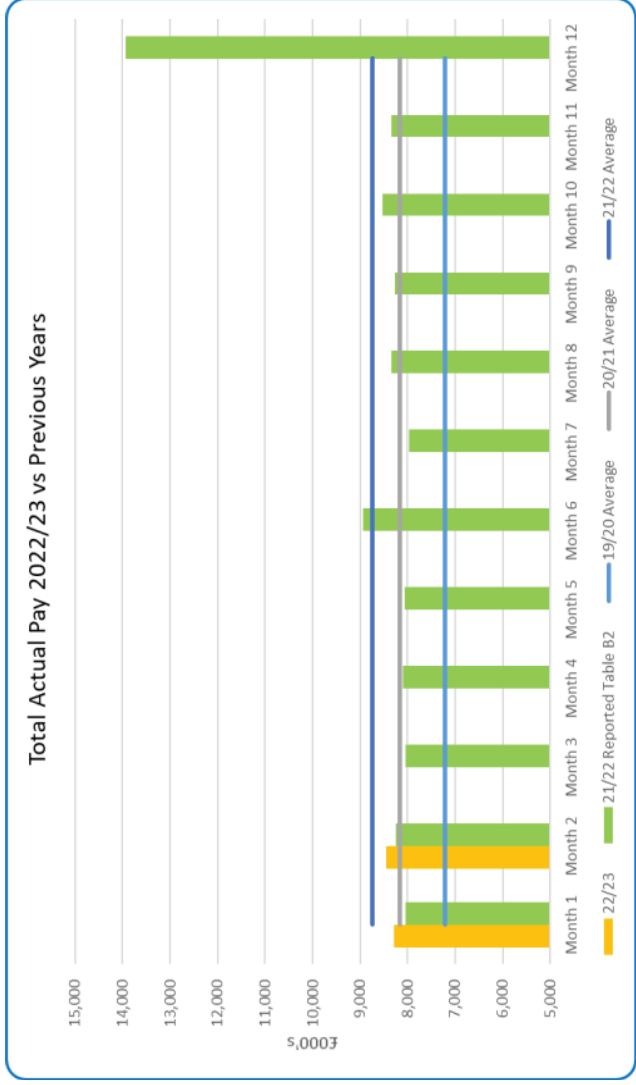
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Total Actual Income 2022/23 vs Previous Years



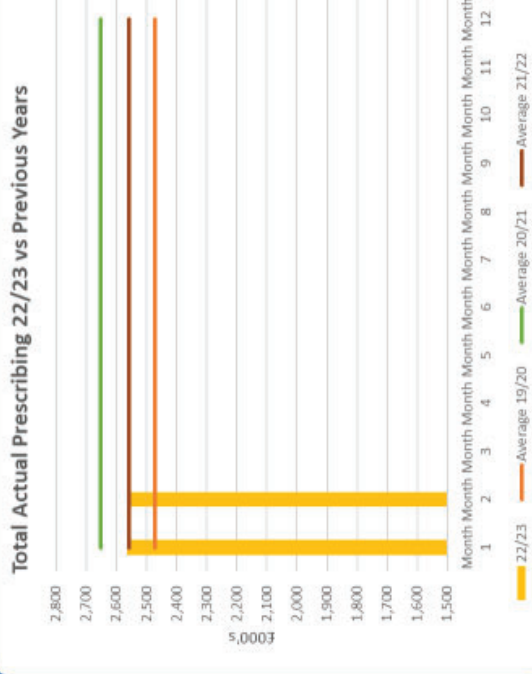
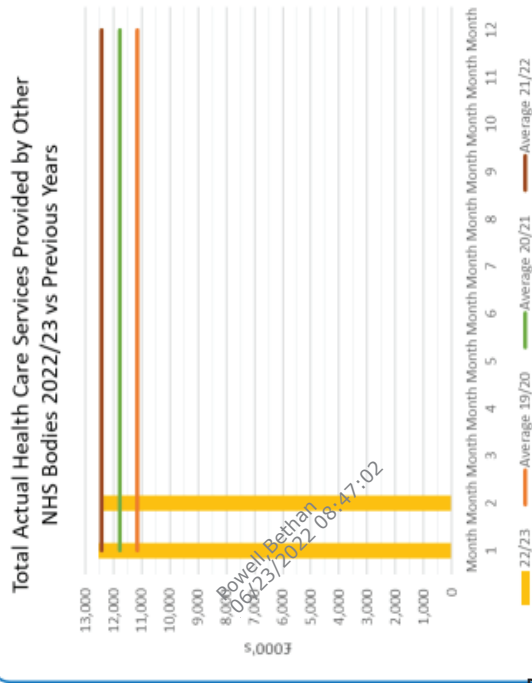
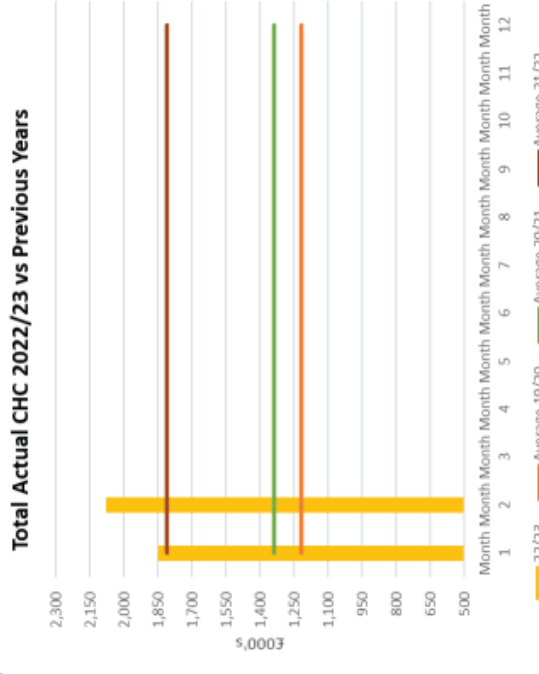
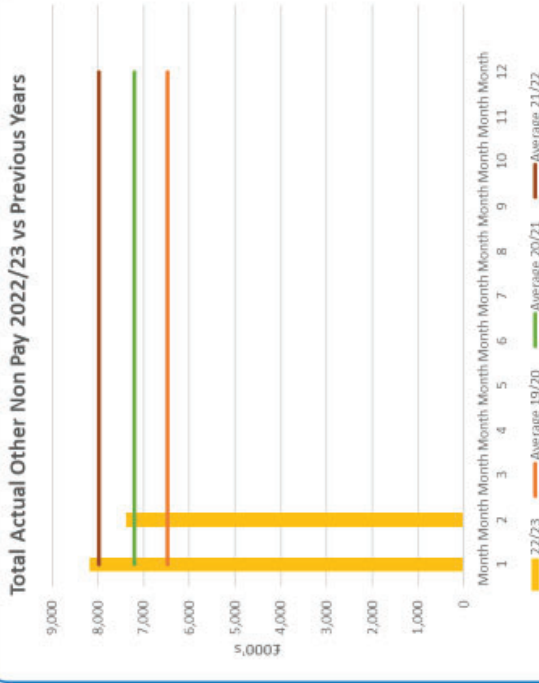
- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2022/23 the total anticipated funding for Covid as part of the RRL is £18.422M, and an element of this has been included in each month.
- For 2022/23 the total anticipated funding for Exceptional Pressures is £2.331M, and an element of this has been included in each month.

Health Board Actual 2022/23 vs Trend Previous Financial Years



- The month 02 YTD pay is showing an over spend of £0.194M against the year to date plan.
- Chart 1 is comparing that the total pay position for 2022/23 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2021/22 and the yellow the position for 2022/23, which clearly shows a stepped increase.
- Chart 2 on variable pay demonstrates a comparison of 2022/23 variable pay compared to the average value from the last 3 financial years.

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- Actual Other Non Pay spend in 2022/23 YTD is significantly higher than the average trend from 2019/20 and slightly higher than the average for 2020/21, this will contain Covid costs along with 2022/23 inflation uplifts for some areas.

There are 3 key areas of focus:

- Commissioning – currently the LTAs are moving away from the Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. These figures will also contain the growth in WHSSC and EASC. Please see Page 9 for more details.
- CHC – Appendix 4 provides the actuals to 31st May 2022, which again shows the significant growth between 2020/21 and 2021/22.
- Prescribing – the YTD position is based on the latest PAR information, which is inline with 21/22 levels. This will be kept under close review and updates provided as necessary given the growth seen in previous years.

LTA's are due to be signed off by 30th June for all Welsh providers. 2022/23 is a move away from the block contract that have been in place for the past 2 years.
The forecast below is volatile based on a number of assumptions. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.

Table 3 – Commissioning Forecast 2022/23

Commissioning	2019-20 Outturn (£)	2020-21 Outturn (£)	2021-22 Outturn (£)	2022-23 Forecast (£)
Welsh Providers	35,606,090	36,724,186	38,536,356	38,755,509
English Providers	56,507,399	58,665,436	61,012,856	61,925,380
WHSSC / EASC	37,035,356	41,429,448	44,607,795	44,824,334
Other NHS Provider	3,052,573	3,488,034	4,374,300	3,569,000
Mental Health	1,361,960	1,213,879	1,129,708	1,281,375
Private Providers	561,440	574,068	700,931	691,449
Total	134,124,817	142,095,051	150,361,947	151,047,047

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2022/23 forecast is indicative at this time whilst conversations are ongoing with all providers

- 2022/23 outturn includes estimated English provider H2 costs and partially completed spells.
- 2022/23 inflation included in forecast Welsh Health Boards 2.8% / English providers 1.7%.
- 2022/23 Welsh Health Boards based on DoF financial flows agreement (2019/20 activity baseline with tolerance levels).
- 2022/23 English provider forecast will include an element of recovery activity.
- 2022/23 English providers based on proposals received to date (yet to receive SaTH proposal).

2022/23 forecast does not include South Powys emergency flow changes. Conversations are ongoing with ABUHB, CTMUHB and Wye Valley (Maximum risk of £2.4m).

Funding has been assumed for COVID National Programmes, the ongoing cost of COVID response and exceptional national pressures. This will be subject to review by Welsh Government/FDU in line with guidance provided. It is important to note that this funding is not yet confirmed.

Table 4 – COVID and Exceptional Items

	M1 £'000	M2 £'000	FORECAST £'000
Covid National Programmes:			
Test Trace & Protect	518	369	3,146
PPE	3	5	87
Mass Vaccination Programme	283	291	7,551
	804	665	10,784
Covid response:			
Covid Response - Cleaning Standards	47	47	564
Covid Response - Prescribing	143	61	1,219
Covid Response - Workforce (sickness and IPC measures) - Core	203	278	2,056
D2RA	118	76	1,166
Commissioned Services	94	94	1,126
Other Capacity & facilities costs - Stores	9	9	105
Other covid costs	18	71	375
Fixed term covid appointments	32	14	101
	663	650	6,712
Exceptional Items:			
National Cost Pressures - Direct Energy and Fuel	127	70	1,179
National Cost Pressures - Real Living Wage	49	49	591
National Cost Pressures - Employers NI increase	47	47	560
	223	166	2,330

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WG continue to view these costs as a shared risk. There will need to be clear exit strategies in place collapsing COVID response costs in line with guidance as any funding received in 22/23 will be non recurrent.

Summary

In summary:

- PTHB is reporting an over spend at month 2 for FY 2022/23 of £0.332M
- Non recurrent opportunities of £0.512m have been brought into the position at month 2.
- The £4.6m savings target is not profiled into the position at month 2 and little progress has been made in month.
- Operational pressures needing to be addressed including CHC and nursing variable pay as run rates continue to increase.
- Whilst we have no commissioned activity data at month 2 the indicative forecast shows a pressure in excess of £4m that will need to be managed. (This excludes the financial impact of South Powys flows where there is a risk of a further £2.1m)

Key Messages

There are a number of risks that will need urgent attention in order to maintain an in year balanced position:

Management of all operational Pressures:

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

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

Immediate action required - Identification and delivery of cash releasing savings schemes totalling £4.6m

Identify exit strategies for current COVID response cost drivers

The above will be supported by a return to monthly performance reviews with a focus on scrutiny and delivery

Powys THB Finance Department Financial Performance Report - Appendices

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Monitoring Return Reported

Appendix 1

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 15th June 2022.

MMR Narrative



MMR Tables



Mass Vac Tables



TTP Tables



Recovery Tables



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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st May 2022
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.089	1.089	0.045
Machynlleth	7.733	7.733	0.433
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.825	0.825	0.000
TOTAL APPROVED FUNDING	9.647	9.647	0.478

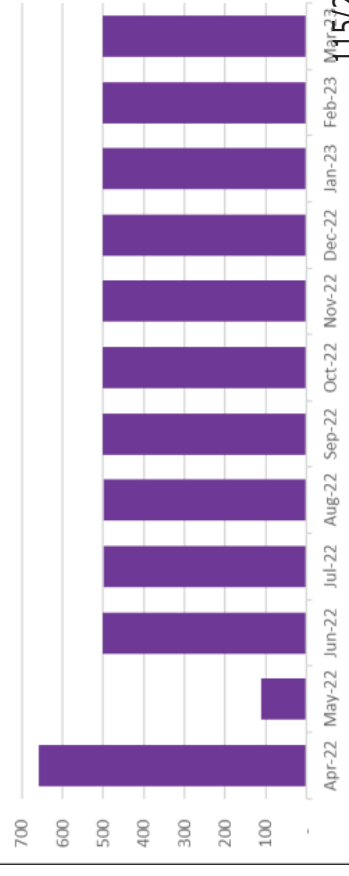
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Cash Flow 2022/23

Appendix 3

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	2,658	659	111	500	500	500	500	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	33,620	29,495	30,495	30,670	32,474	32,511	31,150	32,010	32,360	33,260	32,360	31,132
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)
WG Revenue Funding - Other (e.g. invoices)	3,981	2,893	40	40	40	40	1,000	40	40	40	40	1,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	2,000	1,897	1,614	1,154	960	674	1,262	60	26
Income from other Welsh NHS Organisations	808	337	400	400	400	400	400	400	400	400	400	400
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	534	520	550	550	550	550	550	550	550	550	550	550
Total Receipts	38,823	33,125	31,365	33,540	35,241	34,995	34,134	33,840	33,904	35,392	33,290	32,988
Payments												
Primary Care Services : General Medical Services	2,584	3,016	2,950	2,850	2,150	2,350	2,450	2,350	2,700	3,100	2,200	2,250
Primary Care Services : Pharmacy Services	288	352	400	400	400	400	400	400	400	400	400	400
Primary Care Services : Prescribed Drugs & Appliances	1,475	1,359	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300
Primary Care Services : General Dental Services	507	457	500	500	500	500	500	500	500	500	500	500
Non Cash Limited Payments	88	63	80	80	80	80	80	80	80	80	80	80
Salaries and Wages	6,084	7,732	7,750	7,750	7,750	7,750	7,750	7,750	7,750	7,750	7,750	7,750
Non Pay Expenditure	29,796	20,216	17,314	19,484	21,500	21,000	20,500	20,500	20,500	21,000	21,000	20,553
Capital Payment	0	478	682	1,176	1,561	1,614	1,154	960	674	1,262	60	155
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	40,822	33,673	30,976	33,540	35,241	34,994	34,134	33,840	33,904	35,392	33,290	32,988
NET CASH FLOW IN MONTH	(1,999)	(548)	389	(0)	0	1	(0)	(0)	0	0	0	0
Balance c/f	659	111	500	500	500	500	500	500	500	500	500	500

Cash Balance



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CHC Forecast 2022/23 vs 2019/20 & 2020/21

Appendix 4

Area	19/20 Year end Position	20/21 Year end Position	21/22 Year end Position	22/23 Forecast @ Mth 1	22/23 Forecast @ Mth 2	Growth From 2021/22 YE to 2022/23 Actual @ Mth 02
Children	£267,217	£151,234	£ 156,944	£156,944	£279,402	£122,458
Learning Disabilities	£957,455	£1,567,929	£ 1,639,265	£1,770,842	£1,979,473	£340,208
Mental Health	£7,344,265	£7,800,642	£ 10,510,010	£12,220,944	£12,136,148	£1,626,138
Mid Locality	£981,064	£925,210	£ 1,634,918	£2,074,027	£2,075,930	£441,012
North Locality	£1,365,243	£1,537,343	£ 2,199,376	£2,117,345	£2,138,103	(£61,273)
South Locality	£1,494,868	£1,958,143	£ 1,853,121	£1,774,747	£1,786,406	(£66,715)
Grand Total	£12,410,112	£13,940,501	£17,993,633	£20,114,849	£20,395,461	£2,401,828

All Wales position = In 21/22 a comparison of CHC growth was carried out across Wales, and based on the data at that point, Powys had the highest growth in CHC/FNC compared to 2020/21. The 2021/22 level of expenditure is forecast to be exceeded again in 2022/23. A summary of position for Wales in 2021/22 is provided in the Chart below:





Agenda item: 2.3

Delivery and Performance Committee

Date of Meeting:
23 June 2022

Subject: **Digital First - Update**

Approved and Presented by: **Pete Hopgood – Director of Finance and IT Services**

Prepared by: **Vicki Cooper – Assistant Director of Digital Transformation and Informatics**

Other Committees and meetings considered at:

PURPOSE:

The purpose of this report is to provide a Digital First update and to detail progress and performance within Digital Transformation & Informatics including Section 33 ICT performance activity.

The report also provides an update on delivery against the Digital First plan for this financial year.

RECOMMENDATION(S):

The Committee is asked to DISCUSS and NOTE the contents of the report.

Approval/Ratification/Decision¹

Discussion

Information

x

x

✓

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

EXECUTIVE SUMMARY:

This report details current delivery against the Health Board's agreed Digital Plan for 2022/23.

DETAILED BACKGROUND AND ASSESSMENT:

The Digital Journey continues to progress against the Digital First delivery plan.

Key developments include: -

1) Draft Digital Strategic Framework developed for consultation

The Health and Care Strategy includes the enabling objective of 'Digital First', as it is critical to achieving the shared ambition of A Healthy Caring Powys. Whilst the pandemic has created some challenges, it also fast tracked some digital innovations. The scale of adoption of new digital ways of working across health and care in the past two years has been extra-ordinary, with care being able to be brought much closer and, in many cases, right into people's homes. However, there have been challenges and there is still a need to implement and improve systems to enable further developments in care.

The draft Digital Strategic Framework will align the aims to continue to improve patient care, experience, and outcomes for the people of Powys as well as our work force. With a mobile workforce increasing confidence with operating remotely there is potential for longer term developments in digital delivery.

The Digital Service Review will provide a firm foundation for improvement and will include:

- Engaging with staff to find out what systems they use, how we can empower and support them, and what a Pan Powys approach will look like.
- Engaging with Stakeholders to get their views on digital technology.
- Engaging with Patients to find out what systems they use and what would help them.
- Promoting digital technology on social media platforms.
- Develop videos to increase awareness re the systems available and how they can support users.

Our Digital strategy aims to build on what we already do, continuing to look forward at innovative ways to provide care and services. By putting the person and the clinician at the centre of what we do we intend to deliver outcomes that matter to the people of Powys.

The consultation will start in June with the aim of presenting the final strategy to Board in September 22.

2) Cyber Security and Compliance

The Cyber Security Compliance function is now provided internally for Powys THB, the Cyber Assessment Framework (CAF) report has highlighted areas requiring improvement and investment to align to the NIS Regulations.

Since the submission of the CAF in December 2021 several improvements in the Health Board have been implemented, which result in a much improved and increased level of maturity re-assessed today. These include:

- Procurement of a monitoring platform (Solar Winds) implemented to monitor the network and information systems.
- Applied Windows Defender through O365 License upgrade (E5 Security) which

options that potentially may mean PCC replace the existing Health and Social care solution Care Director with an alternative system. It should be noted that this would not impact PTHB as all NHS Wales WCCIS users are on a separate instance called the NHS Wales Tenant.

This has offered the opportunity to review the existing arrangements for WCCIS support set out in the S33 agreement which was established at the start of the WCCIS journey in 2017. In joint agreement PCC and PTHB will explore options to best support each Organisation going forward but with continued groups working together to support integrated care teams and secure data sharing.

ICT Support Function

The ICT performance against the S33 Service Level Agreement (SLA) Key performance indicators is available in Appendix 1

PTHB Digital Team conducted a Service Desk Survey throughout April 2022. There was a 7.25% return from staff across all sites and services. 3.75% are satisfied with the service and the preferred contact method is via Telephone. See Appendix 2

The theme where improvement is needed are with the following areas:

- Call Waiting queue is too long - this was by far the predominant issue that staff reported
- Tickets closed as resolved when they were not
- Waiting too long to hear back about calls logged
- SD hours 08:30-16:00pm (not matching working shift patterns)

4) Digital Programme of Work 2021-24

There are many Clinical Digital System programmes scheduled for delivery, at various stages across the next two-three years. These have complex interdependencies including cross border components to be considered, to ensure the systems reflect the Powys residents' use of healthcare in England as well as Wales.

A range of actions will be necessary to progress with the digital developments and detailed milestones are included in the Delivery Plan. In some cases, these are subject to further scoping and investment opportunities.

Key actions include:

- Implement key programmes to deliver Digital Care, with a range of milestones in each project area including health records and nursing care records, eye care digitisation, electronic prescribing and medicines administration and bed management
- Ensuring the cross border inter-dependencies are understood and working with Digital Health and Care Wales and English Trusts to facilitate solutions to improve systems

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- Enhancing key systems to support the delivery of care both digitally and face to face including telehealth and telemedicine
- Working with partners to develop blended models of support and digital facilitation
- Delivery of phased infrastructure re-design and development, with a range of milestones within specific project plans for managed print, telephony replacement, Cyber Security, O365, Virtual clinics, Wi-Fi and Stock control

Key areas for development include:

- Business intelligence capability and systems
- Develop and implement Artificial intelligence in robotics, machine learning and support for out of hours
- Platforms to enhance access to information and virtual means of delivery
- Inpatient and ward-based interfaces and associated training
- Cyber Security and Compliance

Please see Appendix 3 for the full Digital Programme of work

Conclusion:

The Committee is asked to note the contents of the paper and the current position and progress against the Digital First Plan Appendix 3

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	✓

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

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

Appendix 1 S33 Service Level Agreement KPI's



PTHB ICT S33
Performance April 2022

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Appendix 2 Service Desk Survey



Powys Teaching
Health Board Service

Appendix 3 Digital Programme Plan



Digital%20Program
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PTHB – ICT S33 Performance Report

(April 22)



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1. SLA - All teams

Performance Indicators 2021/2022	Target	April 2022
Service Desk % Calls answered	80%	73.54%
% completed in SLA (Overall)	75%	87.7
% completed in SLA (P1)	75%	80% 5 Tickets
% completed in SLA (P2)	75%	67% 18 Tickets
% completed in SLA (P3)	75%	77.5% 325 Tickets
% completed in SLA (P4)	75%	91% 942 Tickets
% customer satisfaction	85%	Only 5 Responses were received.*

*A customer satisfaction survey has been running through April so could explain the very low response rate.

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2. Major Incidents

Major Incident Reports

Rogue Caller Issue

ICT were first notified of nuisance/rogue calls on the 19th April; it was initially reported that Brecon Switchboard were being dialled in to three way conference calls. As time progressed, the calls become more targeted and aggressive. ICT worked alongside Digital Colleagues to rule out a Cyber Breach and liaised with the system provider Getronics and Carriers BT and Virgin to provide call logs to the Police.

These calls were also being received by numerous Health Boards and Organisations across the UK

The caller was then identified and was arrested on the 29th April 2022. No compromise of systems were identified but has highlighted gaps in process and limitation of current systems.

Summary

Despite there being less infrastructure outages within PTHB many of the underlying issues have not been addressed which means that they could reoccur.

ICT have setup sub groups to tackle problem management on a priority basis; three areas that are being looked at for PTHB are:

- Bad IP Addresses. This has been occurring where DHCP runs out of IP addresses and therefore prevents some machines logging on. We have implemented a manual daily check to clear bad address out however we are committed to remove this manual step and investigate the route cause.
- WCCIS Deletions – There remain a high number of WCCIS Deletions due to poor data entry in both PTHB and PCC. A sub group has been setup in attempt to reduce these mistakes.
- Quality of tickets being received. As part of the continued rollout of LogIT we are implementing a user portal; one of our aims is to encourage staff to log more accurate descriptions so that we can respond quicker.

Many of the previous issues highlighted remain a risk to PTHB:

- DFS File Shares not synchronising correctly
- Servers not booting correctly
- Virtual Servers in paused states
- Print Server Failure

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3. Complaints / Compliments / Points for Discussion

3.1 Complaints / Compliments

We have received a complaint that when calling service desk and pressing the option to speak to someone about clinical systems; however, they were not getting transferred successfully.

On investigation, the clinical systems team don't wish to offer a call-in function so we will remove this option from the options and recorded message.

3.2 Items for Discussion

UPS – (For Discussion) – Outstanding from March

ICT have been asked to provide an update around the UPS risk that was raised by HSE.

All UPS were visited when highlighted to clean and this was carried out again. What has not been taken forward is working with Estates to highlight suitability of locations.

ICT have recommended the purchase of Batteries as part of the DTF. Currently unsure of the status of this; an update is required before being able to fully reply.

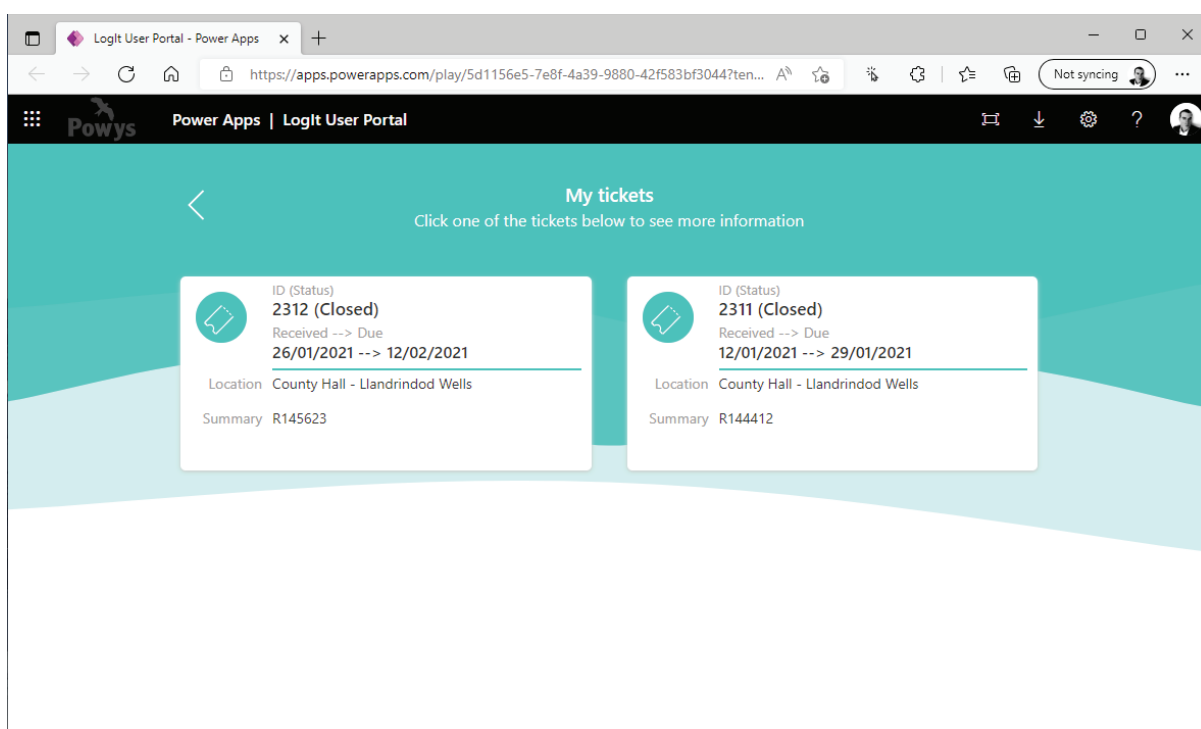
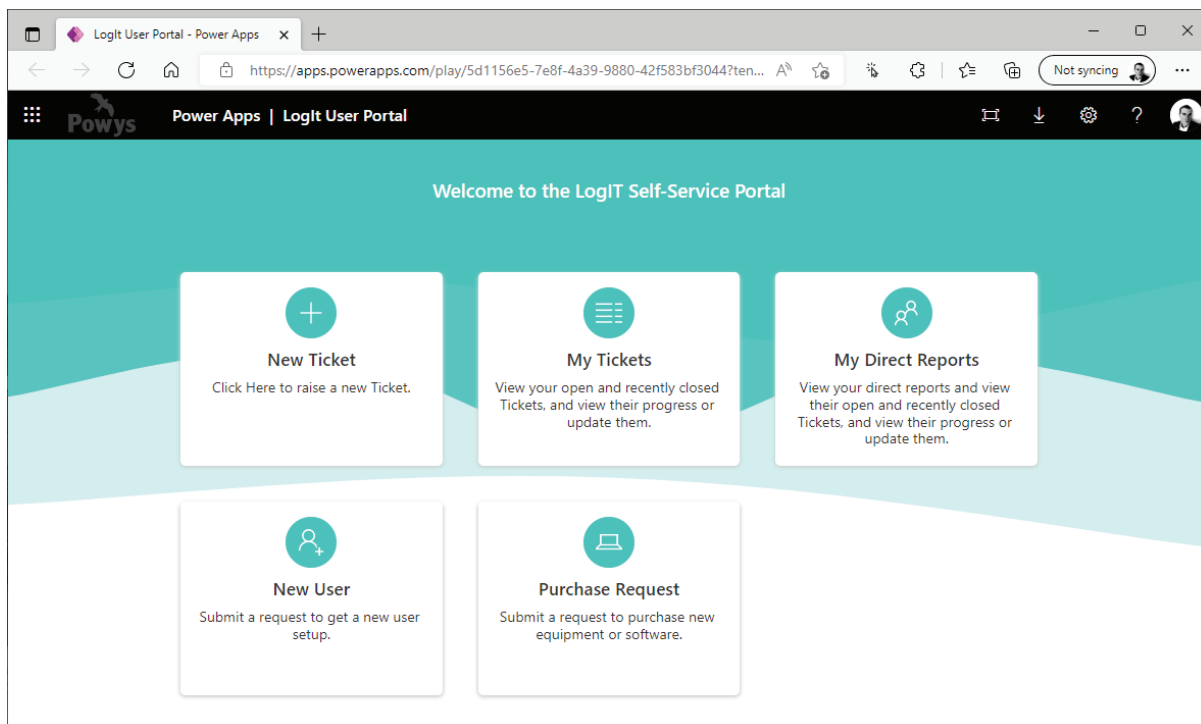
Cabling – (For information / Discussion)

Ad-hoc Cabling remains an issue with PTHB.

New LogIT system – (For Discussion / Demo)

ICT have continued to the development of the inhouse ITSM tool "Logit". We are planning on releasing the first phase of the self-serve portal in the coming weeks. (Beta Screenshot below)

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Service Desk Questionnaire – (For Discussion)

The ICT Service Desk questionnaire has been published and has closed; we are awaiting results.

Ringfenced Funding – (For information / Discussion)

A total of £99 800 was transferred from PTHB and PCC and has been ringfenced in 19/20. The agreement was that it would be used at PTHBs discretion for many hardware or professional services purchases.

PTHB ICT S33 Performance Report (Qtr 1 2022/23 - April)

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Opening Balance	£ 99,800.00
Cyber Security 19/20	£ 12,357.09
Batteries UPS	£ 327.42
Professional Services for Firewall	£ 14,325.00
Contracts - approved by Vicki	£ 21,738.48
ICE Professional Services - Approved by Vicki	£ 9,900.00
Balance	£ 41,152.01

There is a remaining balance of £41 152.01 – discussion required on how to spend this money.

Vaccination Decommission – (For Information)

ICT teams are currently in liaison with the Mass Vaccination teams around the decommission of the mass Vaccs centre in Builth and are making necessary arrangements.

Old College Telephony – (For Information)

Despite it being agreed to migrate Old College to Teams, Estates progressed with the purchase of new hardware. Although this was compatible and solved the short term issue – it has highlighted an issue with Governance and ICT equipment purchases.

Resource Business Case – (For Discussion)

A business case has been submitted to PTHB to increase the resource within the infrastructure team. A decision has not yet been received.

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4. End User Services Update

Lead: Nicky Peel / Marc Dowse

Calls Answered	1045 71.1%
Average Speed of Answer	13 Minutes 53 Seconds
Average Time of Abandonment	6 Minutes 58 Seconds
Average Handling Time	8 Minutes 24 Seconds
Total Tickets Logged (All Channels)	1075
Resolved by EUS	626
Outstanding Tickets	69

Call answer times

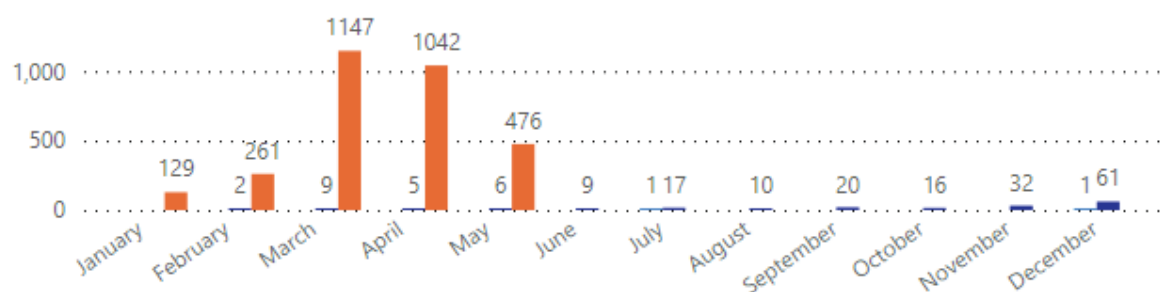
< 5s %	5s — 10s %	10s — 20s %	20s — 30s %	30s — 45s %	45s — 1m %	1m — 2m %	2m — 5m %	5m — 10m %	10m > %
0.77%	5.55%	9.86%	3.83%	0.57%	0.77%	3.06%	8.61%	15.22%	51.77%

April seen a drop in the % of calls answered and an increase in the average speed of answer. This was in part due to members of the Service Desk being on Sick due to Covid. Despite many of the staff having a limited amount of time off it had a negative affect. This was managed as best as possible but did have an impact.

We are continuing our journey of cross skilling the service desk analysts in order to be skilled on both PCC and PTHB; this allows us to be more flexible and cover sickness for both organisations better however it takes time to train as requires analysts to shadow etc.

Tickets Logged

Year ● 2020 ● 2021 ● 2022



New Logit system when live in February. So data complete from March 2022 onwards

Highest categories of tickets logged:

- Email quarantine and spam email etc – **100**
- Microsoft Authenticator - **95**
- Active directory – security groups – **74**
- Printers – **31**
- Laptop - catch all – **17**

Current issues

VPN – As is highlighted above, there are a high number of tickets relating to “Microsoft Authenticator”; the majority of these are relating to “VPN Orders” via DHCW. We would like to explore if all staff can just be enabled by default rather than having to raise separate requests.

0365 Licencing - In hand really. Only issue at present is the bespoke licensing for things like Teams Telephony pilots etc. SD are aware to speak to Josh on these before they action due to costs etc.

Mobile Phones - EUS are not able to action the setup of new devices not enrolled in Intune so there are still a few calls which the team cannot assist with. EUS team are happy to discuss with Digital Team if further support handover is required.

Printers - Service Desk are still required to manually install printers for some users. Many times this is the same users. ICT have raised the request to pause the purchase of new printers where possible in Digital Governance which was supported but the group felt that this required sign off by Execs. This has been fed back and requested to be included as part of the Printer Modernisation Project lead by Digital Transformation.

Telephony - Voicemail server often failing. This is being managed now by desk as have access to restart service now. Telephony remains aged and complex and difficult to be supported by 1st Line.

Shared Folders / DFS - EUS are still having calls but this is becoming less relevant as we are now actively moving to SharePoint and OneDrive.

Guest WIFI – This has remained much more stable and have received few calls; we also now have updated written guidance and have provided to some of the wards who were reporting the issues.

Software Deployment - Not all software deploys correctly from SCCM which then requires manual intervention. Moving to Intune will resolve many of these issues in the future but there isn't a current fixed roadmap on what that is.

Actions / Tasks

New User Process – Service Desk are aware of the ongoing work around the new user provision process. SD will need to be involved and sanity check processes. Ongoing leaver process stalled but have meeting with Nicola next week to discuss issues.

ICT Support Pages – SD are assisting the creation of video guidance to assist self-service. Progress stalling at present due to other priorities taking precedent but will revisit as soon as possible.

5. Infrastructure Update

Lead: Steve Davies

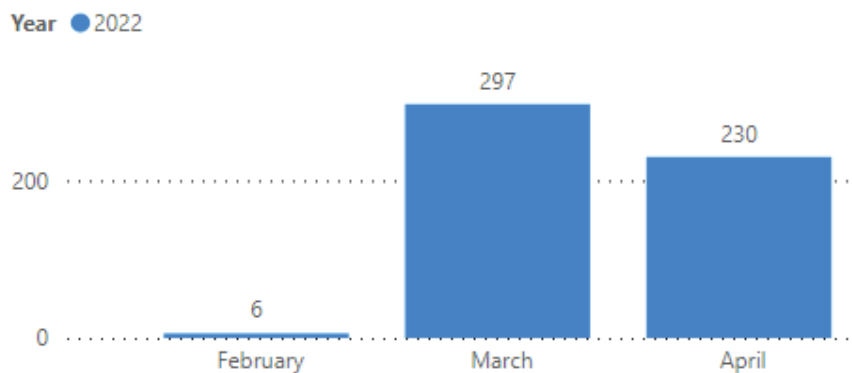
Field Service Engineers

Tickets Resolved	137
Outstanding Tickets	126
Tickets within SLA	77.8%

Highest categories of tickets resolved:

- Active Directory (Folder Access) - 46
- Laptop (Catchall) - 35
- Printers -32
- Nadex (Amendments/Additions) – 32

Tickets Closed



New Logit system when live in February. So data complete from March 2022 onwards*

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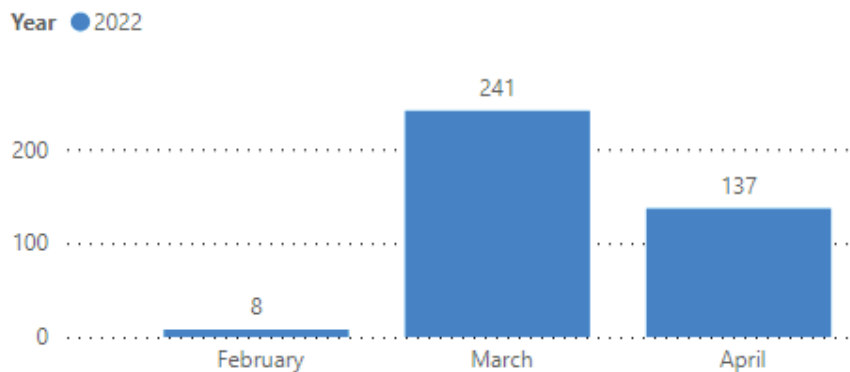
2nd Line

Tickets Resolved	137
Outstanding Tickets	200
Tickets within SLA	50%

Highest categories of tickets resolved:

- Office 365 / Licensing - 25
- Telephony - 25
- Servers / Filestore - 11

Tickets Closed



New Logit system when live in February. So data complete from March 2022 onwards*

Current issues

Wi-Fi – Issues around coverage have been highlighted. However, ICT are aware that there are no Access Points being ordered as part of the DPIF investment. There are currently tickets on hold where extra APs have been requested; the council have provided some old spare equipment in an attempt to help however this is not sustainable and can cause issues with incompatibility and support and may hinder the installation of the new virtual Wireless LAN Controllers.

Cabling – There are 9 outstanding tickets relating to cabling requests. There is a long outstanding issue around responsibility of who carries out these requests as it is not part of the S33 Agreement. This causes a knock effect with Wi-Fi, Phones and fixed network.

DFS – The decision was taken in the previous meeting to not spend too much time fixing this issue as the action was to promote the use of SharePoint.

Server 2008 – Project is near completion but some servers, particularly 7A7BRSRVAPP0001 (Call Centre Server) have no plan, ICT await a decision on how to progress this with the Digital Team.

During the investigation of the Rogue Caller mentioned in Section 2 it was initially feared that this out of support server could have been compromised. Although this was found not to be the case, it does highlight the vulnerability.

Network Equipment – Lack of network switches is starting to cause an issue for the Infrastructure Engineers. The team have repurposed some old PCC switches, but this does mean that these will need to be swapped out for supported switches. Also have a lack of switches with Power over Ethernet which means that we can't add additional Wi-Fi access points in some cases.

Felindre Ward Wi-Fi – Following conflicting messages between the Ward and patients council, ICT staff attended an onsite meeting and have agreed the following actions.

1. Areas of the ward have no coverage - Steve to check with Vicki Cooper with regards to the recent wireless survey undertaken.
2. Areas of the ward have coverage that varies in signal strength - Steve and Rob to further investigate.
3. Multiple instances of guest network SSIDs displaying – Steve and Rob to further investigate.
4. Ward wishes to use DECT phones that were purchased several years ago – Steve to check with Sean (already carried out and Sean advises that this may be possible with some reconfiguration, a ticket will be logged for this work).
5. TV has free sat but requirement to connect to network to use other services – Steve and Rob to check if we have any options.
6. Look at options for Guest accounts to be setup for patients to avoid going through the self-registration process – Steve to investigate whether we can do this due to needing to understand which patient is using which account.

Imaging – There has been a large influx of new devices. This is very positive but has resulted in a bottle neck for imaging with the FSE team which has been escalated. There is a lack of space in the ICT room in Bronllys Hospital; so would like to explore options to request additional workshop space (even if temporary) to assist. Currently the room is very cluttered which introduces a great risk of things being mixed up. The FSE team have also requested additional equipment to assist with imaging which is currently being looked at by the Purchasing Team

Rogue Caller – much time was spent getting to the bottom of the issue. The lack of call recording capability and a legacy phone system highlights the need for investment and a retirement plan. Further details in Section 2.

ICT are happy to contribute to findings report but this should be lead outside of the ICT and Digital as it highlighted many issues much wider than the telephony.

Zoom – It was agreed at Digital Governance board that Zoom be blocked for staff by default but it is opened up by request. Since this decision there have been many tickets logged and escalations to unblock it. There have been approx. 30 tickets but many of these include several staff. It is often the case that staff only contact us when they require Zoom unblocked immediately therefore adds pressure and frustration to staff. Suggest we review this policy in the near future.

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6. WCCIS Update

Lead: Virginia Evans

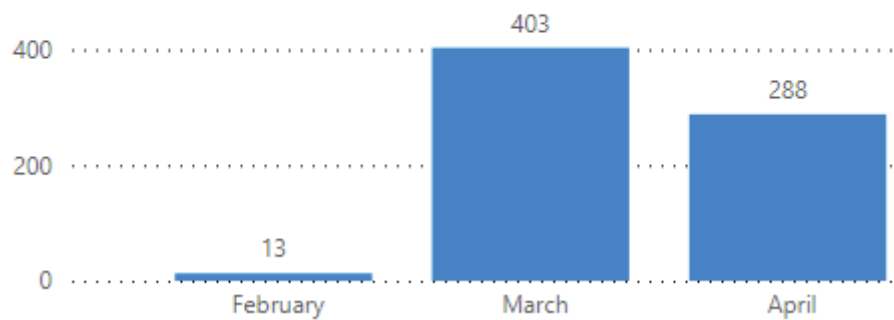
Tickets Resolved	288
Outstanding Tickets	66 (Jan – 1 Feb – 1 March – 4 April – 60)
Tickets within SLA	96.74

Highest categories of tickets resolved:

- Data Quality 67
- Deletions - 60
- Give Advice -83
- Access Request -56
- Fault - 22

Tickets Closed

Year ● 2022



Current Issues/Information

WCCIS Functionality

Mobile App has been delayed due to issues with synchronisation. As previously mentioned, when it is available it will require a considerable amount of configuration and testing which will have to be prioritised accordingly with BAU and onboarding of new teams.

Benefits Realisation Framework

PTHB ICT S33 Performance Report (Qtr 1 2022/23 - April)

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As part of the WG funding for 2021/22 it was agreed that we would complete a regional benefits framework. This is in progress, and we hoped to complete it in April but are still analysing the data currently.

Reporting

It is become more apparent that reporting beyond what we can provide (Advanced Finds) are required. We understand that the PTHB reporting team haven't replaced Jay so are also finding it difficult to produce the required reports.

Next upgrade

27th May at 17:00 to 28th May at 15:15. A read only copy will be available, taken from midnight on 25th May. Communications will be sent out in the week before. We have been advised that this may be postponed due to an issue discovered during testing last week.

ABUHB Onboarding

This has been cancelled twice and there isn't a new date yet but it is expected to be in July. This will require downtime for 24 hours. Further comms will be provided when available.

Gateway Group

Sprint commencing 09/05/2022 (Current)

- Eating Disorder Examination Questionnaire (EDE-A)
- Eating Disorder Examination Questionnaire (EDE-Q 6.0)
- Update all Service Area guides to include 'Add Significant Events'
- Lymphoedema Team go live
- Lymphoedema Review Form
- Powys Living Well Team go live (went live 09/05)

Sprint Commencing 30/05/2022 (Next)

- Implementation - Ukrainian Pathway
- Ukrainian Pathway Initial Health Assessment
- MIU go live
- Women's Health Service form
- Derbyshire Outcome Measure form
- Patient Liaison Service go live
- Intellectual (Learning) Disabilities go live
- Local testing for ABHB onboarding

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7. Risks

Risk Register held by PCC on behalf of PTHB attached.

Agreement sought to remove Cyber Security and Governance elements as these are now managed outside of S33.



PTHB Risks April
2022.xlsx

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Powys Teaching Health Board ServiceDesk Survey

203

Responses

05:41

Average time to complete

Closed

Status

1. Where are you based?

203

Responses

Latest Responses

"Knighton Hospital"

"Community Based."

"Primarily work from home and one day a week at Bronllys ...

22 respondents (11%) answered **bronllys** for this question.



2. What service/department are you working in?

203
Responses

Latest Responses

"Bank Catering"

"Health Visiting Team."

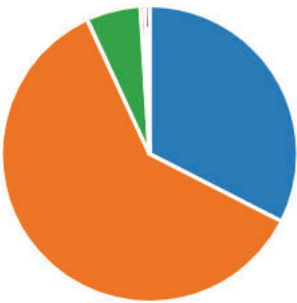
"Therapies and Health Sciences directorate"

14 respondents (7%) answered **Mental Health** for this question.



3. What is your preferred method for contacting us?

Email	66
Phone	123
MS Teams Chat	12
Online Forms (SharePoint)	1
Virtual Agent (Roberta)	1

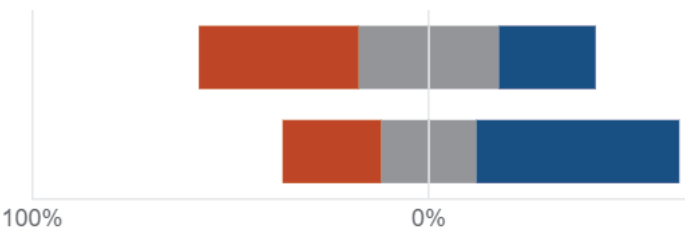


4. Are you aware of the online support (SharePoint) and virtual agent?

■ I know where they are ■ I've heard about them ■ Never heard of them

Online Support

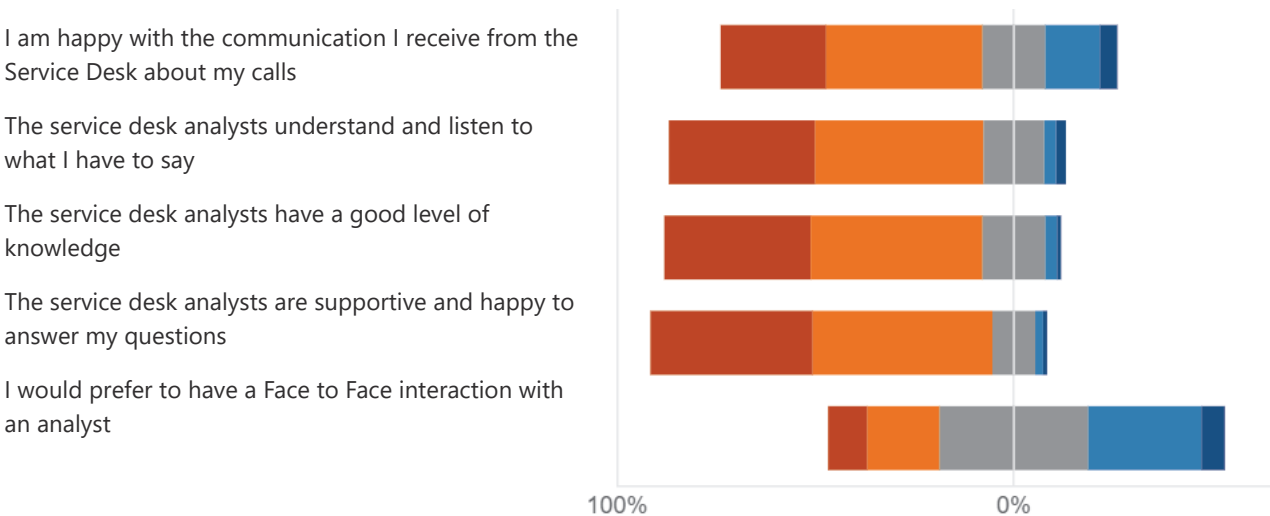
Virtual Agent



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5. Please rate how strongly you agree or disagree with the following statements

Strongly Agree Agree Neither agree or disagree Disagree Strongly disagree



6. Overall, how satisfied are you with the IT Service Desk?

203
Responses



3.74 Average Rating

7. Please use this section to leave any additional feedback or suggestions that may help us improve the services we provide

139
Responses


Latest Responses

"I'll email the feedback to Joe Nicholson who is highlighted a...

38 respondents (27%) answered **issue** for this question.



8. Would you like to discuss your responses with a member of the team to further understand how we could improve our service?

	Yes	27
	No	176



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9. Please provide us with your email address

26
Responses

Latest Responses
"Alistair.Moyle@wales.nhs.uk"

1 respondents (4%) answered **kumarisharma@walesnhsuk / kumarisharma2@walesnhsuk** for this question.

marcustobler@walesnhsuk **TraceyCarboni@walesnhsuk** **davidlee**
 davidaowen@walesnhsuk **emmasaul@walesnhsuk**
kevindunster@walesnhsuk **helen** **prosser@walesnhsuk**
 kumarisharma@walesnhsuk / kumarisharma2@walesnhsuk **karer**
lornacartmell@walesnhsuk **admin time uk** **Wednesday morning** **CatherineArncliffe**
Omarbojang@walesnhsuk **dianemorris1@walesnhsuk** **mindymoulden@walesnhsuk**
 sarahpowell6@walesnhsuk **timothysmitt**

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Digital Transformation Programme Plan



Year: 2020/2021

REF	TASK	LEAD	National / Local	PROGRESS	RAG status	START	END	Timeline																											
								June, 2021	July, 2021	August, 2021	September, 21	October, 2021	November, 2021	December, 21	January, 2022	February, 2022	March, 2022																		
wks 1 wk 2 wk 3 wk 4 wk 5 wk 6 wk 7 wk 8 wk 9 wk 10 wk 11 wk 12 wk 13 wk 14 wk 15 wk 16 wk 17 wk 18 wk 19 wk 20 wk 21 wk 22 wk 23 wk 24 wk 25 wk 26 wk 27 wk 28 wk 29 wk 30 wk 31 wk 32 wk 33 wk 34 wk 35 wk 36 wk 37 wk 38 wk 39 wk 40 wk 41 wk 42 wk 43 wk 44 wk 45 wk 46 wk 47 wk 48 wk 49 wk 50 wk 51 wk 52 wk 53 wk 54 wk 55 wk 56 wk 57 wk 58 wk 59 wk 60 wk 61 wk 62 wk 63 wk 64 wk 65 wk 66 wk 67 wk 68 wk 69 wk 70 wk 71 wk 72 wk 73 wk 74 wk 75 wk 76 wk 77 wk 78 wk 79 wk 80 wk 81 wk 82 wk 83 wk 84 wk 85 wk 86 wk 87 wk 88 wk 89 wk 90 wk 91 wk 92 wk 93 wk 94 wk 95 wk 96 wk 97 wk 98 wk 99 wk 100 wk 101 wk 102 wk 103 wk 104 wk 105 wk 106 wk 107 wk 108 wk 109 wk 110 wk 111 wk 112 wk 113 wk 114 wk 115 wk 116 wk 117 wk 118 wk 119 wk 120 wk 121 wk 122 wk 123 wk 124 wk 125 wk 126 wk 127 wk 128 wk 129 wk 130 wk 131 wk 132 wk 133 wk 134 wk 135 wk 136 wk 137 wk 138 wk 139 wk 140 wk 141 wk 142 wk 143 wk 144 wk 145 wk 146 wk 147 wk 148 wk 149 wk 150 wk 151 wk 152 wk 153 wk 154 wk 155 wk 156 wk 157 wk 158 wk 159 wk 160 wk 161 wk 162 wk 163 wk 164 wk 165 wk 166 wk 167 wk 168 wk 169 wk 170 wk 171 wk 172 wk 173 wk 174 wk 175 wk 176 wk 177 wk 178 wk 179 wk 180 wk 181 wk 182 wk 183 wk 184 wk 185 wk 186 wk 187 wk 188 wk 189 wk 190 wk 191 wk 192 wk 193 wk 194 wk 195 wk 196 wk 197 wk 198 wk 199 wk 200 wk 201 wk 202 wk 203 wk 204 wk 205 wk 206 wk 207 wk 208 wk 209 wk 210 wk 211 wk 212 wk 213 wk 214 wk 215 wk 216 wk 217 wk 218 wk 219 wk 220 wk 221 wk 222 wk 223 wk 224 wk 225 wk 226 wk 227 wk 228 wk 229 wk 230 wk 231 wk 232 wk 233 wk 234 wk 235 wk 236 wk 237 wk 238 wk 239 wk 240 wk 241 wk 242 wk 243 wk 244 wk 245 wk 246 wk 247 wk 248 wk 249 wk 250 wk 251 wk 252 wk 253 wk 254 wk 255 wk 256 wk 257 wk 258 wk 259 wk 260 wk 261 wk 262 wk 263 wk 264 wk 265 wk 266 wk 267 wk 268 wk 269 wk 270 wk 271 wk 272 wk 273 wk 274 wk 275 wk 276 wk 277 wk 278 wk 279 wk 280 wk 281 wk 282 wk 283 wk 284 wk 285 wk 286 wk 287 wk 288 wk 289 wk 290 wk 291 wk 292 wk 293 wk 294 wk 295 wk 296 wk 297 wk 298 wk 299 wk 300 wk 301 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1889 wk 1890 wk 1891 wk 1892 wk 1893 wk 1894 wk 1895 wk 1896 wk 1897 wk 1898 wk 1899 wk 1900 wk 1901 wk 1902 wk 1903 wk 1904 wk 1905 wk 1906 wk 1907 wk 1908 wk 1909 wk 1910 wk 1911 wk 1912 wk 1913 wk 1914 wk 1915 wk 1916 wk 1917 wk 1918 wk 1919 wk 1920 wk 1921 wk 1922 wk 1923 wk 1924 wk 1925 wk 1926 wk 1927 wk 1928 wk 1929 wk 1930 wk 1931 wk 1932 wk 1933 wk 1934 wk 1935 wk 1936 wk 1937 wk 1938 wk 1939 wk 1940 wk 1941 wk 1942 wk 1943 wk 1944 wk 1945 wk 1946 wk 1947 wk 1948 wk 1949 wk 1950 wk 1951 wk 1952 wk 1953 wk 1954 wk 1955 wk 1956 wk 1957 wk 1958 wk 1959 wk 1960 wk 1961 wk 1962 wk 1963 wk 1964 wk 1965 wk 1966 wk 1967 wk 1968 wk 19																																			

REF	TASK	LEAD	National / Local	PROGRESS	RAG status	START	END	June, 2021	July, 2021	August, 2021	September, 2021	October, 2021	November, 2021	December, 2021	January, 2022	February, 2022	March, 2022
								wk.1	wk.2	wk.3	wk.4	wk.5	wk.1	wk.2	wk.3	wk.4	wk.5
10.1	Go live at Machynlleth ~ Provide staff training	Enma McGowan	local	0%		tbc	31/03/2022										
10	Electronic Test Request (ETR)																
10.1	Provide on-line training and resource guides to adult in patient wards to assist with implementation	Enma McGowan	local	100%		07/06/2021	31/03/2022										
10.2	Order printers for use on each ward	Enma McGowan	local	20%		07/06/2021	31/03/2022										
10.3	Implement at Brecon	Enma McGowan	local	100%		07/06/2021	31/03/2022										
10.4	Implement at Ystradgynlais	Enma McGowan	local	100%		07/06/2021	31/03/2022										
10.5	Implement at Llandidloes	Enma McGowan	local	10%		tbc	31/03/2022										
10.6	Implement at Llandridnod	Enma McGowan	local	10%		tbc	31/03/2022										
10.7	Implement at Newtown	Enma McGowan	local	10%		tbc	31/03/2022										
10.8	Implement at Bronllys	Enma McGowan	local	10%		tbc	31/03/2022										
10.9	Implement at Welshpool	Enma McGowan	local	10%		tbc	31/03/2022										
10.10	Implement at Machynlleth	Enma McGowan	local	10%		tbc	31/03/2022										
11	Malinko																
11.1	Establish project board and workforce leads	Sue John	national	100%		31/08/2021	30/09/2021										
11.2	Scoping exercise on number of District and Specialist Nurses who will require a system license and smart phone	Sue John	national	100%		31/08/2021	31/10/2021										
11.3	Develop Business case for executive approval	Sue John	national	100%		20/09/2021	25/10/2021										
11.4	Implement system	Sue John	national	0%		01/01/2022	30/09/2022										
11.5	Rollout staff training	Sue John	national	0%		01/01/2022	30/09/2022										
12	North Powys Health & Wellbeing Programme																
12.1	Resource Plan to support digital infrastructure		local			01/03/2021	tbc										
12.2	Work with Red Cortex to develop app for Pain & Fatigue Management Service	Joshua Thomas	local	60%		01/03/2021	31/03/2022										
12.3	Access to a development environment	Joshua Thomas	local	100%		01/03/2021	31/03/2022										
12.4	Purchase licenses for Power Apps & Creative Cloud	Joshua Thomas	local	80%		01/03/2021	31/03/2022										
12.5	Establish Community Training platform via Azure	Joshua Thomas	local	80%		01/03/2021	31/03/2022										
13	Telehealth																
13.1	Scope to integrate API, Chat Bots & Virtual Reality (VR)		local	0%		01/04/2021	31/03/2022										
14	Cyber Security Improvement																
14.1	Asset Db – Hardware, Software (approved), Licenses, Assignment/Allocation	Bal Singh	local	0%		01/10/2021	31/03/2022										
14.2	Network – Perimeter Firewalls, Secure LAN access and Segmentation, Wireless, Pen Testing	Bal Singh	local	0%		01/10/2021	31/03/2022										
14.3	Systems – Secure OOB Management, Secure Password Management, Audit and Logging, Remove Support and Access	Bal Singh	local	0%		01/10/2021	31/03/2022										
14.4	Device Management – Compliance, Patching, Auditing	Bal Singh	local	0%		01/10/2021	31/03/2022										
14.5	Risk Management – Reporting, Monitoring, Dashboards	Bal Singh	local	0%		01/10/2021	31/03/2022										
14.6	Cloud Services - Reporting, Monitoring, Auditing	Bal Singh	local	0%		01/10/2021	31/03/2022										
14.7	Disaster Recovery / Business Continuity Planning	Bal Singh	local	0%		01/10/2021	31/03/2022										
14.8	Cyber Incident management processes and controls	Bal Singh	local	0%		01/10/2021	31/03/2022										
15	Disaster Recovery		local														
16	WCCIS upgrade/roll out		national														
16.1	Commence rollout of Mobile App		local														
16.2	Post WCCIS documents into WCP		local														
16.3	Migrate to Dynamics 2016		local														
17	Azure Cloud Configuration		local														
18	Corporate WIFI improvement		local														
19	Infrastructure improvement		local														
	Windows 7 upgrade to W10																
	Active Directory & Group Policy Cleansing & Improvement																
20	Data storage & Access		local														
21	Device Asset Management		local														
22	Respiratory Implementation:		local														
22.1	Configure equipment		local														
22.2	System implementation		local														
22.3	ICU Resource pressure		local														
23	Referral programme																
24	Business Intelligent Work																
24.1	Developments with WIS data	Trevor Davies	local	80%		01/08/2021	tbc										
24.2	MSK PROMS	Trevor Davies	local	80%		01/08/2021	tbc										
24.3	Develop Power BI reports to migrate existing reports from old server	Trevor Davies	local	0%		01/08/2021	tbc										
24.4	Powys admissions and national RTT	Trevor Davies	local	80%		01/08/2021	tbc										
24.5	Create replacement Power BI dashboards for both EDDS and Maternity	Trevor Davies	local	0%		01/08/2021	tbc										
25	National Data Resource (NDR) - Power BI reporting																
25.1	Therapies – develop an operational suite of reports that brings together patient information from WPAS and WCCIS	Trevor Davies	local	50%		01/09/2021	tbc										

