


Delivery and Performance Committee

Fri 11 November 2022, 10:00 - 11:30

Agenda

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

Oral Chair

 Agenda_D&P_11Nov2022.pdf (3 pages)

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral Chair

1.3. Minutes of the Previous Meeting held on 14 July 2022, for Approval

Attached Chair

 D&P_Item_1.3_DP_Unconfirmed Minutes 12Sept2022V3.pdf (11 pages)

1.4. Matters Arising from the Minutes of the previous meeting

Oral Chair

1.5. Delivery and Performance Action Log

Attached Chair

 D&P_Item_1.5_D&P_Action Log_Nov2022.pdf (3 pages)

10:00 - 10:00 **2. ITEMS FOR ASSURANCE**
0 min






2.1. Financial Performance Report: Period 6

Attached Director of Finance and IT

 D&P_Item_2.1_Financial Performance Report Mth 06.pdf (19 pages)


2.2. Integrated Performance Report Period 6 and Progress Against the Integrated Medium-Term Plan 2022-2025, for the Quarter 2 Period, July to September 2022

Attached Director of Planning and Performance

-  D&P_Item_2.2_IPR Cover Sheet_20221111_DP.pdf (3 pages)
-  D&P_Item_2.2a_IPR_October_D&P_Final.pdf (94 pages)
-  D&P_Item_2.2ai_Exception Reporting_IPR_Summary_Slides.pdf (6 pages)
-  D&P_Item_2.2b_IMTP Delivery Plan_Cover Paper.pdf (13 pages)
-  D&P_Item_2.2bi_IMTP Delivery Plan 22-25_Q2.pdf (48 pages)

2.3. Information Governance Performance Report





Attached Director of Finance and IT

 D&P_Item_2.3_Information Governance update 11 Nov 2022.pdf (15 pages)

Powell Bethan
09/11/2022 17:24

2.4. Primary Care Services Performance Report

Attached *Director of Primary, Community Care and Mental Health Services*

-  D&P_Item_2.4_Primary Care Performance Report.pdf (13 pages)
-  D&P_Item_2.4a_Appendix_1.pdf (7 pages)
-  D&P_Item_2.4b_Appendix_2.pdf (6 pages)
-  D&P_Item_2.4c_Appendix_3.pdf (1 pages)

10:00 - 10:00 3. ITEMS FOR DISCUSSION 0 min

3.1. Overview of Renewal Strategic Portfolio including Value Based Healthcare Progress and Portfolio Risks

Attached *Director of Planning and Performance*

-  D&P_Item_3.1_Renewal Overview Report (incl Risks and VBHC).pdf (22 pages)

3.2. Urgent and Emergency Care, Including Frailty and Community Model update and Performance Report

Attached *Director of Primary, Community Care and Mental Health Services*

-  D&P_Item_3.2_Urgent and Emergency Care Frailty and Community 27.10.pdf (14 pages)

10:00 - 10:00 4. ESCALATED ITEMS 0 min

There are no items for inclusion within this section



10:00 - 10:00 5. ITEMS FOR INFORMATION 0 min

There are no items for inclusion within this section

10:00 - 10:00 6. OTHER MATTERS 0 min

6.1. Committee Risk Register

Attached *Board Secretary*

-  D&P_Item_6.1_Committee Risk Report_Nov2022_v2.pdf (3 pages)
-  D&P_Item_6.1a_Appendix_A_DP Risk Register_Nov22.pdf (19 pages)



6.2. Committee Programme of Business

Attached *Board Secretary*

-  D&P_Item_6.2_D&P_Committee_Programme_2022-23.pdf (6 pages)

6.3. Annual Review of Committee Terms of Reference 2022-2023

Attached *Board Secretary*

-  D&P_Item_6.3a_D&P Committee_ToR_Nov22_Final.pdf (11 pages)
-  D&P_Item_6.3_Review of Committee Terms of Reference Cover Paper..pdf (3 pages)

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

Powell Bethan
09/11/2022 17:24:10

Oral *Chair*

6.5. Any Other Urgent Business

Oral *Chair*

6.6. Date of the Next Meeting: Thursday 28 February 2023 via Microsoft Teams

6.7. Financial Sustainability

To Follow *Director of Finance and IT and Director of Primary, Community Care and Mental Health*

6.8. Digital Infrastructure and Cyber Security

To Follow *Director of Finance and IT*

Powell Bethan
09/11/2022 17:24:10

**POWYS TEACHING HEALTH BOARD
DELIVERY AND PERFORMANCE
COMMITTEE
FRIDAY 11 NOVEMBER 2022,
10:00 – 13:00
VIA MICROSOFT TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA				
Time	Item	Title	Attached/Oral	Presenter
	1	PRELIMINARY MATTERS		
10:00	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous Meeting	Attached	Chair
	1.4	Matters arising from the minutes of the previous meeting	Oral	Chair
	1.5	Delivery and Performance Committee Action Log	Attached	Chair
	2	ITEMS FOR ASSURANCE		
10:05	2.1	Financial Performance Report: Period 6	Attached	Director of Finance & IT
10:15	2.2	Integrated Performance Report: a) Period 6 Performance b) Progress Against the Integrated Medium-Term Plan 2022 – 2025, for the Quarter 2 Period July to September 2022	Attached	Director of Planning and Performance
10:30	2.3	Information Governance Performance Report	Attached	Director of Finance & IT
10:40	2.4	Primary Care Services Performance Report	Attached	Director of Primary, Community Care & Mental Health
	3	ITEMS FOR DISCUSSION		
10:55	3.1	Overview of Renewal Strategic Portfolio, including: • Value Based Healthcare Progress • Portfolio risks	Attached	Director of Planning and Performance
11:10	3.2	Urgent and Emergency Care, incl. Frailty and Community Model Update and Performance Report	Attached	Director of Primary, Community Care & Mental Health
	4	ESCALATED ITEMS		

		There are no items for inclusion within this section.		
	5	ITEMS FOR INFORMATION		
		There are no items for inclusion within this section.		
	6	OTHER MATTERS		
11:20	6.1	Committee Risk Register	Attached	Board Secretary
11:25	6.2	Committee Programme of Business	Attached	Board Secretary
	6.3	Annual Review of Committee Terms of Reference 2022-23	Attached	Board Secretary
	6.4	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.5	Any Other Urgent Business	Oral	Chair
	6.6	Date of the Next Meeting: Thursday 28 February 2022, 14:00 – 16:00 via Microsoft Teams		
The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: <u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u> <i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i>				
11.30	6.7	Financial Sustainability	To follow	Director of Finance & IT and Director of Primary, Community Care & Mental Health
12:15	6.8	Digital Infrastructure and Cyber Security	To follow	Director of Finance & IT

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

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

The Board is expediting plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Board Secretary in advance of the meeting in order that your

request can be considered on an individual basis (please contact James Quance, Interim Board Secretary, james.quance2@wales.nhs.uk).

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

Powell Bethan
09/11/2022 17:24:10

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

UNCONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 23 JUNE 2022
VIA MICROSOFT TEAMS**

Present:

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

In Attendance:

Carol Shillabeer	Chief Executive (<i>Joined for part</i>)
Hayley Thomas	Director of Primary, Community Care and Mental Health (<i>Joined for part</i>)
Stephen Powell	Director of Planning and Performance
Pete Hopgood	Director of Finance & IT (Information Technology)
James Quance	Interim Board Secretary
Jamie Marchant	Director of Environment
Mererid Bowley	Director of Public Health
Clare Lines	Assistant Director of Transformation and Value
Lucie Cornish	Assistant Director of Therapies and Health Science

Observers:

David Collington	Community Health Council
------------------	--------------------------

Apologies for Absence:

Tony Thomas	Independent Member
Julie Rowles	Director of Workforce and Organisational Development
Claire Madsen	Director of Therapies and Health Sciences
Claire Roche	Director of Nursing and Midwifery

Committee Support:

Bethan Powell	Interim Corporate Governance Business Officer
---------------	---

Powell Bethan
09/11/2022 17:24:10

D&P/22/34	<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/22/35	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
D&P/22/36	<p>MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 23 JUNE 2022.</p> <p>The minutes of the previous meeting held of the Delivery and Performance Committee on 23 June 2022 were CONFIRMED as a true and accurate record.</p>
D&P/22/37	<p>MATTERS ARISING FROM PREVIOUS MEETING</p> <p>There were no matters arising.</p>
D&P/22/38	<p>COMMITTEE ACTION LOG</p> <p>The committee RECEIVED and NOTED the Delivery and Performance Action Log.</p>
D&P/22/39	<p>FINANCIAL PERFORMANCE OVERVIEW. MONTH 4 FINANCIAL POSITION AND EXCEPTION REPORTING</p> <p>The Director of Finance and IT presented the report to the Committee and highlighted that based on the month 4 position, the organisation is at £2m overspend with month 5 at £2.8m overspend. The key pressure areas include continuing growth and spend in terms of complex care, renewal and recovery and an increase within variable pay. As a result of the lack of progress on the key deliverables, the organisation has reported a £7.5m forecast deficit to Welsh Government. Without corrective action the organisation will have a significant underlying deficit based on the forecast outturn position that is being worked through.</p> <p>In addition to delivering the health board's core financial position clear exit strategies in place regarding temporary COVID response funding and associated costs were also required. As a result of the month 4 position, enhanced monitoring by the Financial Delivery Unit would be triggered which would seek to implement targeted actions.</p>

Powell Bethan
09/11/2022 17:24:10

An Executive Finance and Performance subgroup had been established to manage the financial position and forecast which will also inform and develop the variable pay progress update which would be shared with Delivery and Performance Committee members at the next meeting. The Committee recognised the challenging position and the scale of deficit across NHS Wales.

The impact of the forecast deficit on the organisation's underlying position continues to be monitored to aid the necessary actions to reduce pressures into the forthcoming year. The trend analysis across Continuing Health Care outturn conveys a significant increase in demand. This remains a key risk for the organisation should the growth continue.

Why does the total pay position for 2021/2022 during month 12 convey a significant increase and when would Committee members expect to see the identification of subsets that are driving financial pressure trends?

The Director of Finance and IT confirmed that the significant increase during month 12 demonstrates the adjustment for additional pension contributions covered centrally by Welsh Government. It was confirmed that the Delivery and Performance committee would expect to see the identified variable pay concerns within the next report to the Committee.

What is the current position of the £4.6m savings target as the report suggests no progress, although it has been identified that a number of savings have been acted upon?

The Director of Finance confirmed that limited progress has been made in terms of the recurrent delivery. This will be a major point of focus of the Finance and Performance subgroup and reporting to this Committee going forward.

Is there any progress in terms of the Continuing Health Care concerns?

The organisation has taken the appropriate steps to ensure that the correct process and governance are in place in supporting regular assessment reviews and the effectiveness of care packages for the individual outcome. Further work is required to understand the position, and this continues to be monitored on a more frequent basis.

What is the current position for Pharmacy services, given the demand and prescribing pressures being experienced across the organisation and within Primary Care?

It was confirmed that the Pharmacy team have identified a number of areas that are deliverable in which the appropriate action would be taken. Prescribing remains a risk

Powell Bethan
09/11/2022 17:24:10

	<p>for all NHS organisations due to the inflation costs across the system. However, there are some areas of benefit nationally and the health board will ensure the necessary communication approach with Welsh providers are followed.</p> <p>The Director of Primary, Community Care and Mental Health reported that due to the level of questions raised around CHC risks, a specific report around CHC will be brought to the next meeting for scrutiny by members of the Committee. The Chair welcomed the benefit of additional granularity of the finance detail specific to the key areas of focus.</p> <p>Action: Director of Primary, Community Care and Mental Health Services.</p> <p><i>Are there any assumptions in terms of the financial data that are not included within the report that Committee members should be aware of?</i></p> <p>It was confirmed that all risks identified are included within the report. The forecast is based on the full analysis undertaken to date which includes assumptions of continuation of trend and levels of expectation, in-year additional pressures and forward plans.</p> <p>The Committee DISCUSSED and NOTED the Report.</p>
D&P/22/40	<p>INTEGRATED PERFORMANCE REPORT</p> <p>The Director of Planning and Performance provided the Committee with the latest performance update against the 2022/23 NHS Wales Performance Framework. The organisation's performance remains challenging most notably regarding emergency flow and access to acute care settings. Certain metrics have been revised as the Welsh Government performance framework evolves to increase assessment of improvements towards 'A Healthier Wales' ambitions.</p> <p>The healthboard is supporting and maximising repatriation of patients to improve acute flows and has placed further focus on increased management input into the organisation's bed flow in a bid to maximise provider beds supporting demand. It was noted that this would reduce repatriation delays to a minimum.</p> <p>The organisation continues to work with insource contracts for surgical and diagnostic capacity across south and mid Powys, in addition to ongoing national workstreams to provide regional solutions of care.</p>

Powell Bethan
09/11/2022 17:24:10

Are the integrated changes within the English system a service risk to the organisation, reducing willingness to accept Welsh patient referrals?

The Director of Planning and Performance confirmed the health boards expectation is that activity commissioned in the English system, such as with Wye Valley Trust (WVT) and Shrewsbury and Telford (SaTH) would continue to accept all Welsh patient referrals and is seen as part of the Trusts' capacity. The health board's focus remains on increasing NHS Wales efficiency, capacity, and flow with potentially moving longer waiting patients from Wales into England which may incur additional financial pressure. It was agreed that the Committee should receive assurance of the direction of travel for the ongoing work for surgical and diagnostic capacity as part of future performance reporting.

What is the dynamic of delivery given the current staff sickness rate affecting services?

The health board's sickness absence rate is currently at 5.9%. It was noted that further narrative would be strengthened across all data sets to provide the clear scale of sickness rates and variable pay data.

What are the organisation's plans to ensure improvements are made to the benchmarking position of the health board within Wales?

It was highlighted that plans are being developed to provide performance benchmarking into the Integrated Performance Report. This would focus on specific individual service performance to develop more informative assessment versus the traditional measures position.

What are the organisation's plans to improve the compliance of Staff Performance Appraisal (PADR)?

It was confirmed that the health board's compliance is 73% which has been consistent over recent months. Executive Directors are working closely with the Workforce Team to strengthen this area to ensure progress is made in the coming weeks and months. An updated position will be provided at the next committee.

What are Powys' priorities, in order to support long waiting patients?

The Director of Planning and Performance described the challenges faced due to the majority of Day Case and Endoscopy services that are currently supported through in-reach consultants. The organisation is seeking to in-source consultant anaesthetist sessions from partners which has been identified as an additional financial pressure. Consideration has been given to bringing long waiting

Powell Bethan
09/11/2022 17:24:10

	<p>patients with English providers back into Powys to ensure lower acuity patients are being seen appropriately.</p> <p>The Assistant Director of Therapies and Health Science highlighted the ongoing work with regards to the repatriation complexity and how the organisation achieves this. The redesign of the Orthopaedic Musculoskeletal (MSK) workstream pathway is being reviewed, although access to data has been challenging. The sub-specialties would be reviewed to allocate the appropriate resources for those individuals.</p> <p><i>What is the Executive risk balance between improving the financial position and ensuring treatment for patients where there is capacity in English providers?</i></p> <p>The Chief Executive confirmed that there is increasing inequity between the treatment available for Powys residents in Wales, compared to England. Discussions have taken place with WHSSC and Welsh Government in terms of the access challenges.</p> <p>As an organisation the focus remains on working with providers to ensure validated lists are escalated appropriately. The Chief Executive confirmed this is a priority in order to bring forward proposals.</p> <p>The Committee DISCUSSED and NOTED the Integrated Performance Report.</p>
D&P/22/41	<p>CHILDREN AND YOUNG PEOPLE (RENEWAL PORTFOLIO) HIGHLIGHT REPORT</p> <p>The Assistant Director of Transformation and Value presented the report highlighting the progress to date to ensure recovery and renewal of health services for children and young people. It was noted that the key measures indicating the extent of recovery and the focus of the work going forwards are:</p> <ul style="list-style-type: none"> • continuing to seek to understand what matters most for children in terms of health and wellbeing, ensuring that the voice of children and young people is heard; • participating in the Mental Health Strategic Review; • ensuring the recovery of key healthy development indicators; • urgent and emergency care (including clarity about 111 pathways for children in Powys and alternative pathways for lower risk needs); and • transforming planned care for children, including outpatient transformation. <p><i>How does the health board aim to ensure the voice of children support the service design?</i></p>

Powell Bethan
09/11/2022 17:24:10

	<p>It was highlighted that utilising multi-agency sources to ensure the voice of children's experiences and outcomes will aid the support of service design. The focus remains on how this will be rolled out in practice to avoid duplication and to distil key messages into a triangulated view. Many of the existing routes would be reviewed in order to ensure that there is appropriate collaboration in the redesign of services.</p> <p>The Committee DISCUSSED and NOTED the Children and Young People Renewal Programme.</p>
D&P/22/42	<p>INNOVATIVE ENVIRONMENTS OVERVIEW REPORT</p> <p>The Director of Environment provided the Committee with a detailed overview of the established major projects that are in development across the organisation. The majority of schemes from 2021/2022 are now completed with a number of handover items required to be closed.</p> <p>It was highlighted that recruitment remains a challenge across the Estates Team and risks in terms of comparable pay within other sectors is evident. Further revenue challenges remain across the health board with the Estates Funding Advisory Board (EFAB) funding being suspended for 2021/2022.</p> <p><i>How is the health board managing the issues around centralised management of health record storage?</i></p> <p>It was confirmed that the Welsh Government building within Llandrindod Wells is currently being utilised as the Mass Vaccination centre, although this has potential to be transferred to an adequate records management storage unit due to the requirement for a solution for archive record storage.</p> <p><i>Does the health board provide adequate accommodation for the international nursing staff programme?</i></p> <p>The Director of Environment confirmed that the health board currently has two international nursing staff temporarily located within Bronllys who are awaiting permanent housing within the Brecon area. It was confirmed future planning for substantive accommodation for this programme is an aspiration for the health board.</p> <p><i>What is the timeframe for the improvement in compliance, in particular to the 39% fire risk?</i></p> <p>The Director of Environment confirmed that there are current challenges faced with fire risk assessments due to recruitment issues. The skill base required is under review, and the possibility of internal recruitment was being taken forward. A more comprehensive review across the Health</p>

Powell Bethan
09/11/2022 17:24:10

	<p>and Safety risk would be included within the next report at the end of the year.</p> <p>Action: Director of Environment</p> <p>The Committee Chair welcomed the progress to date in terms of the Fire training and reiterated the importance of the risk assessment challenges due to the lack of resources.</p> <p>The Committee RECEIVED and NOTED the Innovative Environments Overview Report.</p>
ITEMS FOR DISCUSSION	
D&P/22/43	<p>RESPONSE TO AUDIT WALES REPORT ON TACKLING THE PLANNED CARE BACKLOG</p> <p>The Director of Planning and Performance provided the Committee with an update on the health board response to the Audit Wales report 'Tackling the Planned Care Backlog.' The Auditor General for Wales had published the national report which sets out the challenges in tackling the planned care backlog in NHS Wales. The report included a number of recommendations for Welsh Government in the context of their national recovery plan. These recommendations have been accepted by Welsh Government.</p> <p>The health board provided a response that sets out how the organisation plans to address the issues identified and to centralise the challenges set out in the report.</p> <p>It was recommended that the Committee received regular updates in relation to actions being undertaken to reduce the planned care backlog.</p> <p><i>Has a response been received from Welsh Government to date?</i></p> <p>The Director of Planning and Performance confirmed that no response to date has been received, although all of the recommendations made from Audit Wales have been accepted.</p> <p>The Committee RECEIVED the Response to Audit Wales on Tackling the Planned Care Backlog.</p>
ITEMS FOR INFORMATION	

Powell Bethan
09/11/2022 17:24:10

UPDATE ON SCREENING PROGRAMMES

The Director of Public Health provided the Committee with an update on the national screening programmes for the period April 2020 to March 2021. It was highlighted that although Welsh Government agreed the Public Health Wales recommendations to temporarily pause national screening programmes, alongside all healthcare services which were impacted by the Covid-19 pandemic response, it was noted that the New-born Hearing Screening, New-born Bloodspot Screening, and the Antenatal Screening programmes continued throughout the pandemic and were not paused at any point.

The disruption to the usual way of working resulted in a change in reporting on the national Screening Programmes by Public Health Wales Screening Division for 2020-2021. Screening uptake data for the period April 2020 to March 2021 is presented at health board level within the context of the disruption to usual healthcare services experienced during the Covid-19 pandemic.

It was noted that Public Health Wales statistical reports for each of the individual screening programmes would resume for 2021/22. A further report with screening uptake data for 2021/22 for each of the programmes would be presented to the Committee following the publication of these reports

What is the health board's role in promoting screening programmes to secure greater uptake?

The Director of Public Health confirmed that processes are in place for Screening Engagement Officers who identify and promote screening. There is inequity in uptake across some areas and it was highlighted that further work is required to enhance screening uptake within action plans at cluster level.

How will the health board benchmark performance against high performing areas across the United Kingdom?

It was noted that this is an area that requires review, both in terms of uptake and pathway intervention where delays are currently evident. Both areas would be prioritised as an area of focus.

What is the reason for 68% of the public that do not respond to bowel screening appointments?

The Director of Public Health confirmed that as a result of the extension of the age group within this programme, the uptake has increased which is a continued priority for the service. The Committee welcomed the comprehensive report

Powell Bethan
09/11/2022 17:24:10

	<p>and recognised importance of any actions to improve programme promotion.</p> <p>The Committee welcomed personal stories, highlighting the importance to prompt uptake, producing positive outcomes.</p> <p><i>What is the follow up process patients received prior to Diabetic eye screening appointments given the increase of 'Did Not Attend' (DNA) rate?</i></p> <p>It has been identified that as a result of providing specific appointment dates to residents, the response rate has improved. As part of the recovery of programmes, in order to maximise clinic appointments, the service has piloted the process of open invitations and evaluating the impact or benefit of this to the service. The Director of Public Health agreed to provide further detail in terms of the reasons for the increased DNA rate of Diabetic retinopathy appointments to members for information following the Committee.</p> <p>Action: Director of Public Health.</p> <p>The Committee raised awareness of the Listeria outbreak established in cold smoked products in Scotland and England, which has been identified as a particular high risk for pregnant women and those individuals over the age of 60. It was highlighted for the Director of Public Health to be sighted of this issue should the outbreak cross the border.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
--	--

OTHER MATTERS

D&P/22/45

COMMITTEE RISK REGISTER

The Interim Board Secretary presented the Committee Risk Register and highlighted to members that the report provides a summary of the significant risks associated to the delivery of the health board's strategic objectives which was provided to Board in July 2022.

The Board Secretary highlighted the need for cyber security to be more clearly incorporated into the Committee Work Programme.

The management and mitigation process for departmental emerging risks would be reviewed to ensure a clear process of escalation points are transparent.

Action: Board Secretary

The Committee Risk Register was DISCUSSED and NOTED.

Powell Bethan
09/11/2022 17:24:10

D&P/22/46	<p>COMMITTEE WORK PROGRAMME</p> <p>The Interim Board Secretary presented the Committee Work Programme for 2022-2023. The Corporate Governance team are programming the additional agenda items requested in order to provide a current schedule of work. The programme provides flexibility to respond to risks, issues and escalations as required.</p> <p>The Committee RECEIVED and NOTED the Committee Work Programme.</p>
D&P/22/47	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There were no items noted.</p>
D&P/22/48	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
D&P/22/49	<p>DATE OF THE NEXT MEETING</p> <p>27 October 2022 at 10:00, via Microsoft Teams (subsequently re-scheduled to 11 November 2022).</p>

Powell Bethan
09/11/2022 17:24:10

Key:

Completed

Not yet due

Due

Overdue

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



GIG
CYMRU
NHS

Bwrdd Iechyd
Addysgu Powys
Powys Teaching

Minute	Meeting Date	Action	Responsible	Progress Position	Status
D&P/22/10	3 May 2022	A detailed progress report and assessment for Cervical and Breast screening to be provided to a future Delivery and Performance Committee.	Director of Planning and Performance /Interim Board Secretary	An update to be included within the IPR in November 2022.	Complete
D&P/22/10	3 May 2022	An update to be provided in terms of the expansion of Endoscopy services and wider care across regional centres.	Director of Planning and Performance	To be expanded upon as an area of focus within the IPR in November 2022	Complete
D&P/22/10	3 May 2022	An update to be provided following discussions with Partners to support Social Care and wider issues with Commissioned Services.	Chief Executive	Winter plan has been agreed. The proportion of increased capacity has been agreed – 26 beds or bed equivalents. Further discussions about social care capacity ongoing.	Complete
D&P/22/12	3 May 2022	Undertake a review of the Corporate Risk Register to ensure mitigation is demonstrated at Committee meetings.	Interim Board Secretary	Review of the Corporate Risk Register is ongoing.	Due
D&P/22/21	23 June 2022	An update to be provided regarding communication	Director of Primary,	Timescales to be confirmed	Due

Delivery and Performance Committee
Action Log

Page 1 of 3

Delivery and Performance Committee
11 November 2022
Agenda Item 1.5

		with HEIW around the Dentistry workforce issues and following the assessment of the Dentistry contract reform.	Community Care and Mental Health		
D&P/22/21	23 June 2022	To circulate the PTR Compliance Report with D&P Committee members following submission to PEQS Committee	Director of Nursing and Midwifery	A detailed presentation will be provided at the PEQs Committee on the 13 th of September 2022, regarding the PTR compliance and the improvement action plan. This will be shared with D&P Committee immediately following the PEQs Committee. Reports circulated to members on 21 st October 2022.	Complete
D&P/22/22	23 June 2022	The Output of the variability workstreams to be shared with committee Members for information.	Director of Finance and ICT	DPCCMH to produce a report on Variable Pay position. To be reported via Finance and Performance Exec Committee then to Delivery and Performance November In-Committee	Due
D&P/22/23	23 June 2022	Cyber Security Digital Systems Update to be provided to Committee Members	Director of Finance and ICT	AD Digital to lead the Cyber update item as included in the November Delivery and Performance "in committee" part of the meeting.	Complete
D&P/22/27	23 June 2022	An update to be provided in terms of OOH service issues with Swansea UHB to include the gap data	Director of Primary, Community Care and Mental Health		

		and timescales of implementation of the National reporting system.			
D&P/22/31	23 June 2022	To explore a Committee Chair's panel to enable oversight of the performance matters identified across committees.	Interim Board Secretary	To be explored following the appointment of new Chair of the Health Board.	Not Yet Due
D&P/22/39	12 September 2022	A report to be provided regarding CHC, variable pay position and Medicines Management for the November 2022 Committee.	Director of Primary, Community Care and Mental Health/Medical Director	To form part of the Finance and Digital session at In-Committee in November 2022	Complete
D&P22/42	12 September 2022	Health and Safety risks to be included in the next report of the Director of Environment	Director of Environment	Due February 2023	Not Yet Due
D&P/22/44	12 September 2022	To provide further detail in terms of the reasons for increased DNA rates across diabetic retinopathy appointments	Director of Public Health	Variable reasons including the impact of the covid pandemic on behaviours, clinic access and capacity, in addition to the impact of the Omicron wave impacting on appointment during Winter 2021/22.	Complete

Powys THB Finance Department Financial Performance Report Delivery & Performance Committee

**Period 06 (September 2022)
FY 2022/23**

Date Meeting: 11th November 2022

Powell Bethan
09/11/2022 17:24:10

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 06 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 September 2022 (Month 06) 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 06 2022/23 financial position.DISCUSS and NOTE the 2022/23 financial forecast deficit positionDISCUSS and NOTE the 2023/24 financial outlook	

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

Approval/Ratification/Decision	Discussion	Information
	✓	

Powys THB 2022/23 – 2024/25 IMTP approved core financial plan is shown in Table 1. This excludes the ongoing costs for COVID response and exceptional national pressures that are assumed to be fully funded at risk.

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

CORE FINANCIAL PLAN 2022-23		Year 1 £m
Underlying b/f Deficit (Surplus)		6.801
WG Assessed Sustainability Funding via All Letter	0.8% above std 2% uplift	(2.016)
	1% Pay Award Not Required 22/23	(0.840)
		3.945
Recurrent Impact 21/22 Pressures	CHC	3.428
	Variable Pay	1.192
	Mitigation CHC - T&F Group	(1.610)
	Mitigation Variable Pay - T&F Group	(1.000)
		5.955
Delivery Unmet Savings & Assumed Recurrent Benefits	b/f 20/21 and 21/22	(3.687)
Recurrent Commitment Recovery Allocation 22/23		(1.297)
		0.971
NHS Commissioned Services Growth	WHSSC/ EASC / Velindre / 2nd Care Drugs	3.252
	Assume 0.8% Additon to Welsh LTAs above 2%	0.640
	Mitigation WHSSC Recovery Costs (Move to Risks)	(0.806)
		4.057
Locally Determine Growth & Pressures	General Inflation Uplift 2%	3.943
	Primary Care Prescribing	0.400
	CHC Growth Volume	1.747
	New Investments	0.198
		10.345
Standard National Pressures / Growth	Microsoft Licence additional contribution	0.280
	WRP additional contribution	0.419
		11.044
WG Allocation	Sustainability Allocation (less 0.8% less 1% Pay)	(4.199)
	Recovery (Less £1.3m used support recovery above)	(6.221)
	VBHC	(0.624)
CORE FINANCIAL PLAN 2022-23		0.000

Core Financial Plan Principles:

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

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

Planned care recovery targets can be delivered by providers achieving 2019/20 activity levels.

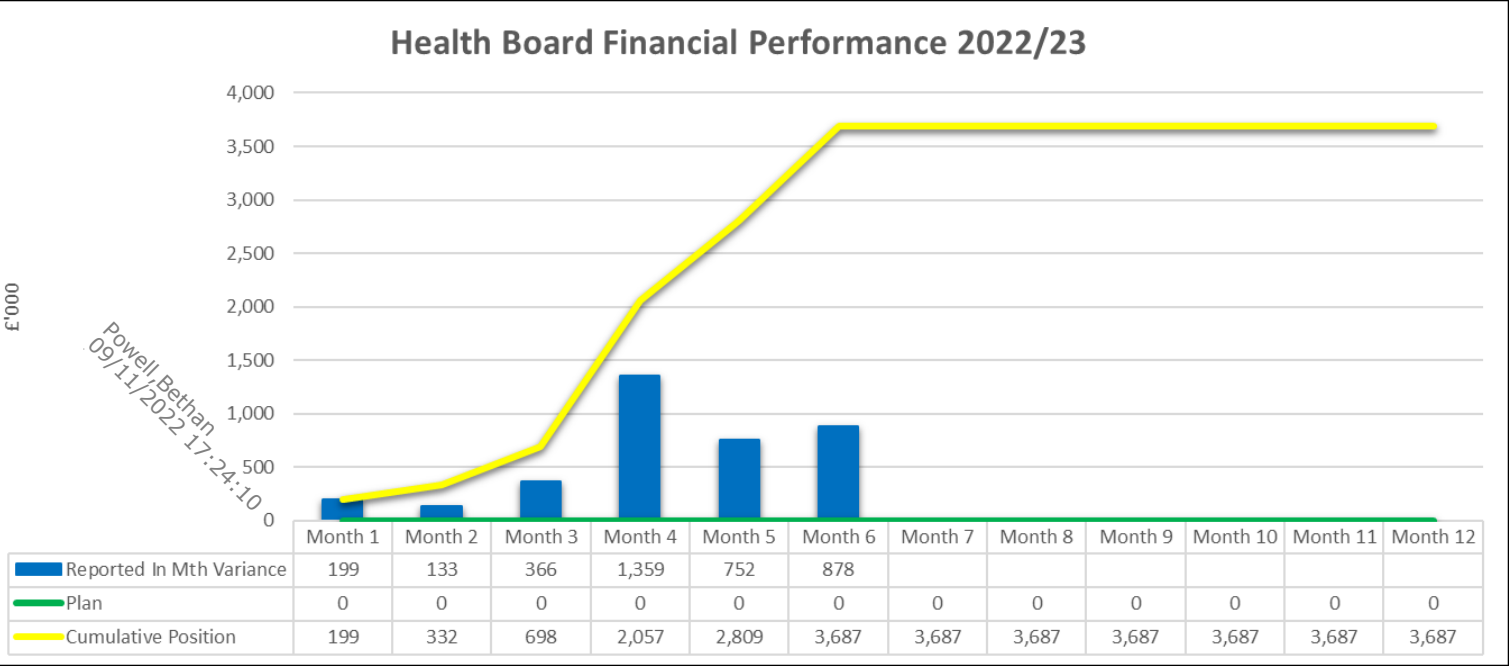
Revenue			Capital		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend		Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Red	-878	↓	Capital Resource Limit	9,647	→
Reported Year To Date financial position – deficit/(surplus) – Red	-3,687	↓	Reported Year to Date expenditure	3,293	→
Year end – deficit/(surplus) – Red	-7,500	↓	Reported year end – deficit/(surplus) – Forecast Green	0	→

Powys THB 2022/23 Plan was approved by the Board and submitted to WG on 31st March 2021. The Health Board plan was approved by the Minister on 22nd July 2022.

As per 2022/23 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £3.687m over spend at Month 06.

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, unxerlying commissioning pressures and the recurrent impact of this on the 2022/23 Plan. The table on the next slide provides an overall summary/variance by area but this will include Covid spend.

Due to lack of progress against planned savings and continuing CHC pressures PTHB has moved into a forecast deficit position of £7.5m. This position is detailed on page 10 of the report.



Overall Summary of Variances £000's

	Budget YTD	Actual YTD	Variance YTD
01 - Revenue Resource Limit	(193,027)	(193,027)	0
02 - Capital Donations	(340)	(340)	0
03 - Other Income	(2,832)	(3,448)	(616)
Total Income	(196,199)	(196,815)	(616)
05 - Primary Care - (excluding Drugs)	20,994	20,807	(187)
06 - Primary care - Drugs & Appliances	15,359	15,452	93
07 - Provided services -Pay	47,931	47,779	(152)
08 - Provided Services - Non Pay	13,163	13,352	189
09 - Secondary care - Drugs	493	715	222
10 - Healthcare Services - Other NHS Bodies	73,277	75,302	2,025
12 - Continuing Care and FNC	10,890	13,047	2,157
13 - Other Private & Voluntary Sector	1,714	1,669	(45)
14 - Joint Financing & Other	7,511	7,509	(2)
15 - DEL Depreciation etc	2,811	2,814	2
16 - A&ME Depreciation etc	2,056	2,056	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	196,199	200,502	4,303
Reported Position			3,687

It should be noted that £2.7m of non recurrent corporate opportunities have been released into the position at month 6.

CHC run rates are continuing on an upward trend with expenditure forecast to increase in excess of £10m since the end of 2019/20. There is a forecast deficit of £5.2m.

Variable pay run rates are stabilising but not improving linked to substantive workforce availability.

5/6 months of activity data has been received for the majority of Welsh or English providers. There is a forecast deficit of £3.9m.

Progress against planned £4.649m Savings Target

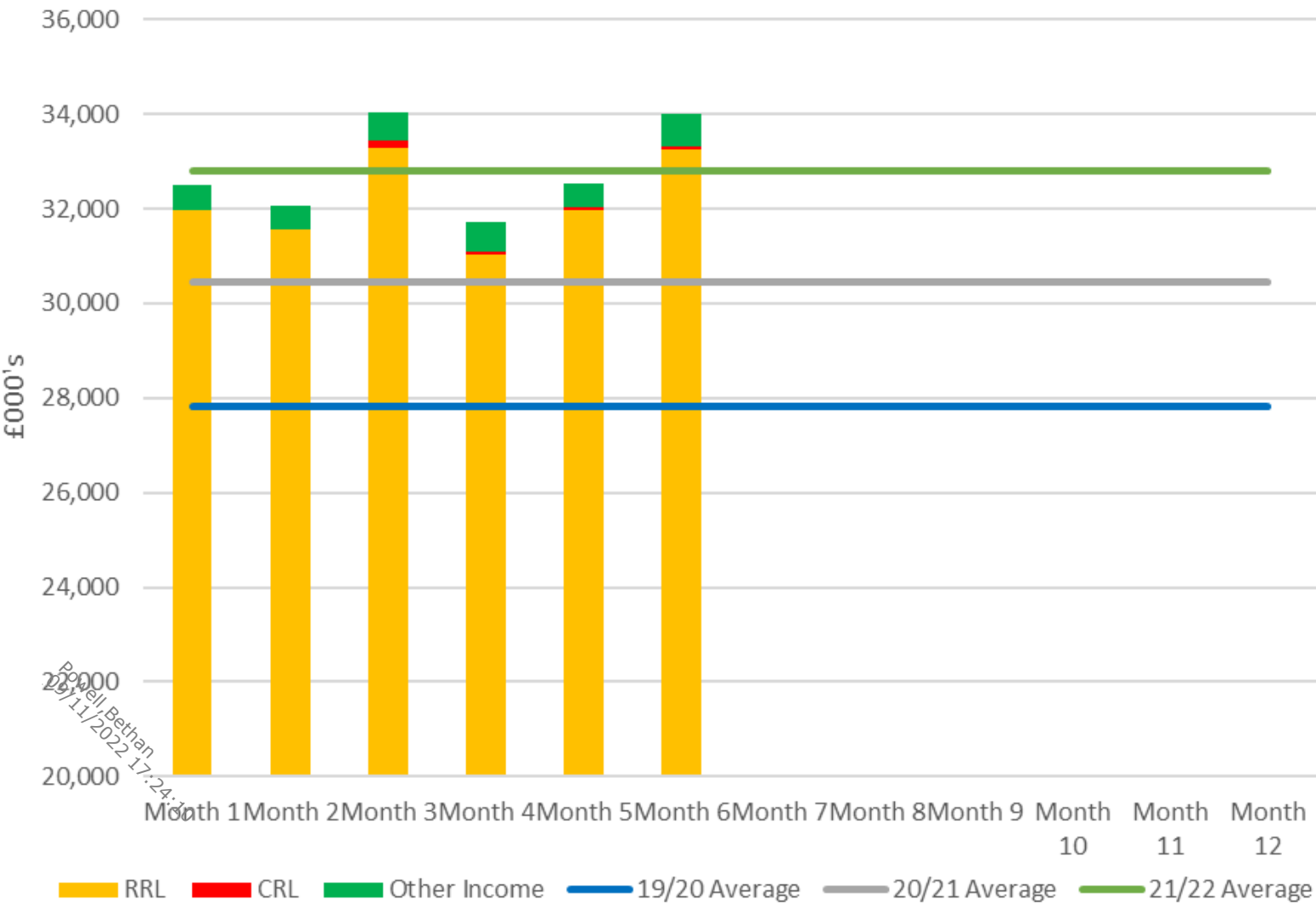
	22-23 Target 1.3%	2022/23 £000'					2023/24 (Recurrent) £000'				
		Green	Amber	Total Green & Amber	Pipeline Red	Shorffall against Target	Green	Amber	Total Green & Amber	Pipeline Red	Shorffall against Target
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicines Management			548	548	900			548	548	900	
Provider Non Pay			34	34				64	64		
Accountancy gains		2,277		2,277							
Cross Cutting Schemes					240					240	
Total PtHB	4,649	2,277	582	2,859	1,140	1,790		612	612	900	4,037

Recovery - Additional savings identified through Finance & Performance Group

Area	2022/23 £000'				2023/24 (Recurrent) £000'			
	Green	Amber	Red	Total	Green	Amber	Red	Total
Community Services			-	-			2,886	2,886
Environment : Estates			21	21			56	56
Environment : Facilities	95	63	167	325	114	6	519	639
Finance	63			63	16			16
Digital	47			47				
Medical Director			25	25			60	60
Mental Health	142		105	247	244		358	602
Nursing Director			74	74				-
Commissioning		135	315	450		300	671	971
Primary Care	49	94	227	370		313	568	881
Therapies		40		40				
WOD							297	297
Total	396	332	935	1,662	374	619	5,415	6,407

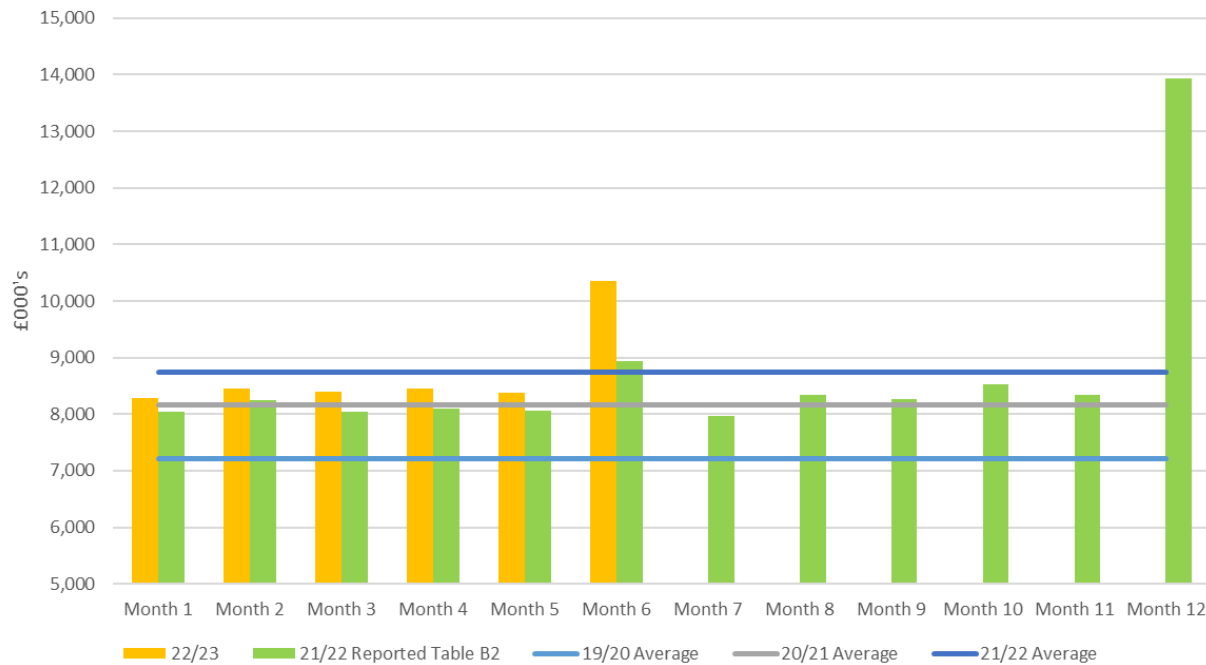
- In order to achieve breakeven as set out in the 2022-23 Financial Plan, a recurrent savings target totalling £4.649m (1.3%) needs to be delivered.
- Savings identification and delivery profiles are not where they need to be through month 6.
- There is an in-year forecast shortfall of £1.790m against the savings requirement and a recurrent shortfall of £4m.
- £2.277m green schemes identified in 2022/23 are non recurrent accountancy gains.
- Red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.
- Further recovery schemes totalling £0.728m have been identified.

Total Actual Income 2022/23 vs Previous Years

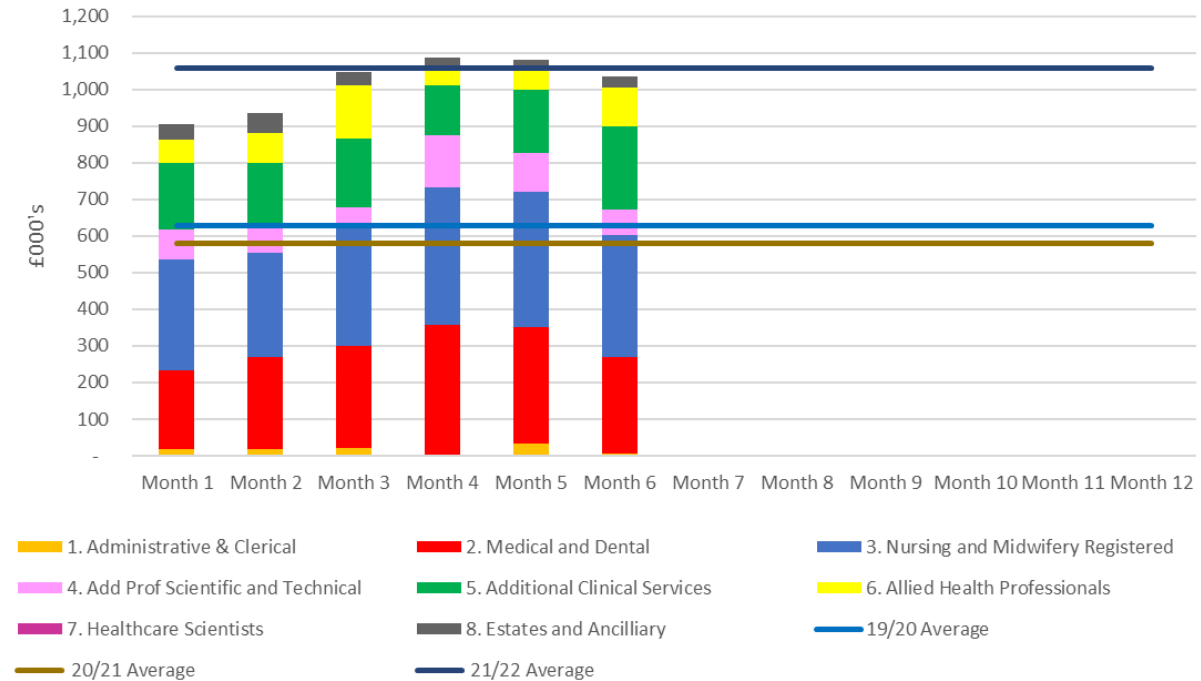


- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2022/23 the total anticipated funding for Covid as part of the RRL is £14.052M, and an element of this has been included in each month.
- For 2022/23 the total anticipated funding for Exceptional Pressures is £2.759M, and an element of this has been included in each month.

Total Actual Pay 2022/23 vs Previous Years

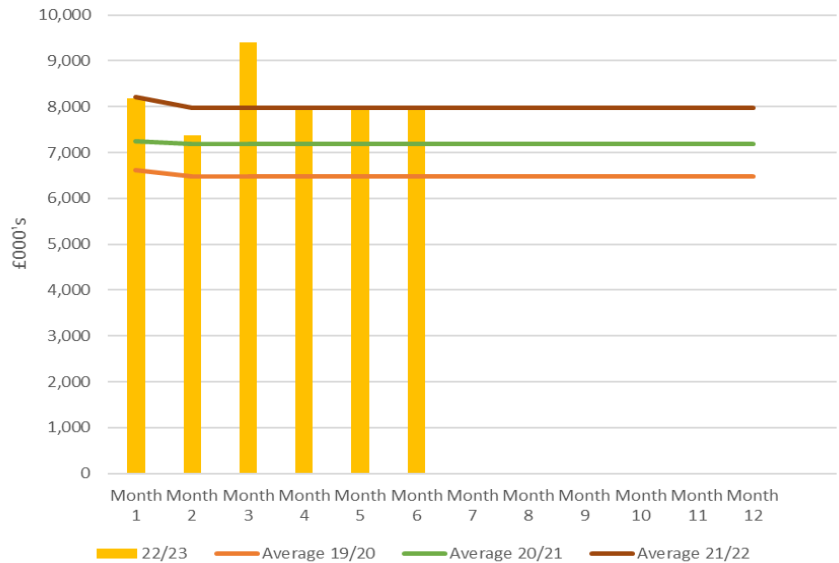


Total Actual Variable Pay 2022/23 vs Previous Years

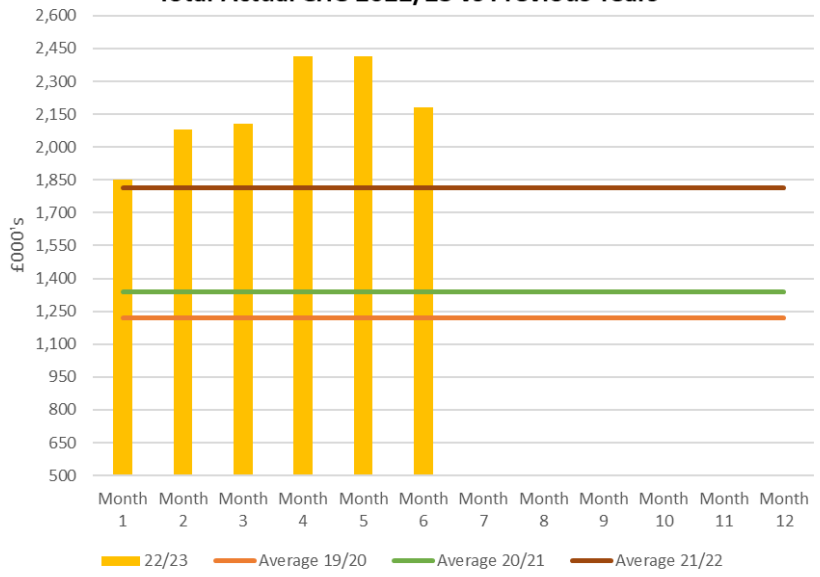


- The Month 06 YTD pay is showing an overspend of £1.308M against the year-to-date plan.
- Chart 1 is comparing that the total pay position for 2022/23 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2021/22 and the yellow the position 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.

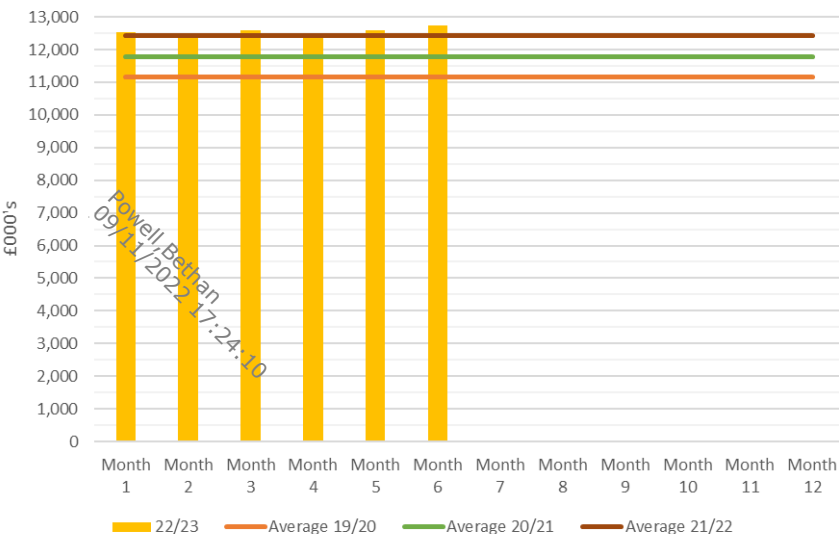
Total Actual Other Non Pay 2022/23 vs Previous Years



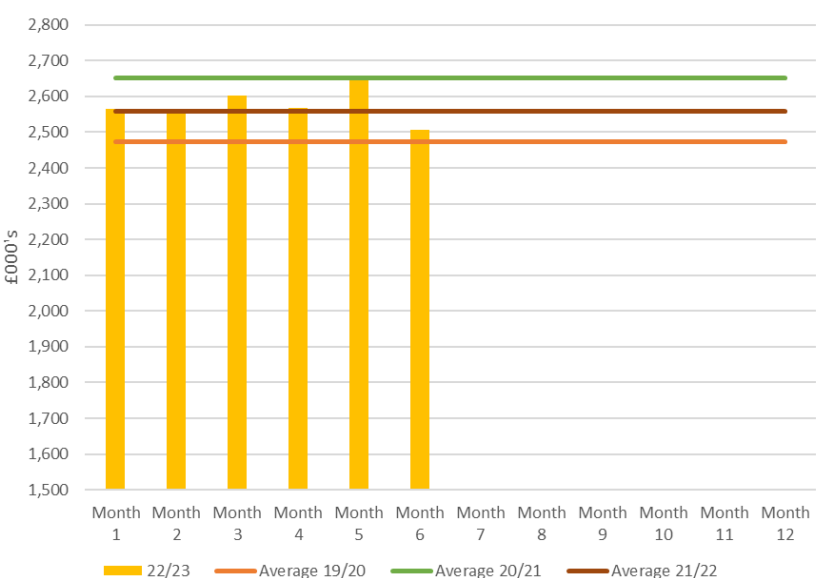
Total Actual CHC 2022/23 vs Previous Years



Total Actual Health Care Services Provided by Other NHS Bodies 2022/23 vs Previous Years



Total Actual Prescribing 22/23 vs Previous Years



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

There are 3 key areas of focus:

- Commissioning – currently the LTAs are moving away from the Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. These figures will also contain the growth in WHSSC and EASC. Please see Page 8 for more details.
- CHC – Appendix 4 provides the actuals to 30th September 2022, which again shows the significant growth between 2020/21 and 2021/22 and this continues into 2022/23.
- Prescribing – the YTD position is based on the latest PAR information (month 4), which has provided an increase in spend in-month compared to the average in 2020/21. This will be kept under close review and updates provided as necessary given the growth seen in previous years.

LTAs were signed off by 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 several assumptions. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.

Commissioning Forecast 2022/23

Commissioning	2021-22 Outturn (£'000)	Month 5	Month 6
		2022-23 Forecast (£'000)	2022-23 Forecast (£'000)
Welsh Providers	38,536	38,699	38,924
English Providers	61,013	64,082	64,261
WHSSC / EASC	44,608	46,581	46,606
Other NHS Providers	4,374	3,630	3,697
Mental Health	1,130	1,461	1,406
Private Providers	701	668	626
Total	150,362	155,121	155,520

2022/23 forecast is volatile due to pace of recovery and the ongoing impact of COVID.

- 2021/22 outturn includes estimated English provider H2 costs and partially completed spells
- 2022/23 inflation included in forecast Welsh Health Boards 2.8% / English providers 1.7%
- 2022/23 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with tolerance levels)
- No activity data has been received from ABUHB to date and is being chased.
- 2022/23 English provider forecast will include an element of recovery activity. English providers currently achieving 104 week target.
- Welsh providers not currently achieving planned care pre-pandemic activity levels.
- There is a likely forecast deficit of £3.9m across all providers against baseline budget.

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

COVID and Exceptional Items

	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M5 £'000	M6 £'000	FORECAST £'000
Covid National Programmes:							
Test Trace & Protect	518	369	422	173	130	144	2,857
PPE	3	5	4	11	9	11	83
Mass Vaccination Programme	283	291	348	125	228	301	3,510
	804	665	775	309	367	456	6,450
Covid response:							
Covid Response - Cleaning Standards	47	47	47	47	47	48	564
Covid Response - Prescribing	143	61	102	102	102	102	1,219
Covid Response - Workforce (sickness and IPC measures) - Core	203	278	200	200	175	175	2,056
D2RA	118	76	39	118	7	123	963
Commissioned Services	94	94	94	94	94	94	985
Other Capacity & facilities costs - Stores	9	9	9	9	9	9	105
Other covid costs	50	85	81	55	42	28	1,710
	663	650	571	624	475	579	7,602
Exceptional Items:							
National Cost Pressures - Direct Energy and Fuel	127	70	98	837	707	368	1,798
National Cost Pressures - Real Living Wage	49	49	49	49	49	49	591
National Cost Pressures - Employers NI increase	47	47	47	47	47	77	369
	223	166	194	933	803	494	2,759

WG continue to view these costs as a shared risk. There will need to be clear exit strategies in place collapsing COVID response costs in line with guidance as any funding received in 22/23 will be non recurrent. The challenge will be that a significant proportion of these costs are now "business as usual." There is unlikely to be any funding support for COVID response costs in 2023/24.

Powell Bethan
09/11/2022 17:24:10

Key assumptions in delivery of the 2022/23 financial plan:

- Delivery of a £4.6m recurrent cash releasing savings target
- Management of all operational pressures including CHC and variable pay.

Based on the reported month 6 position and lack of progress on key deliverables the organisation has reported a £7.5m forecast deficit to WG: This forecast includes £0.7m of identified additional recovery actions.

	£m		
	Operational Variance	COVID Support Funding	Forecast Net Variance
CHC	5.167		5.167
D2RA	0.963	(0.963)	0.000
Commissioning	4.856	(0.985)	3.871
Prescribing/Meds	1.149	(1.219)	(0.070)
Provider services	3.585	(3.892)	(0.307)
Long COVID	0.198	(0.198)	0.000
Extended Flu	0.345	(0.345)	0.000
Savings position	1.790		1.790
Financial Recovery:			
PCC historic debts	(1.441)		(1.441)
Annual leave provision	(0.800)		(0.800)
Additional savings	(0.700)		(0.700)
Total	15.112	(7.602)	7.510

Delivering the position is not without further financial risk:

- Continued CHC growth
- English provider recovery activity
- Winter unscheduled care pressures
- Prescribing pressures

Further opportunities need to be worked through to support financial delivery this year and recurrently moving into 2023/34.

The organisation would have a significant underlying deficit based on the above forecast outturn positions that is being worked through. In addition to delivering our core financial position we need clear exit strategies in place collapsing COVID response costs

Powell Bethan
09/11/2022 17:30:10

We continue to operate in a dynamic environment with considerable uncertainty. Delivery of the 2022/23 financial plan is proving to be a considerable challenge with a forecast deficit of £7.5m.

It is anticipated that 2023/24 will be another very challenging year. Based on current funding assumptions, the underlying deficit entering 2023/24 will be in excess of £15m due to the non-delivery of recurrent savings and Continuing healthcare demand and price growth.

A number of key areas will require further clarity:

- Additional costs linked to COVID funded at risk non recurrently in 2002/23
 - A large proportion of these costs are now “business as usual.”
 - This would add a further £7m to the underlying deficit.
- Exceptional national pressures funded at risk non recurrently in 2022/23
 - Energy
 - Real Living Wage
 - National Insurance/Social Care Levy

Powell Bethan
09/11/2022 17:24:10

Summary

In Summary:

- PTHB is reporting an over spend at month 6 for FY 2022/23 of £3.687M
- PTHB has formally reported a £7.5m forecast deficit FY 2022/23. Letters have gone out to all Executive Directors escalating the organisation into Financial Recovery status with a Finance & performance sub-group being established.
- The £4.6m savings target is profiled into the position. Limited recurrent savings have been identified to date.
- Recovery actions totalling £0.7m have been identified to support and stabilise the financial position. Further progress needs to be made.
- Operational pressures needing to be addressed including CHC, Underlying commissioning pressures and nursing variable pay as run rates continue to increase.

Key Actions:

Management of all operational Pressures:

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

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

Immediate recovery action required - Identification and delivery of recurrent cash releasing savings schemes and further opportunities – focus needs to be on short, medium and long term

Identify exit strategies for current COVID response cost drivers

Powys THB Finance Department

Financial Performance Report - Appendices

Powell Bethan
09/11/2022 17:24:10



Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13th September 2022.

MMR Narrative



MMR Tables



[https://
s365.sharepoint.co](https://s365.sharepoint.co)

Ring Fenced Table



[https://
s365.sharepoint.co](https://s365.sharepoint.co)

Mass Vac Tables



[https://
s365.sharepoint.co](https://s365.sharepoint.co)

TTP Tables



[https://
s365.sharepoint.co](https://s365.sharepoint.co)

C19 & Exceptional
Items Table



[https://
s365.sharepoint.co](https://s365.sharepoint.co)

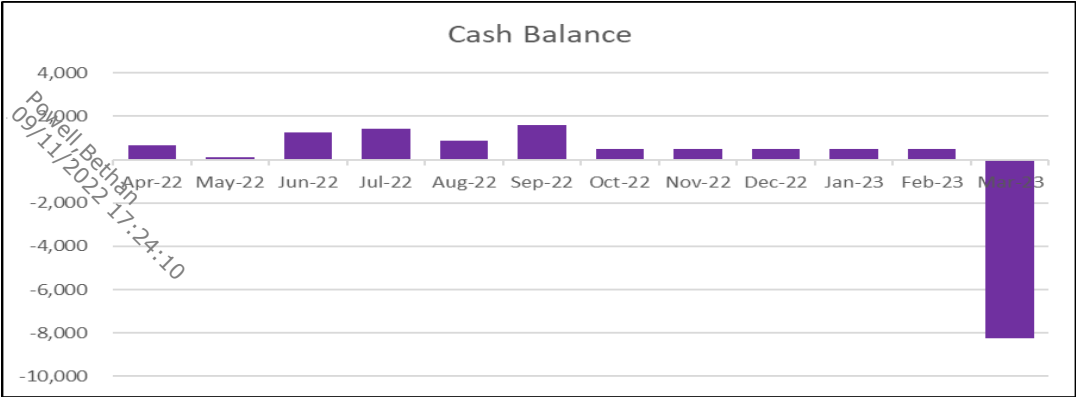
Powell Bethan
09/11/2022 17:24:10

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th September 2022
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.089	1.089	0.173
Machynlleth	7.733	7.733	2.569
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.825	0.825	0.718
Lift replacement at Llandrindod Wells Memorial Hospital	0.291	0.291	0.006
Donated assets - Purchase	0.68	0.68	0
Donated assets (receipt)	-0.68	-0.68	0
TOTAL APPROVED FUNDING	9.938	9.938	3.466

Powell Bethan
09/11/2022 17:24:10

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	2,658	659	111	1,241	1,428	888	1,589	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	33,620	29,495	30,495	31,970	31,093	33,205	32,899	32,468	31,671	32,465	31,751	22,677
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA	(120)	(120)	(120)	(120)	(143)	(155)	(147)	(120)	(120)	(120)	(120)	(120)
WG Revenue Funding - Other (e.g. invoices)	3,981	2,893	6	39	21	10	40	40	40	150	40	1,210
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	2,000	2,000	0	1,000	1,000	2,076	895	552	415
Income from other Welsh NHS Organisations	808	337	585	637	679	870	400	400	400	400	400	400
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	534	520	260	966	1,084	565	550	550	550	550	550	550
Total Receipts	38,823	33,125	31,226	35,492	34,734	34,495	34,742	34,338	34,617	34,340	33,173	25,132
Payments												
Primary Care Services : General Medical Services	2,584	3,016	2,878	2,497	2,366	2,407	2,450	2,350	2,700	3,100	2,200	2,250
Primary Care Services : Pharmacy Services	288	352	393	297	440	450	400	400	400	400	400	400
Primary Care Services : Prescribed Drugs & Appliances	1,475	1,359	1,276	1,341	1,292	1,375	1,300	1,300	1,300	1,300	1,300	1,300
Primary Care Services : General Dental Services	507	457	461	459	423	440	500	500	500	500	500	500
Non Cash Limited Payments	88	63	71	82	74	70	80	80	80	80	80	80
Salaries and Wages	6,084	7,732	7,734	7,657	7,558	8,411	8,500	7,950	7,950	7,950	7,950	7,950
Non Pay Expenditure	29,796	20,216	16,272	22,280	22,487	19,990	21,144	20,187	20,105	20,115	20,191	20,290
Capital Payment	0	478	1,011	692	634	651	1,457	1,571	1,582	895	552	1,095
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	40,822	33,673	30,096	35,305	35,274	33,794	35,831	34,338	34,617	34,340	33,173	33,865
NET CASH FLOW IN MONTH	(1,999)	(548)	1,130	187	(540)	701	(1,089)	0	0	0	0	(8,733)
Balance c/f	659	111	1,241	1,428	888	1,589	500	500	500	500	500	(8,233)

At Month 6 it is anticipated that the THB will require £1.910M of working capital cash for 2021/22 Capital Creditors being discharged during 2022/23. This is due to the discharge of capital payments relating to 21/22 made in 22/23 and the cash impact movement is provided to the THB via a cash only allocation from Welsh Government.



The THB is not anticipating that it will require Revenue Working Capital Cash.

	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr-22	Aug-22	Mar-23
	£'000	£'000	£'000
Tangible & Intangible Assets	93,331	96,211	96,211
Trade & Other Receivables	28,044	16,566	16,566
Inventories	143	143	143
Cash	2,658	888	500
Total Assets	124,176	113,808	113,420
Trade and other payables	59,256	37,883	37,495
Provisions	18,386	18,368	18,368
Total Liabilities	77,642	56,251	55,863
Total Assets Employed	46,534	57,557	57,557

Financed By			
General Fund	2,153	13,174	13,174
Revaluation Reserve	44,381	44,383	44,383
Total Taxpayers' Equity	46,534	57,557	57,557

Powell Bethan
09/11/2022 17:24:10



Agenda item: 2.2

Delivery and Performance Committee		Date of Meeting: 11 November 2022
Subject:	Powys Teaching Health Board Integrated Performance Report. Position as at Month 6 2022/23	
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 NHS Wales Performance Framework up until the end of September 2022 (month 6).

RECOMMENDATION(S):

The Board are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

Powell Bethan
09/11/2022 17:10:10

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 available performance update against the 2022/23 NHS Wales Performance Framework and includes data up until the end of month 6 (September 2022). Please note that data provided within the dashboards is latest where possible, but some measures have significant delays in reporting because of national collection processes.

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

For each measure, the data quality and completeness has been RAG rated. Most measures are utilising national or validated data, some have known data quality challenges but are reported for completeness and to monitor improvement.

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.

Powell, Bethan
09/11/2022 17:57:10

Powys Teaching Health Board

Integrated Performance Report

Month 6 – Updated 01/11/2022

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

[Executive Summary](#)

[NHS Wales Performance Framework](#)

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

[Quadruple Aim 1](#)

[Quadruple Aim 2](#)

[Quadruple Aim 3](#)

[Quadruple Aim 4](#)

[Next Steps](#)

[Appendices](#)

Powell Bethan
09/11/2022 17:24:10



Executive Summary

This integrated performance report (IPR) provides the Board with the latest available performance update against the 2022/23 NHS Wales Performance Framework released in July 2022. This release includes data up until the end of month 6 (September 22), please note that various metrics will remain un-completed/delayed where they are new or without data, or where the metrics data is significantly delayed due to national validation process/update schedule.

The data, drawn from various sources has been supported by statistical process charts, and includes officer lead narrative for challenges, actions, and further mitigations. It should also be noted that the availability of recent performance data varies by measure with monthly, quarterly, and annual updates, this resulting in some metrics not having an update for a 12+ month period.

Summary

Performance for the health board remains challenging across key national metrics for month 6.

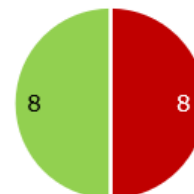
This snapshot continues to show maintained good performance within the provider service for most planned care and unscheduled care measures. But that service remains at significant risk with the fragility as a result of staffing pressures, primarily linked to sickness, and vacancies for both provider and in-reach consultant led services and staff. Planned care pathways are further reliant on acute care for tertiary complex pathways for diagnostics and treatment especially cancer.

As a resident of Powys timely care across commissioned services has significant geographical variation effecting equity of access. Patients accessing urgent care experience critical system challenge in ambulance response times, and acute care emergency unit waits including access to emergency admission beds. Those patients who wait on planned care treatment pathways (RTT) could expect up to a 12+ months difference for their treatment depending on specialty, and the provider (only 2% of all Powys residents wait over 2 years in English providers) when compared to Welsh. With Q3 now under way it is expected that the NHS will have further "Winter" pressures across England and Wales which will impact the ongoing backlog recovery.

To meet this challenge actions such as the COVID-19 Autumn booster campaign, and Influenza vaccination programme aim to reduce resident demand through proactive reduction in disease severity, this hopefully alleviating some urgent care demand of acute care centres. The health board is supporting and maximising repatriation of patients to improve acute flows, and has placed further focus on increased management input into the Powys bed flow in a bid to maximise provider beds supporting demand and reducing repatriation delays to the absolute minimum.

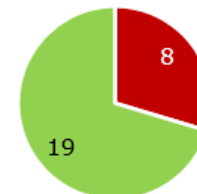
Compliance against NHS Delivery framework measures at month 6 by quadruple aim area.

Compliance against targets quadruple aim 1



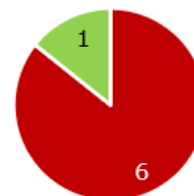
■ Not-compliant ■ Compliant

Compliance against quadruple aim 2



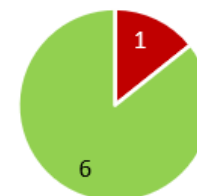
■ Not-compliant ■ Compliant

Compliance against quadruple aim 3



■ Not-compliant ■ Compliant

Compliance against quadruple aim 4



■ Not-compliant ■ Compliant



NHS Wales Performance Framework

NHS Wales Performance Framework

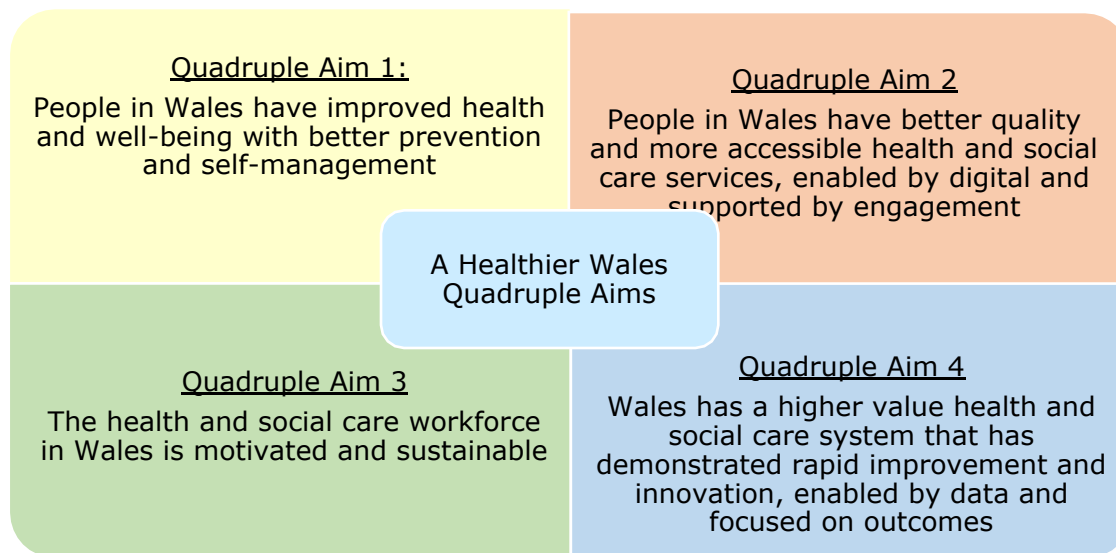
The NHS Wales Performance Framework has been significantly revised for 2022/23 with currently 84 measures. Of the 84 measures, 54 have been identified as ministerial priorities. A further 8 measures are classed as operational and not routinely reported to Welsh Government, but are included within the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

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

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

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

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



Powell Bethan
09/11/2022 17:24:10



NHS Wales Performance Framework

A brief introduction to statistical process control charts (SPC)

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

SPC charts

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



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

Key for performance & data quality RAG ratings

Performance against measurable targets.
Performance meeting set target
Performance does not meet target
Measure not applicable or missing appropriate data

Data Quality	
	Data confidence is high
	Data confidence is limited
	Data confidence is poor or currently under investigation
	Data unavailable



National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures								Performance			Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Weight Management	Director of Nursing	Head of Midwifery and Sexual Health	3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
Smoking	Director of Public Health	Consultant in Public Health	4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	2021/22	13.0%		10.7%	1st	13.0%
		Consultant in Public Health	5	% Attempted to quit smoking	✓	5% annual target	Q4 21/22	2.79%	2.43%	3.34%	6th	4.07%
Diabetes	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Primary Care	7	% diabetics who receive 8 NICE care processes	✓	>=27%	Q4 21/22	24.5%	35.0%	40.1%	1st	28.4%
			8	% Diabetics achieving 3 treatment targets	✓	1% annual increase from 2020-21 baseline	2020/21	30.4%		26.2%	4th	27.6%
Substance Misuse		Assistant Director of Mental Health	9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend	Q4 21/22	380.9	437.2	394.2	6th	373.9
			10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend	Q1 22/23	65.0%	50.0%	70.7%	3rd	67.2%
Vaccinations	Director of Public Health	Consultant in Public Health	11	'6 in 1' vaccine by age 1		95%	Q1 22/23	97.3%	93.8%	92.7%	6th	94.0%
			12	2 doses of the MMR vaccine by age 5		95%	Q1 22/23	91.7%	94.4%	93.6%	1st	90.7%
			13	Autumn 2022 COVID-19 Booster	✓	75%	25/10/2022			40.0%		
			14a	Flu Vaccines - 65+		75%	2021/22	73.5%		75.3%	7th	78.0%
			14b	Flu Vaccines - under 65 in risk groups		55%	2021/22	52.2%		50.9%	3rd	48.2%
			14c	Flu Vaccines - Pregnant Women		75%	2021/22	92.3%		66.7%	6th	78.5%
			14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
Screening	Director of Public Health	Consultant in Public Health	15a	Coverage of cancer screening for: cervical		80%	2020/21	76.1%		72.7%	1st	69.5%
			15b	Coverage of cancer screening for: bowel		60%	2020/21	56.4%		68.3%	1st	67.1%
			15c	Coverage of cancer screening for: breast		70%	2021/22 (May)	74.6%		75.8%	1st	72.3%

Powell Bethan
09/11/2022 16:24:10



National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures										Performance		Welsh Government Benchmarking (*in arrears)
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Primary & Community Care	Deputy Chief Executive & Director of	Assistant Director of Primary Care	16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2021/22	93.8%		100.0%	1st	88.6%
Urgent & Emergency Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Senior Manager Unscheduled Care	21	% 111 patients prioritised as P1OHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	Jun-22	96.3%	87.0%	83.0%	*3rd	83.6%
			22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	Q1 22/23	7.9%	8.8%	8.1%	5th	11.8%
			25	MIU % patients who waited <4hr		95%	Sep-22	99.8%	100.0%	100.0%	1st	67.8%
			26	MIU patients who waited +12hrs		0	Sep-22	0	0	0	1st	10,230
			31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Sep-22	56.5%	41.8%	51.2%	3rd	50.0%
Elective Planned Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Community Services	39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards 0 by Spring 2024	Sep-22	120	5	2	*1st	16,284
			40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Sep-22	242	71	78	*1st	44,489
			41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Sep-22	30	212	252	*1st	12,356
			42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards 0 by 31/12/22	Sep-22	49	0	0	*1st	102,662
			43	Number of patient follow-up outpatient appointment delayed by over 100%	✓	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	Sep-22	No RAG available DQ challenge	3217	3215		*213,845
			44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Sep-22	55.0%	64.6%	68.0%	*3rd	63.2%
			LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	Sep-22	0.9%	1.0%	0.3%		
Elective Planned Care			45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Sep-22	3	0	0	*1st	*59350
			46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026	Sep-22	377	94	62	*1st	*271165
			47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026	Sep-22	79.9%	94.6%	94.7%	*1st	*54.8%

Powell Bethan
09/11/2022 17:24:10



National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12m onth Previous	Previous Period	Current	Ranking	All Wales
Elective Planned Care	Director of Planning and Performance		LM2	Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers)		Individual Targets	Aug-22	272	702	693		
			LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Aug-22	2,582	2,864	2,820		
			LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Aug-22	4,531	5,171	5,204		
			LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Aug-22	62.4%	60.8%	60.7%		
Mental Health	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	48	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	✓	Annual Reduction	2020/21	5.06		2.42	2nd	3.54
			49	CAMHS % waiting <28 days for first appointment	✓	80%	Aug-22	51.1%	93.9%	100.0%	3rd	42.9%
			50	Assessments <28 days <18	✓	80%	Aug-22	55.9%	96.8%	93.9%	1st	54.0%
			51	Interventions <28 days <18	✓	80%	Aug-22	59.1%	71.0%	53.8%	1st	38.7%
			52	% residents with CTP <18	✓	90%	Aug-22	95.0%	100.0%	97.6%	3rd	64.9%
			53	Children/Young People neurodevelopmental waits	✓	80%	Sep-22	48.5%	80.8%	70.7%	*1st	36.5%
			55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Aug-22	100%	100%	100%	1st	100.0%
			56	% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%	Aug-22	100%	100%	100%	1st	100.0%
			57	Assessments <28 days 18+	✓	80%	Aug-22	98.1%	74.2%	80.2%	6th	90.0%
			58	Interventions <28 days 18+	✓	80%	Aug-22	76.3%	47.4%	50.3%	6th	72.1%
			59	Adult psychological therapy waiting < 26 weeks	✓	80%	Aug-22	96.2%	94.3%	92.0%	2nd	73.4%
			60	% residents with CTP 18+	✓	90%	Aug-22	87.8%	69.7%	81.4%	6th	86.0%
Hospital Infection Control	Director of Nursing	Deputy Director of Nursing	63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local	Sep-22			2 cases	PTHB is not nationally benchmarked for infection rates	
			64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓		Sep-22			6 cases		



National Outcomes Framework: Performance Scorecard

[Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable](#)

2022/23 Performance Framework Measures										Performance			Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12m onth Previous	Previous Period	Current	Ranking	All Wales		
Staff Resources	Director of Finance and ICT	TBC	67	Agency spend as a percentage of the total pay bill	✓	12m↓	Sep-22	0.9%	10.8%	8.0%	8th (Apr-22)	6% (Apr-22)		
	Director of Workforce and OD	Head of Workforce	68	(R12) Sickness Absence	✓	12m↓	Sep-22	5.3%	5.9%	6.0%	3rd (Apr-22)	7.09% (Apr-22)		
		?	69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	Q4 2021/22	16.0%	17.0%	17.0%	5th%	15.6%		
Training & Development	Director of Workforce and OD	Head of Workforce	70	Core Skills Mandatory Training	✓	85%	Sep-22	82.0%	82.0%	82.0%	1st (Apr-22)	79.5% (Apr-22)		
			71	Performance Appraisals (PADR)	✓	85%	Sep-22	71.0%	73.0%	70.0%	1st (Apr-22)	71.5% (Apr-22)		
Staff Engagement	Director of Workforce and OD	Head of Workforce	72	Staff Engagement Score	✓	Annual Improvement	2020	79% (2018)		78.0%	1st	75%		
			73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement	2020	77% (2018)		75.5%	2nd	65.9%		

Powell Bethan
09/11/2022 17:24:10



National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures										Performance		Welsh Government Benchmarking (*in arrears)
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12m onth Previous	Previous Period	Current	Ranking	All Wales
Decarbonisation	Director of Environment	Environment and Sustainability Manager	74	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	✓	16% Reduction by 2025 Against 21018/19 NHS Wales Baseline	2020/21	17,021		23,107	2nd*	1,001,378
New Ways of Working	Director of Finance and ICT	Lead Nurse for Informatics and Nurse Staffing	78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q2 2022/24	7236	28,438	30,865	5th	584,676
			79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q1 22/23	2	7	8	5th	128
		Head of Information	80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months	Jul-22	100.0%	100.0%	100%	1st	81.4%
Clinically Effective Prescribing	Medical Director	Chief Pharmacist	81	Total antibacterial items per 1,000 STAR-PUs	✓	A quarterly reduction of 5% against a baseline of 2019-20	Q4 21/22	195.6	260.0	230.3	1st	259.4
			83	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction	Q1 22/23	485	489	486	1st*	10,262
			84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend	Q4 21/22	4068.0	4222.0	4040.1	2nd	4,329.4

Powell Bethan
09/11/2022 17:24:10



Operational Measures: Performance Scorecard

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

	Operational Measure	Target	Month	12 months Previous	Previous Period	Current Period
A.	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Aug-22	2.63%	1.98%	1.99%
C.	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q1 2022/23	0.10%	0.10%	0.10%
G.	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q1 2022/23		59%	53%

Powell Bethan
09/11/2022 17:24:10



Quadruple Aim 1

No.

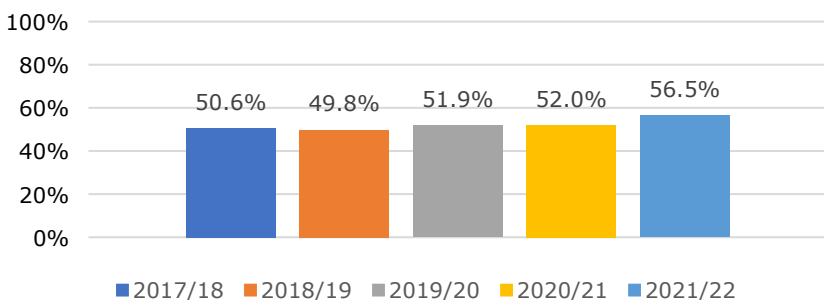
3

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

Breastfeeding

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

Percentage of babies who are exclusively breastfed at 10 days old



Performance 2021/22

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

Executive Lead Director of Nursing

Officer Lead Head of Midwifery and Sexual Health

Strategic Priority 2

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

What the data tells us

2021/22 performance is the highest reported in the 6 available years. Powys consistently ranks 1st and benchmarks positively against the All Wales figure of 36.7% for 2021/22.

Powell Bethan
09/11/2022 17:24:10

Issues

Powys no longer has Baby Friendly Initiative (BFI) accreditation.

Some areas of Powys are noted anecdotally to have lower breastfeeding rates than others, but the current data collection methods do not support identification of specific areas.

COVID19 has resulted in some reduced visiting in the postnatal period, which may have impacted on the level of support provided to some breastfeeding mothers.

Actions

The Powys Infant Feeding Steering Group will be restarting in October 2022 with revision of the infant feeding action plan.

BFI training is currently underway for maternity and health visiting staff.

There is an infant feeding coordinator in post who will be reviewing the data requirements and including within the training the importance of accurate data collection by staff.

Mitigations

Powys is now a site for a multi-centre UK randomised control trial looking at the use of infant feeding helpers in supporting families antenatally and postnatally, with one aim being to identify if this results in improved breastfeeding rates in the intervention group. The study commenced recruitment in January 2022 and has recruited 33 women up to August 2022.

Powys volunteer breastfeeding groups have recommenced some face to face groups across Powys, increasing the support available to families.



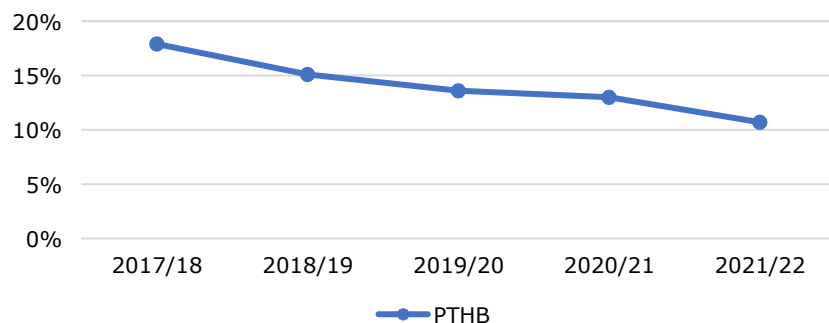
People in Wales have improved health and well-being and better prevention and self-management

Smoking

Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally –

Powys as a provider

Percentage of adult reporting they currently smoke daily or occasionally



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

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

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

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

What the data tells us

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

Issues

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

Actions

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

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

Mitigations

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

Tobacco control



Quadruple Aim 1

No.

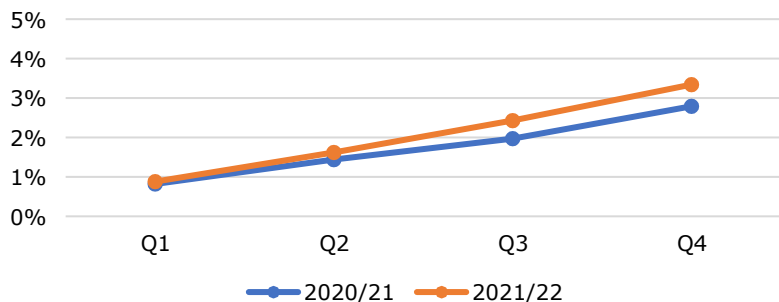
5

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

Smoking

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

Percentage of adult smokers who make a quit attempt



Performance Q4 2021/22

Provider Performance	All Wales Benchmark
3.34%	6th (4.07%)

Variance Type

N/A

Target

5% Annual Target

Data Quality & Source

Welsh Government
Performance Team

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

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

What the data tells us

Note: In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance.

The cumulative quit attempts for 2022/23 show a slight uptake in quit attempts on 2020/21 but are below target and the national benchmark.

Issues

One potential issue in the reduction in smoking quit attempts is the reduced access to support through level 3 pharmacy provision.

There have been staffing vacancies in the maternity provision and extra work has been required to improve referral process for smoking cessation support in pregnancy and the offer of continued support to quit throughout pregnancy.

There is currently a vacancy in the Community smoking advisor team which will be recruited to.
As the percentage of adults smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit.

Actions

Work is being undertaken with Pharmacy Department to increase the number of pharmacies across Powys offering Level 3 support with a particular focus on areas of deprivation.

Powys Public Health Team have worked to increase the level of monitoring of maternity smoking cessation provision to support the evaluation of this service with the aim of increasing numbers of pregnant women making quit attempts.

Extra training in Health Coaching is being explored for Smoking Cessation Advisors to offer further support to smokers in Powys who make a quit attempt.

Mitigations

Mitigation is limited at the current time although the community service has increased slots for smokers wishing to be supported through quit attempts.

The Health Board plans to commence face-to-face offer of support in areas of deprivation. Face-to-face stop smoking support is known to be the most effective provision of support to make a quit attempt.

Work has been undertaken to identify the pharmacies which require support to re-establish Level 3 service.

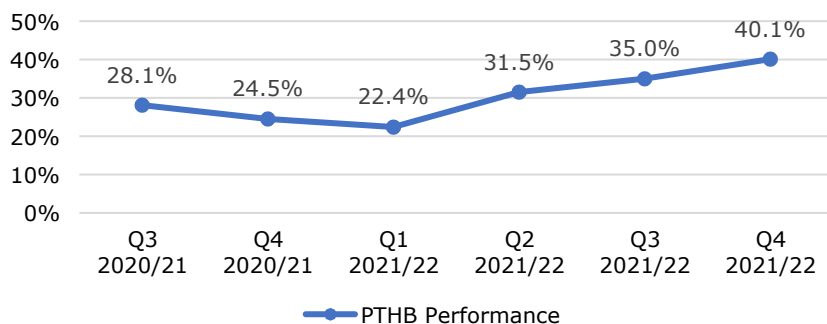


People in Wales have improved health and well-being and better prevention and self-management

Diabetes

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

Percentage of Patients (12 years+) who receive all 8 NICE care processes



Performance Q4 2021/22

Provider Performance	All Wales Benchmark
40.1%	1 st (28.4%)

Variance Type

N/A

Target

Equal or greater than 27%

Data Quality & Source

Welsh Government Performance Team

Executive Lead

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

Officer Lead

TBC

Strategic Priority

2

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

What the data tells us

Performance improved throughout 2021/22 to reach 40.1% in Q4 against the set 27% target. This benchmarks favourably against the All Wales average of 28.4% for the same period.

Issues

Actions

Mitigations

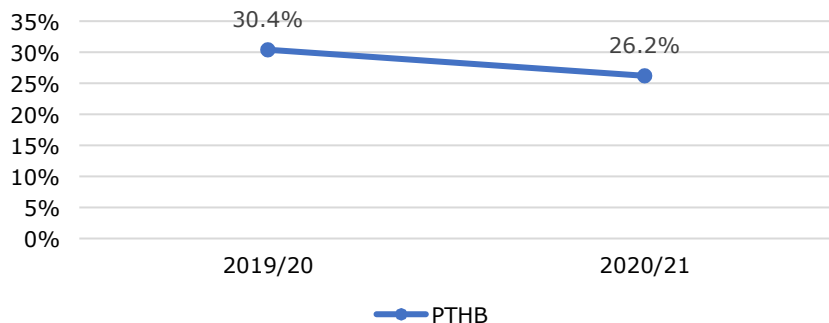


People in Wales have improved health and well-being and better prevention and self-management

Diabetes

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

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

**Performance 2020/21**

Provider Performance	All Wales Benchmark
26.2%	4 th (27.6%)

Variance Type

N/A

Target

1% annual increase from baseline data 2020-21

Data Quality & Source

Welsh Government Performance Team

Executive Lead

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

Officer Lead

TBC

Strategic Priority

2

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

What the data tells us

Performance in 2020/21 deteriorated to 26.2%. This is not target compliant and falls slightly below the all Wales average of 27.6%. No health board achieved compliance during 2020/21.

Powell Bethan
09/11/2022 17:24:10

Issues**Actions****Mitigations**



Quadruple Aim 1

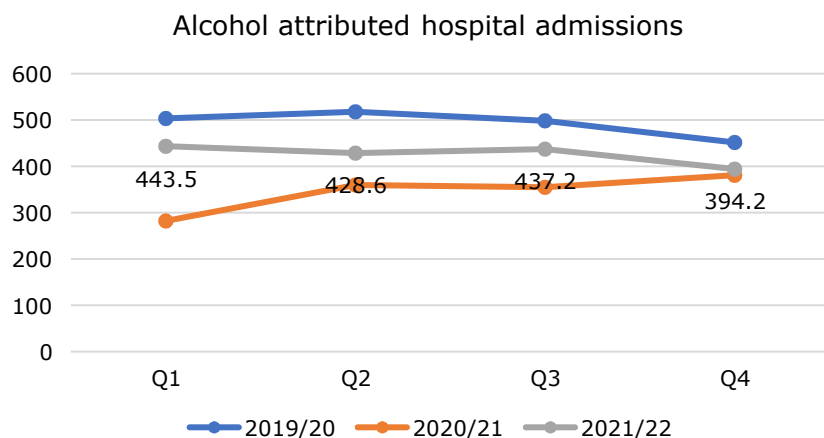
No.

9

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

Alcohol Misuse

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



Performance Q4 2021/22

Provider Performance	All Wales Benchmark
394.2	6th (373.9)

Variance Type

N/A

Target

4 quarter reduction trend

Data Quality & Source

Welsh Government
Performance Team

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

2

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

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

What the data tells us

Alcohol attributed hospital admissions have displayed a reduction trend across the 2021/22 financial year and fall below the pre-pandemic levels reported in 2019/20. However, reported rates in 2021/22 are higher than 2020/21 and local rates are above the national average, PTHB ranks 6th.

Issues

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

Mitigations

To be confirmed once further action has been taken.



Quadruple Aim 1

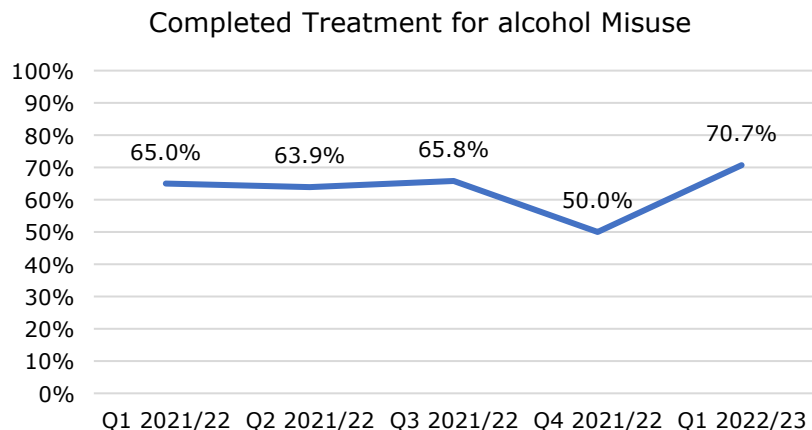
No.

10

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

Alcohol Misuse

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



Performance Q1 2022/23	
Provider Performance	All Wales Benchmark
70.7%	3 rd (67.2%)
Variance Type	
N/A	
Target	
4 Quarter Improvement Trend	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

2

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

What the data tells us

Performance has much improved in the first quarter of 2022/23, allowing PTHB to meet the national target of 4 quarter improvement. The health board is ranked 3rd in Wales against the All Wales figure of 67.2%.

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

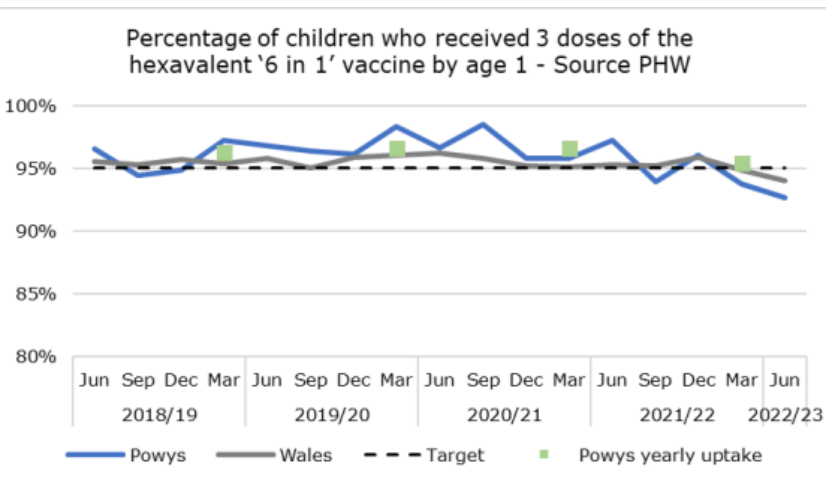
No.

11

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

Childhood Vaccinations

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



Performance Q1 2022/23

Provider Performance	All Wales Benchmark
92.7%	6 th (94%)

Variance Type

Common Cause

Target

95%

Data Quality & Source

PTHB Public Health

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

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

What the data tells us

Prior to this year PTHB has performed consistently above the 95% target for coverage of the 6 in 1 vaccinations. The latest Q1 2022/23, ending June 2022, has shown a further decrease in uptake from last quarter of 1.1%, taking the health board further below the uptake target of 95% and remaining 6th place amongst the Health Boards in Wales.

This trend has been seen across Wales and England with the Wales average dropping from 94.9% in March 2022 to 94% in June 2022.

The overall year uptake for PTHB, ending March 2022 still remains above the target at 95.4%.

Issues

Actions

This decrease in uptake will be discussed with individual practices to ensure that children are vaccinated in a timely manner.

The public health team will also link with health visitors to identify any barriers or any additional communications that could be offered.

Mitigations

To be confirmed once further actions have been taken.



Quadruple Aim 1

No.

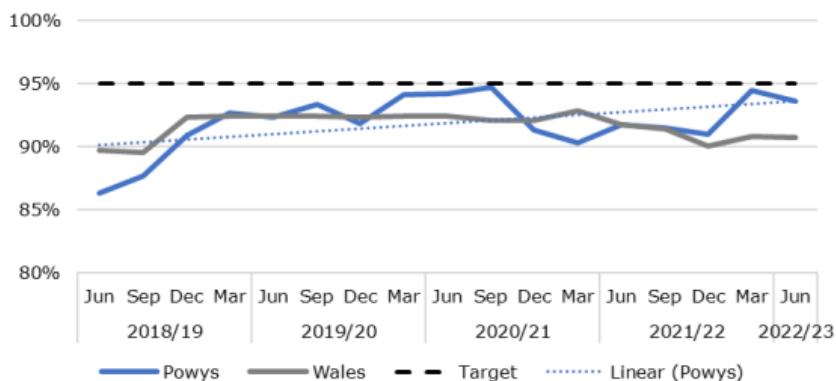
12

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

Childhood Vaccinations

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

Percentage of children who received 2 doses of the MMR vaccine by age 5 - Source PHW



Performance Q1 2022/23

Provider Performance	All Wales Benchmark
93.6%	1 st (90.7%)

Variance Type

Common Cause

Target

95%

Data Quality & Source

PTHB Public Health

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

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

What the data tells us

The uptake of 2 doses of MMR by age 5 for Powys THB remains the highest in Wales at 93.6%. Performance has dropped by 0.8% but continues to be well above the all Wales average of 90.7% for Q1 2022/23 (April-June 2022).

Issues

Actions

Work will continue to promote uptake of MMR 2 with planning in place for data cleansing and offer of vaccination for those who have missed their vaccination.

Mitigations

To be confirmed once further actions have been taken.

Quadruple Aim 1

No.

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

COVID-19

Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents by health board

Total Eligible	Had Autumn Booster	Currently Eligible	Percentage uptake Autumn Booster
78K	31K	76K	40%
Who is Eligible All individuals who have completed a primary course (whether they have had a booster or not) where: the latest dose is more than or equal to 91 from end of Autumn campaign (31/03/2023), and there is no date of death, and there is no opt out date	Numerator had annual booster within campaign dates 01/09/2022 to 31/03/2023	Denominator All individuals who are in the total eligible cohort and there is no suspense date or the suspense date is before the end of campaign.	Calculation Had Autumn booster/Total Eligible

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

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

What the data tells us	Issues	Actions	Mitigations
<ul style="list-style-type: none"> The rollout of the COVID-19 booster campaign started officially in Wales from September 1st to care home residents and staff. PTHB has vaccinated 30,842 people with the booster, this is 40% of the total eligible (77,675) as reported at 25/10/2022 08:38am, and is on-track to reach 75% target (from current data projections). It should be noted that this is a cumulative measure and will not be RAG rated until end of campaign against the target. 	<ul style="list-style-type: none"> Increase in appointments being rearranged and residents not attending first appointments offered, also reports of individuals contracting covid infection during last few months delaying appointments. Postal disruption due to strike action. Significant reduced social, digital and media communication Denominator for health and social care group 	<ul style="list-style-type: none"> Booking is running at 120% of appointments Strengthening local communications Reserved list operating for over 50s to maximise appointments/resource Second offer appointments for MVC allocated residents underway. Primary Care vaccinators have completed second and third offer Letters are sent with sufficient notice, in manageable batches to minimise postal disruption Emergency Surge Plan and action cards developed as part of business continuity plans is being tested at desk top exercise 	<ul style="list-style-type: none"> Cancellation rate is reviewed twice a week and at the Operational Delivery and Leaving No One Behind Group. Take up is anticipated to increase as COVID rates and seasonal pressures increase with capacity identified.



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

Influenza Vaccination

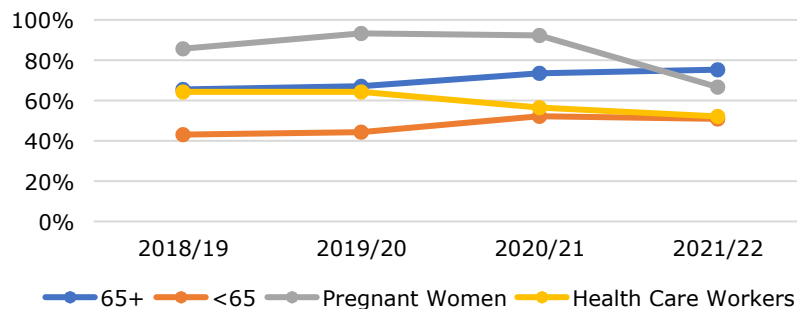
Uptake of the influenza vaccination among: 65 year olds and over, under 65s in risk groups, pregnant women, and health care workers. – Powys as a provider

Executive Lead Director of Public Health

Officer Lead Consultant in Public Health

Strategic Priority 2

Influenza vaccination uptake by group – source PHW



Performance 2021/22

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

Data Quality & Source			
PTHB Public Health			

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

2022/23 Framework

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

What the data tells us

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

Issues

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

Actions

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

Performance 2021/22

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



Quadruple Aim 1

No.

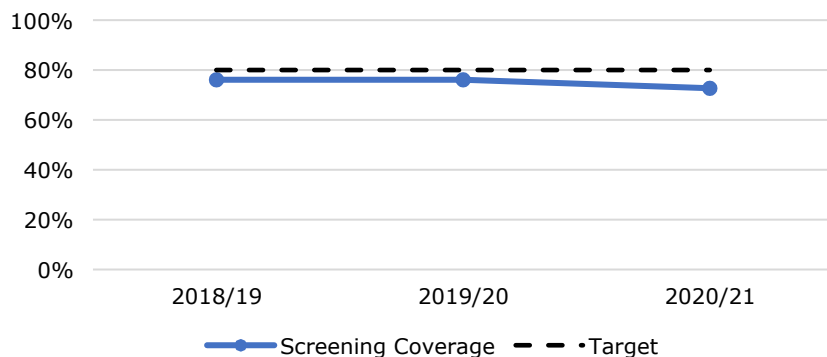
15a

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

Cancer Screening

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

Coverage of cancer screening for: cervical



Performance 2020/21

Provider Performance	All Wales Benchmark
72.7%	1 st (69.5%)

Variance Type

N/A

Target

80%

Data Quality & Source

PTHB Public Health

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

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

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

What the data tells us	Issues	Actions	Mitigations
Data prior to 2018/19 for cervical screening is not comparable due to a change in the age coverage. Since 2018/19 Powys has ranked as the highest achieving Health Board and remains ranked 1 st with an uptake of 72.2% in 2020/21, which is above the Wales average of 69.5%, though below the 80% national target. There has been a slight decrease in uptake across the whole of Wales due to the suspension of the service between March 2020 and June 2020, and recommencement of services at reduced capacity.	<p>The suspension of the service between March 2020 and June 2020, and recommencement of services at reduced capacity resulted in delay and backlog of individuals due to be invited for screening.</p> <p>There is a lower uptake in North Powys GP cluster (71.7%) compared to Mid and South GP clusters (73.8% and 73.3% respectively).</p>	Action plans to catchup on delayed screening offers of appointment were implemented and screening has fully recovered from impact of pandemic during 2021/22.	



Quadruple Aim 1

No.

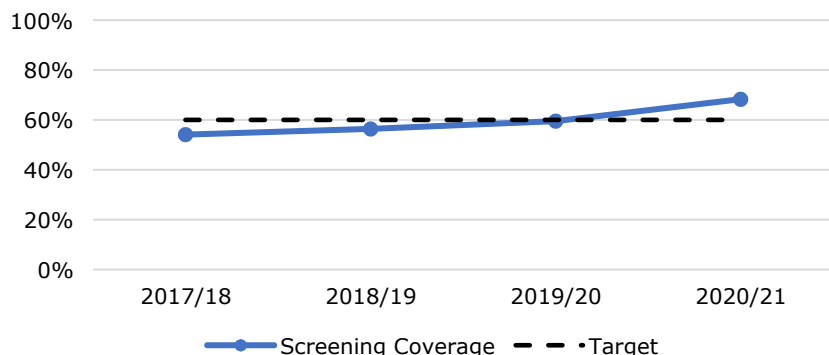
15b

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

Cancer Screening

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

Coverage of cancer screening for: bowel



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

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

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Coverage for bowel screening has improved consistently for Powys, with uptake at 68.3%, up 6.6% from 2019/20 and achieving well above the 60% target.</p> <p>The Health Board has the highest uptake across Wales, with the Wales average being 67.1%. The GP clusters are also sitting above the target with the North GP cluster reaching 67.8%, Mid 67.0% and the South GP cluster having an uptake of 69.4%</p>	<p>No issues with the reported compliance in 2020/21.</p> <p>From October 2022 an increase in demand estimated at circa 34.8% (PHW modelling) for screening is expected between October 2022 and September 2022 as the applicable age range for bowel screening is increased. This will have an impact on provider BSW colonoscopy demand and require increased capacity of service (not all residents will access PTHB screening e.g., alternative providers undertaking required procedures)</p>	<p>PTHB will continue to support the roll out and extension of the bowel screening programme.</p>	<p>None required</p>



Quadruple Aim 1

No.

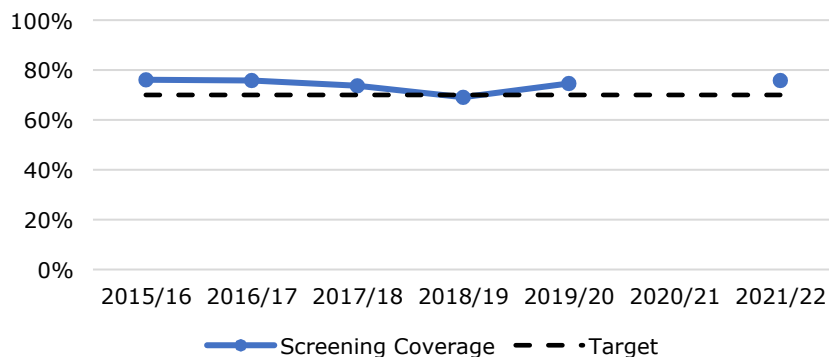
15c

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

Cancer Screening

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

Coverage of cancer screening for: breast



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

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

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

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

What the data tells us	Issues	Actions	Mitigations
Coverage for breast screening improved again in 2021 to 75.8% from 74.6%, above the average for the past 5 years. PTHB is target compliant and benchmarks positively against the All Wales average of 72.3%. <small>Bethan 09/11/2022 17:24:10</small>	PHW Breast Screening Services invite eligible women on a three yearly cycle for a screening appointment. The impact of temporarily pausing screening services due to Covid-19 along with reduced activity during restarting of services to enable covid-safe pathways resulted in substantially reduced numbers being invited for screening during 2020/21 compared to previous years.	Although PTHB has the highest uptake of breast screening in Wales it should be noted that this has decreased during COVID 19. PHW Screening Services are implementing a recovery plan which includes increasing the number of women been able to be screened in addition to increasing the number of screening clinics.	



Quadruple Aim 2

No.

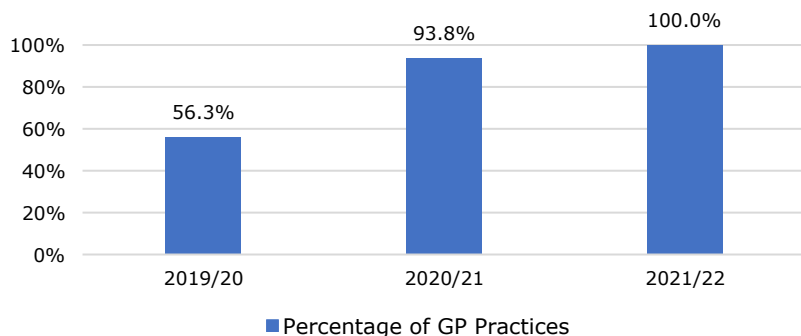
16

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

In-hours GP Access

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

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



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

Executive Lead

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

Officer Lead

Assistant Director of Primary Health

Strategic Priority

4

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

What the data tells us

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

General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards. Access Standard achievement is annual and year end performance data for 2022/2023 will be 31/03/22.

Issues

Actions

Mitigations

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



Quadruple Aim 2

No.

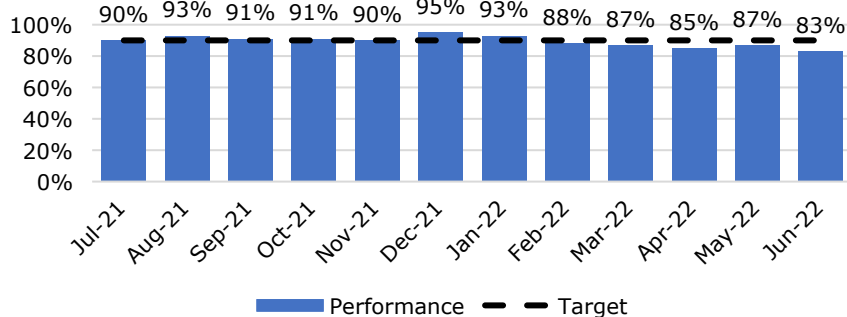
21

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

111 Assessment

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

Percentage of P1CHC who start definitive clinical assessment within 1hr of call



June 2022 Performance

Local Performance	All Wales Benchmark
83%	N/A

Variance Type

N/A

Target

90%

Data Quality & Source

PTHB Primary Care

Executive Lead

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

Officer Lead

Assistant Director of Primary Health

Strategic Priority

4

"NHS Wales is committed to providing services 24 hours a day seven days a week.

To ensure that the most urgent callers get timely advice and/or the medicine required, a nurse, emergency dentist, pharmacist or GP should provide a clinical assessment within one hour of the initial call being answered."

What the chart tells us

111 performance as at the June snapshot has fallen to 83% of patients starting clinical assessment within 1hr of initial call completed. There is no national benchmark available due to national data challenge.

Performance data will be unavailable due to cyber attack from 4th August until the challenge is resolved.

Issues

- Accurate Out Of Hours (OOH) reporting is an ongoing national issue and given the need for accurate reporting a replacement IT system, SALUS, is currently being developed for implementation in 2023.
- On the 4th of August 2022, Advanced had a cybersecurity incident caused by ransomware and immediately took action to mitigate any further risk by disabling all of their Health and Care systems. As a result, there has been a temporary loss in service to the out of hours Adastra system, used to support NHS Wales (and England). This has affected all Health Boards across Wales. From the PTHB perspective this has impacted significantly on 111, Shropdoc and the Swansea Bay University Health Board (SBUHB) OOH service. Therefore no data is available for July, August and September. The reinstating of Adastra is currently being rolled out across NHS Wales with limited functionality as the Concentrator system which enables 111 Adastra to share information with Health Boards/Shropdoc Adastra is still not working and needs to be rebuilt
- 111, Shropdoc and SBUHB continue to operate under BCI arrangements.

Actions

Mitigations

- In the absence of Adastra, the PTHB OOH Performance Management Group continue to seek assurance on the OOH service.
- The Assistant Director of Primary Care attends the national daily Business Continuity & Incident calls

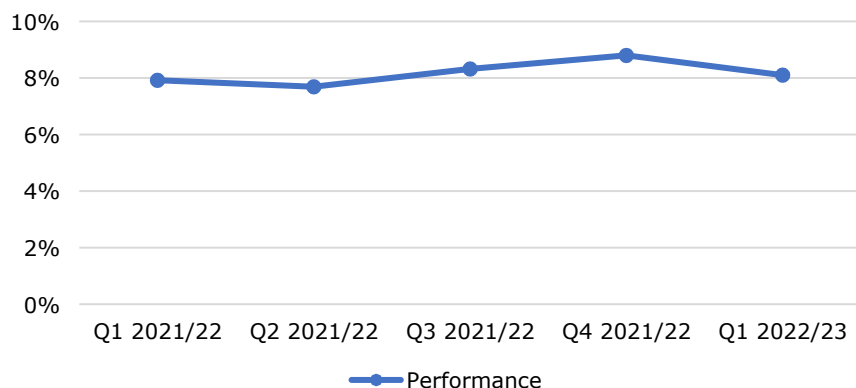


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Conveyance

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

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



Q1 2022/23 Performance	
PTHB Responsible Performance	All Wales Benchmark
8.1%	5 th (11.8%)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead

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

Officer Lead

TBC

Strategic Priority

11

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

What the data tells us

Please note that this data is provided via WAST/DHCW, this is a snapshot of all Powys in and out of county conveyances. Powys as a provider does not have type one emergency departments.

Performance in Q1 reduced slightly to 8.1%, but remains compliant with target due to the gradual improvement seen through the 2021/22 financial year.

Powys Performance sits below the All Wales average of 11.8%, ranking 5th out of the Health Boards.

Issues

Actions

Mitigations



Quadruple Aim 2

No.

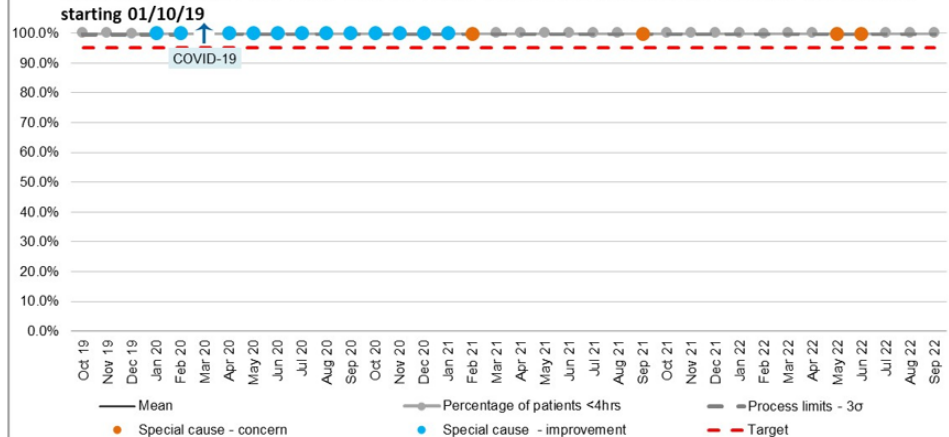
25

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

Minor Injury Unit (MIU) Performance

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

Percentage of patients who spend less than 4 hours in all major and minor emergency care -Source WPAS starting 01/10/19



September 2022 Performance

Provider Performance	All Wales Benchmark
100%	(1 st 67.8%)

Variance Type

Common Cause

Target

95%

Data Quality & Source

EDDS

Executive Lead

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

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

"Patients attending [MIU] expect to be seen and treated, transferred or discharged in a timely manner.

To ensure that patients spend less than 4 hours in [MIU], health boards need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services."

What the chart tells us

MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average was 65.7%, this performance is non comparable due to the provider service types e.g. minor vs mixed units including tier 4 (A&E).

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

No.

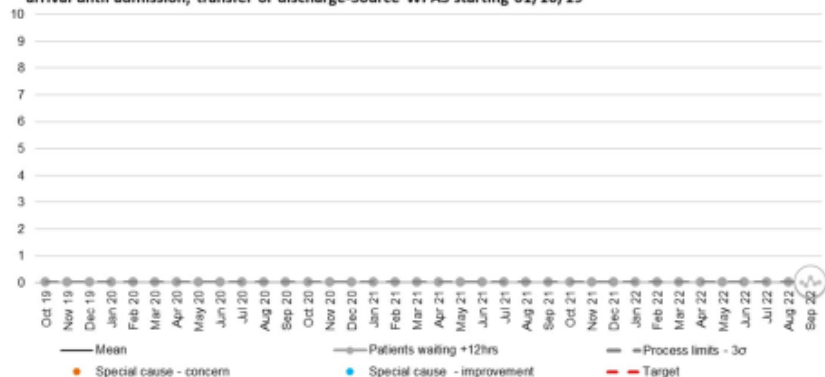
26

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

Minor Injury Unit (MIU) Performance

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

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge-Source WPAS starting 01/10/19



September 2022 Performance

Provider Performance	All Wales Benchmark
0	(1 st 10,230)

Variance Type

Common Cause

Target

0

Data Quality & Source

EDDS

Executive Lead

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

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

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

What the data tells us

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

The All Wales total of patients waiting for admission over 12 hours in major and minor emergency care reported a reduction to 10,230.

Issues

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

Actions

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

Mitigations

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



Quadruple Aim 2

No.

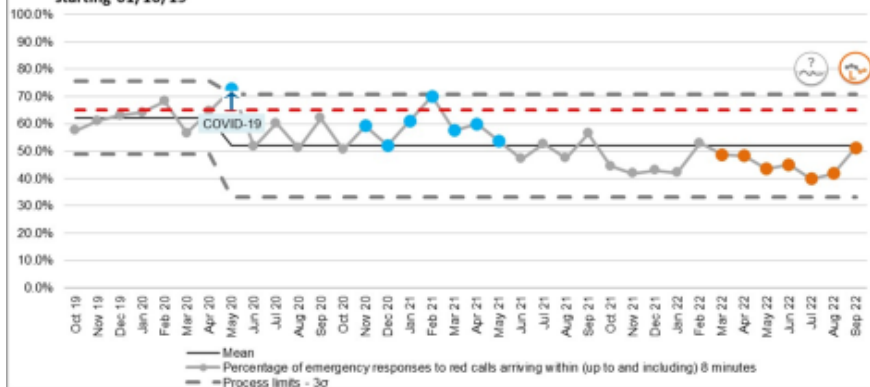
31

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

Red Calls

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

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes- Source WAST starting 01/10/19



September 2022 Performance

Local Performance	All Wales Benchmark
51.2%	3 rd (50%)

Variance Type

Special cause concern

Target

65%

Data Quality & Source

WAST

Executive Lead n

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

Officer Lead

As above

Strategic Priority

11

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

What the data tells us

Performance remains special cause concern but has improved over the last 2 months to near mean level. Powys ranks 3rd, above the All Wales average of 50%.

Powell Bethan
09/11/2022 17:24:10

Issues

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

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

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

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

Actions

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

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

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

Mitigations

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



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

35. Patient Flow

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

36. Patient Flow

Percentage of people leaving hospital on a D2RA pathway

Executive Lead n

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

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

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

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

Issues

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

Actions

- Report required & requested from informatics on non compliance.
- Further reinforced within discharge training at ward level intended to improve compliance.
- Additional workshop in place for W/c 14th November to continue to embed patient pathways

Mitigations

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

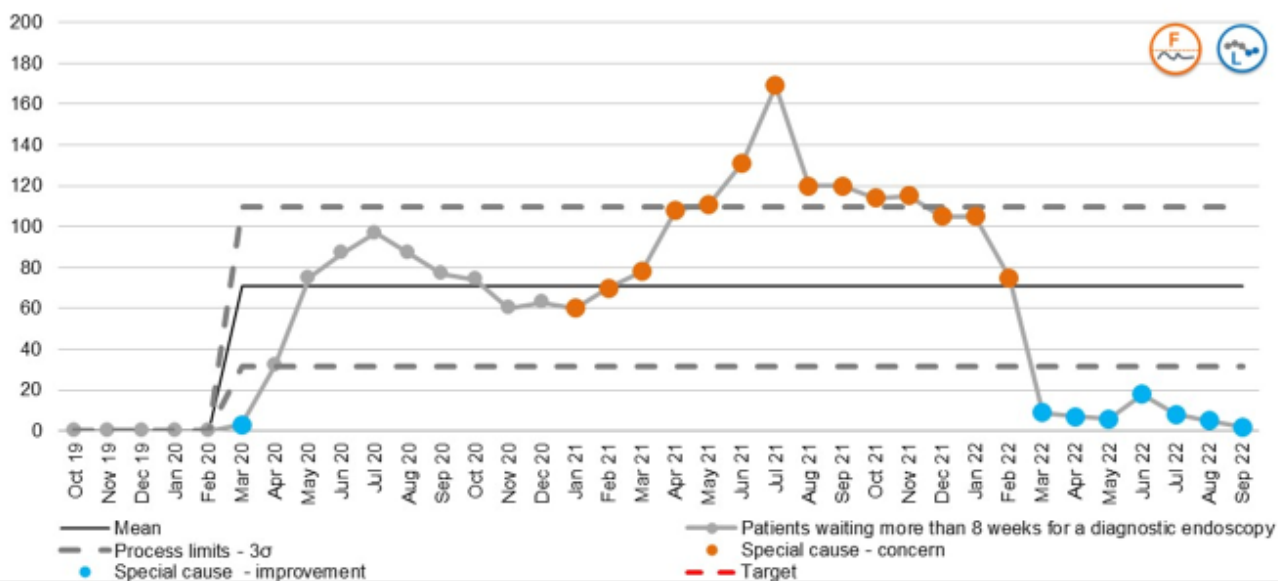


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Diagnostic Breaches

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

Patients waiting more than 8 weeks for a Diagnostic Endoscopy- Source WPAS starting 01/10/19



What the data tells us

- Diagnostic Endoscopy has largely recovered since breaches reached their peak 12 months ago. Performance is compliant with target and shows as special cause-improvement for the last 7 months.
- Breaches reported for September are in Colonoscopy

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

September 2022 Performance

Provider Performance	All Wales Benchmark
2	1 st (16,284)*
Special Cause Improvement	
Target	
Improvement trajectory towards 0 by Spring 2024	
Data Quality & Source	
WPAS	

"Due to population changes, a lower threshold for suspected cancer investigation and increasing cancer surveillance, the demand for endoscopy services is out of balance with core capacity.

To address this, an improvement plan has been introduced to support health boards to develop sustainable endoscopy services."

[Issues, actions, and mitigations are on the next slide](#)



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

Diagnostic Breaches

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

Issues	Actions	Mitigations
<ul style="list-style-type: none"> The service is fragile and reliant on in reach clinicians. The in reach Clinical Director retired in July 2022, awaiting a formal replacement proposal from Cwm Taf Morgannwg University Health Board (CTUHB) & consultant team activity There is a national shortage of colonoscopists, clinical/screening endoscopists and endoscopy nurses Capacity impacted by patient cancellations (unable to fill cancellation slots at short notice) Bowel screening service is fragile with single points of failure and increasing demand due to changes in FIT test age from Oct 22 Demand & Capacity modelling pre covid indicated underlying deficit in colonoscopy capacity for PTHB 5 sessions per month plus vacancy sessions nurse consultant In reach fragility in General Surgery OP pathway, diagnostic & histology delays in DGHs 	<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 gastroscopy Schemes under development for endoscopy include cytosponge and naso endoscopy. Clinical Endoscopist currently working with National Team to develop lifestyle peer support group clinics for endoscopy patients Working 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 review with recruitment to Planned Care Clinical Director post in Autumn 2022 Working with PHW Bowel Screening Wales on regional solutions to service sustainability, CTMUHB specialist nurse post providing in reach into PTHB service. Successful recruitment to join bowel screening specialist nurse post with CTMUHB Oct 22 & successful recruitment to PTHB bowel screening post Oct 22 Capacity support requested from health boards & NHS trust for lower endoscopy, currently no sessions forthcoming due to acute provider backlogs Re escalated commissioning issues CTMUHB/Aneurin Bevan University Health Board (ABUHB) & service level agreement (SLA) concerns around fragility & long term agreement (LTA) pathology, histology delays. Working closely with Wye Valley NHS Trust (WVT) to repatriate gastro back to LWH, ongoing work with ABUHB. 	<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 22 to November 22, but with provisional extension to March 23. Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid

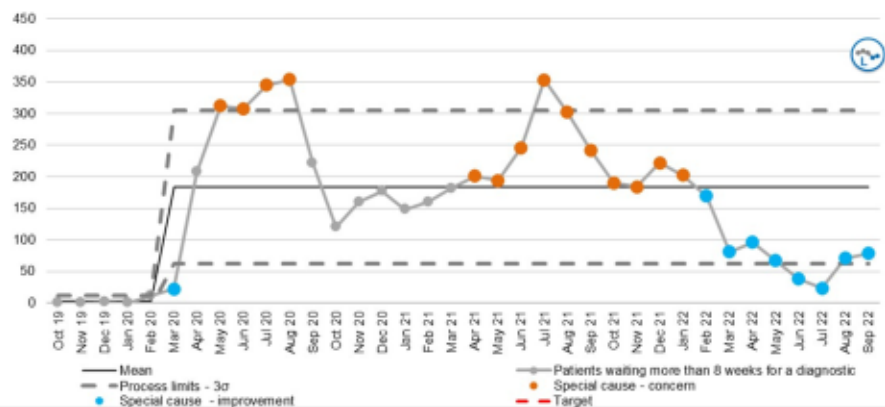


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Diagnostic Breaches

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

Patients waiting more than 8 weeks for a diagnostic - Source WPAS starting 01/10/19



September 2022 Performance

Provider Performance	All Wales Benchmark
78	1 st (44,489)*

Variance Type

Special cause improvement

Target

12 month reduction trend towards 0 by Spring 2024

Data Quality & Source

WPAS

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

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

What the data tells us

This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non obstetric ultrasound. Performance and recovery remains fragile although showing special cause improvement for the last 8 months and meeting the national target of reduction over 12 months.

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 note Endoscopy specific narrative within previous slide](#)

Issues

Non Obstetric Ultrasound (NOUS)

- PTHB have appointed own Sonographers
- Powys sonographers scope of practice does not currently include MSK. we have visiting radiologists who come once a month and therefore the risk is that the patients who need MSK ultrasound have to wait for that session, this is an ongoing issue that if the radiologists take leave those patients effected have to wait. This has been highlighted with our providers.

Cardiology

- In reach fragility echocardiology unavailable due to Sept Bank Holiday, this impacted on clinics but to mitigate PTHB out patient department staff & Senior Manager Planned Care worked the bank holiday to maintain patient services

Actions

Non Obstetric Ultrasound (NOUS)

- Liaising with external providers to provide a plan

Cardiology

- Requesting backfill sessions from in reach provider via SLA

Mitigations

Non Obstetric Ultrasound (NOUS)

Continuous monitoring of waiting list

Cardiology

As action

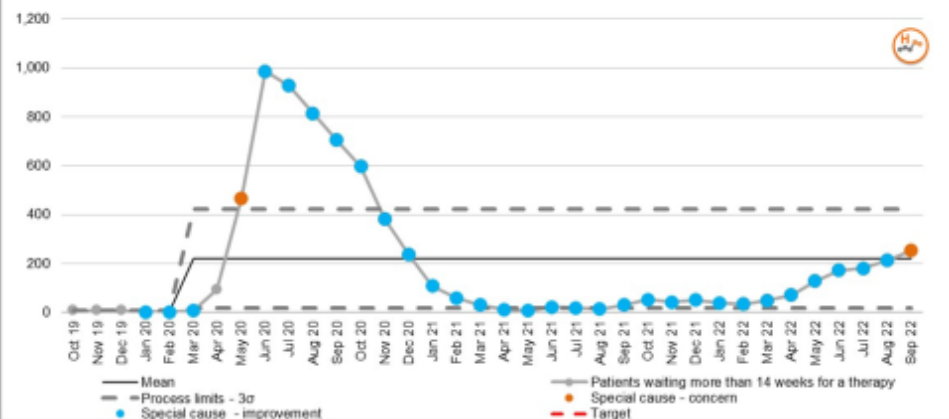


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Therapy Breaches

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

Patients waiting more than 14 weeks for a therapy - Source WPAS starting 01/10/19



September 2022 Performance

Provider Performance	All Wales Benchmark
252	1 st (12,356)*

Variance Type

Special Cause - Concern

Target

12 month reduction trend towards 0 by Spring 2024

Data Quality & Source

PTHB Information Warehouse

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

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

What the data tells us

Breaches in therapies have increased steadily since Q4 2021/22. 252 patients waiting longer than 14 weeks during September flagging special cause concern variance and rising above average since the pandemic in 2020 (218).

Breach spec & longest wait;

- Audiology – 25 weeks
- Dietetics – 14 weeks
- Physiotherapy – 33 weeks
- Podiatry – 20 weeks
- Adult Speech & Language Therapy – 36 weeks.

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.
- North Powys particularly challenging for staffing fragility.
- Podiatry currently 3 whole time equivalent (WTE) vacancies down on staffing capacity, no agency support available.
- SALT – Long term sickness within voice and transgender service resulting in long waiting patients. Locum and Commissioned providers unable to provide support.

Actions

- Locums have been employed; however, the market is becoming limited.
- Weekly management of waiting lists by Heads of Service.
- MSK North Powys vacancy filled and starting November.
- MSK Bank physiotherapy support starting from November in North Powys
- Podiatry one WTE starting in November.
- Head of service (clinical) increased sessions by 40% for wound care (high risk).
- SALT – Head of service reviewing on weekly basis.

Mitigations

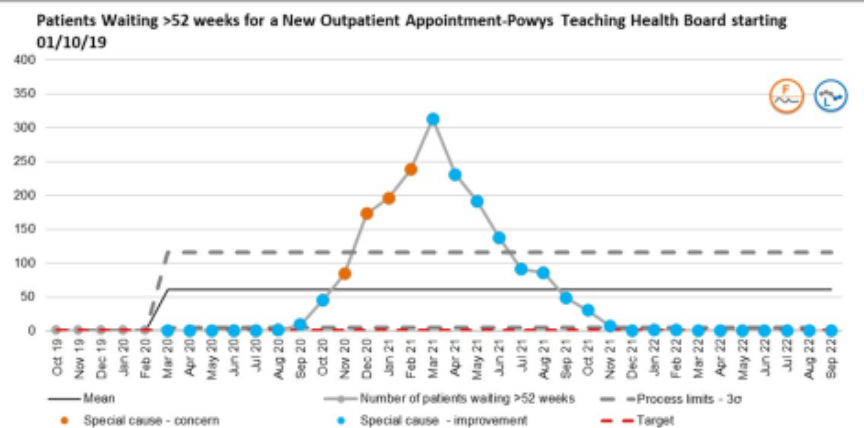
- To be confirmed if actions fail to resolve current performance shortfall



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

New Outpatient

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



September 2022 Performance

Local Performance	All Wales Benchmark
0	1 st (102,662)*
Variance Type	
Special Cause - Improvement	
Target	
Improvement trajectory towards 0 by 31/12/22	
Data Quality & Source	
DHCW	

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"The number of patients waiting for a new outpatient appointment has increased year on year whilst capacity has been unable to meet demand."

NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level."

What the data tells us

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

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

Issues

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

Actions

- Significant Programme of outpatient (OP) improvement in progress

Mitigations

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



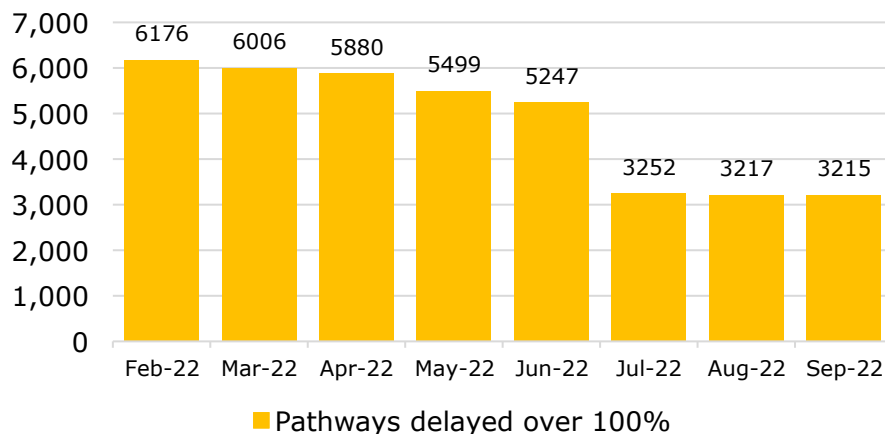
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Follow up outpatient (FUP)

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

Powys as a provider

Reported Follow-up Outpatient position -
Source WPAS



September 2022 Performance

Provider Performance	All Wales Benchmark
3215	(213,845)*

Variance Type

N/A

Target

Improvement trajectory
towards a reduction of 30%
by March 2023 against a
baseline of March 2021

Data Quality & Source

WPAS

Executive Lead n

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

Officer Lead

Assistant Director of
Community Services

Strategic Priority

5

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

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

What the data tells us

- PTHB is **not** reporting the revised position of FUPs nationally. Internal validation reports show 3215 patients are overdue 100%+ on a FUP pathways, however circa 50%+ of these pathways are assessed to be invalid or duplicates and await fixing on WPAS system. In context circa 2500 records have already been closed as incorrect following service validation.
- Nationally since December the position for Wales has worsened to 213,845 patients waiting over 100% for a FUP in August 2022.

Issues

- Phase 2 of the validation process is currently delaying completion as a result of capacity within Digital Transformation team to close invalid or duplicate pathways (some records require national assistance).
- Some phase 1 validation remains outstanding especially in Mental Health where clinical work priority challenges historic system validation.

Actions

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

Mitigations

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



Quadruple Aim 2

No.

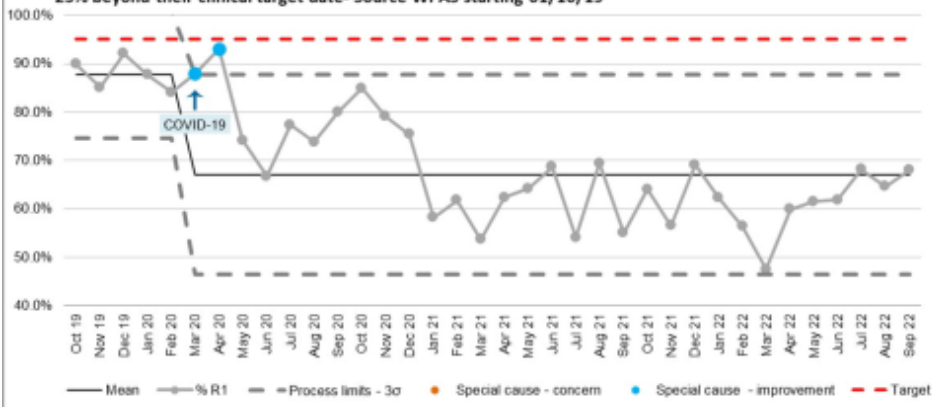
44

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

Ophthalmology

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

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date- Source WPAS starting 01/10/19



What the chart tells us

Performance for R1 appointments attended does not meet the 95% target (68.0%) in September. Performance remains common cause variation but has improved to above the post pandemic average. The health board is currently benchmarked 3rd in Wales against a national performance of 63.2%.

In the provider the percentage of patients without a HRF factor in September reported 0.3% which is excellent and below the 2% recommended maximum.

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

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

Executive Lead

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

September 2022 Performance

Local Performance	All Wales Benchmark
68.0%	*3rd (63.2%)

Variance Type

Common Cause

Target

95%

Data Quality & Source

WPAS

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

Powell Bethan
09/11/2022 17:24:10



Quadruple Aim 2

No.

44

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

Ophthalmology

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

Issues	Actions	Mitigations
<ul style="list-style-type: none"> Reporting for the measure is under review with PTHB Information Department with performance risk linked to 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 continued delays May 2022 and National system & IG issues are flagged. 	<ul style="list-style-type: none"> Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2nd PTHB injector training (complete 2023/24). Excellent AMD clinical outcomes above national average for wet AMD service with presentation to International Eye Conference in Oxford July 22. Zero clinical complications reported. Eye Care MDT Inc. ophthalmic scientist/hospital optometry developed. New one stop eye care clinic established in Llanidloes/Welshpool, patients no longer need to travel out of county to Hywel Dda University Health Board(HDUHB)/face significant wait for eye care scans, approx. 42,000 miles of patient journey saved per annum. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management. Outpatient nursing team supporting the Digital eye care record roll out in PTHB to be lead with pilot in YCH with National Planned Care Clinical Lead who is a PTHB in reach ophthalmologist, with phase 2 into North Powys. Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales. Trainee Eye Care Nurse post job description has been developed by the Service & agreed by education, working closely with Rural Health Care Academy on career pathways for eye care in PTHB Hydroxychloroquine Screening Service for eye care & rheumatology patients under development with equipment purchased from WG Eye Care funding in Q4 2021/22. Service SOPs developed utilising best practice from Birmingham and Midland Eye Centre. Information governance agreements in place. Equipment provider is building a server, also awaiting implementation of Welsh Government (WG) referral management centre centrally triaged referrals from optometry for All HBs. This has been flagged at National level, WG fully appraised but anticipate further 3 month delay that impacts all HBs. MDT lead glaucoma management within Planned Care & Community Optometry – service open to referrals from Nov 22 One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – Q3 2022/23. Awaiting data from HDUHB North Road on PTHB numbers, meeting 5th Sept to progress. Supporting Performance/Commissioning with repatriation plans for cataracts – awaiting PTL details. Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB. September 22 – no patients waiting over 52 weeks for Ophthalmology, 3 patients wait over 36 weeks for a new outpatient appointment. Patients waiting within clinical target date or <25% over target 86.7%, patients attended 68%. National Digital Eye Care Programme ICT, IG, procurement, finance is currently being reviewed by DHCW outcome of review anticipated Nov 22 	<ul style="list-style-type: none"> Community optometry support to risk stratify long waits/overdue follow ups Development of eye care MDT to support service sustainability Corporate review of FU reporting performance and harm management In reach SLA managed via PTHB CAF

Powell Bethan
09/11/2022 17:24:10

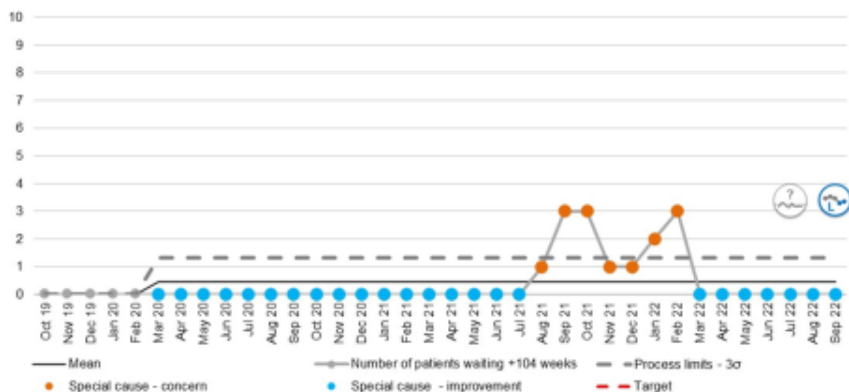


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 104 weeks for treatment

Patients Waiting +104 weeks including D&T-Powys Teaching Health Board starting 01/10/19



September 2022 Performance

Provider Performance

0

All Wales Benchmark

1st (59350)*

Variance Type

Special Cause Improvement

Target

Improvement trajectory towards a national target of zero by 2024

Data Quality & Source

DHCW

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

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

What the data tells us

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

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

Issues

Fragility across all in reach services.

Particular issues with anaesthetics fragility

Impact of DGH pathology & diagnostic waits on RTT pathways

Actions

Escalating issues via CQPRM meetings

Mitigations

As previous

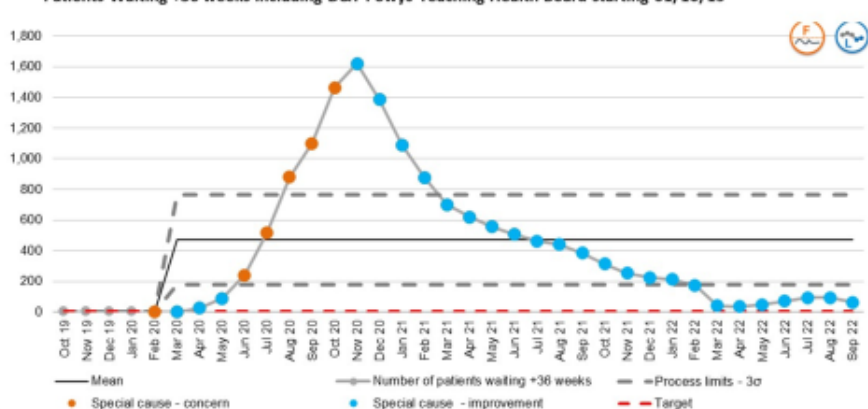


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment

Patients Waiting +36 weeks including D&T-Powys Teaching Health Board starting 01/10/19



September 2022 Performance

Provider Performance	All Wales Benchmark
62	1 st (271,165)*

Variance Type

Special Cause- Improvement

Target

Improvement trajectory towards 0 by 2026

Data Quality & Source

DHCW

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

What the chart tells us

Since Q3 2020 the recovery of long waiters has reported special cause improvement. Fragility of service remains the largest risk to maintaining performance, it is predicted to show a worsening trend into the winter period (Q3) as a result of system pressure.

Actions

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation and Speciality Boards continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation. Theatre lists are clinically prioritised utilising the Federation of Surgical Speciality Association Covid-19 prioritisation tool with the vast majority of patients categorised as priority 4 (low risk), however all long waiters are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising. Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, now available in Llandrindod and Brecon Hospitals. PTHB 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 and face significant wait for eye care scans. General OP teams in North Powys received update training specific. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management.
- Embedded vascular "mega" clinic established in North Powys August 2021 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic running successfully.
- Recruitment to Clinical Director Planned Care new medical leadership post Autumn 22

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

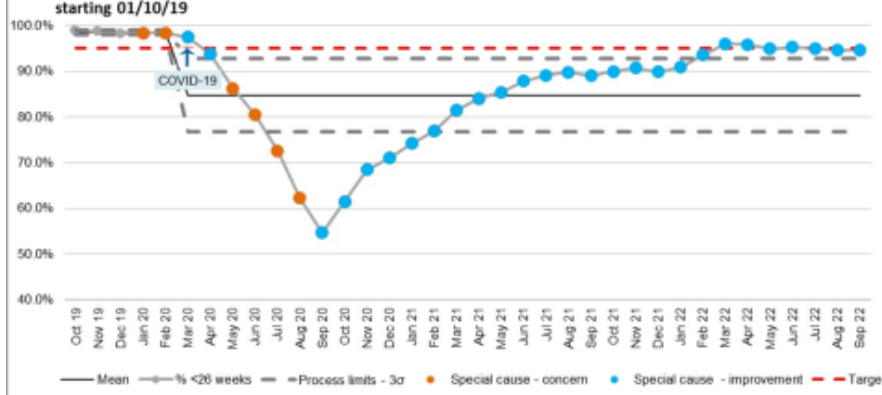


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment

Percentage of patients waiting less than 26 weeks for treatment (Including D&T)-Powys Teaching Health Board starting 01/10/19



September 2022 Performance

Provider Performance	All Wales Benchmark
94.7%	1 st (54.8%)*

Variance Type

Special Cause - Improvement

Target

Improvement trajectory towards 95% by 2026

Data Quality & Source

DHCW

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

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

RTT pathways waits by specialty and band - September 2022 - Source DHCW

Main Specialty	% <26 weeks	0-25 Weeks	26-35 Weeks	36-52 Weeks	Total
100 - GENERAL SURGERY	93.1%	362	23	4	389
101 - UROLOGY	76.4%	97	19	11	127
110 - TRAUMA & ORTHOPAEDICS	91.1%	513	39	11	563
120 - ENT	93.0%	480	32	4	516
130 - OPHTHALMOLOGY	86.2%	834	120	14	968
140 - ORAL SURGERY	82.4%	187	29	11	227
143 - ORTHODONTICS	100.0%	22			22
191 - PAIN MANAGEMENT	100.0%	227			227
300 - GENERAL MEDICINE	97.4%	38	1		39
320 - CARDIOLOGY	83.7%	128	23	2	153
330 - DERMATOLOGY	98.9%	88		1	89
410 - RHEUMATOLOGY	82.5%	104	19	3	126
420 - PAEDIATRICS	100.0%	38			38
430 - GERIATRIC MEDICINE	100.0%	19			19
502 - GYNAECOLOGY	95.7%	242	11		253
998 - Diagnostic Services	96.1%	99	4		103
999 - Allied Health Professional Services	99.6%	3543	14	1	3558
Grand Total	94.7%	7021	334	62	7417

What the chart tells us

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

The service in September reported 94.7% compliance, meeting the target set for 2026. The health board remains under pressure from increased demand and ongoing fragility of services.

Issues

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.

Changes to patient testing will increase patient flow and ability to fill slots at short notice maximising capacity.

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

[Actions and Mitigations on previous page](#)



Quadruple Aim 2

No.

Com

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

Referral to Treatment (RTT) Commissioned

Performance of patient pathways within commissioned services against Welsh NHS targets

Welsh Providers	Sep-22	Patients Waiting							No. long waits by cohort, with latest SPC variance					
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks			
Aneurin Bevan Local Health Board	63.8%	1556	256	267	173	87	99	2438	626		359		99	
Betsi Cadwaladr University Local Health Board	48.1%	314	68	68	78	63	62	653	271		203		62	
Cardiff & Vale University Local Health Board	53.3%	212	45	42	33	25	41	398	141		99		41	
Cwm Taf Morgannwg University Local Health Board	46.0%	264	62	71	63	37	77	574	248		177		77	
Hywel Dda Local Health Board	54.4%	852	185	165	150	102	112	1566	529		364		112	
Swansea Bay University Local Health Board	48.1%	965	203	247	206	123	262	2006	838		591		262	
Total	54.5%	4163	819	860	703	437	653	7635	2653		1793		653	

Data Quality & Source

DHCW

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

English Providers	Aug-22	Patients Waiting							No. long waits by cohort, with latest SPC variance					
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks			
English Other	68.5%	207	38	41	13	3		302	57		16		0	
Robert Jones & Agnes Hunt Orthopaedic & District Trust	59.4%	1721	277	464	311	109	15	2897	899		435		15	
Shrewsbury & Telford Hospital NHS Trust	66.9%	2921	488	584	318	52	0	4363	954		370		0	
Wye Valley NHS Trust	67.2%	2131	469	391	162	16		3169	569		178		0	
Total	65.0%	6980	1272	1480	804	180	15	10731	2479		999		15	

[Detailed SPC's by provider in Appendix 1](#)

What the data tells us

Welsh commissioned provider performance has seen no improvement (common cause variation) against the under 26 week position with a slight reduction to 54.5% reported in September. Patient pathways over 36 weeks have decreased to 2,653 but remains special cause for concern, patient pathways waiting over 1 year have reduced to 1793 (also remaining special cause for concern), and finally the extremely long patient pathways (104+ weeks) has seen a reduction trend since Mar-22 and report special cause improvement although it should be noted that this is being driven by improvements in ABUHB and not all providers.

English commissioned services reported a slight improvement to 65% for under 26 week pathways in Aug-22 although reported as special cause for concern. The number of pathways over 36 weeks have reduced to 2479 from the previous month (still special cause for concern), and patient pathways over 1 year also reduced to 999 (still also special cause for concern). The largest difference between Welsh and English commissioned services for Powys residents are in extremely long waits 104+, England report 15 (2% of all pathways over 104 weeks)

Quadruple Aim 2

No.

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

Referral to Treatment (RTT) Commissioned continued...

Performance of patient pathways within commissioned services against Welsh NHS targets

Issues	Actions	Mitigations
<ul style="list-style-type: none">Recovery forecasts for waiting lists across all providers are particularly challenging with increased demand, and staffing fragility impacting through put.Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing a better service for residents in the North & East of the county. Those residents who live within the south west health economy have the poorest access times for treatment and wait the longest.Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner.	<ul style="list-style-type: none">Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement.Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within the provider or alternative private service.The health board continues to engage on a regular basis with all commissioned providers via commissioning, quality and performance meetings. These meetings are used to discuss challenges, and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts.	<ul style="list-style-type: none">All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.SATH currently developing future capacity resilience which will help with patient flow including Powys residents.

Powell Bethan
09/11/2022 17:24:10



Quadruple Aim 2

No.

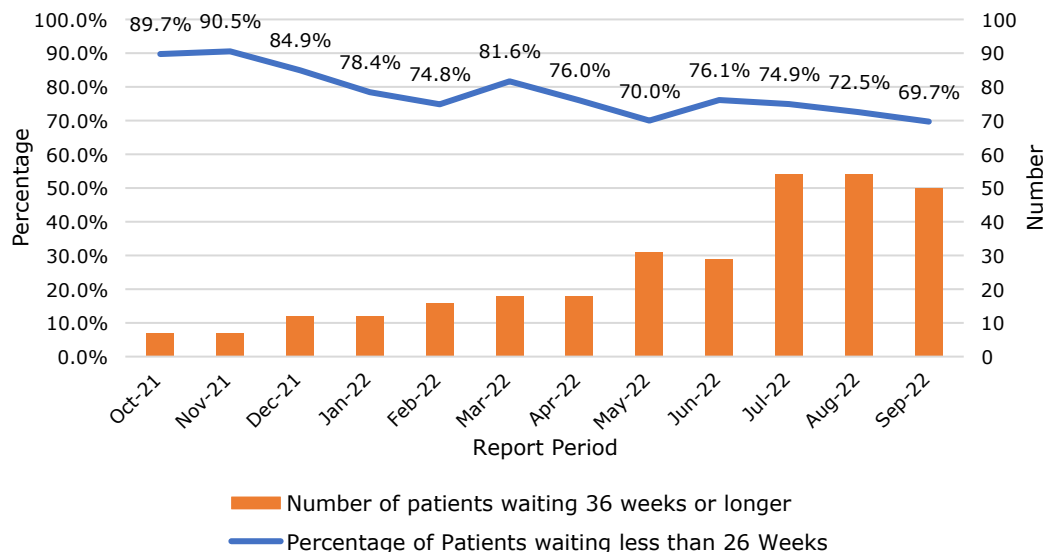
Com

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

Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment

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	
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
Apr-22	76.0%	333	87	18	0	438
May-22	70.0%	299	97	31	0	427
Jun-22	76.1%	372	88	29	0	489
Jul-22	74.9%	400	80	53	1	534
Aug-22	72.5%	407	100	52	2	561
Sep-22	69.7%	385	117	44	6	552

Data Quality & Source

Direct feed – private provider

What the chart tells us

- Performance at the private providers has fallen since Jun-22 and is now reporting 69.7% in Sep-22. The total pathways waiting remains high with 552 reported.
- This provider has 6 breaches over 52 weeks.

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.
- Provider reviewing capacity to be able to see more new patients and reduce waiting times.
- Underspend from 2021/22 - Health Board to review opportunity to utilise this to deliver additional activity this financial year.



Quadruple Aim 2

No.

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

Provider Single Cancer Pathway (SCP) Reported Performance

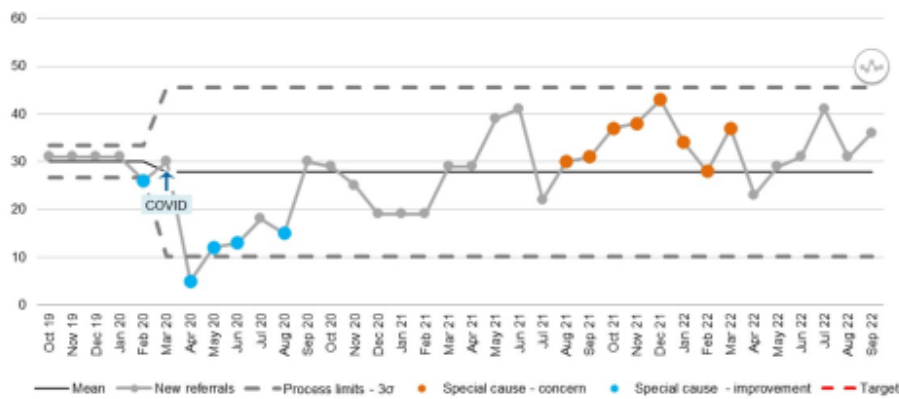
Patient referrals and downgrade performance against 28 day best practice.

Executive Lead Medical Director

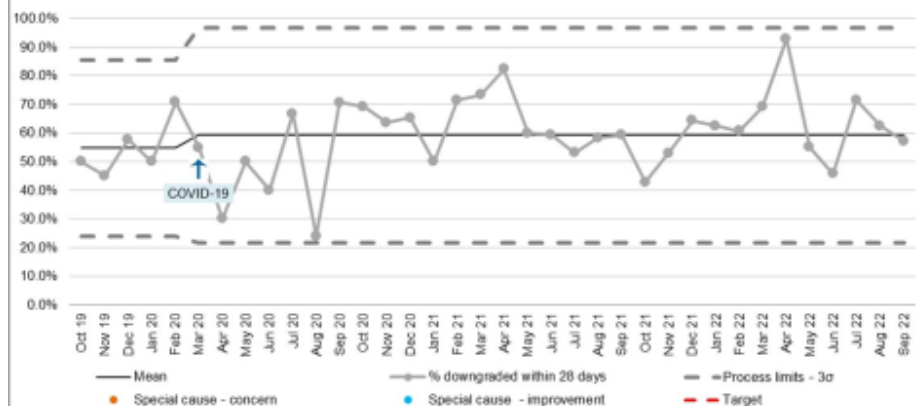
Officer Lead TBC

Strategic Priority 7

SCP referrals into Powys Provider - Source WPAS CWS starting 01/10/19



Single cancer pathway downgrades within 28 days best practice- Source WPAS CWS starting 01/10/19



What the data tells us

- During September 36 patients started an SCP pathway within provider, although common cause variance this figure continues the predominate trend of above mean referrals for the last 12 month.
- The downgrade performance in September was 57.1% against the best practice guidance for those patients who **DO NOT** have cancer being told within 28 days. Performance remains common cause variance

Issues

- Limited referrals come via Powys as a provider, the majority flow direct into acute care centres.
- Powys only submits official performance against downgrades, all patients diagnosed within the health board have their treatment pathway compliance reported by their treating health board.
- Compliance against the component parts of cancer pathways is directly linked to service fragility as described in measure 39 and main RTT planned care measures 40, 45, 46, and 47.
- Higher than average median to first OPA (25 days reported in August).

Actions

- Provider patient services teams work with in-reach clinical leads and DGH diagnostics to monitor patients on the WPAS cancer waits tracker.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.

Mitigations

Data Quality & Source

WPAS CWT



Quadruple Aim 2

No.

C38

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

Cancer performance reporting, commissioned services

Executive Lead n Medical Director

Officer Lead TBC

Strategic Priority 7

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

Provider	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09
Aneurin Bevan Local Health Board	60%	78%	89%	56%	63%	57%	89%	80%	58%	73%	63%	61%
Betsi Cadwaladr University Local Health Board	100%		0%		100%		100%	0%		100%	100%	0%
Cardiff & Vale University Local Health Board					100%							50%
Cwm Taf Morgannwg University Local Health Board	50%	0%	50%	67%	40%	100%	33%	33%	67%	14%	25%	22%
Hywel Dda Local Health Board	50%	50%	43%	0%	83%	43%	80%	30%	40%	25%	33%	50%
Swansea Bay University Local Health Board	75%	45%	80%	67%	43%	75%	0%	50%	67%	25%	80%	67%
Total number treated within target (numerator)	18	18	16	13	18	14	14	14	17	12	18	20
Total pathways that started treatment (denominator)	29	34	24	25	29	22	20	28	31	27	29	46
Total monthly percentage compliance	62%	53%	67%	52%	62%	64%	70%	50%	55%	44%	62%	43%

Data Quality & Source

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

Commissioned services key notes on performance

Welsh Providers

- Provisional data for September shows that 26 patients missed the 62 day cancer target (43% compliance), it should be noted that individual provider performance can be adversely affected by low numbers starting treatment in that month. It should also be noted that patients flowing into Cwm Taf Morgannwg could have initial diagnostics and outpatient appointments carried out by the Powys hosted in-reach services (PTHB has one of the highest median waits for first outpatients in Wales). Key challenges include service flow, surgical, and diagnostic capacity in secondary care. There is marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 13 breaches of their cancer pathway reported for August 2022, 6 patient were reported as waiting over 104 days, key breach tumour sites include colorectal, urology, and gynaecology. SATH reported increased demand for Q2 due to Dame Deborah James impact (circa 40% increase in referrals for Colorectal vs Q1) and also had a 35% increase in Urology referrals in Q2 compared to Q1. Demand on services is high and expected to increase during Q3.
- Wye Valley NHS Trust (WVT) – Key risk for Powys assurance as harm reviews have not been provided due to capacity challenges since Jan-22 (50% WVT MDT vacancies until recently). An update at the end of September is that they will complete all harm reviews up until July 22 and sent to us within circa 4 weeks timeline. The provider overall compliance (all patients) reported in July on the English rules 62 day pathway was 64.3% against the English 85% target and English 2 week wait target performance was 92.8% against the 93% English target (Powys residents are treated inline with English rules).



Quadruple Aim 2

No.

C38

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

Cancer performance reporting, commissioned services continued...

Executive Lead n	Medical Director
------------------	------------------

Officer Lead	TBC
--------------	-----

Strategic Priority	7
--------------------	---

Issues	Actions	Mitigations
<ul style="list-style-type: none">Commissioned services in England & Wales are showing increased demand pressures with increased referrals & later staging of patients.Risk of increasing backlog of all patients (not just residents) waiting over 62 & 104 days in SATH. Capacity challenge includes increased referrals, radiology delays, complex pathways.Tumour site specific performance variation has been flagged across Welsh providers.	<ul style="list-style-type: none">Cancer breaches are part of the agenda for each Commissioning, Quality & Performance Review Meetings led by the Commissioning Team.The PTHB Renewal Programme is working with the Wales Cancer Network to develop an intelligence tool to track Powys patients currently active on the on the Suspected Cancer Pathway for Welsh providers. Initial discussions have taken place to include English flows so that the tracking tool includes all Powys residents.The Cancer Renewal Programme has established a clinically led Harm Review Panel reviewing the harm reviews undertaken in different health boards and NHS Trusts for Powys patients.	<ul style="list-style-type: none">Finalisation of the new business intelligence tool to enhance tracking is being undertaken prior to tool going live October 22.Wales Cancer Network non recurrent funding will enable further refinement of the tool to take place October 22 – March 23.The pilot of the temporary cancer tracker support will be evaluated.Organisationally, through operational and commissioning routes, validation of waiting lists continues.

Powell Bethan
09/11/2022 17:24:10



Quadruple Aim 2

No.

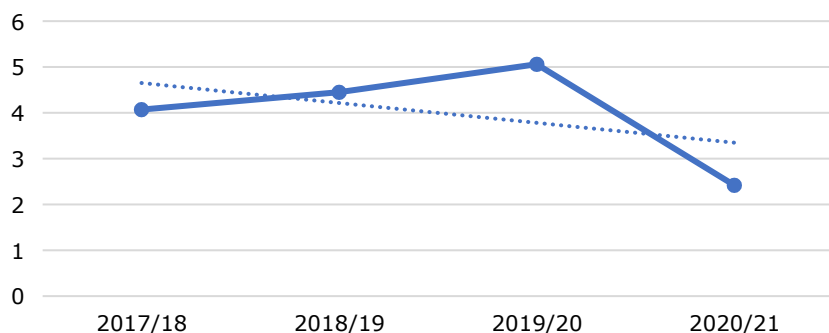
48

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

Self-Harm

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

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



Performance 2020/21	
Provider Performance	All Wales Benchmark
2.42	2 nd (3.54)
Variance Type	
N/A	
Target	
Annual Reduction	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead n

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"Early identification, accurate diagnosis and treatment of mental health issues can prevent suicide and self-harm.

Hospital admission rates are a useful indicator of the success of preventative action as set out in the Suicide and Self-Harm Strategy for Wales."

What the data tells us

Reported self harm rates within hospital admissions much reduced in 2020/21, thus meeting annual reduction target. PTHB performance in comparison to the All Wales average (3.54) is good with the health board ranking 2nd.

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. The CAMHS is included and involved in a working group as well as training opportunities for staff.
- The Powys Forum for the Prevention of Suicide & Self Harm was officially launched on the 30th of June 2022.
- School CAMHS outreach is now operational (through the WG funded programme) to provide MH and Wellbeing practitioners in every Powys secondary school. They are providing straining and support

Mitigations

See actions.



Quadruple Aim 2

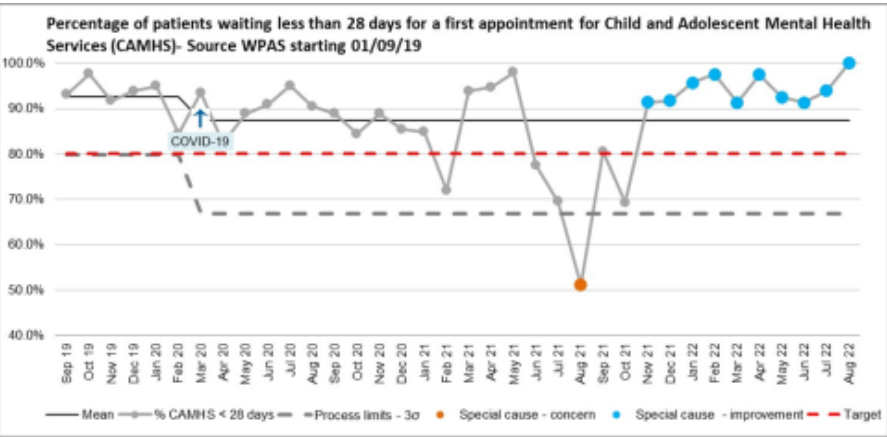
No.

49

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

CAMHS

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



Performance August 2022

Provider Performance	All Wales Benchmark
100%	1st (54%)

Variance Type

Special Cause Improvement

Target

80%

Data Quality & Source

WPAS

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"Improving the mental health and the well-being of children and young people is a priority of Welsh Government's 10-year strategy Together for Mental Health.

To ensure that children and young people experiencing mental ill health get better sooner, it is important that they have early access to intervention and treatment services (CAMHS)."

What the data tells us

Performance has reported special cause improvement for the last 10 months and achieves national targets. When compared to the All Wales benchmark the health board ranks first.

Issues

Performance would be further improved by;

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

Actions

New recruitment campaign is underway.

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

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

Mitigations

See actions.



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

Mental Health Assessments, <18s

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



Variance Type

Special cause improvement

Target

80%

Data Quality & Source

PTHB Mental Health Service

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance has reported 93.9% compliance. Powys performance is significantly higher than the All Wales benchmark for August ranking 1st.</p> <p>Powell Bethan 09/11/2022 17:24:10</p>	<ul style="list-style-type: none"> No specific issues with CAMHS Part 1 compliance, capacity can often be an issue when we have high staff turnover/ vacancies/ staff sickness however the service always aims to provide all referrals with an assessment within the timeframes. CAMHS have seen a significant increase in referrals into their services in the last two years in comparison to the previous years. Data quality challenge including post submission revisions. 	<p>The introduction of Single Point Of Access (SPOA) team is instrumental in supporting the compliance with Part 1 Measure</p> <p>Awaiting appointment of new starters to support SPOA</p> <p>Awaiting appointment of intervention workers so that PMH can support SPOA when capacity increases</p>	<p>See actions</p>



Quadruple Aim 2

No.

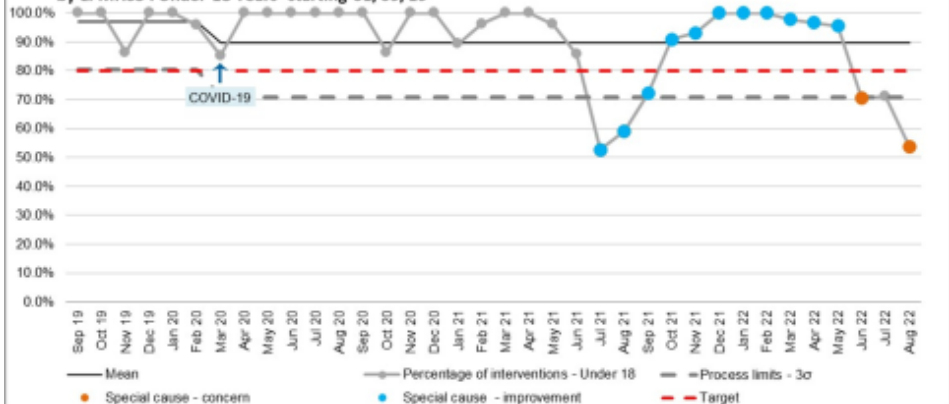
51

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

Mental Health Interventions, <18s

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

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- starting 01/09/19



Performance August 2022

Provider Performance	All Wales
53.8%	1 st (38.7%)

Variance Type

Special Cause Concern

Target

80%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Performance is reporting 53.8% compliance in August. This is below target, below the lower control limit and a special cause concern. However, PTHB benchmarks favourably against the All Wales average of 38.7%.

Issues

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

Actions

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

Mitigations

See Actions



Quadruple Aim 2

No.

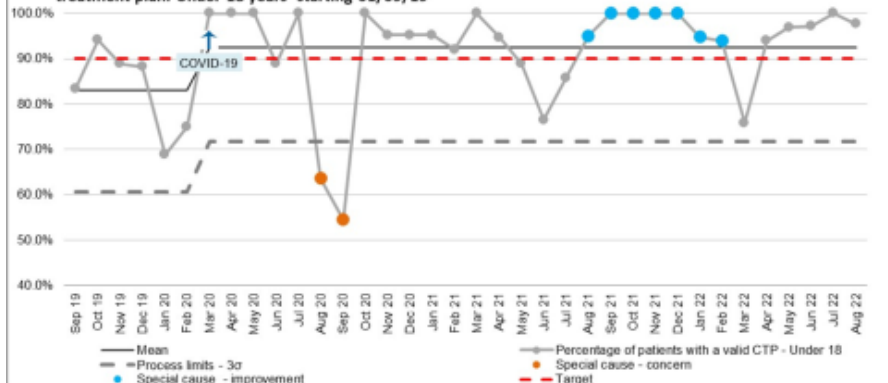
52

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

Mental Health CTP, <18s

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

Percentage of health board patients in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years- starting 01/09/19



Performance August 2022

Provider Performance	All Wales
97.6%	3rd (64.9%)

Variance Type

Common Cause

Target

90%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Performance has improved throughout Q1 2022/23 and is now reporting at 100% (July).

Powell Bethan
09/11/2022 17:24:10

Issues

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

Data quality challenge including post submission revisions.

Actions

CTP compliance is a standing agenda item on caseload supervision.

Mitigations



Quadruple Aim 2

No.

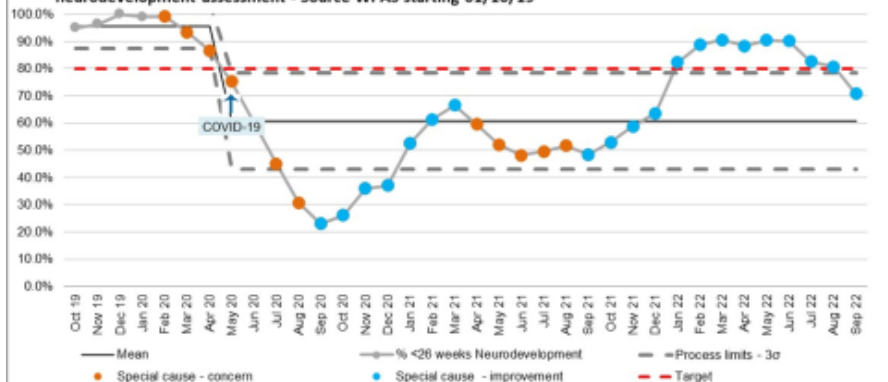
53

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

Neurodevelopment (ND) Assessment

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

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment - Source WPAS starting 01/10/19



Performance September 2022

Provider Performance	All Wales Benchmark
70.7%	1 st (36.5%)*

Variance Type

Special cause - Improvement

Target

80%

Data Quality & Source

WPAS

Executive Lead

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

Officer Lead

Assistant Director of Women's and Children's Services

Strategic Priority

10

"There has been an increase in the number of children and young people waiting for a neurodevelopmental assessment, these waits have been exacerbated by the COVID-19 pandemic.

A demand and capacity review of neurodevelopmental services has been commissioned to better understand the increased waiting times and pressures on the neurodevelopmental services."

What the data tells us

Performance for neurodevelopmental assessment has shown special cause - improvement for the last 13 reported months. However the September snapshot shows performance below national target reporting 70.7% Powys compares favourably with All Wales reporting only 36.5% compliance (August).

Issues

- The referral demand has increased from an average of 20 per month pre COVID, to an average of 48 as at end Qtr2 2022/23 (based on 12 months leading up to September 2022).
- Capacity remains insufficient to meet this ongoing demand, even with additional temporary renewal work force colleagues.
- Latterly in Qtr2 there have been some temporary capacity issues which have impacted on performance.
- The hidden waiting list (assessments in progress) backlog, is not reducing as anticipated due to the overwhelming referral demand.
- Given the increase in referral demand, there is a risk that waiting lists will not be addressed to a satisfactory position by 31st December 2022.
- Data quality challenge including post submission revisions.

Actions

- ND service capacity continues to be ratioed to enable both the Referral To Treatment (RTT) and 'hidden' waiting list to be addressed simultaneously.
- Continued focus on the RTT waiting time target.
- Work is well underway with Information colleagues to identify and respond to data quality issues.

Mitigations

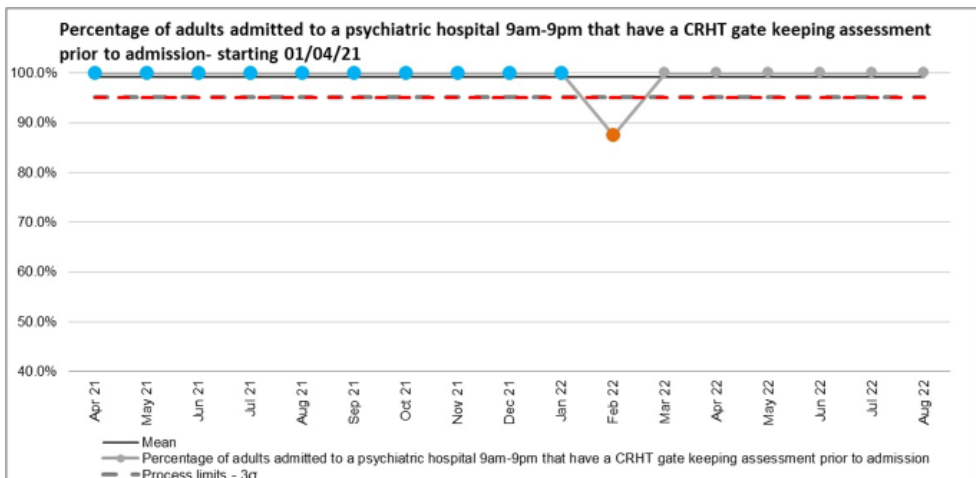
- Additional non recurrent renewal funding has been extended for 5 key posts until Dec 2022 to enable the current waiting list backlogs to continue to be addressed.
- Grant funding streams have been sourced to extend the additional workforce until 31st March 2023.
- An IBG funding application will be 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.



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

Gatekeeping Assessments, Adults

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



Performance August 2022

Provider Performance	All Wales Benchmark
100%	1 st (100%)

Variance Type

Common Cause

Target

95%

Data Quality & Source

Welsh Government Performance Team

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

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

What the data tells us

Performance is 100% compliant with the national target.

Powell Bethan
09/11/2022 17:24:10

Issues

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

Actions

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

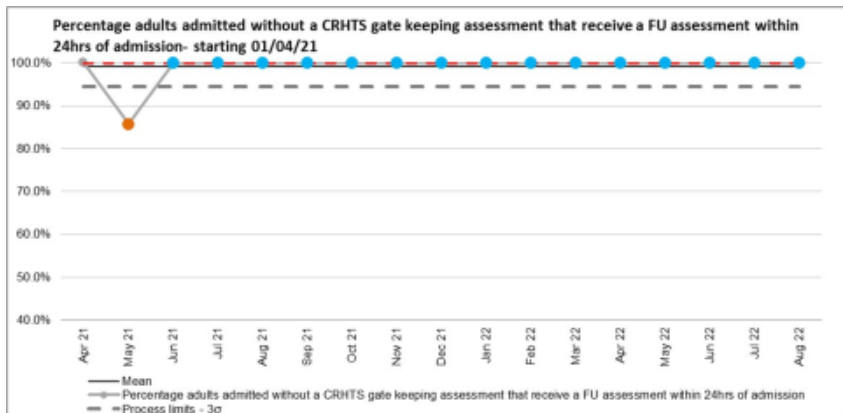
Mitigations



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

Gate Keeping Assessments, Adults

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



Performance August 2022

Provider Performance	All Wales Benchmark
100%	1 st (100%)

Variance Type

Special cause - Improvement

Target

100%

Data Quality & Source

Welsh Government Performance Team

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

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

What the data tells us

Performance is reported at 100% for the last 15 months and compliant with the national target.

Issues

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

Actions

- Continue performance.

Mitigations

Powell Bethan
09/11/2022 17:24:10



Mental Health Assessments, Adults

Executive Lead

Officer Lead

Strategic Priority

10



Variance Type

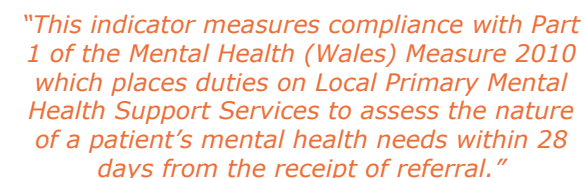
Common Cause

Target

80%

Data Quality & Source

PTHB Mental Health Service



Mitigations

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

Additional resource for LPMHSS has been awarded by WG via the 2022 Service Improvement Fund and recruitment to implement additional capacity is underway.

Staffing capacity has improved, two Team Leads have completed their phased return as of September 2022.

Delivery of waiting list initiative during Winter 2022.

Powell Bethan
09/11/2022 17:24:10



Quadruple Aim 2

No.

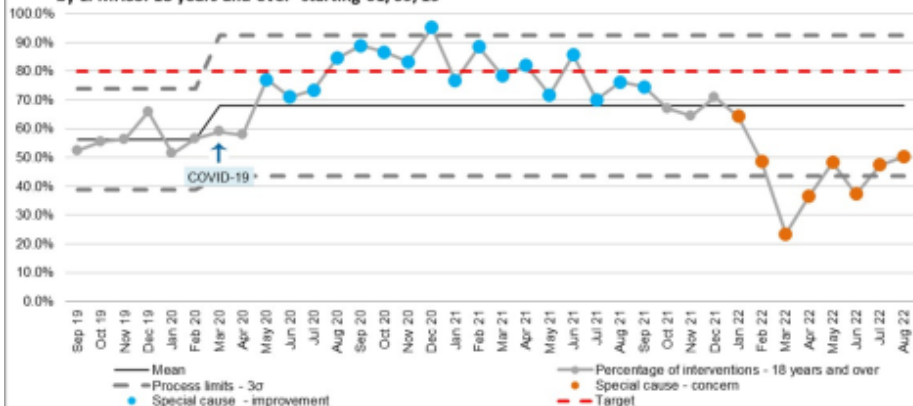
58

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

Mental Health Interventions, Adults

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

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- starting 01/09/19



Performance August 2022

Provider Performance	All Wales Benchmark
50.3%	6 th (72.1%)

Variance Type

Special Cause Concern

Target

80%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Performance for therapeutic interventions in adult and older patients improved in August to 50.3%. However, performance remains a special cause of concern and below the 80% target. Powys ranked 6th during August at an All Wales comparative level.

Issues

- Performance in terms of interventions within 28 is low due to;
- Staffing sickness which impacted significantly into 2022, reducing service capacity and building the waiting list.
 - Referrals into the service remain high, impacting the ability of the service to meet increasing need.
 - Nature of referrals are noted as becoming more complex, requiring longer, more specialist interventions e.g. Eye Movement Desensitization and Reprocessing (EMDR) and cognitive behavioural therapy (CBT).
 - Data quality challenge including post submission revisions.

Actions

Continued promotion of Silvercloud. Recruitment to unfilled posts.

Additional resource for local primary mental health support (LPMHSS) has been awarded by WG via the 2022 Service Improvement Fund.

A waiting list initiative will be implemented during winter 2022, along with an increase in capacity for the service. However, it should be noted that demand is continuing to rise faster than PTHB is able to increase capacity (despite investment in tier 0/1 services).

Mitigations

See actions



Quadruple Aim 2

No.

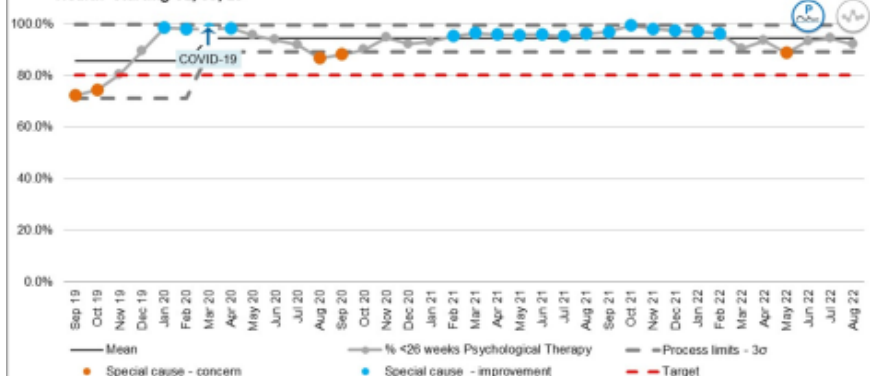
59

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

Psychological Therapy

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

Percentage of patients waiting less than 26 weeks to start a Psychological therapy in Specialist Adult Mental Health- starting 01/09/19



Performance August 2022

Provider Performance	All Wales Benchmark
92.0%	2 nd (73.7%)*

Variance Type

Common Cause

Target

80%

Data Quality & Source

WPAS

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Performance remains above target and is common cause variation

The health board benchmarks positively (2nd) with All Wales performance reporting 73.7%

Issues

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

Actions

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

Mitigations

see actions



Quadruple Aim 2

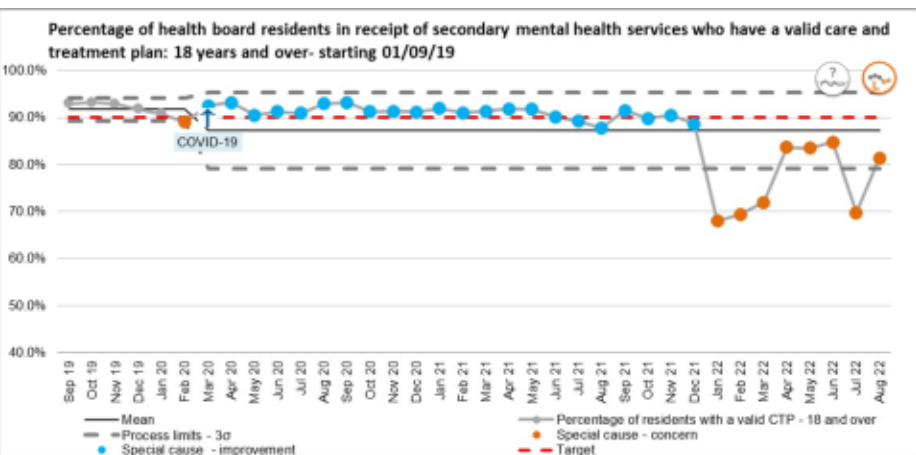
No.

60

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

Mental Health CTP, Adults

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



Performance August 2022

Provider Performance	All Wales
81.4%	6 th (86.0%)

Variance Type

Special Cause Concern

Target

90%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Adult and older CTP compliance improved in August to 81.4%. The variance is reporting as special cause concern for the last 8 months and the 90% target has not been met. PTHB benchmarks unfavourably against the All Wales average of 86%.

Issues

- North Powys services continue to face significant challenges in terms of staff vacancies.
- The service is further impacted by Social Services inability to undertake their share of Office Duty (withdrawing in January), with the responsibility falling to PTHB Staff - further impacting PTHB clinicians' ability to care coordinate.
- An improvement initiative is underway to improve accuracy of data, and the service is currently seeking additional administrative support.
- The recent migration to SharePoint continues to cause significant issues to teams' ability to access the Microsoft Access database where the MH Measure data is stored due to a change in permissions / licensing.
- Data quality challenge including post submission revisions.

Actions

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams.
- Continue to advertise recruitment positions.
- A data cleansing project is underway to review WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.

Mitigations

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



Quadruple Aim 2

No.

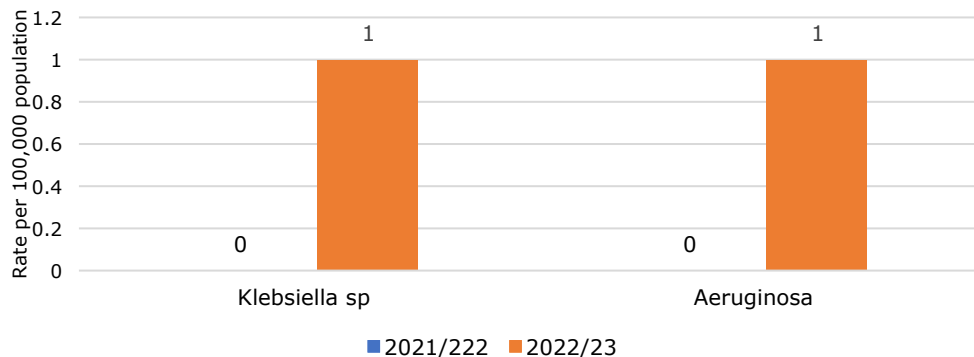
63

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

HCAI

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

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



Performance September 2022/23

Provider Performance No.

Infection Type	Performance
Klebsiella sp	1
Aeruginosa	1

Target

Local

Data Quality & Source

Workbook Wales

Executive Lead

Director of Nursing

Officer Lead

Assistant Director of Quality and Safety Nursing

Strategic Priority

22

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status..."

In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems."

What the data tells us

Powys has had 1 inpatient specimen of Klebsiella.sp in July but none reported during August and September.

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

Issues

No issues to report

Actions

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

Mitigations



Quadruple Aim 2

No.

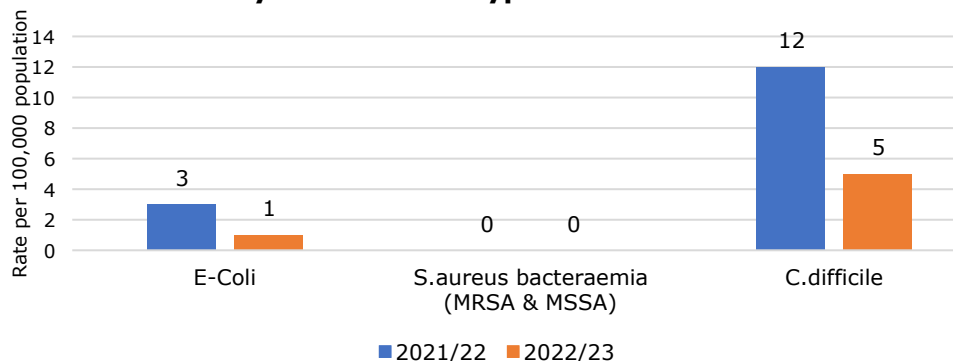
64

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

HCAI

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

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



Performance August 2022/23

Provider Performance per 100k

Infection Type	Performance
E-coli	1.5
S.Aureus (MRSA & MSSA)	0
C.Difficile	7.5

Target

Local

Data Quality & Source

Workbook Wales

Executive Lead

Director of Nursing

Officer Lead

Assistant Director of Quality and Safety Nursing

Strategic Priority

22

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status..."

In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems."

What the data tells us

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

E-coli cumulative rate for 2022/23 is 1.5 per 100k slightly below the rate for the same period in 2021/22. (1 case of inpatient infection)

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

The C.difficile reported rate in September is equal to previous year at 7.5 per 100k (5 cases April to September reported)

Issues

No issues reported

Actions

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

Mitigations



Quadruple Aim 3

No.

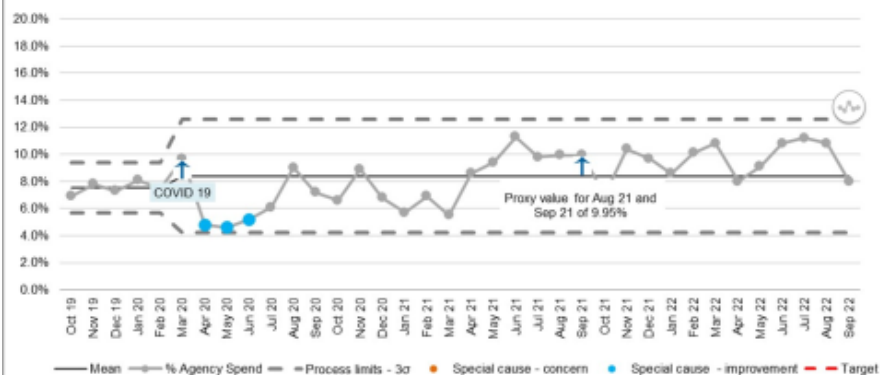
67

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

Agency Spend

Agency spend as a percentage of the total pay bill

Agency spend as a percentage of the total pay bill - starting 01/10/19



Performance September 2022

Provider Performance	All Wales Benchmark
8%	8 th 6% (Apr-22)

Variance Type

N/A

Target

12 Month Reduction Trend

Data Quality & Source

PTHB Finance

Executive Lead

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

Officer Lead

TBC

Strategic Priority

13

"To ensure safe and sustainable NHS services across Wales, there is need to drive down agency and locum deployment and encourage people to return to the NHS labour market."

This will provide a regular supply of staff who can provide a quality and consistent approach to patient care, whilst reducing overall spend."

What the data tells us

The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has not been met for September 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

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

Actions

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

Mitigations

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



Quadruple Aim 3

No.

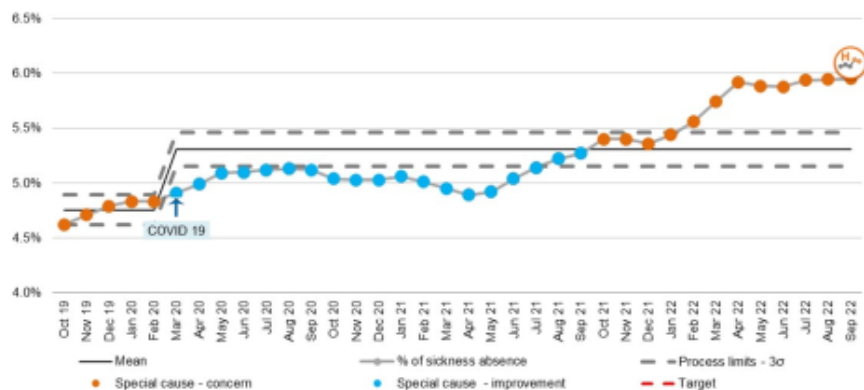
68

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

Sickness Absence (R12)

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

Percentage of sickness absence rate of staff - starting 01/10/19



Performance September 2022

Provider Performance

6.0%

All Wales Benchmark

3rd 7.09% (Apr-22)

Variance Type

Special Cause - Concern

Target

12 month reduction

Data Quality & Source

PTHB ESR

Executive Lead

Director of Workforce and OD

Officer Lead

Head of Workforce

Strategic Priority

14

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

What the data tells us

- PTHB sickness performance remains as special cause of concern. The rolling 12 months performance is reported as 6% for September, monthly actual 5.47% which consists of 1.8% short term and 3.67% long term sickness. Although high when compared to pre-covid the health board is one of the lowest in Wales.

Issues

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

Actions

- Continues to be monitored by managers and HR Business Partners in line with All Wales Managing Attendance at Work policy.
- Bespoke training sessions for managers on All Wales Managing Attendance at Work policy to be scheduled.
- Recruitment to 1.4 whole time equivalent (WTE) clinical vacant posts in Occupational Health is underway.
- New Counselling service provider due to be live week commencing the 5th September 2022.

Mitigations

- Managing Attendance at Work Policy
- Training for managers on Managing Attendance at Work Policy.
- Well being action plan
- Staff counselling service
- Online Cognitive behavioural therapy (CBT)
- Long Covid Programme
- Occupational Health Service offer

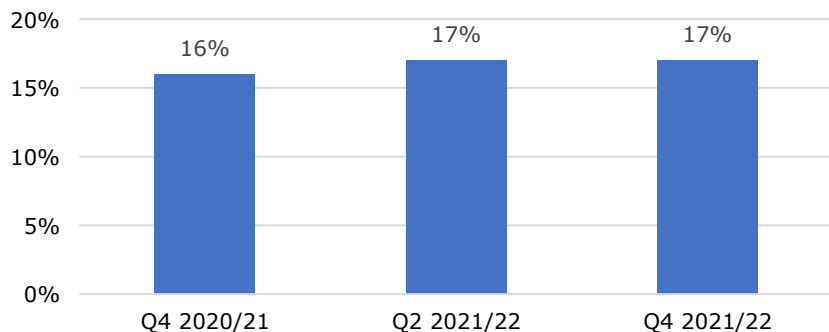


The health and social care workforce in Wales is motivated and sustainable

Welsh Language

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

% Staff recording foundational Welsh Language Skills on ESR



Performance	
Provider Performance	All Wales Benchmark
17%	N/A
Variance Type	
N/A	
Target	
Bi annual Improvement	
Data Quality	
WG Performance Scorecard	

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

"Welsh language skills of the NHS Wales workforce are critical to effectively engaging with Welsh speaking patients, their family and friends..."

As part of the More Than Just Words plan NHS organisations are required to: offer opportunities for staff to learn Welsh or improve their existing language skills and to record the Welsh language skills of their staff on ESR."

What the data tells us	Issues	Actions	Mitigations
<p>PTHB is compliant with target. In Q4 2021/22, 17% of PTHB employees had recorded Welsh language speaking and listening skills at foundational level or above on electronic staff record (ESR), which compares favourably to the same period 12 months ago.</p> <p>There is currently no All Wales data available to provide benchmarking.</p>	<ul style="list-style-type: none">PTHB has good numbers of staff with Welsh skills, but not all will have the confidence to use their Welsh with the patients they care for.The staff that can and do offer a service in Welsh may not give the active offer of Welsh by wearing the badges/lanyards available.Not all services across the health board have staff that can offer a service in Welsh to patients and their families.	<ul style="list-style-type: none">Confidence building courses available via Health Education Improvement Wales (HEIW) and Aberystwyth University and Work Welsh scheme will be promoted to all staffWorking Welsh resources promoted to staff on sharepoint via the Welsh language teamEncourage services to consider the Welsh skills needed for new posts and Welsh language team to support.	



Quadruple Aim 3

No.

70

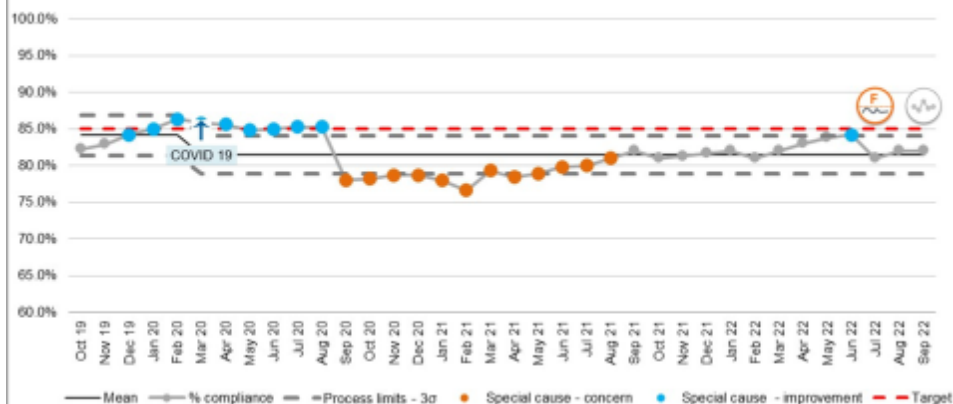
The health and social care workforce in Wales is motivated and sustainable

Core Skills Mandatory Training

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

Framework by organisation – **Powys as a provider**

Mandatory Training Compliance-Source PTHB WOD starting 01/10/19



Performance September 2022

Provider Performance	All Wales Benchmark
82%	1 st 79.5% (Apr-22)

Variance Type

Common Cause

Target

85%

Data Quality

PTHB WOD

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

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

What the data tells us

Performance in September is reported as 82% and remains common cause variation. PTHB performs well against All Wales and often ranks 1st compared to other Welsh health boards.

Powell Bethan
09/11/2022 17:24:10

Issues

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

Actions

- Workforce & Organisational Directorate (WOD) HR Business Partners are discussing mandatory compliance at senior management groups within services.
- Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors, for areas performing below the national target.
- Ongoing performance relating to compliance will be addressed with directorates via directorate performance review meetings.

Mitigations

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

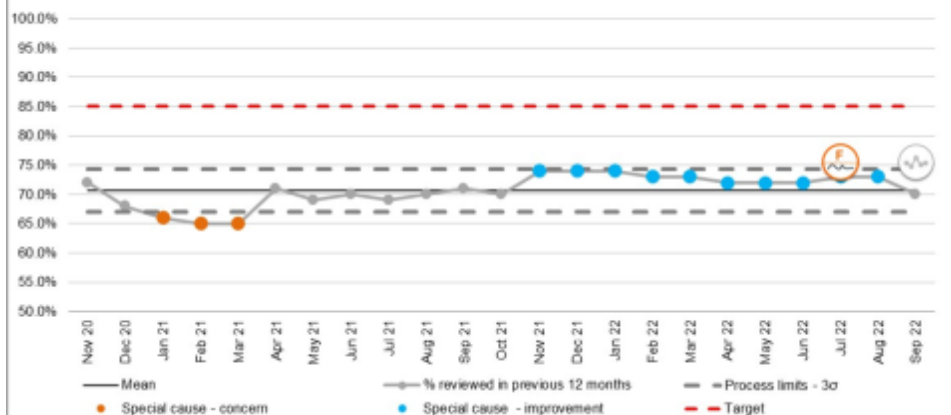


The health and social care workforce in Wales is motivated and sustainable

PADR Compliance

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

PADR Compliance - Source PTHB WOD starting 01/11/20



Performance September 2022

Provider Performance	All Wales Benchmark
70%	71.5% (Apr-22)

Variance Type

Common Cause

Target

85%

Data Quality

PTHB WOD

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

"A key employment practice that supports and engages staff in delivering the vision of NHS Wales is the provision of an annual personal appraisal and development review."

This allows staff at all levels to have clear performance objectives, with an agreed development plan, that supports them to deliver their roles."

What the data tells us

PTHB PADR performance reported at 70% for September, which is below the 85% target and now common cause variance.

Powell Bethan
09/11/2022 17:24:10

Issues

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

Actions

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

Mitigations

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



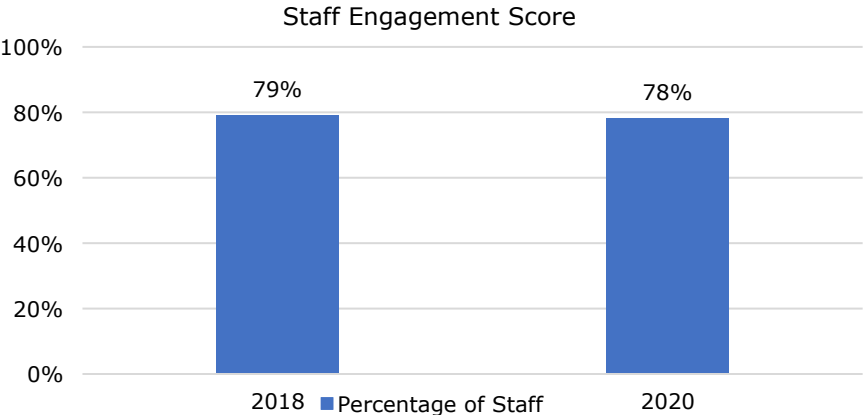
Quadruple Aim 3

No.

72

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

Overall Staff Engagement Score



Performance 2020	
Local Performance	All Wales Benchmark
78%	1 st (75%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead	Director of Workforce and OD
Officer Lead	Head of Workforce
Strategic Priority	15

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

What the data tells us	Issues	Actions	Mitigations
<div>Performance is good when compared to the All Wales benchmark, the health board ranks 1st in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.</div> <div>Powell Bethan 09/11/2022 17:24:10</div>	<div>The engagement index score is provided out of the national staff survey and the next iteration is not due to be undertaken until 2023.</div>		



Quadruple Aim 3

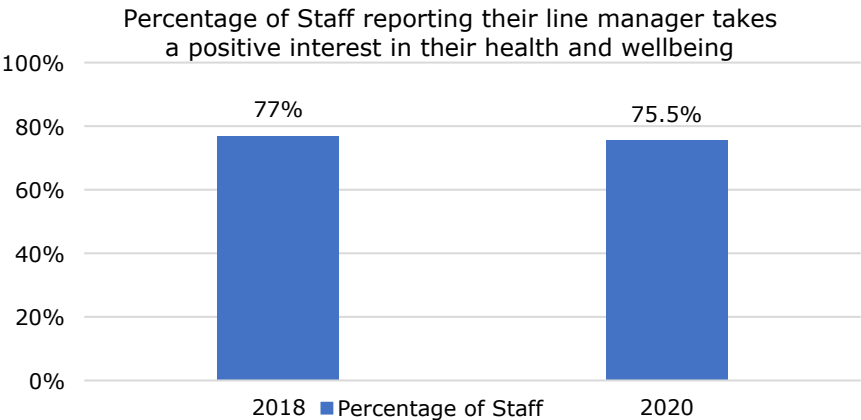
No.

73

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

Line Management

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



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

Executive Lead	Director of Workforce and OD
Officer Lead	Head of Workforce
Strategic Priority	15

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

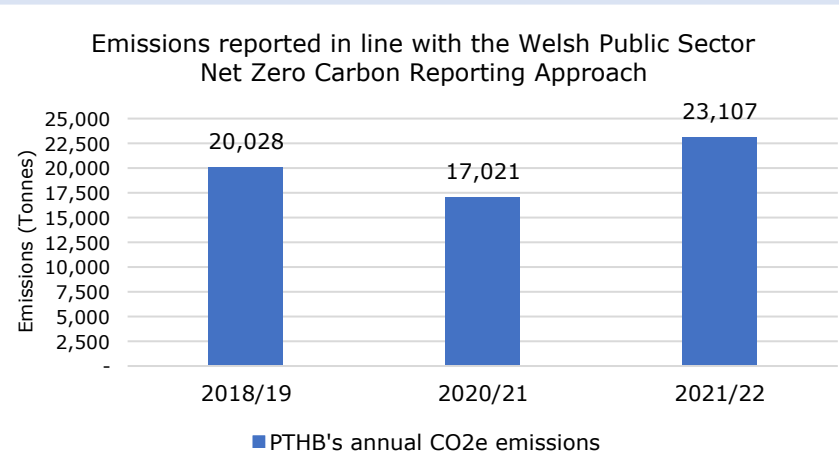
What the data tells us	Issues	Actions	Mitigations
<div>Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.</div> <div>Powell Bethan09/11/2022 17:24:10</div>	<div>Sense 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.</div>	<div>All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.</div>	<div>Updated agile working policy. Continued focus on PADR.</div>



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

De-Carbonisation

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



Performance 2020/21	
Local Performance	All Wales Benchmark
23,107	2 nd (1,001,378)*
Variance Type	
N/A	
Target	
16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position (tCO2e)	
Data Quality (RAG) & Source	
PTHB Environments and Estates	

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

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

What the data tells usa	Issues	Actions	Mitigations
<p>PTHB’s target is to reduce the emissions to 16,823 tCO2e by 2025 - a reduction of 16% against 2018/19 baseline of 20,028 tCO2e.</p> <p>Powell Bethan 09/11/2022 17:24:10</p>	<p>Data reporting and sources of emissions nationally remain in a state of developing maturity. Data collection methods will need to be developed for particular measures.</p> <p>This increased data collection will likely lead to an increase in reported carbon output.</p>	<p>Annual quantitative carbon emissions report submitted to Welsh Government in September.</p>	<p>One must be mindful of the impact on carbon during the Covid-19 pandemic. Restrictions affected nearly all healthcare services, with expected impact on building, travel, waste and procurement emissions.</p> <p>Data mining reveals that scope 3 emissions have been negatively impacted by RPI increase, major capital investment and increased commissioned inpatient care.</p> <p>Data accuracy is being reported and discussed within meetings and Programme Boards with WG and other public sector bodies.</p>

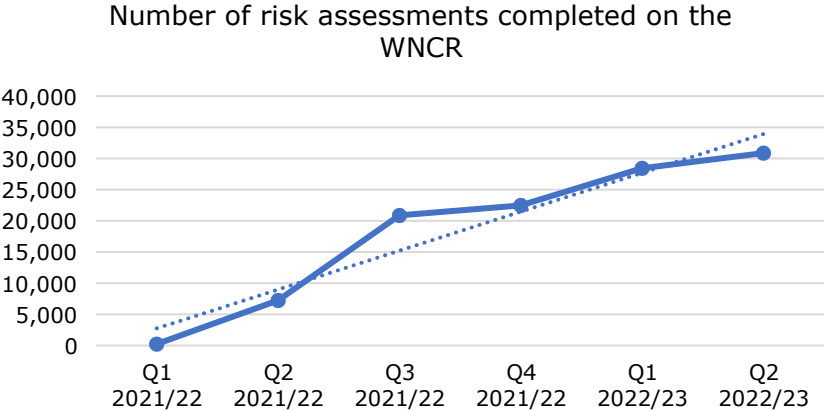


Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Welsh Nursing Clinical Record

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

Powys as a provider



Performance Q2 2022/23	
Provider Performance	All Wales Benchmark
30,865	5 th (584,676)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Scorecard	

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

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

What the data tells us	Issues	Actions	Mitigations
<div>Usage of the Welsh Nursing Clinical Record in Powys has increased to 30,865 assessments in Q2 2022/23, performance is target compliant.</div> <div>Powell Bethan 09/11/2022 17:24:10</div>	<ul style="list-style-type: none">No issues identified		

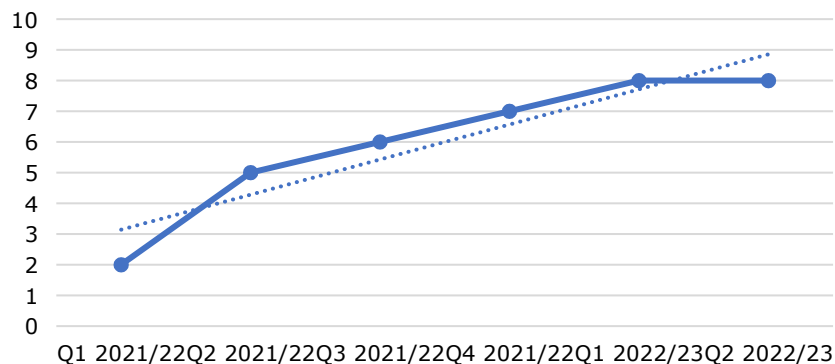


Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Welsh Nursing Clinical Record

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

Number of wards using the WNCR



Performance Q2 2022/23

Provider Performance	All Wales Benchmark
8	5 th (149)

Variance Type

N/A

Target

4 quarter improvement trend

Data Quality & Source

Welsh Government Scorecard

Executive Lead

Director of Finance and ICT

Officer Lead

Lead Nurse for Informatics and Nurse Staffing

Strategic Priority

22

"The Welsh Nursing Clinical Record enables nurses to complete assessments at a patient's bedside on a mobile tablet (or other handheld device) saving time and improving accuracy.

It also minimises duplication as the digital assessment follows the patient wherever their care is provided in Wales."

What the data tells us

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

Powell Bethan
09/11/2022 17:24:10

Issues

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

Actions

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

Mitigations

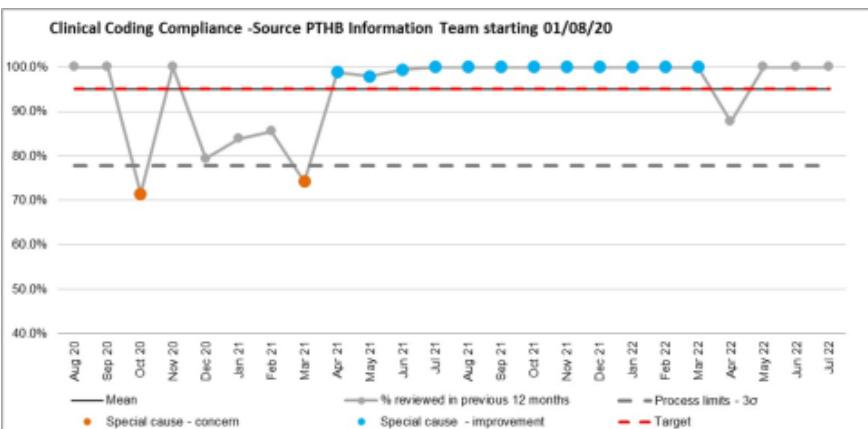
- Infrastructure improvements required to deliver Wi-Fi solution that is 'fit for purpose'
- Ward continue to use standardised All Wales documentation and risk assessments in paper format



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

Clinical Coding

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



Performance July 2022

Local Performance	All Wales Benchmark
100%	1 st (81.4%)

Variance Type

N/A

Target

95% or a 12 month improvement trend

Data Quality & Source

PTHB Information Team

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

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

What the data tells us

PTHB performance is reporting 100% in July, it should be noted that performance in May was incorrectly reported and has been revised to 100% inline with DHCW reported compliance. The All Wales performance for May was 81.4%.

Issues

The challenge during April was that records were being sent to the coders late, impacting on their ability to meet the required deadline. With no outstanding episodes reported in July compliance returns to 100%.

Actions

Mitigations



Quadruple Aim 4

No.

81

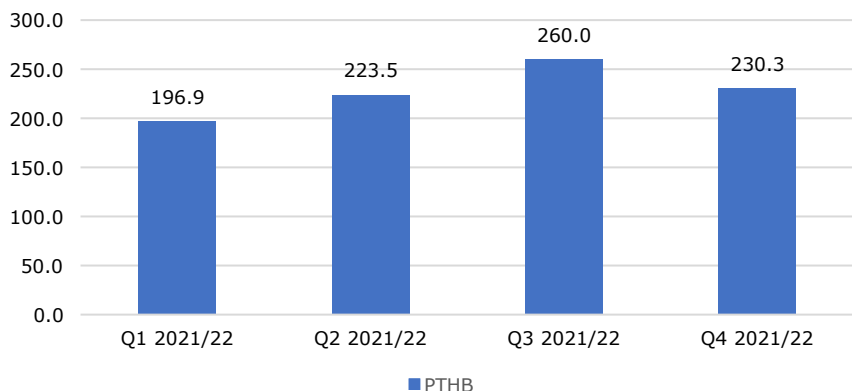
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

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

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

Powys as a provider

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



Q4 2021/22 Performance	
Provider Performance	All Wales Benchmark
230.3	1 st (259.4)
Variance Type	
N/A	
Target	
247.6	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

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

What the data tells us	Issues	Actions	Mitigations
<p>The Q4 2021/22 Powys target for this metric is 247.6 items per 1000 star PU's, the provider performance for Q4 has been reported as 230.3.</p> <p>All health boards in Wales have met their derived target for Q4.</p> <p>Powys was the lowest prescriber (items/1000 STAR-PU) of antibacterial items.</p>	<ul style="list-style-type: none">No antimicrobial stewardship pharmacist in post.Although Powys has the lowest overall use of antimicrobials in Wales, we have the highest use of the 4C antimicrobials – this is something that the medicines management team is addressing as a priority	<ul style="list-style-type: none">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 SLAsLinking 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	<p>See actions.</p> <p>Further mitigations not possible due to workforce challenges.</p>



Quadruple Aim 4

No.

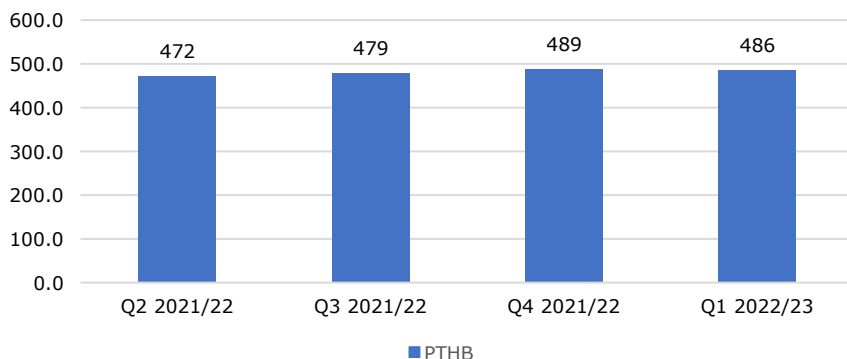
83

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

Older Age Adult Anti-Psychotics

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

Number of patients age 65 years or over prescribed an antipsychotic



Q1 2022/23 Performance	
Provider Performance	All Wales Benchmark
486	10,262*
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

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

What the data tells us	Issues	Actions	Mitigations
<p>PTHB has met the target of reduction for Q4 2021/22 (489 = 1.27%). Q1 2022/23 data is also available and shows that we had 486 patients aged 65 years or over who were prescribed an antipsychotic (1.26%).</p> <p>PTHB has the lowest percentage of people aged 65 and over who are prescribed an antipsychotic (range 1.27%-1.80%)</p> <p>Further development of this indicator is required to allow comparisons between health boards in Wales (i.e. the indicator should show % of people aged 65 years and over who are prescribed an antipsychotic).</p>		<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.

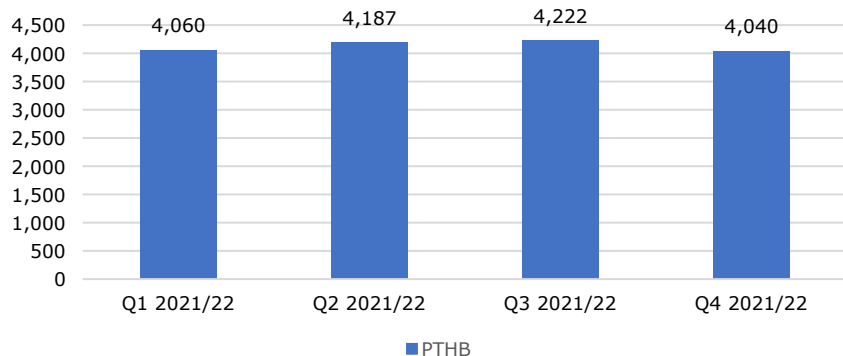
84

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

Opioid Usage

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

Opioid average daily quantities per 1,000 patients



Q4 2021/22 Performance	
Provider Performance	All Wales Benchmark
4,040.1	2 nd (4,329.4)
Variance Type	
N/A	
Target	
4 Quarter reduction trend	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

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

What the data tells us	Issues	Actions	Mitigations
PTHB has met the 4 quarter reduction target for Opioid quantities. Powys ranks 2 nd nationally against and All Wales figure of 4,329.4 Powell Bethan 09/11/2022 17:24:10		<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' prescribingInclusion of opioid prescribing in the Medicines Management Incentive Scheme (MMIS)Access to the PrescQIPP training module on opioid prescribing commissioned and requirement to complete included in MMIS	See actions



Operational Measures

No.

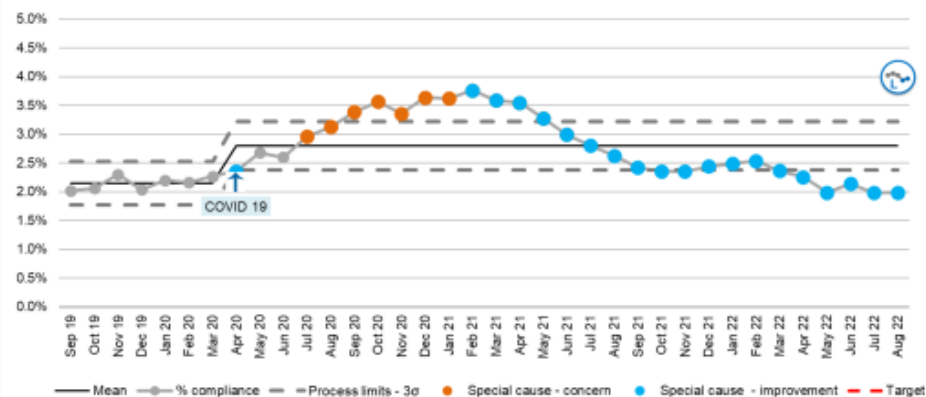
A

Operational Measures are not routinely reported nationally

Crude Hospital Mortality Rate (R12)

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

Crude Mortality Rate-Source CHKS starting 01/09/19



Performance August 2022

Provider Performance	All Wales Benchmark
1.99%	N/A

Variance Type

Special Cause - Improvement

Target

12 month reduction trend

Data Quality & Source

CHKS

Executive Lead Medical Director

Officer Lead TBC

Strategic Priority 24

What the data tells us

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

Issues

No issues actual monthly deaths within expected values.

Actions

Mitigations

No mitigations are considered needed at this time.

COVID mitigations are in place.

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



Operational Measures

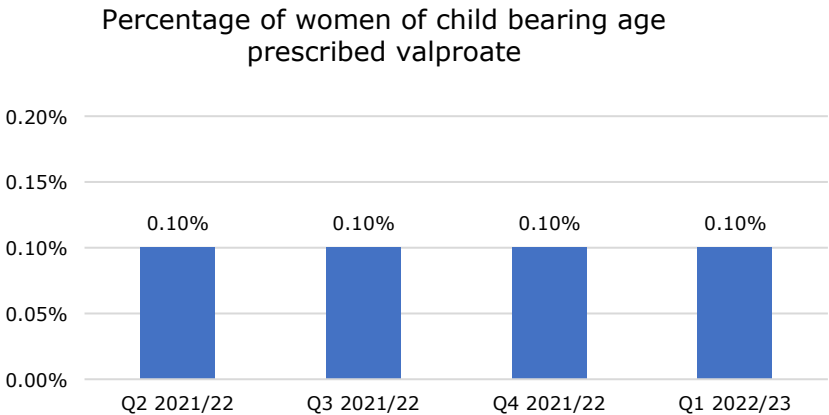
No.

C

Operational Measures are not routinely reported nationally

Valproate Usage

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



Q1 2022/23 Performance	
Provider Performance	All Wales Benchmark
0.10%	0.13%*
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

What the data tells us	Issues	Actions	Mitigations
<p>0.10% of female patients aged 14-45 were prescribed valproate in Q4 2021/22. Data is also available for Q1 2022/23 and this shows that the figure remains unchanged.</p> <p>Powys continues to have the lowest prescribing rate of valproate in women of child bearing age in the whole of Wales.</p>	<p>Nationally Q4 2021/22 – 834 female patients aged 14-45 issued with a prescription for sodium valproate in Wales = 0.133% of female patients aged 14-45.</p> <p>Powys = 0.1% (lowest % of all LHBs)</p>	<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.	<p>See actions</p> <p>Plan to provide regular reports to primary care as soon as resource allows.</p>



Operational Measures

No.

G

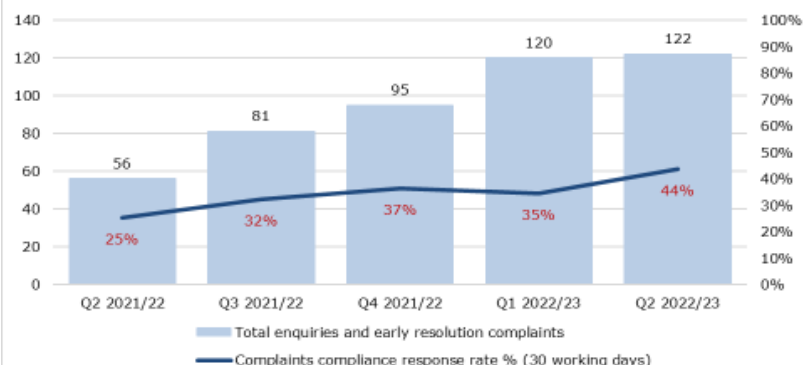
Operational Measures are not routinely reported nationally

Concerns and Complaints

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

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

Complaints compliance response rate & number of enquiries and early resolutions by quarter - Source Datix CloudIQ - Q2 2021/22 to Q2 2022/23



What the chart tells us

- Please note that during a deep dive exercise into concerns management, it was noted that concerns compliance has been incorrectly calculated. This was an administrative error and has been rectified, however it has impacted 30 days compliance negatively when compared to August IPR position.
- Performance is not currently meeting the 75% target and reports 44% in Q2 2022/23. It should be noted that the number of early resolutions and enquires has increased to 122 for the same quarter.
- No national benchmark is available at present for this operational measure.

Q2 2022/23 Performance

Local Performance	All Wales Benchmark
44%	N/A
Target	
75%	
Data Source & Quality	
PTHB Q&S Team	

Issues

- Lack of appropriate escalation to ensure 30 working day response is prioritised
- Lack of accurate and accessible data
- No user feedback
- Timely responses not received from other Health Boards/Trusts impacting lengthy delays
- Data noted to be incorrect during deep dive

Actions

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

Mitigations

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



Next Steps

Next Steps

- With the Integrated Performance Framework scope agreed the health board will now implement the required process to provide effective challenge, support, and scrutiny of both provider and commissioned services with the aim to improve patient outcomes.
- Ongoing work with national and regional workgroups on topics such as Outpatient modernisation, My Planned Care, National Endoscopy, and Cancer.
- Ongoing work to tackle COVID backlog and capacity challenges remains the single largest risk for Powys residents and their required health care. To assist with recovery new tools such as a All Wales identifiable weekly waiting list (supported by the Delivery Unit) should enable PTHB to maximise its work as part of the Recovery Portfolio Strategic Board, where they remain focused to assist with the very long waiter backlog which is especially significant in commissioned Welsh health providers in South Powys.

Powell Bethan
09/11/2022 17:24:10

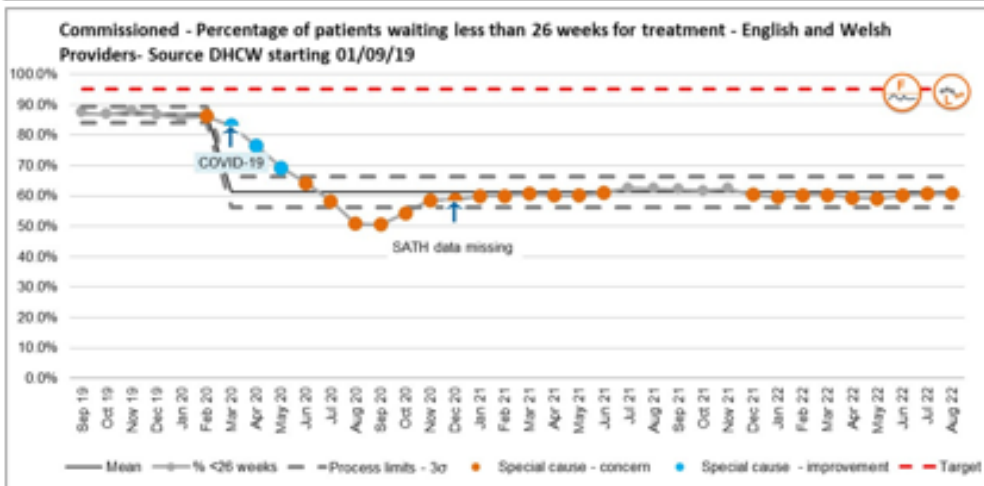


Appendix 1

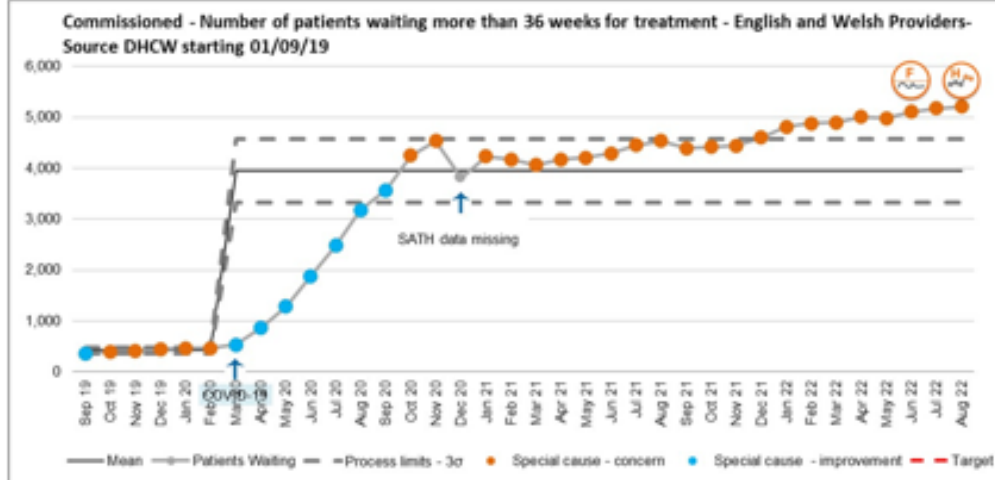
Referral to Treatment (RTT) – Powys Teaching health board as a Commissioner

Combined Welsh and English Health Boards

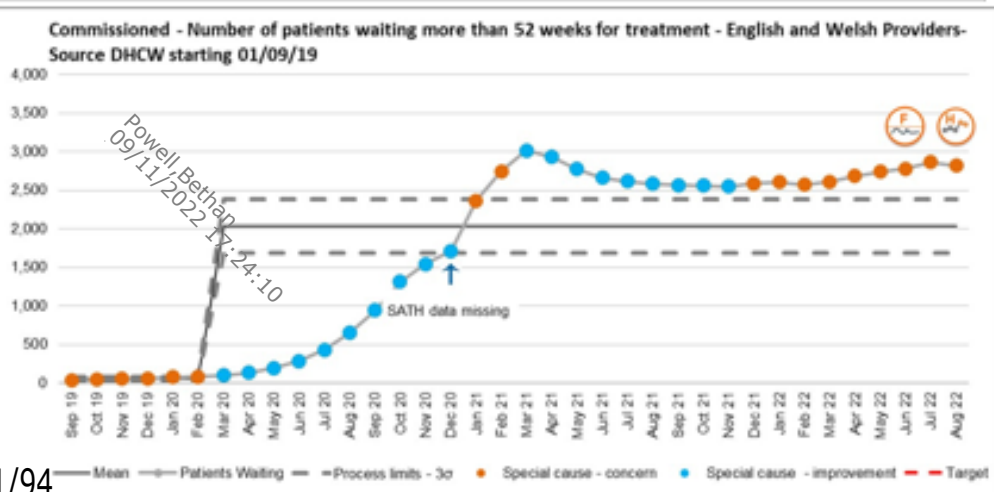
Percentage of RTT pathways <26 weeks



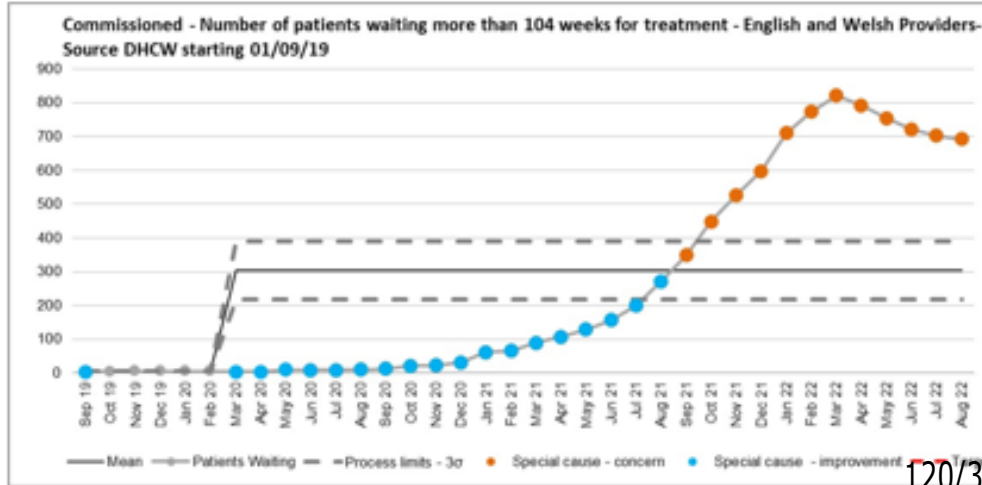
Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks



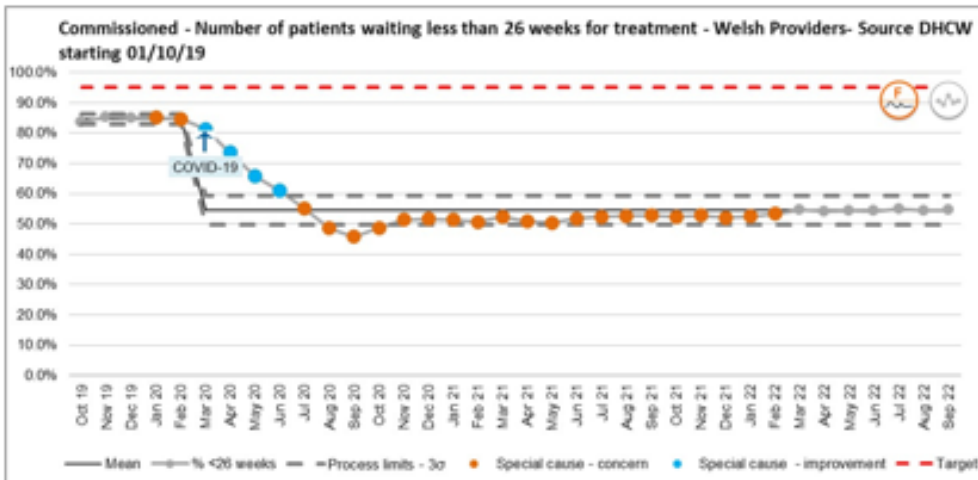


Appendix 1

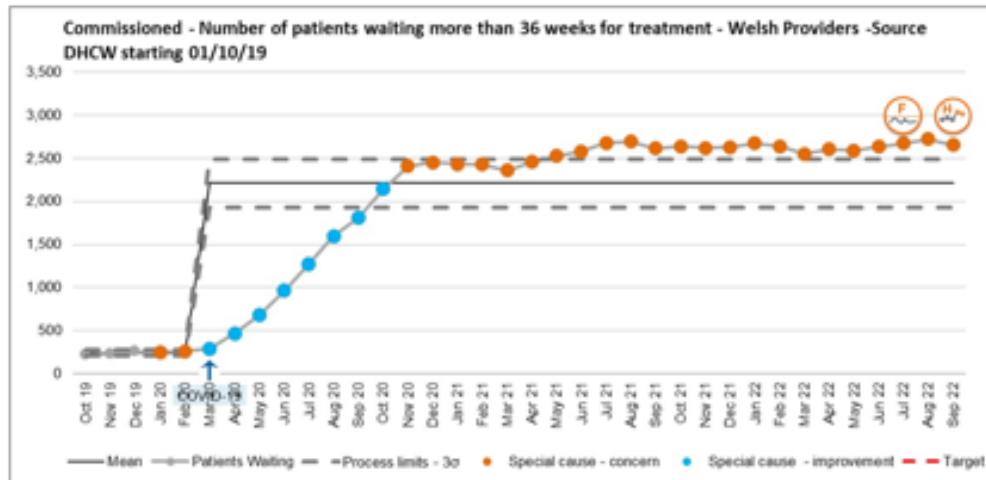
Referral to Treatment – Powys Teaching health board as a Commissioner

Combined Welsh Health Boards

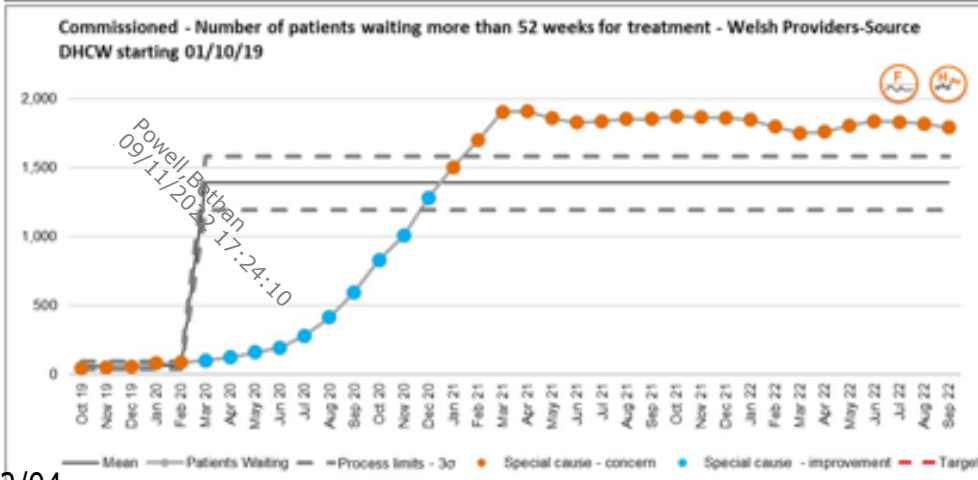
Percentage of RTT pathways <26 weeks



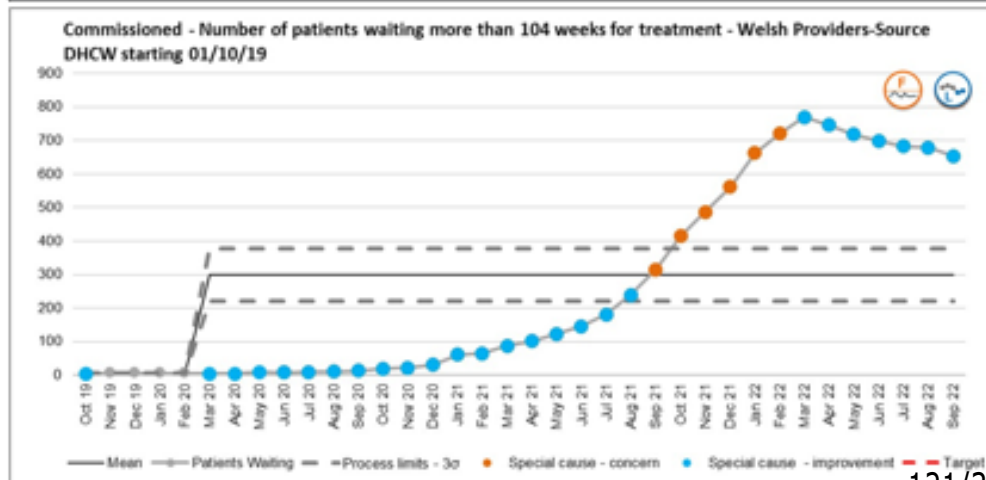
Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks





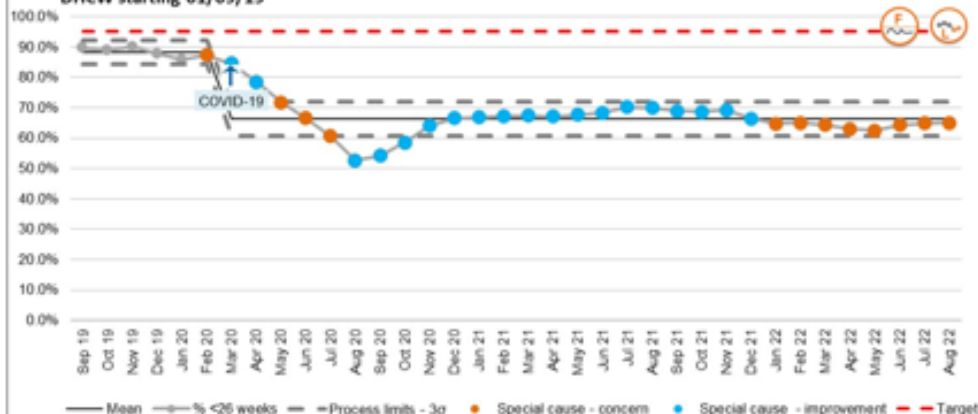
Appendix 1

Referral to Treatment – Powys Teaching health board as a Commissioner

Combined English Health Boards

Percentage of RTT pathways <26 weeks

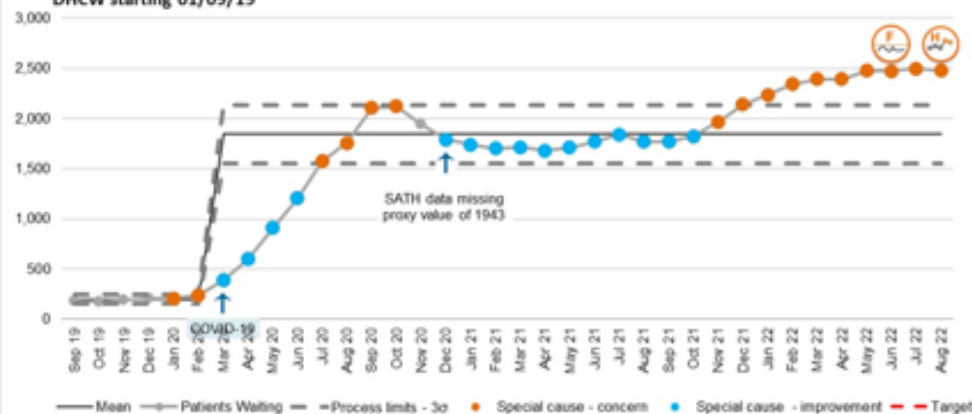
Commissioned - Number of patients waiting less than 26 weeks for treatment - English Providers-Source DHCW starting 01/09/19



Number of RTT pathways 36+ weeks

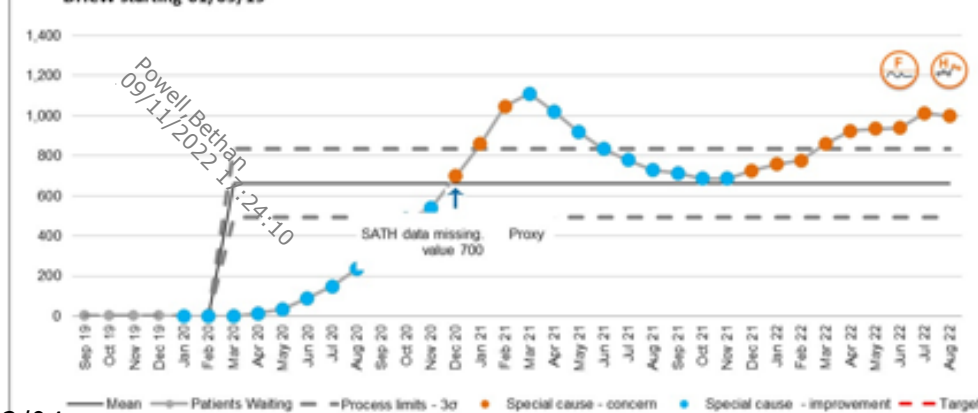
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - English Providers-Source DHCW starting 01/09/19



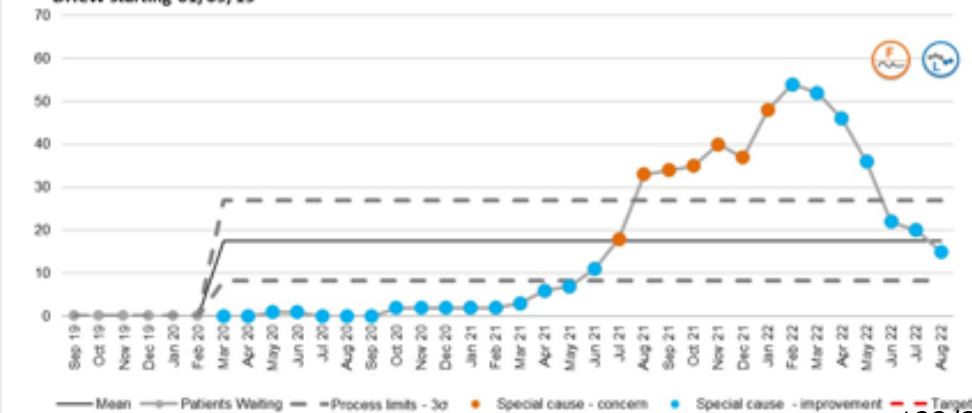
Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - English Providers-Source DHCW starting 01/09/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - English Providers-Source DHCW starting 01/09/19



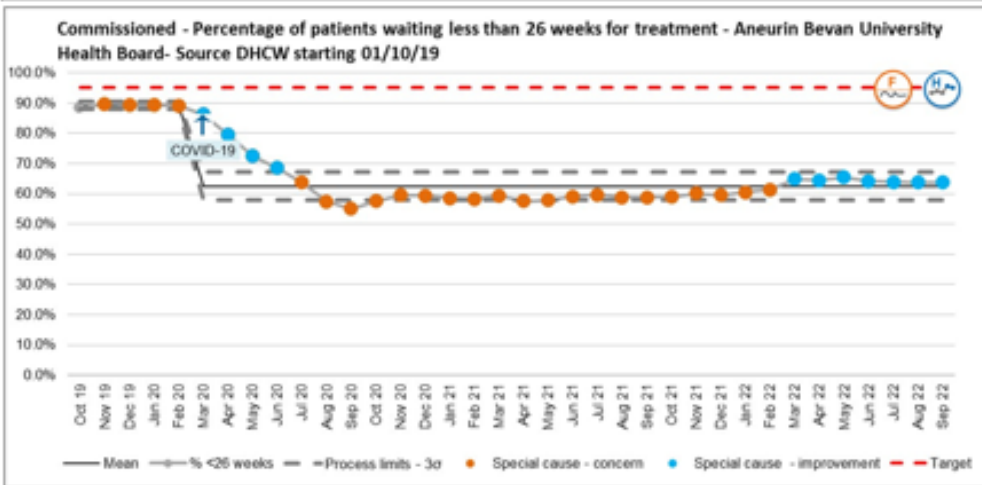


Appendix 1

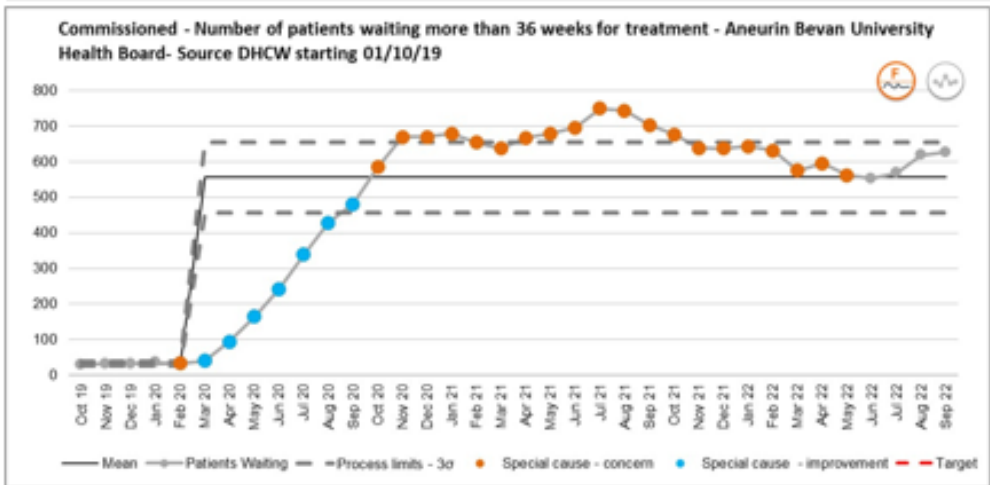
Aneurin Bevan University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

ABUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	60%	27,000	8,000	9,000
Powys resident performance	63.8%	626	99	138

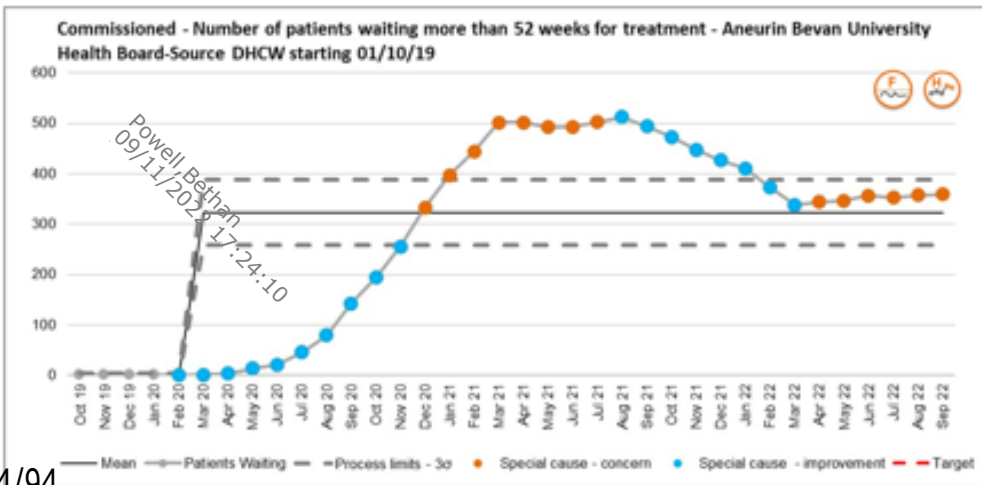
Percentage of RTT pathways <26 weeks



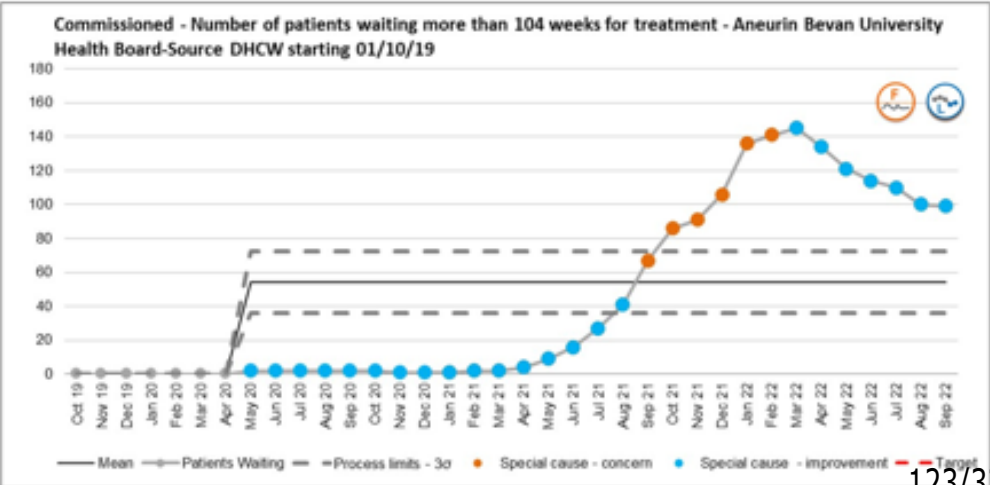
Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks



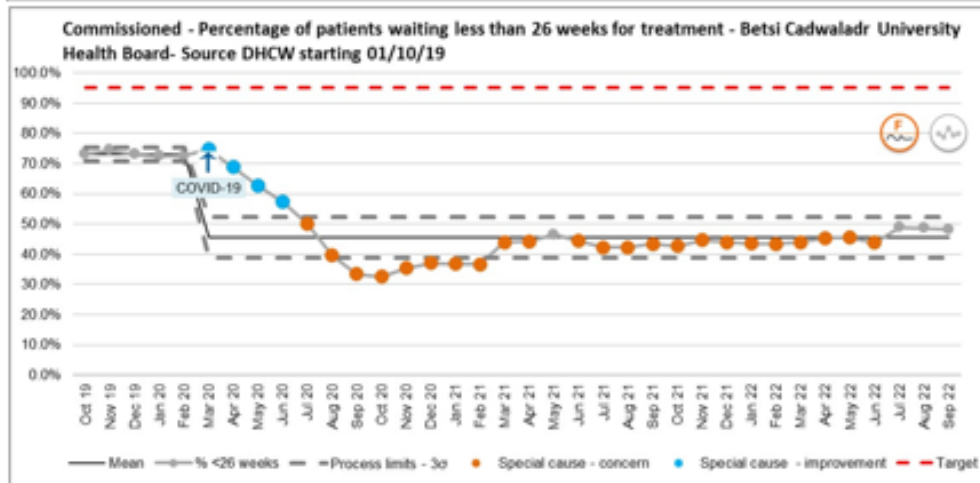


Appendix 1

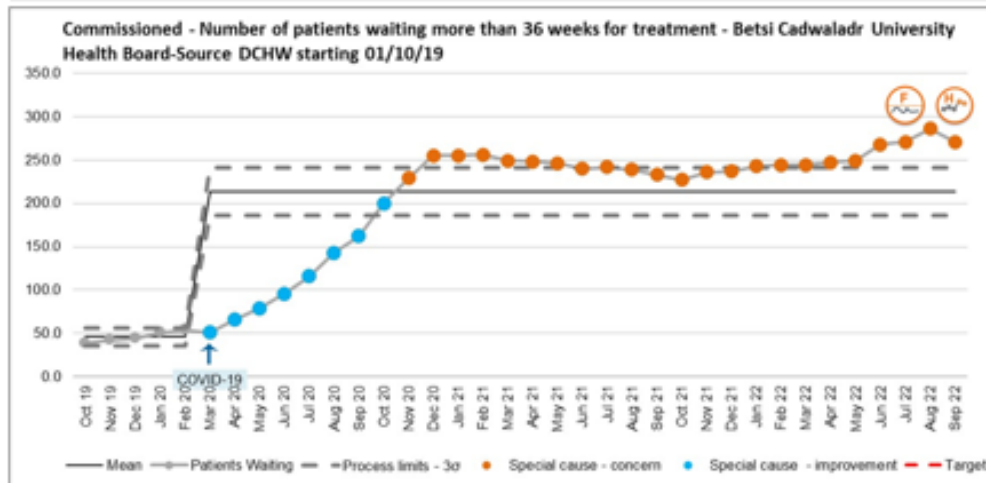
Betsi Cadwaladr University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

BCUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	29%	18,024	6,555	10,199
Powys resident performance	48.1%	271	62	134

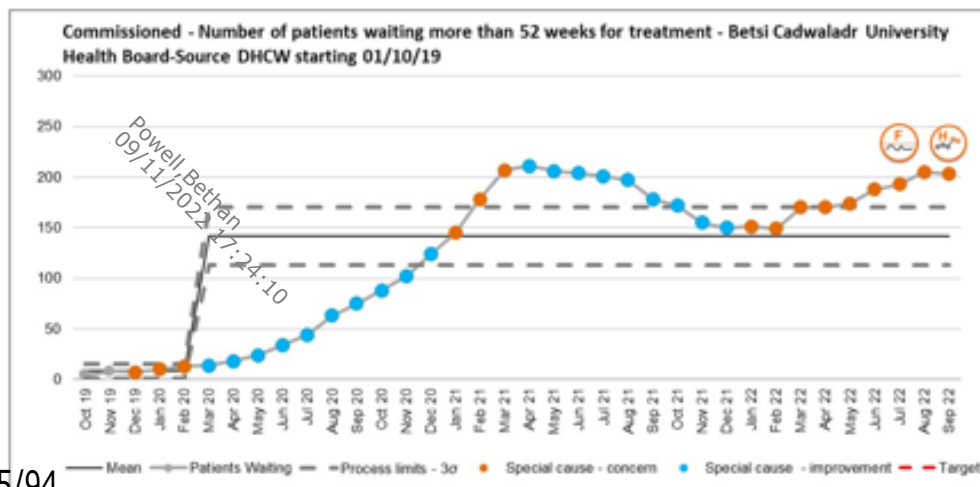
Percentage of RTT pathways <26 weeks



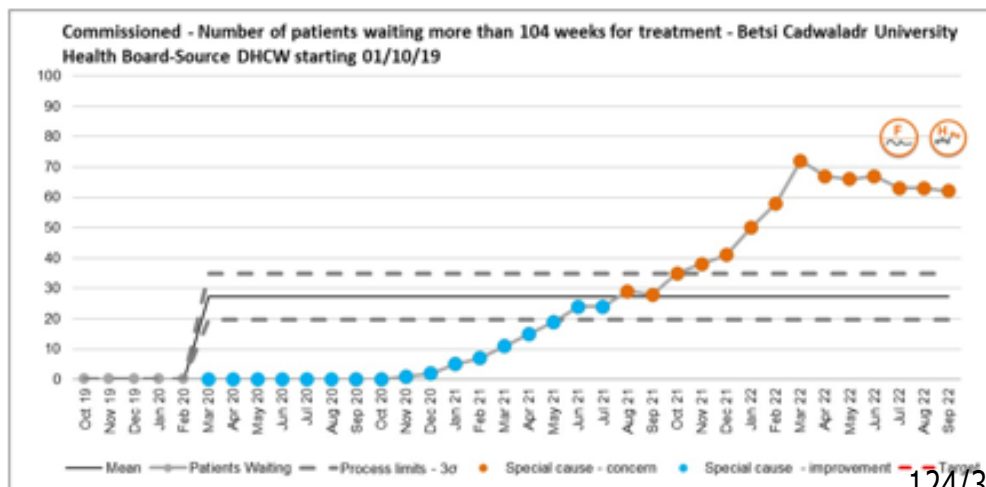
Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks



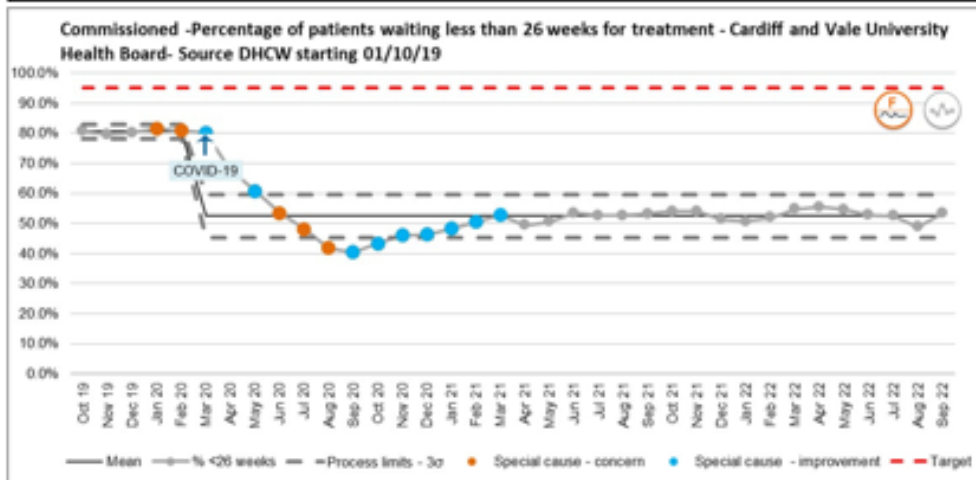


Appendix 1

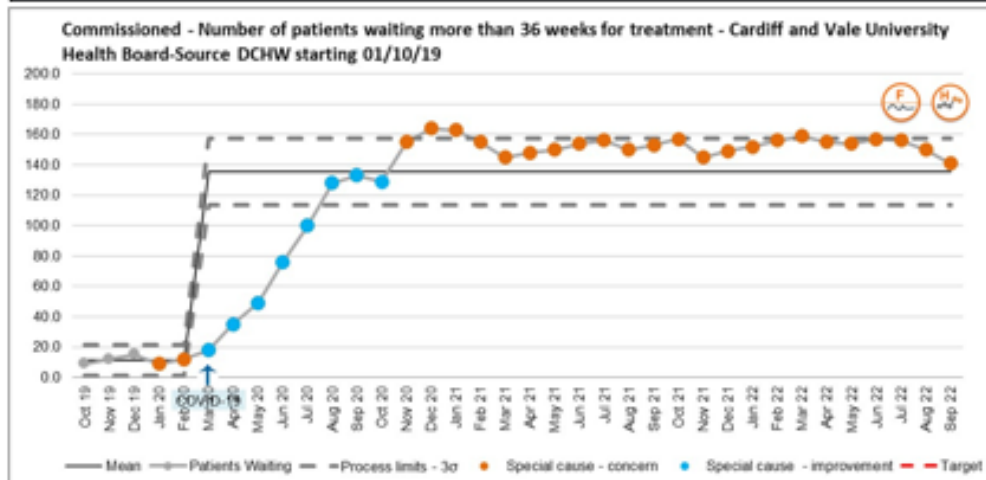
Cardiff and Vale University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

CVUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	55%	48,665	6,325	17,251
Powys resident performance	53%	141	99	76

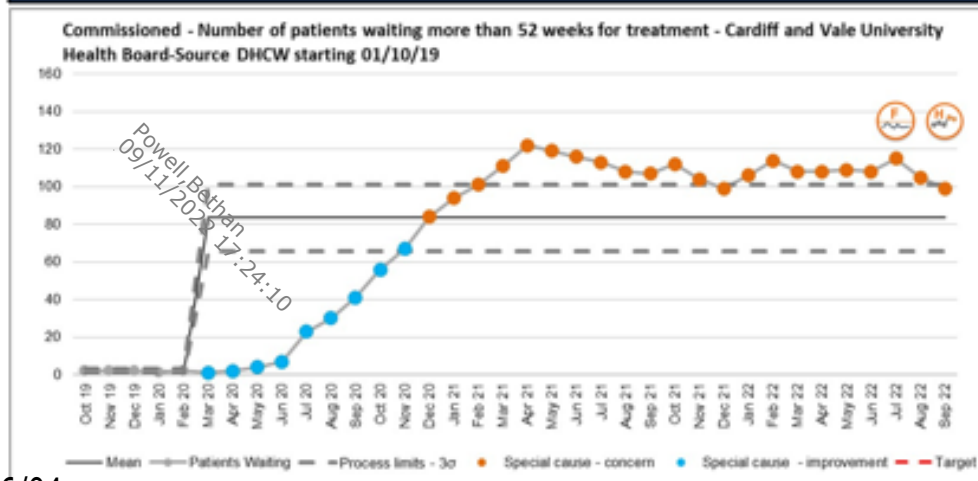
Percentage of RTT pathways <26 weeks



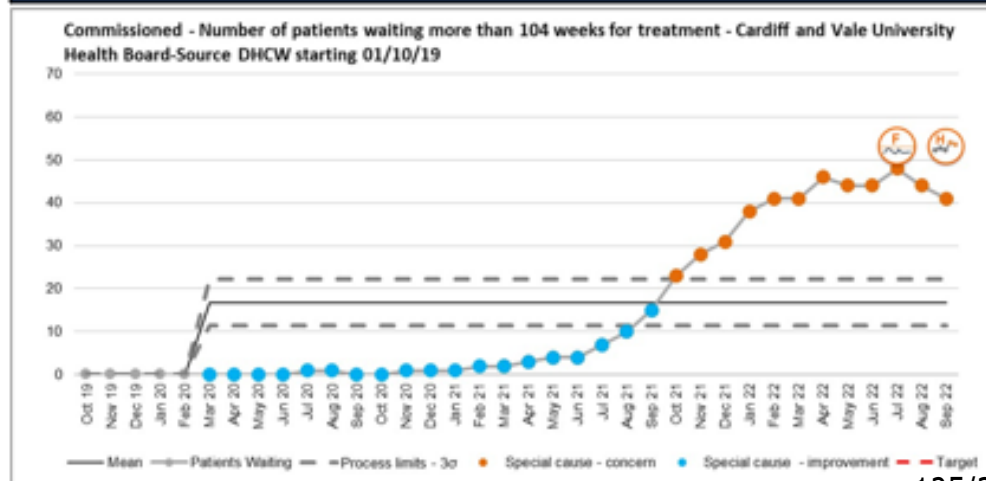
Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks





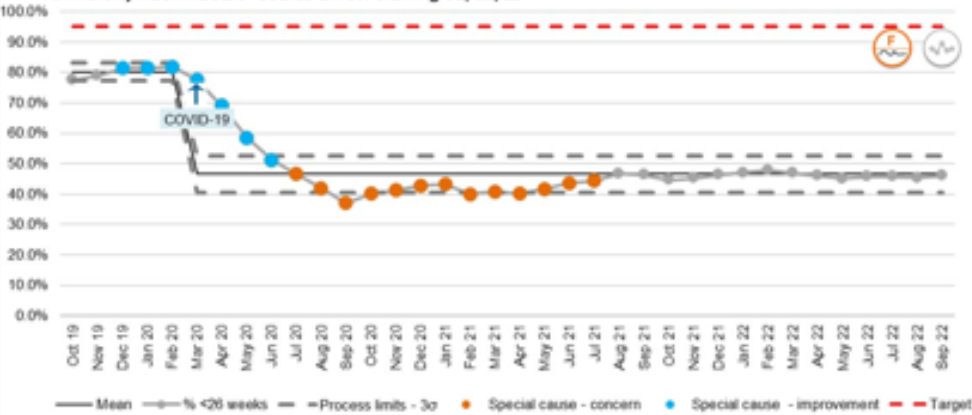
Appendix 1

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

CTMHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	45%	47,303	13,886	16,107
Powys resident performance	46%	248	77	56

Percentage of RTT pathways <26 weeks

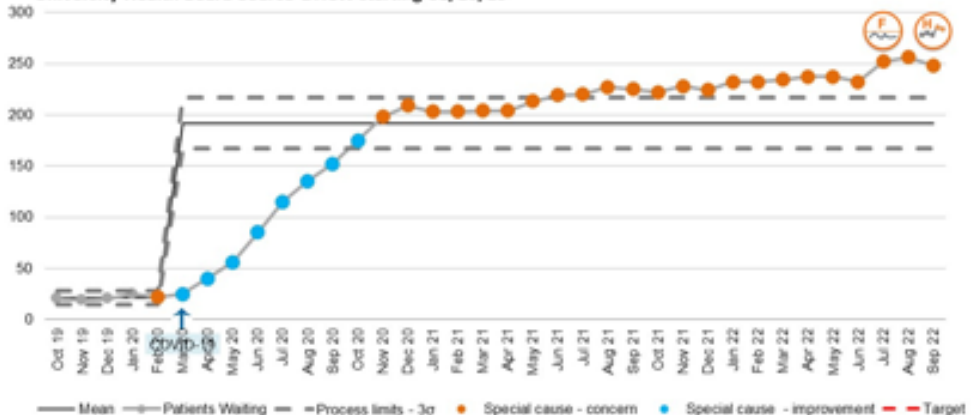
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Cwm Taf Morgannwg University Health Board- Source DHCW starting 01/10/19



Number of RTT pathways 36+ weeks

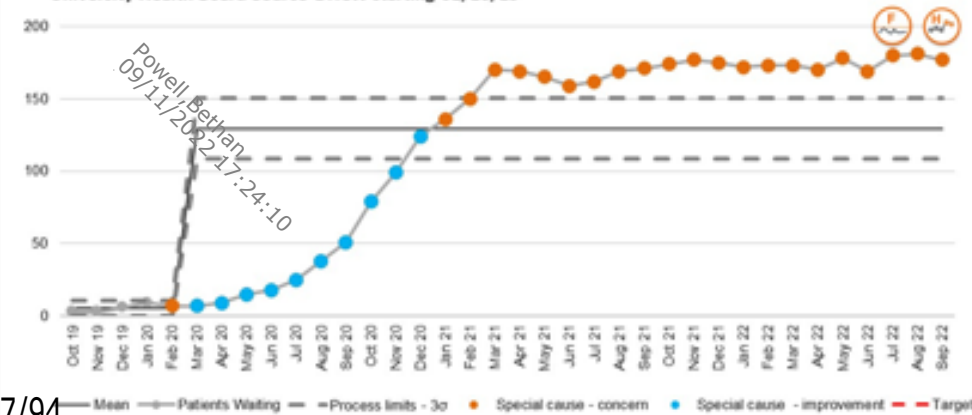
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Cwm Taf Morgannwg University Health Board-Source DHCW starting 01/10/19



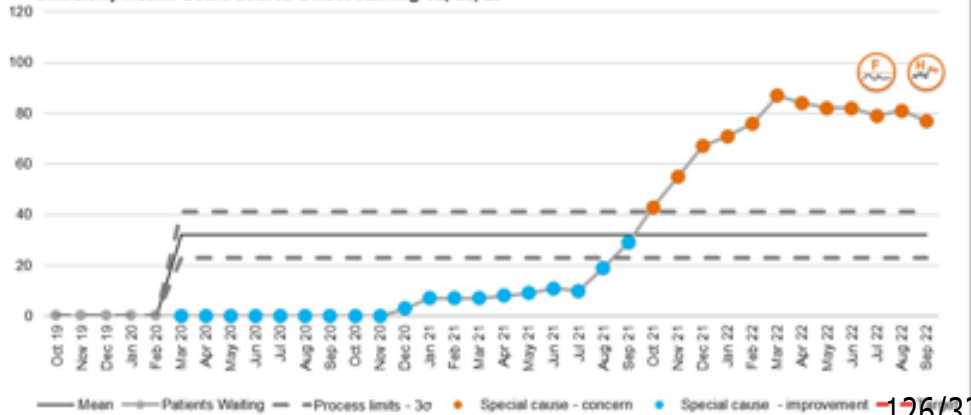
Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Cwm Taf Morgannwg University Health Board-Source DHCW starting 01/10/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Cwm Taf Morgannwg University Health Board-Source DHCW starting 01/10/19



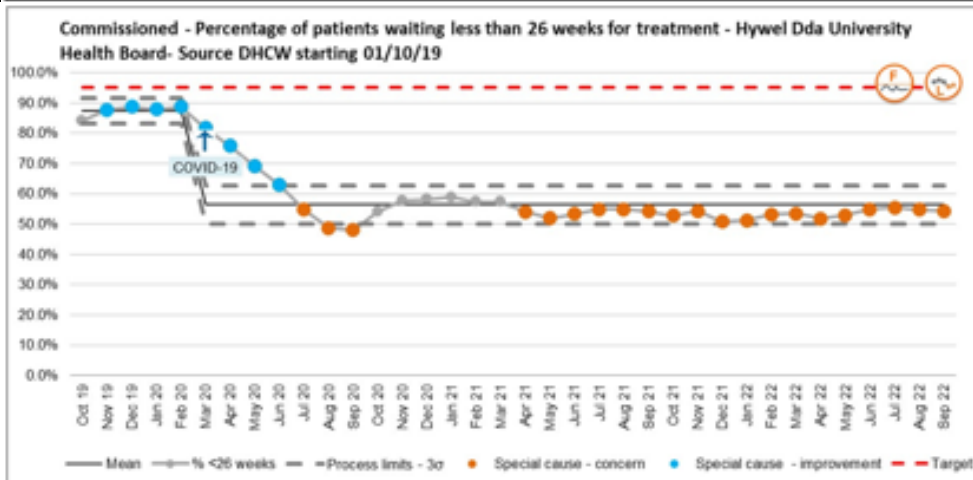


Appendix 1

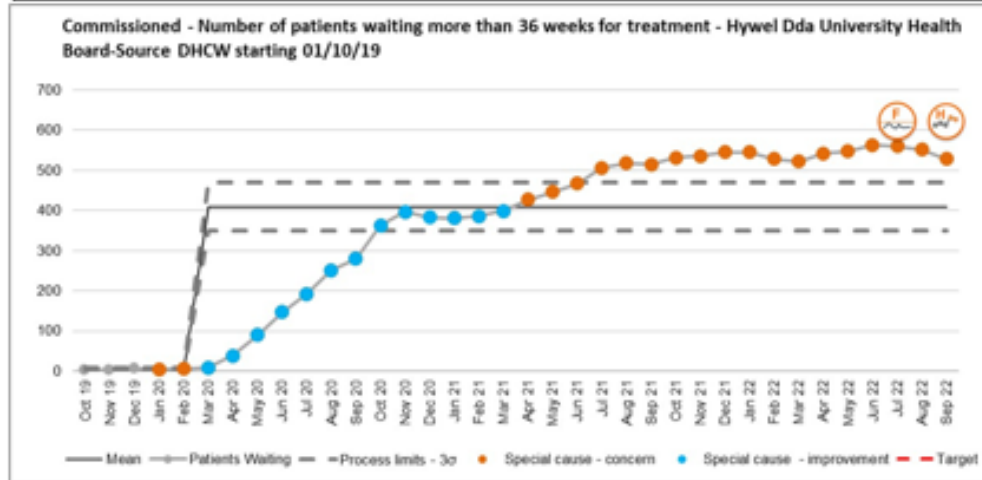
Hywel Dda University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

HDUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	56%	25,414	6,453	7,622
Powys resident performance	54.4%	529	112	156

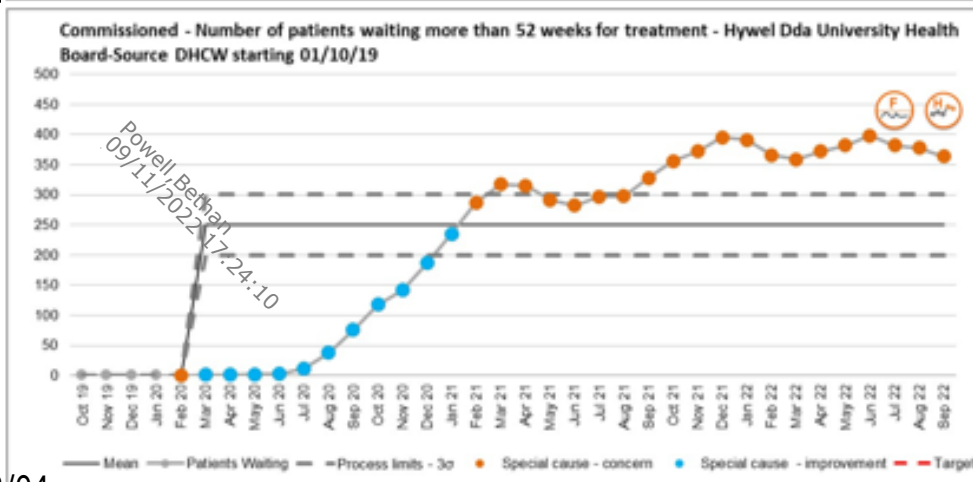
Percentage of RTT pathways <26 weeks



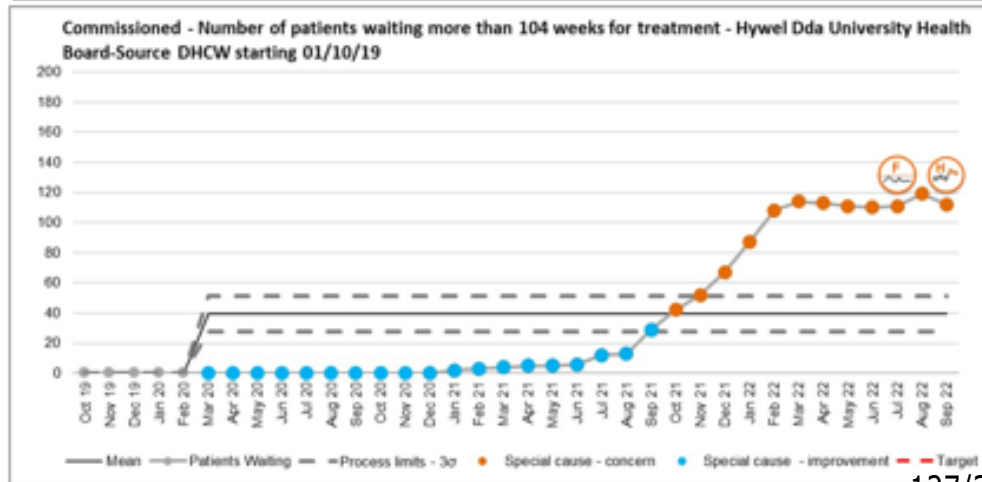
Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks



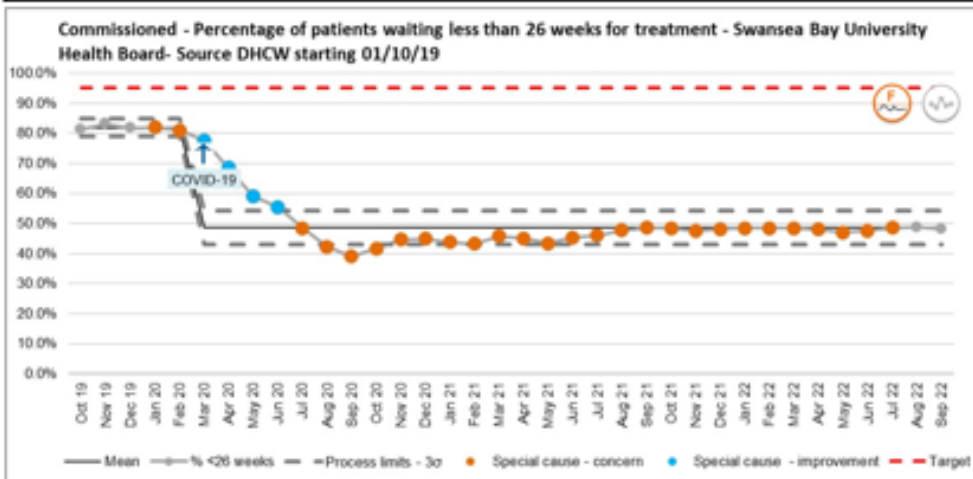


Appendix 1

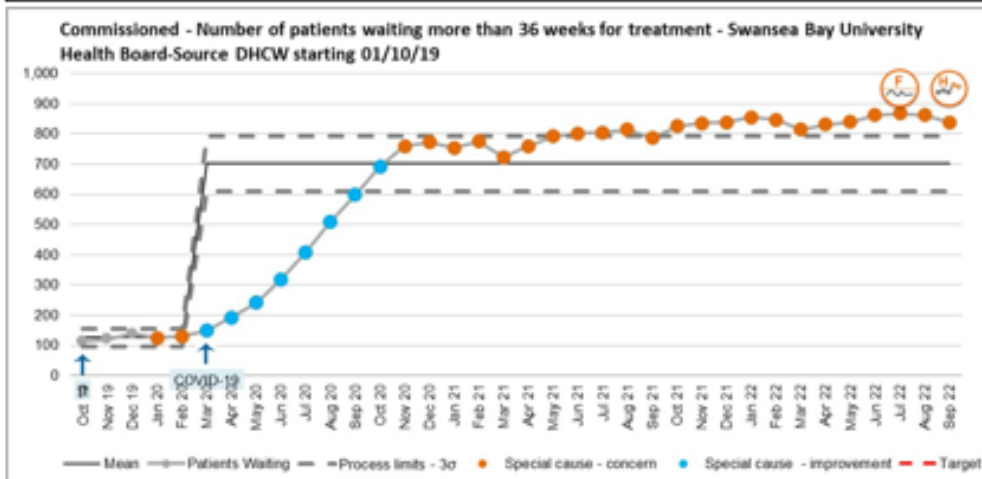
Swansea Bay University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

SBUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	50%	40,899	7,570	7,490
Powys resident performance	48.1%	838	262	271

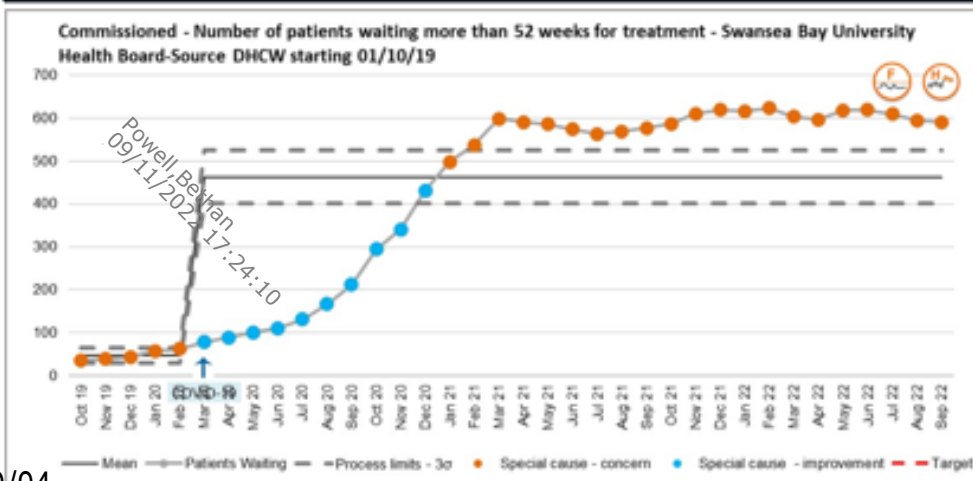
Percentage of RTT pathways <26 weeks



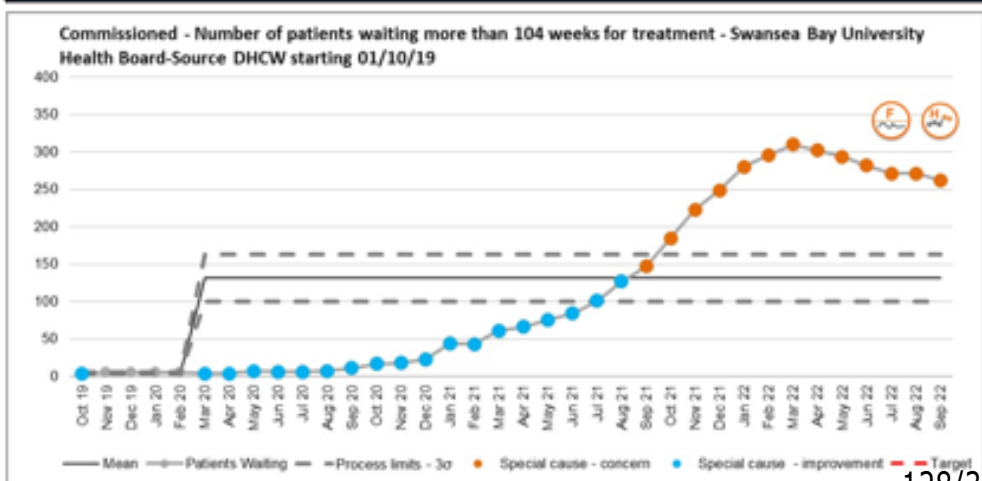
Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks



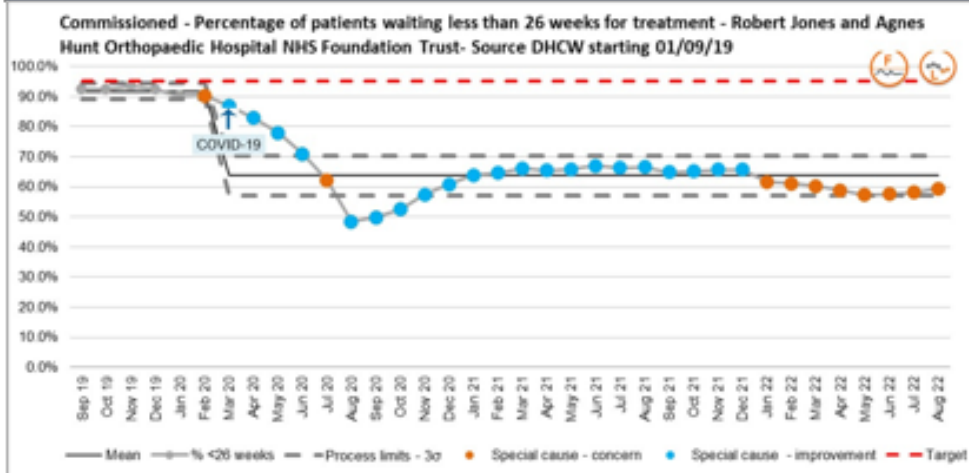


Appendix 1

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

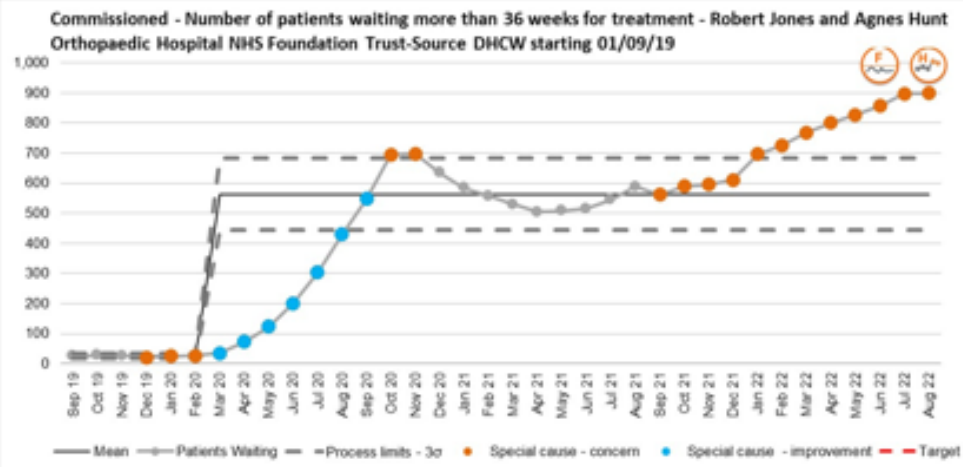
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

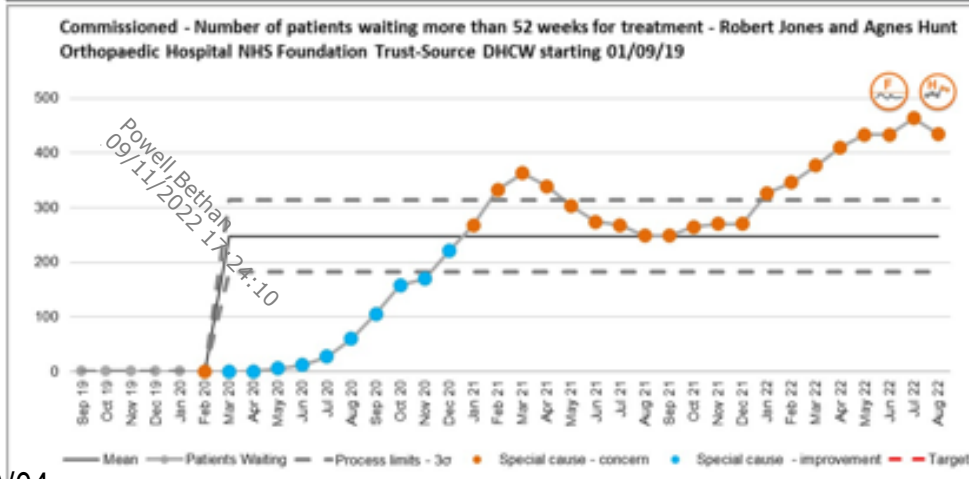


Number of RTT pathways 36+ weeks

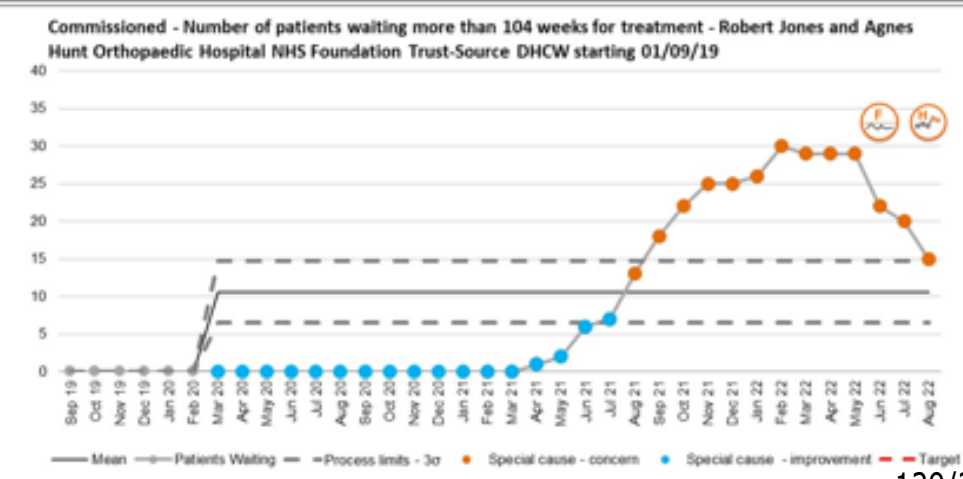
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks





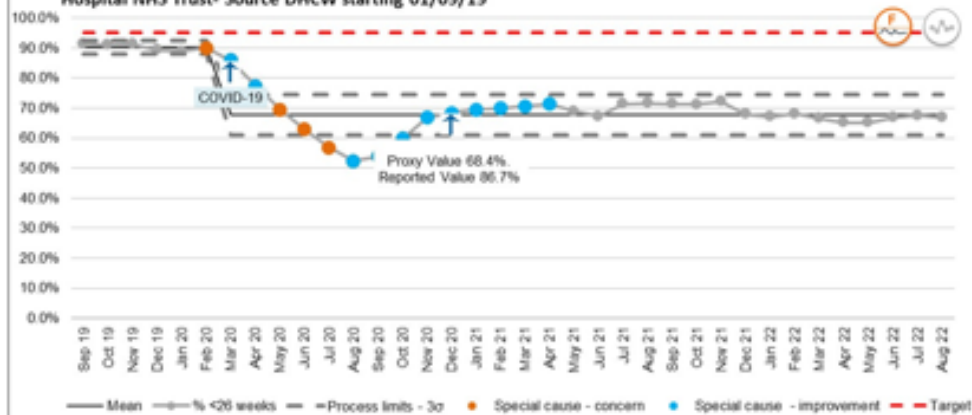
Appendix 1

Shrewsbury and Telford Hospital NHS Trust

Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

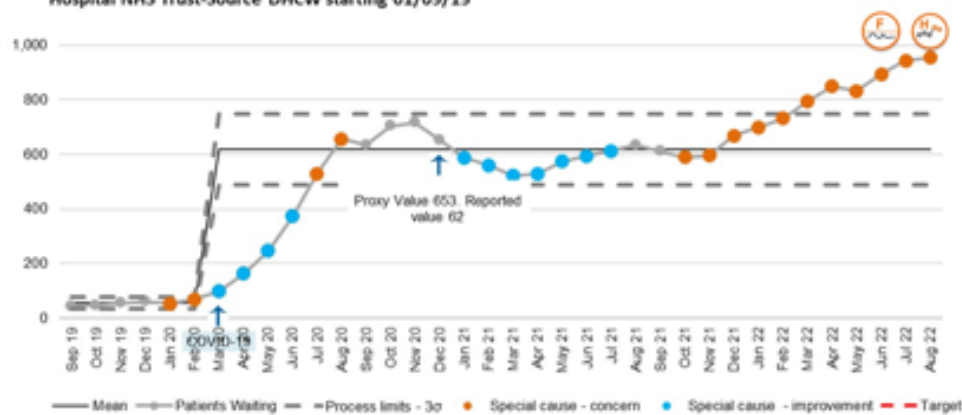
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust- Source DHCW starting 01/09/19



Number of RTT pathways 36+ weeks

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

Commissioned - Number of patients waiting more than 36 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust-Source DHCW starting 01/09/19



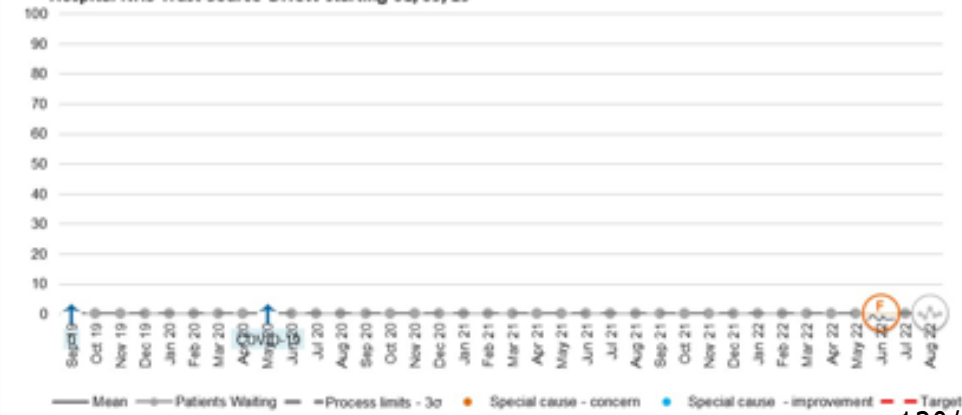
Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust-Source DHCW starting 01/09/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust-Source DHCW starting 01/09/19



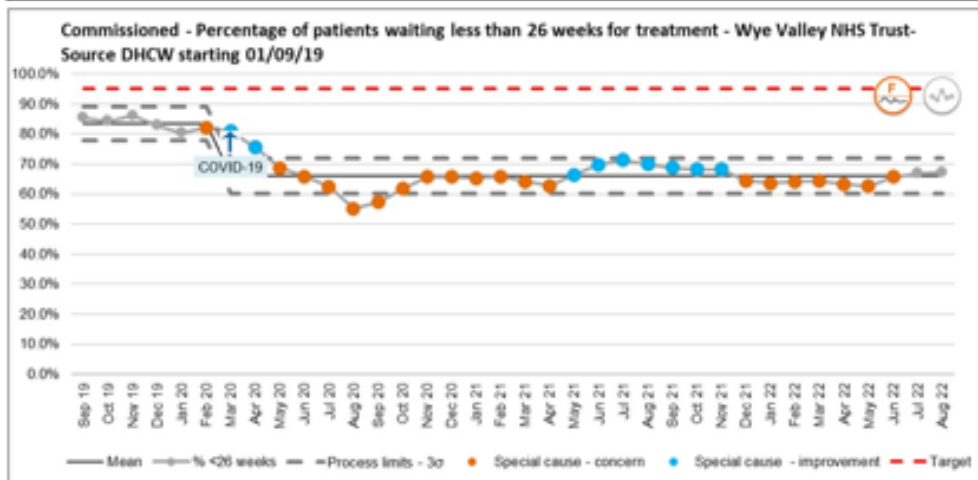


Appendix 1

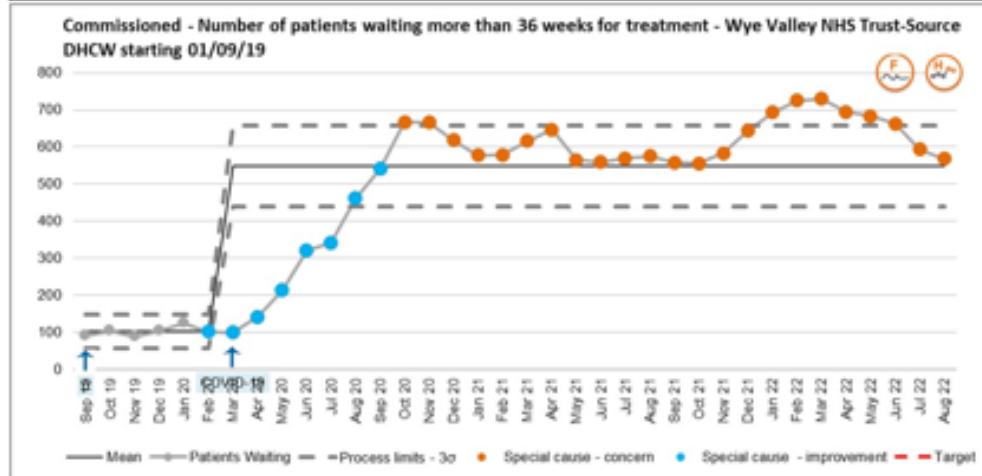
Wye Valley NHS Trust

Referral to Treatment – Powys Teaching health board as a Commissioner

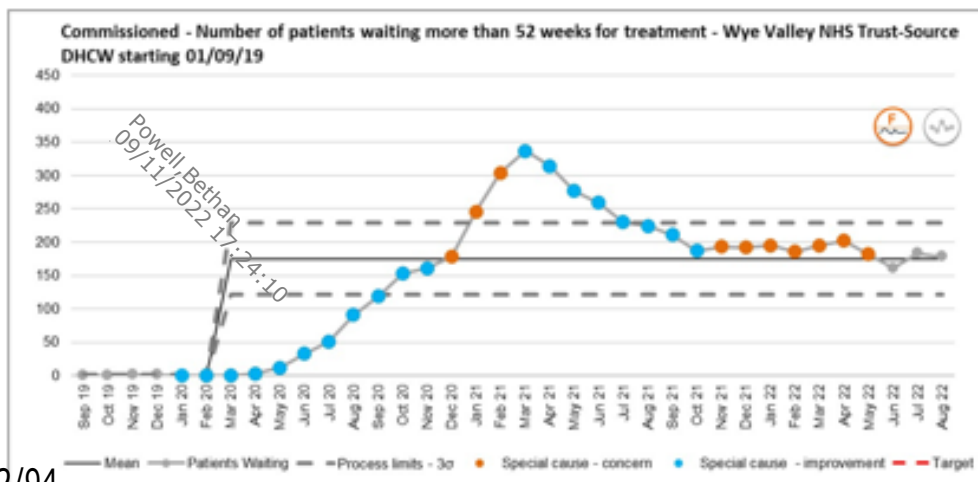
Percentage of RTT pathways <26 weeks



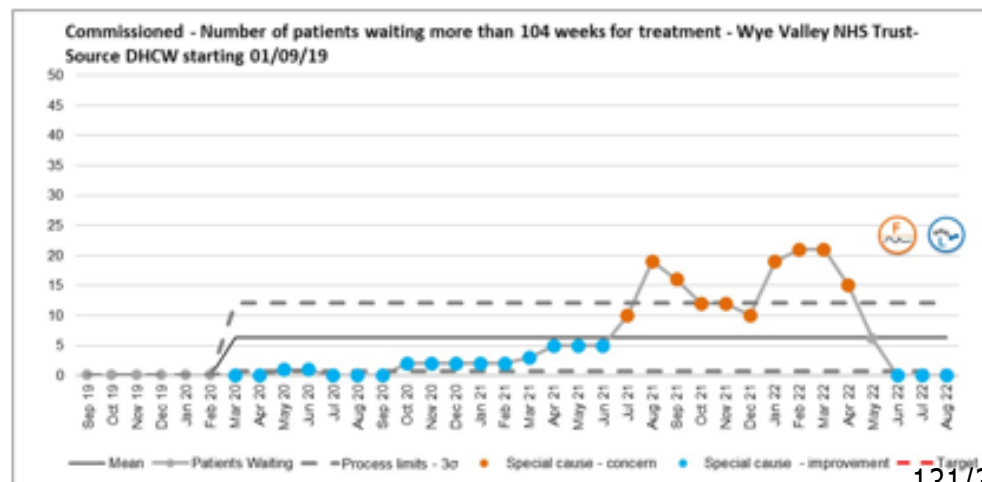
Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks



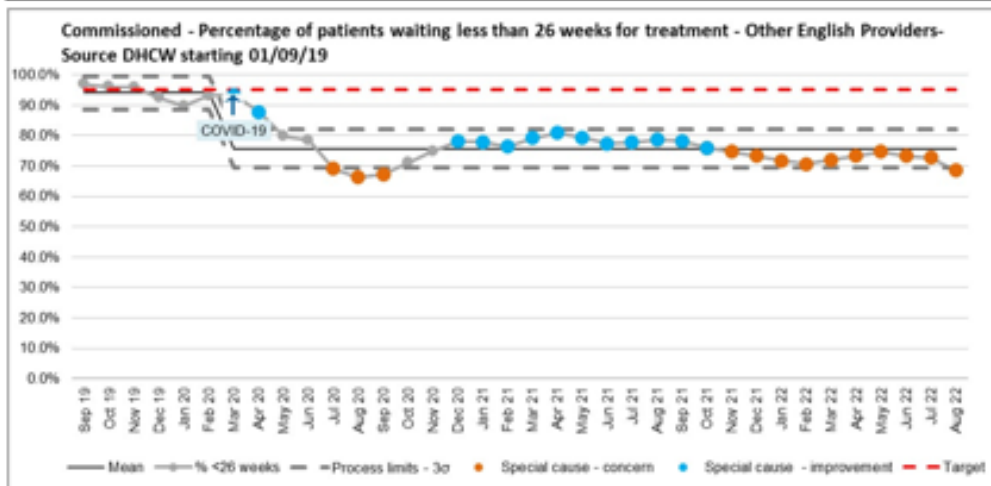


Appendix 1

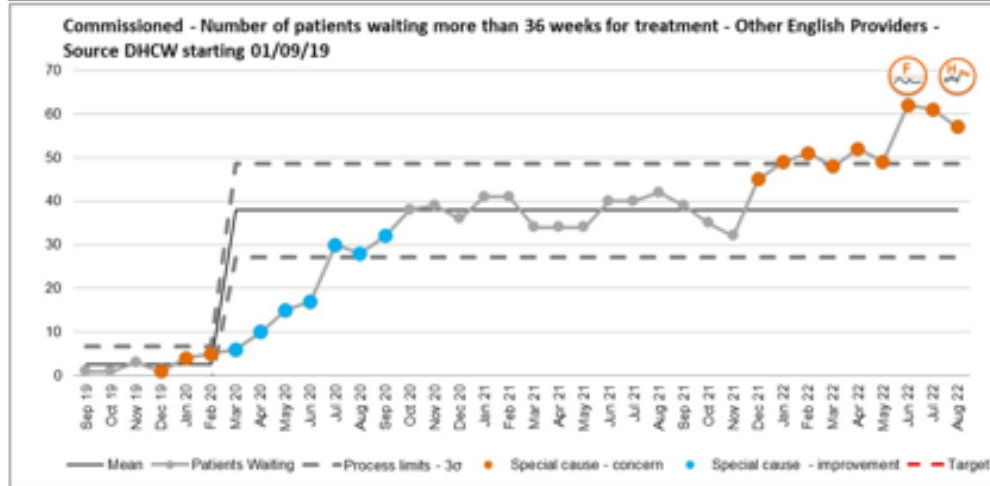
Other English Providers (all low volume providers including specialist pathways)

Referral to Treatment – Powys Teaching health board as a Commissioner

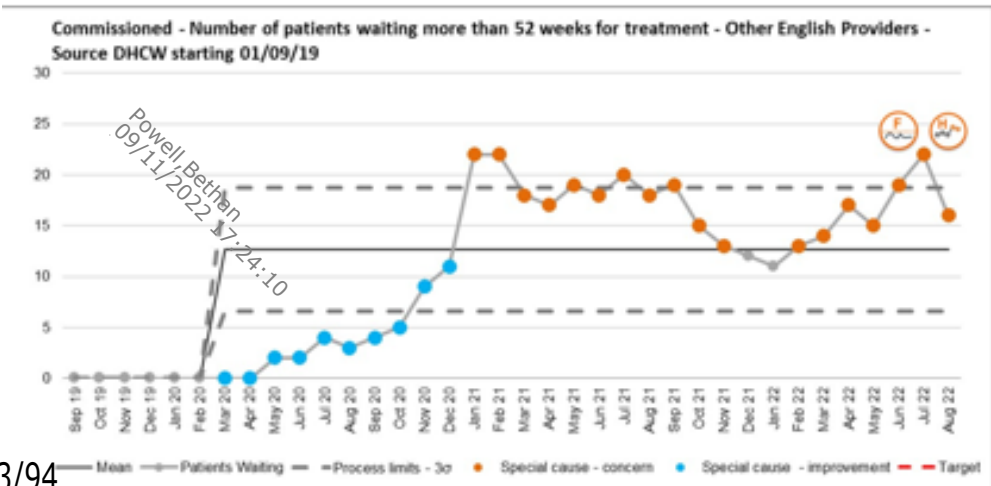
Percentage of RTT pathways <26 weeks



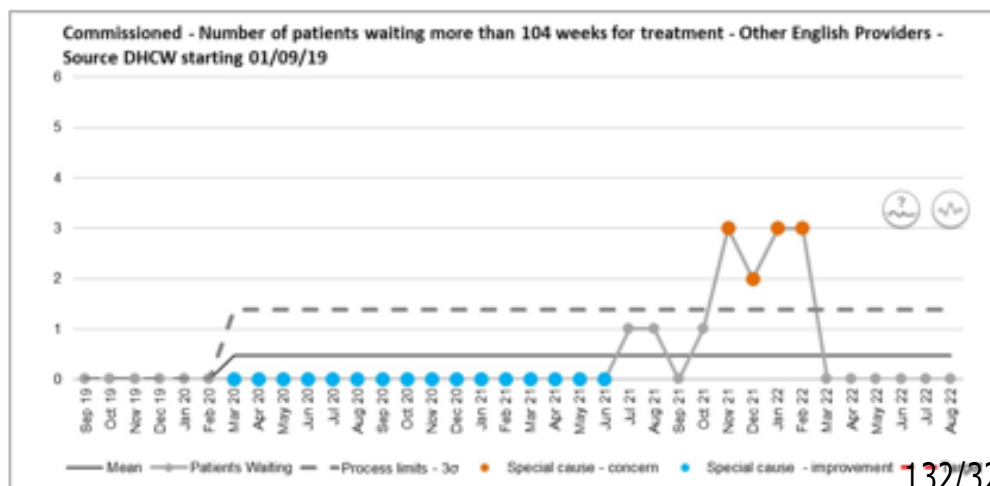
Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



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



Number of RTT pathways over 104 weeks





Appendix 2

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

All Wales - LTA monitoring report: September 2022

Ref	Indicator	Standard	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
LTA/BSW/001	Histology reported by laboratory within 7 days of Date of procedure	None	58.2%	58.1%	53.3%	60.1%	54.7%	49.5%	35.3%	44.6%	50.0%	53.0%	48.8%	
LTA/BSW/002	Waiting Time for Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment - Looking back	>=90%	3.8%	2.5%	3.3%	4.6%	4.0%	6.6%	14.6%	6.3%	7.4%	13.3%	8.8%	
LTA/BSW/003	Number of colonoscopies - index	None	273	371	246	301	308	382	326	255	262	357	251	287
LTA/BTW/001	Waiting times for diagnostic surgery, waiting 14 days or less	>=95%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
LTA/BTW/002	Waiting times for therapeutic surgery, waiting 31 days or less	>=95%	59.6%	74.6%	69.2%	46.0%	69.8%	50.7%	56.5%	59.6%	83.0%	71.1%	60.3%	
LTA/CSW/001	Laboratory Turnaround Time for Colposcopy Histology Results (2 weeks)	>=80%	84.7%	85.2%	81.0%	77.6%	75.2%	74.3%	58.0%	62.9%	55.7%	66.7%	70.1%	58.8%
LTA/CSW/002	Laboratory Turnaround Time for Colposcopy Histology Results (3 weeks)	100%	96.7%	95.0%	95.1%	91.0%	89.5%	87.1%	77.5%	77.3%	72.5%	82.5%	82.7%	77.5%
LTA/CSW/003A	Laboratory Turnaround Time for Gynae Cytology Test Results (3 weeks)	>=95%	88.0%	88.6%	89.6%	91.1%	95.9%	54.9%	82.7%	75.8%	73.7%	90.4%	87.7%	73.9%
LTA/CSW/003	Waiting times for colposcopy - all referrals (8 weeks)	>=90%	81.9%	86.8%	86.3%	83.4%	82.5%	83.7%	79.9%	79.3%	83.8%	89.9%	91.3%	90.0%
LTA/CSW/004	Waiting times for colposcopy - moderate dyskaryosis or worse (4 weeks)	>=90%	87.9%	83.6%	83.0%	80.5%	70.3%	85.2%	90.4%	88.2%	89.7%	88.9%	91.5%	90.4%
LTA/CSW/005	Waiting times for colposcopy - urgent suspected cancers (2 weeks)	100%	76.9%	80.0%	20.0%	50.0%	88.9%	80.0%	85.7%	100.0%	100.0%	100.0%	83.3%	100.0%
LTA/CSW/006	Number of new colposcopies (new referrals/women attending)	None	730	897	826	794	809	834	672	908	811	672	816	762
LTA/NBH/006A	Well babies: Those babies offered assessment procedure within 4 weeks of the second screening episode	>=90%	96.6%	100.0%	100.0%	97.1%	90.5%	90.3%	93.1%	95.2%	100.0%	91.3%	90.0%	92.0%
LTA/NBH/006B	High risk babies: Those babies offered assessment procedure within 8 weeks of AABR	>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.7%	82.4%	90.0%
LTA/NBH/007	Those babies who complete assessment procedure within three months	>=85%	93.0%	75.0%	89.7%	93.8%	100.0%	95.7%	95.0%	96.9%	80.0%	73.7%	79.5%	
LTA/NBH/008	Number referred for assessment	None	37	26	37	26	25	32	28	26	37	29	31	
LTA/NBSW/003A	Timely Collection of Sample (Day 4-6 of Life)	>=95%	95.4%	94.6%	95.9%	95.7%	95.3%	95.8%	94.5%	95.0%	95.9%	93.2%	96.1%	95.9%
LTA/NBSW/003B	Timely Collection of Avoidable Repeat Samples, within 3 calendar days of request	>=95%	63.5%	76.1%	79.7%	68.6%	80.8%	71.7%	69.8%	57.6%	78.6%	61.8%	86.8%	75.0%
LTA/NBSW/004A	Avoidable Repeat Rate	<=2%	1.9%	2.5%	2.7%	2.0%	2.1%	2.1%	2.0%	2.5%	1.8%	1.4%	1.7%	2.2%
LTA/AAA/001	Non-visualised screening scan and annual surveillance scan routine general USS waiting list, 8 weeks	None	75.0%	33.3%	33.3%	0.0%	50.0%	60.0%	0.0%	42.9%	100.0%	20.0%	40.0%	0.0%
LTA/AAA/002	Non-visualised quarterly surveillance scan – urgent, 2-4 weeks	None												
LTA/AAA/005A	Seen by MDT, 7-14 days	>=90%	100.0%	100.0%	85.7%	87.5%	0.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	75.0%
LTA/AAA/006	Intervention, 4-8 weeks	>=60%	12.5%	25.0%	33.3%	66.7%	0.0%	33.3%	40.0%	0.0%	20.0%	0.0%	0.0%	0.0%

Note - unknown Health Board not presented, but figures appears in All Wales total

Delivery & Performance Committee

Summary Integrated Performance Report – Highlight Report 11th November 2022

Powell Bethan
09/11/2022 17:24:10

NHS Wales Performance Framework – @ 01/11/2022

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

Exceptions - challenged measures of quadruple aim 1

- **Attempt to quit smoking** – Improved maternity and community provision but access challenge for time period via level 3 pharmacy provision (8 of 21 pharmacies provide lvl 3 service). Actions being taken include increasing level 3 offer across pharmacies & Extra training for smoking cessation advisors. (**No update from August IPR**)
- **Diabetes (achieving three treatment targets in 15 months preceding**
New measure, limited data, no officer lead confirmed. (**No update from August IPR**)
- **'6 in 1' vaccine by age 1**
Drop in performance over last 2 periods to 92.7% in Q1, Powys benchmarks 6th below All Wales (94%) . Actions include discussions with individual practices, and work with health visitors to identify challenges.
- **MMR2 immunisations**
Performance in Q1 reported as 93.6%, All Wales benchmark (90.7%). Actions include data cleansing, promotion of uptake, and offers for those patients who have missed vaccination
- **Influenza vaccination uptake (2021/22 targets)** – Good performance for 65+ but 7th in All Wales benchmark but performance fell across all other groups of patients. Pregnant women is a very small sample of data which could of adversely effected % in 2021/22, other challenges include capacity, social distancing, perceived risk etc during the pandemic. (**No update from August IPR**)
- **Cervical cancer screening** – 2020/21 service suspension impact reduced capacity. Lower uptake in North Powys. Challenge of timely data remains for cancer screening. Actions plans include catch-up and offers for patients on delayed screening from the pandemic period. (**No update from August IPR**)

No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Current	Ranking	All Wales
3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%	56.5%	1st	36.7%
4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	2021/22	13.0%	10.7%	1st	13.0%
5	% Attempted to quit smoking	✓	5% annual target	Q4 21/22	2.79%	3.34%	6th	4.07%
7	% diabetics who receive 8 NICE care processes	✓	≥27%	Q4 21/22	24.5%	40.1%	1st	28.4%
8	% Diabetics achieving 3 treatment targets	✓	1% annual increase from 2020-21 baseline	2020/21	30.4%	26.2%	4th	27.6%
9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend	Q4 21/22	380.9	394.2	6th	373.9
10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend	Q1 22/23	65.0%	70.7%	3rd	67.2%
11	'6 in 1' vaccine by age 1		95%	Q1 22/23	97.3%	92.7%	6th	94.0%
12	2 doses of the MMR vaccine by age 5		95%	Q1 22/23	91.7%	93.6%	1st	90.7%
13	Autumn 2022 COVID-19 Booster	✓	75%	25/10/2022		40.0%		
14a	Flu Vaccines - 65+		75%	2021/22	73.5%	75.3%	7th	78.0%
14b	Flu Vaccines - under 65 in risk groups		55%	2021/22	52.2%	50.9%	3rd	48.2%
14c	Flu Vaccines - Pregnant Women		75%	2021/22	92.3%	66.7%	6th	78.5%
14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%	52.1%	6th	55.6%
15a	Coverage of cancer screening for: cervical		80%	2020/21	76.1%	72.7%	1st	69.5%
15b	Coverage of cancer screening for: bowel		60%	2020/21	56.4%	68.3%	1st	67.1%
15c	Coverage of cancer screening for: breast		70%	2021/22 (May)	74.6%	75.8%	1st	72.3%

NHS Wales Performance Framework – @ 01/11/2022

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

Exceptions - challenged measures of quadruple aim 2

- OOH patients prioritised P1CHC with clinical assessment < 1hr** – Ongoing national issue with data and accurate reporting, on the 4th of August cybersecurity incident resulted in disabling of health and care systems affecting health boards across Wales impacting 111. Actions include AD attendance of national daily business continuity and incident calls. **(No update from August IPR)**
- WAST < 8mins** – Improved performance for September (51.2%) above All Wales average (50%). Ongoing key issues demand, handover delays, COVID-19 impact on staffing. Actions include work to improve step down flow from acute sites, increased capacity provided by WAST, and engagement via All Wales urgent care escalation calls.
- Therapy access** – Ongoing (7 month) and increasing breach trend (252 in September). Key challenges include short notice cancelations as a result of sickness (Covid-19), vacancies across service, very fragile north Powys, Podiatry down 3 WTE staff and no agency support available. Actions to resolve include locum recruitment, weekly focus meetings, and new staff starting for MSK and Podiatry in November.
- FUP outpatient appointments** - Data reported is not being submitted to WG (3215 reported over 100% with potentially 50% invalid pathways), ongoing validation work with risk to timeline, phase 2 delay risk with Information applications and national team. Actions include training for clinicians on SOS/PIFU pathways, ongoing clinical validation of lists.
- Ophthalmology R1 patients attending** - Performance improved to 68% in September above the All Wales benchmark (63.2%). Challenge could be linked to FUP validation issues, but in-reach fragility is also recognised as impacting performance and demand pressure. Actions include WET AMD service extending into Mid Powys, One stop eye care clinic in Llanidloes/Welshpool to save patient travel to HDUHB, and first health board in Wales to have local safety standards for invasive procedures (LOCSIPs) in place.

No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Current	Ranking	All Wales
16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2021/22	93.8%	100.0%	1st	88.6%
21	% 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	Jun-22	96.3%	83.0%	*3rd	83.6%
22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	Q1 22/23	7.9%	8.1%	5th	11.8%
25	MIU % patients who waited <4hr		95%	Sep-22	99.8%	100.0%	1st	67.8%
26	MIU patients who waited +12hrs		0	Sep-22	0	0	1st	10,230
31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Sep-22	56.5%	51.2%	3rd	50.0%
39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards 0 by Spring 2024	Sep-22	120	2	*1st	16,284
40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Sep-22	242	78	*1st	44,489
41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Sep-22	30	252	*1st	12,356
42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards 0 by 31/12/22	Sep-22	49	0	*1st	102,662
43	Number of patient follow-up outpatient appointment delayed by over 100%	✓	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	Sep-22	No RAG available DQ challenge	3215		*213,845
44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Sep-22	55.0%	68.0%	*3rd	63.2%
45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Sep-22	3	0	*1st	*59350
46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026	Sep-22	377	62	*1st	*271165
47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026	Sep-22	79.9%	94.7%	*1st	*54.8%

NHS Wales Performance Framework – @ 01/11/2022

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

Exceptions - challenged measures of quadruple aim 2

• **RTT waits in commissioned services**

Significant challenge and increasing in-equity of care for patients waiting in acute care centres. All commissioned providers are not meeting their national targets for RTT. The worst area for long waits is South West Powys. Slow improvement with 693 pathways waiting over 104 weeks in August (15 of these in England). Actions include repatriation scoping exercise, engagement with commissioners via CQPRM, and commissioned services seeking extra capacity through insource/outsource and service investment.

• **MH part 1 interventions < 18s** – Service performance fell to 53.8% linked to re-organisation of single point of access (SPOA), staff sickness and vacancies. CAMHS is also seeing increasing referral demand. Actions include recruitment to vacancies, further development of SPOA service to streamline and improve timely intervention.

• **Neurodevelopmental Waits** – Performance fell to 70.7% against all Wales average of 36.5% (rank 1st). Challenge includes referral demand increase to 48 average per month (from 20 pre COVID), also challenges around staffing capacity. Actions include non recurrent funding for posts until December 22, grant funding for posts until March 23, and IBG funding application to secure recurring monies.

• **MH part 1 interventions (+18)** – performance at 50.3% (improving), challenges include complexity of cases, increased service demand coinciding with staffing sickness. Actions & mitigations include award of additional resource for LPMHSS by WG via 2022 service improvement fund, and further actions include waiting list initiatives, recruitment and promotion of Silvercloud

No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Current	Ranking	All Wales
LM2	Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers)		Individual Targets	Aug-22	272	693		
LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Aug-22	2,582	2,820		
LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Aug-22	4,531	5,204		
LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Aug-22	62.4%	60.7%		
48	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
49	CAMHS % waiting <28 days for first appointment	✓	80%	Aug-22	51.1%	100.0%	3rd	42.9%
50	Assessments <28 days <18	✓	80%	Aug-22	55.9%	93.9%	1st	54.0%
51	Interventions <28 days <18	✓	80%	Aug-22	59.1%	53.8%	1st	38.7%
52	% residents with CTP <18	✓	90%	Aug-22	95.0%	97.6%	3rd	64.9%
53	Children/Young People neurodevelopmental waits	✓	80%	Sep-22	48.5%	70.7%	* 1st	36.5%
55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Aug-22	100%	100%	1st	100.0%
56	% adults admitted without a CRHT's gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%	Aug-22	100%	100%	1st	100.0%
57	Assessments <28 days 18+	✓	80%	Aug-22	98.1%	80.2%	6th	90.0%
58	Interventions <28 days 18+	✓	80%	Aug-22	76.3%	50.3%	6th	72.1%
59	Adult psychological therapy waiting < 26 weeks	✓	80%	Aug-22	96.2%	92.0%	2nd	73.4%
60	% residents with CTP 18+	✓	90%	Aug-22	87.8%	81.4%	6th	86.0%
63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local	Sep-22		2 cases	PTHB is not nationally benchmarked for infection rates	
64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓		Sep-22		6 cases		

• **MH CTP adults** - Performance has improved to 81.4%, North Powys continues to face serious challenge due to staffing, and loss of Social Services capacity/responsibility since January 2022, data quality and access remains a challenge including migration to share point, and database access for staff and the use of WCCIS. Actions include North Powys focus for data and staffing, ongoing recruitment, and discussions with Social Services around responsibilities in community mental health teams.

NHS Wales Performance Framework – @ 01/11/2022

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

Exceptions - challenged measures of quadruple aim 3

• **Agency Spend**

Spend has fallen to 8% in September, challenges include limited substantive workforce availability, Covid impacts and short term sickness, patient acuity and dependency. Actions include negotiations with on-contract agencies, review of operational footprint to reduce temporary staffing, and various further mitigations.

- **Sickness** – Rolling 12 month sickness at 6% September 2022, challenges around high levels of stress & anxiety, and COVID-19. Actions and mitigations include manager training, close working with HR Business partners, recruitment into occupational health, and new counselling service.

• **Core Skills & Mandatory Training**

September performance maintained (82%), challenges include increased staffing pressure, vacancies, and inclusion of new training material during Q2. Actions and mitigations include scrutiny via directorate reviews, establishment of improvement trajectories for directorates or non compliant staff groups.

- **PADR** – Performance fell in September to 70%. Challenge includes staff absence and vacancies impacting PADR delivery. Actions to improve include WOD business partners focusing compliance push with senior leads, including recovery plans for hotspots, monthly analysis shared via AD's, and scrutiny via directorate reviews. It should be noted that the pay progression policy has been reinstated from October 2021.

• **Staff Engagement Score & Manager interest in health and well being.**

This data is now awaiting update via a new and confirmed survey in

No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Current	Ranking	All Wales
67	Agency spend as a percentage of the total pay bill	✓	12m↓	Sep-22	0.9%	8.0%	8th (Apr-22)	6% (Apr-22)
68	(R12) Sickness Absence	✓	12m↓	Sep-22	5.3%	6.0%	3rd (Apr-22)	7.09% (Apr-22)
69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	Q4 2021/22	16.0%	17.0%	5th%	15.6%
70	Core Skills Mandatory Training	✓	85%	Sep-22	82.0%	82.0%	1st (Apr-22)	79.5% (Apr-22)
71	Performance Appraisals (PADR)	✓	85%	Sep-22	71.0%	70.0%	1st (Apr-22)	71.5% (Apr-22)
72	Staff Engagement Score	✓	Annual Improvement	2020	79% (2018)	78.0%	1st	75%
73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement	2020	77% (2018)	75.5%	2nd	65.9%

NHS Wales Performance Framework – @ 01/11/2022

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

Exceptions - challenged measures of quadruple aim 4

- **De-Carbonisation (Emissions)** – Failed to reduce 16% against 2018/19 baseline 20,028 tCO2e. Challenges around data reporting and sources, data collection needs improved method. Increases in collected data increase reported carbon output e.g., worsening performance driven by data quality/completeness and method of measurement, scope 3 emissions negatively impacted by RPI increase. Actions and mitigations include development of data set with programme boards and WG.
- **Number of patients +65 prescribed an antipsychotic** - Powys performance remains best in Wales with the national figure as a percentage at 1.5% compared to 1.23% for Powys. Actions include regular monitoring and reports to primary care including education around elderly dementia patients. (No update from August IPR)

No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Current	Ranking	All Wales
74	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	✓	16% Reduction by 2025 Against 21018/19 NHS Wales Baseline	2020/21	17,021	23,107	2nd*	1,001,378
78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q2 2022/24	7236	30,865	5th	584,676
79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q1 22/23	2	8	5th	128
80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months	Jul-22	100.0%	100%	1st	81.4%
81	Total antibacterial items per 1,000 STAR-PUs	✓	A quarterly reduction of 5% against a baseline of 2019-20	Q4 21/22	195.6	230.3	1st	259.4
83	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction	Q1 22/23	485	486	1st*	10,262
84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend	Q4 21/22	4068.0	4040.1	2nd	4,329.4

Operational Measures

- **Concerns and complaints** – performance is 44% for Q1 22/23, challenges include lack of appropriate escalation to meet 30 day response, lack of accurate/accessible data, limited user feedback, timely responses from commissioned services. Actions and mitigations include review of process Inc. escalation response, implementation of learning and improvement process, data quality and completeness work.

	Operational Measure	Target	Month	12 months Previous	Previous Period	Current Period
A.	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Aug-22	2.63%	1.98%	1.99%
C.	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q1 2022/23	0.10%	0.10%	0.10%
G.	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q1 2022/23		35%	44%



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 2.2b

**Delivery and Performance
Committee**

**Date of Meeting:
11 November 2022**

Subject: **Progress Against the Integrated Medium
Term Plan 2022 – 2025, for the Quarter 2
Period July to September 2022**

**Approved and
Presented by:** **Interim Director of Planning and
Performance**

Prepared by: **Assistant Director of Planning and
Performance**

**Other Committees
and meetings
considered at:** **Executive Committee**

PURPOSE:

This report provides the Delivery and Performance Committee with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 2 period (July 2022 to September 2022) and reflects the outcome of a Mid-Year review, with a number of recommended changes to timing and scope of deliverables within the Integrated Medium Term Plan.

Pending acceptance by this Committee and subsequent approval by PTHB Board, these will be transacted into a revised version of the IMTP Delivery Plan, effective from Quarter 3 onwards.

This report is now provided for formal consideration by the Committee and any final amendments are welcomed, prior to submission to PTHB Board on 30th November 2022.

It will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 Period, noting the changes being made to the deliverables in the IMTP from the Quarter 3 Period.

RECOMMENDATION(S):

The Delivery and Performance Committee are asked to consider the report and make the final recommendation for approval at PTHB Board.

Approval/Ratification/Decision ¹	Discussion	Information
	X	

EXECUTIVE SUMMARY:

This report provides the Delivery and Performance Committee with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 2 period (July 2022 to September 2022).

The Quarter 2 report reflects the outcome of a Mid Year review carried out by each Executive Director, which included a new change request component to enable adjustments to be made in the light of changes in the external and internal context and other developments such as the financial recovery planning process . These change requests have been subject to a collective moderation process via Executive Committee. The detailed changes are set out in the tables at the end of this report.

Pending acceptance by this Committee and subsequently approval by PTHB Board, these will be transacted into a revised version of the IMTP Delivery Plan, effective from Quarter 3 onwards.

This report is therefore provided for consideration by the Committee and any final amendments to be made, before submission to PTHB Board on 30th November 2022.

It will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 Period, noting the changes being made to the deliverables in the IMTP for the Quarter 3 Period.

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

DETAILED BACKGROUND AND ASSESSMENT:

This report provides the Delivery and Performance Committee with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 2 period (July 2022 to September 2022).

Mid Year review of the Integrated Medium Term Plan (IMTP)

This report reflects the outcome of a Mid Year review carried out by each Executive Director. Each of the 25 Strategic Priorities set out in the IMTP has been reviewed and a commentary provided on key achievements and challenges. An additional explanation including mitigating action is also included where any items are RAG rated as red.

This process has enabled the identification of any variances against plan and has informed a number of change requests. These are proposed to enable adjustments to be made in the light of changes in the external and internal context and other developments such as the financial recovery planning process.

Changes to IMTP Deliverables

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

Pending acceptance by this Committee and subsequently approval by PTHB Board, these will be transacted into a revised version of the IMTP Delivery Plan, effective from Quarter 3 onwards.

All changes being recommended have been considered at Executive Committee on 19 October 2022. This included collective moderation of the RAG ratings and supporting commentaries (also set out in the table at the end of this report).

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

Reflection and Learning

Executive Leads have provided reflections and learning arising from the mid-year review of progress against plan, which are included in the attached report and have also been reflected at recent Directorate Performance Reviews. This is also providing useful intelligence to inform the development of the Integrated Plan 2023 – 2026.

Improvements to the reporting process

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

process and supporting guidance to produce a more consistent and meaningful overview across a complex and multi-dimensional plan.

The improvements also include the change request component to enable any adjustments to be made in the light of the more agile and fluid environment in which the organisation is working. It also provides a greater functionality in linking with other processes in the organisation such as the financial recovery planning.

Another improvement is a clearer process for Executive Lead sign off, to ensure that the report reflects the reviews being carried out within Directorates of their respective plans.

Recommendation

This report is provided for consideration by the Committee before submission to PTHB Board on 30th November 2022. Any final amendments or feedback on this report are welcomed.

It will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 Period, noting the changes being made to the deliverables within the IMTP for the Quarter 3 Period.

NEXT STEPS:

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

Pending acceptance by this Committee and subsequently approval by PTHB Board, the proposed changes in this paper will be transacted into a revised version of the IMTP Delivery Plan, effective from Quarter 3 onwards.

It will also be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 Period and the changes being made to the deliverables within the IMTP from the Quarter 3 Period.

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓

Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

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

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

Operational					
Reputational					

Powell, Bethan
09/11/2022 17:24:18

Summary of Change Requests considered at Executive Committee 19 October 2022

No.	Key Action	Milestone	Change Request Type	Description of change	Lead Executive
3.1.04	Implement the COVID-19 Prevention and Response transition plan	Continue transition of TTP arrangements to 'business as usual' model	Timescale	Request for timescale extension to Q4 as details awaited from Welsh Government	DPH
5.1.02	Delivery of the Diagnostics, Ambulatory and Planned Care Renewal Programme	Secure access to medical speciality advice	Timescale	Request to amend to Q1 – Q4; difficulty releasing Orthopaedic expertise from neighbouring Health Boards and NHS Trusts	DoPP; DPCCMH
5.2.01	Mobilisation of Planned Care improvements	Agree phased implementation for the Diagnostic Strategic Plan	Timescale	Request to amend timescales to Q1-Q3; as the Diagnostic Strategic Intent will not be agreed until Q3.	DoPP
5.3.01	Implement sustainable medical and wider clinical and non-clinical workforce model	Develop phased, creative workforce model, develop ability of workforce to meet Welsh Language Act	Wording	Request to remove wording "To meet Welsh Language Act" as this is a general requirement for all health board work	DoPP
5.3.02		Implementation of Eye Care Plan	Timescale	Request to amend timescales to Q1-Q4 as opposed to Q1 to reflect ongoing implementation	DoPP
5.3.07		Implementation including Ambulatory Care Centres	Scope (removal of action)	Request to remove action due to lack of clarity; some implementation through the Urgent, Emergency Frailty and Community Model Programme where funding is available.	DPCCMH
6.3	Deliver the Children and Young People Renewal Programme	Implement Healthy Growth and Development Plan including Universal Screening In line with comprehensive Vaccination Programme work develop a robust plan for implementing Childhood Immunisations Develop / implement plan for Children's Complex Care	Scope (removal of actions)	Request to remove 6.3.02, 6.3.03 and 6.3.05 as these have become business as usual following review by CYP Renewal Programme <i>NB. Executive Committee made further recommendations on 6.3 during their moderation process, see following table</i>	DPCCMH
8.1.01		Gap analysis and Phased Plan	Timescale	Request to amend timescale to Q1-Q3	DPH
8.2.01		Cardiac workforce development		Request to extend to Q1-Q4; pilot to end of March 2023	DPH

8.5.01	Deliver Circulatory Programme	Equitable access to cardiac rehabilitation for all pathways		Request to extend timescale to Q2 – Q4; work initiated in Q2 will now be implemented through to Q4	DPH
9.1.01	Deliver the Breathe Well Programme	Develop & implement plan to meet Respiratory Quality Standard	Minor Wording	Request to adjust the wording (should be Statement not Standard) – minor amend so this is already transacted and included just for info	DoTH
11.1.01	Develop and deliver a Frailty and Community model	Complete work on overarching model following Gap Analysis	Scope and Timescale	Request to amend from detailed model by Q4 to high level model approved by Programme Board in Q1-2.	MD; DPCCMH
11.1.03		Culture and change – joint work with Improvement Cymru	Scope	<i>Request to remove reference to joint work with Improvement Cymru – this was not approved by Executive Committee, alternative change proposed see table below</i>	MD; DPCCMH
11.2	Develop a place-based care approach in East Radnorshire	Various	Process	Request to include the East Radnorshire work which is being reported via Programme arrangements – request to include within Programme reporting in subsequent quarters. <i>NB. Executive Committee made further recommendations on this item during their moderation, see following table</i>	MD; DPCCMH
12.1.03	Work with WHSSC Committee to implement ICP	Use MAIR data to identify opportunities for VBHC pathway improvement	Timescale	Request to amend to Q2-Q4 as this work is ongoing	DoPP
13.1.01	Review and develop sustainable workforce model	Support services to review and develop sustainable workforce model	Timescale	Request to extend to Q4 to reflect new workforce planning approach	DWOD
13.2.01	Implement All Wales Workforce Planning Toolkit	Begin implementation of the Toolkit, focusing on the Renewal Priorities	Timescale	Request to extend to Q4 as above	DWOD
15.1.01	Redesign the Occupational Health Service	Review and redesign the Occupational Health Service	Timescale	Request to extend to Q4 due to delays in delivery relating to failure to recruit to key clinical roles	DWOD
15.2.01	Implement mechanisms to understand, support and track the wellbeing of the workforce	Launch Mental First Aid Training in Clinical areas; Co-lead Programme in Mental Health	Scope	Request to reconsider in Q3; very limited uptake and Co-Lead programme stalled due to delay in funding decision	DWOD
15.2.02		Refresh Wellbeing at Work Group	Timescale	Request to extend to Q4 due to capacity issues <i>NB. Executive Committee made further recommendations on this item during their moderation, see following table</i>	DWOD

15.2.04		Scope and progress wellbeing survey, subject to the timing of a national survey	Timescale	Request to extend to Q4 as National Staff Survey postponed until spring 2023; introduce a 'Team Climate' survey	DWOD
16.1.01	Develop Grow Our Own Model working with HEIW	Explore opportunities to develop innovative approaches to role and service development working with HEIW with an emphasis on the 'grow our own' model	Timescale	Request to extend timescale to Q3 - Q4 due to on-going activity	DWOD
16.2.01	Implement Nursing, Therapies and Healthcare Science Framework	Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream	Timescale	Requesting to move to Q4 due to work being undertaken nationally <i>NB. Executive Committee made further recommendations on this item during their moderation, see following table</i>	DWOD
17.1.01	Implement Health and Care Induction Framework	Pilot the joint Health and Care Induction Framework	Timescale	Request to extend to Q4 due to delay in appointments and redirection of current resources to Schools Project <i>NB. Executive Committee made further recommendations on this item during their moderation, see following table</i>	DWOD
17.2.02	Support and Develop Volunteers	Develop Volunteer skills matrix as part of the School of Volunteers and Carers	Timescale	Request to extend to Q4 due to requirement for second phase in the development of the skills matrix, subject to further funding <i>NB. Executive Committee made further recommendations on this item during their moderation, see following table</i>	DWOD
24.1.03	Delivery of the value-based healthcare programme Renewal Portfolio	Develop and implement consistent approach to PROMs and PREMs Linking with OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare	Minor change (done)	Minor change – transacted (included for information) Two separate actions to be split out to give clarity on each 24.1.03 - Develop and implement consistent approach to PROMs and PREMs 24.1.04 - Linking with OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare.	DoF MD
25.2.02	Delivery of Governance Work Programme	Review of Board Assurance Framework and Risk Management Arrangements	Timescale	Request to extend timescale to Q3; action contains two elements one is complete but review of the Board Assurance Framework is ongoing.	BS

Additional amendments and commentary from the Moderation process at Executive Committee 19th October 2022

No.	Key Action	Milestone	Change Request Type	Description of change/ commentary	Lead Executive
2.1.03	Implement local actions in Healthy Weight: Healthy Wales 2020-222	Implement weight management pathway for adults, children young people and families	Rag rating	Executive Committee moderated RAG to Red, lead Executive rating of this item was Amber as progress made but not full completion by the original timeline of Q2, change request to be considered	DPH
3.1.03	Implement the COVID-19 Prevention and Response transition plan	Implement Covid Stable model with contingencies for Covid Urgent	(Comment)	Discussion on item as rated red, deliverability of Covid Urgent model and Test Trace and Protect is dependent on Welsh Government directives and associated funding	DPH
4.2.04 and 4.2.10	Dental Services:	Implement new contract for additional dental access in Mid Powys following recruitment Increase use of mobile dental unit for residential and care home sector	Timescale	Both items rated Red, will not be delivered this year; timeline extension to next year and breakdown into quarters	DPCCMH
6.3.01	Deliver the Children and Young People Renewal Programme	Design and delivery of sustainable model of paediatrics including Allied Health Professional framework in paediatric, transition and Learning Disability therapies	(Comment)	Rated red, will not be delivered this year. Executive Committee suggested that a change request be considered	DPCCMH
6.3.06	Deliver the Children and Young People Renewal Programme	Develop and implement Healthy Weights pathway for children and young people, in line with organisational Strategic Plan	Duplicated action	Remove as duplicated milestone	DPH DON DPCCMH
7	Deliver Cancer Programme	Various	(Comment)	Executive Committee suggested that further change requests be considered and proposed by Q3	MD
7.1.01		Progress plan to improve access to FIT testing	Timescale	Extend to Q4	MD

7.1.02		Improve access for Powys residents to rapid diagnostic centres for vague symptoms	Timescale	Extend to Q4 due to solution needed for Mid Powys	MD
7.1.03		Cytosponge implementation with BCUHB	Wording	Wording to be revised to say “Develop a plan for cytosponge implementation with BCUHB”	MD
7.1.04		Transnasal endoscopy	Wording	Wording to be revised to “Develop a plan for the development of transnasal endoscopy”	MD
7.1.05		Scope community diagnostics, including hospital CT, scope the potential for a Powys provided Rapid Diagnostic Centre	Wording	Wording to be revised to “Develop an approach for scoping community diagnostics”	MD
7.2.01		Work with the Wales Cancer Network on Optimal pathways and quality statement;	Timescale	Ongoing as postholder in place until 2023 so request amend to Q1-Q4	MD
7.3.01		Finalise suspected cancer pathway tracking & harm review approach	Timescale	Extend timescale to Q4	MD
9.3.01	Deliver plan for Children and Young People	Develop approach on advice, support and treatment provided to children and young people with respiratory conditions and families	Timescale	Extend timescale for delivery to Q3 - Q4	DoTH
10.1.01	Strategic Review of Mental Health	Undertake a Strategic Review of Mental Health services	Comment	Item rated Red, further discussion to be held between CEO and Lead Executive	DPCCMH
11.1.03	Develop and deliver a Frailty and Community model	Culture and change – joint work with Improvement Cymru	Comment	Original change request to remove wording ‘joint work with Improvement Cymru’; Executive Committee requested that if work has paused, a further change request be considered	MD
11.1.09	Develop and deliver a Frailty and Community Model	Confirm cross-cutting approach for end of life within model	Comment	Noted that item 11.1.09 (End of life model) rated red, change request to be considered	
11.2.03	Develop a place-based care approach in East Radnorshire	Develop and assess key options for implementing a more joined-up, place-based, multiagency care model	Timescale	Extend timescale to Q4; Executive Committee requested that a tighter narrative be submitted regarding the options and that a change request be considered to reflect this	MD DPCCMH

12.1.02	Work with WHSSC	Appoint to specialised pathway lead	Comment	Executive Committee discussed as rated Red; more detailed update and change request to be provided for Q3	
13.1.01	Review and develop sustainable workforce model	Support services to review and develop sustainable workforce model	RAG rating & Timescale	RAG changed to Red and timescale extended to Q4	DWOD
13.6.03	Enhance Student Streamlining offer	Work with HEIW and Shared Services to enhance Student Streamlining offer	Text inclusion	Additional narrative included by DWOD with regard to HEIW Student Streamlining approach being stood down	DWOD
15.2.01/02	Implement mechanisms to understand, support and track the wellbeing of the workforce	Review and redesign the Occupational Health Service /Refresh Wellbeing at Work Group	Comment	Original submission notes the redesign of the Occupational Health Service as complete however with a change request to extend to Q4 given workforce challenges Further request to extend milestone relating to Wellbeing at Work Group to Q4 due to capacity issues Executive Committee requested an alternative way forward	DWOD
16.2.01	Implement Nursing, Therapies and Healthcare Science Framework	Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream	Comment	Original request to move to Q4 due to work being undertaken nationally – Executive Committee requested that a further change request is provided setting out dependencies	DWOD
17.1.01	Implement Health and Care Induction Framework	Pilot the joint Health and Care Induction Framework	Comment	Original request to extend to Q4, DWOD to consider further, Executive Committee noted importance of the Induction Framework	DWOD
17.2.02	Support and Develop Volunteers	Develop Volunteer skills matrix as part of the School of Volunteers and Carers			
18 & 19	Digital	Various	Comment	Request for further detail to be included which has been provided for the version to be submitted to D&P Committee	DoF
22.2.01	Delivery of the Research and Development Programme	Deliver 'I&I Portal' database	Comment	Discussion as both items rated Red; MD to consider if change requests are required	MD
22.2.02		Explore the creation of a Research, Innovation and Improvement fund			

Powell, Bethan
09/11/2022 17:24:10

25.2.02	Governance Work Programme	Review of Board Assurance Framework and Risk Management Arrangements also in Q1 to support delivery of IMTP objectives	Comment / Split into two	Executive Committee proposed to split these into two separate actions	BS
Multiple	Multiple	Multiple	Various	Noted that several of the milestones in the plan were marked as Q1 to Q4 – Executive Committee agreed that more specific timescales for milestones will be set by each Executive lead for next year	All

Powell Bethan
09/11/2022 17:24:10



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Integrated Medium Term Plan (IMTP) 2022 – 2025 Progress Report – Quarter 2 Period July to September 2022

RAG Key

Blue - Complete

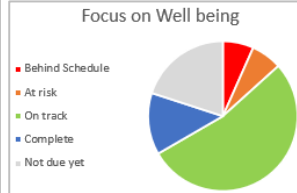
Red - Behind schedule

Amber - At risk/issues present

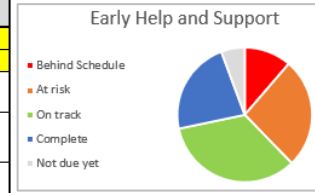
Green - On track

SUMMARY OVERVIEW

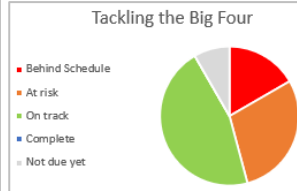
Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Focus on Well being	Overall	2	2	16	4	8
	Variance from Q1	+2	-3	+6	+2	-7
	Take Action to Reduce Health Inequalities and Improve Population Health	0	1	5	1	0
	Deliver Health Improvement Priorities	1	0	8	1	4
	Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination	1	1	3	2	4



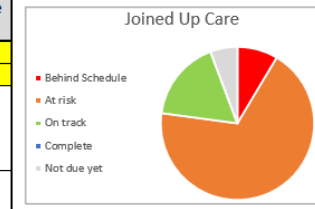
Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Early Help and Support	Overall	6	14	18	12	3
	Variance from Q1	+1	+4	-5	+6	-7
	Improve Access to High Quality Sustainable Primary Care	3	6	7	8	1
	Develop a Whole System Diagnostic, Ambulatory and Planned Care Model	0	5	5	1	1
	Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families	3	3	6	3	1



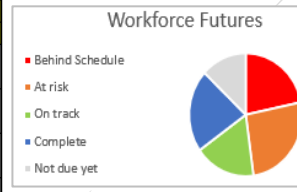
Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Tackling the Big Four	Overall	4	7	11	0	2
	Variance from Q1	+3	=	-5	=	+2
	Implement Improvements in Early Diagnosis, Treatment and Outcomes for People with or suspected of having Cancer	0	2	3	0	2
	Implement Improvements in Outcomes, Experience and Value in Circulatory Disease (Stroke, Heart Disease, Diabetes)	2	3	2	0	0
	Develop and Implement the next stage of the Breathe Well Programme	1	1	2	0	0
	Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services	1	1	4	0	0



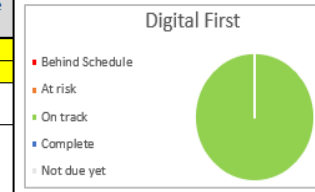
Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Joined Up Care	Overall	3	24	6	0	2
	Variance from Q1	+3	+13	-15	=	-1
	Design and Deliver a Frailty and Community Model including improved access to Urgent and Emergency Care	2	20	5	0	1
	Support improved access to and outcomes from Specialised Services	1	4	1	0	1



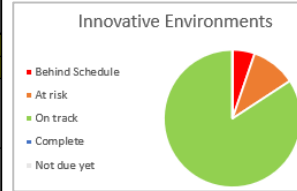
Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Workforce Futures	Overall	5	6	4	5	3
	Variance from Q1	+5	+5	-12	+5	-6
	Designing, develop and implement a comprehensive approach to workforce planning	1	4	1	1	1
	Redesign and implement leadership and team development	0	0	1	1	0
	Deliver improvements to staff wellbeing and engagement	1	1	1	2	1
	Enhance access to high quality education and training	1	1	0	0	1
	Enhance the health boards role in partnership and citizenship	2	0	1	1	0



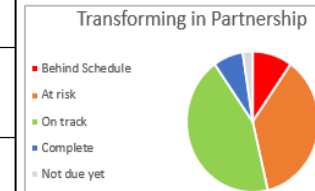
Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Digital First	Overall	0	0	9	0	0
	Variance from Q1	=	=	=	=	=
	Implement Clinical Digital Systems that directly enable improved care	0	0	4	0	0
	Implement key improvements to digital infrastructure and intelligence Undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of systems	0	0	5	0	0



Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Innovative Environments	Overall	1	2	16	0	0
	Variance from Q1	+1	=	-1	=	=
	Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing.	0	0	10	0	0
	Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff	1	2	6	0	0



Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Transforming in Partnership	Overall	4	15	18	3	1
	Variance from Q1	+1	=	-1	+1	-1
	Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness	2	2	9	0	1
	Enhance integrated/partnership system working, both in Wales and England, improving regional approaches to the planning and delivery of key services	0	3	3	0	0
	Implement value-based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources	2	4	4	0	0
	Implement key governance and organisational improvement priorities including embedding risk management, effective policies, procedures and guidance: audit and effectiveness: Board effectiveness	0	6	2	3	0



Focus on Wellbeing

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

Executive Lead – DPH & DoTH

Quarter 2 Progress:

Health Inequalities and Population Health

- Advice and leadership provided to support the development and completion of the Wellbeing and Population Assessments, both of which have now been finalised, approved by Board and published.
- Work to transfer the local public health team and function from PHW to PTHB completed on 30 September 2022.
- Work to understand the local impact of COVID on population health and health inequalities is ongoing and will be informed by data, research and evidence as this becomes available. Horizon scanning is in place via the Prevention and Response (P&R) group.
- Public health leadership and advice continues to be provided to the PSB Board and as appropriate to PSB workshops (although note that recent PSB workshops have been stood down).
- The public health team has continued to provide a considerable level of input into health protection matters to date in 2022/23 including continued leadership and advice for the prevention and management of Covid 19 outbreaks/incidents including leadership of the P&R Group, RRC Strategic Group and IMT meetings (in particular but not exclusively Care Home IMTs). Significant specialist public health capacity has also been devoted to providing advice and leadership in relation to a) establishing systems for the health screening/management of Ukrainian Refugees arriving in Powys and b) the local response to Monkeypox.

Welsh Language and Equality

October 2022: Welsh language and equality annual work plan is under way with the following actions taken:

- Welsh language annual monitoring report and Equality monitoring report have been completed. Welsh language report published on website on 30th September and Equality reports sent for translation to be published in March 2023.
- Easy Read training has been rolled out to staff across various service areas with second sessions booked for the new year. This will allow the health board to produce a larger amount of accessible documents at a reduced cost.
- 'Information on NHS Gender Services in Powys' leaflet was developed in partnership with the Powys Pride committee and launched at Powys Pride in July 2022.
- Equality Impact Assessment training continues to be offered to staff.
- Anti-Racist Wales Action Plan was launched in June 2022 with specific actions for health organisation. Meetings will take place to discuss and meet the actions in October 2022. LGBTQ+ Action Plan is due to be launched Nov/December 2022
- Welsh language and Equality SharePoint pages were launched in September with information and support for staff to meet legislation and ensure services are accessible.
- Welsh language awareness training taking places across various departments.
- Welsh translation levels continue to increase ensuring more documents are available bilingually and that Standards are being met.
- Regular patient stories are being collected by working with various service areas. Stories are then shared at Board and with staff.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Provide expert advice, leadership and action on public and population health and inequalities (including the five harms)	1.1.01	Provide expert advice and leadership on final stage of the Wellbeing and Population Assessments, including identification of key implications for strategy and planning	DPH	Q1
	1.1.02	Manage transfer of Public Health team and implement actions in accordance with Public Health Wales transfer timetable	DPH	Q1 – Q4
	1.1.03	Work with staff as part of the transfer to develop the public health function as a wellbeing service offer for Powys (1)	DPH	Q1 – Q4
Explore and respond to impact of COVID on population health outcomes	1.2.01	Provide expert analysis of emerging evidence base to identify implications for strategy, planning and delivery	DPH	Q1 – Q4
	1.2.02	Quarterly horizon scanning	DPH	Q1 – Q4
Support the revision to the Public Service Board Wellbeing Plan to ensure population health priorities are recognised	1.3.01	PTHB active leadership and participation in PSB Board business and PSB Wellbeing Plan workshops	DPH	Q1 – Q4
Deliver Equalities and Welsh Language Work Plans	1.4.01	Delivery of Equalities and Welsh Language Work Plan	DoTH	Q1 – Q4

Formal change request *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

We expect the following will be published by Welsh Government, or that actions within them will need to be met during 2023 – 2024:

- Actions from the Anti Racist Wales Action Plan
- Launch of and actions from the LGBTQ+ Action Plan
- The More Than Just Words 5 year plan for 2022 – 2027

Targets within these will have an effect on health inequalities and will improve population health during 2023 – 2024.

Executive Director Sign Off *Sign off has been provided by DPH Mererid Bowley and DoTH Claire Madsen via email*

Strategic Priority 2 – Deliver Health Improvement Priorities

Executive Lead - DPH

Quarter 2 Progress:

- Adult pathway has some delivery in place at Level 2 and 3 funded by Prevention and Early Years (PEY) and Welsh Government respectively; not likely to be sufficient to meet future need; business case drafted however no further funding available currently
- Children and young people and families pathway (includes maternity) Level 1 service in place for pregnant women funded by PEY; further funding not currently available.
- Refreshed Powys Strategic Tobacco Control Implementation Plan is being developed based on new National Tobacco Control Strategy.
- Needs Assessment for Smoking Cessation Service in Powys being undertaken
- Stop Smoking Service model agreed which includes Smoking Cessation Lead (Band 7) and admin support post. Plan in place and progress being made with system side integration plan. Recruitment process started; Band 7 post currently being readvertised.
- Scoping Health Coaching Training for Smoking Cessation Team in order to provide more support in behaviour change across range of wellbeing health behaviours to help to support those smokers with more complex issues.
- Review of pharmacy delivery options in primary care is ongoing. It has not progressed as quickly as hoped due to the legacy pressures on community pharmacy and general practice. The new National Tobacco Control Strategy has given direction in terms of targeted and tailored support for priority groups, and this will be considered in developing an integrated smoking cessation delivery model.
- Prevention and Early Years funded programmes are aligned to national priorities (tobacco control/smoking and healthy weights/obesity prevention & management) and governance arrangements are being established. A performance management process has been established and informal meetings held with service providers to ensure this is understood.
- The Healthy Schools team has continued to deliver the Healthy Schools Scheme, Healthy Preschools Scheme (locally known as Bach a Iach) and the Whole School Approach to Emotional and Mental Health and Wellbeing workstream in line with the expectations of the national grants for these programmes. The Healthy Schools Scheme has focused in particular on healthy weights, emotional and mental health and RSE and the healthy preschools scheme has focused on healthy weights.

- **Commentary on red rated actions:** N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Implement local actions in <i>Healthy Weight: Healthy Wales 2020-2022</i> , implement comprehensive weight management pathway for adults, children, young people and families	2.1.01	Implement Plan	DPH	Q1 – Q4
	2.1.02	Review progress as part of annual priority setting		Q4
	2.1.03	Implement weight management pathway for adults, children, young people and families		Q2
	2.1.04	Further develop and refine all age weight management pathways in Powys		Q3 – Q4

Integrate specialist stop smoking service and re-engage with community pharmacies stop smoking services and explore options for delivering in primary care	2.2.01	Develop plan to better integrate into wellbeing service offer;	Q1
	2.2.02	Implementation of plan	Q2 – Q4
	2.2.03	Review pharmacy delivery model and coverage / options in primary care; develop proposals	Q1
	2.2.04	Implement agreed changes;	Q2
	2.2.05	Review learning	Q3 – Q4
Invest <i>Building a Healthier Wales</i> prevention and early years funding in line with national priorities and governance	2.3.01	Ensure <i>Building a Healthier Wales</i> prevention and early years investment and governance in place in line with national priorities and implement agreed service developments	Q1 – Q4
Continue to deliver Healthy Schools and Healthy Pre-schools/Bach a Iach schemes, focusing on healthy weight, emotional and mental health and wellbeing and RSE (relationships and sex education)	2.4.01	2022 targets agreed with PHW;	Q1
	2.4.02	Implement scheme	Q2 – Q3
	2.4.03	Scheme monitoring reports submitted to PHW	Q4
Manage the transfer of Powys Local Public Health Team staff from PHW into PTHB	2.5.01	Establish Project team and implement project plan/actions in accordance with agreed HB/PHW transfer timetable	Q1 – Q4

Formal change request *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Insufficient funding is a risk for the local delivery of weight management pathways that meet WG expectations, particularly for the CYPF pathway. Unless sufficient funding can be identified, an alternative approach is likely to be required next year.

Executive Director Sign Off *Sign off has been provided by Mererid Bowley DPH via email*

Powell, Bethan
09/11/2022 17:24:10

Strategic Priority 3 – Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination

Executive Lead - DPH

Quarter 2 Progress:

- Remodelling of the TTP team completed within significant reduction of financial envelope provided by WG for TTP, and planned reduction of PCR tests and contact tracing in line with revised Welsh Government guidance. A further costed revised team structure for testing is being developed for Q3.
- Delivery of covid-19 vaccination strategy in line with the WG COVID / Winter Respiratory Vaccination Strategy and JCVI guidance (National Immunisation Framework for Wales hasn't yet been published by Welsh Government).
- Performance for 5-11year old children's COVID-19 vaccination had increased with improved uptake following a targeted campaign, increasing from 4% to 20% (as September 2022).
- Autumn covid-19 booster campaign commenced on 1st September with residents of Care homes for older adults prioritised during the first two weeks of the campaign, providing 83% coverage for care home residents in 2 weeks.
- Mass Vaccination Centres (MVCs) inviting eligible cohorts as per JCVI guidance including first dose. 75% of GP practices signed up to delivery for over 75yrs age groups. MVCs planning dual delivery (flu and covid-19 vaccination) for staff.

Table 1: COVID-19 vaccination activity for quarter 2

Vaccination dose	July 2022	August 2022	September 2022	Total Q2 2022
1st Dose	303	359	21	683
2nd Dose	27	45	163	235
Booster 1	86	156	NA	242
Booster 2	172	970	NA	1,142
Autumn 2022/23 Booster	n/a	n/a	15,365	15,365
Any Other Dose	333	454	164	951

Commentary on red rated actions:

3.1.03 - Remodelling of the Testing and contact tracing teams completed with reduced PCR and LFT testing undertaken in line with revised Welsh Government guidance and significantly reduced funding for Test, Trace and Protect, with notification of reduced funding for testing received end of June. Challenging to deliver seven-day stable response considering geographical coverage of the county of Powys. Surge response would require guidance and support from WG national surge team for contact tracing and testing; appropriate lead in times to enable response.

Progress against key actions and milestones				
Key Actions	No.	Key Milestones	Exec Lead	RAG
Implement the COVID-19 Prevention and Response transition plan "Together For A Safer Future"	3.1.01	Implement Annual Planning cycle in line with extant WG policy/guidance	DPH	Q1
	3.1.02	Phased transition of TTP arrangements subject to public health conditions		Q1
	3.1.03	Implement 'Covid Stable' model with contingencies for 'Covid Urgent'		Q2
	3.1.04	Continue transition of TTP arrangements to 'business as usual' model		Q3
	3.1.05	Fully integrate approach to COVID-19 prevention and response		Q4
Offer anti-viral treatments and other therapeutic options based on the latest available evidence	3.2.01	Develop a Responsive Plan to meet emerging requirements for anti-viral treatments and other therapeutic options based on latest available evidence		Q1 – Q4
Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales	3.3.01	Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales		Q1 – Q4
	3.3.02	Q1 Spring Booster campaign delivery		Q1
	3.3.03	Q2 Develop and test models for future delivery		Q2
	3.3.04	Q3 Autumn Booster campaign Delivery		Q3
	3.3.05	Q4 Transition to future model aligned with National Immunisation Framework		Q4
Formal change request 3.1.04 The timescale needs to change to include Q4 as details of requirements, direction of travel, and future funding from WG for TTP is awaited from WG. These details are required to enable future model of service to be developed, and subsequent transition to 'business as usual' model.				
Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 <i>None received</i>				
Executive Director Sign Off <i>Sign off has been provided by Mererid Bowley – DPH via email.</i>				

Early Help and Support

Strategic Priority 4 – Improve Access to High Quality Sustainable Primary Care

Executive Lead - DPCCMH

Quarter 2 Progress:

- General Medical Services (GMS) contract changes 21/22 embedded. QAIF deadline 30th September 2022. Assurance on achievement will follow.
- Multi-Disciplinary Team roles to support general practice being delivered and expanded through a variety of funding mechanisms.
- General Practice Continuing Professional Development programme in place including 6 protected learning sessions being offered as part of the GMS contractual commitment requirement.
- Various models scoped to improve General Dental Services (GDS) access including urgent access provision with contractors (implemented), expanded multi-disciplinary team (Dental therapist appointed), new contract provision (Llandrindod Wells), expanded salaried Dentist posts (currently in advertisement stage)
- Successful recruitment of consultant oral surgeon starting 10th October 2022.
- Successful recruitment of paediatric dental specialist (currently undergoing pre-employment checks)
- Looking to increase special care provision by recruiting an additional specialist, but nationally there is difficulty in recruiting.
- Limited progress with Optometry Contract Reform due to the delay in national negotiations and implementation timelines, however bursaries offered for Independent Prescribers and medical retina courses in readiness for contract implementation.
- Limited progress with the 'Eyes Open' communication campaign due to re-prioritisation against capacity.
- 23/23 pharmacies have adopted the new contract and offer the common ailments service. Independent prescribing sites (minor ailments) have increased from 1 (2021-22) to 4. Medicines management are supporting pharmacists to become prescribers. Community pharmacy collaborative leads: only represented in the North Cluster presently but the other roles are being promoted.

Commentary on red rated actions:

4.2.04 Implement new contract for additional dental access in Mid Powys following recruitment: new contract provisionally awarded and currently going through procurement checks. New contract not likely to go live until Q4.

4.3.04 Scope and develop health board led domiciliary service. We have tried to recruit a salaried Optometrist to provide the service. Advert remains open, however no suitable applications to date.

4.2.10 Mobile unit still being used in Machynlleth to provide Aerosol Generated Procedures. Access issues in South Powys may mean that the mobile is used to provide GDS access sessions. There might be the potential to move around more freely when dedicated sites are found.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
-------------	-----	----------------	-----------	-----

General Practice: General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours	4.1.01	Strengthen GMS renewal and recovery, Review Q1; implement Contract Reform changes	DPCCMH	Q1 – Q4
	4.1.02	Expand MDT role to support sustainability: recruit First Contact Practitioners (Acute MSK); Mental Health Practitioners; Physician Associates internship scheme and development programme		Q1
	4.1.03	Relaunch Practice in Powys website, followed by content expansion		Q2 – Q3
	4.1.04	Annual CPD programme for medical, wider clinical and non-clinical staff; establish Careers workshops (Q2)		Q1; Q2
	4.1.05	Finalise service specification and award Out of Hours contract		Q1 – Q4
	4.1.06	Implementation revised contract for OOHs		Q1
	4.1.07	Tele-Dermatology Diagnostic Project – agree and implement plan		Q2 – Q4
Dental Services: Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service	4.2.01	Reassess GDS access to inform recovery & renewal plans in conjunction with contract reform initiatives		Q1
	4.2.02	Scope appropriate models to further improve GDS delivery across Powys		Q1 – Q2
	4.2.03	Implement contract reform		Q1 – Q4
	4.2.04	Implement new contract for additional dental access in Mid Powys following recruitment		Q2
	4.2.05	Develop professional practice and clinical governance approach to support local enhanced Community Dentistry skills		Q2
	4.2.06	Implement approach in team, including training additional CDS Nurses in extended duties (Q1-Q3)		Q3
	4.2.07	Scope/model local oral surgery offer, specification (Q1), recruitment and implementation		Q2 – Q4
	4.2.08	Scope & develop paediatric dental specialist support, agree Service Level Agreement and Implementation		Q2 – Q3
	4.2.09	Scope paediatric sedation services and investment / implementation		Q2 – Q4
	4.2.10	Increase use of mobile dental unit for residential and care home sector		Q1 – Q4
	4.2.11	Additional specialist /DES in special care dentistry including domiciliary care – investment scope / case, implementation		Q2 – Q3
Optometry: Implementation of contract reform, development of clinical role,	4.2.12	Develop undergraduate dental therapy placement programme with Cardiff Dental School		Q2 – Q3
	4.3.01	Implement contract reform with associated training plan / progression of higher qualifications and clinical roles		Q1 – Q4

Powell, Bethan
09/11/2022 14:10

delivery against national eye care recovery plan	4.3.02	Review eye care access to inform recovery and renewal plans in conjunction with contract reform	Q1
	4.3.03	Refine business case and pathway for school vision screening, implement enhanced service (mid cluster pilot) Q1, evaluate to inform future model (Q4)	Q1 – Q4
	4.3.04	Scope and develop health board led domiciliary service	Q1 – Q4
	4.3.05	Agree and implement 'The Eyes Open' communication campaign	Q1 – Q4
Pharmacy: Implementation of contract reform, training and role development, Independent Prescribing & Common Ailments	4.4.01	Implement contract reform	Q1 – Q4
Delivery of Cluster Plans 2022 – 2023	4.5.01	Delivery of Cluster Plans Q1 – Q4 (refer to separate Cluster Plans for detail)	Q1 – Q4
Formal change request <i>None received</i>			
Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 <i>None received</i>			
Executive Director Sign Off <i>Sign off received from Hayley Thomas – DPCCMH via email</i>			

Strategic Priority 5 – Develop a Whole System Diagnostic, Ambulatory and Planned Care Model

Executive Lead – DoPP, DPCCMH

Quarter 2 Progress:

- £438k was allocated to Powys following the successful bids submitted under the Outpatient Transformation Fund to Welsh Government.
- Draft Diagnostic Strategic Intent under development.
- Clinical Director Job Description approved and being progressed.
- Referral to treatment times in commissioned services continue to present significant challenges and inequality of care for patients waiting in acute care centres.
- Working with other Health Boards on Planned Care regional solutions endoscopy, cataracts, orthopaedics as requested.
- National Planned Care Programme is currently under revision in terms of meeting structure etc.
- PTHB capacity in terms of space theatres/endoscopy has been offered across national platforms as regional mutual aid support.
- Risks noted on Corporate Risk Register include 'Risk that neighbouring Health Boards may step down planned care' and 'Insufficient Clinical Resource and capacity availability to deliver the Diagnostic Workstream efficiently'.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Delivery of the Diagnostics, Ambulatory and Planned Care Renewal Programme; <i>incorporating Advice, Support and Prehabilitation Workstream</i>	5.1.01	Review and evaluate impact of the Insourcing project	DoPP	Q1
	5.1.02	Secure access to medical speciality advice	DoPP	Q1
Mobilisation of Planned Care improvements	5.2.01	Agree phased implementation for the Diagnostic Strategic Plan	DoPP	Q1
	5.2.02	Ensure clarity of opportunity for outpatient repatriation - implement phased plan	DoPP	Q2 – Q4
Implement sustainable medical and wider clinical and non-clinical workforce model	5.3.01	Develop phased, creative workforce model, develop ability of workforce to meet Welsh Language Act	DoPP	Q2 – Q4
	5.3.02	Implementation of Eye Care Plan	DoPP	Q1
	5.3.03	Implementation of Dermatology Plan	DoPP	Q1 – Q4
	5.3.04	Work with other health boards on regional diagnostic and planned care regional solutions including orthopaedics, cataracts, and endoscopy	DPCCMH	Q1 – Q4
	5.3.05	Implement plan to maximise theatre and endoscopy utilisation	DPCCMH	Q1– Q4
	5.3.06	Develop the Ambulatory Care Strategic Plan and Model	DPCCMH	Q2 – Q4
	5.3.07	Implementation including Ambulatory Care Centres	DPCCMH	Q3 – Q4
	5.3.08	Ensure robust improvement trajectories are in place and are being monitored	DPCCMH	Q1 – Q4

Formal change request

5.1.02 Funding was secured but there is a difficulty releasing the Orthopaedic expertise from neighbouring Health Boards and NHS Trusts so this will need to be Q1-Q4

5.02.01 Year 1 of the delivery plan for the Diagnostic Strategic Intent already aligns with the IMTP Delivery Plan however the Diagnostic Strategic Intent will not be agreed until Q3. The timescale for this action should read Q1-Q3.

5.3.01 All recruitment is taking place in line with statutory and organisational requirements in relation to the Welsh Language Act. However, it is unclear why in the delivery plan requirements "To Meet Welsh Language Act" have been added to just this line in the delivery plan, either the phrase needs to be added all Workforce actions across the IMTP Delivery Plan or to be removed from this action. Otherwise, it is unclear why Welsh Language Act requirements are being applied to only one key element and one aspect of the organisational Workforce model.

5.03.02 This commenced in Q1 but the implementation is ongoing so this should read Q1-Q4

5.03.07 The wording of this action is unclear there is likely to be some implementation through the Urgent, Emergency Frailty and Community Model Programme where funding is available – This action should be removed.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Insourcing has proven to be a useful temporary alternative to take transformation forward where early permanent recruitment is a difficulty. A renewed approach to diagnostics for Powys people has the potential to radically transform patient pathways improving outcomes for conditions such as cancer, stroke, heart disease, respiratory disease, dementia and many more – as well as increasing access closer to home. The Powys model is “whole system” and is aimed at improving outcomes, experience and cost through earlier detection of conditions at more treatable stages.

Executive Director Sign Off *Sign off received from Hayley Thomas – DPCCMH and Stephen Powell – DoPP via email*

Strategic Priority 6 – Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families

Executive Lead – DPH, DoN, DPCCMH

Quarter 2 Progress:

- Strategic Weight Management Pathway Development Group meets monthly to oversee implementation of pathways for adults and children, young people and families (includes maternity); Level 1 service in place for pregnant women, funded by Prevention and Early Years (PEY) funding. No other funding currently available to establish weight management services for CYPF.
- Digital Maternity Cymru Powys project board established, and PTHB Digital Midwife Specialist job description drafted and subject to Agenda for Change Banding. PTHB contribution to the development of national business requirements complete.
- All Wales Recommendations paper presented to the Welsh Government Scrutiny Panel for approval 26th September 2022 and respective funding announcement therefore awaited.
- HIW recommendations included the improvement of birth centre environments.
- Llanidloes birth centre drawings and costings completed; £100k capital funding secured however anticipated additional funding not approved to deliver full programme; Estates and Property Dept to review project and consider reduced scope.
- Neurodevelopment (ND) Service redesign to address the waiting list backlog; referral demand has on average doubled.
- Renewal funding has supported additional temporary workforce until 31st December 2022. A business case is in draft to secure recurrent funding to meet the ongoing referral demand long term.

Commentary on red rated actions:

- Business case developed and taken to IBG for investment in the CYPF pathway, further work requested by IBG which has been completed but no further funding secured at this stage for the CYPF pathway. Insufficient funding is a risk for the local delivery of weight

management pathways that meet WG expectations, particularly for CYP. Unless sufficient funding can be identified, an alternative approach is likely to be required next year.

- **6.3.01 Paediatric Remodel and AHP Framework:** work recommenced in Qtr2 inclusive of data gathering and re-establishing the project board. Children's Therapies review completed by ADOTH in 2021 and recommendations delivered to operational team, for full incorporation into IMTP. Transition working group being established under leadership of interim deputy director of nursing and ADoTh. Will take account of ALN legislation.
- **6.3.08 Gender Identity Service:** Limited progress due to reduced capacity, however Virtual Gender forum resumed to inform proposal. Delayed to Q3.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Delivery of Regional Partnership Board 'Start Well' Priorities	6.1.01	Delivery of Start Well Programme; incl. <i>Healthy growth and development; children with complex needs and disabilities; access for children who are looked after</i>	DPCCMH	Q1 – Q4
	6.1.02	Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)		Q1 – Q4
Implementation of Maternity and Neonatal pathways <i>Taking into account NHS Wales Maternity & Neonatal Safety Improvement Plan and Ockenden Report in NHS England</i>	6.2.01	Further develop the Powys Maternity Assurance Framework to include Neonatal Services		Q1 – Q4
	6.2.02	Implementation of South Powys pathways, reassert plans for safe pathway changes Q1, monitoring and service change subject to Board decision Q1 – Q4		Q1 – Q4
	6.2.03	Powys Project Board to consider WG Digital Maternity Cymru recommendations for implementation, including potential for funding and recruitment for implementation		Q2
	6.2.04	Develop a plan and timeline to implement Birth Rate plus recommendations		Q1 – Q4
	6.2.05	Implement HIW recommendations including birth centre environments; (including CAD designs and programme of works for Llanidloes Q1 / Knighton Q2)		Q1 – Q4
Deliver the Children and Young People Renewal Programme, including the Remodelling of key services for women and children <i>Including the Neurodevelopment</i>	6.3.01	Design and delivery of sustainable model of paediatrics including Allied Health Professional framework in paediatric, transition and Learning Disability therapies	DPCCMH	Q1 – Q4
	6.3.02	Implement Healthy Growth and Development Plan including Universal Screening	DPCCMH	Q1 – Q4

service, sexual health services, gender identity and paediatric therapies.	6.3.03	In line with comprehensive Vaccination Programme work (see Focus on Wellbeing objective) develop a robust plan for implementing Childhood Immunisations	DPCCMH	Q1 – Q4
	6.3.04	Develop and implement plan for Neurodevelopment Service Remodel including evaluation and review	DPCCMH	Q1 – Q4
	6.3.05	Develop and implement plan for Childrens Complex Care	DPCCMH	Q1 – Q4
	6.3.06	Develop and implement Healthy Weights pathway for children and young people, in line with organisational Strategic Plan	DPH	Q1 – Q4
	6.3.07	Deliver Sexual Health Plan including Case Management Project; sustainable model and investment for STI testing service Q1; Confirm sustainable service and investment for Long Acting Reversible Contraception (LARC) provision Q1 with recruitment/competency development Q3 and implementation Q4	DPCCMH	Q1 – Q4
	6.3.08	Scope sustainable model and investment for Gender Identity Service including Demand and Capacity review	DPCCMH	Q1 – Q4
	6.3.09	Scale up Endometriosis & Menopause pilots, based on evaluation outcomes	DPCCMH	Q4

Formal change request –

1. The Executive Lead for CYP Renewal Programme is the DONM. CYP Renewal Programme was reviewed and revised for 2022/23. New workstreams and Qtr2 progress therefore superseding 6.3.02, 6.3.03 and 6.3.05 as these milestones have become business as usual. CYP Renewal Programme 2022/23 comprises five new workstreams as noted above.
2. 6.3.01, 6.3.07, 6.3.08 and 6.3.09 do not form part of the CYP Renewal Programme for 2022/23. These W&C priorities remain part of the IMTP but have been differentiated and progress reflected accordingly. The Executive Lead for Women and Children's Services is the DPCCMH.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026 – None received

Executive Director Sign Off Sign off has been provided by Mererid Bowley – DPH and Hayley Thomas – DPCCMH via email

Powell, Bethan
09/11/2022 17:24:10

Tackling the Big Four

Strategic Priority 7 – Implement Improvements in Early Diagnosis, Treatment and Outcomes for People with or suspected of having Cancer

Executive Lead - MD

Quarter 2 Progress:

- 7.1.01 All general practices can access symptomatic Faecal Immunochemical Test (FIT) services; from November 2021 to July 2022 just over 1,600 FIT tests have been undertaken of which approximately 20% were positive requiring further investigation.
- 7.1.02 Powys patients can access Rapid Diagnostic Centres via Betsi Cadwaladr University Health Board (Wrexham), Swansea Bay University Health Board (Neath Port Talbot) and Aneurin Bevan University Health Board (Newport), although this service is currently suspended it is due to restart in October/early November. There is currently no access for Mid Powys patients and the possibility of flows to existing NHS centres is being explored.
- 7.1.05 In partnership with the Wales Cancer Network, Powys Teaching Health Board has been successful in securing non-recurrent funding from Cancer Research Wales to scope the potential to provide rapid diagnostic services in Powys.
- 7.2.01 A new Wales Cancer Network Project Manager supporting mapping optimal pathways for Powys started on 12/9/22 following a vacancy.
- 7.3.01 Monthly harm review panels taking place, chaired by Cancer Clinical Lead; pilot cancer tracker developing intelligence in relation to patients delayed in external DGHs as PTHB provides no cancer treatment in county; intelligence platform of 'live' external information near completion in liaison with the Wales Cancer Network, going live October 22 for Welsh providers (with English providers to follow as next stage).

A risk over 15 remains in the Cancer renewal work, the significant variation in the recovery of cancer services due to delayed diagnosis or treatment. The mitigations are the actions above. There are also mitigations in other renewal programmes such as insourcing endoscopy and strengthening wellbeing information on the PTHB website.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
	7.1.01	Progress plan to improve access to FIT testing	MD	Q1

Deliver Cancer Programme – Renewal Programme Improve access to testing and diagnostics	7.1.02	Improve access for Powys residents to rapid diagnostic centres for vague symptoms	Q1
	7.1.03	Cytosponge implementation with BCUHB	Q3
	7.1.04	Transnasal endoscopy	Q3
	7.1.05	Scope community diagnostics, including hospital CT, scope the potential for a Powys provided Rapid Diagnostic Centre	Q2
Work with the Wales Cancer Network on Optimal pathways and quality statement	7.2.01	Work with the Wales Cancer Network on Optimal pathways and quality statement;	Q1
Progress suspected cancer pathway tracking & harm review approach	7.3.01	Finalise suspected cancer pathway tracking & harm review approach	Q1

Formal change request

7.1.01 Needs to continue to Q4.

7.1.02 Needs to be extended to Q4 due to the solution needed for mid Powys.

7.1.03 The wording needs to be revised to say 'Develop a plan for Cytosponge implementation with BCUHB'

7.1.04 This is not a sentence and needs to read 'Develop a plan for the development of Transnasal endoscopy'.

*7.1.05 There is work underway with the Wales Cancer Network, but it will not have an outcome until Q1 2023-24. The wording needs to change in this year to 'Develop an approach for scoping community diagnostics...'.
7.2.01 Is ongoing because the post holder is in place until the end of 2023, this should be Q1-Q4.*

7.3.01 Whilst the approach was finalised in Q1, the pilot and development is ongoing and should be Q1-Q4.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

There is considerable variation across the provision of cancer services, and it is crucially important this remains a priority in 23-24 including access to diagnostics. The outcome of the cancer tracking pilot will be known in March 23 but it is highly likely this will need to continue on a permanent basis. There will be a national cancer improvement plan including prehabilitation.

Executive Director Sign Off – Sign off received from Kate Wright – MD via email

Powell, Bethan
09/11/2022 17:24:10

Strategic Priority 8 – Implement Improvements in Outcomes, Experience and Value in Circulatory Disease (Stroke, Heart Disease, Diabetes)

Executive Lead – DPH, DoPP

Quarter 2 Progress:

The Executive Lead began in July 2022 following a vacancy.

- **8.1.01** Detailed work analysing the diabetes atlas undertaken to ensure the information is correct for Powys. Mapping of Diabetes, Stroke and Cardiac Quality Statements completed, work on analysis continuing in order to develop phased plan. This work was affected by the executive lead vacancy and the need to accelerate the work on community cardiology in the absence of an implementation manager.
- **8.2.01, 8.3.01 & 8.4.01** Non-recurrent funding secured from the Wales Cardiac Network. General Practitioner with Special Interest in Cardiology (GPwSI) and administration posts appointed to. Recruitment challenging in relation to physiotherapist, pharmacist and physiologist. As an implementation manager could not be appointed, the recruitment of a clinical lead is underway. Secondary care consultant input secured in principle from Wye Valley NHS Trust. Multi-disciplinary implementation group in place and close liaison continuing with the Wales Cardiac Network.
- **8.4.02** Engagement has commenced in relation to Herefordshire and Worcestershire Stroke Programme; complex interdependencies for Powys in relation to strategic changes across English and Welsh Stroke transformation programmes hence rated Amber
- **8.4.03** A successful Value Based Health Care funding project has been approved for the use of Kardia Mobile devices for Atrial Fibrillation and Supraventricular Tachycardia in primary care, linked to the Community Cardiology Service above. Atrial fibrillation registers and enhanced primary care services for stroke prevention in place.
- **8.5.01** A cross cutting group is in place to identify the generic components across rehabilitation programmes and to the extent to which learning from the successful approach to virtual pulmonary rehabilitation.
- Risks noted on register scoring over 15: Ensuring continuity of care for patients accessing the community cardiology service due to the non-recurrent funding at present and the need to transition to recurrent repatriation of activity. The second risk relates to recruitment. Mitigating actions are addressed in the revised implementation plan including the use of alternative roles.

Commentary on red rated actions:

8.1.01 – This work has started but not completed due to the need to accelerate the work on community cardiology in the absence of an implementation manager, and the request to change the timing is in the section below.

8.5.01 – the request to change the timing is below as the pilot is until the end of March and equity cannot be achieved ahead of the outcomes of the pilot.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Deliver Circulatory Programme – Renewal Portfolio	8.1.01	Gap analysis and Phased Plan	DPH	Q1

Develop and progress phased plan including service and workforce development	8.2.01	Cardiac workforce development	DPH	Q1
Improve access to diagnostics	8.3.01	Community Cardiac Service development	DPH	Q1 – Q4
Progress primary and secondary stroke prevention; assess and manage strategic change proposals for Stroke (Wales and England)	8.4.01	Improve access to diagnostics in line with national programmes	DPH	Q1
	8.4.02	Impact assessment / management of strategic change proposals for Stroke	DoPP	Q1 – Q4
	8.4.03	Evidence based primary and secondary stroke prevention	DPH	Q1 – Q4
Improve equitable access to cardiac rehabilitation for all pathways	8.5.01	Equitable access to cardiac rehabilitation for all pathways	DPH	Q2

Formal change request

8.1.01 This needs to be amended to say Q1-Q3 for the reasons given in the section above.

8.2.01 This was initiated in Q1, but the pilot is until the end of March 2023, so needs to say Q1-Q4.

8.5.01 Work was initiated in Q2 but the cross-cutting group on rehabilitation and the pilot for rehabilitation funded by the Wales Cardiac Network is until Q4, so this needs to read Q2-Q4.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

It is crucially important there is a focus on circulatory in 2023-24 due to the findings in the Diabetes Atlas of Variation; the need to transition to a sustainable repatriation of community cardiology activity to Powys; and the need to implement the Getting it Right First Time review when available. The findings of the circulatory gap analysis will inform the future priorities of the Circulatory Renewal Programme.

Executive Director Sign Off *Sign off provided from Mererid Bowley - DPH via email*

Strategic Priority 9 – Develop and Implement the next stage of the Breathe Well Programme Specifically aimed at repatriating care closer to home and focusing on Children and Young People's Respiratory Care

Executive Lead - DoTH

Quarter 2 Progress:

9.1.01 The Respiratory Quality Statement is due to be published by Welsh Government in November 2022. PTHB has contributed to its development and a local action plan will be developed once issued.

9.2.01 A proposal to refine the analysis of medical-only duties as part of options appraisal was considered by the Renewal Strategic Portfolio Board on 6th July, which would mean implementation by the end of Quarter 4. External clinicians are being sought to support the further analysis needed.

9.4.01 Health Care Support Workers recruited to support respiratory diagnostics - spirometry clinics underway, sleep diagnostics also underway. Fractional exhaled Nitric Oxide (FeNO) and lung function testing in place and recruitment to second Physiology post will expand capacity for delivery. Re-banded second Respiratory Physiologist role advertised and promoted, with interviews due to be held in October.

Commentary on red rated actions:

9.3.01 Terms of Reference for the Children & Young People's Workstream agreed and workstream underway, however, further data analysis underway in relation to paediatric asthma patients. (Timescales affected by Value Based Health Care Additional Funding project bids work)
Breathe Well Risk Register: Delayed Services (including diagnosis, routine referrals and follow-up). [Current Risk Score = 16] Work is underway transferring patients from a Consultant follow-up list in North Powys using the new PTHB Respiratory Multi-Disciplinary Team arrangements established. This has led to approx. 40% of patients no longer needing to remain on the Consultant list but work not yet complete and continuing.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Deliver the Breathe Well Programme – Renewal Portfolio	9.1.01	Develop & implement plan to meet Respiratory Quality Statement	DoTH	Q1 – Q4
Develop and implement medical model	9.2.01	Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model Extension approved to Q4 for this milestone by the lead executive in Q1		Q1 – Q4
Deliver plan for Children and Young People	9.3.01	Develop approach on advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans		Q1 – Q2
Improve access to diagnostics closer to home	9.4.01	Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing		Q1 – Q4

Formal change request

Request to adjust the wording to: **9.1.01** Develop & implement plan to meet Respiratory Quality Statement

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

There needs to be further designation of responsibilities in relation to Asthma at the Band 7 Specialist Nurse level.

Executive Director Sign Off Sign off has been provided by Claire Madsen – DoTH – via email

Strategic Priority 10 – Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services

Executive Lead - DPCCMH

Quarter 2 Progress:

Progress in on track to monitor delivery of the roll out of the Single Point of Access 111; Dementia Action Plan and, the roll out of the children and young people's emotional health and resilience service. The Single Point of Access (111) will go live in December and recruitment is underway for staff, now that a solution has been identified for the IT information sharing systems between 111 and the Powys service. The schools' based emotional resilience and mental health service is now operational across all Powys schools. There will be some capacity risks, particularly going into winter, and recognising a challenge to workforce resilience.

Commentary on red rated actions:

While the Strategic Review has been slightly delayed, we have appointed a strategic clinical lead to the programme, 2 x Project support (Part Time) and are currently advertising for a Project Manager – however, this will be the third time of advertising. An alternative approach may be required. An Executive Committee paper focusing on the options available for the Sanctuary provision is underway – this will help inform procurement options.

Progress against key actions and milestones

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

Formal change request None received

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 None received

Executive Director Sign Off Sign off has been provided by Hayley Thomas – DPCCMH via email

Joined Up Care

Strategic Priority 11 – Design and Deliver a Frailty and Community Model including improved access to Urgent and Emergency Care enhancing outcomes, experience and value

Executive Lead – MD & DPCCMH

Quarter 2 Progress:

Renewal

- Evidence based overarching clinical model for frailty developed by MDT tailored to Powys population needs.
- Combined Urgent, Emergency, Frailty and Community model Programme established and workstreams in place; good progress being made with falls work stream.
- Culture/risk appetite workstream reviewed by Programme Board on 6th September.
- Community Service Benchmarking process underway.
- Rigorous prioritisation of the work streams by Programme Board in order to deploy limited programme resource effectively.
- Priorities for 6 Goals plan agreed for submission to Welsh Government;
- 6 Goals triumvirate resourcing being progressed but some delays due to leave and capacity.
- Presentation to National Programme Board 4th August 2022 on work to date well received.
- Allocation of £740,000 funding to be confirmed; several pilot initiatives in Primary Care have helped to inform the allocation based on outcomes.
- Letters from Welsh Government have emphasised that goals 2 and 3 must be prioritised in 2022/23.
- Key programme risks include: Insufficient capacity to lead and manage the frailty and community transformation effectively; appointment of frailty consultants will help to deliver transformation; complex and inequitable historic arrangements to ensure capacity for optimal frailty model; complexity of the 6 Goals for urgent and emergency care interdependencies and reporting has limited the progress in delivering the frailty model; 6 Goals interface and resourcing implications; closer working across partnership is needed to achieve maximum potential and to avoid duplication.

Commentary on red rated actions:

- 11.1.09 Alignment with existing end of life work to be confirmed via programme arrangements and Executive lead discussion.
- 11.2.01 - East Radnorshire – Work has been undertaken to engage staff and local stakeholders in the Knighton and District area culminating in an Open Day to support active local recruitment. 49 people attended the Open day with 28 interested in a range of posts. This event achieved the furthest reach of PTHB advertising on record. Interest for registrant nursing posts was extremely low. Awaiting end of recruitment (interviews in next 2 weeks) to inform next steps of the programme.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Develop and deliver a Frailty and Community Model <i>Including intensive community and home-based care; a frailty pathway including falls and home first ethos.</i> <ul style="list-style-type: none"> Complete work on overarching model following Gap Analysis (community hospitals and community services) Frailty Scoring Project Culture and Change – joint work with Improvement Cymru Development of Workforce Model Treatment Escalation Plan – confirmation of approach Complex Geriatric Assessment Development and Implementation Revise falls pathway to ensure integrated Confirm cross-cutting approach for end of life within model Feedback loop from improved intelligence 	11.1.01	Complete work on overarching model following Gap Analysis (community hospitals and community services)	MD & DPCCMH	Q1
	11.1.02	Frailty Scoring Project		Q1 – Q4
	11.1.03	Culture and change – joint work with Improvement Cymru		Q1 – Q4
	11.1.04	Community hospital focus		Q2 – Q3
	11.1.05	Development of workforce model		Q1 – Q4
	11.1.06	Treatment Escalation Plan – confirmation of approach		Q1
	11.1.07	Complex Geriatric Assessment Development, Implement		Q1 – Q4
	11.1.08	Revise Falls pathway to ensure integrated		Q1 – Q3
	11.1.09	Confirm cross-cutting approach for end of life within model		Q1
	11.1.10	Feedback loop from improved intelligence		Q1 – Q4
Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically	11.2.01	Establish a formal project of work to involve key stakeholders	DPCCMH	Q1
	11.2.02	Undertake an assessment of current provision including key priorities for development, e.g. end of life care		Q1 – Q2
	11.2.03	Develop and assess key options for implementing a more joined-up, place-based, multiagency care model		Q2 – Q3
	11.2.04	Progress implementation		Q3 – Q4
Deliver an Urgent and Emergency Care 'Six Goals' model Goal 1: Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)	11.3.01	Build on cluster led risk stratification and virtual wards	DPCCMH & MD	Q1 – Q2

Goal 2 - Signposting, information and assistance	11.4.01	Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services	Q1 – Q4
	11.4.02	Test potential for Urgent Primary Care Centres (UPCCs)	Q1 – Q4
Goal 3 - Clinically safe alternatives to admission	11.5.01	Review Same day emergency care pathways	Q1 – Q2
	11.5.02	Review Intermediate care (step up) pathways	Q1 – Q2
	11.5.03	Assess Specialty advice and guidance lines	Q1
Goal 4 - Rapid response in crisis	11.6.01	Work with WAST to deliver optimal 999 pathways	Q1 – Q2
	11.6.02	Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments – annual cycle	Q1-Q4
Goal 5 - Optimal hospital care and discharge practice from the point of admission	11.7.01	Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for response and reduce average length of stay to 28 days	Q1
	11.7.02	Implement SAFER patient flow guidance	Q1 – Q2
Goal 6 - Home first approach and reduce the risk of readmission	11.8.01	Optimise home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements – annual	Q1 – Q4
	11.8.02	Work with the care sector to improve resilience in domiciliary and residential / nursing care and processes	Q1 – Q4
	11.8.03	Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP	Q1-4
	11.8.04	Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board	Q1-Q4

Formal change request

Renewal

11.1.01 Change request to complete detailed model by Q4 – high level model developed and approved by Programme Board in Q1-2.

11.1.03 Change request to remove reference to joint work with Improvement Cymru.

Letters from Welsh Government have emphasised that goals 2 and 3 must be prioritised in 2022/23.

East Radnorshire work being reported via Programme arrangements – request to include within Programme reporting in subsequent quarters.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 None Received

Executive Director Sign Off Sign off received from Kate Wright – MD and Hayley Thomas – DPCCMH via email

Strategic Priority 12 – Support improved access to and outcomes from Specialised Services

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

Executive Lead - DoPP

Quarter 2 Progress:

12.1.01: PTHB is participating in the Welsh Health Specialised Services Committee (WHSSC) Joint Committee and Management Group.

12.1.03: The "My Analytics & Information Reports" (MAIR) working group has been re-established involving transformation, value-based health care, public health and financial input to examine variation for Powys people to drive pathway improvement.

12.1.04 & 12.1.05: PTHB has participated in the WHSSC process for prioritisation (including clinical Executive Director involvement) and the Integrated Commissioning Plan development, advocating a "value approach"; outcomes, experience and cost, at a health board population level.

12.1.06: WHSSC has some work underway in relation to outcomes (for example, the review of the use of Transcatheter Aortic Valve Implantation (TAVI) procedure), but such information is needed more systematically to inform health board decision-making through WHSSC.

12.1.07: The month 5 end of year forecast underspend was £155k, but more needs to be done to achieve the level of efficiency saving required.

Commentary on red rated actions:

12.1.02: There has been a delay in recruiting the Specialised Pathway Lead (due to covering other vacancies such as the Community Cardiology Service). This has affected the delivery of some milestones. The appointment of the post will be pursued.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Work with the Welsh Health Specialised Services Committee to implement Integrated Commissioning Plan Ensure equitable access and outcomes for the Powys population and work in partnership to address variation	12.1.01	Participate in Management Group and Joint Committee	DoPP	Q1 – Q4
	12.1.02	Appoint to specialised pathway lead		Q1
	12.1.03	Use MAIR data to identify opportunities for VBHC pathway improvement		Q2
	12.1.04	Develop routes for Powys Patient Experience feedback in relation to specialised services. Participate in CIAG prioritisation process and ICP development informed by MAIR data and Powys patient experience		Q2 – Q3
	12.1.05	Align ICP and IMTP development		Q3 – Q4
	12.1.06	Work with WHSS team on improved outcome measures		Q1 – Q4
	12.1.07	Achieve agreed efficiency savings		Q1 – Q4

Powell, Bethan
09/11/2022 17:24:10

Formal change request

12.1.03 This work is on-going (and is related to achieving further efficiency savings) and should be Q2-Q4.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Information about outcomes, experience and cost is needed more systematically to inform health board decision making about specialised services through WHSSC.

Executive Director Sign Off *Sign off received from Stephen Powell – DoPP via email*

Workforce Futures

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

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

Executive Lead - DWOD

Quarter 2 Progress:

13.1.01 Support services to review and develop sustainable workforce models

A proposal has been prepared detailing an organisational approach to be rolled out for workforce planning, which is underpinned by the national workforce planning model. TA training programme has been developed based on the proposed approach and will take the learners through all six steps of the workforce planning toolkit, providing managers with the support and skill set required to develop their service level workforce plans for the short, medium and long-term.

An updated interim workforce model has been implemented for the delivery of Testing and Mass Vaccination services with fixed term contracts issued until March 2023 and January 2023 respectively. A longer-term workforce model to integrate these services within existing core delivery structures, is being developed within the future funding availability from Welsh Government. This is due to go for consideration by the Executive Committee in quarter 3. A review of the Community Ward establishment is being undertaken, led by the Executive Director of Nursing. Once complete, each ward will be supported to develop future workforce plans using the updated workforce planning approach.

13.2.01 Begin implementation of the Toolkit, focusing on the Renewal Priorities

Each renewal programme is at a different stage in relation to workforce modelling. There are 52.40 WTE posts across the 7 areas: 20.50 WTE of these posts are recurrent posts and the remaining 31.90 WTE are fixed term appointments. All recurrent posts have been appointed to, but 8.50 WTE non-recurrent posts were unfilled.

13.3.01 North Powys Wellbeing Programme Scoping exercise; Support workforce planning

There is a Technical Service and Workforce Planning Workshop planned for 12th October where the scale and scope of the requirements around future workshop modelling for the project will be discussed, as well as potential capacity to undertake this work across partners.

13.4.01 Widen the Apprenticeship Offer

To date, we have supported 15 apprentices on this programme across cohorts 1 –3, with 14 achieving the diploma. 11 of these have gained substantive roles within the health board, 3 have secured support worker roles outside of the organisation and the remaining 2 have been

successfully supported onto the 'Aspiring Nurse' programme. Further to this, 2 kick-starters have gained full time employment following their 6-month work placement with us, the first into an administrative role and the second onto the HCSW apprenticeship programme.

13.5.01 Progress international recruitment, in line with a 'Once for Wales' approach

2 out of the 7 international nurses arrived in Quarter 2 and commenced their OSCE preparation programme. We had an additional local international Nurse join the OSCE programme in July through local recruitment. All three International Nurses NMC sat their OSCE exams at the end of September and if successful, would receive their registration and 'pin' in October 22. Further international Nurse recruitment has been temporarily delayed for the remaining allocation of 5 overseas nurses to allow for an evaluation of the programme including training and education, accommodation, transport and pastoral care requirements.

13.6.01 Progress Health and Care Support Worker / Nursing Degree

Following discussions with HEIW in relation to the challenges that the new distance learning programme with Bangor University presents to PTHB in terms of entry requirements, HEIW are imminently due to release a further Distance Learning Contract for tender which will include Distance Learning, Part-time Nursing degree course with a much wider access for candidates, mirroring the existing offer we are utilising through the Open University. This will likely be for academic intake September 2023.

13.6.03 Enhance Student Streamlining offer for Powys

HEIW have confirmed that the Student Streamlining process is being stood down for all AHP students. There has been no confirmation what, if any all-Wales approach, will be introduced to replace this. Currently student streamlining as a process remains in place for Nurse students. Work has started in developing relationships with university partners in England and Wales to encourage and offer clinical placement activity in PTHB. Progress is being made with placement learning agreements signed and placement audits planned for completion with the University of Chester, with the aim of students attending PTHB in Q3 onwards. These arrangements are already in place with University of Stafford. Practice Education Facilitators are being granted their own communication pages with students on universities virtual learning environments (VLE's) for direct communications and a place to promote PTHB. In partnership with HEIW, initial work has begun to develop a student feedback questionnaire for all students attending placements with PTHB to help inform and develop the offer from Powys and encourage greater uptake.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Review and develop sustainable workforce model (including Covid Response, staffing/medical model)	13.1.01	Support services to review and develop sustainable workforce model	DWOD	Q1 - Q2
Implement All Wales Workforce Planning Toolkit	13.2.01	Begin implementation of the Toolkit, focusing on the Renewal Priorities		Q1 - Q3
Develop Workforce Plan for North Powys Wellbeing Programme	13.3.01	NPWP Scoping exercise; Support workforce planning		Q1 - Q4
Widen apprenticeship offer	13.4.01	Widen the apprenticeship offer		Q1 - Q2
Progress international recruitment	13.5.01	Progress international recruitment, in line with a 'Once for Wales' approach		Q1 - Q2
Promote Health and Care Careers	13.6.01	Deliver Schools Pilot Project		Q3 - Q4

Progress Health and Care Support Worker / Nursing Degree	13.6.02	Review further opportunities for part-time pre-registration Nursing degree / Health Care Support Worker route	Q1
Enhance Student Streamlining offer for Powys	13.6.03	Work with HEIW and Shared Services to enhance Student Streamlining offer	Q2 – Q4
Formal change request 13.1.01 Review and develop sustainable models to extend to Q4 once the Workforce Steering Group has agreed deployment of the workforce planning approach. 13.2.01 Implementation of the toolkit, focusing on Renewal Priorities to extend to Q4 once the Workforce Steering Group has agreed deployment of the workforce planning approach and assessment is made around the readiness of the clinically led design of workforce models.			
Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026 13.3.01 Consideration needs to be given to the capacity to support the workforce planning and modelling for NPWP. 13.4.01, 13.5.01 and 13.6.01 A review is required to take account of the current financial recovery requirements.			
Executive Director Sign Off <i>Sign off has been provided by Debra Wood Lawson - DWOD via email</i>			

Strategic Priority 14 – Redesign and implement leadership and team development <i>Enhancing clinical leadership and whole organisation focus on value</i> Executive Lead - DWOD				
Quarter 2 Progress: <u>14.1.01 Roll out Assistant Director / Senior Manager / Leadership Development, including Clinical Leadership Development</u> There are currently 63 members of staff engaged in ILM leadership programmes at levels 3, 4 and 5, with one programme of each starting in the last quarter. The Head of OD has met with clinical Assistant Directors to understand what needs to be included in a clinical leadership programme, with an initial outline of a course developed. Commentary on red rated actions: N/A				
Progress against key actions and milestones				
Key Actions	No.	Key Milestones	Exec Lead	RAG
Roll out Management and Leadership Development programme including Clinical Leadership Development	14.1.01	Roll out Assistant Director / Senior Manager / Leadership Development, including Clinical Leadership Development	DWOD	Q1 – Q4

Launch Intensive Learning Academy	14.2.01	Launch the Intensive Learning Academy in Leading Digital Transformation	Q1
Formal change request <i>None received</i>			
Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026 Reliance on partnership funding may affect capacity for some elements of future leadership development. There are on-going liabilities and risks associated with fixed term roles associated with the delivery of the ILA.			
Executive Director Sign Off <i>Sign off has been provided by Debra Wood Lawson – DWOD via email</i>			

Strategic Priority 15 – Deliver improvements to staff wellbeing and engagement Executive Lead - DWOD				
Quarter 2 Progress: <u>15.2.05 Develop model and implement approach to financial wellbeing support</u> <ul style="list-style-type: none"> A new suite of Financial Wellbeing pages have been launched on the Staywell Wellbeing Hub pages on the staff intranet. Money and Pensions Advisory Service has been engaged about an offer to deliver virtual sessions around pensions and provide training for staff to provide signposting support. The Vivup contract has been finalised to provide counselling support and the Vivup portal also includes self-help modules on financial wellbeing 				
Commentary on red rated actions: 15.2.02 Due to capacity issues a refresh of the Wellbeing at Work Group has not been concluded.				
Progress against key actions and milestones				
Key Actions	No.	Key Milestones	Exec Lead	RAG
Redesign the Occupational Health Service	15.1.01	Review and redesign the Occupational Health Service	DWOD	Q1
Implement mechanisms to understand, support and track the wellbeing of the workforce	15.2.01	Launch Mental First Aid Training in Clinical areas; Co-lead Programme in Mental Health		Q1
	15.2.02	Refresh Wellbeing at Work Group		Q1
	15.2.03	Promote use of the national tool for Wellbeing Conversations		Q1
	15.2.04	Scope and progress wellbeing survey, subject to the timing of a national survey		Q3

	15.2.05	Develop model and implement approach to financial wellbeing support	Q2
Formal change request <p>15.1.01 Failure to recruit to key clinical roles following a review and redesign of Occupational Health has significantly impacted on implementation and remains a challenge with the remaining Occupational Health Nurse due to leave in Q4. Request Move to Q4. and include 'Recruit to the Occupational Health redesigned service'</p> <p>15.2.01 Mental Health First Aid training courses had very limited uptake from staff and therefore consideration needed as to whether this is no longer offered going forward. Review to be undertaken and decision in Q3.</p> <p>15.2.02 Due to capacity issues a refresh of the Wellbeing at Work Group has not been concluded. Move to Q4.</p> <p>15.2.01 Co-Lead programme has stalled due to funding decision delayed by Welsh Government. Funding was applied for in February and has yet to be decided</p> <p>15.2.04 National Staff Survey has been postponed until spring 2023. A proposal is being developed to introduce a 'Team Climate' survey approach on a targeted basis. Move to Q4.</p>			
Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026 <p>Failure to recruit to key clinical roles within the redesigned Occupational Health service will need to be considered</p> <p>Reliance on external funding for the delivery of the co-lead model may affect future delivery</p>			
Executive Director Sign Off <i>Sign off has been provided by Debra Wood Lawson – DWOD via email</i>			

Strategic Priority 16 – Enhance access to high quality education and training <i>Across all disciplines, specifically focusing on 'grow our own' / apprenticeships</i> Executive Lead - DWOD			
Quarter 2 Progress: <u>16.02.01 Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream</u> <p>Following scoping activity, it has been acknowledged that a review and refresh of our internal process and governance arrangements that support the development of new and existing Advanced Practitioners needs to be done aligned with the national review that is currently underway. This will cause a delay in the delivery against the reportable milestone for Q2. Discussions have taken place with clinical AD's/DD's and agreed to form a strategic group and an operational group to drive the AP agenda forward.</p>			
Commentary on red rated actions: <p>16.2.01 This milestone has been delayed ensuring there is alignment between the work locally with the work being undertaken nationally.</p>			
Progress against key actions and milestones			

Key Actions	No.	Key Milestones	Exec Lead	RAG
Develop Grow Our Own Model working with HEIW	16.1.01	Explore opportunities to develop innovative approaches to role and service development working with HEIW with an emphasis on the 'grow our own' model	DWOD	Q1 – Q2
Implement Nursing, Therapies and Healthcare Science Framework	16.2.01	Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream		Q2
Enhance Continuous Professional Development for clinicians	16.3.01	Enhance CPD offer to Clinical Staff through scenario based Clinical Simulation		Q3 – Q4

Formal change request

16.1.01 Due to on-going activity against this milestone it is proposed to extend across Q3 and 4.

16.2.01 Due to the work being undertaken nationally it is proposed to move this milestone to Q4

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

As part of the workforce planning activity future opportunities for development roles will need to be identified from within existing budgeted establishments.

Executive Director Sign Off *Sign off has been provided by Debra Wood Lawson – DWOD via email*

Strategic Priority 17 – Enhance the health boards role in partnership and citizenship

Including maximising the opportunities for volunteering, and widening access to healthcare careers

Executive Lead - DWOD

Quarter 2 Progress:

17.1.01 Pilot the joint Health and Care Induction Framework

HEIW have funded a fixed term Joint Educator but due to capacity issues and timelines, this has resulted in a delay in the full implementation of the Joint Health & Care Induction Framework. Further funding has been sourced from HEIW and this new role is currently out to advert.

17.2.02 Develop Volunteer skills matrix as part of the School of Volunteers and Carers.

The first phase of this work includes recommendations for a second phase to utilise the skills matrix to provide a match and gap process of skills across our voluntary workforce, so that skills can then be matched to voluntary opportunities. An application for WCVA Grant was submitted for phase two. This Grant was declined on the 15th of September 2022, and an alternative model of delivery is being explored. There is a risk that without additional funds, the second phase of work won't be delivered.

17.2.03 As part of the comprehensive workforce planning approach, systematically examine opportunities for volunteers

Volunteer recruitment has continued to support the Mass Vaccination programme, ward volunteer roles and digital companions. Opportunities for volunteer roles will be integrated within the proposed approach to Workforce Planning to prompt consideration of the use of volunteers.

Commentary on red rated actions:

17.01.01 - Due to capacity issues and competing pressures this work has been delayed although a recovery plan is in place subject to being able to recruit to the currently advertised role.

17.2.02 - Due to the requirement for a second phase in the development of the skills matrix it is proposed to move this milestone to Q4, subject to further funding becoming available.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Implement Health and Care Induction Framework	17.1.01	Pilot the joint Health and Care Induction Framework	DWOD	Q2
Support and Develop Volunteers	17.2.01	Complete Needs Analysis to identify the Wellbeing requirements of unpaid Carers and Volunteers		Q1
	17.2.02	Develop Volunteer skills matrix as part of the School of Volunteers and Carers		Q2
	17.2.03	As part of the comprehensive workforce planning approach, systematically examine opportunities for volunteers		Q1 – Q4

Formal change request

17.1.01 Due the delay in appointments, and the redirection of current resources to Schools Project it is proposed to move this milestone to Q4.

17.2.02 Due to the requirement for a second phase in the development of the skills matrix it is proposed to move this milestone to Q4, subject to further funding becoming available.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

The reliance on external funding and fixed term roles against the delivery of this priority needs to be considered in terms of sustainability

Executive Director Sign Off *Sign off has been provided by Debra Wood Lawson – DWOD via email*

Powell, Bethan
09/11/2022 17:24:10

Digital First

Strategic Priority 18 – Implement Clinical Digital Systems that directly enable improved care

Including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare

Executive Lead - DoF

Quarter 2 Progress:

Identified Infrastructure improvements requiring investment and plans to address, in progress and part of the overall Digital Programme of work
Updates provided under key milestones

Challenges in terms of capital investment requirements and suppliers meeting demand for critical infrastructure equipment such as Wi-Fi/Switches etc.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG												
Implement key programmes to deliver Digital Care	18.1.01	<div>Range of milestones for each project area <i>including health records, WMCR, Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing and bed management</i></div> <table><tr><th>Project</th><th>Milestone</th><th>Outcome</th></tr><tr><td>Cross Border (Interoperability)</td><td>Exit foundation stage and move to Discovery phase</td><td>Map out project scope and project deliverables</td></tr><tr><td>Malinko eScheduling Tool</td><td>Commence implementation on a phased approach</td><td>System to support District Nurses schedule home visits</td></tr><tr><td>Electronic Prescribing and Medicines Administration (ePMA)</td><td>Recruitment to support project</td><td>Resource to support the All-Wales initiative</td></tr></table>	Project	Milestone	Outcome	Cross Border (Interoperability)	Exit foundation stage and move to Discovery phase	Map out project scope and project deliverables	Malinko eScheduling Tool	Commence implementation on a phased approach	System to support District Nurses schedule home visits	Electronic Prescribing and Medicines Administration (ePMA)	Recruitment to support project	Resource to support the All-Wales initiative	DoF	Q1
Project	Milestone	Outcome														
Cross Border (Interoperability)	Exit foundation stage and move to Discovery phase	Map out project scope and project deliverables														
Malinko eScheduling Tool	Commence implementation on a phased approach	System to support District Nurses schedule home visits														
Electronic Prescribing and Medicines Administration (ePMA)	Recruitment to support project	Resource to support the All-Wales initiative														

Powell, Bethan
09/11/2022 17:24:10

Powell, Bethan
09/11/2022 17:24:10

Implement the cross-border programme, liaising with Digital Health and Care Wales and English Trust	18.2.01	<div>Deliver Cross Border programme including sign off, recruitment Q1, design / build and implementation with user acceptance testing and integration</div> <table><tr><th>Milestone</th><th>Outcome</th></tr><tr><td>Establish project board</td><td>Governance and reporting measures including stakeholder engagement</td></tr><tr><td>Recruitment</td><td>Project to support implementation</td></tr><tr><td>User requirements</td><td>Stakeholder requirements will form the scope of the project</td></tr><tr><td>Exit foundation stage</td><td>Map out project scope and project deliverables</td></tr><tr><td>*Commence development</td><td>Create solution increments Test before deployment</td></tr><tr><td>*Deployment</td><td>Bring the solution into operational use</td></tr></table> <div>*These will run into 2023/24</div>	Milestone	Outcome	Establish project board	Governance and reporting measures including stakeholder engagement	Recruitment	Project to support implementation	User requirements	Stakeholder requirements will form the scope of the project	Exit foundation stage	Map out project scope and project deliverables	*Commence development	Create solution increments Test before deployment	*Deployment	Bring the solution into operational use	Q2 – Q4
Milestone	Outcome																
Establish project board	Governance and reporting measures including stakeholder engagement																
Recruitment	Project to support implementation																
User requirements	Stakeholder requirements will form the scope of the project																
Exit foundation stage	Map out project scope and project deliverables																
*Commence development	Create solution increments Test before deployment																
*Deployment	Bring the solution into operational use																
Enhance key systems to support delivery including replacement of Canisc, Electronic Test Request, Malinko	18.3.01	<div>Range of milestones for each project area (detailed Directorate Plan)</div> <table><tr><th>Project</th><th>Milestone</th><th>Outcome</th></tr><tr><td>Canisc</td><td>Decommission in November</td><td>Replaced with WPAS</td></tr><tr><td>Electronic Test Results</td><td>Implement new workbook to access pathology tests to all community hospitals.</td><td>Available on WCP</td></tr></table>	Project	Milestone	Outcome	Canisc	Decommission in November	Replaced with WPAS	Electronic Test Results	Implement new workbook to access pathology tests to all community hospitals.	Available on WCP	Q2 – Q4					
Project	Milestone	Outcome															
Canisc	Decommission in November	Replaced with WPAS															
Electronic Test Results	Implement new workbook to access pathology tests to all community hospitals.	Available on WCP															
Delivery of Telehealth and Telemedicine programmes	18.4.01	<div>Range of milestones for each project area (detailed Directorate Plan)</div> <table><tr><th>Project</th><th>Milestone</th><th>Outcome</th></tr><tr><td>Attend Anywhere Video Consultation</td><td>Develop user case studies to promote platform</td><td>Increase number of consultations taking place via video conferencing</td></tr><tr><td>Florence Telehealth</td><td>Support services to utilise the SMS text messaging service</td><td>Supports ongoing engagement between patients</td></tr></table>	Project	Milestone	Outcome	Attend Anywhere Video Consultation	Develop user case studies to promote platform	Increase number of consultations taking place via video conferencing	Florence Telehealth	Support services to utilise the SMS text messaging service	Supports ongoing engagement between patients	Q2 – Q4					
Project	Milestone	Outcome															
Attend Anywhere Video Consultation	Develop user case studies to promote platform	Increase number of consultations taking place via video conferencing															
Florence Telehealth	Support services to utilise the SMS text messaging service	Supports ongoing engagement between patients															

Powell, Bethan
09/11/2022 17:24:10

				& health care professionals.		
Formal change request <i>None received</i>						
Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 <i>None received</i>						
Executive Director Sign Off <i>Sign off has been received from Pete Hopgood – DoF via email</i>						

Strategic Priority 19 – Implement key improvements to digital infrastructure and intelligence. Undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of systems

Executive Lead - DoF

Quarter 2 Progress: As noted above, Identified Infrastructure improvements requiring investment and plans to address, in progress and part of the overall Digital Programme of work; Challenges in terms of capital investment requirements and suppliers meeting demand for critical infrastructure equipment such as Wi-Fi/Switches etc.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Enhance business intelligence capability and systems	19.1.01	Range of milestones for each project area (detailed Directorate Plan) National Data Resource (NDR) – Additional resource secured Local Data Resource (LDR) - Azure subscription in place	DoF	Range of milestones with specific project plans
Improve key platforms to enhance access / implement role-based training	19.2.01	Range of milestones within specific project plans including Office 365, virtual clinics, single sign in, inpatient access screens, electronic referrals, stock control Subject to digital strategic framework approval for role-based training. Aligned to national programmes.		
Support North Powys Wellbeing Programme	19.3.01	In line with North Powys Wellbeing Programme timescale Community Training education Platform		

Powell, Bethan
09/11/2022 12:44:10

		Data analytical modelling Digital blueprint		
Develop and implement Artificial Intelligence in robotics, machine learning and support for out of hours	19.4.01	Range of milestones for each project area (detailed Directorate Plan) Supplier engagement and learning from neighbouring HBs.		
Delivery of phased infrastructure development	19.5.01	Range of milestones within specific project plans for Managed print, Telephony replacement, Cyber security improvement, UPS replacement, Cabling upgrade, Firewall implementation, Wi-Fi upgrade, Migration to cloud, Data centre & comms rooms environment review		
Formal change request <i>None received</i>				
Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 <i>None received</i>				
Executive Director Sign Off <i>Sign off has been received from Pete Hopgood – DoF via email</i>				

Innovative Environments

Strategic Priority 20 – Implement ambitious commitments to Carbon Reduction, Biodiversity Enhancement and Environmental Wellbeing

Executive Lead - DoE

Quarter 2 Progress:

- Progress made on investigating ways to **maximise biodiversity**. Collaborating with Aneurin Bevan University Health Board on evaluation of hospital sites by a specialist consultant to maximise biodiversity and focus grounds maintenance activity, programme funded by Welsh Government Health and Social Care Climate Emergency Programme Board will create bespoke maintenance plans and enable structured interaction with community groups. Quarterly progress submitted to the Welsh Government Programme Board for appraisal.
- A second project funded by the Health and Social Care Climate Emergency Programme Board initiated to expand our climate awareness through a further tranche of bespoke NHS Wales **Carbon Literacy training**, also offering 'train the trainer' to aid internal roll out. The Wales-specific training material has been developed and promoted by PTHB in conjunction with PHW and HEIW.
- ISO 14001** Environmental accreditation retained Q1; small number of minor corrective actions and observations, being tracked to closure.

- A pan-Powys **tree survey** procurement exercise undertaken with the award of contract to a local contractor. This will enable the condition of all trees across the estate to be assessed and provide a risk-based report for any remedial actions to be undertaken.
- The Health and Care Academy project at Bronllys has included the installation of PTHB's **first Air Source Heat Pump**, which will deliver carbon emission reductions as an electrical primary heat source instead of a fossil-fuelled boiler, especially as the Health Board's electricity is procured through Renewable Energy Guarantees of Origin (REGO) contracts.
- A major programme of energy efficiency through the **Re:fit programme**, Invitation to Tender progressing with Local Partnerships; evaluation by specialists of viability of schemes which will improve energy resilience, manage heat loss and gain, lower emissions and reduce energy consumption with associated **potential for positive financial impacts**.
- A local specialist consultant has produced a multi-year management plan the eradication of **Japanese Knotweed** at Llanwrtyd Wells Health Centre. All observations of invasive species are being recorded in an attempt to limit their impact on the surrounding biodiversity, preserve our green spaces and avoid legal action (Community Protection Notice).
- To support the drive towards **agile working**, evaluation of space utilisation commenced at Bronllys. Workshops arranged for Q3 to modernise the way space is managed and make a cultural shift away from 'my desk' to 'any space'. Continued home working has seen **positive impact on operational carbon emissions** and will have long-term benefits for reducing air pollution and climate adaptation.
- PTHB's **Recycling and Waste Management** arrangements reviewed and given 'Reasonable Assurance' by Internal Audit. The recycling pods and information has been given credit. No waste sent to landfill for waste and recycling (except in the case of plant failure).
- Support Services trialled **electric vehicles** for porters; these vehicles will be procured as existing fleet vehicles become obsolete.
- Support Services are working with NHS Shared Services Procurement to reduce the carbon footprint in sourcing catering supplies.
- Support Services have increased the options for plant based and vegetarian meals on patient and staff menus.
- Resource: the **vacant Environment and Sustainability Manager post** in a small team for the Q2 period has acted to limit work progress in some areas and an appointment to this post is key to the delivery of the full range of commitments this financial year period.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Implement Decarbonisation and Biodiversity Delivery Plans: – ISO14001 Environmental Management System including biodiversity and ecosystem impact – Assess impact including COSHH to consider less harmful materials wherever practical	20.1.01	Detailed Decarbonisation and Biodiversity Delivery Plans in place and reported separately via Environment and Sustainability Group / Committee and Board	DoE	Q1 – Q4
	20.1.02	Commission self-audit Q4, audit activity Q1, address actions arising Q2, preparation for re-audit Q3		Q1

Powell, Beth
09/11/2022 17:24:10

<ul style="list-style-type: none"> – Maintain tree surveys and for every tree felled on PTHB land, at least 2 native trees planted – Waste reduction and management including recycling and reuse of waste products, pharmaceutical waste and medical gases, inhaler promotion/disposal and recycling, plastics – Energy and water management including renewables; retrofit / upgrade by 2030; low carbon heat solutions for all sites larger than 1000m2 by 2030; LED lighting by 2025 – Sustainable transportation in line with Welsh Government's Active Travel Action Plan: vehicle management, remote working, pooling, future proofing site design for electric charging capability (in partnership with NHS Shared Services) – Procurement and purchasing including life cycle approach and weighting of sustainable services – Buildings Management Control System by 2023; BREAA standards for new build and refurbishments; enhanced biodiversity protections, future developments in line with net zero / Modern Methods of Construction – Proactive communication and engagement to ensure leadership and promote low carbon behaviours/ best practice and initiatives 	20.1.03	Re-commission tree survey for Pan-Powys estate in Q2, subsequently implement actions arising	Q2 – Q4
	20.1.04	Contracts for waste and recycling compliant with NHS Financial Standing Orders and Welsh Government sustainability targets. Roll out of waste segregation training.	Q2 – Q4
	20.1.05	Annual Estates, Facilities Performance Management System data submission Q1	Q1 – Q4
	20.1.06	Q2 Welsh Government Energy Service 'Fleet Review' initiated along with EV charge point assessment. Q3 Review vehicle management assessments and report findings along with commencement of EV implementation on site at Brecon Car Park. Q4 Implement fleet review recommendations and EV roll out	Q1 – Q4
	20.1.07	Introduction of environmental weighting into procurement questions with Contractor Workshop Q2	Q1 – Q4
	20.1.08	Develop next steps in investment programme to upgrade BMS systems. Embed biodiversity protection and enhancement into all business cases. Develop MMC and Net Zero build principles into future new developments.	Q1 – Q4
	20.1.09	Award of Bronze Carbon Literacy Organisation	Q1 – Q4
	20.1.10	Develop accredited All Wales Carbon Literacy training package Q1 and implement training delivery plan	Q1 – Q4
Formal change request – None received			

Powell, Bethan
09/11/2022 17:24:10

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

The delivery of many of the commitments to decarbonisation are dependent on Welsh Government funding.

Executive Director Sign Off *Sign off has been received from Jamie Marchant – DoE via email*

Strategic Priority 21 – Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff

Executive Lead - DoE

Quarter 2 Progress:

- **Delivery of the Capital Programme** has continued at pace; currently 35 projects on this year's pipeline, 10 completed with the remaining on track for completion with the financial year. Project budgets remain under pressure as marketplace prices continue to rise.
- **Completed projects** to address infrastructure improvements include; Orchards Bungalow refurbishment for student & overseas nursing accommodation at Bronllys & the inclusion of LED lighting upgrades in all internal capital projects.
- In July handover of the second phase of the **Health and Care Academy** was achieved. Phase 2 included a major refurbishment of the former 'Magpies' bungalow into an **assisted living training facility** and the development of an outside learning area.
- At the end of 2021-22 the Health Board successfully completed the purchase of the freehold title for **Llanwrtyd Wells Health Centre**. Subsequently, a capital investment project has been initiated which will see major remodelling of the building to enhance local services provision and **delivery of a modern pharmacy dispensing service** in addition to new expanded retail and consulting areas.
- **Electrical infrastructure capacity remains a challenge** across the estate making it more difficult to install low carbon heating alternatives, electrical vehicle charging and electric catering equipment. Projects are continuing at Llandrindod and Welshpool to improve electrical infrastructure which will enable low carbon technologies to be implemented. The projects will also reduce reliance on temporary generators installed to supply our essential Covid-19 mitigation air handling units.
- Major capital projects for **Brecon Car Park and Machynlleth Reconfiguration** are progressing well and will see new facilities which will meet latest BREEAM standards and significantly contribute to decarbonisation targets.
- Business Justification Case for **Phase 2 redevelopment of Llandrindod Wells** is being developed, which incorporates many decarbonisation initiatives and, from the outset, are looking to reduce energy loss and improve efficiency within the design.
- Outline Business Case works have been initiated with plans to appoint Client Consultants and a full time internal Senior Capital Programme Manager for **North Powys** following PBC endorsement by the Welsh Government. Feedback on the SOC is awaited with concerns raised by Welsh Government about the nature of the site infrastructure works and how this will connect the phases of work required for the campus – a stand-alone BJC for Infrastructure is being developed to support the pace of the Education activity and reassure WG.
- During the quarter, **Estates Funding Advisory Board** (EFAB) funding has been confirmed for 2023/24-2024/25. The funding for each year will be split Infrastructure (including a focus on Emergency Department Waiting areas) and Mental Health; Fire Compliance works; Decarbonisation schemes. Bids are currently being developed and are to be submitted to WG by 07/11/2022

- The **Covid-19 vaccination and testing centres** at the Royal Welsh Showground, Builth Wells have been vacated. Assistance has been provided by NWSSP and Welsh Government property teams to secure a 12-month lease for the former Welsh Government building on **Spa Road, Llandrindod Wells**. The property is a large and relatively modern facility which has been set-up to accommodate both MVC and TTP teams and has enabled the continued provision of Covid-19 services within the mid Powys area.
- **Estates Compliance** being strengthened by rolling programme of new 3-5year maintenance contracts with enhanced reporting and monitoring, with circa 12+ already implemented – the enhanced compliance does mean that the baseline revenue costs of the services have increased and the Providers have identified circa £500K of Capital and Revenue defects which require addressing. In addition, work to analyse and review the Planned Preventative Maintenance (PPM) and Reactive jobs required to maintain an aging estate has highlighted a shortfall in labour resource – this means that limited resource is deployed using a risk-based approach which is generating complaints in terms of response to routine maintenance including painting and grounds maintenance. Corporate Risk CRR 05 relates.
- **Estates Strategy:** next phase 'where we want to be'. Preparation for 2023 Six Facet Survey; update data for physical condition, space utilisation, functional suitability, environment including energy, quality and statutory (fire, equality act, health and safety).
- After successfully delivering PPE and Lateral Flow Devices throughout the Covid 19 Pandemic, the central **Covid 19 Stores and Distribution Service** closed, and arrangements returned to 'business as usual' at the end of Quarter 2.
- **Cleaning Services** in PTHB are compliant with revised NHS cleaning standards published in December 2021.
- All PTHB kitchens are compliant with **food labelling** regulations and have **environmental hygiene** ratings of '5 – Very Good'.
- PTHB's **Health and Safety Policy** deployment via training programme to identify workplace hazards and develop departmental risk assessments. Health & Safety Policies for First Aid at Work, Security and Health Surveillance being deployed and strengthened.
- **Staff duty rosters** in Hotel Services have been reviewed and revised and are under consideration by PTHB's Finance team.
- **Support Services Management Structures** further to 'Organisational Realignment' are finalised.
- **Contracts for maintenance of kitchen equipment** are under review for completion in Quarter 4.

Commentary on red rated actions:

Llanfair Caereinion development working with District Valuer, Shared Services and the developer on a finalised rate, to reflect recent market price rises. No escalation beyond Director required and work aimed at staying within approved financial envelope. 14 month build still remains the programme albeit commencement date is not finalised at this stage.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Deliver Discretionary & Major Capital Programme <i>Including developments at Machynlleth; Brecon Car Park, Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre</i>	21.1.01	Deliver agreed programme of Discretionary Capital projects	DoE	Q1 – Q4
	21.1.02	Completion of works at Machynlleth		Q4
	21.1.03	Completion of works at Brecon Car Park		Q3
	21.1.04	Phase 2 Llandrindod Wells scheduled for start with Business Justification Case 2022/23 for infrastructure, subsequent clinical focused reconfiguration 3-5 years		Q3

	21.1.05	Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2	Q2 – Q4
Deliver Facilities & Estates Compliance & Improvements <i>Stores & Distribution, Health & Safety, Catering & Food Hygiene, Support Services, Estates Compliance</i>	21.2.01	Deliver Estates programme for fire, environment and infrastructure as agreed at Estates Funding Advisory Board	Q1 – Q4
	21.2.02	Deliver Facilities work plan to include compliance with new food hygiene regulations Q1, implementation of Health & Safety Policy, compliance with cleaning standards, review of hotel services career structure Q1 – Q2, strengthen maintenance contracts Q4	Q1 – Q4
	21.2.03	Development of protocols to support agile working	Q1 – Q3
Delivery of Multi Agency Campus Development Programme (component of North Powys Wellbeing Programme)	21.3.01	As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements	Q1 – Q4
Formal change request – None received			
Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026 Welsh Government Capital funding availability is subject to change at short notice (evident this year with EFAB funding paused) and the annual year planning requires flexibility to mirror these changes 'in year'.			
Executive Director Sign Off Sign off received from Jamie Marchant – DoE via email			

Transforming In Partnership

Strategic Priority 22 – Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness

Executive Lead – MD & DoN

Quarter 2 Progress:

Good progress is being made in relation to improving quality, across a range of areas which span several quarters. The patient safety approach focuses on the identification and management of incidents and an Incident Review Forum has been established to take forward this work, inclusive of Executive led NRI structures. The Once for Wales Concerns Management system has been implemented and the programme board has been discontinued with the monitoring arrangements noted within business as usual.

Commentary on red rated actions:

22.2.01 Deliver the I&I portal. This has been dependent on securing IT and Informatics resource and support. The Bright Ideas Powys App that will be available to all staff and via the intranet is nearing completion. An exercise is currently being undertaken to capture innovation, improvement and research projects across Health, social care and third sector over the past 5 years to form a repository.

22.2.02 Explore the creation of a Research, Innovation & Improvement Fund. The proposal has been drafted and was discussed with IMs ahead of the Charitable Funds Committee. Amendments are being made to the proposal and it will be shared with Exec Committee on 19th October.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	22.1.01	Implement clinical quality framework, including:	DoN	Q1 – Q4
	22.1.02	Consolidate Putting Things Right approach and oversight, complete PTR improvement plan Q1, ensure compliance with PTR cycle Q2, annual review Q4		Q1 – Q4
	22.1.03	Finalise delivery of patient safety approach		Q1
	22.1.04	Patient experience approach re-launch, re-establish Executive and Independent Member engagement visits/opportunities		Q1 – Q2
	22.1.05	Undertake exercise to secure and implement a Patient Experience digital system		Q2
	22.1.06	Agree clinical policy review plan		Q2
	22.1.07	Deliver Clinical Audit Plan		Q1 – Q4
	22.1.08	Complete implementation of Once for Wales Concerns Management system		Q3
	22.1.09	Plan for implementation of Duty of Candour		Q2 – Q4
Delivery of the Research and Development programme	22.2.01	Deliver 'I&I Portal' database	MD	Q1
	22.2.02	Explore the creation of a Research, Innovation and Improvement fund		Q1
	22.2.03	Align activity to School of Research Innovation and Improvement Adopt approach to clinical quality improvement; training Q1; projects Q1 – Q4; expert partnerships Q1, increase placements		Q1 – Q4
	22.2.04	Deliver Clinical Audit and assessment (aligned to Clinical Quality Framework)		Q1 – Q4

Powell, Bethan
09/11/2022 17:24:10

	22.2.05	Increase research participation and develop Powys led studies		Q1 – Q4
Formal change request – None received				
Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 <i>None received</i>				
Executive Director Sign Off <i>Sign off received from Claire Roche – DoN and Kate Wright – MD via email</i>				

Strategic Priority 23 – Enhance integrated/partnership system working, both in Wales and England, improving regional approaches to the planning and delivery of key services

Executive Lead – DoPP, BS

Quarter 2 Progress:

- Work has commenced on the RPB Area Plan/ review of the Health and Care Strategy, there are complex interdependencies to be navigated to ensure alignment and create a 'golden thread' across the Area Plan, PSB Wellbeing Plan and each partner's corporate / integrated plans; there are issues for partners in relation to capacity to engage on multiple strategy and planning processes given system pressures
- The overall status for the North Powys Wellbeing Programme reports as 'AMBER' due to ongoing issues of capacity with regards to competing work priorities, alignment and operational pressures. Key areas have been progressed including the Approach for the Business Justification Case and funding arrangements, Governance Framework, Resource Plan and Engagement and Communications Plan for the Outline Business Case. A recruitment process is underway for Digital Project Manager and Project Support Officers and appointment has been made to GP Clinical Lead. Preparations have been made for a round of Transformation workshops from November 2022.
- The Strategic Change tracking and reporting system has been restored, with a comprehensive Stocktake produced and shared at the new Transformation and Value Group (and will be shared at Planning, Partnerships and Population Health Committee in October)
- Section 33 arrangements are in place, further opportunities have been explored at a joint session between PTHB and Powys County Council with regards to areas of integration which will inform strategic planning for 2023 onwards
- Key achievements in communications and engagement include: publicity to support recruitment marketing ; SharePoint onboarding; engagement on next phase of North Powys Wellbeing Programme, community events including the Kindness Fest in Newtown in September; winter respiratory vaccination campaign including autumn COVID boosters; response to the death of Her Majesty Queen Elizabeth II, (including standing down the Diolch Powys event on 16 September); Herefordshire and Worcestershire Stroke Review engagement; key corporate programmes including Annual General Meeting, executive recruitment, announcement of Chair and other Board appointments, and publication of every day IMTP.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
-------------	-----	----------------	-----------	-----

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

Formal change request *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

There are multiple strategic planning exercises and transformation programmes underway currently, efforts to align and create a 'golden thread' will be important to set a clear, shared ambition for Powys with efforts targeted at actions that will deliver the greatest benefit, based on an understanding of the complex socio-economic challenges being experienced across the UK and in Powys, which will have an impact on population wellbeing and the delivery of health and care and the evidence of what works and is of greatest value.

Significant delivery of the health board's engagement programme is through fixed term posts ending Spring 2023 and/or roles funded through (and dedicated to) specific work areas such as SilverCloud or North Powys Wellbeing. Decisions will be needed about resources and priorities for the year ahead. A key area of focus will need to be on systems & processes for continuous engagement for 2022/23 aligned to the establishment of the new Citizen Voice body for health and care.

Executive Director Sign Off *Sign off provided by Board Secretary and DoPP via email*

Strategic Priority 24 – Implement value-based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources

Executive Lead – DoF, MD

Quarter 2 Progress:

Renewal

24.1.01 Transformation & Value Team strengthened through Analyst from April 2022; first attempt to secure Master level students not successful - further attempts to be made; Value Based Medicine Optimisation Pharmacists remain challenging to recruit; funding agreed for revised skill-mix for Band 6 Pharmacy Technician and PTHB funding joint Professor of Health Economics.

24.1.02 PTHB Interventions Not Normally Undertaken (INNUs) Working Group established and supportive of the 'once for Wales' approach; analysis of INNUs undertaken and showed no initial areas of concern, however, further work required to look at variation between providers by specialty. An all-Wales approach to INNU should begin in the Autumn 2022.

24.1.03 Survey of PTHB services to understand Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) undertaken; links with Welsh Value in Health Centre to national work and contact made with English Integrated Care Systems; paper on PROMs organisational approach supported by Value Based Health Care Programme Board in September and approved for submission to Transformation and Value Group Executive Committee in November 2022.

24.1.04 Cwm Taf Morgannwg University Health Board supporting the PTHB Muscular Skeletal Team to roll out Shared Decision Making/resources in September; continuing to work in collaboration with Betsi Cadwaladr University Health Board and Hywel Dda University Health Board and meeting to strengthen links to PTHB Organisational Development framework, including work on Shared Decision Making.

Finance

Reported overspend of £2.8m at month 5 with an in-year forecast overspend of £7.5m. Cost pressure drivers include Continuing Healthcare growth over and above planned levels, agency usage covering substantive vacancies and commissioning pressures linked to flow and recovery. Progress against the £4.6m required savings target is not where it needs to be. Recovery actions are being identified across all areas in order to deliver the best possible outturn position, reprioritising resources.

Commentary on red rated actions:

Devise/Implement exit strategy for all non-recurrent COVID costs: Funding is being assumed from WG relating to £7.3m local COVID costs on a risk share basis. A significant proportion of these additional costs are now operational and "business as usual." Every effort needs to be made to curtail and step down these costs where appropriate.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Delivery of the value-based healthcare programme <i>Renewal Portfolio</i>	24.1.01	Further strengthen the Transformation and Value team, including research assistants, Masters and PHD Students	DoF & MD	Q1 – Q3
	24.1.02	Analysis of low value interventions Q1, Review with BCUHB Q2, update Interventions Not Normally Undertaken (INNU) Policy Q3		Q1 – Q4
	24.1.03	Develop and implement consistent approach to PROMs and PREMs		Q1 – Q4

	24.1.04	Linking with OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare		Q1 – Q4
Delivery of Financial Strategy and Financial Plan	24.2.01	Annual cycle of delivery and monitoring in place	DoF	Q1 – Q4
	24.2.02	WG/ FDU quarterly touch point sessions		Q1
	24.2.03	Finalise development of recurrent savings plan (1)		Q1 – Q4
	24.2.04	Impact assessment of English contracting position (2)		Q1 – Q4
	24.2.05	Devise/Implement exit strategy for all non-recurrent COVID costs (3)		Q1
	24.2.06	Focused PSPP target improvement >95%		Q1 – Q4

Formal change request

24.1.03 needs to be separated as these are two separate actions as shown below (this is a minor change and has therefore been transacted)

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Where additional actions or milestones are required after the agreement of the IMTP Delivery Plan, e.g., the response that was needed to the VBHC Additional Funding made available in May 2022, this needs to be reflected in the change process above also, including the impact on existing milestones.

2023 -2024 will be another very challenging year. The financial plan needs to be fully aligned with service plans and deliverables. Bottom-up budget setting aligned to the agreed plan will support and drive accountability. Early identification of cash releasing savings and efficiencies will support delivery. This work is underway through the Financial Recovery Planning group.

Executive Director Sign Off *Sign off has been provided by Kate Wright – MD & Pete Hopgood – DoF via email*

Strategic Priority 25 – Implement key governance and organisational improvement priorities including embedding risk management, effective policies, procedures, and guidance; audit and effectiveness; Board effectiveness and systems of accountability

Executive Lead – DoPP, BS

Quarter 2 Progress:

- Integrated Performance Framework developed following engagement at Executive Team and Committee, and with providers. This integrates the two previous performance and commissioning frameworks. This was approved by PTHB Board in September 2022; an associated Implementation Plan will support management of the refreshed process via the Delivery and Performance Committee. The Planning and Performance module of the PTHB Managers Training has been refreshed in line with the IMTP 2022/25 and successfully delivered with excellent user feedback scores and comments.
- The Annual Report was delivered and preparations are already underway for next year's report.

- Preparations have commenced for the IMTP 2023-26 including the production of a pack of information setting out the evidence base, population and wellbeing assessment, PESTLE and SWOT analysis, organisational positions across various areas of performance, finance, transformation and value, quality and engagement; this has been used to inform an initial Board Development session and consideration of the Strategic Priorities for next year.
- A series of meetings are in place to review existing Third Sector Service Level Agreements (SLA). This is being overseen by the Assistant Director of Performance and Commissioning with a view that a programme of SLA reviews is agreed for the remainder of 2022/23.
- The Governance Work Programme is a longer-term programme of improvement that continues to be progressed. The main achievement in Q2 has been the completion of the review of the Corporate Risk Register for reporting to the September Board meeting. The Board Assurance Framework remains under review as complimentary frameworks are reviewed and refreshed. As an example, the Integrated Performance Framework was also completed and signed off by the Board in Q2.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Revise the Commissioning Assurance Framework and Integrated Performance Approach, to track the 6 domains (safety, effectiveness, experience, access, cost/finance/value, governance (incl. system resilience and improvement))	25.1.01	Refresh Commissioning Assurance Process Q1, annual cycle of delivery including the agreement and implementation of a Standard Operating Procedure for Quality and Safety as part of the commissioning assurance framework	DoPP	Q1 – Q4
	25.1.02	Review and strengthen the Improving Performance Framework Q1, annual cycle of delivery to include dashboards, quarterly review of MDS and Progress Against Plan (IMTP)		Q1 – Q4
	25.1.03	Design and Delivery of Manager Training (Planning and Performance)		Q2
	25.1.04	Delivery of Annual Report		Q1
	25.1.05	IMTP Development – commencement Q3, submission date tbc by Welsh Government		Q3
	25.1.06	Third sector review and agreement/phased implementation Q1 – Q4		Q1 – Q4
Delivery of Governance Work Programme	25.2.01	As per Governance Work Plan, Initial focus on establishing Board and committee cycle for the year in Q1	BS	Q1
	25.2.02	Review of Board Assurance Framework and Risk Management Arrangements also in Q1 to support delivery of IMTP objectives		Q1
	25.2.03	Review of Scheme of Delegation		Q1
	25.2.04	Remaining elements of Governance Work Programme scheduled for Q2 – Q4 building on cornerstone arrangements noted above in Q1		Q2 – Q4

Powell, Bethan
09/11/2022 17:24:10

Deliver the priorities of the Organisational Development Framework	25.3.01	As per Organisational Development Implementation Plan	Q1 – Q4
Formal change request Action 25.2.02 was initially set for completion in Q1 but contains two elements. One is complete regarding risk management arrangements, but the review of the Board Assurance Framework is ongoing. It would be more meaningful to amend the milestone for this to Q3.			
Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026 The organisation position in relation to performance and commissioning are key considerations for the Integrated Plan development and will be closely tracked, alongside the financial position and wider service and external environmental factors.			
Executive Director Sign Off <i>Sign off provided by DoPP and Board Secretary via email</i>			

Powell, Bethan
09/11/2022 17:24:10

Agenda item: 2.3

Delivery & Performance Committee		Date of Meeting: 11 November 2022
Subject :	Information Governance Key Performance Metrics Report	
Approved and Presented by:	Pete Hopgood Executive Director of Finance, ICT and Information Services	
Prepared by:	Amanda Smart Head of Information Governance, Records and Data Protection Officer	
Other Committees and meetings considered at:	Executive Committee – 5 th October 2022	

PURPOSE:

The purpose of this paper is to provide assurance and to inform the Delivery & Performance Committee of the Information Governance compliance figures for this quarter.

RECOMMENDATION(S):

The Delivery & Performance Committee is asked to NOTE the content of this report and to identify any areas of further assurance required.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

Powell Bethan
09/11/2022 17:24:10

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

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

EXECUTIVE SUMMARY:

This paper has been developed to show an assessment against key performance and compliance indicators for Information Governance (IG). The Committee is asked to NOTE the reporting period on this occasion covers Quarter 1 2022-23, from 1 April 2022 to 30 June 2022.

Below is an overview with a detailed breakdown provided within the background and assessment section of the paper:

Access to Information Requests

Freedom of Information: A total of **84** requests were received (1 April 2022 – 30 June 2022). This is an increase of **6%** when compared to the same period in 2021/22 (**79** requests). Overall compliance remains below the Information Commissioners target of 90% and the team continues to work with Directorates to streamline processes to improve this. The Health Board received **1** request for internal review, with the original response upheld. The compliance rate during this period has improved since the last quarter, however it remains below the Information Commissioner's target of 90%. The IG Team is reviewing compliance against services and will offer FOI training and support to service areas where needed and requested.

The main causes for breaches during this timeframe were:

- Delays caused by staff commitments to provide responses within the time frame
- Delays spent by the IG Team chasing services, the formatting of responses and ironing out functionality of the new FOI tracker.
- Complex requests
- Reduced capacity within the IG Team
- Director delay in approving

The top 5 services with the most breaches are:

- Directors
- Finance
- Dentistry
- ICT and Digital Transformation
- WOD

We recognise that while the finance team is noted in the top 5, the service participates in most of all requests received. Longest breach was **78** days. The delay was due to the IG team, Mental Health and Finance.

Requests for personal information (living and deceased): A total of **166** requests have been received during the reporting period. This figure includes **129** requests dealt with by the health board and **37** requests received by the health board's managed practice (Presteigne). Compliance has increased since the last quarter by **4%** to **76%** of requests being responded to within the statutory deadlines.

22 subject access requests were not responded to within the statutory one month (28 days) during Quarter 1. The reasons for delays / breaches are summarised below:

- Staffing issues within service areas resulted in the records not being supplied in time which caused breaches, these services were Women and Children's, Mental Health Service Groups, Therapies, District Nursing.
- Training issues within the IG team.
- The IG team received a number of complex requests made by staff (relating to tribunals, disciplinaries etc) which include requests for email searches. These requests required an extension to the 28-day deadline, and the co-ordination of information from various services including WOD and support from IT.

The total number of requests received this quarter is comparable with the same reporting period in 2021-22 (167), however previous reporting did not include the Medical Examiner Service

The Pilot to provide records to support the Medical Examiner (ME) Service went live in two sites (Bronllys and Brecon) in April this year. The IG Team are responsible for co-ordinating the timely disclosure of records to the ME Service within the agreed timeframe. From April to June 2022, the health board has

dealt with **18** disclosures. Plans are underway to roll out pan Powys over the coming months.

Individuals Rights under UK General Data Protection Regulation (UK GDPR)

Requests for rectification, erasure, and restricting processing:

During this reporting period the IG team received **1** request for erasure in relation to Silver Cloud CBT records.

Records Management: Records management Improvement Plan update will be provided separately later this year.

IG Training:

As of 30 June 2022, overall compliance rate with the IG E-Learning mandatory training was at **91.07%** which is a **0.80% increase** from Q4 2021-22. Work will commence in Quarter 2 to undertake a target email exercise to remind non-compliant staff to complete this training in the hope this will help improve compliance rates further. National work has also commenced to review and update the national E-Learning IG module to bring it into line with changes in current legislation and digital developments and consider alignment with cyber security. The IG team continues to offer tailored training sessions upon request by services. **0** training sessions have taken place during this reporting period.

New Starters: Welsh Government requires that all mandatory training is undertaken within 6 weeks of commencing employment and figures show that during this reporting period **78% (59 new members of staff)** did not complete their IG Training within the required 6-week period. Should there be an incident the Information Commissioner's Office will not look favourably that staff have not undertaken this training.

Datix Incidents (Breach Reporting): During this reporting period **28** Information Governance incidents have been reported. **17** of the **28** incidents were not reported on Datix within 72 hours, this was due to service delays in reporting. A reminder to staff around the need to report within the 72 hours has been issued via an IG alert and still will be reminded in future Datix and IG training sessions.

The incidents for this period have been reviewed with the top 3 themes identified below:

- IG – Unintended recipients external (misdirected letters or emails) – **5** incidents
- IG – Unintended recipient internal (misdirected letters or emails) – **3** incidents

Records Management – (Missing records) Lack of availability of information for clinical care and to comply with legislation - **3** incidents

Clear themes have been highlighted actions will be undertaken accordingly to improve service awareness:

- Updates made to the IG Intranet pages
- Raise awareness via IG Alerts, which has included themes identified.
- The team also contact services directly to remind them of their responsibilities in terms of policies and procedures. Training sessions include key learning and particular incidents used as evidence to show good and bad practice.
- Any gaps in IG guidance be identified, will be added to the IG workplan for future development.

Incident Management and Reporting to the Information Commissioner's Office (ICO): Of the **28** incidents reported from Quarter 1, **1** of these was deemed a significant breach and was reported to the ICO.

Complaints & Learning:

There have been **0** complaints have been received during the last quarter.

The National Intelligent Integrated Audit Solution (NIIAS) – Only **1** notification was reported which is lower than previous quarters. The notification was not deemed to be a reportable breach to the ICO following investigation. This is a significant improvement in compliance for the number of notifications received and investigated.

Programmes of Work Undertaken:

For Q1, the IG Team has been asked to provide input on the following Initiatives/Programmes of Work:

- **36** new programmes of work (25 Local, and 10 National), **2** of which has been completed.

The team are providing support to **148** ongoing initiatives/programmes of work, most of which have been progressed.

The team continues to prioritise those of greatest urgency. The **148** remain in progress due to: capacity in the IG team, they may have been returned to the service for further work/information required or they may be part of a large national or local project which is ongoing. These include:

- Civica Patient Experience Module - National
- The Eye Care Digitisation Project (Open Eyes) – National
- Health Care Communications – Local
- UK Community Renewal Fund (CRF) Wales Institute of Digital Information (WIDI) - National

Work has commenced jointly with the Digital Transformation Team and Cyber to review internal and external processes with NWSSP to streamline the procurement process and reduce the risk of digital solutions being procured

outside of the governance process. An update on progress with this will be provided in the next paper.

Information Sharing Agreements:

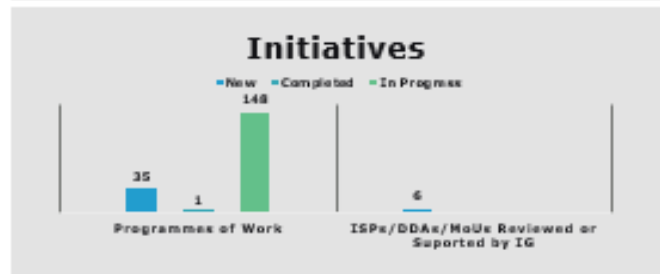
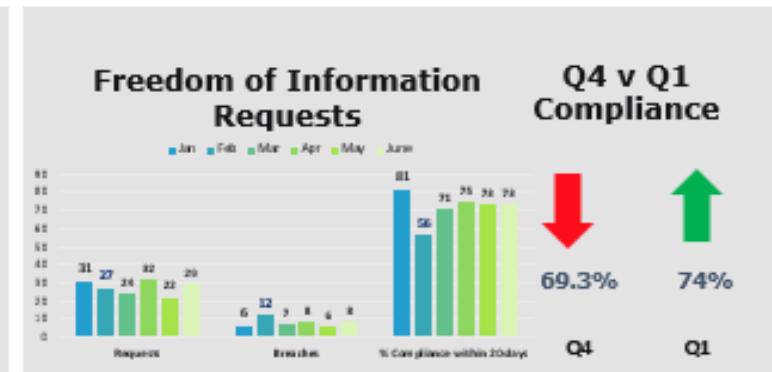
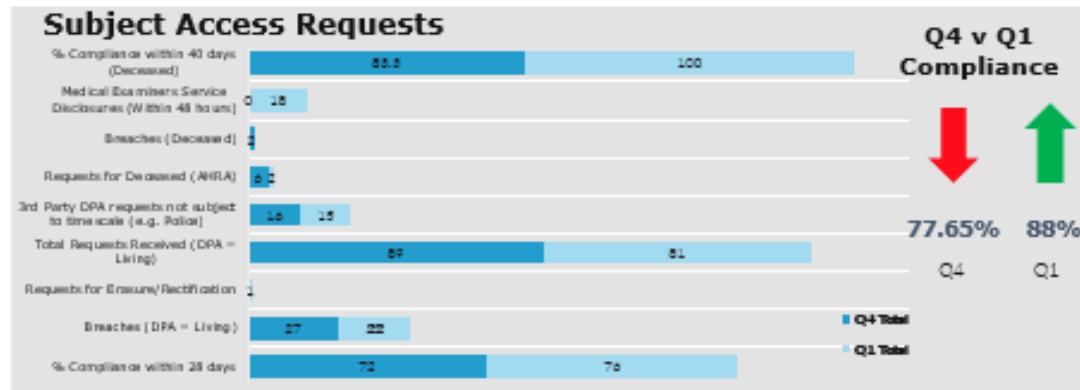
Information sharing arrangements are included in the IG work programme. During the reporting period, **4** ISPs/DDAs and **2** Memorandums of Understanding (MOUs) have been reviewed or are being supported by the IG team:

- ISP – National All Wales Diabetes Prevention Programme (AWDPP)
- ISP – Local Commissioning MDS file share with Shrewsbury and Telford Trust (SATH)
- ISP – National Ukraine data sharing
- ISP – National Ty Hafan and Health Boards
- MOU – National Care Inspectorate Wales with health boards and Local Authorities
- MOU – Safeguarding regional training

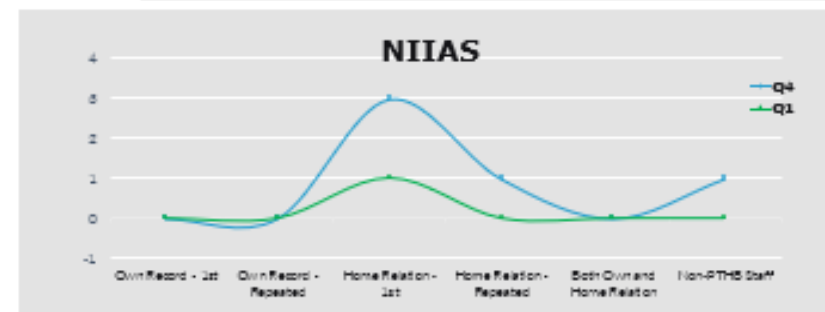
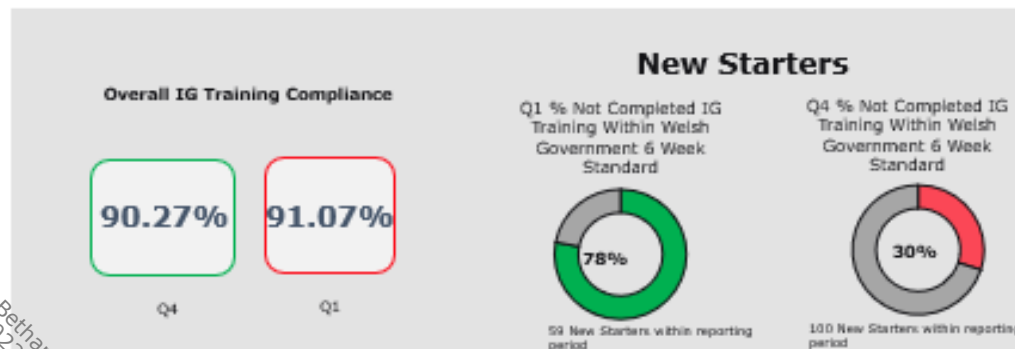
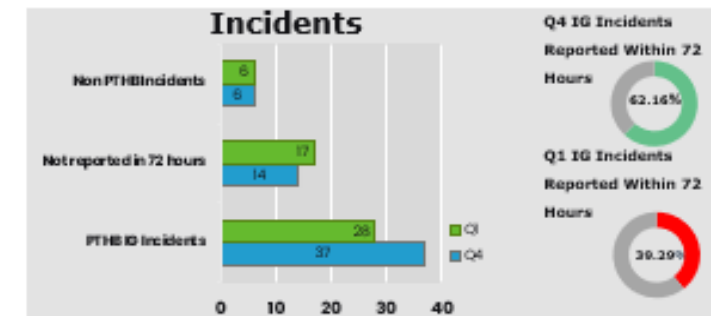
Work continues with directorates to map their data flow and highlight further data sharing agreements required.

Powell Bethan
09/11/2022 17:24:10

DASHBOARD – INFORMATION GOVERNANCE PERFORMANCE



IG Dashboard



Powell Bethan
09/11/2022 17:24:10

DETAILED BACKGROUND AND ASSESSMENT:

Access to Information Requests: Freedom of Information (FOI) and Environmental Information Regulation (EIR) Requests

The Freedom of Information Act 2000 (the Act) reflects the government's commitment to promote greater openness by public authorities. The Act requires a response to requests within 20 working days. Compliance for the period, is shown below:

	Q4 – 2021/22 Total			Q1 – 2022/23			
	Jan	Feb	Mar	Apr	May	Jun	Total
No of Requests	31	27	24	32	22	29	83
No. of Breaches	6	12	7	8	6	8	24
% Compliance	81%	56%	71%	75%	73%	73%	74%

Requests received during this period have been received from a number of sources, these are shown in the table below:

Powell Bethan
09/11/2022 17:24:10

Requester Type	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Q4 Total
Company	7	3	3	7	6	6	19
Organisation	6	5	7	1	2	0	3
Individual	9	3	9	12	9	19	40
Media	8	12	4	4	4	2	10
AM or PM Support	0	4	1	4	1	1	6
Charity	0	0	0	4	0	1	5
Other	1	0	0	0	0	0	0
Welsh Gov	0	0	0	0	0	0	0
TOTAL	31	27	24	32	22	29	83

Internal Reviews

During this reporting period **1** request for internal review was received. The exemption was upheld, the requestor then submitted a second internal review with the same outcome achieved.

Environmental Information Regulations (EIR) Requests - There were **0** requests during this period.

Subject Access requests

Health board compliance for the period 1 April to 30 June 2022 is shown below alongside Q4 2021 for comparison:

Subject Access Requests (DPA = Living)	Q4 2021	Apr 2022	May 2022	Jun 022	Q1 2022/23 Total
Total Requests received	89	21	34	26	81
Requests Breached	27	4	13	4	22
Requests for Erasure/ Rectification	0	0	1	0	0
% Completed within timeframe	72%	81%	62%	85%	76%

Access requests for Deceased Patients and 3rd party DPA requests:

	Q4 Total 2021	Apr 2022/23	May 2022/23	Jun 2022/23	Q1 22/23 Total
3rd party DPA requests not subject to timescale e.g. Police	16	8	4	3	15
Requests for Deceased (AHRA)	6	2	0	0	2
Breaches	2	0	0	0	0
Directorate and Services Breached	N/A	N/A	N/A	N/A	N/A
Medical Examiner Service (48 hrs)	N/A	7	6	5	18
% Of compliance within 40 days	83.3%	100%	100%	100%	100%

Requests for Rectification, Erasure and Restricting Processing - **1** request for erasure in relation to Silver Cloud CBT records was received, following review, the request was declined due to the context of the information provided being required for direct care purposes.

Complaints in relation to how access to information requests are handled by IG: **0** received.

IG Training

The table below breaks down the compliance by directorate:

Directorate	Assignment Count	Required	Achieved	Compliance %
CHC	85	85	63	81.18%
Chief Executive Office	24	24	15	62.50%
Community Care & Therapies	977	977	889	90.99%

Community Dental Service	59	59	58	98.31%
Corporate Governance	10	10	10	100.00%
COVID 19 Prevention and Response	37	37	37	100.00%
Environment Directorate	259	259	231	89.19%
FID Finance Directorate	76	76	71	93.42%
Health & Care Research Wales	71	71	59	83.10%
MED Medical Directorate	15	15	9	60.00%
MHD Mental Health	411	411	374	91.00%
Medicines Management	35	35	32	91.43%
NUD Nursing Directorate	31	31	29	93.55%
PHD Public Health Directorate	96	96	96	100.00%
PLD Planning Directorate	38	38	37	97.37%
Primary Care	33	33	31	93.94%
Therapies & Health Sciences Directorate	7	7	6	85.71%
WOD Directorate	55	55	50	90.91%
Women and Children Directorate	222	222	211	95.05%
Grand Total	2541	2541	2314	91.07%

New Starters

Completed	% Compliance	Headcount
Not Completed	71.05	54
Completed prior to joining	13.16	10
Completed within 6 weeks	9.21	7
Completed after 6 weeks	6.58	5

Datix Incidents (Breach Reporting)

The table below shows the breakdown of the number of incidents for this reporting period compared with Q4:

	Q4 21/22	Q1 22/23 Total
Number of PTHB IG Incidents reported	37	28
Number of IG incidents NOT reported within 72 hrs (including non PTHB incidents)	14	17
Non PTHB incidents	6	6

The table below shows a full breakdown of the themes of reported incidents:

Incident type	Incident detail (theme)	No.	Total
IG	Unintended recipient external (letter, email)	5	
	Inappropriate disclosure – social media	1	
	Unintended recipient internal (letter, email)	3	
	Inappropriate disclosure (verbal) external	1	
	Inappropriate disclosure (SharePoint) internal	1	
Records Management	Incorrect information recorded	2	
	Wrong attachment /data (containing PII) sent to internal recipient	2	
	Missing records/documentation	2	
	Patient record misfiled	1	
	Incorrect/inappropriate storage of documents	1	
	Missing records - Lack of availability of information for clinical care	3	
	Patient handover sheets found in car park	1	

Powell, Bethan
09/11/2022 17:24:10

	Wrong attachment uploaded	1	
IT/System Security or Function issue	System not functioning as expected - SharePoint	2	
	System not functioning as expected – RL Datix	1	
	Missing laptop	1	
Total NO PTHB Incidents			28
	Inappropriate behaviour by member of public – recording patient through window	1	
	PTHB Unintended recipient external (letter, email)	1	
	Lack if appropriate information sharing with PTHB for patient care (Swansea Bay and SATH)	2	
	Incorrect information recorded (by another NHS org and shared with PTHB)	2	
Total non-PTHB incidents			6

The National Intelligent Integrated Audit Solution (NIIAS)

National Intelligent Integrated Audit System (NIIAS) is a national tool to detect potential misuse of national clinical systems. Powys Teaching Health Board report on the number of staff who have potentially accessed their own record, or that of a family member (home relation). The table below shows a breakdown of the notifications received:

Month	Q4 21/22 Total	April 2022	May 2022	June 2022	Q1 22/23 Total
Own Record - 1st offence	0	0	0	0	0
Own Record - repeated	0	0	0	0	0
Home Relations (Family) Record - 1st offence	3	1	0	0	1
Directorate breached		Community			
Service breached		TTP			
Location of breached service		Mid			
Home Relations (Family) Record - repeated	1	0	0	0	0
Both home relations and own record accessed	0	0	0	0	0
Notification for Non-PTHB member of staff	1	0	0	0	0

Total	5	1	0	0	1
--------------	----------	----------	----------	----------	----------

The figures for Quarter 1 are not comparable with the same reporting period in 2021 (**15**). The IG team will continue to provide reminders to staff on the NIIAS process in IG Alerts and other digital methods.

Programmes of Work Requiring IG Input

The team continue to prioritise current and ongoing programmes. For Q1, the IG Team has been asked to provide IG input

General Updates

The IG drive folders moved across to SharePoint by the Digital Transformation Team. This has enabled significant improvements in collaborative working within the team, file management and has reduced risk in relation to managed access to files and folders.

NEXT STEPS:

Continued assurance reports will be submitted to the Committee.

Powell Bethan
09/11/2022 17:24:10

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

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

Powell Bethan
09/11/2022 17:24:10

Agenda Item: 2.4

Delivery and Performance Committee		Date of Meeting: 11 November 2022
Subject:	Commissioning Assurance Framework – Primary Care General Dental Services 2021/2022	
Approved and Presented by:	Executive Director of Primary Care, Community and Mental Health Services	
Prepared by:	Jayne Lawrence, Assistant Director of Primary Care	
Other Committees and meetings considered at:	On 5th October 2023, PTHB Executive Committee confirmed assurance is being provided on General Dental Services contract management.	

PURPOSE:

The purpose of this paper is to provide assurance to the Delivery and Performance Committee on the General Dental Services Commissioning Assurance Framework process applied to the 2021/2022 contract year.

RECOMMENDATION(S):

The Committee is requested to

1. Note the update provided.
2. Note that the General Dental Services Commissioning Assurance Framework monitoring process is providing assurance to PTHB on dental contract management, recognising the measures applied within this reporting year have been fluid due to covid.

Approval/Ratification/Decision ¹	Discussion	Information
		✓

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

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

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

EXECUTIVE SUMMARY:

The General Dental Services (GDS) Commissioning Assurance Framework (CAF) reporting is updated on a monthly basis and internal assurance is delivered through the monthly General Dental Services Monitoring Meetings. The GDS CAF monitors general dental services contracts only and during 2021/22 PTHB had 23 GDS providers.

The assurance on the delivery of GDS is summative and takes place throughout the year as ongoing data is reviewed and regular dialogue takes place with the contractors, as necessary. If a problem is found, the General Dental Services Monitoring Group is clear on the consequences and subsequent actions that need to be taken. Due to the pandemic ongoing recovery measures were applied by Welsh Government to the GDS contract and the monitoring of the delivery of dental services has been a complex process throughout 2021/22.

Powell Bethan
09/11/2022 17:33

The 2021/22 national contract changes were not enforced via updated legislation; therefore, this has made the monitoring of the GDS contract complex and the various assurance components within the CAF have had to be adapted to reflect the contract and commissioning expectations throughout the year, recognising the metrics changed during various time periods.

2021/22 has been viewed as a reset and recovery period year.

Throughout 2021/22 UDAs continued to be suspended and were replaced with performance measures. The metrics introduced were to prepare practices, services and the system for a re-start of contract reform in 2022/2023. The 2021/22 measures introduced were 'need and priority led' to support the delivery of 'good preventive dentistry'.

Throughout 2021/2022 the national performance measures were added to by Welsh Government as part of its ongoing reflection and developmental approach to prepare practices for contract reform for 2022/2023 and beyond. Therefore, updating and monitoring the CAF in 2021/2022 was very complex. The CAF metrics were updated and prioritisation was given to

- national performance measure
- local performance measures
- opening hours/access
- Quality Assurance Self-Assessment (clinical governance framework)
- Mid-Year and End of Year reviews
- External audit by NHS Business Services Authority (NHSBSA)

Practice compliance with the measures were linked to financial reward. However as per WG direction there were no firm sanctions linked to a practice not meeting the measures. It was left to health board discretion to monitor and act accordingly on the efforts practices were making to achieve the metrics. There was a financial risk to practices if they could not demonstrate sufficient effort in meeting the metrics. The only tangible metric a health board could take contract sanction on was in relation to any local measures. Therefore, for PTHB this related to the urgent patient slot provision only.

The 2021/22 year end CAF position resulted in the following Escalation Levels in line with contractual requirements as follows:

Assurance monitoring	No: of practices
Routine monitoring (Monthly meetings including Assistant Director of Primary care & Dental Clinical Director)	15
Enhanced monitoring - urgent slot provision only (local measure)	9

Enhanced monitoring year end outcome resulted in six practices having a clawback invoked for non-compliance in reaching the urgent slot target, totalling £12,600.

2184 urgent slots were contracted and 2117 were offered to patients achieving a 97% compliance rate.

National measures achievement:

100% achieved significantly over the required new patient target

78% achieved the required fluoride application target

83% achieved the required recall interval rates

The duty of care to Historic patient's measure was based on high trust as the eDEN national reporting system did not capture this information.

The overall CAF summary:

- 100% of practices met the required access arrangements and remained open (contractual requirement)
- 65% (15) practices took up the offer of a mid-year review visit. In addition to this the two managed practices received a mid-year review however this was undertaken through a different format.
- 96% (21) practices received an end of year review visit. One Practice refused a visit as the practice was closing on 31/08/22. A remedial notice was issued to the practice, but to no avail.
- 96% (22) completed the Quality Assurance Self-Assessment
- 5 practices were subject to external audit scrutiny completed by the NHS Business Services Authority. No issues or concerns raised.
- 100% of practices offered Aerosol Generating Procedures (AGPs).
- 35% (8) participated in all the measures (national and local) to maintain 100% ACV.
- One practice received a 95% payment as they were able to undertake urgent slots but unable to commit to the ongoing care element. Therefore, only partial compliance with the local measure.
- 57% (13) participated in the national measures (and did not provide urgent slots) to maintain 90% ACV.

Access:

On the 6th of September 2021, PTHB implemented a dedicated Dental Helpline for Powys residents. The helpline supports patients to access general dental services. Patients requiring urgent treatment are signposted to a dentist with urgent slot capacity and additional support is provided from the PTHB Community Dental Service when required, to meet patient demand. Patients who do not have access to a dentist are added to the PTHB centralised waiting list.

Powell Bethan
09/11/2022 17:32

Dental Helpline statistics (as at mid-October 2022):

	Number
Total No. of Calls received	7026
Queries/Concerns	2010 Out of which 1023 have been advised to call 111
Referred to a dental practice	581
Added to the centralised waiting list	4435

PTHB is currently in the process of tendering for a new dental contract in Llandrindod Wells and also tendering for a replacement contract in Newtown which will reduce the waiting list.

DETAILED BACKGROUND AND ASSESSMENT:

Currently PTHB delivers primary care dental services through three types of contractual arrangements: General Dental Services Contracts, Personal Dental Service contracts and Managed Practice contracts.

The Personal Dental Service arrangements have different contracts, and some are managed separately due to fixed expiry dates and relate to specialist or individual service arrangements, for example emergency access, orthodontics and out of hours. The GDS CAF monitors General Dental Services contracts only including the two managed practice contracts at Machynlleth and Builth Wells.

Dental Services contracts between health boards and general dental service providers are delivered within the National Health Service (General Dental Services Contracts) (Wales) Regulations 2006. During 2021/22 PTHB had 23 GDS providers/contracts in place.

The GDS CAF was agreed by the PTHB Strategic Planning and Commissioning Group in January 2019. To support the CAF, tolerance levels to report against the CAF are linked to RAG ratings. The CAF is updated on a monthly basis and internal assurance is delivered through the General Dental Services Monitoring Meetings.

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

- Final GDS contract achievement data is not published until June
- CAF dashboards are in place for all GDS contracts. Due to the relaxation of the contract the CAF has been adapted accordingly for 2021/22.

- exceptions linking to the agreed CAF RAG rating are actioned appropriately in year along with a final reconciliation at year end.
- the GDS Monitoring Group identifies areas of concern and agrees whether to 'step up' or 'step down' escalation
- there are two pivotal reporting timelines within the GDS CAF, linked to the regulations which can enable contract sanctions to be progressed if appropriate, namely the mid-year (30th September) and end of year (30th June) review process. Due to Covid the focus of these reviews had to change in 2021/22
- other measures within the CAF provide assurance on the delivery of services, as opposed to contract levers
- only CAF indicators linked to the regulations are enforceable. Parameters within the CAF not covered within the regulations are not enforceable.

Due to the pandemic, national contract changes continued throughout 2021/2022. The principle of moving away from the % of UDAs being generated continued throughout 2021/22 and the focus on addressing prioritising patient needs and inequalities and stepping up preventive intervention and care continued. This change in contract approach was not enforced via updated legislation and the current contract measures have been developed by Welsh Government Dental Branch from pre-covid Contract Reform initiatives. Therefore, the various assurance components within the CAF have had to be adapted to reflect current contract and commissioning expectations.

Throughout 2021/22 UDAs continued to be suspended and were replaced with performance measures. The metrics introduced were to prepare practices, services and the system for a re-start of contract reform in 2022/2023. The 2021/22 measures introduced were 'need and priority led' to support the delivery of 'good preventive dentistry'.

Patient access to NHS Dentistry is now being determined and prioritised by the care required from individual needs Assessments, leading onto the required treatment, proactive prevention and recall intervals etc. This has moved dentistry from the previous 6 month recall approach and therefore patient expectations need to be managed around this. At the beginning of the summer the Minister for Health and Social Services issued supportive communications regarding the change in approach to NHS dentistry.

Throughout 2021/2022 the national performance measures were added to by Welsh Government as part of its ongoing reflection and developmental approach to prepare practices for contract reform for 2022/2023 and beyond. Therefore, updating and monitoring the CAF in 2021/2022 was very complex. The CAF metrics were minimised, and prioritisation was given to

- national performance measure
- local performance measures
- opening hours/access

Powell Bethan
09/11/2022 17:39

- Quality Assurance Self-Assessment (clinical governance framework)
- Mid-Year and End of Year reviews
- External audit by NHS Business Services Authority (NHSBSA)

Appendix 1 details the full Quarter 1 and Quarter 2 national measures introduced. The measures included a transfer of the previous metrics used in Quarter 4 2021/21, plus an introduction of new measures for practices to maintain 90% of their Annual Contract Value (ACV).

In addition to this PTHB added in a local measure to support urgent patient access provision. If a practice signed up to Urgent Access, plus the national measure then 100% payment against the ACV was maintained. If a practice did not participate in the measures, then their ACV was reduced to 70%, as directed by Welsh Government.

Appendix 2 details the additional metrics introduced in Quarters 3 and 4.

Table 1: Summary of expectations:

Measures and requirements for practice teams	Q1	Q2	Q3	Q4
Annual ACORN assessment of oral health (8 data points)	✓	✓	✓	✓
eDEN on- line reporting suite use by practices	✓	✓	✓	✓
Undertaking Aerosol Generating Procedures (AGPs) and implementing improved ventilation	✓	✓	✓	✓
Fluoride varnish application (80% for adults and children)	✓	✓	✓	✓
Access to urgent patient slots and ongoing care (LOCAL MEASURE)	✓	✓	✓	✓
Access to new patients: two new patients per week per £165k of contract value - Adults not seen within 24 months & children not seen within 12 months		✓	✓	✓
Duty of care for historic patients			✓	✓
Recall based on risks and need (adults)			✓	✓
Contribute to the Wales National Workforce Reporting System (WNWRS) <i>Delayed and not started in 2021/22</i>				✓

Thresholds were applied to the above measures. However as per WG direction there were no firm sanctions linked to a practice not meeting the measures. It was left to health board discretion to monitor and act accordingly on the effort's practices were making to achieve the metrics. There was a financial risk to practices if they could not demonstrate sufficient effort in meeting the metrics as their ACV payment could be reduced.

The only tangible metric a health board could take contract sanction on was in relation to any local measures. Therefore, for PTHB this related to the urgent patient slot provision.

HEIW provided a wide variety of educational events to support dentists in this new way of working.

PTHB setup a Dental Practice Manager Group to also support practices with the administrative management of the contract. 2021/22 was a developmental learning year for both dental practices and Health Boards.

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

As there has been no change to NHS GDS legislation, the mid-year review and end of year review remains a fundamental reference point in the legislation, however needed to handle differently due to the relaxation of UDAs.

Mid-year review

The mid-year review legislation is linked to performance of completed UDAs and practices who have achieved <30% of their contracted allocation as at 30th September require a mid-year review. This metric was not measurable in 2021/22 due to the suspension of UDAs, however PTHB offered all GDS contractors a review meeting. The **visits** provided an opportunity to provide support and advice to the contract holders.

End of Year Review

The regulations state that a Health Board has to arrange with the contractor an annual review of its performance in relation to the contract. Pre-covid a pivotal part of the end of year review visit was to review the year end contract achievement position of completed UDAs. As UDAs were suspended in 2021/22 the focus of the visits covered the national and local measures, access, service delivery, ventilation, staffing, and PPE.

In terms of a high-level CAF summary

- 100% of practices met the required access arrangements and remained open (contractual requirement)
- 65% (15) practices took up the offer of a mid-year review visit. In addition to this the two managed practices received a mid-year review however this was undertaken through a different format.
- 96% (21) practices received an end of year review visit. One Practice refused a visit as the practice was closing on 31/08/22. A remedial notice was issued to the practice, but to no avail.
- 96% (22) completed the Quality Assurance Self-Assessment
- 5 practices were subject to external audit scrutiny completed by the NHSBSA. No issues or concerns raised.
- 100% of practices offered Aerosol Generating Procedures (AGPs). One practice offered AGPs from Quarter 4 when the practice relocated to a larger premises which had the required ventilation. Therefore, the practice moved from a 70% ACV reimbursement to 90% ACV.
- 35% (8) participated in all the measures (national and local) to maintain 100% ACV.

Powell Bethan
09/11/2022 17:32

- One practice received a 95% payment as they were able to undertake urgent slots but unable to commit to the ongoing care element. Therefore, only partial compliance with the local measure.
- 57% (13) participated in the national measures (and did not provide urgent slots) to maintain 90% ACV.
- Out of the 9 practices with an inflated ACV >90%, 6 practices did not achieve consistently the required urgent slots measures. At year end reconciliation this resulted in a total £12,600 clawback. This translated into 2184 urgent slots contracted for and 2117 offered to patients achieving a 97% compliance rate. Further detail is provided below.
- Out of the 13 practices participating in the national measures, the following metrics were achieved.

New patients:

Target	Actual outturn	Action/mitigation
Access to new patients: two new patients per week per £165k of contract value - (Adults not seen within 24 months & children not seen within 12 months) 3314	The annual combined adult and child target for PTHB was 3314. The actual number of new patients seen was 13482 100% of practices achieved this target	Due to the pandemic a significant proportion of patients had not seen their dentist within the 24 month and 12-month criteria and therefore this metric did not pose any challenge to achieve

Fluoride varnish application (adults and children):

Target	Actual outturn	Action/mitigation
>80% of patients seen to have fluoride varnish application (adults & children)	78% (18) practices achieved this target 22% (5) practices did not achieve this target	Discussed at the End of Year review visit. Similar experiences were noted from the 4 practices as follows: Software issues at the start of the financial year which was not capturing this information. Improvements have already been noted in the 2022/23 data collection.

Recall intervals:

Target	Actual outturn	Action/mitigation
---------------	-----------------------	--------------------------

<20% (with 5% tolerance) should not be seen in 12 months:	83% (19) practices achieved this target 17% (4) practices did not achieve this target	Discussed at the End of Year review visit. Similar experiences were noted from the 4 practices as follows: Software issues at the start of the financial year and managing patient expectation around the six-monthly recall intervals. National comms has since been issued to support this new approach. Improvements have already been noted in the 2022/23 data collection.
---	--	---

Duty of care for historic patients:

There was no formal metric associated with this measure and was based on high trust compliance. The eDen online reporting suite was unable to capture this information. The 2022/23 contract is now formally capturing this data via eDen

As per the CAF 'Escalation Process' levels and in line with contractual requirements for 2021/22 this translated as follows:

Assurance monitoring	No: of practices
Routine monitoring (Monthly meetings including Assistant Director of Primary care & Dental Clinical Director)	15
Enhanced monitoring - urgent slot provision only (local measure)	9

As the only contractual lever that could be applied in 2021/22 related to the local urgent slot measure. The enhanced monitoring outcome at year end resulted in invoking clawback with six practices for a total of 73 unfilled urgent slots amounting to a financial clawback of £12,600. The remaining three practices in enhanced monitoring achieved their total urgent slot allocation at year end; therefore, there was no contractual action required.

Powell, Bethan
09/11/2022 17:33

Access:

On the 6th of September 2021, PTHB implemented a dedicated Dental Helpline for Powys residents and offers a 9am – 5pm service, five days per week. The line also has the ability for the patient to leave their details should they call outside of these hours. The helpline supports patients to access general dental services. Patients requiring urgent treatment are signposted to a dentist with urgent slot capacity and additional support provided from the PTHB Community Dental Service when required, to meet patient demand. Patients who do not have access to a dentist are added to the PTHB centralised waiting list.

Dental Helpline statistics (as at mid-October 2022):

	Number
Total No. of Calls received	7026
Queries/Concerns	2010 Out of which 1023 have been advised to call 111
Referred to a dental practice	581
Added to the centralised waiting list	4435

Centralised Waiting List breakdown:

North Cluster:	Number
Machynlleth	521
Welshpool	166
Llanfyllin	22
Newtown	737
Llanidloes	122
North Cluster Total	1568
Mid Cluster:	
Rhayader	102
Knighton	131
Llandrindod Wells	336
Builth Wells	1951
Mid Cluster Total	2520
South Cluster:	
Hay-on-Wye	106
Brecon	188
Crickhowell	43
Ystradgynlais	10
South Cluster Total	347
PTHB Total	4435

PTHB is currently in the process of tendering for a new dental contract in Llandrindod Wells and also tendering for a replacement contract in Newtown. The successful awarding of both contracts will reduce the waiting list.

Appendix 1 2021/2022 Quarter 1 and Quarter 2 national measures

Appendix 2 2021/2022 additional metrics introduced in Quarters 3 and 4

Appendix 3 – GDS CAF Dashboard summary 2021/2022

NEXT STEPS:

1. To continue contract management monitoring and year end forecasting aligned to the 2022/2023 GDS Contract Variation.
2. To continue to revise and align the PTHB Commissioning Assurance Framework to the 2022/2023 Contract Variation.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	x			
Disability	x			
Gender reassignment	x			
Pregnancy and maternity	x			
Race	x			
<p style="text-align: center;">Statement</p> <p><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				

Religion/ Belief	X								
Sex	X								
Sexual Orientation	X								
Marriage and civil partnership	X								
Welsh Language	X								
Risk Assessment:									
	Level of risk identified <table border="1"> <tr> <td>None</td> <td>Low</td> <td>Moderate</td> <td>High</td> </tr> </table>				None	Low	Moderate	High	<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
None	Low	Moderate	High						
Clinical		X							
Financial		X							
Corporate	X								
Operational		X							
Reputational	X								



All Primary Care Dental Teams in Wales

18 February 2021

Dear Colleagues,

It is good for all of us to hear that the numbers of new daily cases of Covid-19 in Wales appear to have decreased rapidly throughout January and February. They are now at their lowest level since late September 2020. The current rate is around 110 cases per 100,000. In addition over 25% of the population have received their first vaccine dose. This includes the majority of dental team members, who have taken up the opportunity to be vaccinated, given their healthcare and key worker status.

Despite this encouraging news there are around 2,200 Covid-related patients in Welsh hospitals. Although this is lower, than the peak in January, it is still nearly 50% more patients with coronavirus in hospital beds than at the peak of the first wave in April. So the NHS is still under a great deal of pressure. The response to the Covid-19 pandemic, and supportive management of the response in dental services, must therefore continue for some time. However, given the improving situation it is timely to consider plans for the 2021-22 financial year, with hopefully a recovery phase and contract reform restart later this year.

The purpose of this letter is to share reflections and learning drawn from the response to the pandemic to date for dentistry and oral health in Wales. I intend to share how that is shaping policy direction and approach. This letter also confirms requirements and benefits of NHS dental contract holders continuing to receive financial support in the first two quarters of the new financial year (1 April 2021 to 30 September). This gives assurance to dental providers in a challenging period and will assist practices and teams recover and plan for the future.

As I have indicated in previous CDO letters issued during the pandemic, Covid-19 has accelerated transformational change in many ways. For dentistry and oral health it has exposed inequalities in access and care delivery. It has also been a catalyst for change and it has reinforced the relevance of A Healthier Wales the national strategic approach. As we move into a 'post-Covid recovery' phase, A Healthier Wales and in particular for us the [Oral Health and Dental Response to the plan](#), continues to be our strategic



framework for stepping up prevention, increasing access, developing and implementing new ways of working. It is, and remains, our national Oral Health and Dental Services plan.

Despite the challenges and intensity of the Covid-19 pandemic response, we want to continue to develop oral health improvement programmes and dental services which:

- promote the prevention of dental disease for individual and collective wellbeing;
- offer good value for investment made;
- prepare dental teams to meet population needs now and in the future; and
- contribute to a healthier and more equal Wales.

During the pandemic dental teams in Wales found the capacity and capability to 'remain open' for face to face assessment, if absolutely necessary, meet urgent dental treatment needs in practices, CDS clinics and in UDCs. In the current amber alert phase they have also begun to address the routine treatment backlog, whilst coping with implementing the stringent requirements of the SOPs necessary to keep dental teams and patients safe. The delivery of AGPs and patient through-put has continued to steadily rise in the amber phase of the Covid-19 response, apart from an expected dip over the Christmas period. The last 3 weeks have been the busiest weeks in terms of patients seen in practice and AGPs. In addition, remote advice has fallen to its lowest level and the proportion of urgent courses of treatment, in the total of all courses of treatment is beginning to return to pre-Covid-19 levels. All positive signs of recovery.

I again take the opportunity to thank all of you for the commitment and professionalism you have demonstrated through-out the pandemic. The dental community in Wales has much to be proud of and to build on over the next few months and years.

Despite all of the challenges we have not lost momentum in achieving our ambitions to make progress on system change; if anything the response to the Covid -19 pandemic has accelerated progress in some areas of work. The oral health and dental services response to A Healthier Wales set out the principle that patients and public interest must be at the heart of everything we aspire to do. It set out the aims in three themes, namely: a step up in prevention; having dental services fit for future generations; and developing dental teams and networks. It was noted at the time of publication that these themes are relevant to everyone who works in dentistry, regardless of their role or the setting they work in, and this remains equally the case post Covid-19.

The Covid-19 response has in many ways facilitated transformational change in how dental health services are being delivered. Many individuals with dental problems, who would have previously struggled, have been able to access care. Comprehensive risk and need assessment (using the ACORN) is now universally in place, and as a consequence, practices, patients and Health Boards better understand and focus on needs, prevention and access rather than the % of UDAs being generated.

Welsh Government investment for all dental practices (NHS and Private) in the digital technology Attend Anywhere, and funding for NHS dental providers to improve ventilation in surgeries, has been welcomed. It has enabled rapid service transformation and the continuation of essential dental services in a safe environment. DCPs are now more often delivering preventive interventions such as the application of fluoride varnish (as this activity is supported by HEIW MPWiP training resource and can be submitted on FP17Ws) and many team members are giving personalised advice remotely - hopefully using Attend Anywhere to do this. Dentists and team members, particularly DCTs and DCPs from OHI programmes have been redeployed to assist in ITUs, TTP

and in vaccination efforts. They have been excellent ambassadors for dentistry and the transferable skills of dental team members and the contribution they have made has been commented on and hugely appreciated by wider NHS colleagues and HBs. I also know that many of you who have capacity, over and above your core dental service commitments, will contribute to the vaccination effort and this is wholly supported by Welsh Government Dental Branch colleagues.

As we look towards the future, and to the recovery of dental services and programmes, we now have the opportunity to consolidate the progress we have made. The policy approach and direction is aimed at ensuring that wherever possible we learn from the pandemic response, and maintain the innovative practices and new ways of working that have been introduced.

Annex 1 sets out the requirements and expectations for the continuing financial support for NHS dental contract holders in Quarter 1 and Quarter 2 of the new financial year beginning 1 April 2021 running through to 30 September 2021. The principles of addressing priority needs and inequalities, stepping up preventive intervention and care, and making effective use of the resources we have, underpin the approach and policy direction.

To ensure Health Board contracting teams, clinicians and their teams are unhindered by processes or measures that would dis-incentivise this approach or slow progress, you will notice that UDAs and UOAs continue to be suspended as activity or performance measures. However, we are introducing alternative achievable measures. All other GDS contractual and PDS agreement requirements are unchanged such as opening hours, NHS commitment etc. During this period we intend to lock in the progress we have made and ensure that the innovative practices and new ways of working introduced in the pandemic response are sustained and supported.

For all service areas (GDS, PDS, CDS & all specialist services including primary care orthodontic practice) need and risk will drive access to and priority of care delivery. Assessment, treatment activity/case starts, proactive prevention and recall/assessment review intervals are expected to follow individual need assessment findings and priorities for treatment/case starts. The measures are aligned to support and encourage this to happen in practice. NHSBSA colleagues have worked to ensure data from FP17Ws is mainstreamed and available for providers and Health Boards on eDEN. Please ensure you login frequently and use eDEN to monitor and understand progress. Details of how to register and access eDEN reports are detailed in Annex 1.

One of the learning points from the independent evaluation team of the Contract Reform process was that dentists and their teams want 'to be trusted' and for collaboration to develop. The approach we are taking in Quarter 1 and Quarter 2 of 2021-22 is aimed at facilitating this to happen by offering NHS contract holders and Health Board contracting teams the system/contract support and environment for this to thrive.

In addition clinical team members from across Wales have been working on clinical pathway frameworks that are soon to be published and shared. This offers 'permission' and guidance for dental teams to focus on stabilising those individuals with active disease, through joint decision making and securing patient engagement, rather than focussing on large volumes of treatment activity in isolation of self-care and commitment from the patient.

Quarter 1 and Quarter 2 experience, and the contracting environment, will prepare practices, services and the system for a re-start of contract reform later in the year; if the pandemic is controlled. The expectations and thresholds do not require 'reform' in practice as such. What is expected is 'need and priority led' delivery of 'good preventive dentistry' and specialist services. Essentially delivering what we know works in prevention and an effective, efficient use of the resources invested in ACVs.

The Dental e-Referral Management System (eRMS) has supported us to understand 'what has been happening on the ground' in the Covid-19 response and will when appropriate revert to the eRMS core service. The understanding of the source and levels of complexity of referrals to specialist services is beginning to trigger conversations and projects about what can, and should be, delivered in primary care settings. These projects and plans will offer career progression and interest for many dentists in primary care. There will be opportunities to get involved, work alongside specialist and consultants in a primary care setting and it will also support secondary care colleagues to address treatment waiting list back log.

Many of you will be aware of news from elsewhere in the UK regarding the interruption to the graduation of final year dental students. Prof Nicola Innes, Head of Cardiff Dental School assures us that she and the team at Cardiff Dental School are doing all they can to ensure as many of the Final Year Students as possible will reach the standard of safe beginner this year; albeit with extra clinical patient treatment sessions outside of traditional teaching times. This is encouraging news and a welcome effort for the students involved and DFTs.

Finally, the Contract Reform team have prepared a report on learning from the programme to date and explanatory notes for Q4. Both illustrating the assistance they can offer to teams now and future plans for the Contract Reform programme. You can read the report and helpful additional notes, attached to the email, accompanying this letter.

The Quarter 1 and Quarter 2 period of 2021-22 gives all of us some learning and reflective time before a re-start of the Contract Reform programme is initiated. Take this time to discuss within your teams what you can do to prepare and consider the opportunities involvement in the programme would offer going forward – hopefully it will re-start in October 2021.

Yours sincerely,



Colette Bridgman
Prif Swyddog Deintyddol
Chief Dental Officer

Powell
09/11/2020 14:10

Continued Financial Support and Measures into 2021-22**(Quarter 1: 1 April – 30 June 2021; and Quarter 2: 1 July – 30 September 2021)**

Given the current Covid-19 pandemic situation it is clear that the intended re-start of contract reform programme on 1 April 2021 requires review. The learning from the contract reform programme prior to March 2020 has helped to inform our response and the support to NHS dental contract holders and services during the pandemic to date.

Despite this enforced change to the re-start of the contract reform programme there is widespread support not to return to UDA monitoring of primary dental services. UDA targets have effectively been suspended for those contractors participating in the Covid-19 package of recovery in the 2020-21 financial year and this will continue into at least the first half of the 2021-22 financial year. However, measurement and accountability of public funds is necessary. Continuing to build on learning from the pandemic response, contract reform and with a need/risk led preventive and evidence informed provision of primary care dentistry, is the most appropriate way to support practices and benefit patients in the first six months of 2021-22 financial year.

Quarter 1 & Quarter 2 of 2021-22 (1 Apr to 30 Sept 2021) continued support, necessary measurement, underpinning requirements and principles:

Health Boards may wish to consider temporarily amalgamating Innovation Fund, other local initiatives and the ACV into a single sum and to apply the Quarter 1 and Quarter 2 measures below to the whole sum.

1) Mandatory use of and reporting of ACORN findings (8 data points) on FP17Ws.

A consistent, comprehensive need and risk assessment (ACORN) should be completed for every patient (including urgent cases) once per year with the 8 data points reported accurately on FP17Ws.

A consistent, 'once well in a 12 month period' comprehensive approach to 'needs assessment' and the 'communication of findings in a personalised preventive plan to patients' has been adopted by dentists and their teams, particularly in the last year. Latest data (January 2021) indicates an ACORN has been completed on 84.3% of unique patients treated. This is encouraging but the aim should be for 100% completion. Health Boards are able to access compliance with ACORN data capture as part of the NHS Business Services Authority Covid-19 Immediate Assurance Reports.

2) Dental Providers and Health Boards be familiar with and use eDEN reports within practice teams and in contract discussions.

eDEN is an online reporting suite designed to allow you quick and intuitive access to information about your contract(s) and the activity you and your team are submitting.

The information available includes data on ACORN submissions, new patients, performer activity and prevention. Access to eDEN is currently not available to dental performers, only dental providers and practice managers, but NHSBSA plan to roll-out eDEN to all performers in the near future. You can register for eDEN by visiting this webpage: [eDEN | NHSBSA](https://www.nhs.uk/healthcareprofessionals/e-den)

Practices can assist the registration process by ensuring they complete the eDEN registration form correctly. The most common problems encountered include:

1. Provider number is incorrect – please ensure you use the right Provider Number to register.
2. Contract numbers are incorrect – please ensure you include the right contract numbers that you need access to.
3. Partially or non-completed forms – to access eDEN you must complete the registration form, the NHSBSA cannot accept partially completed or email only requests for access.

Please see this PDF example of eDEN reporting for details on the types of information eDEN can provide for you. Note that eDEN is a live product and enhancements and changes are made to improve the content routinely.



3) Measures in the first 6 months of 2021-22 will build on those used in Quarter 4 of 2020-21 (1 Jan – 31 Mar 2021) and will include incentives and sanctions for non-compliance or poor delivery.

Quarter 1 and Quarter 2 of 2021-22 continues the recovery phase from Covid-19. It is not contract reform but supports the principles of [A Healthier Wales](#) and the [oral health and dental services response](#) to the Plan. Therefore the proposed measures used will be familiar to those practices who were previously part of contract reform and accustomed with new ways of working using the skills of the whole team. Other practices do not require significant change to their services to meet the requirements. Delivering evidence informed preventive interventions and advice is not new. Health Education and Improvement Wales are running [Making Prevention Work In Practice \(MPWiP\) courses](#) which practices will find helpful.

Care delivered will be measured and performance monitored against existing contractual requirements, 'expected good preventive dentistry' according to 'need' and the requirements outlined below. Delivering evidenced informed prevention i.e. 'what we know works' in the care and treatment of the historic patient base is not optional, and under or poor performance will be managed and appropriate sanctions applied. Adults with good oral health (no clinical need and low risk) do not need to see a dentist more than once a year.

Measures carried forward from Quarter 4 (1 Jan – 31 Mar) 2020-21

1. Aerosol Generating Procedures (AGPs): Practices carrying out AGPs in accordance with the SOP requirements – financial support offered is 90% ACV payments providing other requirements are met.

If a practice is not undertaking AGPs or is not complying with their contractual requirements (for example, by not maintaining opening hours), it will trigger a conversation with the Health Board and, among other things, could lead to reduced ACV payments depending on local decisions and circumstances. However, the default position will be that if a practice is otherwise compliant but is not undertaking any AGPs, financial support will reduce to a maximum of 70%.

Improved ventilation in surgeries: All practices need to submit evidence of air changes per hour (ACPH) and confirm the number of surgeries with natural and/or mechanical ventilation by the end of March 2021.

2. New patients: Some practices are already taking on new patients on referral from the Health Board dental helpline/NHS111. In addition to those agreed referrals, given the current situation, they and all NHS providers are asked to accept at least **two new patients per week** per £165k of contract value, new patients being defined as a patient who has not been seen in the practice in the previous 24 months (or 12 months for children) – measured on a monthly basis. For a practice with a £165k contract value this would be 8 per month – at least half of which should be adults whenever possible.

Patients can be directed to the practice by the Health Board and/or be self-referred. If practices exceed this measure then contract value can increase up to 100% of ACV if other measures/requirements are being met and where agreed in writing with the Health Board. Securing 'same day urgent access' and offering on-going treatment to prevent recurrent problems for the most vulnerable is the priority at present in NHS dental care.

Additional measures in Quarter 1 & Quarter 2 of 2021-22 (1 Apr - 30 Sept 2021)

Quarter 1, 2021-22 (1 Apr - 30 June) - Fluoride varnish (FP17Ws submitted):

Ideally ALL children (aged 3-18), along with 100% of adults and those children aged 18 months to 3 years who are at risk of decay (amber decay ACORN finding) or who have active decay (red decay ACORN finding), should be receiving fluoride varnish application and advice in every course of treatment. This is Delivering Better Oral Health evidence informed preventive advice and delivery will be monitored.

Measure: Fluoride varnish delivered in at least 80% of FP17Ws submitted, for ALL children and those adult patients with risk of (amber), or active decay (red).

80% is a level of delivery of fluoride varnish application notified on FP17Ws that a practice should not fall below. The 80% threshold rather than 100% allows for the FP17Ws of low risk under 3 year old children / refusals / allergies etc. If a practice fails to achieve 75% (a 5% tolerance is allowed) a 5% reduction in ACV monthly payment will be applied in the following quarter payments. The % of FP17W reporting fluoride varnish delivery a practice / performers achieve is updated monthly and can be tracked in eDEN.

Quarter 2, 2021/22 (1 July - 30 Sept 2021) – Patient numbers: In addition to existing measures from Quarter 4 2020-21 and Quarter 1 2021-22, patient numbers will be measured.

Measure: The % throughput of patients (compared against historic patient numbers, as increased to reflect the new patient requirements above) considered reasonable within Quarter 2 and any linked sanction for not meeting the measure will be confirmed following further assessment of the situation in Quarter 4 2020-21 and Quarter 1 2021-22, in addition to consideration of the situation with the pandemic and progress with the vaccination roll-out.

Power
09/11/2021
12:24:10



All Primary Care Dental Teams in Wales

6 July 2021

Dear Colleagues,

This is my final CDO letter to you as I am soon to retire. Being the CDO in Wales has been a privilege. It is an experience I have enjoyed and that I will look back on with pride and affection. I have found the enthusiasm and passion of dental teams and those associated with them for improving oral health and making things better for the people of Wales, inspiring. The collaboration that exists in Wales across dental professional boundaries has assisted us to make progress in system reform but as ever there is more to do.

The Welsh Government has begun the recruitment process to appoint a successor. The Deputy CDOs will continue to offer professional leadership and advice in the interim and they will be assisted in that cover by additional sessional input from two experienced and respected clinicians. Firstly, we want to thank everyone formally for all you have been doing in response to the pandemic and, prior to that, in the system and contract reform programme.

Thanks in particular to those who have been providing essential dental care in challenging circumstances - in Urgent Dental Centres; practices; and clinics across Wales. In addition to meeting the dental clinical challenges, many dental professionals together with Dental Core Trainees; General Dental Practice; Community Dental Service; Designed to Smile; Gwên am Byth; and Cardiff University Dental School staff have contributed to the wider NHS response by taking part in care delivery in Intensive Care Units in COVID-19 wards and in supporting the vaccination centres. You have advocated well for dentistry and supported the wider NHS in this unprecedented context.

Thanks are also due to those who work 'behind the clinical scenes' as mentioned in a previous Chief Dental Officer letter. It has been valued and appreciated. We are hopeful that the pressure will soon ease, given the success of the vaccination programme and therefore, it is timely to consider and share forward plans. Clinical teams are tired and will need continuing support while they re-establish routine dental care, services and



programmes. So too are health board teams, so 2021-22 is being viewed as a reset and recovery period. Dental teams need to continue to respond to COVID-19, as this virus will be with us for the foreseeable future. Therefore the contract component of system reform will not restart until April 2022.

We had the opportunity to meet the new Minister for Health and Social Services, Eluned Morgan MS. It was pleasing to hear her confirm commitment to A Healthier Wales. She endorsed the progress we have made to date in the dental system and contract reform programme and it was excellent to see that confirmed in the Written Statement issued on 1 July:

[Written Statement: NHS Dentistry – recovery and system reform \(1 July 2021\) | GOV.WALES](#)

This means we can keep going, build on progress made and continue to change the dental system for the better. COVID-19 is still present, so the context and plans will have an element of uncertainty. However, this is a time for clinical teams, health board dental contracting teams, primary care and policy leads to be flexible, agile and open minded.

We can continue to implement what we have learned and we will be challenged on what opportunities we have taken in dentistry to ensure that fairness and equality have been considered and adopted. It is our intention to build on existing progress and plans, rather than create new ones. Dental teams and health boards need some stability to work with, understand and use, the Oral Health Risk and Needs Assessment tool (the 'ACORN'). It underpins a 'value based' and 'needs led' health care approach implemented in the dental contract reform programme to date.

As the written statement confirms, Units of Dental Activity (UDAs) have been replaced with 'more clinically meaningful' measures this year. We can use this year to become familiar with alternative measures, to take time to try, agree details and assess the impact. System reform in dentistry, however, is about more than contract measures. Dentistry also needs to respond to longer term goals and commitments such as decarbonisation, the Well-being of Future Generations and the Health and Social Care (Quality and Engagement) Acts; all of which we can demonstrate a contribution to with strong partnership working.

Need/Outcome reports from ACORN completions and the clinical threshold measures are now available for practices and health boards on the NHS Business Services Authority (NHSBSA) eDEN online system. These data provide evidence of 'need and impact' and delivery as teams continue to recover, address the backlog of treatment and see patients waiting for routine assessment. Given the significant resources needed to manage wider pressures in the NHS, it is important that the ring-fenced dental budget invested in health boards is secured to ensure annual contract value (ACVs), dental service and programme budgets are assured. We need to make the best use of the resources we have in delivery of effective and efficient services and programmes. The emerging data from needs assessment will demonstrate if more investment is required.

A reminder of what the reform programme is all about, the progress that has been made so far and what are the next steps?

We are not starting afresh as system reform in dentistry is underway. The key guiding policy documents are:

- [Prudent Health Care](#)
- [A Healthier Wales: a long term plan for health and social care](#)
- [The Oral Health and Dental Services Response to A Healthier Wales](#)
- [The Well-being and Future Generations \(Wales\) Act](#); and
- [The Health and Social Care \(Quality and Engagement\) \(Wales\) Act](#)

Contract reform is only one component of system reform. The overall aims of our system reform in dentistry is to:

- improve the oral health of the population;
- address persistent inequalities (in disease experience and access to NHS dental services);
- sustain, develop and value dental clinical teams;
- make efficient use of available resources by increasing the use of skill mix; and
- embed needs-led value based health care principles in dental care delivery.

There is recognition that UDA targets and performance monitoring, banded courses of treatment (CoTs) and patient charges drive behaviours in clinicians, patients and health board contracting teams that do not always support wider policy objectives. Contract reform prior to the pandemic aimed to test the impact of a needs led preventive approach to care delivery, willingness to expand skill mix and change.

To facilitate practices take part in contract reform 2017 to 2019, the number of UDAs assigned to their ACVs reduced by 10% or 20%. This modest reduction in UDAs facilitated dental clinical teams to:

- take part in contract reform but maintain historic access numbers;
- use a preventive, needs led approach to care planning;
- deliver evidence informed preventive interventions;
- ensure personalised advice for patients on their needs and self-care;
- increase the use of skill mix; and
- be resilient and economically viable.

At the core of a value based health care approach is understanding need, allocating resources fairly to meet need and assessing outcomes. The completion of a detailed OHNA (ACORN) is at the heart of our reform of dentistry.

The ACORN promotes a consistent, comprehensive assessment of oral health and it is expected to be carried out once well per annum. The ACORN findings should influence and guide 'an annual plan' for patients so that clinicians consider the care approach required beyond providing 'one course of treatment'. The planning and delivery of care and treatment within a preventive pathway philosophy (which is in development) is intended. The aim is to support clinicians better engage patients in what they need to do to maintain and improve their own oral health in response to personalised advice. When the ACORN is repeated after a year it is an outcome measure of the annual plan delivery. Essentially it measures the impact of care and patient engagement in any given year.

In response to the pandemic UDA targets and monitoring had to be suspended. Given the need to support clinical teams to understand what was happening in services and not lose momentum of the reform progress, the ACORN tool and reform learning was

shared and utilised by all practices. This has meant that all practices in Wales with NHS dental contracts have direct and current experience of completing ACORNs and reporting the findings on the FP17Ws data forms.

By March 2021 87% of patients accessing NHS dental care had an ACORN guided assessment. In addition, the dental e-referral management system (eRMS) was adapted to allow practices to report key service activity such as the number of patients accessing care, remote consultations and delivery of treatments procedures involving aerosol generating procedures. All more useful in monitoring than UDAs. This action has allowed timely reporting of service data and demonstrated the impact of the pandemic in dentistry. It has also allowed all practices delivering NHS dental care in Wales to experience contract reform learning and tools first hand. The Statements of Financial Entitlement (SFE) have been adapted to reflect the context.

The pandemic remains a public health concern and UDAs remain suspended in 2021-22 and beyond. As already confirmed, contract reform restart is now planned for April 2022. Instead of UDAs, which do not measure clinical quality, prevention or outcomes, four alternative measures are being developed and tested in this financial year. This work prepares the ground for contract reform re-start and it is intended these measures will be used over the next few years, without change, to give stability to practices and health boards. Re-starting contract reform in April 2022 with a familiar way of working and measures is the intention.

So what are the measures to be used in 2021/22 and beyond?

Q1 Prevention. Rate of application of Fluoride Varnish. It is expected that at least 80% of adults and children who are at risk of, or have active decay will receive this effective preventive intervention.

In 2018 NHSBSA activity showed only about 15% of children received FV applications but it tripled in contract reform to 45%. The latest figures to June 2021 - the quarter after it was introduced as a threshold measure - it is almost 86%. The adult rate has increased from 8% to 75%.

Q2 Number of Patients accessing (adjusted for need and in context of the practice ACV). New patients seen in addition to numbers of patients from the historic patient base accessing care.

For every £165,000 of ACV, 2 new patients are expected to be offered access every week. Any reconciliation at year end will take account of a three year period to March 2022 so the number of patients attending pre-pandemic is understood, together with the risk/need profile.

In addition to the 'expected number' of new patients to be seen, practices also have a responsibility to offer care to their historic patient base in the capacity that exists.

The historic list is the number of patients for whom a FP17W was submitted in the financial years 2018/19 and 2019/20 for a banded course of treatment (excluding urgent GPs) under the contract number.

The numbers will be viewed in the context of the ACORN findings so that health boards can take account of the 'needs' of the practice population if it is high compared with the average.

In Q3 Appropriate Recall Intervals. This measure is an assessment of the use of resources.

No more than 20% of adult patients who have an ACORN finding of 'low risk and no clinical need' (i.e. 3 x Green RAG status) should re-attend for routine assessment in the calendar year following the ACORN – with a 5% tolerance. This 20% threshold is to allow practices to manage patients, and avoid difficult conversations with some patients who have been used to a 6-month check and may have problems accepting and understanding the reason for the change. Patient education material is being developed to support the practices. Some patients may feel they are losing out or something is being taken from them when in reality their overuse of service is not required or evidenced and is denying access to others.

In Q4 Workforce WF & Outcomes.

Workforce. The Wales National Workforce Reporting System (WNWRS) is being expanded to include the additional areas of Dental, Ophthalmic and Pharmacy. The WNWRS was originally developed to provide a secure web based tool for GPs to capture all practice staff information – with returns and reports at a Wales, Health Board and Cluster level. Data on the type and number of staff will be collected for the workforce within NHS dental contracts.

Outcomes. In contract reform re-start from April 2022, the NHSBSA, given they have a patient based IT platform, will produce reports on clinical outcomes by analysing the changes when ACORNs are repeated after a year in each of the disease / condition categories of Periodontology, Decay and Other.

Positive: Sustained green, amber to green and red to amber or green.

Negative: Green to amber or red, amber to red and sustained red.

These Quarter 1, 2, 3 & 4 (2021/22) measures, together with ACORN outcome reporting and assessment of clinical data set (treatment activity - given need profile) will be the assessment and monitoring this year and what is needed to prompt and support the next phase of reform from April 2022. More detail on the measures and how the thresholds and performance monitoring will function will be shared soon.

Contract reform restart April 2022

These measures will be familiar to practices and health boards by March 2022. Our plan is that the reform restart will evaluate these measures. In addition, further work will be completed on the care pathways.


Many practices will find the philosophy of care outlined in the care pathways a helpful resource to move from a curative to a more preventive approach to care that engages patients in what they have to do to improve their oral health and get the best results from treatment provided. The measures will be refined and evaluated in 2022-23. The contract reform external evaluation team will continue to work alongside the programme. Wider system reform requirements such as increasing skill mix will also run in parallel.

We understand that all NHS dental contract holders will need assurance by April 2022 that their ACVs are secure in 'signing up' to contract reform restart. The delivery of care this year, patient numbers and meeting the thresholds in the clinical measures in 2021-22 will influence those decisions on ACVs. There may also be a need to have an option

to revert to existing contract conditions for a minority of providers not wishing or not selected to continue with current arrangements.

This is a significant opportunity and an unparalleled chance for dentistry in Wales. We sincerely hope and trust that clinicians, health boards and all associated organisations in Wales will get behind this break from the past and a much maligned contract and put their 'shoulders to the wheel' of system reform. We believe the foundations have been set for this to be a smooth and welcome transition to new ways of working in dentistry that will benefit patients, improve oral health and give clinical dental teams more rewarding, healthier and more satisfying working lives.

Yours sincerely,



Colette Bridgman
Prif Swyddog Deintyddol / Chief Dental Officer



Warren Tolley
Uwch Swyddog Deintyddol / Deputy Chief Dental Officer



Paul Brocklehurst
Uwch Swyddog Deintyddol / Deputy Chief Dental Officer

IS CAF 21/22 Tolerance Cumulat			Urgent Slots					New Patients			Fluoride Varnish				Appropriate Recall Intervals (not contractual)						Providing AGP	Carry Forward in 22/23 (Patients from CDS/Waiting List)	Performer List Compliance	Mid Year Review Visit	End of Year Review Visit	QAS completed & submitted	CAS Audit
Practice	Access/Open	ACV Payment %	Contracted Urgent Slots	Unfilled Urgent Slots	Unfilled Urgent Slots	Urgent Slots Completed %	Urgent Slots Clawback Actioned	Adult	Child	Target No of N/Pts	Adult %	Child %	Total %	Clawbacks	Number of Pts with 3 Green conditions	No. of Pts with 3 who re-attended	% of Pts who re-attended	Total No. Green Pts	Total who re-attended	Total %							
1		90%						646	593	237	88.1	96.3	92.2	N/A	Adult 256	29	11.3%	443	77	17.4%		N/A		N/A	11/08/2022		
2		90%						254	201	123	79.7	92.5	86.1	N/A	Child 187	48	25.7%	257	80	31.1%		N/A		N/A	11/08/2022		
3		100%	208	206	2	99%	£1,950.00	473	203	172	84.8	93.0	88.9	N/A	Adult 129	34	26.4%	588	53	9.0%		N/A		21/10/2021	07/07/2022		
4		100%	208	186	22	89%	£3,300.00	342	275	197	76.2	83.1	79.7	N/A	Child 128	46	35.9%	492	22	4.5%		N/A		21/10/2021	07/07/2022		
5		90%						21	129	44	66.7	89.5	78.1	N/A	Adult 402	37	9.2%	272	83	30.5%		N/A		N/A	15/07/2022		1 CAS Rep.
6		100%	156	153	3	98%	£450.00	324	360	143	91.0	91.0	91.0	N/A	Child 186	16	8.6%	461	29	6.3%		N/A		21/10/2021	07/07/2022		
7		100%	312	289	23	93%	£3,450.00	759	257	308	92.7	96.8	94.8	N/A	Adult 276	15	5.4%	327	39	11.9%		N/A		21/10/2021	14/07/2022		
8		90%							76	4		55.6	55.6	N/A	Adult 124	9	7.3%	96	35	36.5%		N/A		07/10/2021	14/07/2022	Non-completion of QAS	
9		100%						410	372	0	42.7	73.9	58.3	N/A	Child 93	34	36.6%	198	46	23.2%		N/A					
10		100%	208	206	2	99%	£300.00	514	336	197	83.5	89.9	86.7	N/A	Adult 81	12	14.8%	569	74	13.0%		N/A		21/10/2021	07/07/2022		
11		90%						0	79	4	0	80.3	80.3	N/A	Child 117	34	29.1%	52	1	1.9%		N/A		21/10/2021	07/07/2022		
12		95%	156	157	-1	101%	£150.00	415	131	139	89.4	90.7	90.1	N/A	Adult 369	39	10.6%	176	15	8.5%		N/A		21/10/2021	07/07/2022		
13		90%						345	395	264	82.2	95.1	88.6	N/A	Child 200	35	17.5%	464	32	6.9%		N/A		08/10/2021	15/07/2022		
14		90%						331	167	113	90.2	89.4	89.8	N/A	Adult 108	8	7.4%	175	14	8.0%		N/A		21/10/2021	07/07/2022		1 CAS Rep. see notes
15		70%						204	134	72	82.9	83.9	83.4	N/A	Child 67	6	9.0%	250	44	17.6%		N/A		N/A	14/07/2022		1 CAS Rep. see notes
16		70%						83	60	10	74.3	79.6	77.0	N/A	Adult 181	28	15.5%	67	0	0.0%		N/A		N/A	14/07/2022		
17		90%						574	228	280	89.8	81.7	85.8	N/A	Child 69	16	23.2%	141	11	7.8%		N/A		12/11/2021	14/07/2022		1 CAS Rep.
18		90%							166	17		36.0	36.0	N/A	Adult 32	0	0.0%	173	48	27.7%		N/A		21/10/2021	07/07/2022		
19		90%							81	21		84.5	84.5	N/A	Child 35	0	0.0%	99	21	21.2%		N/A		N/A	practice closed 30/06/22		
20		90%						63	140	23	84.5	90.1	87.3	N/A	Adult 42	1	2.4%	124	14	11.3%		N/A		21/10/2021	07/07/2022		
21		100%	104	109	-5	105%	£750.00	290	108	111	61.0	58.7	59.9	N/A	Child 99	10	10.1%	219	12	5.5%		N/A		N/A	refused		1 CAS Rep.
22		100%	312	312	0	100%		755	416	287	96.7	97.7	97.2	N/A	Adult 170	48	28.2%	965	254	26.3%		N/A		21/10/2021	07/07/2022		
23		100%	520	499	21	96%	£3,150.00	1050	613	548	81.2	85.6	83.4	N/A	Child 298	84	28.2%	1225	157	12.8%		N/A		21/10/2021	07/07/2022		
24		100%						55	31	0	50.0	53.5	51.8	N/A	Adult 821	91	11.1%	14	2	14.3%		N/A					
														N/A	Child 404	66	16.3%										
														N/A	Adult 11	2	18.2%										
														N/A	Child 3	0	0.0%										

Powell Bethan
09/11/2022 17:24:10

Agenda item: 3.1

Delivery and Performance Committee		Date of Meeting: 11 November 2022
Subject:	Overview of the Renewal Strategic Portfolio (including Value Based Health Care and Risks)	
Approved and Presented by:	Director of Planning and Performance & Assistant Director Transformation and Value	
Prepared by:	Assistant Director Transformation & Value and Team	
Other Committees and meetings considered at:	The report was considered at the Transformation and Value Group of the Executive on the 5 th of October 2022 and contains some updated information.	

PURPOSE:		
The purpose of this report is to provide the Delivery and Performance Committee with an overview of the Renewal Portfolio including progress and risks.		
RECOMMENDATION(S):		
The Committee is asked to NOTE and DISCUSS the report.		
Approval/Ratification/Decision¹	Discussion	Information
	✓	

Powell Bethan
09/11/2022

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 gives an overview of the progress being made by a portfolio of programmes driving forward recovery and longer-term service “renewal”.

The Renewal programmes span: urgent and emergency care, frailty and the community model; cancer, respiratory, circulatory and mental health conditions; children and young people; and diagnostics, ambulatory and planned care. A programme for value-based health care is also in place. Highlights and key issues include:

- Three bids submitted under the Planned Care Outpatient Transformation Fund were successful and £438k was allocated to Powys Teaching Health Board for 2022/23. Further funding is to be confirmed once an overall review has taken place during the 2023/24.
- A total of £206k has been secured non recurrently from Welsh Government to support Value Based Health Care projects in Powys. One project will work with the Welsh Ambulance Service NHS Trust and care homes in Powys to provide a multiagency approach to falls prevention and the response to falls. The other project will use mobile devices to support the identification of Atrial Fibrillation and Supraventricular Tachycardia.
- Within the Urgent and Emergency Care, Frailty and Community Model Programme, the work on the “Falls Pathway” is progressing well; work on the community model is underway; and there has been engagement with Clusters about the priority goals

two and three within Welsh Government's "Six Goals for Urgent and Emergency Care". Welsh Government has provided funding in relation to the "Six Goals" work. Recruitment of key clinical roles to support this work is underway but not yet complete.

- £284k has been secured (non recurrently) from the Wales Cardiac Network to assist with the implementation of the community cardiology service for Powys. Some key posts have been appointed including the GP with Special Interest. However, very tight time scales for implementation together with recruitment remain significant challenges.
- Over 1600 Symptomatic Faecal Immunochemical Tests were carried out across Powys between November 2021 and July 2022 in response to possible symptoms of bowel cancer to help identify it at an earlier more treatable stage. (Approximately 20% were positive). £73k has been secured non recurrently from the Wales Cancer Network to enable PTHB to build an information platform to track the progress of patients receiving diagnosis and treatment outside Powys.
- All patients waiting over 26 weeks for services within Powys have been contacted. Information about wellbeing has been further strengthened on the health board website. Subsequent hits to the website show patients were searching for information about pain, coping with worry, eating well, wellbeing and mood, being active, smoking cessation and reducing alcohol.
- Recommendations are being implemented in relation to the Breathe Well Programme, following an internal audit, which provided "reasonable assurance" overall (with four areas providing substantial assurance and one reasonable). Between November 2021 and July 2022, patients overdue for follow-up by an in-reach respiratory consultant have been reviewed with just under 40% being transferred or discharged and the process is continuing.
- Recruitment of staff remains highest risk across the portfolio, although the funding secured is helping to strengthen clinical capacity.
- Presentations have been made to all Clusters to update them about progress across all Renewal areas.

DETAILED BACKGROUND AND ASSESSMENT:

Background

Major requirements for renewal emerged from an appraisal of the impact of the pandemic. However, this is also a time of opportunity for Powys, highlighting the importance of delivering more services closer to home, focusing on the things that matter most to the wellbeing of the population and those things which will make the most impact.

The Integrated Medium Term Plan (IMTP) sets out a phased and cyclical approach spanning "Resilience, Recovery and Renewal":

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

The Renewal approach is helping to drive forward transformation with the focus, pace and scale needed.

The scope of the portfolio is whole system and transformative, including redesign of current activity, embedding a value-based health care approach. This means understanding outcomes, experience and cost to help the health board allocate resources to the right place to deliver the best outcomes for Powys people within the resources available.

There is a lead Executive Director for each of the Renewal Programmes:

Renewal Programme	Executive Lead
Urgent and Emergency Care, Frailty and Community Model	Co-chaired: Medical Director (MD) Director Primary Community and Mental Health (DPCMH)
Diagnostics, Ambulatory & Planned Care (including Advice, Support and Prehabilitation)	Director of Planning and Performance (DPP)
Children and Young People	Director of Nursing & Midwifery (DoNM)
Mental Health	Director Primary Community and Mental Health (DPCMH)
Cancer	Medical Director (MD)
Breathe Well (Respiratory)	Director of Therapies and Health Science (DoTH)
Circulatory	Director of Public Health (DPH)
Value Based Health Care	Medical Director (MD) and Director of Finance (DoF)

Maturity

A number of the programmes have only been established within the last year and, at points, have had to be suspended and staff redeployed to assist with the challenges of mass vaccination. Thus, the programmes are at different points of development. A maturity matrix has been developed to help assess the development of the programmes going forward.

Powell Bethan
09/11/2022 17:24:19

Renewal Programmes Maturity Matrix					
Programme	Level				
	1	2	3	4	5
Purpose & Governance	Priority identified Milestones being identified Programme being established Exec lead identified	Approved PID, with clear purpose and scope Agreed Executive lead Programme established Reporting arrangements agreed High level milestones Risks identified within risk register	Approved PID Executive leadership Detailed programme plan (with workstreams where required) Reporting against plan and milestones Risk management underway	Approved and reviewed PID Executive leadership Reporting against programme plan and managing risk	Clearly defined governance structure. All contributors agree governance structure and actions are aligned. Risks reduced in line with target risk score.
Process	Process being developed via PID (Analyse/Plan/Do/Review)	Analyse: Detailed analysis undertaken to understand what should be happening (expected), what's actually happening (observed), gap analysis and options.	Plan: Analysis undertaken – with clear prioritised plan – including option appraisal/Board approval/identification of statutory processes required	Do: Controlled Implementation of necessary pathway changes with compliance with statutory processes	Review: undertaken to ensure objectives achieved (ongoing reliable metrics, patient experience, evaluation/lessons learned).
Collaboration	Stakeholder mapping being undertaken	Stakeholders identified (those to be directly involved/informed) Potential leads and links identified	Clarity about what the programme leads on and the links needed.	Active involvement of key clinical staff, enabling professionals and partners	Evidence key stakeholders collaborating to achieve agreed plan.
Outcomes	High level indication that outcomes need to be improved.	Identification of existing/gaps: - clinical outcomes - patient reported outcomes - patient experience - expenditure. Identification of improvement needed.	Process agreed for clinical outcomes; patient reported outcomes; patient experience. Improvement trajectories agreed.	Improvement trajectories tracked and reported. Benchmarking. Implementation of processes for improving information about clinical outcomes/patient reported outcomes/ experience Tracking of expenditure	Improvement trajectories in place, tracked and being achieved. Population level outcomes identified and monitored. Clinical and Patient reported outcomes collected and tracked Patient experience influencing services Shift in allocation of resources in line with evidence of value.
Future Development	Prioritised within IMTP	High level delivery plan in place	Clear programme plan for the next year, linked to the objectives in the organisational annual plan	Clear three-year programme plan, aligned to the organisational plan	Next three-year priorities embedded in IMTP or decision to return to business as usual

Risks within the portfolio

A portfolio risk register has been developed and is summarised in a “heat map” below.

Renewal Portfolio Risk Heat Map	
Very High	2
High	10
Medium	2
Low	0
Total Number of Portfolio Risks	14

Impact	Major	4	<p>RSPB 1: Inability to deliver commitment to Welsh Government, clinical network or other sources of funding</p> <p>RSPB 5. Portfolio and Programmes are not interfacing appropriately with all Wales initiatives and meetings.</p> <p>RSPB 8. PTHB GPs and clusters are unable to engage with the Programmes within the Portfolio.</p> <p>RSPB 9. Capacity of key PTHB clinical staff to be involved in numerous Programmes and workstreams.</p>	<p>RSPB 2. Inability to retain sustainable workforce model within the primary, community and mental health directorate in order to deliver the renewal portfolio.</p> <p>RSPB 4. Portfolio and Programmes are unable to recruit to non-clinical posts.</p>
--------	-------	---	---	--

			RSPB 10. Capacity of key clinical staff beyond Powys (i.e., secondary care) to be involved in relevant Programmes and workstreams RSPB 14: Inability to deliver future models of care due to inability to recruit and/or retain workforce model within the primary, community and mental health directorate	
	Moderate	3	RSPB 6. Portfolio and Programmes are not interfacing appropriately with PTHB Resilience work. RSPB 3. Financial risk associated with managing large scale change RSPB 7. Portfolio and Programmes are not interfacing appropriately with North Powys Wellbeing Programme. RSPB 11. Capacity of enabling PTHB departments and services to be involved in numerous Programmes and workstreams. RSPB 12. Inability to obtain the information and data support required for the Portfolio. RSPB 13. Inability to deliver medicine optimisation required for the Portfolio	
		2	3	4
		Unlikely	Possible	Likely

Renewal Programme Risks (current risks scores 15 and above)

Each of the renewal programmes has a risk register and risks with a current risk score of 15 or above are reported to each Renewal Strategic Portfolio Board (RSPB) meeting. There are now no risks scoring above 16.

Programme Risk over 15	Action/current status summary
Breathe Well: Delayed Services (including diagnosis, routine referrals and follow-up). [16]	Breathe Well is addressing the backlogs of respiratory patients. In terms of the review of the in-reach consultant follow-up back log, approximately 50% of the patients reviewed so far could be discharged or transferred from the consultant list using the new Multi-Disciplinary Team (MDT) approach developed within Powys. The Shropshire & Telford Hospitals NHS Trust which provides the in-reaching Consultants who see patients in North Powys was asked on 01/08/22 to provide confirmation of its risk stratification process as some follow-up patients may not have had contact since August 2020. This risk will be reviewed by the Programme Board at its next meeting on 30/09/22.

<p>Diagnostic, Ambulatory and Planned Care (DAPC): Diagnostic Workstream: Insufficient Clinical Resource and capacity availability to deliver the Diagnostic Workstream efficiently [this relates to realising service change]. [16] DAPC Programme: DAPC 12: Risk that neighbouring Health Boards may step down planned care. [16]</p>	<p>Diagnostics Workstream: Workforce and Organisational Development representation now included in the Diagnostic Workstream and discussions around creative workforce modelling is underway. DAPC Programme: Commissioning communication channels are in place to inform Powys Teaching Health Board of temporary changes in service provision. Continue to ensure good engagement with neighbouring health boards and trusts via programme board and other governance structures. Develop alternative offers through repatriation and insourcing opportunities. Patient Tracking Lists (PTL) being sought.</p>
<p>Advice Support and Prehab: ASP 1.11 Risk that neighbouring health boards may step down planned care. [16] ASP 1.7 Programme unable to deliver due to a lack of access to data and intelligence. [16]</p>	<p>See above. Mitigating actions in place aligned to programme priorities. The Advice Support and Prehab risk register is now combined within the overarching DAPC risk register.</p>
<p>Mental Health 3: Multiple plans/different competing priorities New strategies and plans aligned with Mental Health (nationally and locally) are undergoing significant changes currently and some priorities are dependent on other planning/resources and funding and all need multiple partner input and cross partnership agreement. Without having full oversight of concurrent plans (and priorities), strategic and operational planning across partners may result in competing priorities and resources. [16]</p>	<p>The Strategic Review of Mental Health terms of reference were approved by the Renewal Strategic Portfolio Board in August. Alternative support arrangements are being secured through the Mental Health Department (as earlier recruitment rounds were not successful) so programme meetings can be progressed.</p>
<p>Urgent and Emergency care, Frailty and Community Model: 1: Patient harm including deconditioning due to delayed or failed recognition or response to frailty (Frailty is not recognised early enough due to: Lack of agreed frailty scoring; Inability to share frailty scores across primary, community and secondary care; Inconsistent geriatric assessment processes; Inappropriate admissions; Delayed transfer of care; fragmented pathway; Absence of written Treatment Escalation Plans (TEPs); Lack of home support; Delays in accessing primary and community services for frail people.) [16] 3: Insufficient capacity to lead and manage the frailty and community transformation effectively. [16] 2: Resources are spent on inappropriate or low value activity, including inappropriate admissions; delayed discharge and use of out of county community hospitals for frail older people. [16] 6: Complex and inequitable historic arrangements to ensure capacity for optimal frailty model [16] 8: Health inequalities in relation to frail people are not identified and addressed leading to poorer outcomes for some patients. [16] 12: Complexity of the 6 Goals for urgent and emergency care interdependencies and reporting. [16] 13: 6 Goals interface and resourcing implications. [16]</p>	<p>Mitigating actions in place aligned to the Urgent and Emergency Care and Frailty and Community Model programme priorities.</p> <p>FCM 03 current risk score increased to 16 following discussion by September 2022 Programme Board meeting.</p>
<p>Cancer 1.13: Risk of death or significant harm for patients with cancer due to delayed diagnosis or treatment. [16]</p>	<p>Mitigating actions identified in Cancer programme plan and underway but at present the risk remains.</p>

Circulatory 1.8 Unable to recruit to new posts thus inability to provide a viable community cardiology service. [15]

Mitigating actions include consideration of alternative skill mix and roles; continued attempts to recruit including agency or to secure capacity from other health board and NHS trusts in relation to pharmacy and physiology vacancies.

Circulatory 1.14 Lack of continuity of care for patients accessing the Community Cardiology Service if the pilot ends April 2023. [15]

Analytical support and data analysis to support roll out of service. Commissioning intentions from April 2023 to be set out. Develop phased implementation plan for roll-out of service. Develop contingency plan if service is not to continue (for either diagnostic or rehabilitation element.)

Capacity: Staffing challenges feature on both the portfolio and programme risk registers. Recruitment to approved posts has continued within a competitive workforce market. Where it has not been possible to recruit to key posts alternatives, such as temporary insourcing, have been used together with the development of creative models to deliver the planned objectives. Further recruitment to clinical and professional capacity is underway in a number of priority areas where additional funding has been secured nationally, as set out in the next section.

Finance

An update was provided to Welsh Government in relation to Quarter 1 of 2022/23. The Renewal forecast spend at month 5 is summarised in the table below.

Month 5	Forecast spend 2022-23 £	Forecast spend 2023-24 £	Forecast recurrent spend £
Renewal	1,601,866	849,853	664,435
Notes			
1. Excludes non pay costs			
2. Where no one currently in post costed at top of scale			
3. Excludes pay awards / inflation			
4. Phasing for Insourcing to be confirmed			

A number of additional funding streams have been secured from Welsh Government and through Clinical Networks nationally. For 2022/23 PTHB has secured an additional non-recurrent revenue allocation of £284K to support the implementation of the Community Cardiology model. Three bids submitted under the Planned Care Outpatient Transformation Fund were successful and £438k was allocated to Powys Teaching Health Board for 2022/23. Further funding is to be confirmed once an overall review has taken place during the 2023/24. Work is also underway in relation to proposals in relation to urgent and emergency care (£900k). PTHB and the Wales Cancer Network are working together to secure funding to research the possibility of providing a Rapid Diagnostic Centre within Powys (£20k). £73k has also been secured non recurrently to enable PTHB to track the progress of patients receiving diagnosis and treatment outside Powys. A total of £206k has been secured non recurrently from Welsh Government to support Value Based Health Care projects to use mobile devices to diagnose atrial fibrillation and supraventricular tachycardia and to develop a multiagency response to falls prevention and the response after a fall.

Progress within programmes

The next section summarises progress within programmes. (Please note that whilst the “RAG” ratings reflect those signed off by each lead executive, this not include any changes to the wording of Delivery Plan actions which are subject to a separate process.)

Diagnostics, Ambulatory & Planned Care: *Develop and implement a progressive, whole system diagnostic, ambulatory and planned care model, delivering care closer to home*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Diagnostic, Ambulatory and Planned Care	DPP	✓	✓	✓	✓

Maturity Matrix

3
2
2
2
3

Insourcing project review complete, contract extended for 6 months to support potential repatriation opportunities such as low complexity Orthopaedic and Cataract. Progress is continuing against the Eye Care and Dermatology Plans. Diagnostic Strategic Plan being drafted.

Action (B/R/A/G)	Update
Review and evaluate impact of the Insourcing project Q1	Insourcing project review completed following the lessons learnt workshop. Report drafted and approved by Programme Board and Renewal Strategic Portfolio Board.
Secure access to medical speciality advice Q1	Funding secured for additional clinical sessions to assist with the orthopaedic pathway redesign. Work is ongoing to secure the sessional input, but has not yet been successful. Interim virtual multi-disciplinary teams have been approved utilising the slippage from the clinical sessions. Clinical Director Job Description approved by Executives and now going through Workforce and Organisational Development processes.
Agree phased implementation for the Diagnostic Strategic Plan Q1	The draft Diagnostic Strategic Intent has been submitted to the Transformation and Value Group of Executive Committee. Work continues to implement the specific diagnostic priorities including for respiratory, cardiology and cancer set out in the Delivery Plan for 2022/23.
Ensure clarity of opportunity for outpatient repatriation, implement phased plan Q2-Q4	External Patient Tracking List data has been received but does not provide the patient level detail required. The Director of Planning and Performance is leading work to resolve this.
Implementation of Eye Care Plan Q1	Implementation of the Eye Care Plan is progressing well including training of the 2nd Injector; Excellent Wet AMD clinical outcomes above the national average have been reported; additional Multi-disciplinary Teams are being developed, as well as the new one stop eye care clinic in Llanidloes/Welshpool. PTHB continues to support the Digital Eye Care record roll out. The Hydroxychloroquine Screening Service for eye care and Rheumatology is near completion, although issues remain with national sign-off of equipment. “One stop shop” Cataract clinics are in development and the pilot continues for the Multi-disciplinary Team for Glaucoma management. As of July 22, there were no patients waiting over 52 weeks for Eye Care.
Implementation of Dermatology Plan Q1-Q4	Work is underway to develop and implement a pan Powys Dermatology approach following workshop in August 2022, shaped by the existing service model in Ystradgynlais. The Dermatology work is not currently supported by a funding stream which could affect the planning and delivery of the intended service.

Work with other health boards on regional diagnostic and planned care regional solutions including orthopaedics, cataracts and endoscopy Q1-Q4	There is Executive representation at national planned care meetings. There is Director of Planning and Performance representation in the SE Wales Regional Forum. PTHB is participating in Getting it Right First Time Reviews (including orthopaedics) and working to implement the recommendations, including the repatriation of low complexity activity to Powys so it can be part of networked regional solutions. More detailed Patient Tracking List data is being sought to fully understand repatriation opportunities associated with Orthopaedics, Cataracts and Endoscopy.
Implement plan to maximise theatre and endoscopy utilisation Q1-Q4	Theatre and Endoscopy Review underway. Patient Tracking Lists have been received but do not include the patient level detail required, further work to resolve this is ongoing. Mutual aid continues to be offered, but with no uptake to date.
Develop the Ambulatory Care Strategic Plan and Model, implementation including Ambulatory Care Centres Q2-Q4	An Executive level discussion has taken place in relation to the scope of the ambulatory. Executives are working through the link to the work being undertaken through the Urgent, Emergency Care, Frailty and Community Programme to prevent duplication.
Ensure robust improvement trajectories are in place and are being monitored Q1-Q4	Underway, however as revised pathways are put in place there is a development task in ensuring new or revised trajectories are in place and monitored.

Key Successes & Issues

- Funding against the three bids submitted under the Outpatient Transformation Fund to Welsh Government were approved
- Draft Diagnostic Strategic Intent under development
- Clinical Director Job Description approved and being progressed
- Referral to treatment times in commissioned services continue to present significant challenges and inequality of care for patients waiting in acute care centres.

Advice, Support & Prehabilitation Workstream (Diagnostics, Ambulatory and Planned Care Programme)

Action (B/R/A/G)	Update
Embed Advice, Support & Pre-habilitation offer within orthopaedics Q1	Advice & Support provided to Powys-managed patients in April 2022 across specialties including orthopaedics.
Implement orthopaedic redesign, incorporating Getting It Right First Time (GIRFT) review Q1-Q4	The Getting It Right First Time (GIRFT) review recommendations are being implemented. Monthly Chief Executive Officer level meetings are taking place with GIRFT to track progress. Funding has been secured for clinical sessions for 12 months to support pathway redesign, but there are difficulties securing this in-put. Further pathway mapping and data analysis is underway to help inform future pathway redesign.
Review Patient Liaison, Advice, Support & Pre-habilitation pilot Q2	The evaluation of the pilot and recommendations for the future model for Advice, Support & Prehabilitation considered by PTHB Executive Committee on 05.10.22.
Learning from future GIRFT reviews for elective general surgery, gynaecology and stroke services Q2-Q4	The draft GIRFT report for Gynaecology is expected. The data for the General Surgery GIRFT Review has been submitted, with the Review due to take place in November. There is not yet a timetable for the Stroke GIRFT review.

Key Successes & Issues:

- Website hits by specific type of advice (3 Feb to 22 Sept 2022).

- Total Website Views (5184)
- Total Unique Views (3265)
- In Pain (186 Views)
- Eating Well (125 Views)
- Cancer (144 Views)
- Respiratory (102 Views)
- Being Active (74 Views)
- Coping With Worry (75 Views)
- Circulatory (272 Views)
- Preparing For Surgery (67 Views)
- Wellbeing And Mood (60 Views)
- Smoking Cessation (59 Views)
- Alcohol And Substance Misuse (44 Views)
- Mental Health (18 Views)

- Communications sent in July 2022 to a third cohort of 1,016 patients on Powys-managed waiting lists, signposting them to advice and support.
- An updated version of PTHB Advice & Support website was published to coincide with the communications going out to the third cohort of patients in July 2022. The Patient Liaison Team is finalising website content around diabetes and cancer for publication, with positive feedback from PTHB clinicians involved.
- The evaluation around the existing pilot, as well as the future model for Advice, Support & Prehabilitation, was considered by Executive Committee on the 5th of October 2022.

The Children and Young People's (CYP) Programme

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Children and Young People	Director of Nursing and Midwifery (DNM)	✓	✓	✓	✓

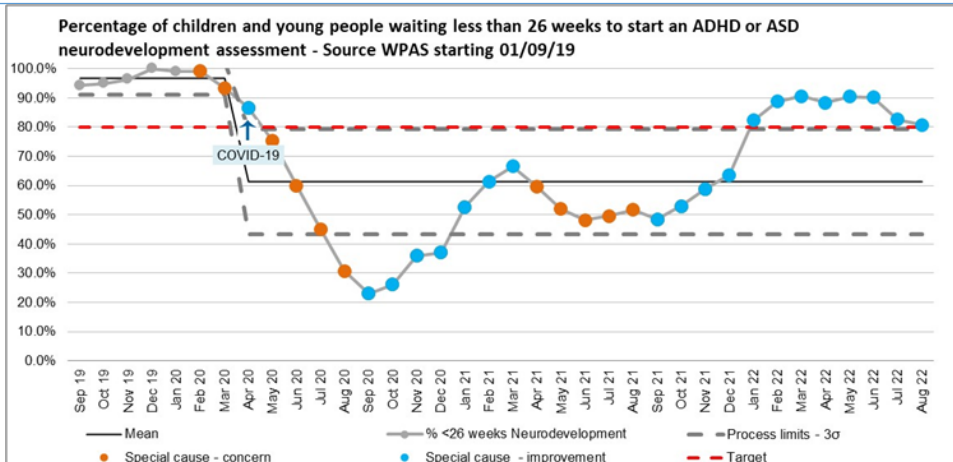
Maturity Matrix

3	Governance agreed, 2021/22 PID and risk register in place but being reviewed. Gap analysis underway and further work in relation to engagement and experience data and intelligence to progress. Renewal, PTHB and external interfaces identified to progress Programme. Process agreed for outcomes and patient experience. 2022/23 plan developed linking to other renewal Programmes and IMTP.
2	
2	
2	
3	

Action (B/R/A/G)	Update
Develop and implement plan for Neurodevelopment Service Remodel including evaluation and review. Q1-Q4	<p>Renewal funding for additional clinical posts of approximately £270k was provided during 2021/22 to address waiting times and the backlog in paediatric neurodevelopment services, with funding continuing to the 31st of December 2022. This renewal project is enabling the redesign of the service including a pathway review and piloting of a multi-disciplinary workforce model to inform future delivery. A final pathway is developed and being implemented. A business case is in development in relation to recurrent service needs.</p> <p>The paediatric Neurodevelopment service position is outlined in the graphs and tables below. Whilst there has been special cause improvement there remains concern about the underlying level of referrals.</p>

31st August 2022: 26 week Referral to Treatment Time (RTT) Target

RTT waiting list position [Source: PTHB Performance Team – Sept 2022]



Performance July 2022	
Local Performance	All Wales Benchmark
82.5%	1 st (37.4%)*
Variance Type	
Special cause - Improvement	
Target	
80%	
Data Quality & Source	
WPAS	

A full Renewal report in relation to children and young children was considered by the Delivery and Performance Committee in September 2022. (The Women and Directorate's progress against actions in the Delivery Plan are reported separately.)

Children and Young People's Renewal Workstreams 2022-23	
Understanding what matters most to children (engagement, experience, and children's rights. Q2	Engagement and experience intelligence is being gathered to enable the presentation of key themes. (This includes feedback provided from the Start Well workshop in relation to workstream – Sept 22.) Links have been established with Welsh Ambulance Service Trust (WAST) Patient Experience and Community Involvement Team
Emotional health and wellbeing of CYP Q2-4	The Executive Director for Nursing and Midwifery will be a member of the programme board for the strategic review of mental health.
Healthy development Q1-2	There has been a focus on the recovery of key healthy development indicators with reference to the Healthy Child Wales Programme (HCWP). The Renewal report on Children and Young People submitted to the Delivery and Performance Committee in September showed the recovery which has been achieved. The workstream has been closed and "business as usual resumed."
Urgent and Emergency Care q2	The "Six Goals" approach has been merged into the Urgent and Emergency Care, Frailty and Community Model Renewal Programme. Six Goals includes specific actions in relation to children and young people, which have been identified but further clarification is needed about how this will be taken forward.
Transforming Planned Care q2	Welsh Government plans such as "Five Goals" include specific requirements in relation to children and young people. It has been requested that the Executive Director of Nursing and Midwifery is a member of the Diagnostic, Ambulatory and Planned Care renewal Programme board to influence the CYP agenda and to act as conduit between programmes.

Key Successes & Issues:

- There has been special cause improvement in the paediatric neurodevelopment service, but there remains concern about the underlying level of referrals.
- The Children and Young People's Renewal Programme has been refocused on areas that have not recovered for the children and young people, as a population, including universal, directly provided and commissioned services. This will include linkage with other programmes.

Tackling the Big Four

Cancer: Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer

Maturity Matrix

3
2
3
2
3

FIT services available for all GP Practices. The Wales Cancer Network Optimal Pathways Senior Project Manager post which was vacant has now been filled. Initial mapping of Upper and Lower Gastrointestinal pathways completed, and initial findings have been shared with health boards. Monthly PTHB harm review panels, chaired by Cancer Clinical Lead continue. Further development of a Business Intelligence tool for live tracking of patients on the Suspected Cancer Pathway underway.

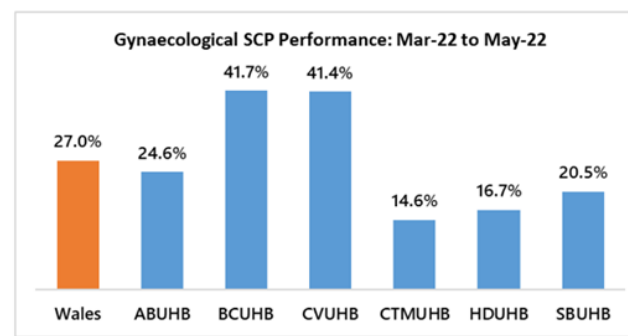
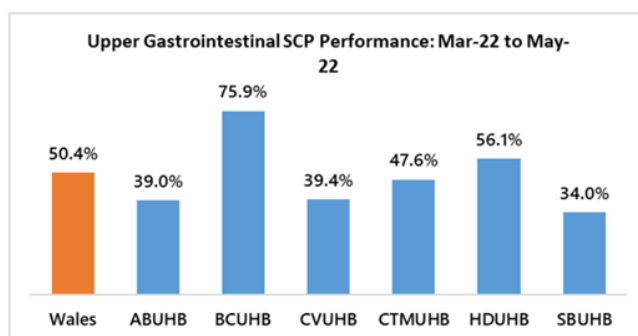
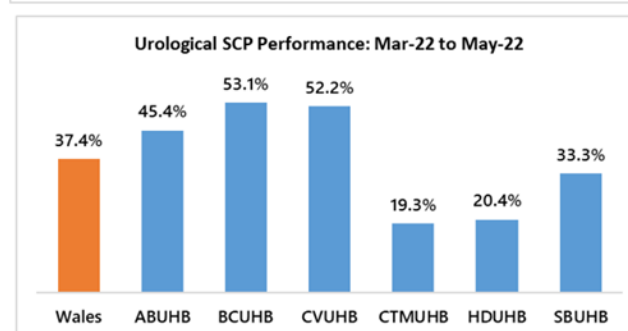
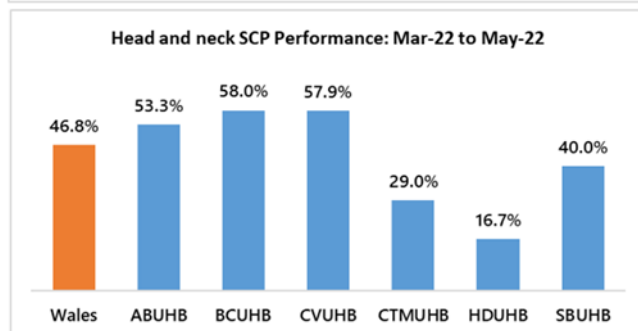
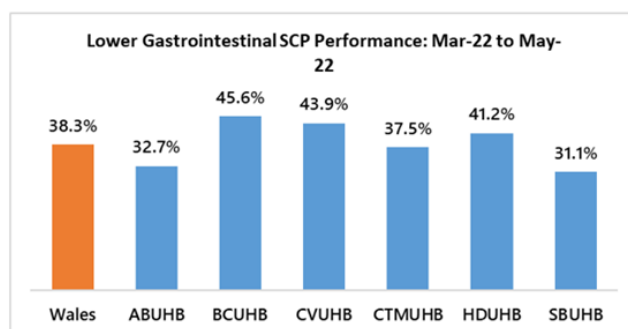
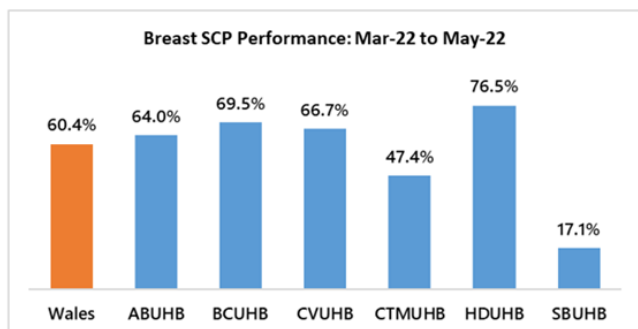
Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Cancer	MD	✓	✓	✓	✓

Action (B/R/A/G)	Update
Progress Plan to improve access to FIT testing Q1	All general practices can now access symptomatic Faecal Immunochemical Testing services: From November 2021 to July 2022 just over 1600 FIT tests have been undertaken of which approximately 20% were positive. In north Powys and Ystradgynlais FIT testing is currently accessed directly through the Public Health Wales Laboratory. In Mid Powys access is via Wye Valley NHS Trust. Brecon and Crickhowell access via Aneurin Bevan University Health Board.
Improve access for Powys residents to rapid diagnostics centres for vague symptoms Q1	Powys patients can access Rapid Diagnostic Centres via Betsi Cadwaladr University Health Board (Wrexham), Swansea Bay University Health Board (Neath Port Talbot) and Aneurin Bevan University Health Board (Newport), although this service is currently suspended it is due to restart in October/early November. There is currently no access for Mid Powys patients and the possibility of flows to existing NHS centres is being explored.
Scope community diagnostics, including hospital CT, Scope the potential for a Powys provided Rapid Diagnostic Centre Q2	In partnership with the Wales Cancer Network, Powys Teaching Health Board has been successful in securing non-recurrent funding from Cancer Research Wales to scope the potential to provide rapid diagnostic services in Powys.
Work with Wales Cancer Network on Optimal pathways and quality statement Q1	A new Wales Cancer Network Project Manager supporting mapping optimal pathways for Powys started on 12/9/22 following a vacancy.
Finalise suspected cancer pathway tracking & harm review approach Q1	Monthly harm review panels taking place, chaired by Cancer Clinical Lead; pilot cancer tracker developing intelligence in relation to patients delayed in external DGHs as PTHB provides no cancer treatment in county; intelligence platform of 'live' external information near completion in liaison with the Wales Cancer Network, going live October 22 for Welsh providers (with English providers to follow as next stage).

Key Successes & Issues:

- All GP practices can access symptomatic FIT services;
- Cancer Research Wales funding to explore feasibility of implementing a Rapid Diagnostic Centre in Powys agreed, in partnership with the Wales Cancer Network;
- Significant progress with cancer pathway tracking and harm review approach, and the Business Intelligence tool to enable live tracking of patients;
- Up to the end of July just over 1,600 FIT tests have been undertaken of which approximately 20% were positive.

Powys Teaching Health Board does not provide cancer treatment and uses services provided by other health boards. The marked variation in "Suspected Cancer Pathway" compliance is of concern.



Breathe Well (Respiratory): Implement the

Breathe Well Programme, specifically aimed at repatriating care closer to home and on Children and Young People's Respiratory care

Renewal Priority Programme	Exec Lead	PID	Prog- Board	Q1 Report	IMTP 22-25
Breathe Well	DoTH	✓	✓	✓	✓

Maturity Matrix

<div>4</div> <div>3</div> <div>(4)</div> <div>3</div> <div>3</div>	Chief Executive Officer Public briefing presentation about Breathe Well on 08/06/22.
Action (B/R/A/G)	Update

Develop & implement plan to meet Respiratory Quality Statement Q1-Q4	The Respiratory Quality Statement is due to be published by Welsh Government in November 2022. PTHB has contributed to its development and a local action plan will be developed once issued.
Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model Q1-Q4	A proposal to refine the analysis of medical-only duties as part of options appraisal was considered by the Renewal Strategic Portfolio Board on 06/07/22, which would mean implementation by the end of Quarter 4. External clinicians are being sought to support the further analysis needed.
Develop approach on advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans Q1-Q2	Terms of Reference for the Children & Young People's Workstream have been agreed and the workstream is underway, however, further data analysis is needed in relation to paediatric asthma patients and is underway. (Timescales were affected by the need to take forward Value Based Health Care Additional Funding project bids which was in addition to the work in the original IMTP delivery plan).
Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing Q1-Q4	Health Care Support Workers recruited to support respiratory diagnostics - spirometry clinics underway, sleep diagnostics also underway. Fractional exhaled Nitric Oxide (FeNO) and lung function testing in place and recruitment to second Physiology post will expand capacity for delivery. Re-banded second Respiratory Physiologist role advertised and promoted, with interviews due to be held in October.

Key Successes & Issues:

- The cumulative number of in reach consultant follow-up patients reviewed by the PTHB Respiratory Multidisciplinary Team (MDT) between November 2021 and 12 July 2022 = 185
- Cumulative number of patients removed from follow-up list following agreement by the in-reaching Respiratory Consultant between November 2021 and September 2022 = 73. The PTHB Respiratory Clinical Lead was meeting the in-reaching Consultant to discuss 24 more cases on 3rd October 2022.
- Virtual Pulmonary Rehabilitation, oxygen reviews, spirometry, sleep clinics underway

Circulatory: *Implement improvements in outcomes, experience and value in circulatory disease (Stroke, Heart Disease, Diabetes)*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Circulatory	DPH / [CEO until DPH appointed]	✓	✓	✓	✓

Maturity Matrix

2
(2)
2
2
2

-Circulatory Programme Board meetings chaired by Director of Public Health. Circulatory Programme Plan developed and implementation initiated but to be refined. Community cardiology business case approved by Wales Cardiac Network, non-recurrent funding for 2022-2023 of £283,688 confirmed and recruitment underway.

Action (B/R/A/G)	Update
Gap analysis and Phased Plan Q1	Mapping of Diabetes, Stroke and Cardiac Quality Statements to inform gap analysis involving clinical leads completed. Further stages of gap analysis being undertaken in Q2. There is not yet an agreed phased plan.

Cardiac workforce development Q1	Cardiac workforce developments to deliver the approved community cardiology business case using non-recurrent Cardiac Network funding in 2022/23 with Workforce and Organisation Development support underway but continued difficulties in recruitment to fixed term posts.
Community Cardiac Service development Q1-Q4	Community cardiology business case approved by Wales Cardiac Network. Non-recurrent funding for 2022-2023 of £283,688 confirmed. General Practitioner with Special Interest in Cardiology (GPswI) and administration posts appointed. Unable to recruit physiotherapist, pharmacist and physiologist. Exploring alternative options including recruiting via agency / locum and re-advertising posts. Unable to appoint implementation manager, now recruiting for a clinical lead as an alternative. Wye Valley Trust cardiology consultant to provide clinical supervision to GPswI. Wales Cardiac Network updated.
Improve access to diagnostics in line with national programmes Q1	Community Cardiology implementation and stroke diagnostic developments to align to Powys Teaching Health Board Diagnostic Strategic Plan. This will be ongoing through the year.
Evidence based primary and secondary stroke prevention Q1-Q4	Atrial fibrillation registers and enhanced primary care services for stroke prevention in place. Prevention programmes in place e.g., Invest in your health will need to continue to review evidence base. A Value Based Health Care funding proposal has been approved for the use of Kardia Mobile devices for Atrial Fibrillation and Supraventricular Tachycardia in primary care. VBHC project to be integrated into diagnostic element of Community Cardiology Service and overseen by GPswI.
Equitable access to cardiac rehabilitation for all pathways Q2	Cardiac rehabilitation will be an element of the Community Cardiology Service. Options for how this is delivered currently being explored. Cardiac rehabilitation developments integrated in Cross Cutting Rehabilitation Workstream.

Key Successes & Issues:

- Community cardiology business case approved by Wales Cardiac Network. Non-recurrent funding for 2022-2023 of £283,688 confirmed. Recruitment and timescales very challenging.
- Detailed analysis of the Delivery Unit Diabetes Atlas with further exploration of toe amputation rates underway. Further information in relation to pregnancy and eye care for diabetic patients will be available later in the year.

Mental Health: *Undertake a Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist mental health services*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Mental Health	DPCCMH	See comment	See Comment	✓	✓
Maturity Matrix					
To be confirmed	Mental health strategic review to be undertaken.				
Action (B/R/A/G)	Update				
Undertake a Strategic Review of Mental Health services, including specific work on the following areas: Q1-Q4	The Strategic Review of Mental Health terms of reference were approved by the Renewal Strategic Portfolio Board in August. Alternative support arrangements are being secured through the Mental Health Department (as earlier recruitment rounds were not successful) so programme meetings can be progressed.				

The Programme Boards for Strategic Review of Mental Health have been set up to the end of the financial year and the analysis to support the work is underway.

Urgent, Emergency Care, Frailty & Community Model: *Design and deliver a frailty and community model enhancing outcomes, experience and value and the six goals for urgent and emergency care*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Urgent and Emergency Care, Frailty and Community Model	MD/ DPCCMH	✓	✓	✓	✓

Maturity Matrix

3
2
2
2
2

Combined Programme Board established June 2022 and revised PID approved. Workshop held 27 June 2022 to confirm Six Goals priorities for submission to Welsh Government. Falls workstream proceeding at pace. Deterioration in BRAG rating during August due to depleted programme support. Recruitment to Clinical lead and clinical change manager not yet complete.

Action (B/R/A/G)	Update
Complete work on overarching model following Gap Analysis (community hospitals and community services) Q1	High level model developed following completion of the initial gap analysis, approved by Programme Board and Core Group.
Frailty Scoring Project Q1-Q4	A frailty scoring work stream has been established under the programme. There has been limited progress due to the focus on 6 Goals for Urgent and Emergency Care and the clinical capacity to deliver.
Culture and change – joint work with Improvement Cymru Q1-Q4	A work stream has been established under the programme, chaired by the Assistant Director of Innovation and Improvement. Partnership with Improvement Cymru has been paused and alternative means of progressing the work is to be agreed.
Community hospital focus Q2-Q3	Community hub work stream established.
Development of workforce model Q1-Q4	Frailty consultant job descriptions are complete. Workforce model dependent on model of care and community hub model.
Treatment Escalation – confirmation of approach Q1	Existing Treatment Escalation Plan (TEP) appropriate for use in hospital settings and in place. All Wales TEP suitable for use in the community needed but no timeline available for this. Progress to be reported through programme arrangements.
Complex Geriatric Assessment Development, Implement Q1-Q4	Dependent on workforce model.

Powell Bethan
09/11/2022 17:24:10

Revise Falls pathway to ensure integrated Q1-Q3	Work stream established chaired by Head of Therapies. Streamlined multifactorial assessment (MFA) developed and agreement of revised approach to accessing falls multi-disciplinary team and workforce to support MFA completion. Value Based Healthcare funding proposal on prevention of falls and response to falls in care homes approved, implementation underway in partnership with Welsh Ambulance Services NHS Trust.
Confirm cross-cutting approach for end of life within model Q1	Clear interface with programme to be established. Priorities linked to the frailty model and 6 Goals to be reported through programme arrangements to avoid duplication of effort.
Feedback loop from improved intelligence Q1-Q4	PTHB Advanced Information Analyst has undertaken work to combine national EDDS dataset, Welsh Ambulance Service NHS Trust data and Powys Teaching Health Board provider data to provide more insight on the falls data in relation to the general Powys population and those living in care homes. More work to be undertaken to strengthen and interpret findings to inform future developments. This will be strengthened through the VBHC work to be undertaken on falls.
6 Goals Urgent, Emergency Care	
Action (B/R/A/G)	Update
Goal 1 – Co-ordination planning and support for populations at greater risk of needing urgent or emergency care <ul style="list-style-type: none"> Build on cluster led risk stratification and virtual wards Q1-Q2	Virtual ward questionnaire developed and analysed by Programme Board. Findings highlighted extent of variation across Powys. Frailty assessment and scoring agreed as key priority following workshop held 27.06.22.
Goal 2 – Signposting people with urgent care needs to the right place, first time <ul style="list-style-type: none"> Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services – Test potential for Urgent Primary Care Centres (UPCCs) Q1-Q4	Agreed priorities: Extend pilot of mental health support via GP and third sector in South Powys pilot and opportunity to link with 111. Scope single point of access to triage and signposting. Emphasis on preventing out of hours calls and Shropdoc Meetings held with Cluster Leads to confirm priorities for Urgent Primary Care Services in 2022/23.

Goal 3 – Clinically safe alternatives to admission to hospital <ul style="list-style-type: none"> Review Same day emergency care pathways Q1-Q2 Review Intermediate care (set up) pathways Q1-Q2 Assess Specialty advice and guidance lines Q1 	Agreed priorities: Scope discrete high impact SDEC pathways that could be delivered in primary care. Formally scope acuity of patients that could be stepped up 24/7 into community hospital setting. Reablement from day 0. Dementia Home Treatment Team deployed consistently across Powys. Participate in national Consultant Connect recommissioning process. Meetings held with Cluster Leads to confirm priorities for Same day Emergency Care in 2022/23.
Goal 4 – Rapid response in physical or mental health crisis <ul style="list-style-type: none"> Work with WAST to deliver optimal 999 pathways Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments- annual cycle Q1-Q2	Agreed priorities: Scope Physician Triage of Ambulance Stack. Implement updated Commissioning Assurance Framework
Goal 5 – Optimal hospital care and discharge practice from the point of admission <ul style="list-style-type: none"> Build on progress made across the system to improve patients in hospital/in the community waiting for response and reduce average length of stay to 28 days Q1 Implement SAFER patient flow guidance Q1-Q2 	Agreed priorities: Scope implementation of day 0 repatriation from out of county Emergency Department piloted in north Powys. Build on winter system resilience work to further reduce length of stay. Culture and risk appetite work.
Goal 6 - Home first approach and reduce the risk of readmission <ul style="list-style-type: none"> Optimise home first ethos and support discharge to assess and recover, reducing lengths of stays and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements-annual Q1-Q4 Work with the care sector to improve resilience in domiciliary and residential/ nursing care and processes Q1-Q2 Partnership work with Welsh Ambulance Services; annual plan Q1 Learning from the System Resilience/Winter Plan; identification of further high impact changes across the Regional Partnership Board TBC 	Agreed priorities: Review home first, reablement and D2RA services to ensure optimal service delivery Social care D2RA to be implemented fully in line with requirements. Scope implementation of day 0 repatriation from out of county Emergency Department piloted in north Powys. Review needs assessment and simplify
Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically	
Establish a formal project of work to involve key stakeholders Q1	Initial discussion held with DoPCCMH and AD CSG, ToR drafted and initial meeting held as part of Community Hub work stream. Attendance at Knighton carnival 27.08.22 and open day 8th September 2022.
Undertake an assessment of current provision including key priorities for development, e.g., end of life care Q1 – Q2	Current provision to shared with community Knighton Carnival engagement event. Priorities for development initial discussion held and data gathering underway.
Develop and assess key options for implementing a more joined-up place-based multiagency care model Q2 – Q3	Workstream chaired by the Assistant Director for Community Services has been established and will take this forward.
Progress implementation Q3 – Q4	Workstream chaired by the Assistant Director for Community Services has been established and will take this forward.

There is a separate report on the agenda but Key Successes & Issues and summarised below:

- Evidence based overarching clinical model for frailty developed by MDT
- Combined Urgent, Emergency, Frailty and Community model Programme established and workstreams in place
- Good progress being made with falls work stream

- Culture/risk appetite workstream reviewed by Programme Board in September 2022.
- Community Service Benchmarking underway
- Rigorous prioritisation of the work streams by Programme Board to deploy limited programme resource effectively
- Priorities for 6 Goals plan agreed for submission to Welsh Government (see update column in table above)
- 6 Goals triumvirate resourcing being progressed but not yet in place
- Presentation to National Programme Board 4th August 2022 on work to date well received
- Allocation of £740,000 funding, informed by pilot initiatives in Primary Care
- Letters from Welsh Government have emphasised that it is goals 2 and 3 that must be prioritised in 2022/23.

Value Based Health Care (VBHC): *implement value-based healthcare to deliver improved outcomes and experience, including effective deployment and management of resources*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
(Value Based Health Care)	DoF & MD	✓	✓	✓	✓

Maturity Matrix

3
2
2
2
2

Survey of PTHB services to understand PROMs and PREMs already in use underway. Links with Welsh Value in Health Centre to national work and contact made with English Integrated Care Systems to discuss how PROMs and PREMs for Powys patients treated in England can be fed into Welsh system. Awaiting further details of all Wales INNU work. Continuing difficulty securing medicine optimisation pharmacists.

Action (B/R/A/G)	Update
Further strengthen the Transformation and Value team, including research assistants, Masters and PhD Students Q1-Q3	Transformation & Value Team strengthened through Analyst from April 2022. First attempt to secure Master's students not successful - further attempts to take place. Value Based Medicine Optimisation Pharmacists remain challenging to recruit. Funding agreed for revised skill mix for Band 6 Pharmacy technician. Funding a joint Professor of Health Economics post.
Analysis of low value interventions Q1, Review with BCUHB Q2, update Interventions not Normally Undertaken (INNU) Policy Q3 Q1-Q4	PTHB INNU Working Group established. PTHB supportive of the "Once for Wales" approach. Analysis of Interventions Not Normally Undertaken (INNUs) undertaken and shows no initial areas of concern, however further work required to look at variation between providers by specialty. All Wales approach to INNU should begin in the Autumn 2022.
Develop and implement consistent approach to PROMS and PREMS Linking with OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare Q1-Q4	Survey of PTHB services to understand Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) undertaken; links with Welsh Value in Health Centre to national work and contact made with English Integrated Care Systems; paper on PROMs organisational approach supported by Value Based Health Care Programme Board in September and approved for submission to Transformation and Value Group Executive Committee in November 2022. Cwm Taf Morgannwg University Health Board supporting the PTHB Muscular Skeletal Team to roll out Shared Decision Making/resources in September; continuing to work in collaboration with Betsi Cadwaladr University Health

Board and Hywel Dda University Health Board and meeting to strengthen links to PTHB Organisational Development framework, including work on Shared Decision Making.

Key Successes & Issues:

- Transformation & Value Team strengthened (Analyst in post, Costing support secured, programme management in place), Medicines Optimisation Pharmacists challenging to recruit, although support now being provided from the PTHB Chief Pharmacist's Team. Shared funding in Mid and West Wales has secured a Professor of Health Economics.
- Links made with Welsh Value in Health Centre and English Integrated Care System around Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) with organisational position paper prepared.
- £206k has been secured non recurrently from Welsh Government to support two Value Based Health Care projects in Powys, one around a multiagency response to falls prevention and the response to falls and the other project will use mobile devices to support the diagnosis of cardiac issues. Recruitment to fixed term posts for both projects is being finalised.
- Opportunities Subgroup paper on Wet AMD supported by Programme Board September 2022 and submitted to Transformation and Value Group of Executive Committee for support.

Conclusion

The Renewal portfolio is working to transform patient pathways, so that the health board's funding is focused where it will have the greatest impact on improving outcomes, experience and costs.

NEXT STEPS:

There will be continued implementation of the Renewal Portfolio programmes and reporting of progress.

Powell Bethan
09/11/2022 17:24:16

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				x
Disability				x
Gender reassignment	x			
Pregnancy and maternity	x			
Race				x
Religion/ Belief	x			
Sex	x			
Sexual Orientation	x			
Marriage and civil partnership	x			
Welsh Language	x			
<p>The Renewal Portfolio is embedding an approach to improve outcomes, including tackling inequalities. It has specific work focused on frail people who are usually older. Learning from the pandemic the Renewal programmes will seek to be proactive in considering ethnicity.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical			x	
Financial			x	
Corporate		x		
Operational			x	
Reputational			x	
<p>The main body of the report sets out the risks above 15 in the portfolio and programmes and the actions in place to reduce the risk.</p>				

Powell Bethan
09/11/2022 17:27:10

Agenda item: 3.2

Delivery and Performance Committee		Date of Meeting: 11 November 2022
Subject :	Urgent and Emergency Care, Frailty and Community Model Renewal Programme Update and Performance Report	
Approved and Presented by:	Director of Primary, Community Care & Mental Health and Medical Director	
Prepared by:	Assistant Director Transformation and Value Transformation Programme Manager	
Other Committees and meetings considered at:	Executive Committee	

PURPOSE:

The purpose of this paper is to provide an update regarding progress made in delivering the Urgent and Emergency Care, Frailty and Community Model Programme.

RECOMMENDATION(S):

The Delivery and Performance Committee is asked to NOTE the progress made.

Approval/Ratification/Decision ¹	Discussion	Information
x	✓	x

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

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

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

EXECUTIVE SUMMARY:

The purpose of this paper is to update the Committee on the work to design and deliver a community and frailty model, including improved access to urgent and emergency care.

The expansion of the programme to include the Six Goals for Urgent and Emergency Care has affected the pace of progress on the frailty and community model, although a work stream is in place. New posts funded by Welsh Government to support the implementation of Six Goals are being recruited to, but the existing Frailty and Community Model Programme resource had to cover Six Goals requirements as a priority in the interim.

There has been good progress in developing new ways of working on falls. The multifactorial risk assessment has been reviewed and an app is in development for the revised multi factorial risk assessment linked to the Welsh Community Care Information System. Once live, this should result in an increased number of patients having a plan to reduce their risk of falls and improved information sharing amongst the multi-disciplinary team, to improve patient outcomes.

Funding has also been secured to trial a new way of working with the Welsh Ambulance Service NHS Trust, residential and nursing homes in Powys and Powys County Council to reduce the number of falls-related 999 calls from residential and nursing home settings.

DETAILED BACKGROUND AND ASSESSMENT:

The Frailty and Community Model renewal programme was originally developed to ensure a robust frailty and the community model for the people of Powys **but** was expanded to include the Welsh Government's Six Goals for Urgent and Emergency Care. It is jointly chaired by the Medical Director and Director of Primary, Community Care & Mental Health.

The purpose of the Programme is to develop a revised frailty and community model to improve outcomes for people through more intensive community and home-based care; to develop and implement a renewed frailty pathway, including for those at risk of falls. With a clear prevention and home first ethos, it is working to ensure equity of access across Powys and is working across boundaries with system partners to help people live as independently as possible and to prevent avoidable secondary care admissions.

The Programme is also co-ordinating the delivery of the 6 Goals for Urgent and Emergency Care for Powys;



EMERGENT MODEL

Following a detailed analysis an overarching high-level model for Frailty and Community was developed, as summarised overleaf.

FRAILTY	Living at Home	Primary Care	Community	Community Setting (day care, residential, nursing home, hospice, rehab)	Community Hospital (outpatient, diagnostics, ambulatory, day hospital, inpatient, rehabilitation)	District General Hospital	Specialised
Universal 32% fit	Awareness Information & advice for well-being						
Increased Risk	Support and education for people at increased risk. Life-style adjustment (alcohol, smoking, nutrition, physical activity). Social activities.	Frailty syndromes, including dementia, are proactively identified Electronic Frailty Index Frailty scoring (including deterioration)				Elective day case where possible Community equipment planned ahead Admission only if clinically necessary Discharge planning from admission	
Mild Frailty 36%	Falls prevention Medicines management Knowledge and skills to self-manage	Frailty register Falls screening Screening for malnutrition Care plan including crisis plan Medicines optimisation Signposting (directory of services) Social prescribing Carer needs Virtual wards	MDT –assessment and planning (Medical, OT, physio, dietetics, nursing, MH, social care) (links to housing, fitness services & third sector) Care co-ordination and facilitation & carer needs Falls service IV antibiotics Management of exacerbation Rapid/crisis response service WAST emergency practitioners Step down from community hospitals Twilight support for day case Community equipment. Rehabilitation EOL	Integrated care home model including respite, rehabilitation and outreach carer needs. Strengthened capability (including night-time & week-end) NHS in-reach	Day Hospital one stop assessment: -nutrition -hydration -mobility -communication -control -medical -psychological -social -functioning -identification of delirium, dementia and cognitive impairment -diagnostics (inclu Dexa scanning, ultrasound) – anaemia, -DVT Care of the Elderly Medicine and MDT Virtual consultations Outpatients Elective day case Step-up from community and step-down from DGHS Prevent deconditioning 7 day LOS focus 21 day LOS escalation Use of community beds outside Powys in exceptional circumstances only Selfcare supported in hospital Rehabilitation Discharge to recover & assess Carer needs Discharge standard compliance Components of SDEC	Time sensitive transfer on the direct access pathway Carer needs Emergency assessment at front door or adjacent to ED Follow-up of frailty fractures 7 day LOS focus & 21 day LOS of stay to prevent deconditioning Self-care supported in hospital Step-down rehabilitation from major trauma	Major trauma
Moderate Frailty 21%	Shopping & transport Supportive technology						
Severe Frailty 11%	Home support Living space modification Rehabilitation Personal care at home Carer needs Frailty champions & network Patient feedback shaping services						

Cross-cutting

Communication: public and professional understanding of frailty and risk of harm from deconditioning

Culture: shared–decision making; home first; system support of self-care and rehabilitation goals ; prevention of deconditioning; co-ordination & information sharing across boundaries

Multiagency workforce development: care workers, health care assistants, third sector, medical, nursing, allied health professionals, health scientists, social work, Welsh Ambulance Service

Intelligence: population segmentation & risk stratification; key indicators –frequent admissions, moderate/severe frailty falls when in-pat from falls service, transfer to right place within 48 hours, number on D2RA pathway; PROMS &PREMS; clinical (including deconditioning) & population outcomes

Consistent whole system approach across wellbeing, early help & support, joined up care & working in partnership. Unified record.

There is now a workstream in place led by the Assistant Director Community Services Group taking forward wider work on the model.

The progress of delivery against the Integrated Medium-Term Plan is set out below. (Please note the table does not yet reflect amendments to the Delivery Plan requirements to be considered by the Delivery and Performance Committee on the 11th November 2022 through a separate paper.)

Action (B/R/A/G)	Update
Complete work on overarching model following Gap Analysis (community hospitals and community services) Q1	High level model developed following completion of the initial gap analysis, approved by Programme Board and Core Group.
Frailty Scoring Project Q1-Q4	A frailty scoring work stream has been established under the programme. There has been limited progress due to the focus on 6 Goals for Urgent and Emergency Care and clinical capacity to deliver

Culture and change – joint work with Improvement Cymru Q1-Q4	A work stream has been established under the programme, chaired by the Assistant Director of Innovation and Improvement. Partnership with Improvement Cymru has been paused and alternative means of progressing the work is to be agreed.
Community hospital focus Q2-Q3	Community hub work stream established.
Development of workforce model Q1-Q4	Frailty consultant job descriptions are complete. Workforce model dependent on model of care and community hub model.
Treatment Escalation – confirmation of approach Q1	Existing Treatment Escalation Plan (TEP) appropriate for use in hospital settings and in place. All Wales TEP suitable for use in the community needed but no timeline available for this. Progress to be reported through programme arrangements.
Complex Geriatric Assessment Development, Implement Q1-Q4	Dependent on workforce model.
Revise Falls pathway to ensure integrated Q1-Q3	Work stream established chaired by Head of Therapies. Streamlined multifactorial assessment developed and agreement of revised approach to accessing falls multi-disciplinary team and workforce to support MFA completion. Value Based Healthcare funding proposal on prevention of falls and response to falls in care homes approved, implementation underway in partnership with WAST.
Confirm cross-cutting approach for end of life within model Q1	Clear interface with programme to be established. Priorities linked to the frailty model and 6 Goals to be reported through programme arrangements to avoid duplication of effort.
Feedback loop from improved intelligence Q1-Q4	PTHB Advanced Information Analyst has undertaken work to combine national EDDS dataset, Welsh Ambulance Service NHS Trust data and Powys Teaching Health Board provider data to provide more insight on the falls data in relation to the general Powys population and those living in care homes. More work to be undertaken to strengthen and interpret findings to inform future developments. This will be strengthened through the VBHC work to be undertaken on falls.

6 GOALS FOR URGENT AND EMERGENCY CARE

The progress against the Six Goals for Urgent and Emergency care is listed below.

Action (B/R/A/G)	Update
---------------------	--------

<p>Goal 1 – Co-ordination planning and support for populations at greater risk of needing urgent or emergency care</p> <ul style="list-style-type: none"> Build on cluster led risk stratification and virtual wards <p>Q1-Q2</p>	<p>Virtual ward questionnaire developed and analysed by Programme Board. Findings highlighted extent of variation across Powys. Frailty assessment and scoring agreed as key priority following workshop held 27.06.22.</p>
<p>Goal 2 – Signposting people with urgent care needs to the right place, first time</p> <ul style="list-style-type: none"> Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services – Test potential for Urgent Primary Care Centres (UPCCs) <p>Q1-Q4</p>	<p>Agreed priorities:</p> <p>Extend pilot of mental health support via GP and third sector in South Powys pilot and opportunity to link with 111;</p> <p>Scope single point of access to triage and signposting;</p> <p>Emphasis on preventing out of hours calls and Shropdoc</p> <p>Meetings held with Cluster Leads to confirm priorities for Urgent Primary Care Services in 2022/23.</p>
<p>Goal 3 – Clinically safe alternatives to admission to hospital</p> <ul style="list-style-type: none"> Review Same day emergency care pathways Q1-Q2 Review Intermediate care (set up) pathways Q1-Q2 Assess Specialty advice and guidance lines Q1 	<p>Agreed priorities:</p> <p>Scope discrete high impact SDEC pathways that could be delivered in primary care;</p> <p>Formally scope acuity of patients that could be stepped up 24/7 into community hospital setting;</p> <p>Reablement from day 0;</p> <p>Dementia Home Treatment Team deployed consistently across Powys;</p> <p>Participate in national Consultant Connect recommissioning process.</p> <p>Meetings held with Cluster Leads to confirm priorities for Same day Emergency Care in 2022/23.</p>
<p>Goal 4 – Rapid response in physical or mental health crisis</p> <ul style="list-style-type: none"> Work with WAST to deliver optimal 999 pathways Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments-annual cycle <p>Q1-Q2</p>	<p>Agreed priorities:</p> <p>Scope Physician Triage of Ambulance Stack;</p> <p>Implement updated Commissioning Assurance Framework</p>

<p>Goal 5 – Optimal hospital care and discharge practice from the point of admission</p> <ul style="list-style-type: none"> Build on progress made across the system to improve patients in hospital/in the community waiting for response and reduce average length of stay to 28 days Q1 Implement SAFER patient flow guidance Q1-Q2 	<p>Agreed priorities:</p> <p>Scope implementation of day 0 repatriation from out of county Emergency Department piloted in north Powys;</p> <p>Build on winter system resilience work to further reduce length of stay;</p> <p>Culture and risk appetite work</p>
<p>Goal 6 - Home first approach and reduce the risk of readmission</p> <ul style="list-style-type: none"> Optimise home first ethos and support discharge to assess and recover, reducing lengths of stays and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements-annual Q1-Q4 Work with the care sector to improve resilience in domiciliary and residential/ nursing care and processes Q1-Q2 Partnership work with Welsh Ambulance Services; annual plan Q1 Learning from the System Resilience/Winter Plan; identification of further high impact changes across the Regional Partnership Board TBC 	<p>Agreed priorities:</p> <p>Review home first, reablement and D2RA services to ensure optimal service delivery. Social care D2RA to be implemented fully in line with requirements;</p> <p>Scope implementation of day 0 repatriation from out of county Emergency Department piloted in north Powys;</p> <p>Review needs assessment and simplify</p>

The programme was also expanded to include work in relation to East Radnorshire and progress is reported in the table below.

Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically	
<p>Establish a formal project of work to involve key stakeholders Q1</p>	<p>Initial meeting held as part of Community Hub work stream. Attendance at Knighton carnival 27th August 2022 and open day 8th September 2022.</p>
<p>Undertake an assessment of current provision including key priorities for</p>	<p>Current provision to be shared with community at Knighton Carnival engagement event. Priorities for</p>

development, e.g. end of life care Q1 – Q2	development initial discussion held and data gathering underway.
Develop and assess key options for implementing a more joined-up place-based multiagency care model Q2 – Q3	Work stream chaired by the Assistant Director for Community Services has been established and will take this forward.
Progress implementation Q3 – Q4	Work stream chaired by the Assistant Director for Community Services has been established and will take this forward.

Welsh Government expects Health Boards to work with partners to develop an integrated urgent and emergency care model focussing in 2022/23 on Urgent Primary care (Goals 2/3) and same day Emergency Care (Goal 3). The high level plan is summarised in the table below:

Goal	PTHB Priorities	Cross-cutting	Enablers
Goal 1: Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	Cluster-led risk stratification Equal access to UEC for all Reducing high intensity use of UEC services	Frailty assessment and scoring	Cluster working; Take forward useful elements of Urgent primary care pilots undertaken in 2021/22; Leadership; Support to develop new workforce models; Implement local digital solutions as required; National digital solutions, including need for a single care record; Domically care; Overarching model and Programme architecture as a mechanism to further build an integrated system
Goal 2: Signposting people with urgent care needs to the right place, first time	NHS 111 Wales and pathways	Scope implementation of revised Mental health support via GP and third sector in South Powys pilot and opportunity to link with 111	
	Enhanced Directory of Services	Scope single point of access to triage and signposting	
	Urgent Primary Care Centres (UPCCs)	Focus on urgent primary care services with emphasis on preventing out of hours calls and Shropdoc	
Goal 3: Clinically safe alternatives to admission to hospital	Same day emergency care pathway	Scope discrete high impact SDEC pathways that could be delivered in primary care	
	Intermediate care (step-up) pathway	Formally scope acuity of patients that could be stepped up 24/7 into community hospital setting	
		Reablement day 0	
		Dementia Home Treatment Team deployed consistently across Powys	
	Specialty advice and guidance lines	Participate in national Consultant Connect recommissioning process	
Goal 4: Rapid response in physical or mental health crisis	Optimal 999 pathways	Scope Physician Triage of Ambulance Stack	
	Quality, safe and timely care in Emergency Departments	Implement updated Commissioning Assurance Framework	
Goal 5: optimal hospital care and discharge practice from the point of admission	Reducing length of stay and bed occupancy	Scope implementation of day 0 repatriation from out of county ED piloted in north Powys	
		Build on winter system resilience work to further reduce LOS	
		Culture and risk appetite work in conjunction with Improvement Cymru	
	SAFER patient flow guidance	Implement	
Goal 6: Home first approach and reduce the risk of readmission	Discharge to recover then assess pathways	Social care D2RA to be implemented fully in line with requirements	
		Scope implementation of day 0 repatriation from out of county ED piloted in north Powys	
	Rehabilitation and reablement	Review needs assessment and simplify	

Impact of the Urgent Primary care Innovation Projects

Through Welsh Government's Strategic Programme for Urgent and Emergency Care, in December 2021, funding became available to introduce innovation projects within primary care. Expressions of interest were submitted by the Health Board and 8 practices across Powys which secured initial funding for a 3 month period for the following projects:

- Additional Blood Collection Service: Llanfyllin Medical Practice

- Acute Home Visiting Service: Welshpool Medical Practice & Llanfyllin Medical Practice, North Powys
- First Contact Mental Health Practitioner: Ystradgynlais Group Practice, Crickhowell Medical Practice, Brecon Medical Practice & Haygarth Doctors (South Cluster Practices)
- Dedicated Frailty Service: Welshpool Medical Practice & Llanfair Caereinion Medical Practice.

Returns from practices show the emerging benefits from the pilots:

- Acute admissions have been avoided through all projects within the first month
- Ambulance transfers avoided
- District Nursing, Third sector, Social care, Mental Health and Community Services links have been and continue to be strengthened
- New pathways of accessing care are being developed
- Increased GP capacity to see patients within the Practice premises
- Reduction in out of hours contacts and A&E attendances
- Collaborative multi agency working improving
- Patient satisfaction improving
- Local service and whole system improvement.

Embedding a Value-based healthcare approach

Funding has been secured from Welsh Government to implement a Value Based Healthcare project focussed on multiagency response to falls prevention and the response to falls. The objectives of the proposal are to:

1. Build a data-driven platform of shared learning and understanding of the current position, challenges and opportunities to inform a VBHC approach to preventing and managing falls in Care Homes, including patient reported outcomes and patient reported experience;
2. Deliver training to Care Home staff in Powys to reduce the number of emergency responses required by WAST for people who have experienced a non-injury fall.

Evaluation and learning will be fundamental to this work to ensure that all agencies have a shared understanding of the factors and issues at play in Powys in relation to falls in Care Homes. It will also contribute to the development of the PTHB strategic priority Frailty and Community Model which encompasses the whole system: the learning from work with Care Homes could be applicable in community settings, community hospitals and people in their own homes.

At the end of the non-recurrent funding there will be an evaluation and lessons learned undertaken in partnership with all agencies involved. This will inform next steps.

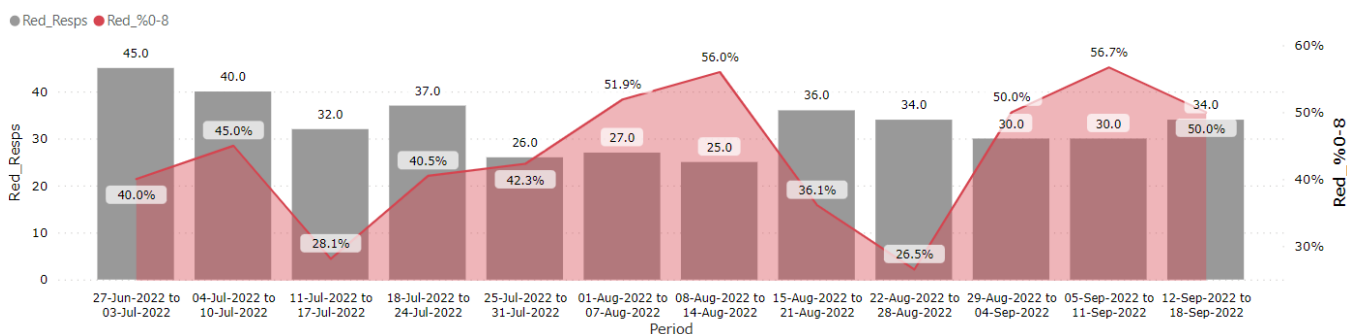
Performance data provided 22nd September 2022

Below are key metrics related to the current position in relation to community, urgent and emergency care.

The chart below shows the number of red calls and response rates for Powys up to 18th September 2022.

Validated weekly WAST performance – source WAST

WAST weekly report, number of red calls and response rate (%)



The table below shows the average handover times on a rolling 31 day basis up to 18th September 2022.

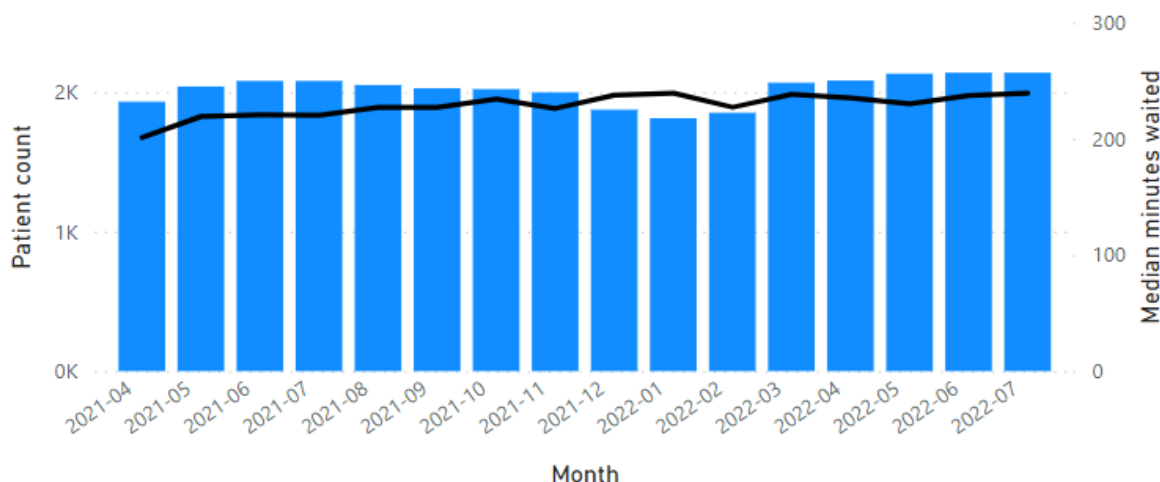
Unvalidated WAST activity and handover average (median) rolling 31 days – source DHCW

HospitalName	Incident No.	Avg. Handover Mins
Hereford County Hospital	184	39.56
Royal Shrewsbury Hospital	177	110.14
Prince Charles Hosp Merthyr	112	124.78
Bronglais Gen Hosp Aberystwyth	92	105.67
Morriston Hospital Swansea	60	182.35
Maelor General Hosp Wreccsam	7	33.00
Grange University Hospital Cwmbran	3	118.00
Royal Glamorgan Hosp Pontyclun	3	78.00
Singleton Hospital Swansea	3	86.33
University Hospital Of Wales	2	144.50
Total	644	97.78

Below is the emergency department data set showing that 57% of 939 Powys residents were seen within 4 hours in Welsh A&Es. 142 waited over 12 hours. July validated data showed 2139 new attendances of PTHB residents to all major units (English and Welsh), the median wait time was 239 minutes.

EDDS Major Unit Attendance Volume and Median Wait time – Source DHCW

Major unit new patient attendance count, and median wait time by month

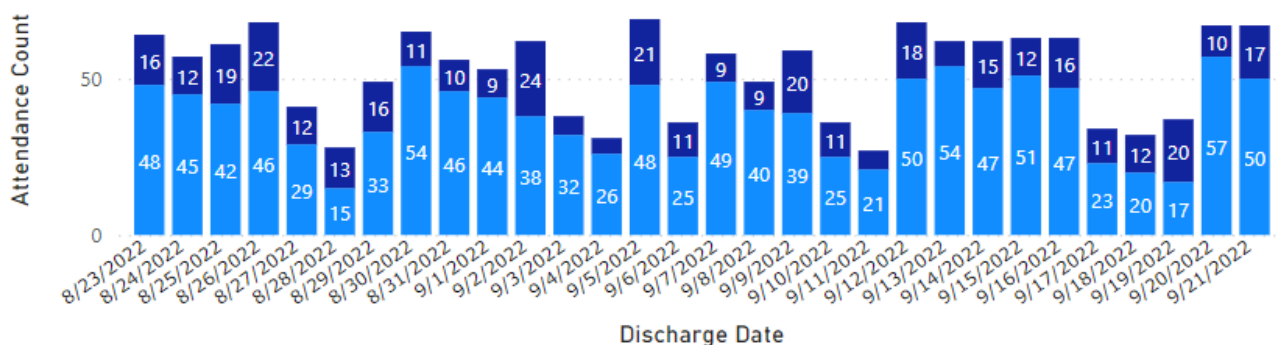


The table below shows volume of attendances at Powys minor injury units for a rolling 31 day period. Powys MIUs reported 100% of 1369 patients waited less than 4 hours in August 2022, zero patients waited over 12 hours.

Powys MIU Attendance Volume 31 days August-September 2022 – Source WPAS

MIU Attendance by Category Type & Treatment Discharge Date

Attendance Type ● NEW ● REATT



The table overleaf shows Powys Community Hospital average length of stay from the final week of July to the first week of September 2022.

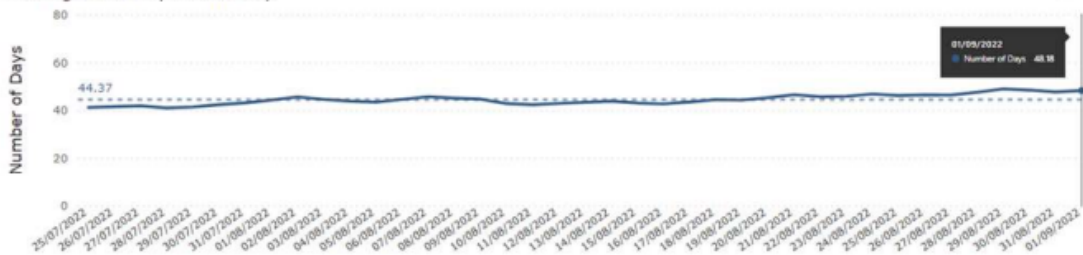
Powell Bethan
09/11/2022 17:24:11



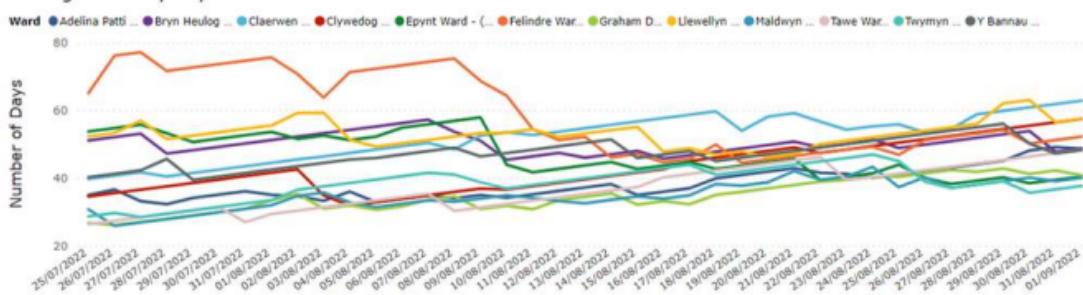
Powys Performance

Reporting

Average Bed Days Summary



Average Bed Days By Ward



12/09/2022

Source: WPAS

5

Overall, this data reflects that there remains significant challenges in relation to urgent and emergency care and the length of stay in Powys community hospitals, although Powys minor injury units continue to perform well.

NEXT STEPS:

Key programme priorities for Q3 and Q4 is the work on the community model; the continuation of the primary care projects; further strengthening of work with the Regional Partnership Board; and implementing the work in relation to falls prevention and frailty.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				X
Disability				X
Statement				

Gender reassignment	X				<i>The work of the programme should help improve outcomes, experience for frail people including those who are older.</i>
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Risk Assessment:					
	Level of risk identified				Statement <i>The programme aims to reduce high risks in relation to those suffering frailty, delayed transfers of care and in relation not the urgent and emergency care system.</i>
	None	Low	Moderate	High	
Clinical				X	
Financial				X	
Corporate			X		
Operational			X		
Reputational			X		

Powell Bethan
09/11/2022 17:24:11

Delivery and Performance Committee		Date of Meeting: 11 November 2022
Subject:	COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Interim Corporate Governance Manager	
Other Committees and meetings considered at:	n/a	

PURPOSE:

The purpose of this paper is to provide the Committee with the November 2022 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the November 2022 version of the Committee Based Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee. This iteration of the Committee Risk Register is based on the Corporate Risk Register (CRR) considered by the Board on 27 September 2022.

The Committee is asked to NOTE that a review of the CRR was undertaken in order to align the CRR to the priorities identified within the Integrated Medium-Term Plan 2022-25 and include the emergent risks arising from the risk identification sessions held with the Board and Executive Committee in June 2022.

The revised CRR was presented to and supported by the Board on 27 September 2022, if supported the CRR will be reviewed, and the risks identified as requiring oversight by this Lead Committee constitute the revised Committee Based Risk Register as attached at **Appendix A**.

The Chair of the Planning, Partnerships and Population Health (PPPH) Committee wishes to highlight to the Delivery and Performance Committee that CRR008 (There is a risk that the demand and capacity pressures in the primary care system lead to services becoming unsustainable.) was reviewed by PPPH Committee on 20 October 2022. Committee members are asked to NOTE that the PPPH Committee recommended that the risk score was increased from L4 x I4 = 16 to L4 x I5 = 20.

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:

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

BACKGROUND AND ASSESSMENT:

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

the Board.

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

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

NEXT STEPS:

The Risk and Assurance Group will continue to lead the ongoing development of the CRR, escalating any organisational risks for proposal to the CRR, for consideration by the Executive Committee.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Committee Based Risk Register November 2022

Powell Bethan
09/11/2022 17:23:10
Committee Risk Register
Appendix A

Page 1 of 19

Delivery & Performance
Committee
11 November 2022

COMMITTEE RISK HEAT MAP: November 2022

There is a risk that...

Impact	Catastrophic	5				• The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	
	Major	4			• A significant public health event/emergency impacts on provision, continuity and sustainability of services	<ul style="list-style-type: none"> • The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities • A cyber-attack results in significant disruption to services and quality of patient care • The care provided in some areas is compromised due to the health board's estate being not fit for purpose 	<ul style="list-style-type: none"> • The health board fails to manage its financial resources in line with statutory requirements • Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens
	Moderate	3					
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

COMMITTEE RISK DASHBOARD – NOVEMBER 2022

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

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DFIT	CRR 009	Quality & Safety of Services	A cyber attack results in significant disruption to services and quality of patient care	4 x 4 = 16	Low	8	✗	Delivery and Performance	Organisational Priorities underpinning WBO 1 to 8
DoE	CRR 010	Quality & Safety of Services	The care provided in some areas is compromised due to the health board's estate being not fit for purpose	4 x 4 = 16	Low	9	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPH	CRR 011	Quality & Safety of Services	A significant public health event/emergency impacts on provision, continuity and sustainability of services	3 x 4 = 12	Low	12	✓	Delivery and Performance	Health and wellbeing of the population

KEY:

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

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

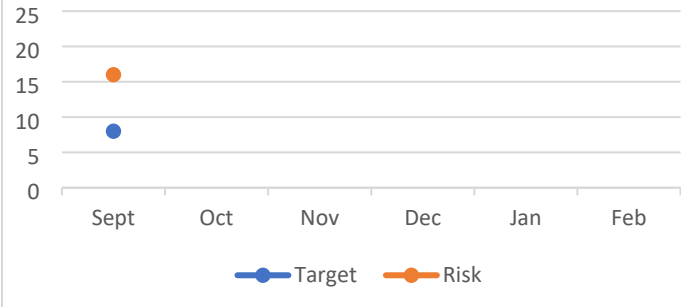
Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

RISK APPETITE		
Category	Appetite for Risk	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

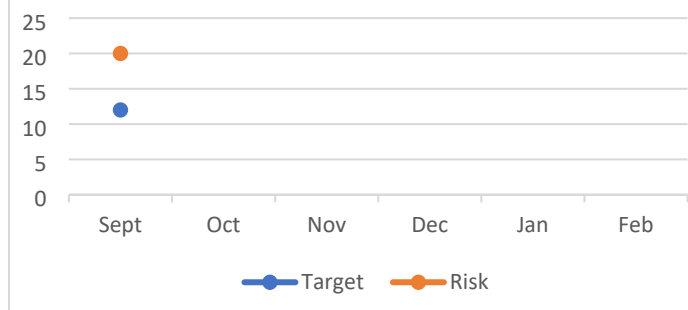
CRR 001 Risk that: the health board fails to manage its financial resources in line with statutory requirements		Executive Lead: Director of Finance, Information and IT																			
Risk Impacts on: Organisational Priorities underpinning all WBOs		Assuring Committee: Delivery and Performance																			
		Date last reviewed: September 2022																			
<div>Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8</div> <div>Date added to the risk register Risk Updated September 2022</div>	<div><table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target</th><th>Risk</th></tr></thead><tbody><tr><td>Apr</td><td>8</td><td>12</td></tr><tr><td>May</td><td>8</td><td>12</td></tr><tr><td>June</td><td>8</td><td>12</td></tr><tr><td>July</td><td>8</td><td>16</td></tr><tr><td>Aug</td><td>8</td><td>20</td></tr></tbody></table></div> <div>Rationale for current score:<ul style="list-style-type: none">▪ The IMTP included a balanced core financial plan including a balanced recurrent position.▪ Non recurrent Funding assumed at risk for local COVID response costs and exceptional national pressures in year. This will impact on the underlying position.▪ Deficit forecast of £7.5m for 22/23 reported at month 4▪ AO letter submitted 17th August▪ Delivery of this forecast is not without risk – specifically CHC growth and local authority disputes.▪ Limited progress on delivery of £4.649m savings programme.▪ Recurrent position being worked through at month 4 and will be updated at month 5.</div>			Month	Target	Risk	Apr	8	12	May	8	12	June	8	12	July	8	16	Aug	8	20
Month	Target	Risk																			
Apr	8	12																			
May	8	12																			
June	8	12																			
July	8	16																			
Aug	8	20																			
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Balanced Financial Plan included in IMTP Submission.▪ Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making).▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery</td><td>DFIIT</td><td>In Progress Deputy Director of Finance in post and structure realignment completed</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.</td><td>DFIIT / MD</td><td>Established</td></tr></tbody></table>			Action	Lead	Deadline	Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	In Progress Deputy Director of Finance in post and structure realignment completed	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.	DFIIT / MD	Established								
Action	Lead	Deadline																			
Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	In Progress Deputy Director of Finance in post and structure realignment completed																			
Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.	DFIIT / MD	Established																			

<ul style="list-style-type: none"> ▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short- and longer-term focus for delivery. ▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach. ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position. ▪ Additional control - Finance and Performance Group established as sub-group of Executive Committee. Initial focus on savings and opportunities. 			
<p align="center">Current Risk Rating</p>	<p align="center">Update including impact of actions to date on current risk score</p>		
<p align="center">4 x 5 = 20</p>	<p>Finance and Performance Group in place from September 2022 focussing on opportunities in each Directorate to be developed at pace in addition to continuing focus on key areas of focus, CHC, variable pay and contracting.</p>		

CRR 002 Risk that: the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities		Executive Lead: Director of Finance, Information and IT		
Risk Impacts on: Organisational Priorities underpinning all WBOs		Assuring Committee: Delivery and Performance		
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 4 = 8		Rationale for current score: <ul style="list-style-type: none">Current forecast deficit of £7.5m and overspend of £2.8m at month 5 indicates that resources are being consumed above planned and allocated levels (IMTP Financial Plan).Lack of data re Patient Outcome and Experience to support understanding.Value Based Healthcare approach introduced but not yet fully embedded into financial plan and budget allocation.Value Board established and key action is to develop the Health Board approach to PROMs and PREM's (to measure patient experience and outcomes) to inform future resource allocation.		
Date added to the risk register September 2022				
				
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Value Board established (report via Transformation and Value Group) and into Executive Committee.Value approach focused on capacity and capability and approach to PROMS and PREMS (to inform resource allocation and actions).Value Opportunities Group Established.Information and Data Dashboards under development to inform reporting re outcomes and experiences.Full Board involvement in development of priorities and financial plans for 23/24.		Mitigating actions (What more will we do?)		
		Action	Lead	Deadline
		Action as identified in Value Group Workplan including approach to developing PROM's and PREM's.	AD T&V	Ongoing.
		Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.
Current Risk Rating		Update including impact of actions to date on current risk score		
4 x 4 = 16		N/a – new risk September 2022		

CRR 004 Risk that: the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens		Executive Lead: Director of Primary Care, Community and Mental Health Services Assuring Committee: Delivery and Performance																						
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: September 2022																						
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 3 x 4 = 12 Date added to the risk register September 2022	<table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target</th><th>Risk</th></tr></thead><tbody><tr><td>Sept</td><td>12</td><td>20</td></tr><tr><td>Oct</td><td>12</td><td></td></tr><tr><td>Nov</td><td>12</td><td></td></tr><tr><td>Dec</td><td>12</td><td></td></tr><tr><td>Jan</td><td>12</td><td></td></tr><tr><td>Feb</td><td>12</td><td></td></tr></tbody></table>	Month	Target	Risk	Sept	12	20	Oct	12		Nov	12		Dec	12		Jan	12		Feb	12		Rationale for current score: <ul style="list-style-type: none">▪ Fragility and demand on the unscheduled care system, including WAST response times, delays and pressures within the acute system. This includes delays in discharges and flow from acute and community hospital settings. This leads to an impact/effect on the quality of timely care provided to patients, delays in care and poorer outcomes, increased incidents of a serious nature relating to handover delays at the Emergency departments front door and delayed ambulance response to community emergency calls, increasing pressure on adverse patient experience, reduction in stakeholder confidence and increased scrutiny from regulators.▪ Fragility and gaps in social care assessment, delivery and independent care home sector market provision resulting in substantial delays and patients being stranded in community hospitals and out of county beds.▪ Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost.	
Month	Target	Risk																						
Sept	12	20																						
Oct	12																							
Nov	12																							
Dec	12																							
Jan	12																							
Feb	12																							
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Daily management system in place to manage patient flow including multiple daily local and national calls.▪ Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos.▪ Regular reviews of long stay patients in community hospitals to reduce average length of stay.▪ Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>▪ Operational delivery of Winter Plan</td><td>DPCCM H</td><td>Ongoing</td></tr><tr><td>▪ Daily operational management of patient flow ▪ Delivery Coordination Group in place to improve performance and delivery at a system level. ▪ Review of Complex Care arrangements in place to improve system improvements and to reduce delays.</td><td>DPCCCH</td><td>Ongoing November 2022</td></tr></tbody></table>		Action	Lead	Deadline	▪ Operational delivery of Winter Plan	DPCCM H	Ongoing	▪ Daily operational management of patient flow ▪ Delivery Coordination Group in place to improve performance and delivery at a system level. ▪ Review of Complex Care arrangements in place to improve system improvements and to reduce delays.	DPCCCH	Ongoing November 2022												
Action	Lead	Deadline																						
▪ Operational delivery of Winter Plan	DPCCM H	Ongoing																						
▪ Daily operational management of patient flow ▪ Delivery Coordination Group in place to improve performance and delivery at a system level. ▪ Review of Complex Care arrangements in place to improve system improvements and to reduce delays.	DPCCCH	Ongoing November 2022																						

<ul style="list-style-type: none"> ▪ Review of Complex Care arrangements being undertaken by November 2022. ▪ Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys. ▪ Bed escalation plans in place to support the national programme of 1000 extra community care beds across Wales by end of October 2022 (within limits of staffing availability). ▪ Care Home risk and escalation plans to support care home capacity. ▪ Social care fragility and delays – regular attendance at Head of Service level to Delivery Coordination Group and escalated discussions at Director and CEO level. ▪ Delivery Coordination Group in place to manage operational delivery across whole system. ▪ Winter Plan developed to manage whole system pressures. 			
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	N/a - new risk September 2022		

CRR 005 Risk that: inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens		Executive Lead: Director of Planning and Performance											
		Assuring Committee: Delivery and Performance											
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: September 2022											
Risk Rating (likelihood x impact): Inherent: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12		Rationale for current score: Baseline as at end of April 2022 indicates current aggregated waiting times as follows (including PTHB provided services): 5.242 patients waiting over 36 weeks, of these 2,771 are waiting over 52 weeks of those 704 wait longer than 104 weeks. A number of patients are not getting treatment within published access standards. There is the potential risk of and harm for patients with excessive treatment waiting times. If urgent and emergency care pressures lead to the invoking of the NHS Local Options Framework, planned care will be reduced/suspended resulting in further delays to treatment.											
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Key priorities identified to deliver elective treatments within 52 weeks▪ Commissioning Assurance Framework (across 5 domains) incremental use with 15 NHS organisations, 2 private sector organisations, and embedded in third sector▪ CAF escalation process▪ Strategic Commissioning Framework▪ Fragile services log▪ Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers.		Mitigating actions (What more will we do?) <table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Secure performance improvement trajectories from providers.</td><td>DPP</td><td>Oct 2022</td></tr><tr><td>Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery</td><td>DPP/DOF</td><td>October 2022</td></tr></table>			Action	Lead	Deadline	Secure performance improvement trajectories from providers.	DPP	Oct 2022	Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery	DPP/DOF	October 2022
Action	Lead	Deadline											
Secure performance improvement trajectories from providers.	DPP	Oct 2022											
Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery	DPP/DOF	October 2022											
Current Risk Rating 4 x 5 = 20		Update including impact of actions to date on current risk score No further update											

CRR 009 Risk that: a cyber attack results in significant disruption to services and quality of patient care		Executive Lead: Director of Finance, Information and IT Assuring Committee: Delivery and Performance																			
Risk Impacts on: loss of systems and impact to recovery timescales		Date last reviewed: September 2022																			
<div>Risk Rating (likelihood x impact): Inherent: 5 x 5 = 25 Current: 4 x 4 = 16 Target: 2 x 4 = 8</div> <div>Date added to the risk register May 2022</div>	<table border="1"><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>May-22</td><td>16</td><td>8</td></tr><tr><td>Jun-22</td><td>16</td><td>8</td></tr><tr><td>Jul-22</td><td>16</td><td>8</td></tr><tr><td>Aug-22</td><td>16</td><td>8</td></tr><tr><td>Sep-22</td><td>16</td><td>8</td></tr></tbody></table>	Month	Risk Score	Target Score	May-22	16	8	Jun-22	16	8	Jul-22	16	8	Aug-22	16	8	Sep-22	16	8	Rationale for current score: <ul style="list-style-type: none">Increased risk of potential Cyber-attack due to current climate and world events.Several reports have highlighted potential areas for improvement.Adastra 111 -<ul style="list-style-type: none">English systems coming back on line but experiencing significant delays; therefore unlikely NHS Wales will switch back on before the end of September.DHCW email queue management system working well, however no further development now to take place on the product.Some duplication errors taking place between Shropdoc and WAST, and these are being investigated.Welsh Clinical Portal access in place for Shropdoc	
Month	Risk Score	Target Score																			
May-22	16	8																			
Jun-22	16	8																			
Jul-22	16	8																			
Aug-22	16	8																			
Sep-22	16	8																			
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Recruited a Cyber Security and Compliance Manager lead for the HB.In the process of recruiting a Senior Cyber Security Officer who will be responsible for IT operational controls and monitoring of the HB systems and Infrastructure.Cyber Improvement Plan in place linked to National Digital Health Care Wales (DHCW) and Local Actions.Controls and action in place to strengthen the monitoring of the network, improve anti-virus and Windows defender protection, enhanced end user license to increase protection to mitigate the risk and impact of any attack.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.</td><td>DFIIT</td><td>Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months</td></tr><tr><td>Arrange Board Development Session re Cyber to increase awareness.</td><td></td><td>Board Session to take place in</td></tr></tbody></table>		Action	Lead	Deadline	Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.	DFIIT	Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months	Arrange Board Development Session re Cyber to increase awareness.		Board Session to take place in									
Action	Lead	Deadline																			
Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.	DFIIT	Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months																			
Arrange Board Development Session re Cyber to increase awareness.		Board Session to take place in																			

<ul style="list-style-type: none"> Further action to be taken to test Business Continuity and recovery plans across service areas. Monthly Reporting via Governance Structure includes progress / delivery against Cyber Assurance Framework (CAF), this monitors performance and alignment to Security of Network and Information System regulations (NIS) Framework. Procurement and implementation of Solar Winds network monitoring. Windows Defender deployed and Phishing Campaign in place to increase awareness. Annual penetration testing programme in place. Upgraded O365 license to include enhanced E5 Security. Internal Audit report on NIS rated as Reasonable Assurance. 			October 2022.
	<p>Develop a Cyber Recovery Response plan in conjunction with Assistant Directors and Heads of Service.</p> <p>Equipment replacement plan and migration from on premise to Cloud.</p>	DFIIT	<p>In Progress</p> <p>Case and timelines being finalised</p>
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16			

CRR 010 Risk that: the care provided in some areas is compromised due to the health board's estate being not fit for purpose		Executive Lead: Director of Environment Assuring Committee: Delivery and Performance																																																																												
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Date last reviewed: September 2022																																																																												
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 3 x 3 = 9	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>3</td></tr><tr><td>May-17</td><td>16</td><td>3</td></tr><tr><td>Sep-17</td><td>16</td><td>3</td></tr><tr><td>Jan-18</td><td>16</td><td>3</td></tr><tr><td>May-18</td><td>16</td><td>3</td></tr><tr><td>Sep-18</td><td>16</td><td>3</td></tr><tr><td>Jan-19</td><td>16</td><td>3</td></tr><tr><td>May-19</td><td>16</td><td>3</td></tr><tr><td>Sep-19</td><td>16</td><td>3</td></tr><tr><td>Nov-19</td><td>16</td><td>3</td></tr><tr><td>Jan-20</td><td>16</td><td>3</td></tr><tr><td>May-20</td><td>16</td><td>3</td></tr><tr><td>Jul-20</td><td>16</td><td>3</td></tr><tr><td>Sep-20</td><td>16</td><td>3</td></tr><tr><td>Nov-20</td><td>16</td><td>3</td></tr><tr><td>Jan-21</td><td>16</td><td>3</td></tr><tr><td>Jul-21</td><td>16</td><td>9</td></tr><tr><td>Sep-21</td><td>16</td><td>9</td></tr><tr><td>Nov-21</td><td>16</td><td>9</td></tr><tr><td>Jan-22</td><td>16</td><td>9</td></tr><tr><td>Feb-22</td><td>16</td><td>9</td></tr><tr><td>Mar-22</td><td>16</td><td>9</td></tr><tr><td>May-22</td><td>16</td><td>9</td></tr><tr><td>Jul-22</td><td>16</td><td>9</td></tr></tbody></table>	Date	Risk Score	Target Score	Jan-17	16	3	May-17	16	3	Sep-17	16	3	Jan-18	16	3	May-18	16	3	Sep-18	16	3	Jan-19	16	3	May-19	16	3	Sep-19	16	3	Nov-19	16	3	Jan-20	16	3	May-20	16	3	Jul-20	16	3	Sep-20	16	3	Nov-20	16	3	Jan-21	16	3	Jul-21	16	9	Sep-21	16	9	Nov-21	16	9	Jan-22	16	9	Feb-22	16	9	Mar-22	16	9	May-22	16	9	Jul-22	16	9	Rationale for current score: <ul style="list-style-type: none">▪ Estates Compliance: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required.▪ Capital: the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk.▪ Environment & Sustainability: NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 with challenging targets with limited resource.▪ COVID-19 has introduced risk pressures in respect of the health board's estate and the ability of the Estates & Property team to manage and prioritise risk mitigation in a number of ways.	
Date	Risk Score	Target Score																																																																												
Jan-17	16	3																																																																												
May-17	16	3																																																																												
Sep-17	16	3																																																																												
Jan-18	16	3																																																																												
May-18	16	3																																																																												
Sep-18	16	3																																																																												
Jan-19	16	3																																																																												
May-19	16	3																																																																												
Sep-19	16	3																																																																												
Nov-19	16	3																																																																												
Jan-20	16	3																																																																												
May-20	16	3																																																																												
Jul-20	16	3																																																																												
Sep-20	16	3																																																																												
Nov-20	16	3																																																																												
Jan-21	16	3																																																																												
Jul-21	16	9																																																																												
Sep-21	16	9																																																																												
Nov-21	16	9																																																																												
Jan-22	16	9																																																																												
Feb-22	16	9																																																																												
Mar-22	16	9																																																																												
May-22	16	9																																																																												
Jul-22	16	9																																																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)																																																																												
ESTATES <ul style="list-style-type: none">▪ Specialist sub-groups for each compliance discipline▪ Risk-based improvement plans introduced▪ Specialist leads identified		Action Implement the Capital Programme and develop the long-term capital programme	<table><tr><th>Lead</th><th>Deadline</th></tr><tr><td>AD Estates & Property</td><td>In line with Annual Plan for 2022-23</td></tr></table>	Lead	Deadline	AD Estates & Property	In line with Annual Plan for 2022-23																																																																							
Lead	Deadline																																																																													
AD Estates & Property	In line with Annual Plan for 2022-23																																																																													

<ul style="list-style-type: none"> Estates Compliance Group and Capital Control Group established Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up. Capital Programme developed for compliance and approved Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan Address (on an ongoing basis) maintenance and compliance issues Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards <p>CAPITAL</p> <ul style="list-style-type: none"> Capital Procedures for project activity Routine oversight / meetings with NWSSP Procurement Specialist advice and support from NWSSP Specialist Estates Services Audit reviews by NWSSP Audit and Assurance Close liaison with Welsh Government, Capital Function Reporting routinely to P&R Committee Capital Programme developed and approved Detailed Strategic, Outline and Full Business Cases defining risk Capital and Estates set as a specific Organisational Priority <p>ENVIRONMENT</p> <ul style="list-style-type: none"> ISO 14001 routine external audit to retain accreditation Environment & Sustainability Group NWSSP Specialist Estates Services (Environment) support and oversight Welsh Government support and advice to identify and fund decarbonisation project initiatives 	Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in readiness for any capital slippage in latter part of financial year cycle.	AD Estates & Property	In line with Annual Plan for 2022-23
	Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for 2022-23
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address limited establishment staff numbers in Works Team and recruitment challenges. Initial resource review undertaken by IEG in June 2022 with financial constraints necessitating more detailed analysis.	AD Estates & Property	October 2022
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	<p>Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group.</p>		

Fire: Work to improve operational fire structure in 2021 has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented to address dependant on funding.

Property: COVID moves of staff in uncontrolled manner will need to be addressed to step back up business as usual alongside implementation of new agile working approach.

Finance: significant escalation for cost pressures related to fuel and inflation which are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Example of Estates related pressure is resultant electrical defects with tendered cost of £59K following 5 statutory 5 year Fixed Wire Testing on sites – this carries a risk and is part of a £500K compliance defect cost pressure which carries a risk if not completed.

CRR 011		Executive Lead: Director of Public Health																																																
Risk that: a significant public health event/emergency impacts on provision, continuity and sustainability of services		Assuring Committee: Delivery and Performance																																																
Risk Impacts on: the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		Date last reviewed: September 2022																																																
<div>Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 3 x 4 = 12</div> <div>Date added to the risk register February 2020</div>	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Mar-20</td><td>16</td><td>12</td></tr><tr><td>May-20</td><td>16</td><td>12</td></tr><tr><td>Jul-20</td><td>16</td><td>12</td></tr><tr><td>Sep-20</td><td>16</td><td>12</td></tr><tr><td>Nov-20</td><td>16</td><td>12</td></tr><tr><td>Jan-21</td><td>16</td><td>12</td></tr><tr><td>Mar-21</td><td>16</td><td>12</td></tr><tr><td>May-21</td><td>12</td><td>12</td></tr><tr><td>Jul-21</td><td>12</td><td>12</td></tr><tr><td>Sep-21</td><td>12</td><td>12</td></tr><tr><td>Nov-21</td><td>12</td><td>12</td></tr><tr><td>Jan-22</td><td>15</td><td>12</td></tr><tr><td>Mar-22</td><td>12</td><td>12</td></tr><tr><td>May-22</td><td>12</td><td>12</td></tr><tr><td>Jul-22</td><td>12</td><td>12</td></tr></tbody></table>	Date	Risk Score	Target Score	Mar-20	16	12	May-20	16	12	Jul-20	16	12	Sep-20	16	12	Nov-20	16	12	Jan-21	16	12	Mar-21	16	12	May-21	12	12	Jul-21	12	12	Sep-21	12	12	Nov-21	12	12	Jan-22	15	12	Mar-22	12	12	May-22	12	12	Jul-22	12	12	<div>Rationale for current score: Likelihood: 'Possible'. Vaccination has weakened the link between cases and admissions to hospital and provide good protection against severe disease from variant strains of SARS-CoV2, although protection against infection and mild disease is lower and relatively short lived. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has reduced, the likelihood has been adjusted from 'likely' to 'possible' as of February 2022.</div> <div> It should be noted there are still risks including uncertainties regarding the size and timing of potential future waves of Covid-19, winter remains the season when the threat from Covid-19 is greatest. The emergence of new variants of concern cannot be discounted due to the unpredictability of virus evolution over winter 2022 to 2023, it is anticipated that other winter respiratory viruses such as influenza virus and respiratory syncytial virus (RSV) will return and could co-circulate with Covid-19. An overlap in waves of infection due to different respiratory viruses would pose increased risks to the health of individuals and to the NHS. Throughout the pandemic, Covid-19 has disproportionately affected those in older age groups, residents in care homes for older adults, and those with certain underlying health conditions, particularly those who are severely immunosuppressed.</div> <div>Following vaccination, these same factors continue to identify those persons who are at higher risk of developing severe COVID-19. The NHS is already operating at near maximum capacity, and large numbers of staff isolating due to illnesses may impact on some</div>
Date	Risk Score	Target Score																																																
Mar-20	16	12																																																
May-20	16	12																																																
Jul-20	16	12																																																
Sep-20	16	12																																																
Nov-20	16	12																																																
Jan-21	16	12																																																
Mar-21	16	12																																																
May-21	12	12																																																
Jul-21	12	12																																																
Sep-21	12	12																																																
Nov-21	12	12																																																
Jan-22	15	12																																																
Mar-22	12	12																																																
May-22	12	12																																																
Jul-22	12	12																																																

		services. The risk score will therefore need to be kept under regular review. Impact: 'Major'. COVID-19 presents four harms to the population: - 1. The direct harm arising from the disease itself; 2. The harm caused by an overwhelmed NHS; 3. The harm caused by stopping other non-COVID activity; and The wider harm to wellbeing caused by population level measures in response to COVID-19.		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
1. Delivery of Autumn (2022) Booster Programme commenced on 1 st September 2022 to eligible groups as identified by JCVI with the primary objective to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023. 2. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group. 3. Test Trace Protect programme transitioned in line with ' <i>Together for a Safer Wales</i> ' with small team in place to carry out contact tracing for covid-19 'stable situation' in line with WG guidance: • PCR testing remains in place for target/eligible population via Powys CTUs; • Contact tracing service operating; • Care home cell meeting regularly and as required; • Regional response cell meeting monthly or as required. 4. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements as these evolve to respond to stage of pandemic. 5. Continued delivery of ' <i>Together for a Safer Future</i> ' transition under way in line with WG policy decisions. 6. Staff testing and protective behaviours (PPE/Social distancing etc) guidance updated and re-issued in July 2022.		Action	Lead	Deadline
		<ul style="list-style-type: none">• Delivery of COVID-19 vaccination plan with quarterly review• Develop 'Autumn' specific surge vaccination plan• Delivery of TTP Plan with quarterly review• Review testing plan for covid-19 stable and surge scenarios• Staff testing guidance and IPC policies kept under review• Mass Vaccination Plan to be reviewed based on COVID-19 learning and modelling in place for surge scenarios.• Deliver flu vaccination programme with monthly review	MB/J C MB/J C MB/J C MB/J C CR/M D MB/J C/DB MB/N B	31/12/22 14/10/22 31/12/22 31/10/22 30/09/22 31/03/23 31/02/23

7. FFP3 mask usage – decision on 29 th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.			
Current Risk Rating	Update including impact of actions to date on current risk score		
3 x 4 = 12			

DELIVERY AND PERFORMANCE COMMITTEE PROGRAMME OF BUSINESS APRIL 2022- MARCH 2023

In July 2021 the Board established a Delivery and Performance Committee. The purpose of which to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the integrated performance oversight of all directly provided and commissioned services.

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board;
- the Board's Assurance Framework;
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.

KEY:

	Item populated into Agenda
	Items requested to be added or following an Action
	Item brought forward
	Item deferred and tracked

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23				
			3 May	23 Jun	12 Sep	11 Nov	28 Feb
	Audit and Regulatory Reports	Lead Director		As and when identified			
SP4	Primary Care Services Performance Report: - Dental Services (incl. GDS) Performance - GMS (incl. OOH) Performance - Community Pharmacy	DPCCMH				✓	✓ ✓
SP4	Out of Hours Update	DPCCMH		✓			
	Overview of Renewal Strategic Portfolio, including: - Value-based Healthcare Progress - Portfolio risks	CEO/DPP	✓	✓		✓	
SP5	Diagnostics, Planned and Ambulatory Care Programme Update	DPCCMH					✓

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23				
			3 May	23 Jun	12 Sep	11 Nov	28 Feb
	Children and Young People (Renewal Portfolio) Highlight Report				✓		✓
SP7	Cancer Programme (Renewal Portfolio) Highlight Report	MD					✓
SP8	Circulatory Programme (Renewal Portfolio) Highlight Report	DPH					✓
SP10	Mental Health (Renewal Programme) Highlight Report	DPCCMH					✓
SP11	Urgent and Emergency Care, incl. Frailty and Community Model Update and Performance Report	DPCCMH				✓	
SP18-19	Digital First Update Report including: - Clinical Digital System Implementation - Infrastructure and Intelligence Implementation - Performance report	DFI&IT		✓		✓	
SP19	Information Governance Performance Report	DFI&IT	✓			✓	
SP19	Information Governance Toolkit Out-turn and Improvement Plan	DFI&IT	✓				

Delivery and Performance Committee
2022-23 Work Programme

of 6

Delivery and Performance Committee

11 November 2022

Agenda Item: 6.2

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23				
			3 May	23 Jun	12 Sep	11 Nov	28 Feb
SP19	Records Management Improvement Plan Update (Escalated Issue)	DFI&IT		✓			
SP21	Capital Pipeline Overview	DE		✓			
SP21	Innovative Environments Overview Report: - Delivery of the Discretionary Capital Programme - Capital and Estates Compliance Report (including Health and Safety, Fire Safety etc.) - Discretionary Capital Programme 2023/24 (Feb 2023)	DE			✓		✓
SP21	Waste Management Procurement (Follow-up issue)	DE					✓
SP24	Financial Performance Report	DFI&IT	✓	✓	✓	✓	✓
		DPCCMH				✓	
SP24	Strategic Resource Planning, including Efficiencies	DFI&IT			✓ Item removed, ongoing work for Finance & Exec Committee. To inform Sept Board and to future D&P (oct)		✓
SP25	Integrated Performance Report	DPP	✓	✓	✓	✓	✓

Powell, Bethan
09/11/2022 17:24:46

Delivery and Performance Committee

Page 4 of 6

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23				
			3 May	23 Jun	12 Sep	11 Nov	28 Feb
	IMTP Delivery	DPP				✓	✓
SP25	Performance Exception Reporting (Commissioned and Provided Services)	DPP & Exec Lead		As and when identified by Executive Committee			
SP25	Commissioning Assurance Framework	DPP					✓
SP25	Annual Performance Report	DPP	✓				
SP25	Performance Report of the NHS Wales Shared Services Partnership, including Procurement Summary	DFI&IT					✓
	Scrutiny of business cases and major capital projects	Lead Director		As and when identified			
		Governance Reports					
	Policies Delegated from the Board for Review and Approval	BS		As and when identified			
	Committee Programme of Business	BS			✓	✓	✓
	Committee Risk Register	BS	✓	✓	✓	✓	✓
		Committee Requirements as set out in Standing Orders					
	Development of Committee Annual Programme Business	BS		✓ 22-23			✓

Delivery and Performance Committee 2022-23 Work Programme

Page 5

2022-17:24:10
Bethan

Committee
ember 2022
Item: 6.2

Delivery and Performance Committee
2022-23 Work Programme

Page 5

Agenda Item: 6.2
e Committee
ember 2022

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23				
			3 May	23 Jun	12 Sep	11 Nov	28 Feb
	Annual Review of Committee Terms of Reference 2022-23	BS					
KEY:	Total Number of		7	9	9	10	9

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

Powell Bethan
 09/11/2022 17:24:40



Delivery and Performance Committee

Terms of Reference & Operating Arrangements

November 2022

Powell Bethan
09/11/2022 17:24:10

1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Delivery and Performance Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

- 2.1 The purpose of the Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.

2.2 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.

Powell Bethan
09/11/2022 17:24:10

2.3 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- b. on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
- c. that services are improving efficiency and productivity and financial plans are being delivered;
- d. risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:

- the allocation of revenue budgets, based on allocation of funding and other forecast income;
- the monitoring of financial performance against revenue budgets and statutory financial duties;
- the monitoring of performance against capital budgets;
- the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
- the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
- the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
- the monitoring of arrangements to ensure efficiency, productivity and value for money;
- the monitoring of delivery against the agreed Discretionary Capital Programme; and
- the adequacy of standing financial instructions, including the application of capital and estates controls.

Powell Bethan
09/11/2022 17:24:10

B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:

- the ongoing implementation of the Board's Framework for Improving Performance, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
- the monitoring of performance information against the Board's Well-being and Enabling Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
- the monitoring of performance information across directly provided services including outpatients, theatres, community and inpatient services, mental health and LD, women and children's services;
- the monitoring of performance information across commissioned services including Primary Care, outpatients, community and inpatient services, mental health, women and children's services and WHSCC, EASC and NHS Wales Shared Services Partnership;
- the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
- the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Seek assurance that arrangements for **compliance with Health and Safety Regulations and Fire Safety Standards** are sufficient, effective and robust, including:

- the operating practices in respect of: staff health and safety; stress at work; patient health and safety, i.e., patient falls, patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances

D. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:

- the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Plan;

Powell Bethan
09/11/2022 17:24:10

- the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
- the review of arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation;
- the reporting of data breaches, incidents and complaints, ensuring lessons are learned;
- the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards; and
- the monitoring of arrangements to support the continued development of business intelligence and capacity.

E. Seek assurance that arrangements for the **performance management of digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:

- the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Plan; and
- the monitoring of the annual business plan for IM&T.

F. Seek assurance that arrangements for the **performance management of capital, estates and support services related standards and systems** are sufficient, effective and robust, including:

- the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Plan;
- the monitoring of compliance with Health Technical Memorandums;
- the monitoring of progress in delivery Board-approved capital business cases and programmes of work.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Powell Bethan
09/11/2022 17:24:10

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

Powell Bethan
09/11/2022 17:24:10

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair Independent member of the Board

Vice Chair Independent member of the Board

Members 3 x Independent member of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance and IT (Joint Officer Lead)
- Director of Planning and Performance (Joint Officer Lead)
- Director of Workforce & OD
- Director of Primary, Community Care and Mental Health
- Director of Therapies and Health Sciences

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Board Secretary will provide secretariat services to the Committee.

Power Bethan
09/11/2022 17:24:10

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **bi-monthly**, and in line with the Health Board's annual plan of Board Business.

Powell Bethan
09/11/2022 17:24:10

- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

Powell Bethan
09/11/2022 17:24:10

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General

Powell Bethan
09/11/2022 17:24:10

Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

- 7.3 The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

Power to Bethan
09/11/2022 17:24:10

Agenda item: 6.3

Delivery and Performance Committee		Date of Meeting: 11 November 2022
Subject :	Delivery and Performance Committee Terms of Reference	
Approved and Presented by:	James Quance, Interim Board Secretary	
Prepared by:	Interim Corporate Governance Business Officer	
Other Committees and meetings considered at:	N/A	

PURPOSE:

The purpose of this paper is for the Committee to consider its Terms of Reference in order to ensure that they remain fit for purpose.

RECOMMENDATION(S):

The Committee is asked to relay any suggested amendments via the Chair by 21 November 2022.

Approval/Ratification/Decision ¹	Discussion	Information
	✓	

x

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

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

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

EXECUTIVE SUMMARY:

Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis, and these are attached as Appendix 1 for that purpose.

Any suggested changes will need to be brought to the attention of the Director of Corporate Governance for consideration. If there are no suggested amendments the Committee is able to note that the review has been undertaken in its Annual Report.

NEXT STEPS:

The Committee is asked relay any suggested amendments via the Chair by 21 November 2022.

Powell Bethan
09/11/2022 17:24:00

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

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

Powell Bethan
09/11/2022 17:24:00