

Delivery and Performance Committee

Mon 12 September 2022, 10:00 - 13:00

Teams

Agenda

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

0 min

 D&P_Agenda_12Sept2022 V5 FINAL.pdf (2 pages)

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral Chair

1.3. Minutes from the previous meeting held on 23 June 2022, for approval

Attached Chair

 D&P_Item_1.3_Unconfirmed Minutes 23 June 20221 - Copy.pdf (14 pages)

1.4. Matters arising from the previous meeting

Oral Chair

1.5. Delivery and Performance Committee Action Log

Attached Chair

 D&P_Item_1.5_Action Log_Sept2022.pdf (5 pages)

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

0 min

2.1. Financial Performance Report: Period 4

Attached Director of Finance and ICT

 D&P_Item_2.1_Financial Performance Report Mth 04.pdf (19 pages)

2.2. Integrated Performance Report

Presentation Director of Planning and Performance

 D&P_Item_2.2_Integrated Performance Report Cover Paper.pdf (3 pages)

 D&P_Item_2.2a_Integrated Performance Report.pdf (95 pages)

2.3. Children and Young People (Renewal Portfolio) Highlight Report

Attached Director of Nursing and Midwifery

 D&P_Item_2.3_Children and Young People Renewal Porfolio.pdf (11 pages)

2.4. Innovative Environments Overview Report

Attached Director of Environment

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

0 min

3.1. Response to Audit Wales Report on Tackling the Planned Care Backlog

Attached *Director of Planning and Performance*

 D&P_Item_3.1_Audit Wales Report On Planned Care.pdf (4 pages)

 D&P_Item_3.1a_Appendices Wales Audit.pdf (5 pages)

 D&P_Item_3.1b_Response to Audit Wales.Mr Dave Thomas 0108220.signed.pdf (11 pages)

 D&P_Item_3.1c_Tackling_the_Planned_Care_Backlog_in_Wales_English.pdf (30 pages)

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

0 min

There are no items for inclusion within this section

4.1.

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

0 min

There are no items for inclusion within this section

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

0 min

6.1. Covid-19 Impact on National Screening Programmes 2020-2021

Attached *Director of Public Health*

 D&P_Item_6.1_Covid-19 Impact Report on National Screening Programmes 2020-21.pdf (6 pages)

 D&P_Item_6.1a_Screening Service Covid19 Impact Report 2020_21_v1.pdf (26 pages)


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

0 min

7.1. Committee Risk Register


Attached *Board Secretary*

 D&P_Item_7.1_Committee Risk Report_Sep2022.pdf (3 pages)

 D&P_Item_7.1a_Appendix_A_DP Risk Register_Sep22.pdf (24 pages)

7.2. Committee Programme of Business

Attached *Board Secretary*

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

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

Oral *Chair*

7.4. Any Other Urgent Business

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Oral *Chair*

7.5. Date of the Next Meeting: Thursday 27 October 2022, 10:00 - 13:00 via Microsoft Teams

Oral *Chair*

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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		
10:10	2.1	Financial Performance Report: Period 4	Attached	Director of Finance & IT
10:35	2.2	Integrated Performance Report	Presentation	Director of Planning and Performance
11:00	2.3	Children and Young People (Renewal Portfolio) Highlight Report	To Follow	Director of Nursing and Midwifery
11:25	2.4	Innovative Environments Overview Report	Attached	Director of Environment
	3	ITEMS FOR DISCUSSION		
12:00	3.1	Response to Audit Wales Report on Tackling the Planned Care Backlog	Attached	Director of Planning and Performance
	4	BUSINESS CASES, SERVICE PLANNING PROPOSALS, WHOLE SYSTEM PATHWAY DEVELOPMENT AND RE-DESIGN		
		There are no items for inclusion within this section		
	5	ESCALATED ITEMS		
		There are no items for inclusion within this section		
	6	ITEMS FOR INFORMATION		
12:20	6.1	Covid-19 Impact on National Screening Programmes 2020-2021	Attached	Director of Public Health
	7	OTHER MATTERS		
12:40	7.1	Committee Risk Register	Attached	Board Secretary
12:50	7.2	Committee Programme of Business	Attached	Board Secretary
12:55	7.3	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair

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	7.4	Any Other Urgent Business	Oral	Chair
	7.5	Date of the Next Meeting: Thursday 27 October 2022, 10:00 – 13:00 via Microsoft Teams		

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

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

The Board is expediting plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact James Quance, Interim Board Secretary, james.quance2@wales.nhs.uk).

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

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**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
Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Primary, Community Care and Mental Health
Stephen Powell	Director of Planning and Performance
Pete Hopgood	Director of Finance & IT (Information Technology)
James Quance	Interim Board Secretary
Wayne Tannahill	Head of Estates

Observers:

David Collington	Community Health Council
Vivienne Harpwood	PTHB Chair
Phil Jones	Audit Wales

Apologies for absence:

Tony Thomas	Independent Member
Julie Rowles	Director of Workforce and Organisational Development
Kate Wright	Medical Director
Jamie Marchant	Director of Environment

Committee Support:

Bethan Powell	Interim Corporate Governance Business Officer
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D&P/22/16	<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/22/17	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
D&P/22/18	<p>MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 3 MAY 2022.</p> <p>The minutes of the previous meeting held of the Delivery and Performance Committee on 3 May 2022 were CONFIRMED as a true and accurate record.</p>
D&P/22/19	<p>MATTERS ARISING FROM PREVIOUS MEETING</p> <p>It was raised that an update regarding the variable pay issues relating to agency staff discussed at the previous meeting, would be brought back to future Committee meetings, is this update expected today?</p> <p>The Director of Finance and ICT confirmed that the variable pay in relation to agency costings would be discussed in further detail as part of the finance Report item on the agenda, providing focus on the key areas discussed at the Task and Finish Group.</p>
D&P/22/20	<p>COMMITTEE ACTION LOG</p> <p>The committee RECEIVED and NOTED the Delivery and Performance Action Log.</p>
D&P/22/21	<p>PERFORMANCE OVERVIEW.</p> <p>The Director of Planning and Performance provided the Committee with the validated performance update, containing a high-level summary of COVID infection rates, vaccination progress, and an update set against the revised 2021/2022 National Outcomes and Delivery Frameworks four aims. This is inclusive of their measures, including a subsection of Ministerial Measures showing performance, and including set trajectories for 2022/23. Over the next 12 months it was reported that over 100 combined indicators</p>

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are expected. The data will be collated, analysed and presented to the Delivery and Performance Committee for oversight.

PERFORMANCE DASHBOARD

It was reported that the data provided within the dashboards is of month 2, however it was noted that some measures have significant delays in reporting due to national collection processes. Nationally validated Referral Treatment Time (RTT) performance data will be available ahead of the Board meeting in July 2022.

The Committee were advised that 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.

COMMISSIONING ASSURANCE

The Commissioning Assurance report provided focus to the Framework which is under review to ensure its purpose, function and content is providing a more meaningful overall assessment. It was advised that this is particularly important as the NHS recovers from the Covid 19 pandemic and many more performance indicators have been introduced as part of the new Welsh Health Minister's oversight measures. Committee members were advised that more focus will be given on a data driven assessment supplemented by a wider range of qualitative and patient experience measures.

What is the reason for the two cases identified, that have been waiting for treatment between 53-76 weeks?

The Director of Planning and Performance confirmed that this is due to the reliance on visiting consultants to deliver specific treatments and/or Day case procedures. The elongated waits are due to the delayed planned care in reach sessions, however the patients who have experienced the extremely long wait for treatment have been identified and have been allocated a treatment date.

The Chief Executive reiterated concerns around the extremely long waits and this has been raised with other Chief Executive Providers that support Powys, to ensure that accurate data has been validated to identify an accurate pathway. It was noted that Welsh Government are

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considering additional capacity in aid that the revalidation process can be completed as soon as possible.

How can Committee members be assured that exception reporting of staff appraisals are being monitored given that the current compliance is at 72.6%, showing more than a 10% drift?

The Director of Planning and Performance confirmed that Directorate reviews are currently in place with the Chief Executive in terms of accountability and peer review. Performance Appraisal Development Review's (PADR's) are being reviewed across the organisation as part of this. Following review, feedback in relation to how best compliance can be improved and monitored will be provided to Committee for assurance.

How will the service manage the large number of indicators expected given the differing pressures across service areas?

The Director of Planning and Performance confirmed the management of indicators are utilised for the use of oversight measurement and understanding current positions across services. Where the appropriate systems are in place, these aid planning and the input and output of data value for extraction.

What communication links are in place with HEIW (Health Education Improvement Wales) with regards to the National recruitment issue of Dentists Specialist Training Grades?

The Director of Primary, Community Care and Mental Health advised the Committee that discussions are ongoing in relation to the various options of the Dentistry workforce plan. It was agreed that a detailed update would be provided to Committee for assurance.

Action: Director of Primary, Community Care and Mental Health

What are the Organisation's reflections of neighbouring health board's introduction of mask wearing within a hospital setting?

The Director of Primary, Community Care and Mental Health advised members that Powys has a Risk assessment process in place which is regularly reviewed by the Infection and Prevention team. It was noted that regular discussions have taken place with the Medical Director and the Chief Medical Officer to ensure that as a health board, proactive action is being taken. Although it was confirmed that no additional measures locally have been implemented to date, however following review of the risk assessment, this would determine the appropriate action.

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What are the consequences of the new Dentistry contract reform with 75% of practices in acceptance, what analysis has been carried out and what does this mean for the deteriorating Performance across Dentistry?

The Director of Primary, Community Care and Mental Health confirmed that discussions continue with Practices to potentially increase the acceptance of the new contract. It has been elucidated that the assessment and impact the contract will have on performance is ongoing and further detail will be shared with colleagues in order to provide assurance.

Action: The Director of Primary, Community Care and Mental Health

The historic Screening position issue remains unchanged resulting in poor monitoring of patients access to screening services. What escalation process is being taken to ensure data is being received proactively?

A limited number of indicators have been received throughout 2020, however discussions are taking place with the Chief Executive to escalate the data collective issue which is apparent across a number of areas. It was noted that the Joint Executive Team (JET) meeting is scheduled imminently which provides an opportunity to escalate this matter further. It was confirmed that an escalation process would be raised during the Joint Chairs meeting in due course.

The Board Secretary highlighted to Committee that a Screening report update is due to the Delivery and Performance Committee in September 2022.

The indicator in relation to the Complaints compliance has decreased significantly over the previous quarter reporting from 38% to 30%. 30 cases per quarter have been reported within target, is there scope for improvement within this area?

The Director of Primary, Community Care and Mental Health advised that improvement work in terms of the complaints service is underway with a report scheduled at the Patient Experience, Quality and Safety (PEQS) Committee in due course. It was highlighted that significant improvements have been made with regards to the nature and complexity of complaints to strengthen this service. It was agreed that the Complaints Compliance report will be shared with Delivery and Performance members following submission to PEQS Committee.

Action: Director of Nursing and Midwifery

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	The Committee DISCUSSED and NOTED the Performance Overview to include; Performance Dashboard and Commissioning Assurance Framework.
D&P/22/22	<p>FINANCIAL PERFORMANCE OVERVIEW: MONTH 2 FINANCIAL POSITION</p> <p>The Director of Finance and IT presented the Month 2 Financial position which is part of the Integrated Medium-Term Plan (IMTP). It was highlighted that a balance plan has been implemented amongst various challenges such as the delivery of £4.6m cash releasing/reduction savings target and the management of mitigating actions in order to control all operational pressures including CHC and variable pay.</p> <p>It was reported that a number of risks require urgent attention in order to maintain an in year balanced position. Management of all operational Pressures:</p> <ul style="list-style-type: none"> • CHC growth and provider inflation • Variable pay – specifically agency usage based in community wards • Commissioned activity – core and recovery <p>The Director of Finance highlighted to committee members that focused working groups have been implemented for each of the above areas reporting through to Delivery and Performance Committee.</p> <p>Immediate action is required regarding identification and delivery of cash releasing savings schemes totalling £4.6m and to identify exit strategies for the current COVID response cost drivers. Both of which will be supported by a return to monthly performance reviews with a focus on scrutiny and delivery.</p> <p><i>Can clarification be sought around the Commissioning block arrangements cost pressures as previously seen as an opportunity to review savings?</i></p> <p>The Director Finance and ICT confirmed that this is an area that the team are seeking clarity in terms of the level of pressure against commissioned services historically. It was highlighted that there is an increased element around assumed recovery and additional activity to support the renewal framework, with the key pressure area focus on community bed consumption with Wye Valley Trust. It was raised that plans are in place to strengthen reporting around these components' to better understand the current position for assurance to the Delivery and Performance Committee.</p> <p><i>How can the committee gain a better understanding of the higher growth of Continuing Health Care issues in Wales?</i></p>

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	<p>The Chief Executive raised that there is a need to understand two key elements; Decision making around Eligibility of Continuing Health Care criteria and the provision and cost type? It was added that both elements require a value-based review to ensure the best care plans are implemented with the best outcomes. A further discussion is due at Executive committee in terms of next steps, and it was agreed that the output of the variability workstreams will be shared with the Delivery and Performance Committee.</p> <p>Action: Director of Finance and ICT</p> <p>The committee DISCUSSED and NOTED the Month 02 2022/2023 financial position.</p> <ul style="list-style-type: none"> • NOTED and APPROVED the Covid-19 Report position. • NOTED the underlying financial position and draft financial plan for 2022/23.
D&P/22/23	<p>DIGITAL FIRST UPDATE</p> <p>The Director of Finance and ICT presented a detailed overview of the progress and performance across the Digital Transformation team in addition to the delivery against the Digital First plan for 2022-2023.</p> <p>It was highlighted that a draft Digital Framework has been developed for consultation to align the aims to continue to improve patient care experience and outcomes. It was noted that with a mobile workforce increasing confidence with operating remotely there is the potential for longer term developments in digital delivery.</p> <p>The consultation will start in June with the aim of presenting the final strategy to Board in September 2022.</p> <p>It was reported that several cyber security functions have been provided across Powys increasing a level of maturity to align to the Network and Information System (NIS) Regulations. The WCCIS was reviewed, and a decision was made to go to soft market testing for Powys County Council, although this would not impact Powys as all NHS Wales WCCIS users are on a sperate instance called the NHS Wales Tenant.</p> <p>The ICT Digital team conducted a Service Desk Survey during April 2022 in order to improve services. Following analysis, common themes were identified, and the team are currently reviewing this to improve this approach.</p> <p>Committee members agreed that in order to provide direct assurance in terms of Cyber Security, a specific update around Digital systems would be welcomed at a future committee.</p>

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	<p>Action: Director of Finance and ICT</p> <p><i>Can you clarify whether the WCCIS section 33 agreement is expiring?</i></p> <p>The Director of Finance and ICT confirmed that the Local Authority do have individual contracts with WCCIS, however there are larger components across wider services providing that Health is part of a national contract. It was confirmed that Powys aims to remain with the current contracts in place.</p> <p><i>How does the Cyber Security compare against the recent NIS advice?</i></p> <p>The Director of Finance and ICT confirmed that this element of the Cyber response would form part of a Board Development event which will feed through the Strategic Framework and continue to be monitored.</p> <p>Committee members wished to express personal issues to which have been experienced in terms of contacting the Powys ICT service desk. Elongated delays were raised as a persistent issue and concerns were highlighted for staff experiencing delays in order to process material affected through basic ICT elemental issues. The Director of Finance confirmed these issues would be reviewed and addressed by the Digital Team.</p> <p><i>How are the various programmes prioritised and how are the allocation of resources being implemented?</i></p> <p>The Director of Finance and ICT confirmed that as a Directorate, the IMTP is inclusive of local priorities, providing a balance around National priorities. The National Programmes accommodate the relevant resources required which defines the current plans as deliverable. However, it was noted that if elements to the resources are amended this would be assessed by the team.</p> <p>The Committee DISCUSSED the Digital First Update and NOTED the Digital First Plan.</p>
<p>D&P/22/24</p> <p><i>Powell, Bethan 07/09/2022 17:56:13</i></p>	<p>CAPITAL PIPELINE OVERVIEW 2021-2022</p> <p>MACHYNLLETH, BRECON CAR PARK AND LLANDRINDOD</p> <p>PROJECT UPDATE</p>

The Head of Estates presented the Capital investments Overview for 2021/20211 drawing significant focus to the expenditure over the previous financial year in the course of the internal and external pressures during delivery.

Plans are to be developed to support prioritised investment in the current estate reducing backlog maintenance to ensure compliance with core Health and Safety standards for the patient environment. The Estates service and Capital Funding are a key enabler to deliver the Health and Care Strategy in Powys. The key priorities include:

- Care Closer to Home
- Integration of Services
- Digital & Agile Working
- Health & Care Academy
- Rural Regional Diagnostic and Treatment Centres
- Integrated Health & Care Centres

There are a number of distribution schemes across Powys and positive feedback has been received from Welsh Government and Shared Services in terms of reporting how the discretionary money is being utilised. The Powys model reporting mechanism is now being utilised by Shared services through the Estates Advisory Board across Wales.

Is there a minimum period of viability when works are undertaken across the Organisation, specifically flat roof projects?

30 separate roof leaks were reported across the Estate over a 12-month period with work underway to prioritise each programme. It was reported that discussions with Welsh Government in terms of separate funding for programmes of work are in progress, however the materials supplied provide a 15-year warranty and guarantee.

Is there a limited life span for the Welfare Cabin constructed in Park Street?

It was advised that due to the mobile operation of Cabin use they are found to be extremely beneficial across multiple sites for the use of major works for decant facilities and secure storage on a temporary basis. It was also highlighted that Cabins are easily relocated across a number of sites across Powys for multiple use where required. The format of the reporting slides was welcomed by the Committee.

What is the current status of the delivery of Innovative Environments Strategic Framework?

The Head of Estates confirmed that a first review of the framework has taken place with a focus to 'where are we now, where we want to be, and how to we get there?' approach strategy. The 'Where are we now' section has been

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	<p>completed and various workshops are now being implemented to involve Board members to imminently to focus on 'where we want to be' to ensure oversight is aligned across the Board.</p> <p>The Capital Pipeline Overview for 2021-2022 was DISCUSSED AND NOTED.</p> <p>The Chair welcomed the new format and content of the Dashboard reports for ongoing Capital projects.</p>
D&P/22/25	<p>UPDATE ON IMPLEMENTATION OF VALUE-BASED HEALTHCARE APPROACH</p> <p>The Director of Finance and ICT presented the implementation of value-based healthcare report which forms a key part of the health board's Integrated Medium-Term Plan. Governance arrangements have been established to embed a value-based healthcare approach in the organisation's operating model and analysis of low value interventions as well as opportunities to improve value through clinical pathways is underway.</p> <p>It was highlighted that a consistent approach to patient outcomes and patient experience measures is being developed, and with liaison underway to incorporate data for Powys patients treated in England. Committee members were made aware that engagement activities to embed value-based healthcare have commenced and proposals aligned to the health board's priorities have been submitted for additional funding, targeted to support high-value interventions.</p> <p><i>Is there a reputational risk associated with the timescales to deliver the healthcare approach?</i></p> <p>The Director of Finance and ICT confirmed that a final Business case is yet to be confirmed, however clarity to understand further funding is required from Welsh Government. It was advised that a Board decision would be required to identify the priorities going forwards.</p> <p>The update on Implementation of Value-Based Healthcare Approach was DISCUSSED and NOTED.</p>
D&P/22/26	<p>RECORDS MANAGEMENT IMPROVEMENT PLAN UPDATE</p>

	<p>The Director of Finance and ICT presented the Records Management Improvement Plan update on the current delivery following the 2019 Internal Audit and outcome of 'No assurance given'. The health board have since developed an action plan to improve this service and additional resources have been agreed to support this going forwards.</p> <p>Given the pandemic response, the key priority is to develop the business case by August 2022. This requires significant investment which is yet to be made available and therefore may impact the deliverability timeframe, however it was noted that the 6 audit recommendations position deadlines are due in December 2022.</p> <p>It was reported that significant progress is to be made to meet the overall 100% compliance against the improvement plan. Consideration may need to be given to reinstate records onto the corporate risk register whilst work is underway to progress these areas, this is under constant review and assessment.</p> <p>The committee NOTED the Records Management Improvement Plan Update.</p>
D&P/22/27	<p>OUT OF HOURS UPDATE</p> <p>The Director of Primary, Community Care and Mental Health presented a summary of the performance of Out of Hours service provided in 2021-2022. It was noted that the health board Out of Hours (OOH) Performance Management Group monitors the performance of OOH services for all three providers supporting the Powys service.</p> <p>The 111 OOH offer to the health board includes call handling and first line triage only. Nationally, 111 continue to have challenges to meet the calls abandoned and answered within 60 seconds. This is due to multiple factors and is being reviewed by the OOH service to implement improvements.</p> <p>Committee members were made aware that the current Shropdoc contract terminates in June 2022 and following recent Executive approval the Board will be considering the approval to a Direct Award with use of a VEAT notice to extend the Shropdoc contract for a period of 24 Months from 01/07/22 to 30/06/24.</p> <p>Committee members were advised of the elongated delays for Powys patients access to treatment with Swansea Bay due to cover arrangements and medical cover across community hospitals. It was reported that a national</p>

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	<p>reporting system is currently being developed to improve this and timescales of implementation will be provided outside of the meeting. It was highlighted that a more comprehensive report would be available at a future committee to include the gap data, Quality and safety in line with the Commissioning Assurance Framework.</p> <p>Action: Director of Primary, community Care and Mental Health</p> <p><i>The failure to sign the contract with Swansea Bay Health Board is concerning for District Nursing, how are services currently being managed?</i></p> <p>The Director of Primary, Community Care and Mental Health confirmed that discussions are underway with Swansea Bay Health Board for mutual support in establishing 24/7 care support. A comprehensive model of care peer review across primary care OOH care has taken place in order to assess the challenges from a quality experience perspective in partnership with Swansea Bay.</p> <p><i>How are other services covered Out of Hours?</i></p> <p>The Director of Primary, Community Care and Mental Health confirmed the Out of Hours service is currently covered by Shropdoc which has been challenging from a National perspective with regards to the Workforce Model. It was highlighted that there is a requirement to design a multidisciplinary model to review the resources available to improve the ongoing Nursing cover with Swansea Bay OOH.</p> <p><i>What role do Independent members have to contribute to the oversight of the model of care review?</i></p> <p>It was confirmed that a clear delivery programme, taking forward the model of care would be implemented in collaboration with a number of partners. It was confirmed that a structural Board Development session would be dedicated in developing the strategic model of care with the Board owning the key output design process.</p> <p>The Out of Hours Update was DISCUSSED and NOTED.</p>
ITEMS FOR INFORMATION	
D&P/22/28	<p>INFORMATION GOVERNANCE TOOLKIT: IMPROVEMENT PLAN</p> <p>The Information Governance Improvement Plan was NOTED for information.</p>
OTHER MATTERS	

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D&P/22/29	<p>COMMITTEE RISK REGISTER</p> <p>The Interim Board Secretary presented the Committee Risk Register and highlighted to members that the report provides a summary of the significant risks to the delivery of the health board's strategic objectives.</p> <p>It was highlighted that a development session is scheduled for Independent Members to review Risk identification to provide any emissions or development required from the Board's perspective. It was noted that a peer review of the Directorate Risk Registers would be reinstating over the coming weeks to further develop the wider reporting aspect of the Risk Identification.</p> <p><i>Are the Finance pressures reflected by trend identified as less risk rating in comparison to other risks reported?</i></p> <p>The Director of Finance and ICT confirmed that the current risk ratings would be reviewed and adjusted to reflect the current status of individual risks ahead of the next reporting cycle requirement.</p> <p>The Committee Risk Register was DISCUSSED and NOTED.</p>
D&P/22/30	<p>COMMITTEE WORK PROGRAMME</p> <p>The Interim Board Secretary highlighted to Committee members that the principles of the Committee Work Programme aim to align to the objectives set against the balance of quality reporting. The programme provides flexibility to respond to risks, issues and escalations as required.</p> <p>The Committee NOTED the Committee Work Programme.</p>
D&P/22/31	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>The Director of Primary, Community Care and Mental Health wished to highlight to the Board the Workforce model issues, highlighted but not limited, to Swansea Bay University Health Board regarding the Out of Hours service under item D&P/22/27 to ensure the Board are aware and have oversight of the ongoing issues.</p> <p>Committee members raised awareness of the need for Committee Chair Collaboration to ensure valuable oversight of performance matters considered at Committee meetings. The uniformity was welcomed to highlight what appropriate mechanism cross over in support of the oversight process.</p>

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	<p>An increased focus action is important due to the membership where Executive Committee leads are present. Committee members agreed that a Committee Chair's panel would be explored to enable oversight of the performance matters identified.</p> <p>Action: Board Secretary</p>
D&P/22/32	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
D&P/22/33	<p>DATE OF THE NEXT MEETING</p> <p>12 September 2022 at 10:00, via Microsoft Teams.</p>

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Key:

Completed

Not yet due

Due

Overdue

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



GIG
CYMRU
NHS

Bwrdd Iechyd
 Addysgu Powys
 Powys Teaching

Minute	Meeting Date	Action	Responsible	Progress Position	Status
D&P/20/12	30 June 2020	Waste Management Procurement Process. Assurance to be provided to IMs that quality, reliability and reduction in environmental impact would be appropriately weighted in procurement process.	Director of Environment	Waste Management Procurement Process was deferred until appropriate timing on the contract had been established. Procurement had been postponed during the COVID-19 pandemic as an appropriate disposal system would be required. An environmental review was to follow. National procurement process has concluded, and a compliant contract has been awarded.	
D&P/22/24	28 February 2022	Report on review of staffing establishment to be taken to Workforce and Culture Committee	Director of Workforce and OD/ Director of Nursing and Midwifery	Increased emphasis on all aspects of workforce planning included in the work programme for the Workforce and Culture Committee. Update from the Director of Nursing and Midwifery: Following an initial deep dive on all Nursing Establishments on the Community in-patient wards which aimed to review the budgeted establishment aligned to staff in post and staff recorded on ESR, all immediate actions for improvement have been captured in an Improvement Plan where actions are collectively owned by a number of executives. The DoNM is in the process of detailed nursing establishment reviews across in-patient community wards and	

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				mental health wards. The reviews are being led by the DoNM in partnership with the Nurse Staffing Lead, the Deputy DoNM, the Head of Nursing (both Community Services Group and Mental Health where appropriate) in conjunction with the Ward Manager. These comprehensive reviews consider number of beds, environment of care, types of patients (including acuity and dependency) and Quality Indicators. These reviews are intended to conclude early October and a detailed report providing a professional recommendation for safe staffing will then be provided to the Executive Committee and Board (via the appropriate Committee)	
D&P/22/06	3 May 2022	Provide examples in support of Page 51 of the Performance report where performance has been challenging to provide a robust service change	Director of Planning and Performance	Update report to be presented to Committee in September 2022.	
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	Update report to be presented to Committee in September 2022.	

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	Meetings held with CEO and Director of Social Services in light of the extremely high number of patients waiting for social care intervention has been arranged for 7 September 2022 which will inform next steps.	
D&P/11/10	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 in September 2022 Performance Report.	
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.	
D&P/22/21	23 June 2022	An update to be provided regarding communication with HEIW around the Dentistry workforce issues and following the assessment of the Dentistry contract reform.	Director of Primary, Community Care and Mental Health	Timescales to be confirmed	
D&P/22/21	23 June 2022	To circulate the Complaints and Compliance Report with	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	

		D&P Committee members following submission to PEQS Committee		plan. This will be shared with D&P Committee immediately following the PEQs Committee.	
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	AD Community Services to complete report on action and outcome re Variable Pay position to be reported via Finance and Performance Exec Committee then to Delivery and Performance Committee for the next meeting agenda(October).	
D&P/22/23	23 June 2022	Cyber Security Digital Systems Update to be provided to Committee Members	Director of Finance and ICT	Cyber and wider IT position included in future Board Development session for full board awareness and information. Originally planned for September but now for October.	
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 and timescales of implementation of the National reporting system.	Director of Primary, Community Care and Mental Health		
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.	

Powys THB Finance Department Financial Performance Report Delivery & Performance Committee

**Period 04 (July 2022)
FY 2022/23**

Date Meeting: 12th September 2022

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Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 04 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 July 2022 (Month 04) 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 04 2022/23 financial position.DISCUSS and NOTE the 2022/23 financial forecast deficit position	

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

Approval/Ratification/Decision	Discussion	Information
	✓	

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.

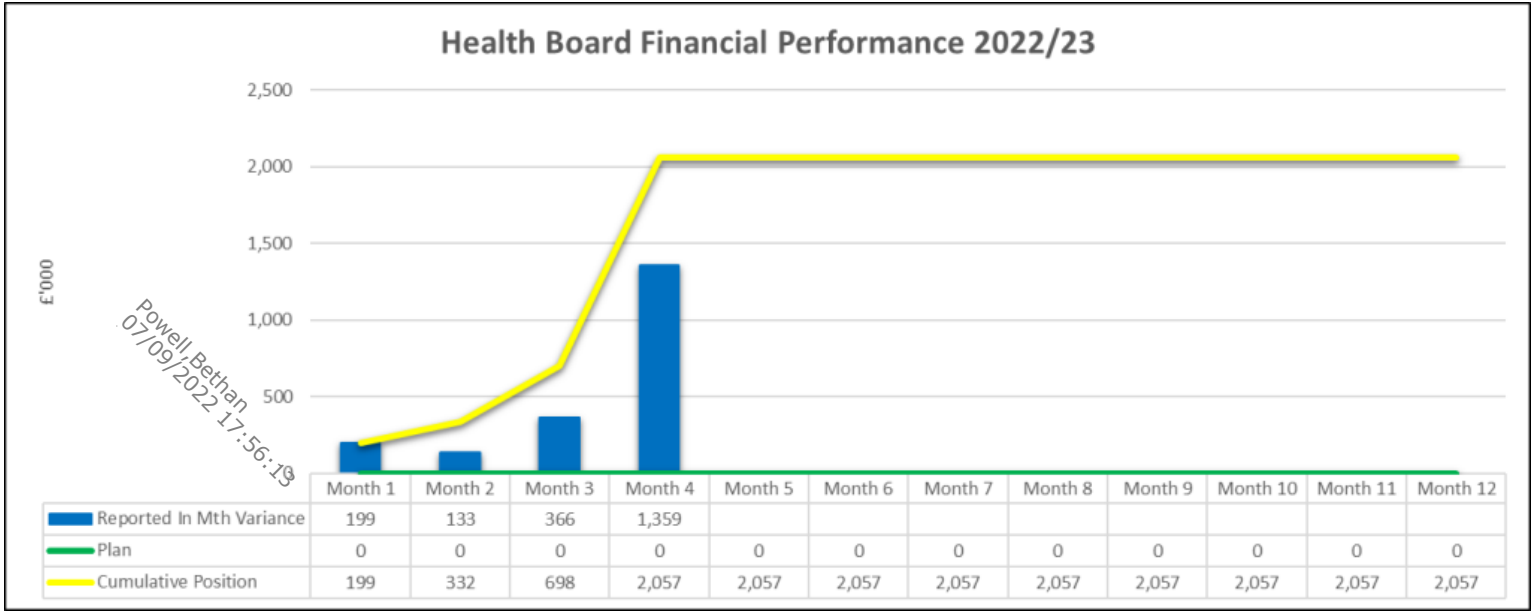
Table 1 – Core Financial Plan Year 1 2022/23 – 2024-25 IMTP

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

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

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

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	-1,359	↓	Capital Resource Limit	9,647	→
Reported Year To Date financial position – deficit/(surplus) – Red	-2,057	↓	Reported Year to Date expenditure	2,181	→
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, with an update provided on 30th June and balanced plan for 2022/23.

As per 2022/23 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £2.057m over spend at Month 04.

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

PTHB continues to forecast a balanced year end position but there are significant number of risks and opportunities that the Board need to effectively manage to ensure this can be delivered. There will be a full review of the financial position given the deficit forecast at month 3 and lack of progress on savings identification and delivery.

Overall Summary of Variances £000's

	Budget YTD	Actual YTD	Variance YTD
01 - Revenue Resource Limit	(127,817)	(127,817)	0
02 - Capital Donations	(227)	(227)	0
03 - Other Income	(1,890)	(2,264)	(374)
Total Income	(129,934)	(130,308)	(374)
05 - Primary Care - (excluding Drugs)	13,976	13,883	(92)
06 - Primary care - Drugs & Appliances	10,266	10,300	34
07 - Provided services -Pay	30,526	30,708	182
08 - Provided Services - Non Pay	9,190	9,018	(172)
09 - Secondary care - Drugs	329	450	122
10 - Healthcare Services - Other NHS Bodies	48,818	49,969	1,152
12 - Continuing Care and FNC	7,290	8,450	1,160
13 - Other Private & Voluntary Sector	1,143	1,188	45
14 - Joint Financing & Other	5,153	5,151	(1)
15 - DEL Depreciation etc	1,875	1,876	1
16 - AME Depreciation etc	1,371	1,371	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	129,934	132,365	2,431
Reported Position			2,057

Please refer to pages 5-10 for further information on key variances and actual performance .

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- 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 4 and a full review of the position is required prior to reporting month 4.
- Non recurrent financial opportunities are supporting the in year position totalling £2.276m.
- Red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.

Chart 1 - Forecast Performance Against £4,649m Target

2022-23 in-year plans

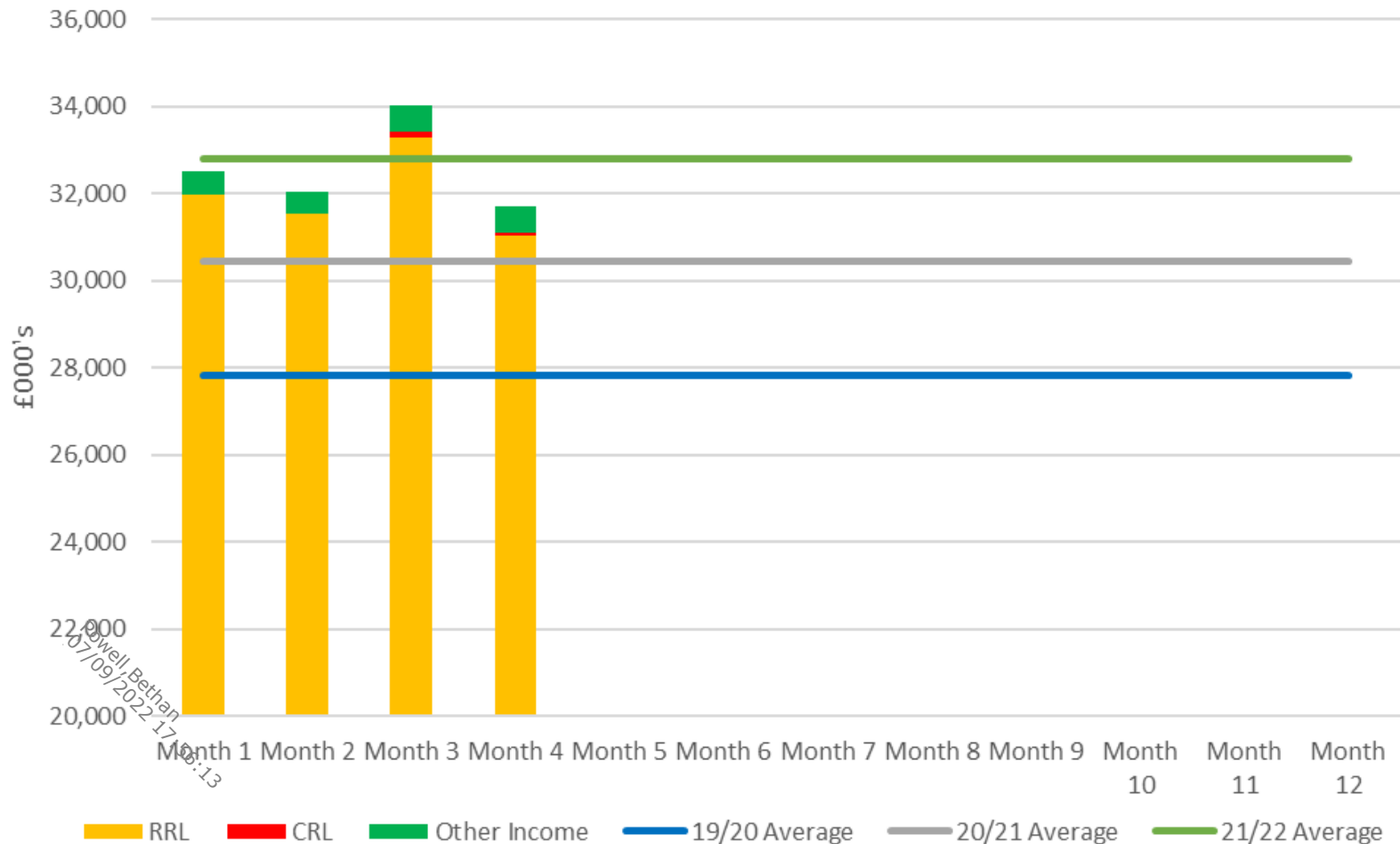
Directorate	22-23 Target 1.3%	Green	Amber	Total Green & Amber	Pipeline Red
	£'000	£'000	£'000	£'000	£'000
Total PtHB	4,649	2,276	0	2,276	4,682

2022-23 full year impact recurrent schemes

Directorate	22-23 Target 1.3%	Green	Amber	Total Green & Amber	Pipeline Red
	£'000	£'000	£'000	£'000	£'000
Total PtHB	4,649	0	0	0	5,854

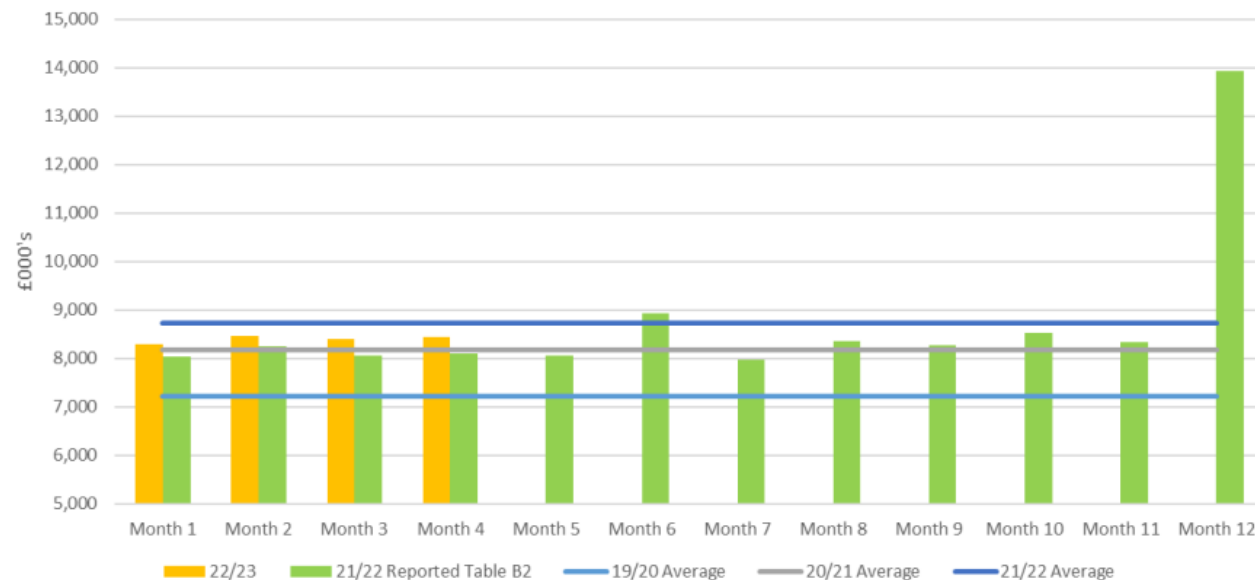
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Total Actual Income 2022/23 vs Previous Years

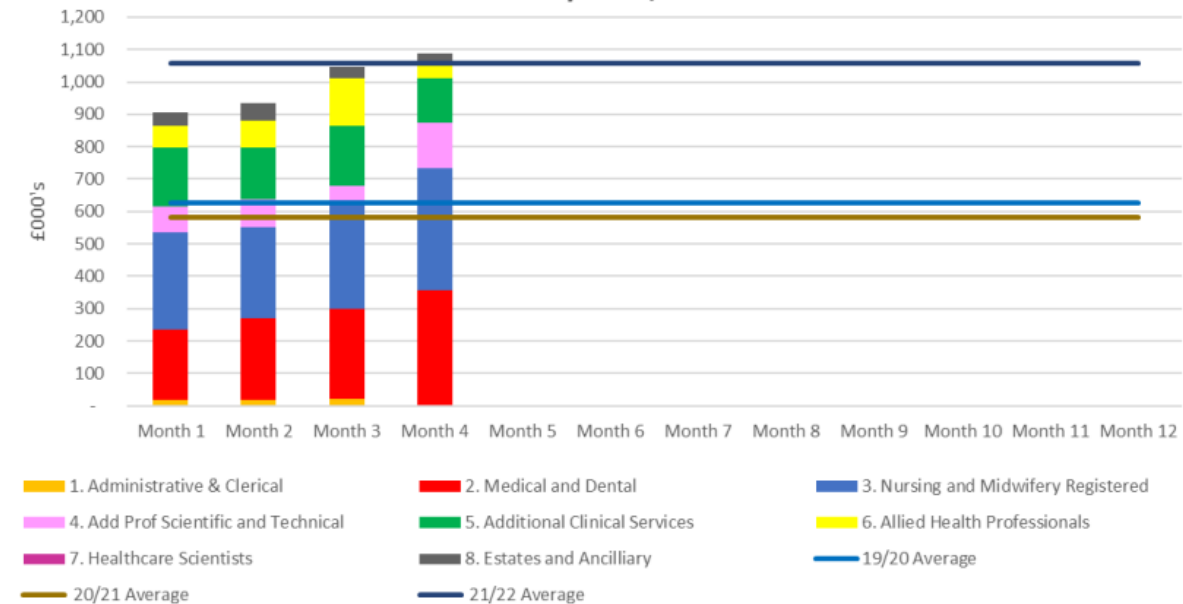


- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2022/23 the total anticipated funding for Covid as part of the RRL is £9.752M, and an element of this has been included in each month.
- For 2022/23 the total anticipated funding for Exceptional Pressures is £4.545M, and an element of this has been included in each month.

Total Actual Pay 2022/23 vs Previous Years

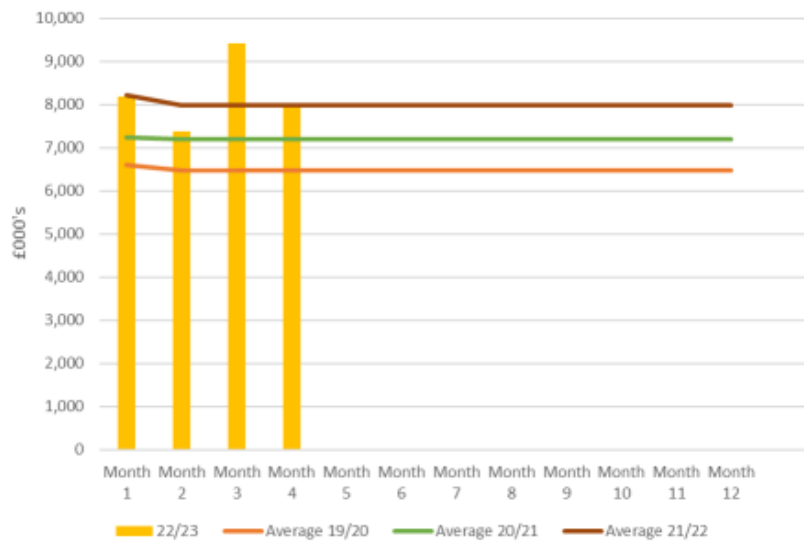


Total Actual Variable Pay 2022/23 vs Previous Years

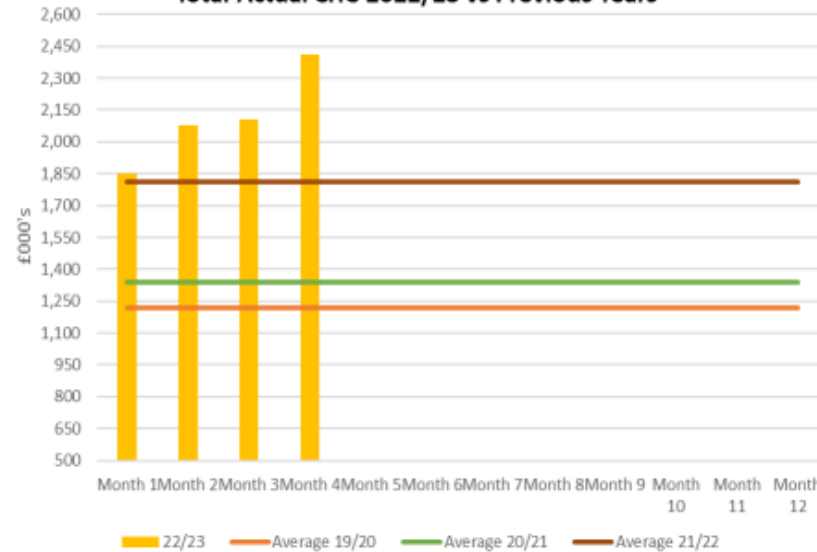


- The Month 04 YTD pay is showing an overspend of £1.580M against the year-to-date plan.
- Chart 1 is comparing that the total pay position for 2022/23 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2021/22 and the yellow the position 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.

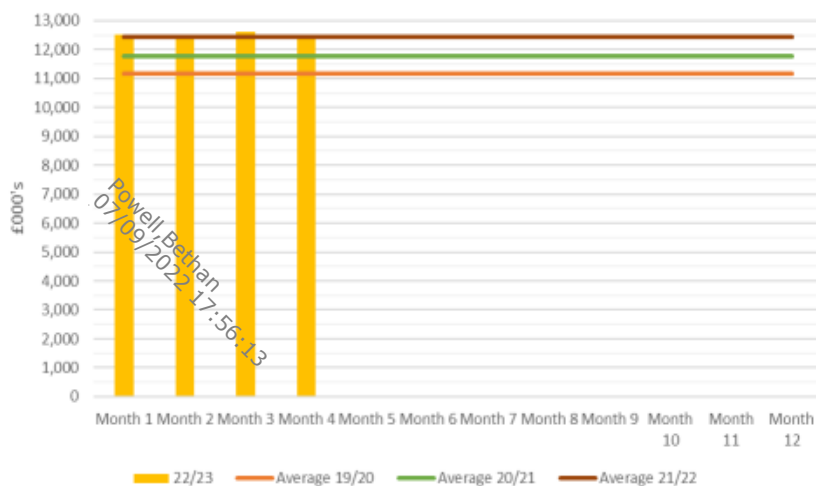
Total Actual Other Non Pay 2022/23 vs Previous Years



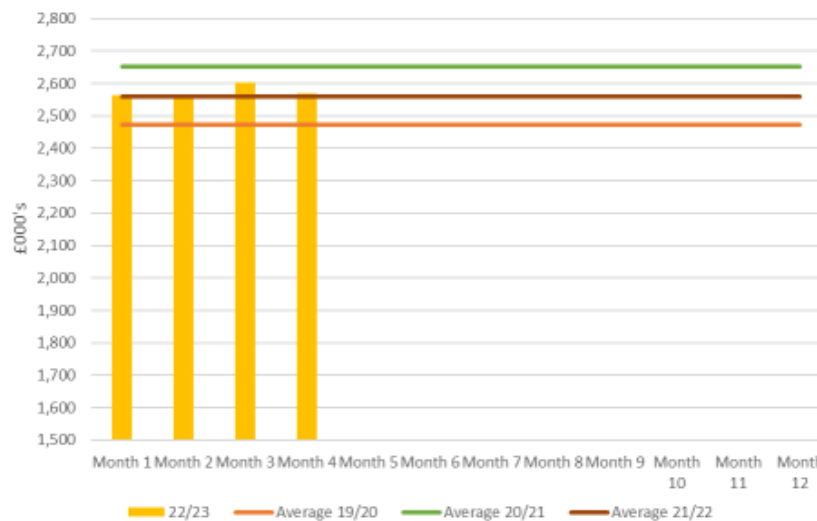
Total Actual CHC 2022/23 vs Previous Years



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 9 for more details.
- CHC – Appendix 4 provides the actuals to 31st July 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 1), which has provided a reduction in spend in-month compared to the average in 2020/21. This will be kept under close review and updates provided as necessary given the growth seen in previous years.

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.

Table 3 – Commissioning Forecast 2022/23

Commissioning	2021-22 Outturn (£'000)	2022-23 Forecast (£'000)
Welsh Providers	38,536	38,674
English Providers	61,013	63,865
WHSSC / EASC	44,608	46,257
Other NHS Providers	4,374	3,630
Mental Health	1,130	1,461
Private Providers	701	675
Total	150,362	154,561
2022-23 Annual Budget		147,394
2022-23 Forecast deficit		7,168

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
- 2022/23 English providers based on proposals received to date (yet to receive SATH proposal)

2022/23 forecast does now include South Powys emergency flow changes.

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

Table 4 – COVID and Exceptional Items

	M1 £'000	M2 £'000	M3 £'000	M4 £'000	FORECAST £'000
Covid National Programmes:					
Test Trace & Protect	518	369	422	173	2,985
PPE	3	5	4	11	83
Mass Vaccination Programme	283	291	348	125	6,684
	804	665	775	309	9,752
Covid response:					
Covid Response - Cleaning Standards	47	47	47	47	564
Covid Response - Prescribing	143	61	102	102	1,219
Covid Response - Workforce (sickness and IPC measures) - Core	203	278	200	200	2,056
D2RA	118	76	39	118	935
Commissioned Services	94	94	94	94	1,126
Other Capacity & facilities costs - Stores	9	9	9	9	105
Other covid costs	50	85	81	55	1,671
	663	650	571	624	7,677
Exceptional Items:					
National Cost Pressures - Direct Energy and Fuel	127	70	98	837	3,394
National Cost Pressures - Real Living Wage	49	49	49	49	591
National Cost Pressures - Employers NI increase	47	47	47	47	560
	223	166	194	933	4,545

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

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 4 position and lack of progress on key deliverables the organisation has reported a £7.5m forecast deficit to WG:

	Plan variance £m
Savings - shortfall against target	2.4
CHC mitigating actions not delivered	1.6
Recovery and renewals	0.5
Commisioning	0.9
	5.4
	New Pressures £m
CHC	3.3
Wye Valley patient flows	1.0
Private providers - Mental Health	0.5
Welsh Risk Pool	0.1
EASC	0.2
	5.1
	Opportunities £m
Slippage against non recurrent funding streams	(1.0)
PCC outstanding debts	(1.2)
Annual leave accrual	(0.8)
	(3.0)
Forecast	7.5

Delivering the position is not without further financial risk:

- Continued CHC growth
- English provider recovery activity
- Prescribing pressures

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 detailed on page 9.

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Summary

In summary:

- PTHB is reporting an over spend at month 4 for FY 2022/23 of £2.057M
- 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.
- Non recurrent opportunities of £1.8m have been brought into the position at month 4.
- The £4.6m savings target is profiled into the position from month 4 onwards. No progress has been made to date.
- Operational pressures needing to be addressed including CHC and nursing variable pay as run rates continue to increase.
- Commissioned activity data at month 4 shows a forecast pressure in excess of £7m.

Key Messages

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 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

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 14th July 2022.

MMR Narrative

MMR Tables



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

Mass Vac Tables

TTP Tables

Recovery Tables



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



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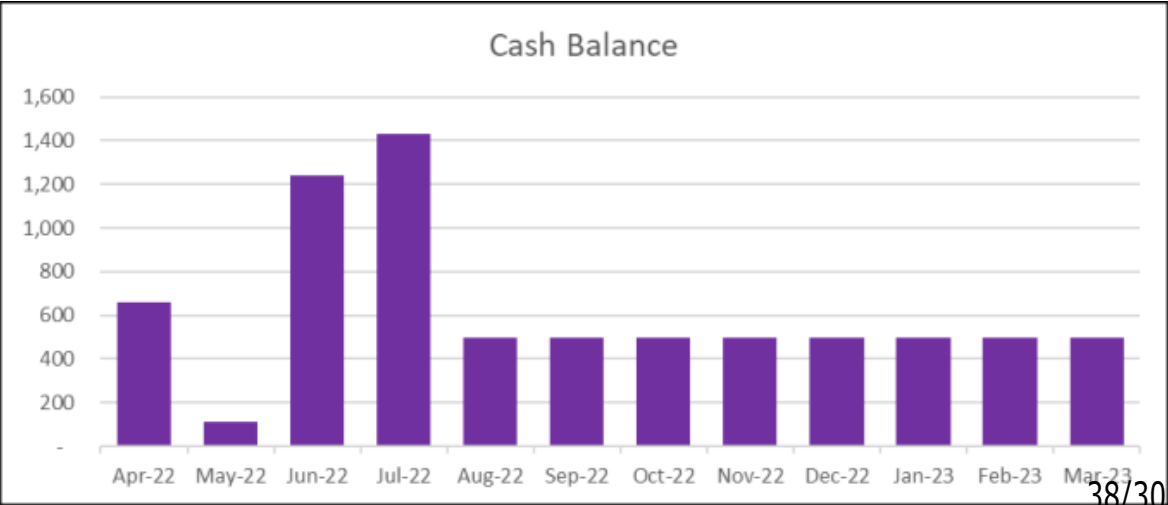
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st July 2022
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.089	1.089	0.161
Machynlleth	7.733	7.733	1.405
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.825	0.825	0.615
Donated assets - Purchase	0.680	0.680	0.000
Donated assets (receipt)	(0.680)	(0.680)	0.000
TOTAL APPROVED FUNDING	9.647	9.647	2.181

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	2,658	659	111	1,241	1,428	500	500	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	33,170	32,372	33,231	33,581	34,481	33,581	32,930
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(120)	(120)	(120)	(120)	(143)	(120)	(120)	(120)	(120)	(120)	(120)	(120)
WG Revenue Funding - Other (e.g. invoices)	3,981	2,893	6	39	40	40	1,000	40	40	40	40	1,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	2,000	2,000	0	2,195	1,249	1,004	1,113	60	26
Income from other Welsh NHS Organisations	808	337	585	637	400	400	400	400	400	400	400	400
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	534	520	260	966	550	550	550	550	550	550	550	550
Total Receipts	38,823	33,125	31,226	35,492	33,940	34,040	36,397	35,350	35,455	36,464	34,511	34,786
Payments												
Primary Care Services : General Medical Services	2,584	3,016	2,878	2,497	2,150	2,350	2,450	2,350	2,700	3,100	2,200	2,250
Primary Care Services : Pharmacy Services	288	352	393	297	400	400	400	400	400	400	400	400
Primary Care Services : Prescribed Drugs & Appliances	1,475	1,359	1,276	1,341	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300
Primary Care Services : General Dental Services	507	457	461	459	500	500	500	500	500	500	500	500
Non Cash Limited Payments	88	63	71	82	80	80	80	80	80	80	80	80
Salaries and Wages	6,084	7,732	7,734	7,657	7,750	9,250	7,950	7,950	7,950	7,950	7,950	7,950
Non Pay Expenditure	29,796	20,216	16,272	22,280	21,289	18,681	22,581	21,521	21,521	22,021	22,021	21,600
Capital Payment	0	478	1,011	692	1,399	1,479	1,136	1,249	1,004	1,113	60	706
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	40,822	33,673	30,096	35,305	34,868	34,040	36,397	35,350	35,455	36,464	34,511	34,786
NET CASH FLOW IN MONTH	(1,999)	(548)	1,130	187	(928)	0	0	0	0	0	0	0
Balance c/f	659	111	1,241	1,428	500	500	500	500	500	500	500	500



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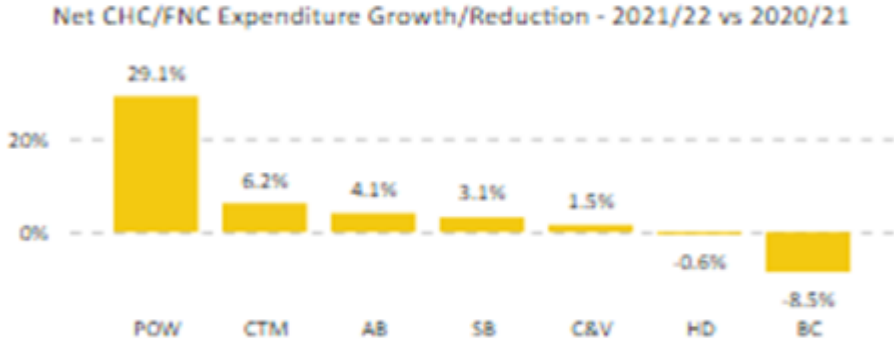
	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr-22	Jul-22	Mar-23
	£'000	£'000	£'000
Tangible & Intangible Assets	93,331	95,565	95,565
Trade & Other Receivables	28,044	18,730	18,730
Inventories	143	143	143
Cash	2,658	1,428	500
Total Assets	124,176	115,866	114,938
Trade and other payables	59,256	42,940	42,012
Provisions	18,386	18,368	18,368
Total Liabilities	77,642	61,308	60,380
Total Assets Employed	46,534	54,558	54,558

Financed By			
General Fund	2,153	10,175	10,175
Revaluation Reserve	44,381	44,383	44,383
Total Taxpayers' Equity	46,534	54,558	54,558

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Area	19/20 Year end Position	20/21 Year end Position	21/22 Year end Postion	22/23 Forecast @ Mth 1	22/23 Forecast @ Mth 2	22/23 Forecast @ Mth 3	22/23 Forecast @ Mth 4	Growth From 2021/22 YE to 2022/23 Actual @ Mth 04
Children	£267,217	£151,234	£ 156,944	£156,944	£279,402	£279,402	£279,402	£122,458
Learning Disabilities	£957,455	£1,567,929	£ 1,639,265	£1,770,842	£1,979,473	£2,213,961	£2,212,321	£573,056
Mental Health	£7,344,265	£7,800,642	£ 10,510,010	£12,220,944	£12,136,148	£12,447,684	£13,404,879	£2,894,869
Mid Locality	£981,064	£925,210	£ 1,634,918	£2,074,027	£2,075,930	£2,154,549	£2,280,095	£645,177
North Locality	£1,365,243	£1,537,343	£ 2,199,376	£2,117,345	£2,138,103	£2,238,088	£2,318,813	£119,437
South Locality	£1,494,868	£1,958,143	£ 1,853,121	£1,774,747	£1,786,406	£1,862,825	£1,783,070	(£70,051)
Grand Total	£12,410,112	£13,940,501	£17,993,633	£20,114,849	£20,395,461	£21,196,509	£22,278,580	£4,284,947
CHC - D2RA				£1,414,476	£1,166,348	£935,410	£935,410	
CHC - Real Living Wage				-£591,384	-£591,384	-£591,384	-£591,384	

All Wales position data suggested that Powys had the highest growth in CHC/FNC in 2021/22 compared to 2020/21. Summary of position for Wales is provided in the Chart below:



Powell Bethan
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Agenda item: 2.2

Delivery & Performance Committee		Date of Meeting: 12 th September 2022
Subject:	Powys Teaching Health Board Integrated Performance Report. Position as at Month 4 2022/23	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Performance Manager	
Other Committees and meetings considered at:	This report is coming direct to the Delivery & Performance Committee	

PURPOSE:

This report provides an update on the latest available performance position for Powys Teaching Health Board against new NHS Wales Performance Framework up until the end of July 2022 (month 4).

RECOMMENDATION(S):

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

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

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

EXECUTIVE SUMMARY:

This report provides the Delivery and Performance Committee 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 4 (July 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.

Please note ministerial measures are now amalgamated into the new framework and will not be displayed separately.

Data provided within the dashboards is of month 4 where possible, but it should be noted that 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.

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.

Powys Teaching Health Board

Integrated Performance Report

Month 4 – Updated 05/09/2022

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](#)

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Executive Summary

This report 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 4 (July 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 against the new integrated NHS Wales Performance Framework where the revised metrics are used to assess improvement towards the "A Healthier Wales" ambitions and priority areas.

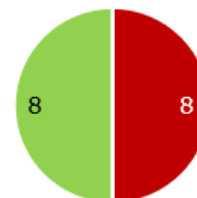
This snapshot continues to show a diverse picture with ongoing positive progress as a provider of planned care including diagnostic and therapy pathways, mental health and day case procedures.

However significant challenges remain for the care of patients and these include, but are not limited to the ongoing fragility of services as a result of staffing pressures, primarily linked to sickness, and vacancies of provider and in-reach consultant led services and staff. Another critical challenge for the system is emergency flow & access in acute care settings where continuing very high system pressures in acute care are resulting in very long waits in accident and emergency (A&E), this in turn also impacts on ambulance waiting times with units unable to hand over patients quickly redeploying back in to the county, and the planned surgical capacity within these sites as a result of bed pressures. For the Powys residents significant activity is carried out in Welsh and English commissioned services, this has unfortunately resulted in a challenge to equity of access depending on a patients requirements of care, geographical location and pathway flow route.

In response to these challenges 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. Other work includes insource contracts for surgical and diagnostic capacity in south and mid Powys, and ongoing national workstreams to provide regional solutions of care and modernising patient pathways, information and self support.

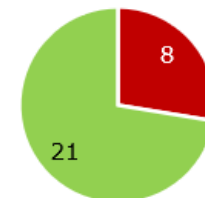
Compliance against NHS Delivery framework measures at month 4 by quadruple aim area.

Compliance against targets quadruple aim 1



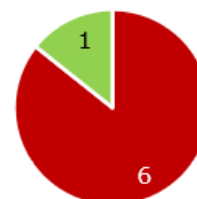
■ Not-compliant ■ Compliant

Compliance against quadruple aim 2



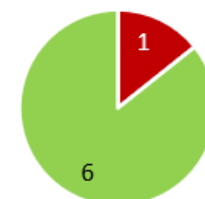
■ Not-compliant ■ Compliant

Compliance against quadruple aim 3



■ Not-compliant ■ Compliant

Compliance against quadruple aim 4



■ Not-compliant ■ Compliant



NHS Wales Performance Framework

NHS Wales Performance Framework

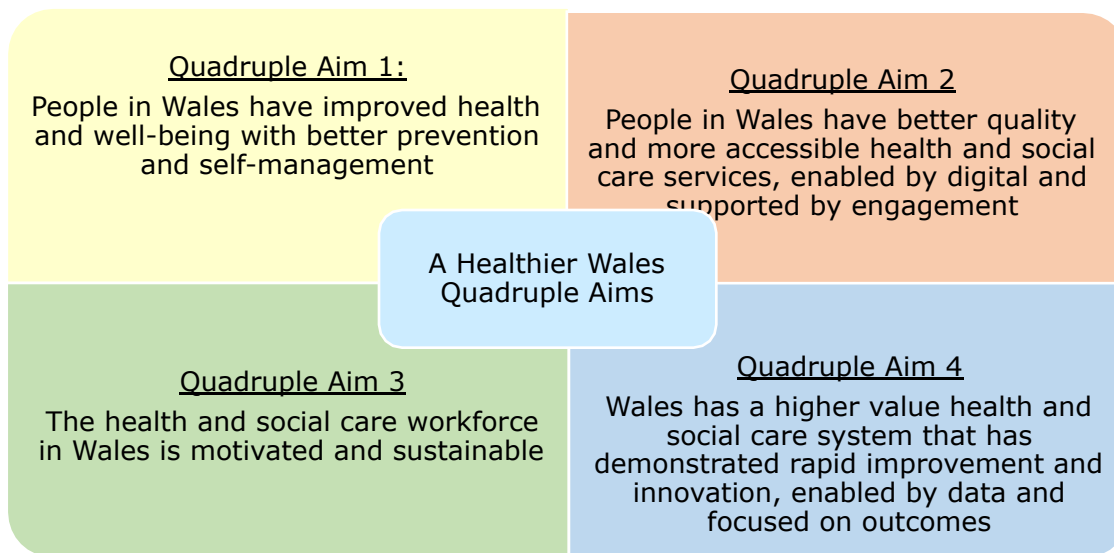
The NHS Wales Performance Framework has been significantly revised for 2022/23 with currently 84 measures. Of the 84 measures, 54 have been identified as ministerial priorities. A further 8 measures are classed as operational and not routinely reported to Welsh Government, but are included within the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



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The following pages will detail the 2022/23 changes by Quadruple Aim, and address target revisions.
Greyed out measures are not included within this release (brief explanation provided) but will be available with correct data flow/methodology



NHS Wales Performance Framework

Quadruple Aim 1 New Measures	Target
Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway * <i>No data is currently available to report against for this measure, it will not be included in this document</i>	Annual Improvement
Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	Annual reduction towards 5% prevalence by 2030
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	A quarterly improvement of 2.5% against 2020/21 baseline
Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: <ul style="list-style-type: none">• Blood pressure reading is 140/80 mmHg or less• Cholesterol values is less than 5 mmol/l (<5)• HbA1c equal or less than 58 mmol/mol or less	1% annual increase from 2020-21 baseline
Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccinations in all eligible Wales residents by health board * <i>Autumn booster campaign has not yet started, this measure will not be included in this document</i>	75%
Percentage uptake of 2022-23 influenza vaccination in all eligible Wales residents * <i>Previously reported by eligibility group (please note that the Flu data/performance is for 2021/22 and will be measured against the prior targets)</i>	75%

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NHS Wales Performance Framework

Quadruple Aim 2 New Measures

Target

Number of new patients (children aged under 18 years) accessing NHS dental services **awaiting data flow*

4 quarter improvement trend

Number of new patients (adults aged 18 years and over) accessing NHS dental services **awaiting data flow*

4 quarter improvement trend

Number of existing patients accessing NHS dental services **awaiting data flow*

4 quarter improvement trend

Percentage of total conveyances taken to a service other than a Type One Emergency Department

4 quarter improvement trend

Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission **Methodology/source is not currently confirmed, the measure isn't nationally reported yet.*

12 month reduction trend

Percentage of total emergency bed days accrued by people with a length of stay over 21 days
**Methodology/source is not currently confirmed, the measure isn't nationally reported yet.*

12 month reduction trend

Percentage of people assigned a D2RA pathway within 48 hours of admission
**Methodology/source is not currently confirmed, the measure isn't nationally reported yet.*

4 quarter improvement trend
(towards 100%)

Percentage of people leaving hospital on a D2RA pathway
**Methodology/source is not currently confirmed, the measure isn't nationally reported yet.*

4 quarter improvement trend

Number of pathways waiting over 8 weeks for a diagnostic endoscopy

Improvement trajectory towards 0
by Spring 2024

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

Improvement trajectory towards 0
by 31/12/22

Number of patients waiting more than 104 weeks for referral to treatment

Improvement trajectory towards 0
by 2024

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

95%

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

100%

Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19
**not currently applicable, Powys provider is not nationally reported although aligns to national submission*

Reduction against the same month
2021-22

Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19
**not currently applicable, Powys provider is not nationally reported although aligns to national submission*

Reduction against the same month
2021-22



NHS Wales Performance Framework

Quadruple Aim 3 New Measure	Target
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	Bi annual Improvement
Quadruple Aim 4 New Measures	Target
Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% Reduction by 2025 Against 21018/19 NHS Wales Baseline
Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 quarter improvement trend
Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust	4 quarter improvement trend

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NHS Wales Performance Framework

Measures with target revisions

Measure	2021/22 Framework	2022/23 Framework
Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)* *Not applicable to Powys Provision	75%	Improvement trajectory towards a national target of 80% by 2026
Number of patients waiting over 8 weeks for a specified diagnostic	0	12 month reduction trend towards zero by spring 2024
Number of patients waiting more than 14 weeks for a specified therapy	0	12 month reduction trend towards zero by spring 2024
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Health Board specific target: a reduction of 55% against a baseline of March 2019	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021
Number of patients waiting more than 36 weeks for referral to treatment	0	Improvement trajectory towards a national target of zero by 2026
Percentage of patients waiting less than 26 weeks for treatment	95%	Improvement trajectory towards a national target of 95% by 2026
Percentage of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target	Maintain the 95% target or demonstrate an improvement trend over 12 months

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NHS Wales Performance Framework

Measures that are not appropriate for Powys as a provider to report (ongoing review)

Measure	Target
Number of Urgent Primary Care Centres (UPCC) established * <i>Acute provider measure only (TBC)</i>	Outlined in Health Board 6-goals Plan
Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time * <i>Acute provider measure only</i>	The most recent SSNAP UK national quarterly average
Median time from arrival at an emergency department to triage by a clinician * <i>Methodology not currently applicable to community care provider</i>	12 month reduction trend
Median time from arrival at an emergency department to assessment by a senior clinical decision maker * <i>Methodology not currently applicable to community care provider</i>	12 month reduction trend
Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours * <i>Acute provider measure only</i>	12 month improvement trend
Percentage of stroke patients who receive mechanical thrombectomy * <i>Acute provider measure only</i>	10%
Number of ambulance patient handovers over 1 hour * <i>Acute provider measure only</i>	0
Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days * <i>Methodology and appropriateness TBC</i>	50%
Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) * <i>Acute provider measure only</i>	Improvement trajectory towards a national target of 80% by 2026
Percentage of survival within 30 days of emergency admission for a hip fracture* * <i>Operational Measure not applicable as provider</i>	12 month improvement trend
Percentage of critical care bed days lost to delayed transfer of care (ICNARC) definition* * <i>Operational Measure</i>	Quarter on quarter reduction towards a target of 5%
Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to time and target* * <i>Operational Measure not currently applicable</i>	80%
Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to time and target* * <i>Operational Measure not currently applicable</i>	80%



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.

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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										Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Weight Management	Director of Public Health	3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
Smoking	Director of 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%
		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	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		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	11	'6 in 1' vaccine by age 1		95%	Q4 21/22	95.8%	96.1%	93.8%	6th	93.8%
		12	2 doses of the MMR vaccine by age 5		95%	Q4 21/22	90.3%	91.0%	94.4%	1st	90.8%
		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	15a	Coverage of cancer screening for: cervical		80%	2021/22	76.1%		72.7%	1st	69.5%
		15b	Coverage of cancer screening for: bowel		60%	2021/22	56.4%		68.3%	1st	67.1%
		15c	Coverage of cancer screening for: breast		70%	2019/20	69.1%		74.6%	1st	71.7%

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National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures							Performance			Welsh Government Benchmarking (*in arrears)	
Area	Executive 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 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	21	% 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	Jun-22	96.3%	87.0%	83.0%	3rd *	83.6%
		22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	Q1 22/23	7.9%	8.8%	8.1%	5th	11.8%
		25	MIU % patients who waited <4hr		95%	Jul-22	99.9%	99.9%	100.0%	1st	65.7%
		26	MIU patients who waited +12hrs		0	Jul-22	0	0	0	1st	10,696
		31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Jul-22	52.6%	45.0%	39.9%	7th	52.0%
Elective Planned Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards 0 by Spring 2024	Jul-22	169	18	8	1st *	16,961
		40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Jul-22	353	38	23	1st *	43,564
		41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Jul-22	19	171	180	1st *	12,811
		42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards 0 by 31/12/22	Jul-22	91	0	0	1st *	97,882
		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	FUP data is currently being validated for both reportable/non reportable specialties following reporting change to use WPAS national team stored procedure.					
		44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Jul-22	61.3%	61.8%	68.1%	2nd	63.3%
		LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	Jul-22	0.5%	0.5%	0.5%		
Elective Planned Care		45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Jul-22	0	0	0	1st *	62,136
		46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026	Jul-22	463	71	92	1st *	263,781
		47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026	Jul-22	89.1%	95.3%	95.0%	1st *	54.8%

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National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures						Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month 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	Jun-22	156	754	721		
		LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Jun-22	2663	2743	2778		
		LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Jun-22	4,448	4,980	5,109		
		LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Jun-22	61.1%	59.1%	60.1%		
Mental Health	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	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%	Jul-22	69.5%	91.3%	93.9%	3rd	42.9%
		50	Assessments <28 days <18	✓	80%	Jul-22	61.3%	97.4%	96.8%	1st*	50.2%
		51	Interventions <28 days <18	✓	80%	Jul-22	52.6%	70.6%	71.0%	1st*	40.8%
		52	% residents with CTP <18	✓	90%	Jul-22	85.7%	97.1%	100.0%	3rd*	73.5%
		53	Children/Young People neurodevelopmental waits	✓	80%	Jul-22	49.5%	90.2%	80.8%	1st*	37.4%
		55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Jun-22	100%	100%	100%	1st	90.9%
		56	% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%	Jun-22	100%	100%	100%	1st	100.0%
		57	Assessments <28 days 18+	✓	80%	Jul-22	91.4%	72.5%	74.2%	6th*	79.1%
		58	Interventions <28 days 18+	✓	80%	Jul-22	70.1%	37.4%	47.4%	6th*	68.5%
		59	Adult psychological therapy waiting < 26 weeks	✓	80%	Jul-22	95.2%	93.3%	94.3%	2nd*	73.7%
		60	% residents with CTP 18+	✓	90%	Jul-22	89.2%	84.7%	69.7%	5th*	84.1%
Hospital Infection Control	Director of Nursing	63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local	Jul-22			2.25	PTHB is not nationally benchmarked for infection rates	
		64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓		Jul-22			6.75		

Powell Bethan
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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										Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Staff Resources	Director of Finance and ICT	67	Agency spend as a percentage of the total pay bill	✓	12m↓	Jul-22	9.8%	10.8%	11.2%	10th (Mar-22)	8.5% (Mar-22)
	Director of Workforce and OD	68	(R12) Sickness Absence	✓	12m↓	Jul-22	5.1%	5.8%	5.9%	3rd (Mar-22)	6.89% (Mar-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%	Not currently available	
Training & Development	Director of Workforce and OD	70	Core Skills Mandatory Training	✓	85%	Jul-22	80.0%	84.2%	81.0%	2nd (Mar-22)	79.0% (Mar-22)
		71	Performance Appraisals (PADR)	✓	85%	Jul-22	69.0%	72.0%	73.0%	1st (Mar-22)	57.2% (Mar-22)
Staff Engagement	Director of Workforce and OD	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%

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National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures										Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Decarbonisation	Director of Environment	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	20,028		17,021	2nd*	1,001,378
New Ways of Working	Director of Finance and ICT	78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q1 22/23	235	22,473	28,438	5th	456,210
		79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q1 22/23	2	7	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	Jun-22	99.4%	82.8%	100%	1st	81.0%
Clinically Effective Prescribing	Medical Director	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
		93	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

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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	Jul-22	2.80%	2.14%	1.98%
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%

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Quadruple Aim 1

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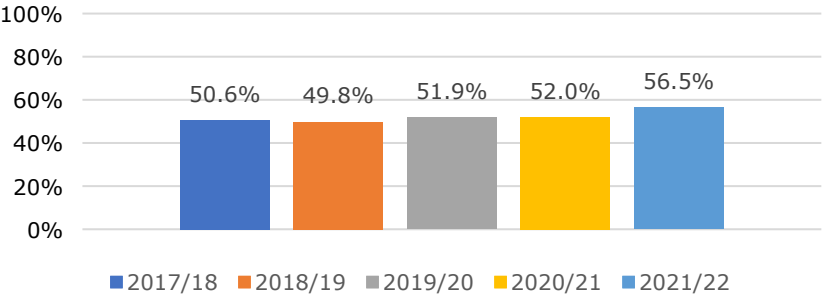
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People in Wales have improved health and well-being and better prevention and self-management

Breastfeeding

Percentage of babies who are exclusively breastfed at 10 days old

Percentage of babies who are exclusively breastfed at 10 days old



Performance 2021/22	
Local 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	Issues	Actions	Mitigations
<div>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.</div> <div>Powell Bethan 07/09/2022 17:56:13</div>			

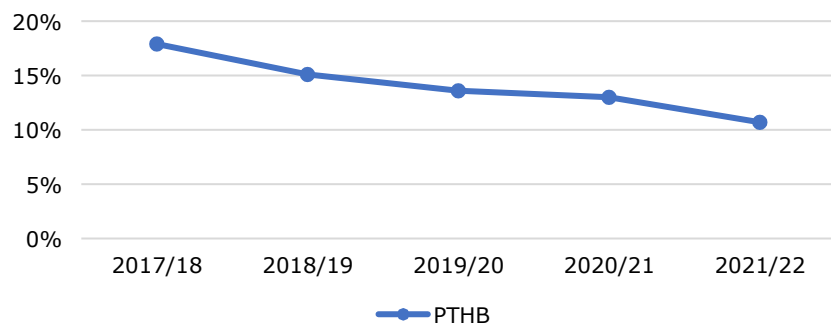


People in Wales have improved health and well-being and better prevention and self-management

Smoking

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

Percentage of adult reporting they currently smoke daily or occasionally



Performance 2021/22	
Local 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. Face to face smoking cessation support is 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.



Quadruple Aim 1

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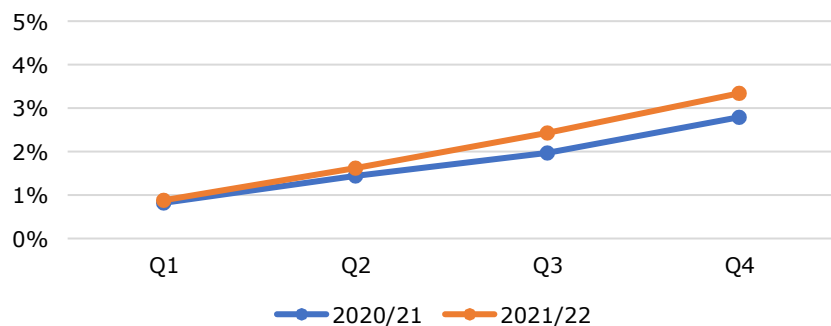
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People in Wales have improved health and well-being and better prevention and self-management

Smoking

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

Percentage of adult smokers who make a quit attempt



Performance Q4 2021/22

Local 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 2020-21, 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. Following the pandemic only 8 out of the 21 pharmacies in Powys are actively providing the Level 3 service.

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.

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.

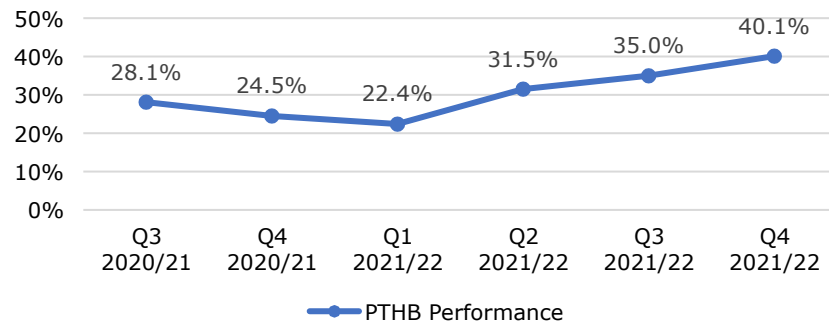


People in Wales have improved health and well-being and better prevention and self-management

Diabetes

Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

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



Performance Q4 2021/22

Local 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 LeadTBC

Officer LeadTBC

Strategic Priority2

"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. This benchmarks favourably against the All Wales average of 28.4% for the same period.

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Issues

Actions

Mitigations

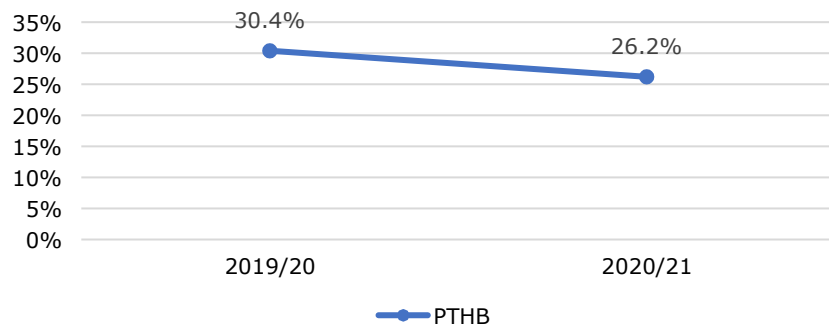


People in Wales have improved health and well-being and better prevention and self-management

Diabetes

Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months

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

**Performance 2020/21**

Local 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 TBC**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%.

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Issues**Actions****Mitigations**



Quadruple Aim 1

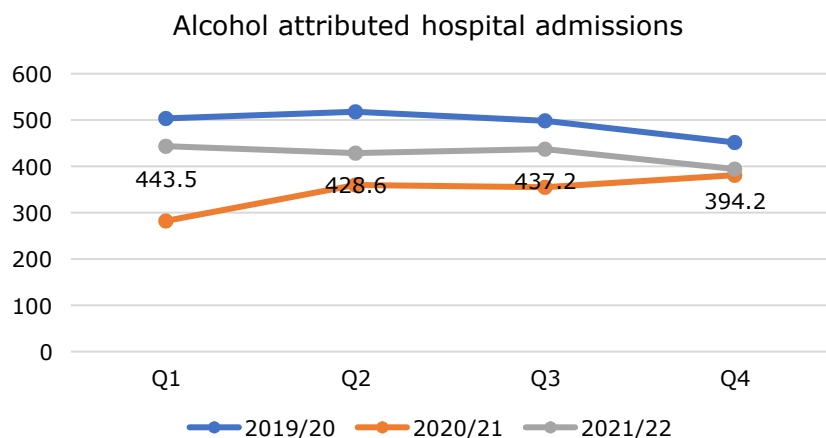
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9

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)



Performance Q4 2021/22

Local 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

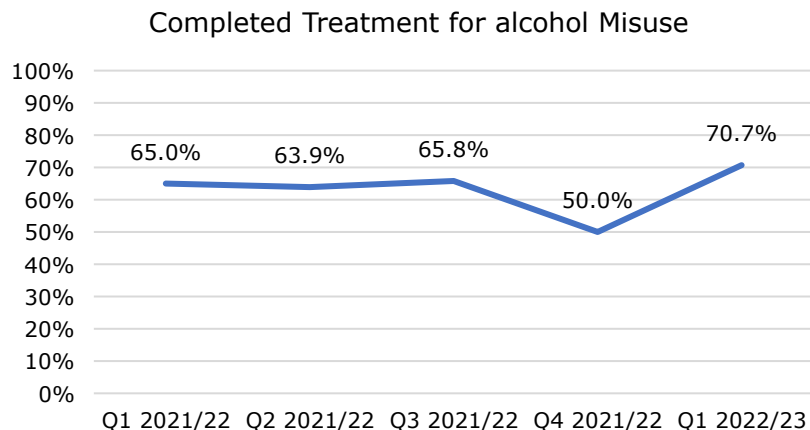
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10

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



Performance Q1 2022/23

Local 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

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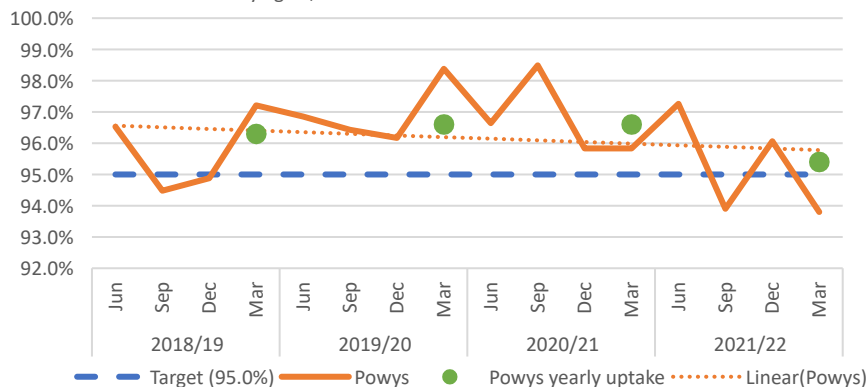
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People in Wales have improved health and well-being and better prevention and self-management

Childhood Vaccinations

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

Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1, Jan 2018 - Mar 2022 – Source PTHB PH



Performance Q4 2021/22

Local Performance	All Wales Benchmark
93.8%	6 th (94.9%)

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

PTHB normally performs consistently above the 95% target for coverage of the 6 in 1 vaccinations. The latest Q1 2022 ending March 2022 has shown a decrease in uptake, taking the health board below the uptake target of 95%.

This trend has been seen across Wales with the national average dropping from 95.9% in December 2021 to 94.9% in March 2022. However, when looking at the overall year April 2021-March 2022 our uptake 95.4%, remains above the target.

Issues

Actions

This decrease in uptake for this quarter will be monitored to ensure that children due during this period are vaccinated, as the data may show individuals delaying vaccination during the quarter. If required, individual practices will be approached to help understand any barriers. Work is underway to develop an enhanced primary care dashboard to identify any variation.

Mitigations

None required



Quadruple Aim 1

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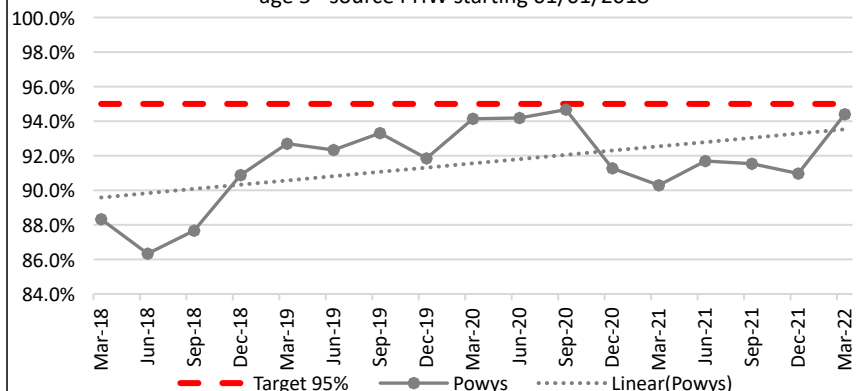
12

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

Percentage of children who received 2 doses of the MMR vaccine by age 5 - source PHW starting 01/01/2018



Performance Q4 2021/22

Local Performance	All Wales Benchmark
94.4%	1 st (90.8%)

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 is the highest in Wales at 94.4%, and only slightly below the 95% target. Performance has improved steadily and is well above the all Wales average of 90.8% for Q4 2022 (Jan-March 2022).

Issues

The previous decrease in MMR uptake at age 5 years during 2021 may reflect the impact of the pandemic, individual willingness to take children to be vaccinated during the pandemic, along with primary care workforce capacity, patient flow and social distancing.

Actions

The current up turn in rates will be monitored for further learning and improvement, with discussions with individual GP Practices as required.

Mitigations

None required



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

Influenza Vaccination

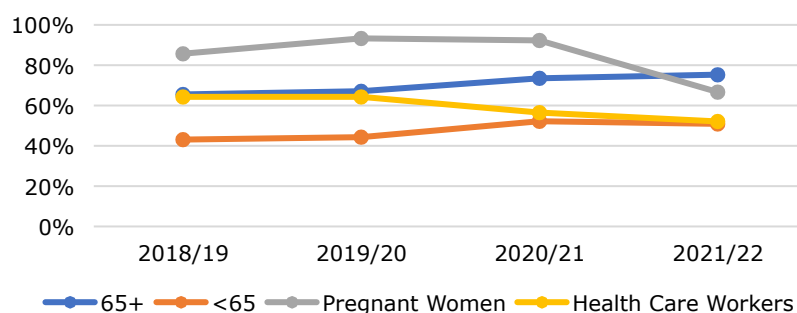
Uptake of the influenza vaccination among: 65 year olds and over, under 65s in risk groups, pregnant women, and health care workers.

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 going to be trialled with the aim of improving uptake; with the support and back up of peer vaccinators.

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

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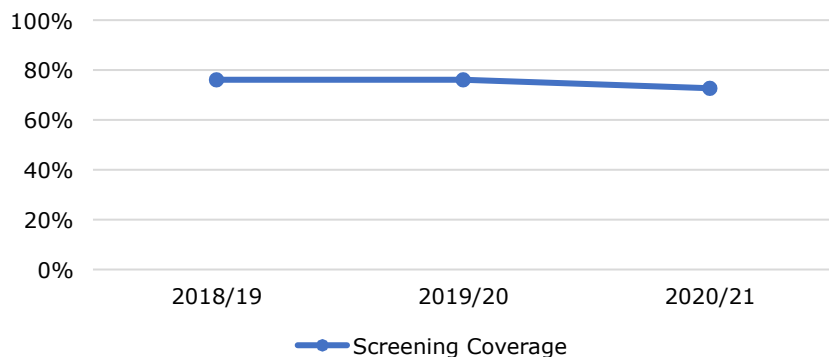
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People in Wales have improved health and well-being and better prevention and self-management

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

Coverage of cancer screening for: cervical



Performance 2020/21	
Local 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
<p>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 1st with an uptake of 72.2% in 2020/21, which is above the Wales average of 69.5%.</p> <p>However, this is below the 80% 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. Further screening information available in appendix 2</p>	<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>	<p>Although PTHB has the highest uptake of cervical screening in Wales it should be noted that it is below the 80% target.</p> <p>Screening services have implemented an action plan to catchup on delayed screening offers of appointment and has fully recovered from impact of pandemic during 2021/22.</p> <p>With the slight difference in uptake between the north and south GP Clusters there is opportunity to identify any barriers and sharing of good practice.</p>	<p>None currently</p>



Quadruple Aim 1

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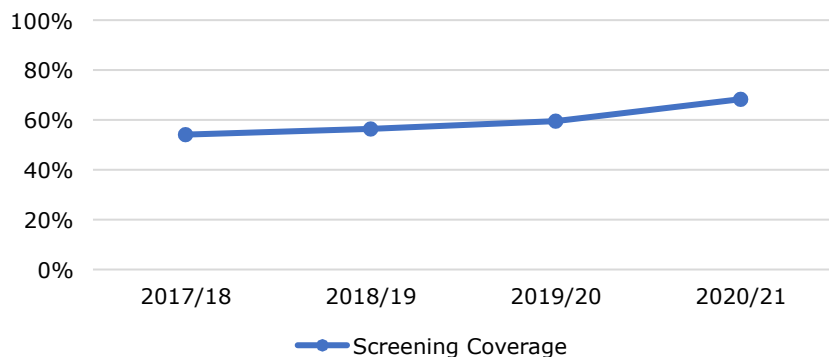
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People in Wales have improved health and well-being and better prevention and self-management

Cancer Screening

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

Coverage of cancer screening for: bowel



Performance 2020/21	
Local 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>Further screening information available in appendix 2</p>	None presently	PTHB will continue to support the roll out and extension of the bowel screening programme.	None required



Quadruple Aim 1

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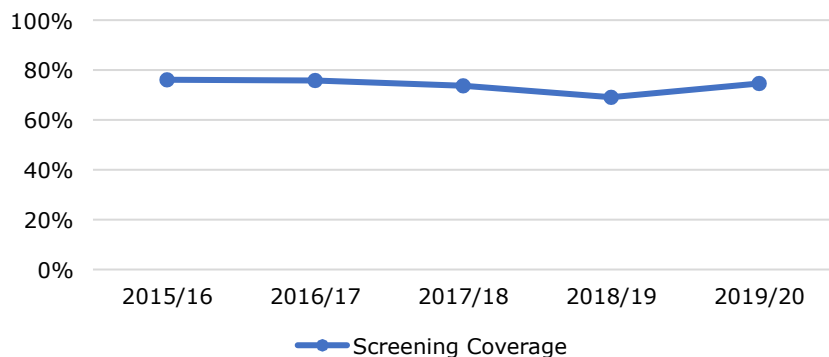
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People in Wales have improved health and well-being and better prevention and self-management

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

Coverage of cancer screening for: breast



Performance 2019/20	
Local Performance	All Wales Benchmark
74.6%	1 st (71.7%)
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

Coverage for breast screening improved in 2019/20 to 74.6%, above the average for the past 5 years. PTHB is target compliant and benchmarks positively against the All Wales average of 71.7%.

Further screening information available in [appendix 2](#)

Issues

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.

Actions

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.

Mitigations



Quadruple Aim 2

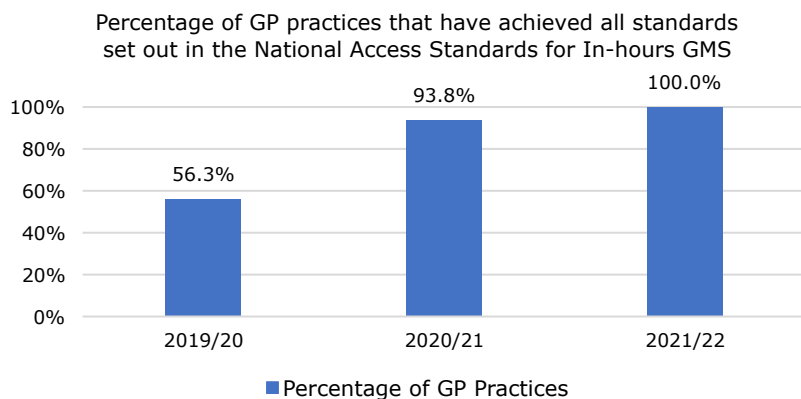
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

In-hours GP Access

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



Performance 2021/22	
Local 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.

Issues

Actions

Mitigations

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



Quadruple Aim 2

No.

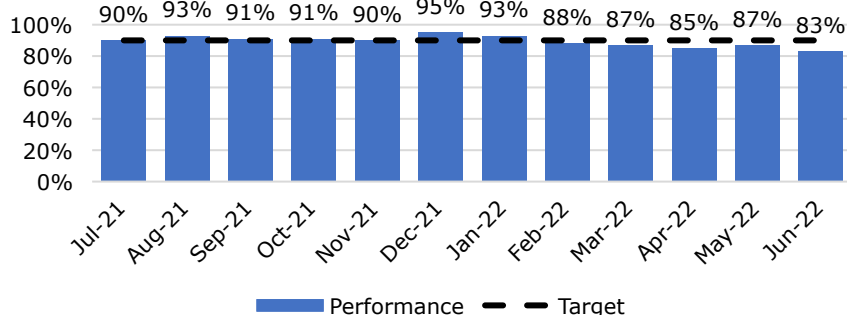
21

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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

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



April 2022 Performance

Local Performance	All Wales Benchmark
85%	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

- The IT systems supporting the PTHB out of hours service (OOH) provision are not able to fully report against the OOH standards. The data provided is limited by challenges around information flow between systems e.g., 111 & Shropdoc, and 111 & SBUHB Adastra system. Accurate 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 2022.
- 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 SBUHB OOH service. It is unclear at the moment what data will be available for August and September. Four Nation updates are advising that it will likely be the end of September at the earliest until NHS Wales are in a position to reinstate Adastra.

Actions

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

Mitigations

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



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Conveyance

Percentage of total conveyances taken to a service other than a Type One Emergency Department

Executive Lead

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

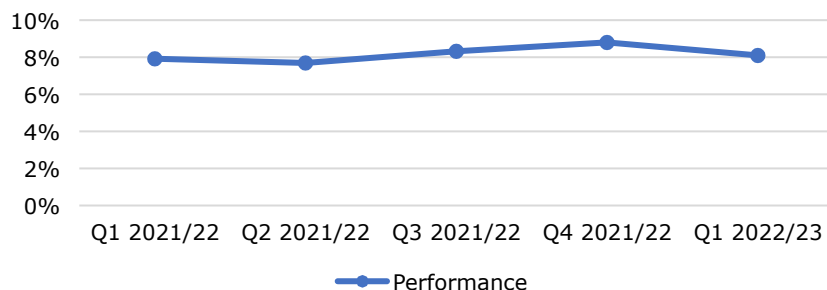
Officer Lead

TBC

Strategic Priority

11

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



Q1 2022/23 Performance

Local 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

"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

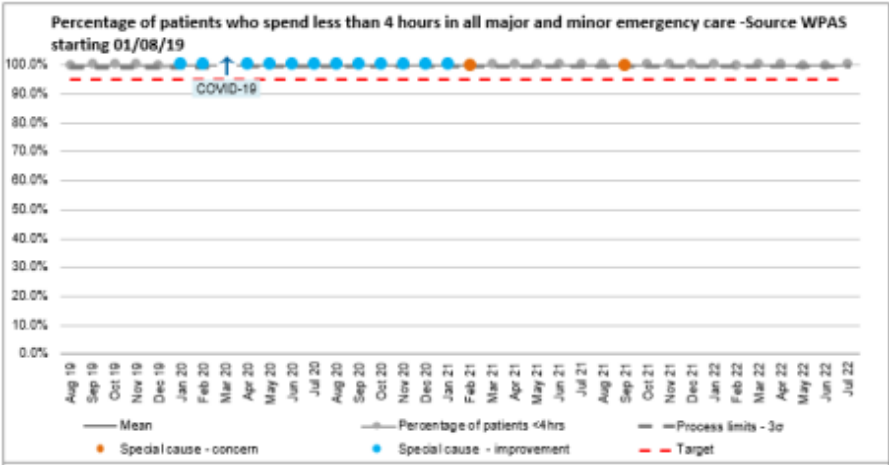


Quadruple Aim 2

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



July 2022 Performance	
Local Performance	All Wales Benchmark
100%	(1 st 65.7%)
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	Issues	Actions	Mitigations
MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average was 65.7% but this is non comparable due to the provider service types e.g., minor vs mixed units including tier 1. <div>Well Bethan07/09/2022 17:56:13</div>	No issues with MIU performance as reflected in data. Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.	A standard operating procedure (SOP) and training has been done on the management of delays which has been signed off by the medical director and head of nursing.	Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.



Quadruple Aim 2

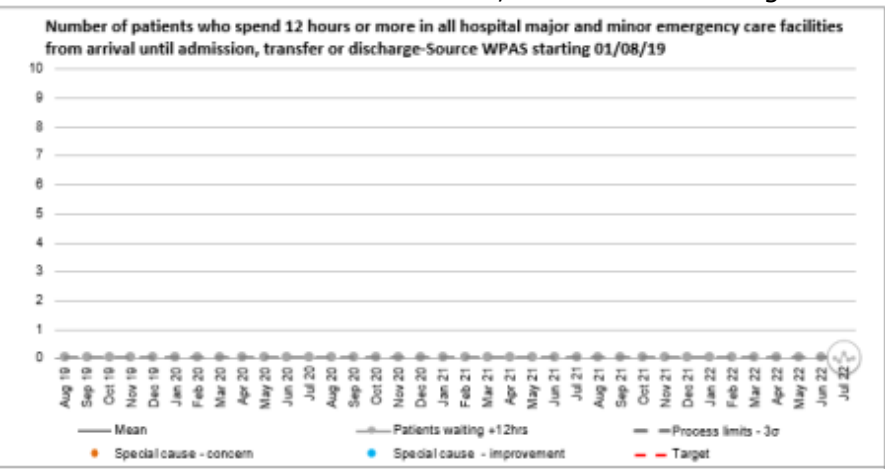
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Minor Injury Unit (MIU) Performance

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



July 2022 Performance	
Local Performance	All Wales Benchmark
0	(1 st 10,696)
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	Issues	Actions	Mitigations
<p>MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis.</p> <p>The All Wales total of patients waiting for admission over 12 hours in major and minor emergency care reached a 12 month high of 10,696.</p>	<p>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.</p>	<p>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</p>	<p>Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.</p>



Quadruple Aim 2

No.

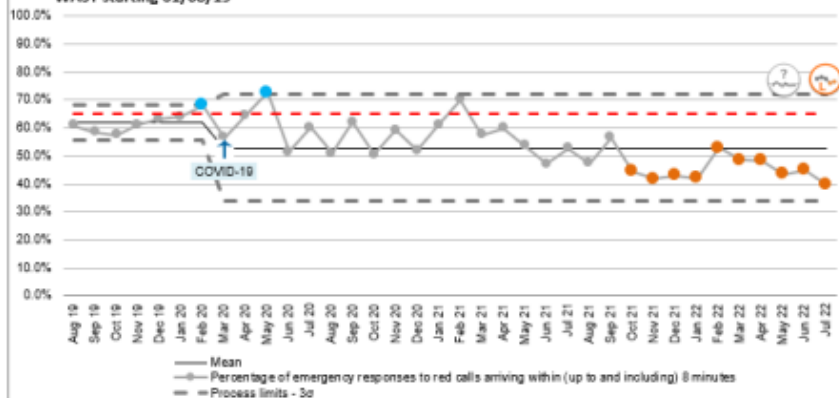
31

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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 01/08/19



July 2022 Performance

Local Performance	All Wales Benchmark
39.9%	7 th (52.0%)

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 is special cause concern and could show a shift in process with 10 sequential points below the mean. Powys ranks 7th, below the All Wales average of 52.0%.

Powell Bethan
07/09/2022 17:56:13

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

WAST have deployed additional staff resource including military personnel to cover actual ambulance crew sickness. Military support is expected to end at the end of March

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

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

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

Mitigations

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



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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

- All patients go through the D2RA process when stepped down from acute hospitals to a community hospital (this is itself a D2RA discharge pathway process). You could therefore class all admissions from acutes as those being discharges on a D2RA pathway (and the HB reports as such to the Delivery Unit until D2RA return for our delays).
- Patients who go through the "true" D2RA pathway straight from acute sites are classed as home first but will not be applicable within the methodology currently for this measure.
- To inform community development discharge pathways have been implemented onto WPAS. Compliance is poor as seen with Estimated Discharge Dates on WPAS by the wards. Discussions on fields being created as mandatory is not considered feasible as this will be a national decision and pathways may differ

Actions

- Report required & requested from informatics on non compliance. Discussing on discharge day with ward sisters on 6th September to improve compliance.

Mitigations

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

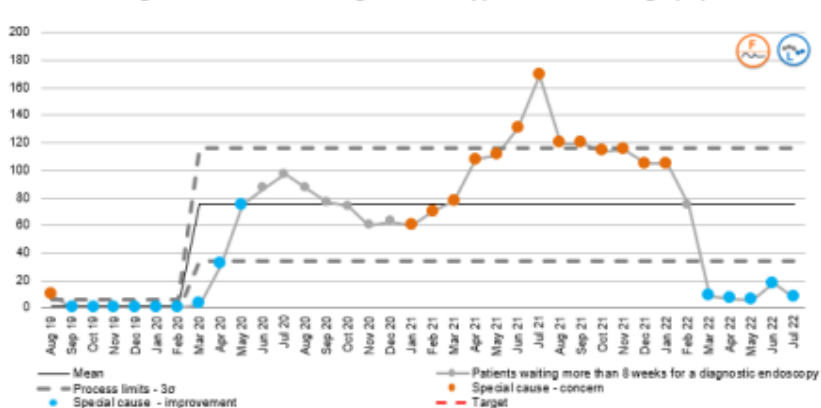


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Diagnostic Breaches

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

Patients waiting more than 8 weeks for a Diagnostic Endoscopy- Source WPAS starting 01/08/19



July 2022 Performance

Local Performance	All Wales Benchmark
8	1 st (16,961)*

Special Cause-Improvement

Target

Improvement trajectory 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

"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."

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 a special cause-improvement for the last 5 months.
- The breaches that remain are in Colonoscopy, Gastroscopy and Flexible Sigmoidoscopy.

Issues

- 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 CTMUHB
- 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

Actions

- 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 virtual 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
- Working with PHW Bowel Screening Wales on regional solutions to service sustainability, CTMUHB specialist nurse post providing in reach into PTHB service
- Have requested capacity support from HBs & NHS trust for lowers current no sessions forthcoming due to DGH backlogs
- Working closely with WVT to repatriate gastro back to LWH, ongoing work with ABUHB.

Mitigations

- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity to be provided to address routine backlog commenced in March 2022 and extended to Q3
- Working at Regional level to support service sustainability

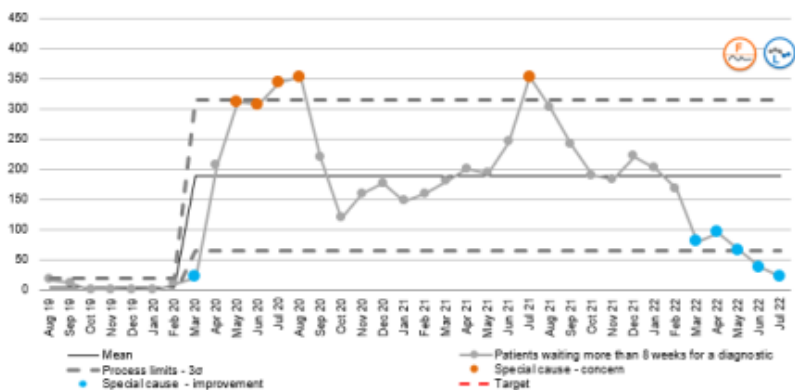


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Diagnostic Breaches

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

Patients waiting more than 8 weeks for a diagnostic - Source WPAS starting 01/08/19



July 2022 Performance

Local Performance	All Wales Benchmark
23	1 st (43,564)*

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

The diagnostic performance recovery remains fragile for the provider since the impact, and suspension of services from COVID-19 in Wales. Breaches are much reduced since peaking 12 months ago. July performance is compliant with target and the variance shows as special cause improvement for the past five months. Non-obstetric ultrasound remains challenged.

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 measure 39 slide (previous)

Issues

Non Obstetric Ultrasound (NOUS)

- PTHB have appointed own Sonographers
- The specialist NOUS e.g. MSK (out of the scope of Powys's practitioners) are the breachers

Actions

Non Obstetric Ultrasound (NOUS)

- Liaising with external providers to provide a plan

Mitigations

Non Obstetric Ultrasound (NOUS)

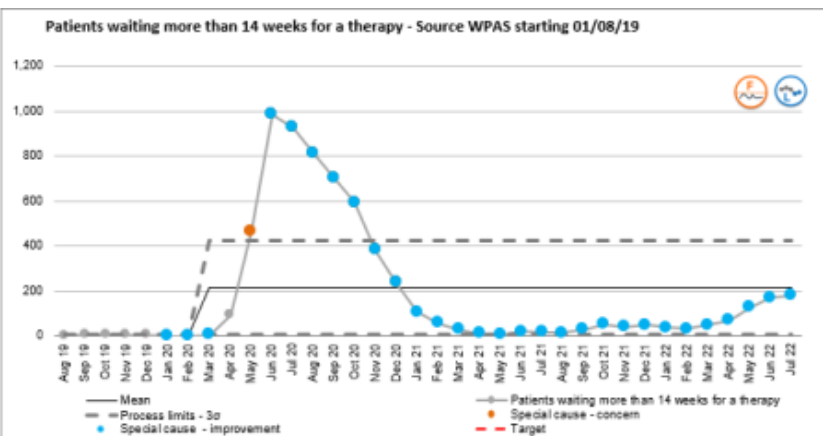
Continuous monitoring of waiting list



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Therapy Breaches

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



July 2022 Performance

Local Performance	All Wales Benchmark
180	1 st (12,811)*

Variance Type

Special Cause - Improvement

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

Therapy performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. The service shows as special cause improvement since June 2020, however breach numbers have increased over the past year and performance is not compliant with target.

Breaches remain in Audiology, Podiatry, Physiotherapy and adult Speech & Language Therapy.

Issues

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

Actions

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

Mitigations

To be confirmed if actions fail to resolve current performance shortfall

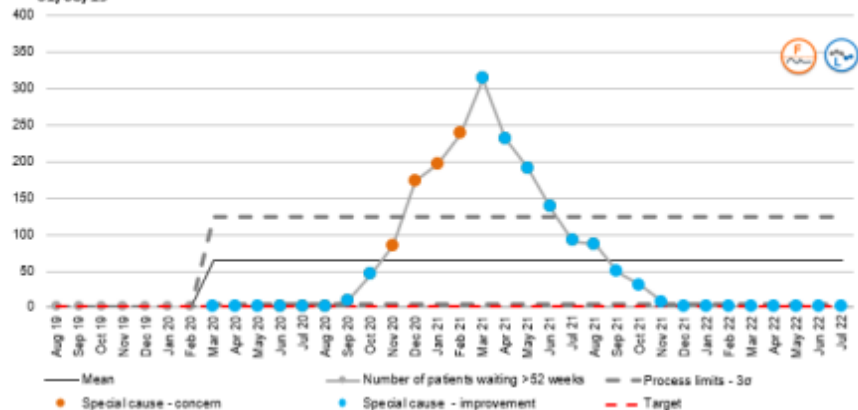


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New Outpatient

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

Patients Waiting >52 weeks for a New Outpatient Appointment-Powys Teaching Health Board starting 01/08/19



July 2022 Performance

Local Performance	All Wales Benchmark
0	1 st (97,882)*

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 for a new out patient appointment. Although this peaked during Q4 20/21 the backlog had been successfully dealt with for the last 8 months of reporting

However, Powys residents breach the 52 week target within commissioned health care providers.

Issues

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

Actions

- Significant programme of 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 SOS/PIFU across specialities.
- Managing SLAs via PTHB CAF process with in reach providers.



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Follow up Outpatient

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

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

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

No performance data for these measures is currently available.

Powell Bethan
07/09/2022 17:56:13

Issues

The health board has an ongoing challenge to validate the follow-up waiting list especially within the non-reportable specialties.

Actions

- All main planned care reportable specialties have returned their validation work although the deadline had to be extended for several key areas who had significant staff challenges.
- Phase 2 will be during September where those records which have found to be system errors will be cleansed.

Mitigations

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



Quadruple Aim 2

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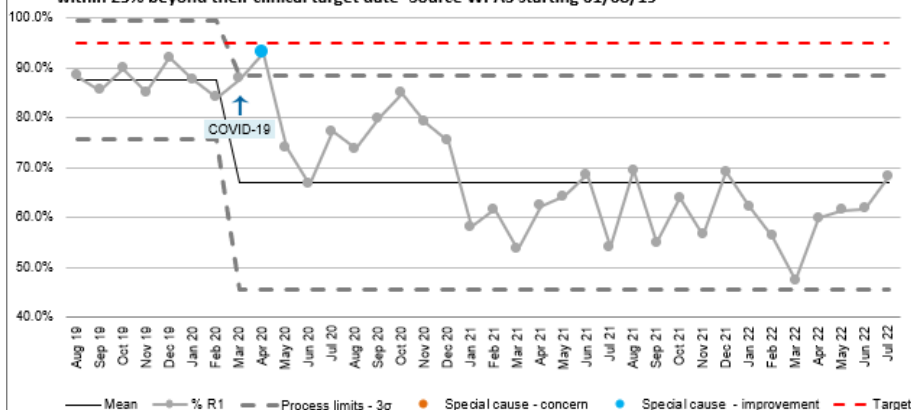
44

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Ophthalmology

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

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date- Source WPAS starting 01/08/19



What the chart tells us

Performance for R1 appointments attended does not meet the 95% target (68.1%) in July. Performance remains common cause variation but has improved to above the post pandemic start mean. The health board is currently benchmarked 2nd in Wales against a national performance of 63.3%.

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

July 2022 Performance

Local Performance	All Wales Benchmark
68.1%	2 nd (63.3%)

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
07/09/2022 17:56:13



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 was delayed until May 2022 and National system & IG issues are flagged. 	<ul style="list-style-type: none"> Wet 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 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. 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- 2x posts out to advert in Sept 22inc 1 North Powys, 1 OP Transformation. 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 – pilot commenced Aug 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. July 22 – no patients waiting over 52 weeks for Eye Care (to note significant in reach extended leave during Summer 22 inc. sabbatical), Eye Care Measures position improvement 86% & 68%. 	<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
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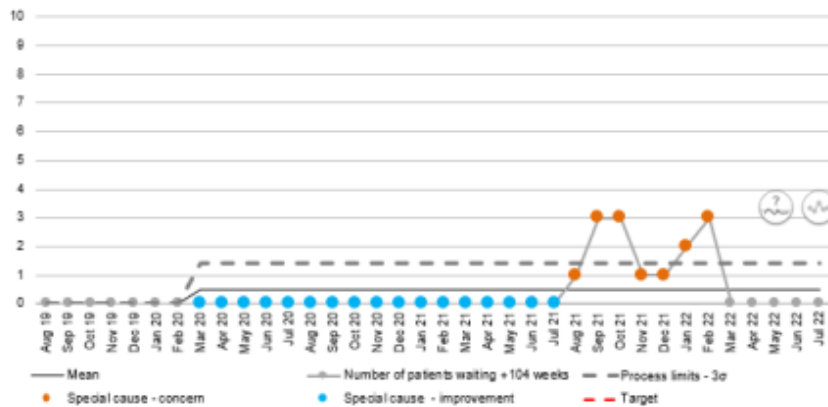


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Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 104 weeks for treatment

Patients Waiting +104 weeks Including D&T-Powys Teaching Health Board starting 01/08/19



July 2022 Performance

Local Performance	All Wales Benchmark
0	1 st (62,136)*

Variance Type

Common Cause

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 with 721 pathways reported for the June 22 snapshot.

Issues

Actions

Mitigations

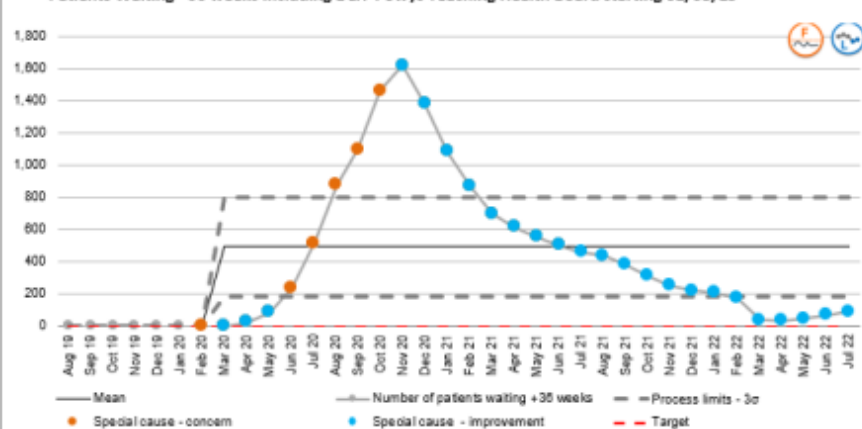


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Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment

Patients Waiting +36 weeks Including D&T-Powys Teaching Health Board starting 01/08/19



July 2022 Performance

Local Performance	All Wales Benchmark
92	1 st (263,781)*

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

Planned care services have demonstrated exemplar recovery progress prior to Welsh Government recovery monies, outsource contracts, and transformational workstreams. Since Q3 2020 the recovery of long waiters has reported special cause improvement. Increased demand during Q1 especially for USC or urgent referrals and service fragility has increased the number of pathways waiting 36+ weeks.

Actions

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

Mitigations

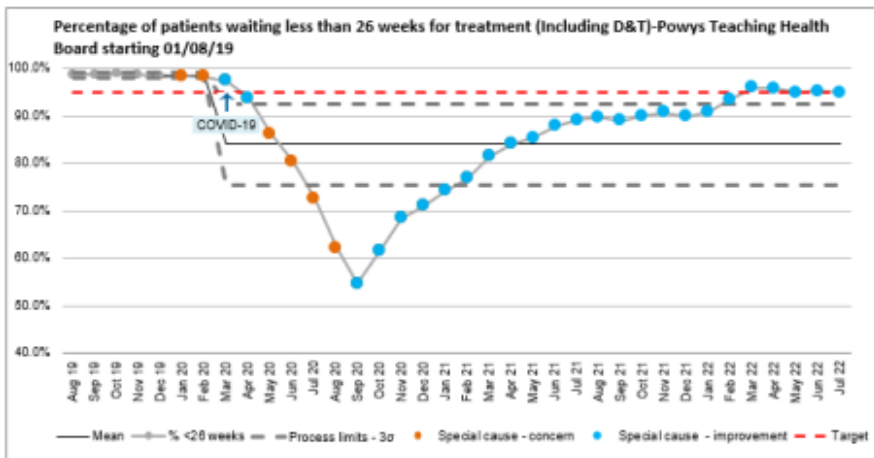
- National Planned Care Programme is developing national harm review processes and national system.
- Additional capacity in place from February 2022, this is now extended to Q3 – insourcing
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national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



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Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment



July 2022 Performance

Local Performance	All Wales Benchmark
95.0%	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 waits by specialty and band	July 22 Weeks wait band						
Main Specialty	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	Grand Total
100 - GENERAL SURGERY	332	12	15	—	—	—	359
101 - UROLOGY	92	20	8	—	—	—	120
110 - TRAUMA & ORTHOPAEDICS	511	43	22	—	—	—	576
120 - ENT	445	14	3	—	—	—	462
130 - OPHTHALMOLOGY	861	85	9	—	—	—	955
140 - ORAL SURGERY	206	39	22	—	—	—	267
143 - ORTHODONTICS	19	—	—	—	—	—	19
191 - PAIN MANAGEMENT	182	1	1	—	—	—	184
300 - GENERAL MEDICINE	40	2	—	—	—	—	42
320 - CARDIOLOGY	151	10	1	—	—	—	162
330 - DERMATOLOGY	77	—	5	—	—	—	82
410 - RHEUMATOLOGY	114	6	2	—	—	—	122
420 - PAEDIATRICS	40	3	—	—	—	—	43
430 - GERIATRIC MEDICINE	15	—	—	—	—	—	15
502 - GYNAECOLOGY	239	16	—	—	—	—	255
998- DIAGNOSTIC SERVICES	69	1	2	—	—	—	72
999- AHP SERVICES	3252	7	1	1	—	—	3261
Grand Total	6645	259	91	1	0	0	6996

What the chart tells us

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

The service in July reported 95.0% 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 WVT to resolve and develop forward plan, managed via PTHB CQPRM CAF processes.

[Actions and Mitigations on previous page](#)



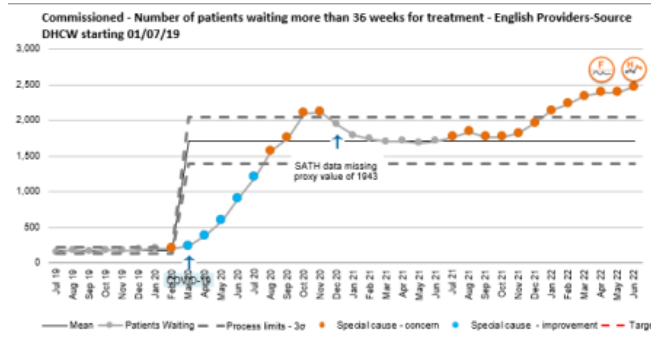
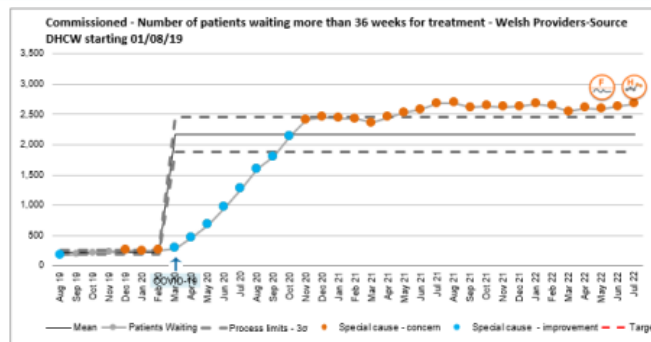
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Referral to Treatment Commissioned

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

Welsh Providers	Jul-22	Patients Waiting						Total Waiting
	% 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	
Aneurin Bevan Local Health Board	63.9%	1517	288	216	166	76	110	2373
Betsi Cadwaladr University Local Health Board	48.8%	301	45	78	92	38	63	617
Cardiff & Vale University Local Health Board	52.5%	219	42	41	39	28	48	417
Cwm Taf Morgannwg University Local Health Board	45.8%	254	49	72	69	32	79	555
Hywel Dda Local Health Board	55.5%	839	113	178	141	130	111	1512
Swansea Bay University Local Health Board	48.6%	975	162	259	196	142	271	2005
Total	54.9%	4105	699	844	703	446	682	7479

English Providers	Jun-22	Patients Waiting						Total Waiting
	% 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	
English Other	73.3%	269	36	43	15	4	0	367
Robert Jones & Agnes Hunt Orthopaedic & District Trust	57.6%	1634	345	423	301	110	22	2835
Shrewsbury & Telford Hospital NHS Trust	66.9%	2736	457	567	286	41	0	4087
Wye Valley NHS Trust	65.7%	2129	450	502	139	22	0	3242
Total	64.3%	6768	1288	1535	741	177	22	10531



What the chart tells us

Welsh commissioned provider performance has seen limited improvement against the under 26 week position with 54.9% reported in July. Patients waiting over 36 weeks has increased to 2,675 (special cause for concern).

English commissioned provider performance has improved slightly with 64.3% waiting under 26 weeks, however those patients waiting over 36 weeks continues to report special cause concern with 2,475 waiting longer than 36 weeks.

When comparing the June 22 snapshot and the very long wait challenge (over 104 week waits) residents waiting in Wales are significantly impacted (699 pathways) compared with English services (22 pathways).

Actions and Mitigations

- The outlook for referral to treatment (RTT) times and the recovery of performance back to the standard is forecast to take a number of years (3 to 5) to achieve for most acute hospital providers. In the meantime patients are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.
- Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.
- As part of planning for 2022/23, the Health Board will be working with all providers to ascertain what progress will be made particularly with the reduction in extreme long waiters.
- The new targets in Wales hold all providers against recovery profiles submitted to Welsh Government ([available in appendix 1](#))
- Significant challenge of patient access equity linked to differing rates of commissioned provider recovery, work to assess support and potentially repatriate appropriate patients is currently underway.
- The new Delivery Unit coordinated Welsh waiting list report has started from week 2 August with Powys receiving the first exert on the 02/09/2022, as part of the centralised identifiable waiting list approach. This information will now be used to prompt discussions with Commissioned care providers and support their recovery, including repatriation scoping exercise.

Data Quality & Source

DHCW



Quadruple Aim 2

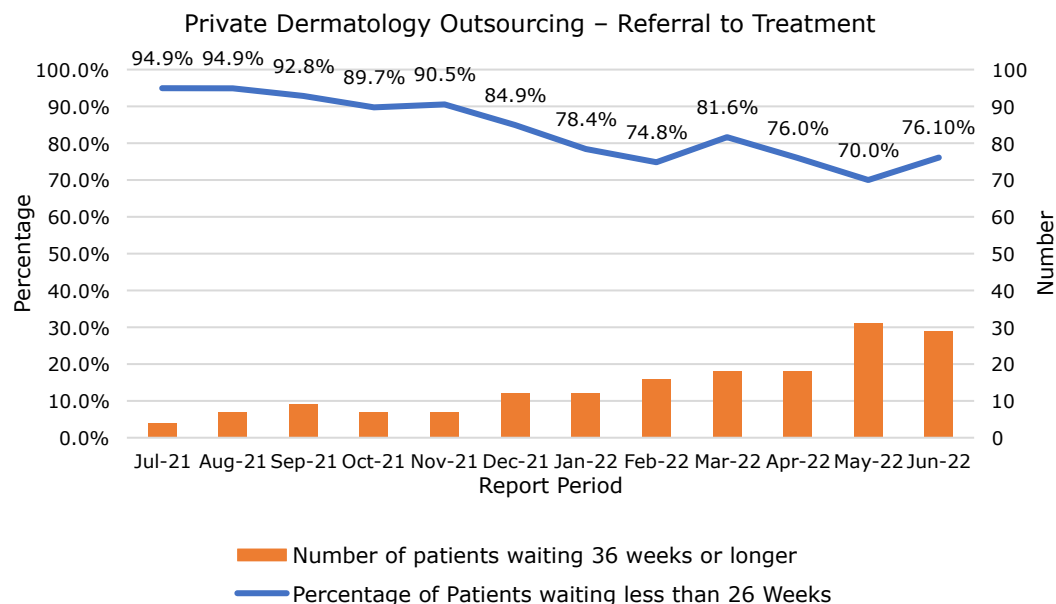
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Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment



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

Data Quality & Source

Direct feed – private provider

What the chart tells us

Performance at the private provider improved during the latest reported period (June-22). The total waiting patients have increased to 489 following increasing service demand with 76.1% under 26 weeks, and a reduced 29 patients waiting longer than 36 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.



Quadruple Aim 2

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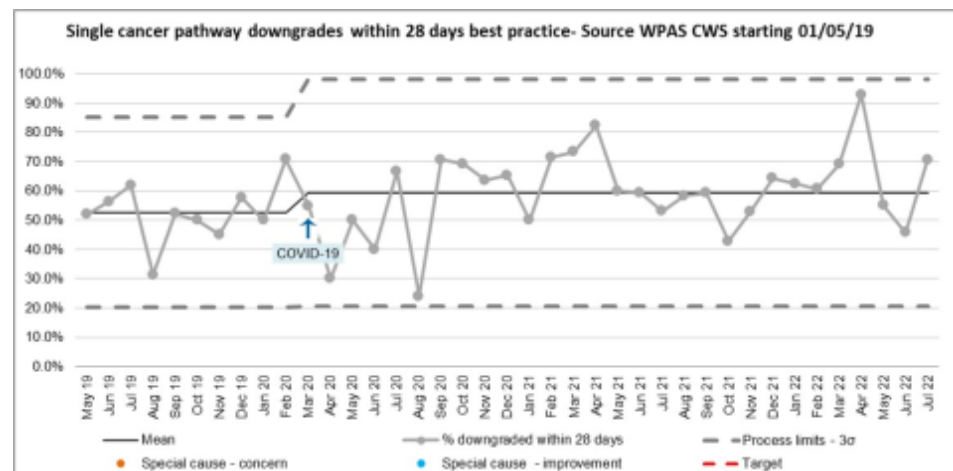
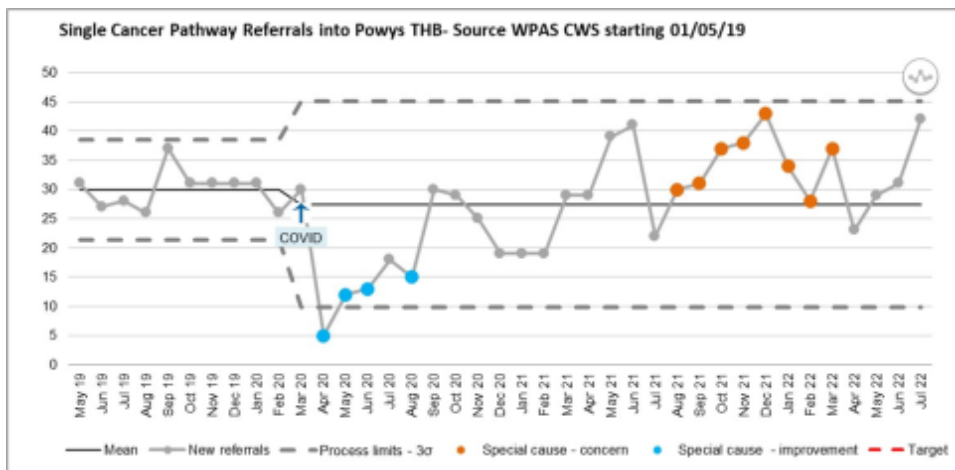
Provider Single Cancer Pathway (SCP) Reported Performance

Patient referrals and downgrade performance against 28 day best practice.

Executive Lead n Medical Director

Officer Lead TBC

Strategic Priority 7



What the data tells us

- During July 42 patients started an SCP pathway within provider, this figure continues the predominate trend of above mean referrals for the last 12 month.
- The downgrade performance (70.6% July-22) against the best practice guidance for those patients who **DO NOT** have cancer being told within 28 days.

Issues

- Low number of both referrals and downgrades cause significant fluctuation in the provider, and the majority of referrals go from primary to secondary acute care directly (especially in North and South West Powys).

Actions

- The Cancer Services Tracker continuously monitors live data for PTHB as a provider.
- 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.

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Commissioned Services Single Cancer Pathway (SCP) Breach Performance

Executive Lead n Medical Director

Officer Lead TBC

Strategic Priority 7

Data Quality & Source

DHCW

Welsh SCP pathways breaching by provider – source DHCW

ProviderOrgDesc	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	Total
Aneurin Bevan Local Health Board	3	5	4	2	1	12	6	6	2	4	8	5	58
Betsi Cadwaladr University Local Health Board	1				2					2			5
Cardiff & Vale University Local Health Board							1				6	2	9
Cwm Taf Morgannwg University Local Health Board	3	1	2	2	1	2	3		5	3	4	6	32
Hywel Dda Local Health Board	1	2	3	6	4	5	1	7	2	12	10	5	58
Swansea Bay University Local Health Board	2	3	2	6	1	2	5	2	4	3	1	6	37
Total	10	11	11	16	9	21	16	15	13	24	29	24	199

Commissioned services - What the table tells us

Welsh Providers

- The number of breaches reported in Welsh Commissioned services have increased during Q1 into Q2 with 24 breaches at the latest July 22 snapshot.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 3 breaches of their cancer pathway reported for June 2022, 1 patient was reported as waiting over 104 days.
- Wye Valley NHS Trust (WVT) – No breach data has been provided since the last January update as a result of staff change and data flow in Hereford. This has been escalated to the Director of Planning and Performance

Issues

- Powys Teaching Health Board does not have access to the SCP open pathways information, as such breaches are reported post event.
- Commissioned provider breach counts are being updated retrospectively following validation.
- Service pressures are impacting cancer treatment, 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.

Actions

- Cancer breaches / performance are included in the PTHB Commissioning Assurance Framework for each provider. 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 using pilot funding from the Wales Cancer Network

Mitigations

- Finalisation of the new business intelligence tool to enhance tracking is being undertaken prior to tool going live October 22.
- Further refinement of the tool is to take place October 22 – March 23 subject to Wales Cancer Network non recurrent funding.
- The pilot of the temporary cancer tracker support will be evaluated.
- Organisationally, through operational and commissioning routes, validation of waiting lists continues.



Quadruple Aim 2

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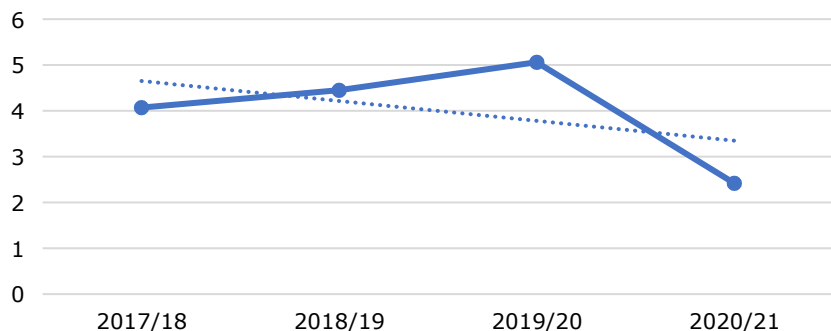
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Self-Harm

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

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



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

Mitigations

See actions.



Quadruple Aim 2

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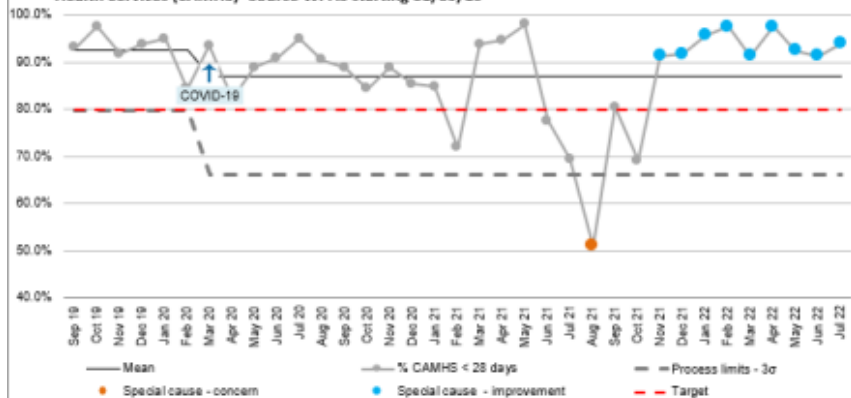
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CAMHS

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

Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)- Source WPAS starting 01/09/19



Performance July 2022

Local Performance	All Wales Benchmark
93.9%	3 rd (42.9%)

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 remains robust and achieving national targets.

Powell Bethan
07/09/2022 17:56:13

Issues

Performance would be further improved by;

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

Actions

New recruitment campaign is underway.

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

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

Mitigations

See actions.



Quadruple Aim 2

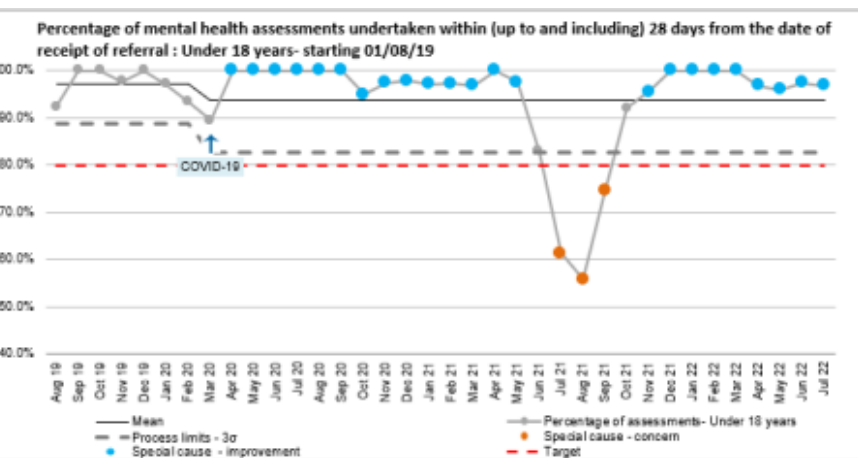
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Mental Health Assessments, <18s

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



Performance July 2022

Local	All Wales
96.8%	1 st (50.2%)*
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

Performance has reported 96.8% compliance. Powys performance is significantly higher than the All Wales benchmark for June.

Powell Bethan
07/09/2022 17:56:13

Issues

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.

Actions

Mitigations



Quadruple Aim 2

No.

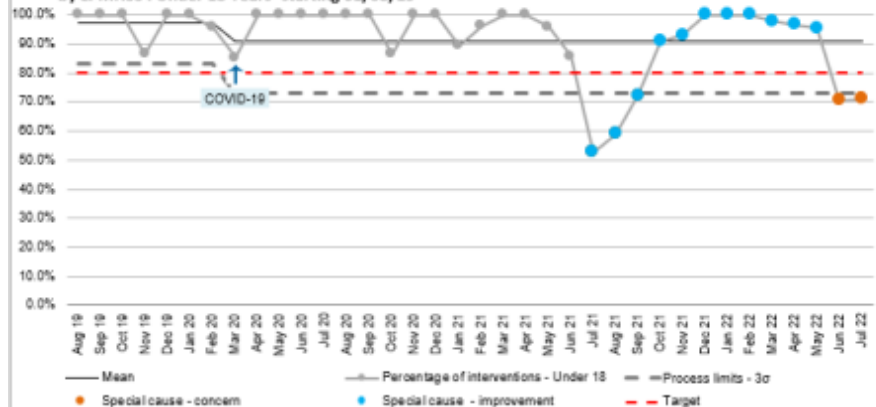
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Mental Health Interventions, <18s

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

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- starting 01/08/19



Performance July 2022

Local	All Wales
71.0%	1 st (40.8%)*
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 71% compliance in July. This is below target, below the lower control limit and a special cause concern. However, PTHB benchmarks favourably against the All Wales average of 40.8% (June).

Issues

Performance in terms of interventions within 28 days

Staff sickness, vacant posts, annual leave within the team and demand outstripped capacity in the service. CAMHS also saw an increase in referrals.

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 LMPHS and SCAMHS to provide timely interventions.

Mitigations

See Actions



Quadruple Aim 2

No.

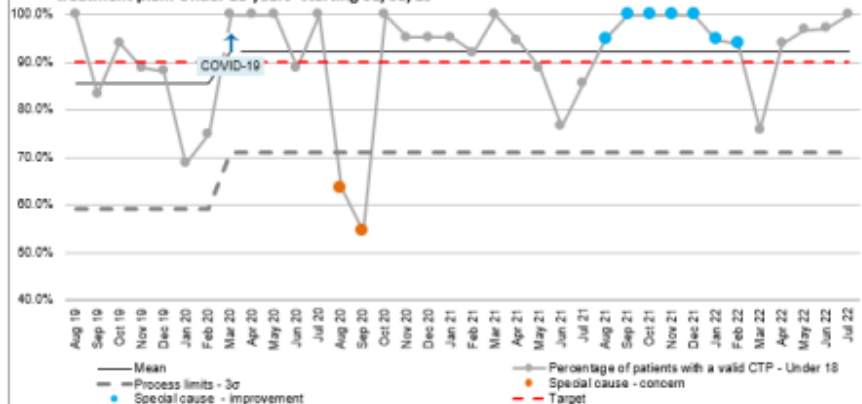
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Mental Health CTP, <18s

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

Percentage of health board patients in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years- starting 01/08/19



Performance July 2022

Local	All Wales
100%	3 rd (73.5%)*
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
07/09/2022 17:56:13

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

N/A



Quadruple Aim 2

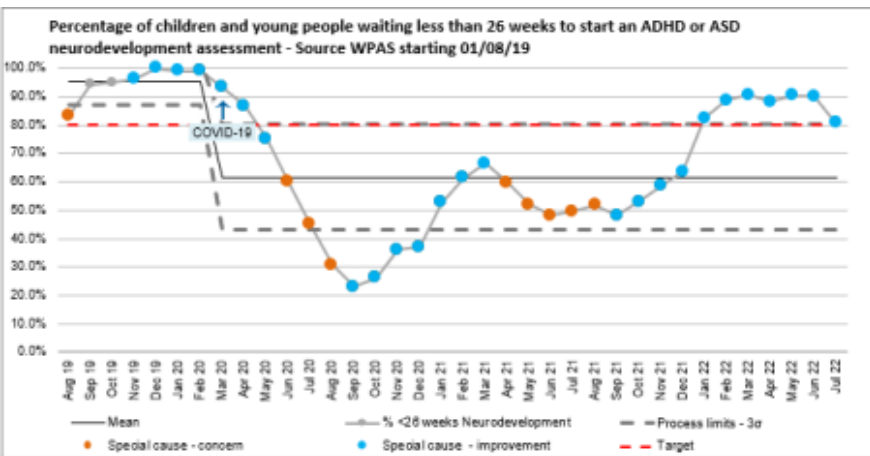
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Neurodevelopment Assessment

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



Performance July 2022

Local Performance	All Wales Benchmark
80.8%	1 st (37.4%)*

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 11 reported months. Powys compares favourably with All Wales reporting only 37.4% compliance (June).

Issues

- The referral demand trend continues to increase from an average of 20 per month pre COVID, rising to an average 49 as at end Qtr1 2022/23 (based on 12 months leading up to August 2022)
- Capacity remains insufficient to meet this ongoing demand, even with additional temporary renewal work force colleagues.
- The hidden waiting list (assessments in progress) backlog, combined with the waiting list for first appointments, is not reducing as anticipated due to the overwhelming referral demand.
- 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 lists to be addressed simultaneously. However, given the continual increase in referral demand, there is a risk that these waiting lists will not be fully address the waiting lists by 31st December 2022.
- Grant funding streams are being sourced to extend the additional workforce until 31st March 2023.
- Work is 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.
- 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.

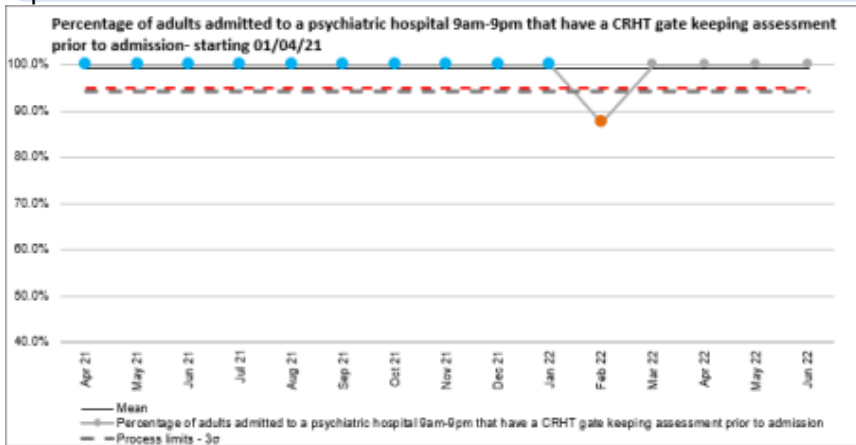
Howell Bethan
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Gatekeeping Assessments, Adults

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



Performance June 2022

Local Performance	All Wales Benchmark
100%	1 st (90.9%)

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
07/09/2022 17:56:13

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.

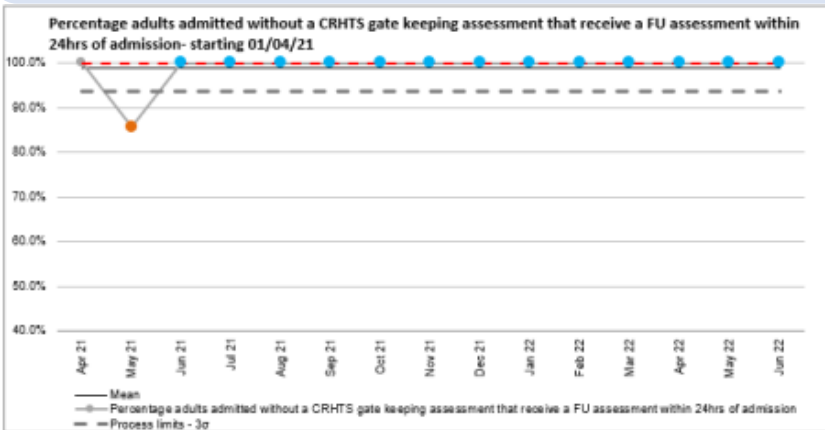
Mitigations



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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



Performance June 2022

Local 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 12 months and compliant with the national target.

Issues

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

Actions

- Continue performance.

Mitigations

Powell Bethan
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Quadruple Aim 2

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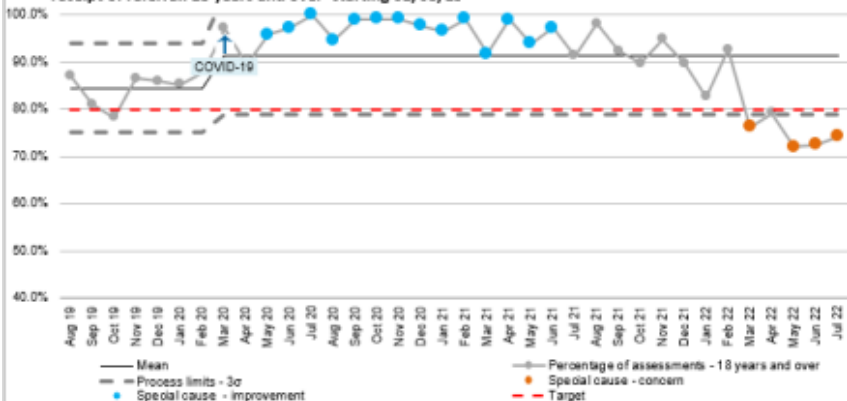
57

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Mental Health Assessments, Adults

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

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: 18 years and over- starting 01/08/19



Performance July 2022

Local Performance	All Wales Benchmark
74.2%	6 th (79.1%)*

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 is not compliant to the 80% target (74.2%) and is reporting as a special cause for concern. Powys performance is below the All Wales benchmark for June, ranking 6th.

Powell Bethan
07/09/2022 17:56:13

Issues

Challenges with performance are a direct result of staffing sickness which impacted significantly into March, reducing service capacity and inevitably building the waiting list.

Referrals into the service remain high, further impacting the ability of the service to meet increasing need.

Actions

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

Mitigations

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

Delivery of waiting list initiative during Winter 2022.



Quadruple Aim 2

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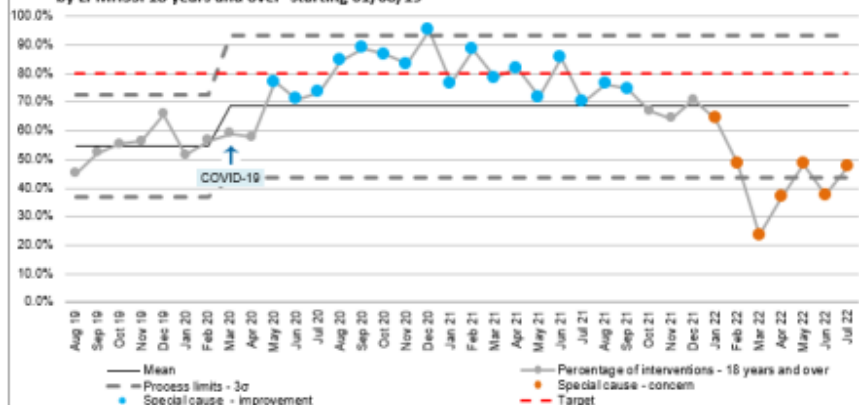
58

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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

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- starting 01/08/19



July 2022 Performance

Local Performance	All Wales Benchmark
47.4%	6 th (68.5%)*

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 July to 47.4%. However, performance remains a special cause of concern and below the 80% target. Powys ranked 6th during *June 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 (EMDR and CBT).
 - Data quality challenge including post submission revisions.

Actions

- Continued promotion of Silvercloud. Recruitment to unfilled posts.
- Additional resource for 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

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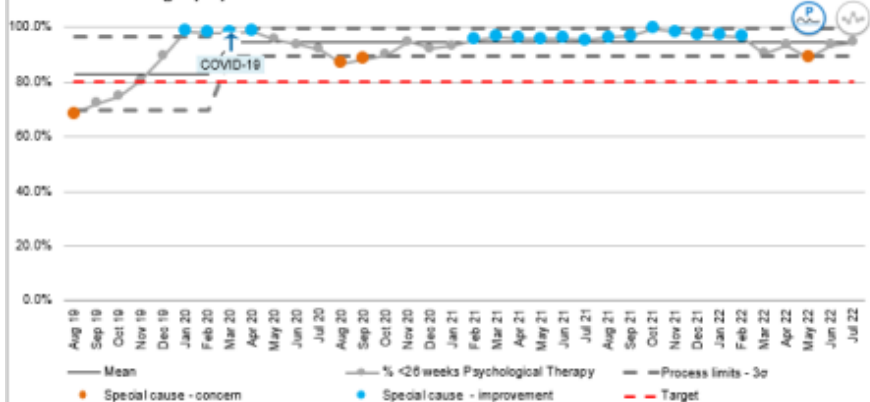
59

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Psychological Therapy

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

Percentage of patients waiting less than 26 weeks to start a Psychological therapy in Specialist Adult Mental Health- starting 01/08/19



Performance July 2022

Local Performance	All Wales Benchmark
94.3%	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 no longer a special cause for concern.

The health board benchmarks positively with All Wales performance which is below target at 73.7% in June.

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

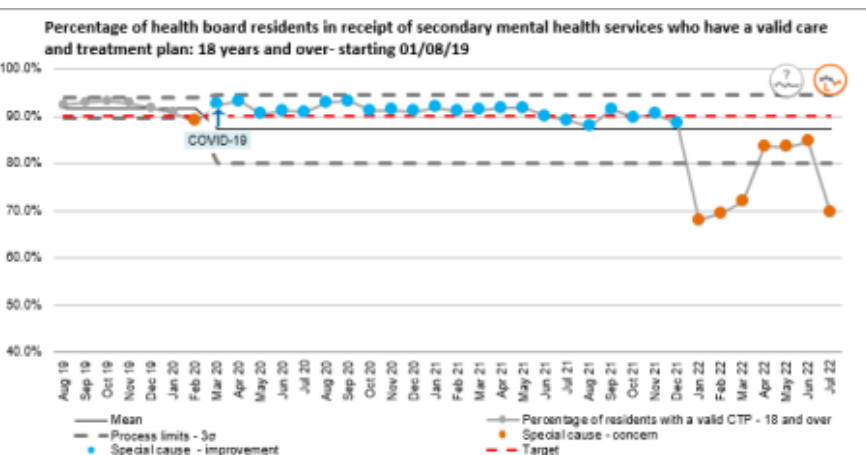
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60

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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



Performance July 2022

Local	All Wales
69.7%	5 th (84.1%)*
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 deteriorated in July to 69.7%, dropping below the lower control limit. The variance is reporting as special cause concern for the last 6 months and the 90% target has not been met. PTHB benchmarks unfavourably against the All Wales average of 84.1% (June).

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.

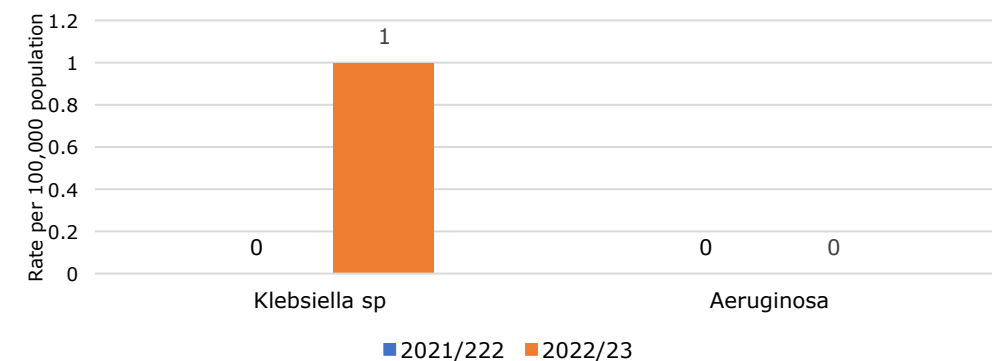


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HCAI

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

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



Performance July 2022/23	
Local Performance per 100k	
Infection Type	Performance
Klebsiella sp	2.25
Aeruginosa	0
Target	
Local – Improvement	
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	Issues	Actions	Mitigations
<p>Powys has had 1 inpatient specimen of Klebsiella.sp in July. This represents a rate per 1K admissions of 2.07, and a rate per 100K population of 2.25.</p> <p>Powys has had no cases of Aeruginosa reported in Q1 2022/23 nor the 2021/22 financial year.</p>	No issues to report	The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.	



Quadruple Aim 2

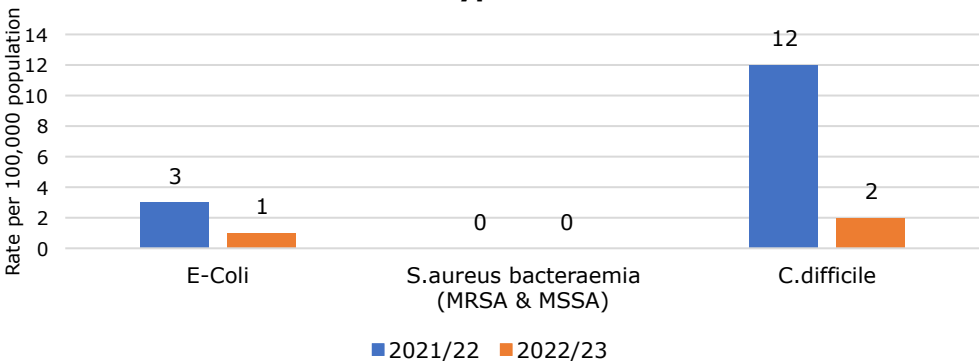
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HCAI

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

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



Performance July 2022/23	
Local Performance per 100k	
Infection Type	Performance
E-coli	2.25
S.Aureus (MRSA & MSSA)	0
C.Difficile	4.50
Target	
Local – Improvement	
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	Issues	Actions	Mitigations
<p>PTHB infection rates for the monitored and reported bacteraemia are very low and are not benchmarked with the other health boards.</p> <p>E-coli cumulative rate for 2022/23 is 2.25 slightly below the rate for the same period in 2021/22.</p> <p>No S.aureus infections have been reported in 2021/22 or 2022/23.</p> <p>The C.difficile reported rate is significantly lower at 4.50 per 100k when compared to 9.09 for the same period in 2021.</p>	No issues reported	The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.	



Quadruple Aim 3

No.

67

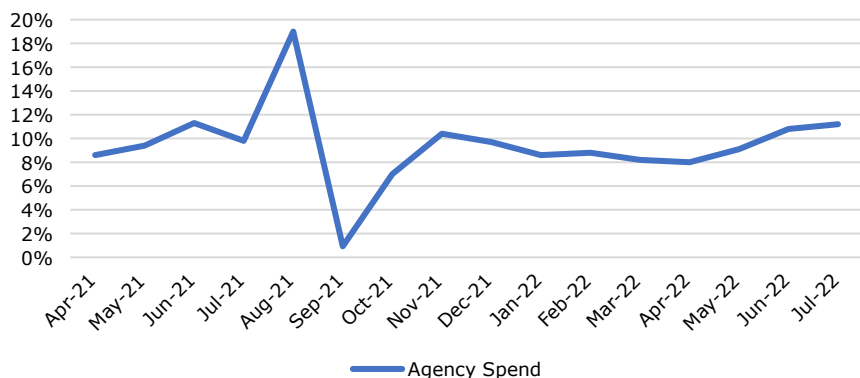
The health and social care workforce in Wales is motivated and sustainable

Agency Spend

Agency spend as a percentage of the total pay bill

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

Agency spend as a percentage of the total pay bill



Performance July 2022	
Local Performance	All Wales Benchmark
11.2%	10 th 8.5% (Mar-22)
Variance Type	
N/A	
Target	
12 Month Reduction Trend	
Data Quality & Source	
PTHB Finance	

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

What the data tells us	Issues	Actions	Mitigations
The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has not been met for July 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.			



Quadruple Aim 3

No.

68

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

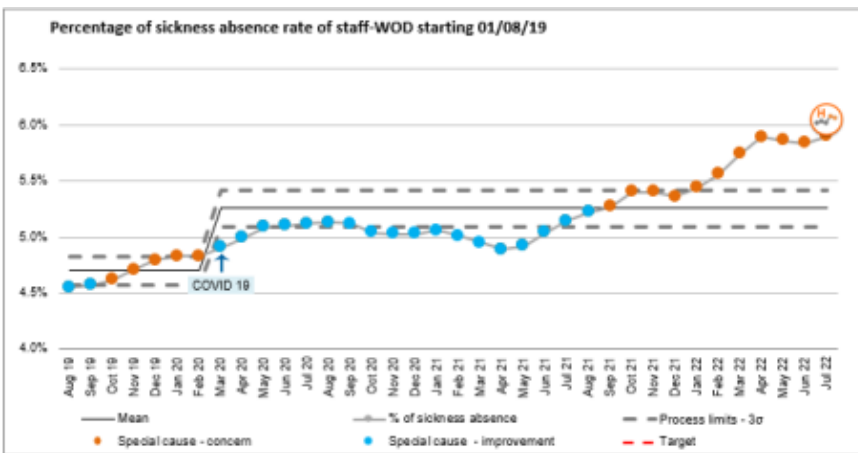
Sickness Absence (R12)

Percentage of sickness absence rate of staff

Executive Lead Director of Workforce and OD

Officer Lead Head of Workforce

Strategic Priority 14



Performance July 2022

Local Performance All Wales Benchmark

5.9%

3rd 6.89%
(Mar-22)

Variance Type

Special Cause - Concern

Target

12 month reduction

Data Quality & Source

PTHB ESR

"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 5.9% for July, monthly actual 6.23% which consists of 2.51% short term and 3.72% 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 1.4WTE 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 CBT
- Long Covid Programme
- Occupational Health Service offer

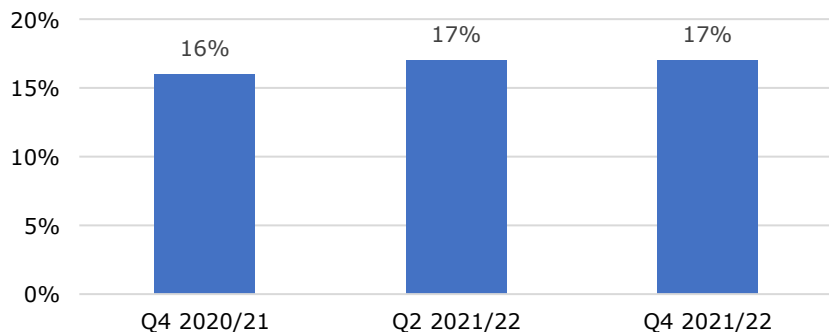


The health and social care workforce in Wales is motivated and sustainable

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

% Staff recording foundational Welsh Language Skills on ESR



Performance	
Local 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 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 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

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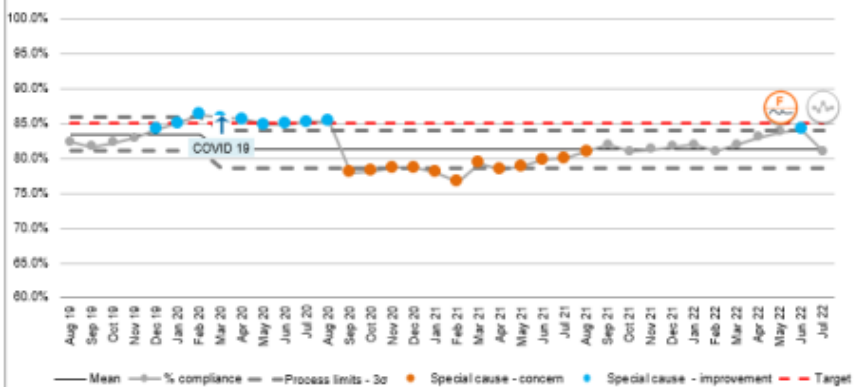
70

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

Mandatory Training Compliance-Source PTHB WOD starting 01/08/19



Performance July 2022

Local Performance	All Wales Benchmark
81%	79% (Mar-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

Following a period of gradual improvement, July's performance has reduced to 81%. The fall in performance aligns to a new mandatory training module being released in June 2022 which will take time to be completed by all staff.

Variance is showing as common cause and performance is not compliant with target.

Issues

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

Actions

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

Mitigations

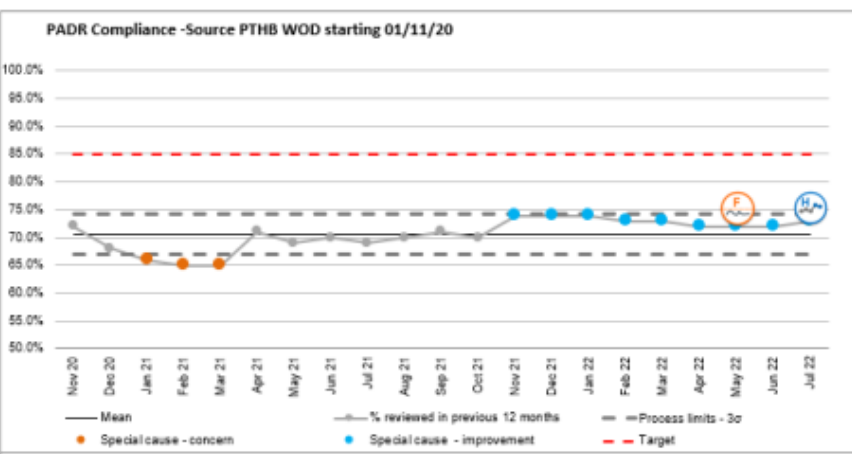
- Services have been asked to prioritise staff groups to undertake essential training relevant to role.



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)



Performance July 2022

Local Performance	All Wales Benchmark
-------------------	---------------------

73%

57.2%
(Mar-22)

Variance Type

Special Cause Improvement

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 73% for July, which is below the 85% target. However, variance is showing as special cause improvement for the last 9 months. The health board benchmarks positively against the All Wales position.

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 21. Managers who are not compliant may cause issues for pay increasing increment.

Actions

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

Mitigations

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



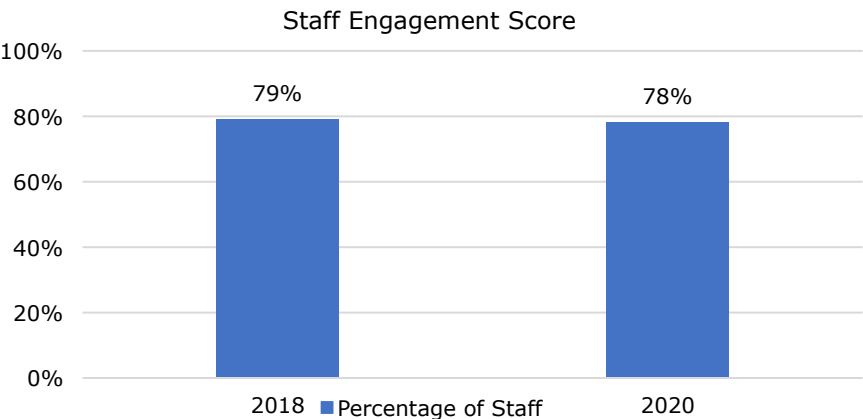
Quadruple Aim 3

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 Bethan07/09/2022 17:56:13</div>			



Quadruple Aim 3

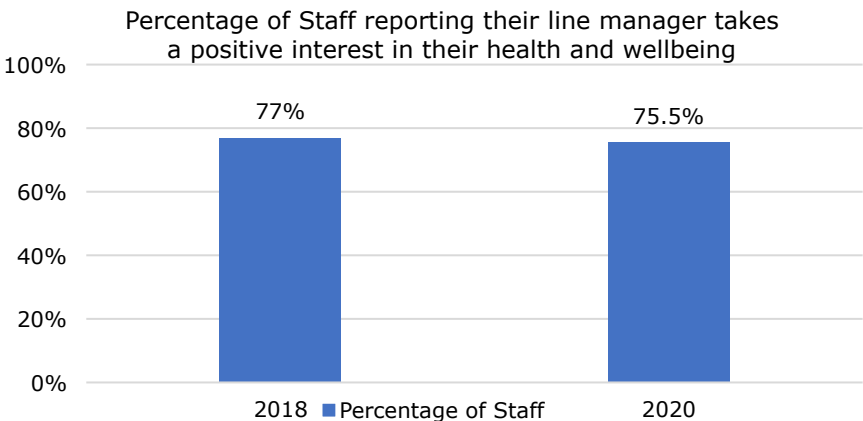
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73

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."

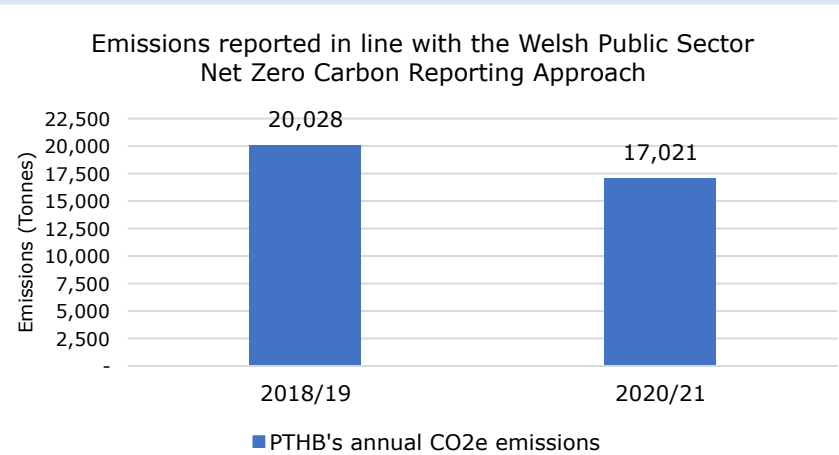
What the data tells us	Issues	Actions	Mitigations
<div>Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.</div> <div>Powell Bethan 07/09/2022 17:56:13</div>	<div>Sense 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
17,021	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 us	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 07/09/2022 17:56:13</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 carbon output.</p>	<p>Annual quantitative carbon emissions report undergoing final validation prior to submission 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>

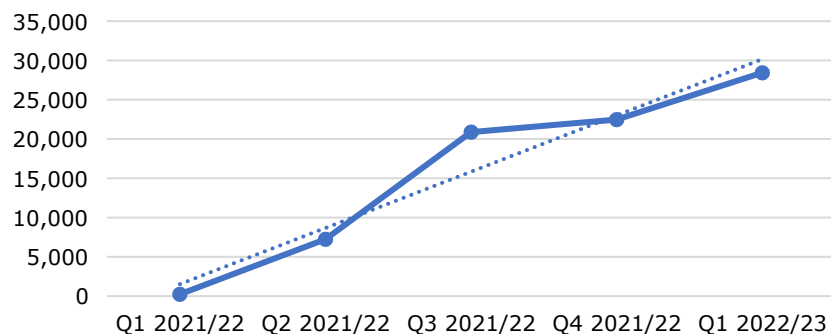


Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Welsh Nursing Clinical Record

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

Number of risk assessments completed on the WNCR



Performance Q1 2022/23

Local Performance	All Wales Benchmark
28,438	5 th (456,210)

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

Usage of the Welsh Nursing Clinical Record in Powys has increased to 28,438 assessments in Q1 2022/23 from just 235 in the same period last year. Performance is target compliant.

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Issues

- No issues identified

Actions

Mitigations

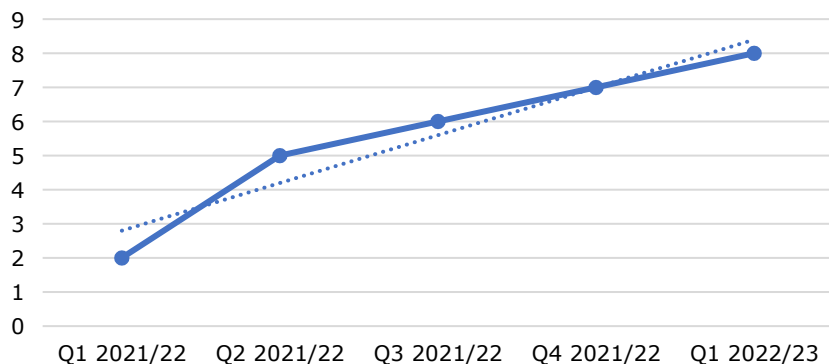


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Welsh Nursing Clinical Record

Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust

Number of wards using the WNCR



Performance Q1 2022/23

Local Performance	All Wales Benchmark
8	5 th (128)

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 has quadrupled to 8 in Q1 2022/23 compared to the same period last year. Performance is target compliant.

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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 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 to be appointed 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

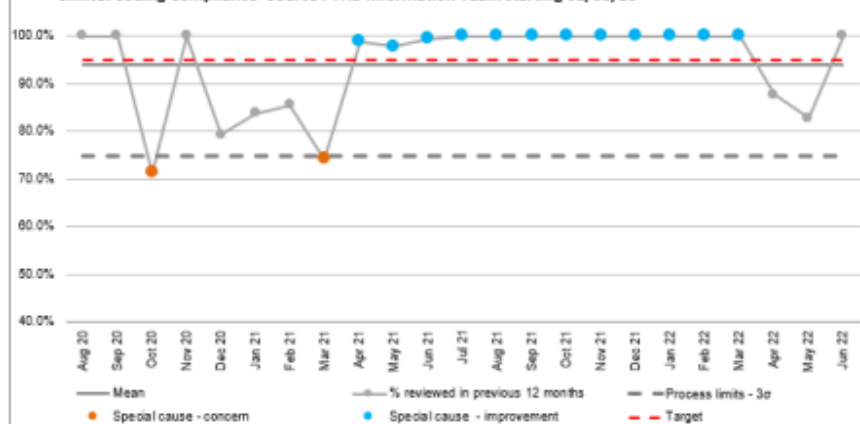


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Clinical Coding

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

Clinical Coding Compliance -Source PTHB Information Team starting 01/08/20



Performance June 2022

Local Performance	All Wales Benchmark
100%	1 st (81.0%)*

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 June returning to routine compliance levels. The All Wales performance for May was 81%.

Powell Bethan
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Issues

The challenge during April & May 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 June compliance returns to 100%.

Actions

Mitigations



Quadruple Aim 4

No.

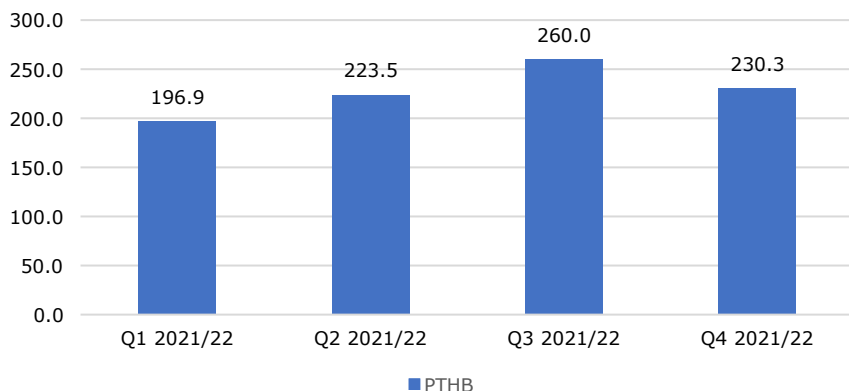
81

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

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

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



Q4 2021/22 Performance	
Local 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

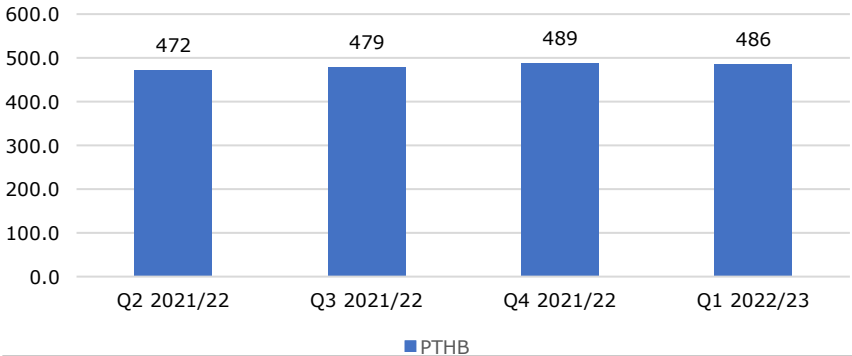
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Older Age Adult Anti-Psychotics

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

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

Number of patients age 65 years or over prescribed an antipsychotic



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

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

What the data tells us	Issues	Actions	Mitigations
<p>PTHB has not 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.

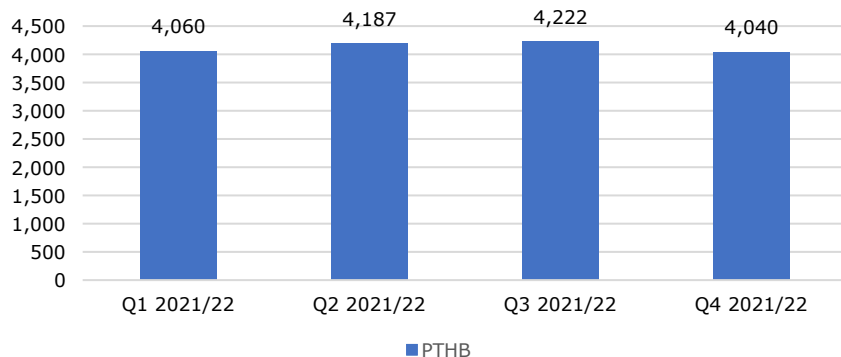
84

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

Opioid average daily quantities per 1,000 patients



Q4 2021/22 Performance	
Local 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 07/09/2022 17:56:13		<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

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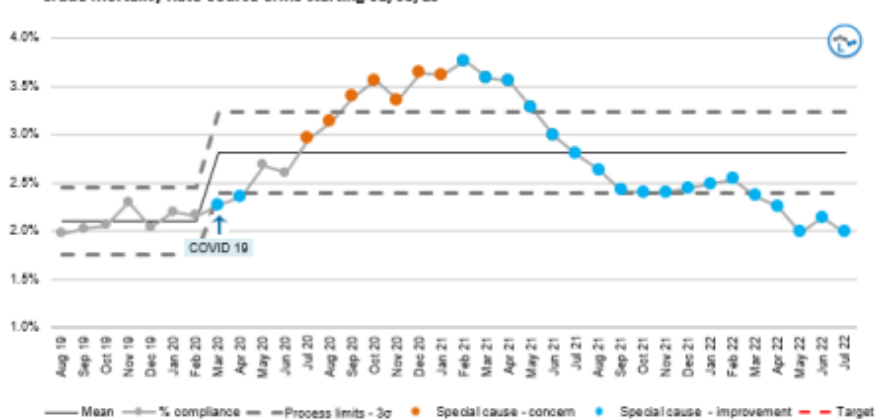
A

Operational Measures are not routinely reported nationally

Crude Hospital Mortality Rate (R12)

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

Crude Mortality Rate-Source CHKS starting 01/08/19



Performance July 2022

Local Performance	All Wales Benchmark
1.98%	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

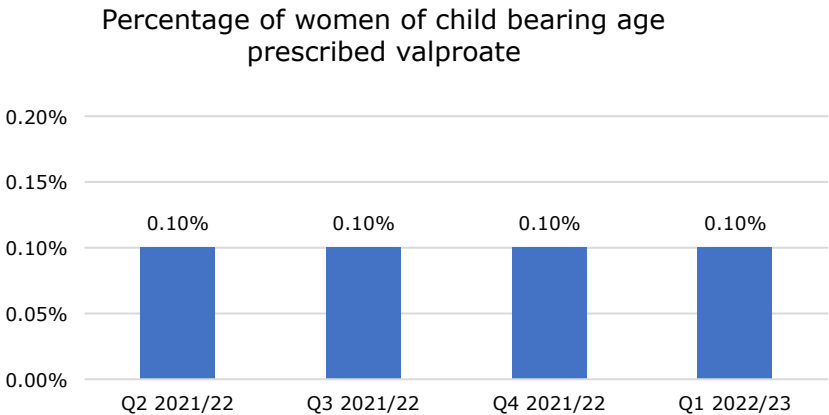
No.

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



Q1 2022/23 Performance	
Local 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

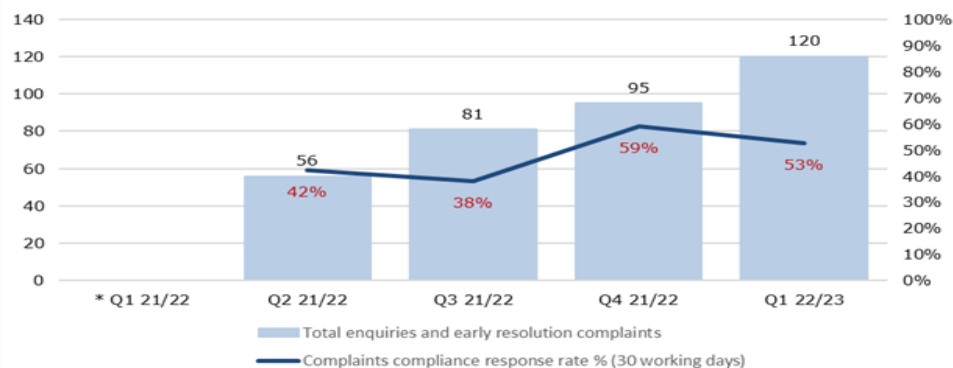
Operational Measures are not routinely reported nationally

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 - Q1 2021/22 to Q2 2021/22



What the chart tells us

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

Q1 2022/23 Performance

Local Performance	All Wales Benchmark
53%	N/A
Target	
75%	
Data Source & Quality	
PTHB Q&S Team	

Issues

- Mis categorisation of commissioned complaints
- Proactive and supportive management of concerns when received
- Lack of appropriate escalation to ensure 30 working day response is prioritised
- Lack of accurate and accessible data
- No user feedback

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

- The ongoing work to tackle COVID backlog and capacity challenges remains the single largest risk for Powys residents and their required health care. As a provider the health board has made significant, and positive steps in improving its immediately controllable flows back to near target performance, but with a reported 90% of total admitted care (34,964 pieces of activity) and 65% of outpatient care (130,217 pieces of activity) going into commissioned services (data from 2021/22 financial year) recovery remains heavily linked to acute provider recovery and system demand is already high leading in to the winter season and related pressures. 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.
- Integrated Performance reporting will continue to evolve during 2022/23 strengthening the ability of stakeholders to assess progress against key targets, aims, and required actions. This will include updating the Improving Performance Framework, revising the Commissioning Assurance Framework (CAF), and working with the new framework measures and their rollout. The Powys Performance and Planning team remain fully engaged with these work streams to ensure that Powys as a community health board can maximise the integration of measurement and assurance and report robustly going forward.

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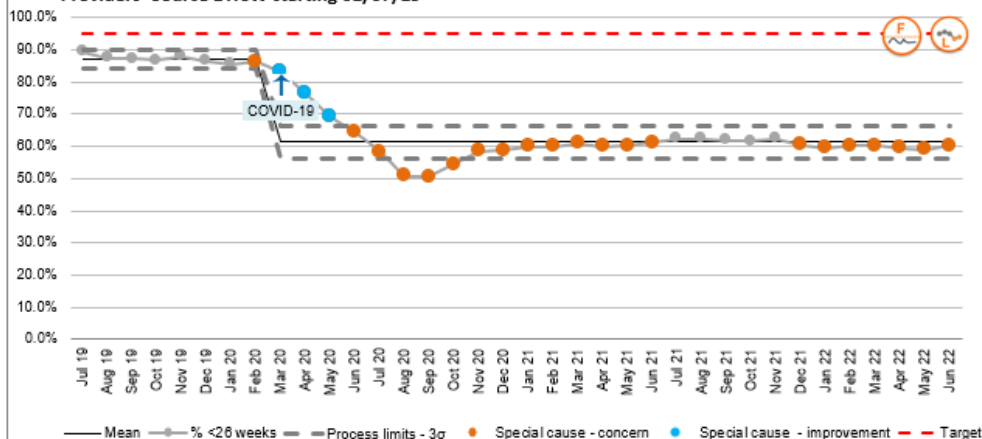
Appendix 1

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

Combined Welsh and English Health Boards

Percentage of RTT pathways <26 weeks

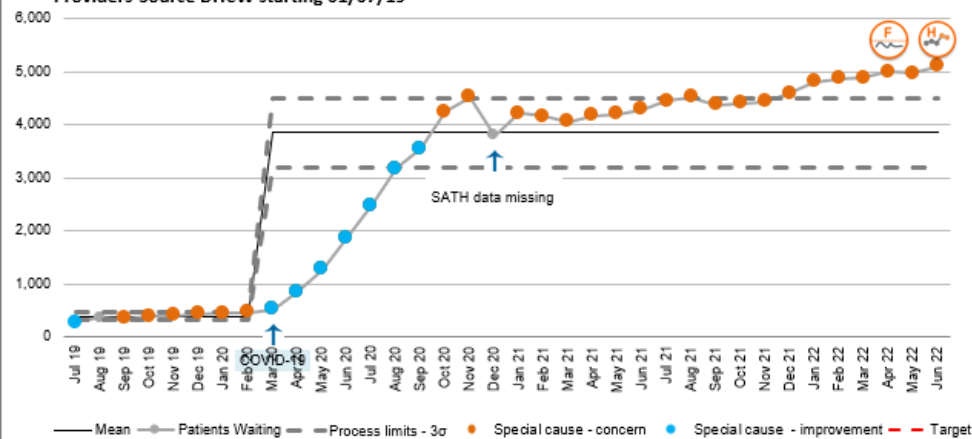
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - English and Welsh Providers-Source DHCW starting 01/07/19



Number of RTT pathways 36+ weeks

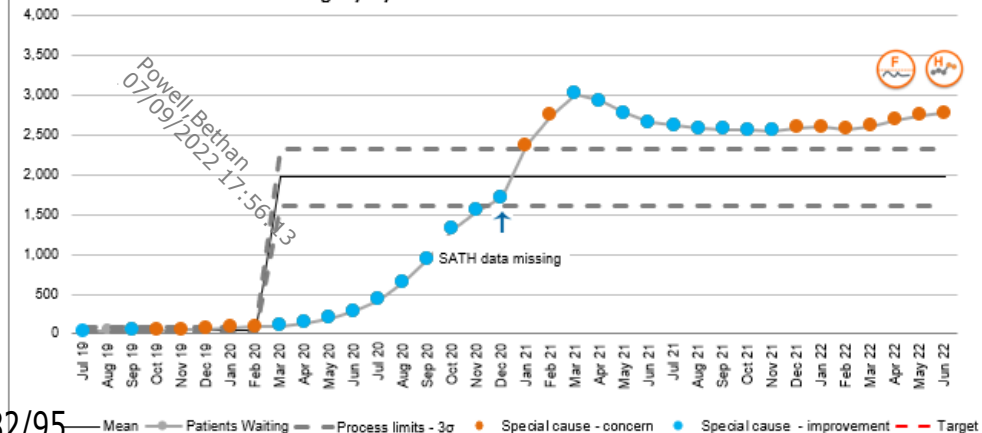
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - English and Welsh Providers-Source DHCW starting 01/07/19



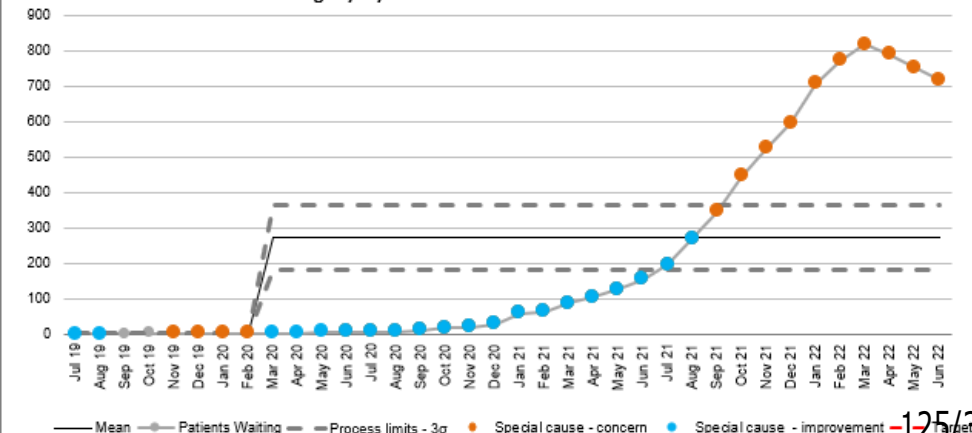
Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - English and Welsh Providers-Source DHCW starting 01/07/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - English and Welsh Providers-Source DHCW starting 01/07/19





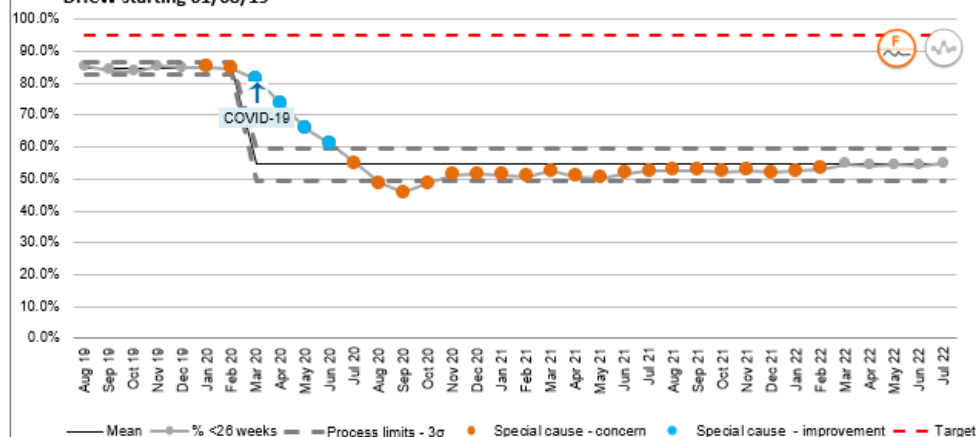
Appendix 1

Referral to Treatment – Powys Teaching health board as a Commissioner

Combined Welsh Health Boards

Percentage of RTT pathways <26 weeks

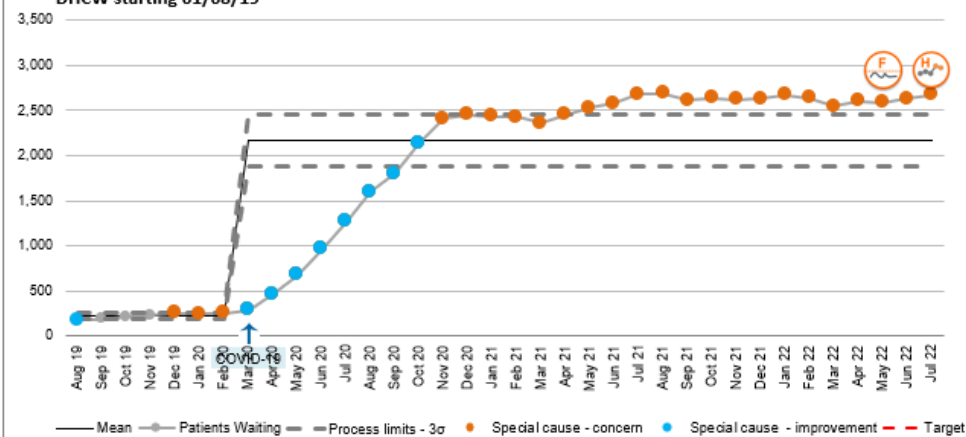
Commissioned - Number of patients waiting less than 26 weeks for treatment - Welsh Providers-Source DHCW starting 01/08/19



Number of RTT pathways 36+ weeks

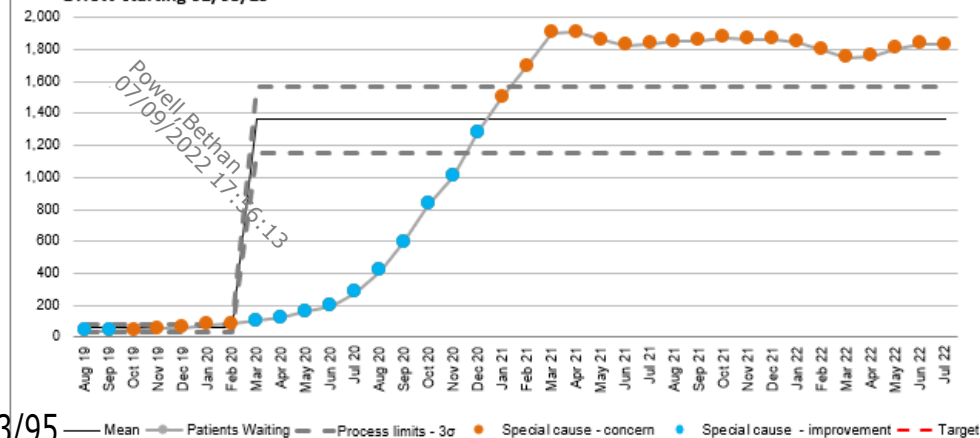
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Welsh Providers-Source DHCW starting 01/08/19



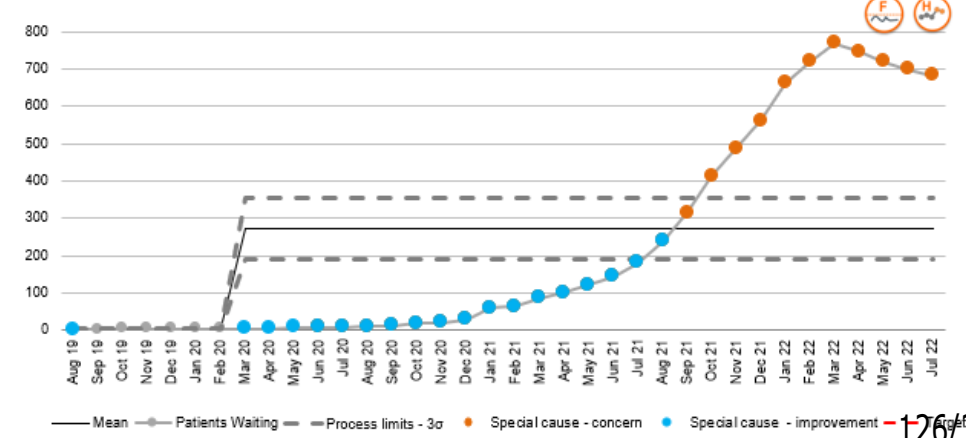
Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Welsh Providers-Source DHCW starting 01/08/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Welsh Providers-Source DHCW starting 01/08/19





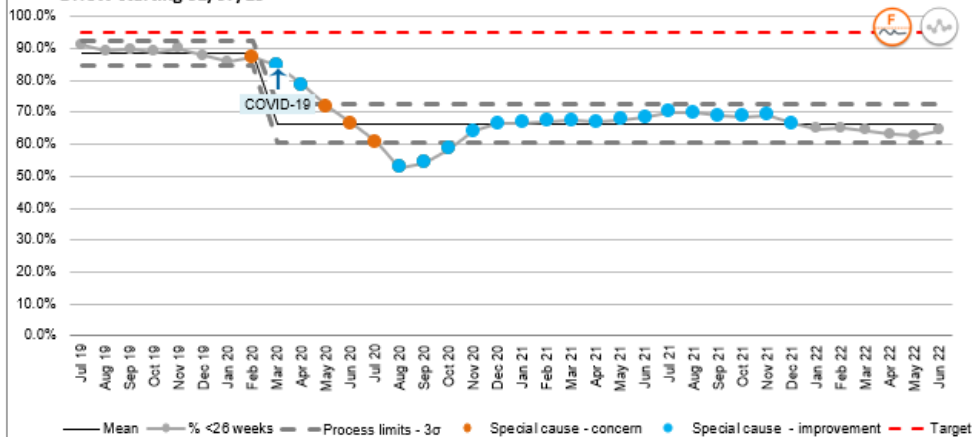
Appendix 1

Referral to Treatment – Powys Teaching health board as a Commissioner

Combined English Health Boards

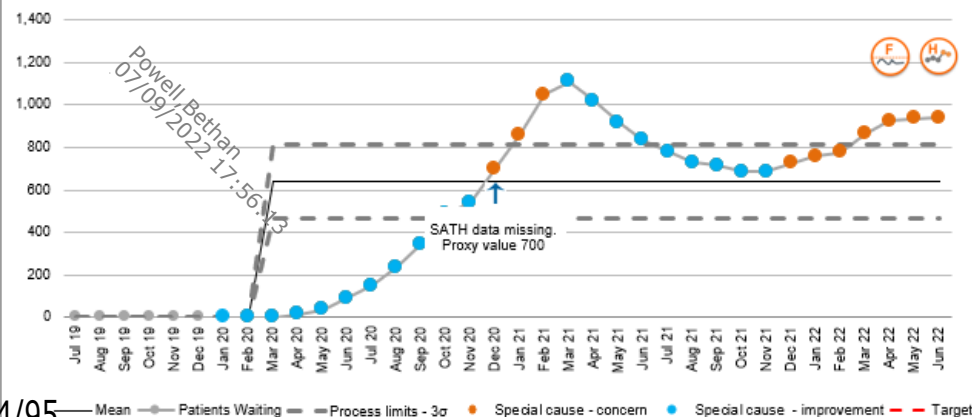
Percentage of RTT pathways <26 weeks

Commissioned - Number of patients waiting less than 26 weeks for treatment - English Providers- Source DHCW starting 01/07/19



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

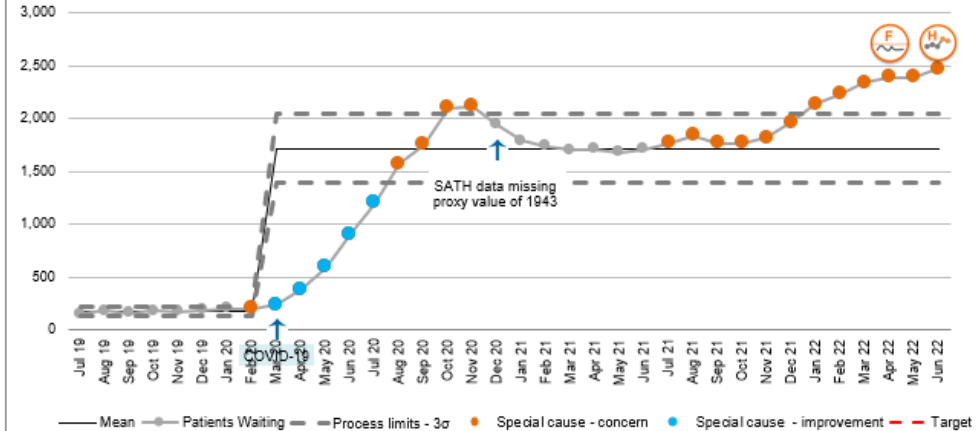
Commissioned - Number of patients waiting more than 52 weeks for treatment - English Providers-Source DHCW starting 01/07/19



Number of RTT pathways 36+ weeks

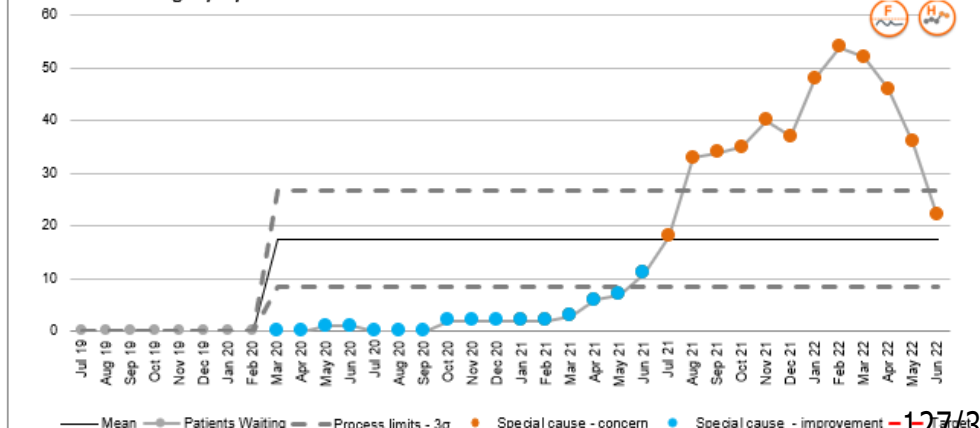
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - English Providers-Source DHCW starting 01/07/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - English Providers-Source DHCW starting 01/07/19





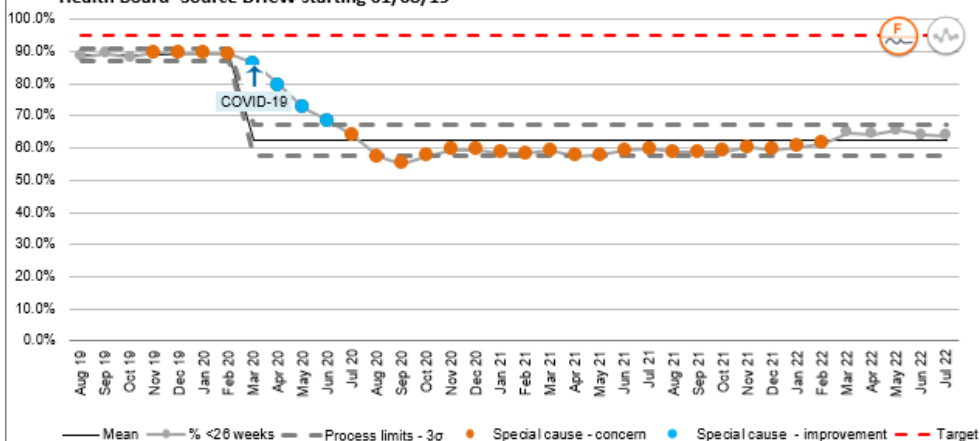
Appendix 1

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)	58%	28,400	8,200	9,200
Powys resident performance	64%	568	110	132

Percentage of RTT pathways <26 weeks

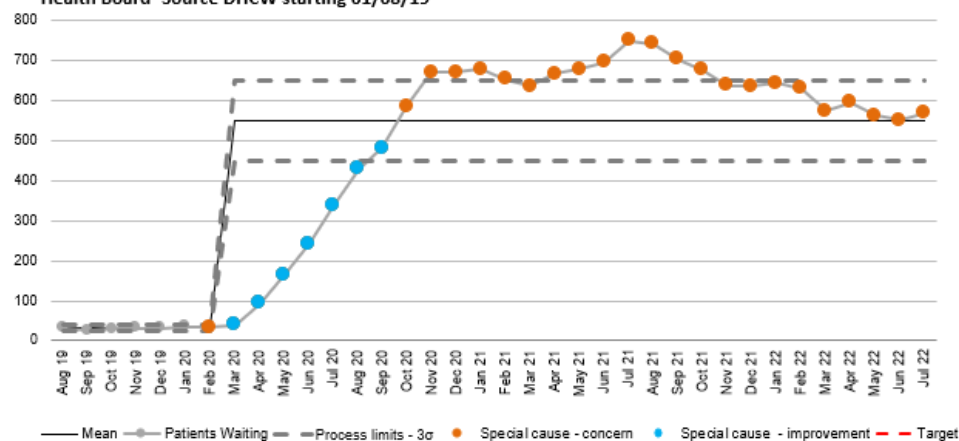
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Aneurin Bevan University Health Board- Source DHCW starting 01/08/19



Number of RTT pathways 36+ weeks

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

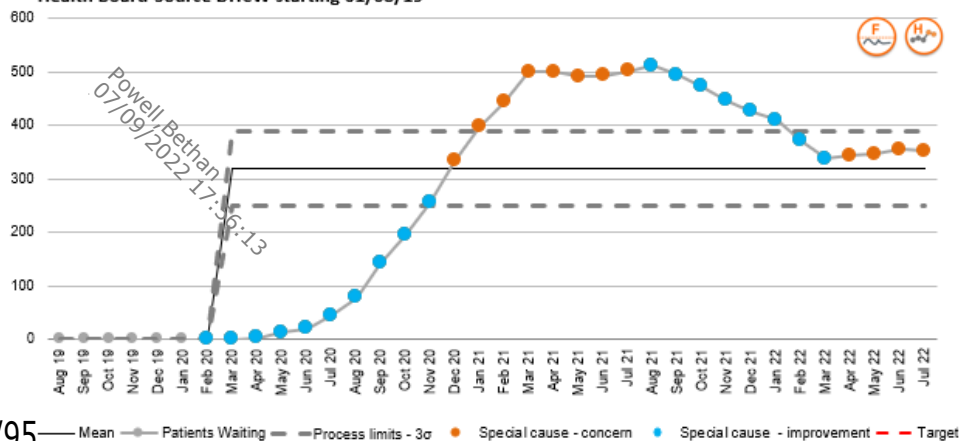
Commissioned - Number of patients waiting more than 36 weeks for treatment - Aneurin Bevan University Health Board- Source DHCW starting 01/08/19



Number of RTT pathways over 52 weeks

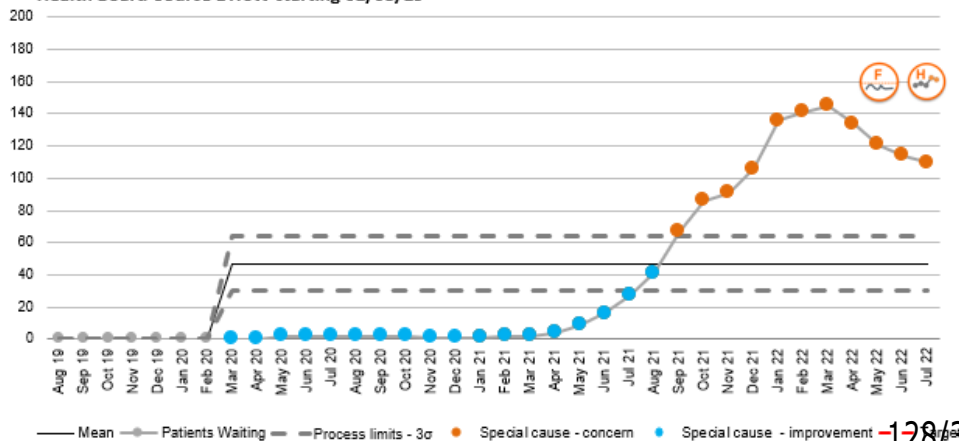
(inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Aneurin Bevan University Health Board-Source DHCW starting 01/08/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Aneurin Bevan University Health Board-Source DHCW starting 01/08/19





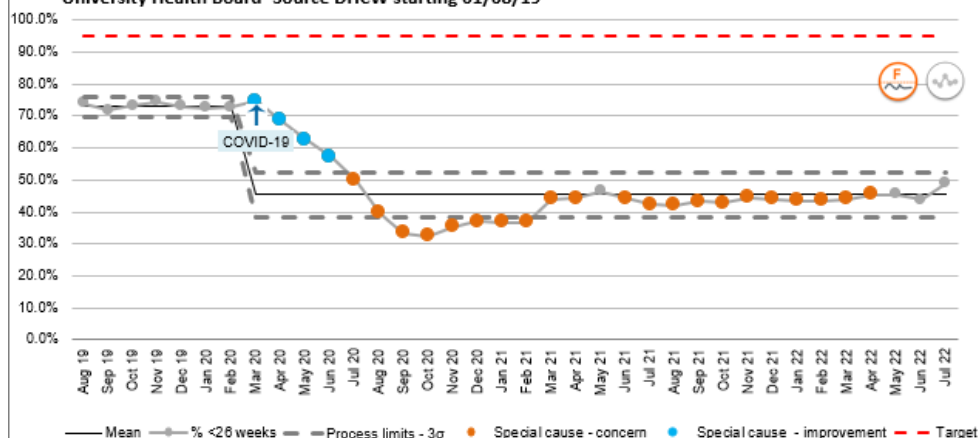
Appendix 1

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)	32%	18,686	7,583	15,533
Powys resident performance	49%	271	48	123

Percentage of RTT pathways <26 weeks

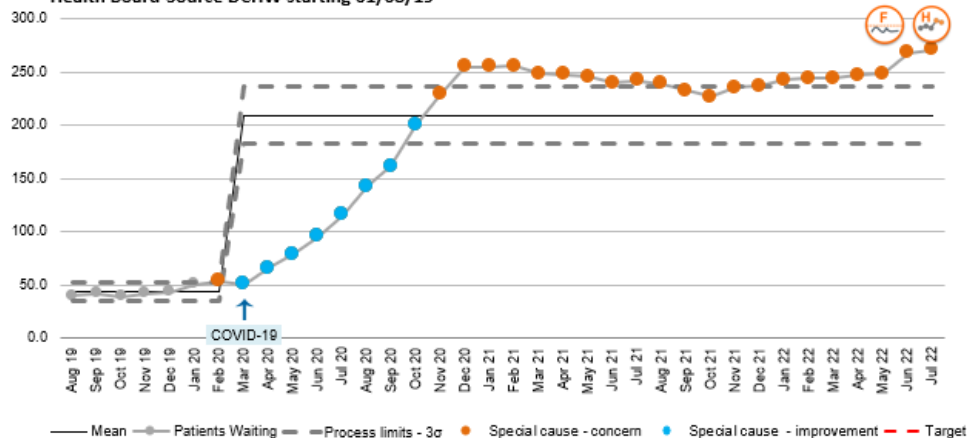
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Betsi Cadwaladr University Health Board- Source DHCW starting 01/08/19



Number of RTT pathways 36+ weeks

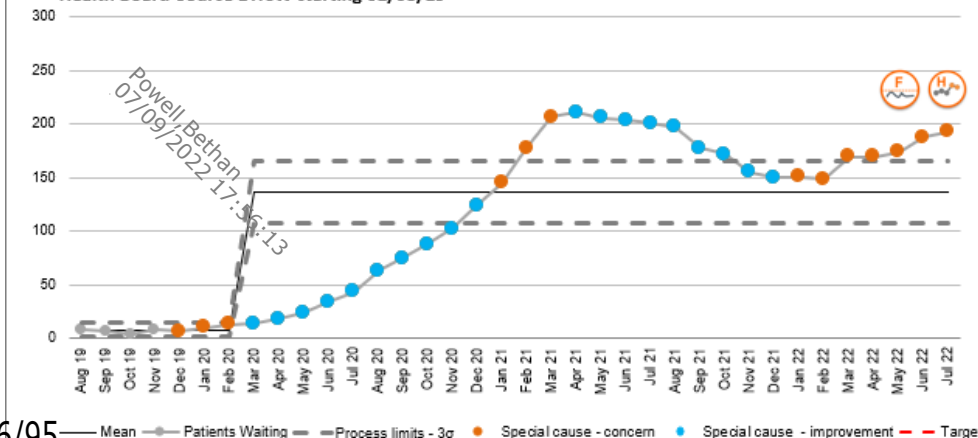
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Betsi Cadwaladr University Health Board-Source DHCW starting 01/08/19



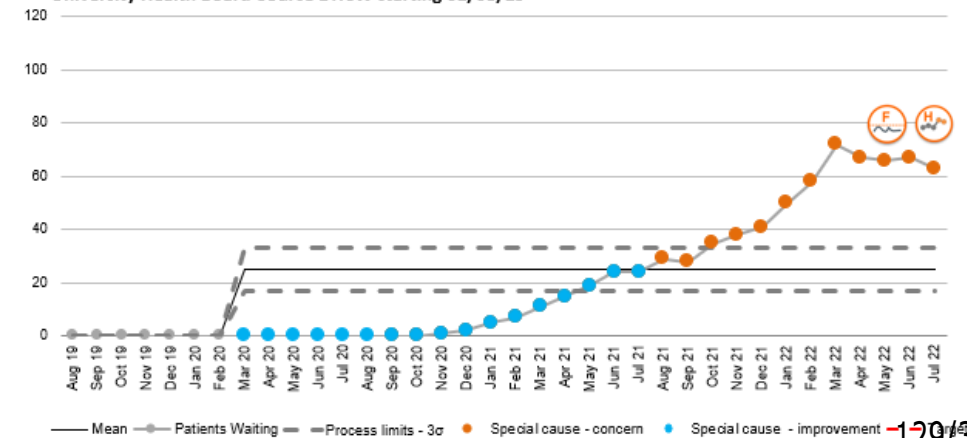
Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Betsi Cadwaladr University Health Board-Source DHCW starting 01/08/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Betsi Cadwaladr University Health Board-Source DHCW starting 01/08/19

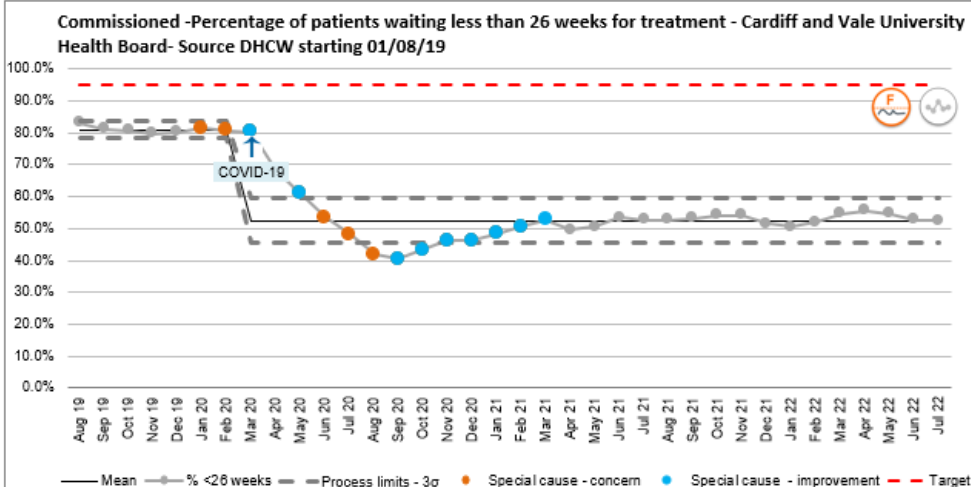




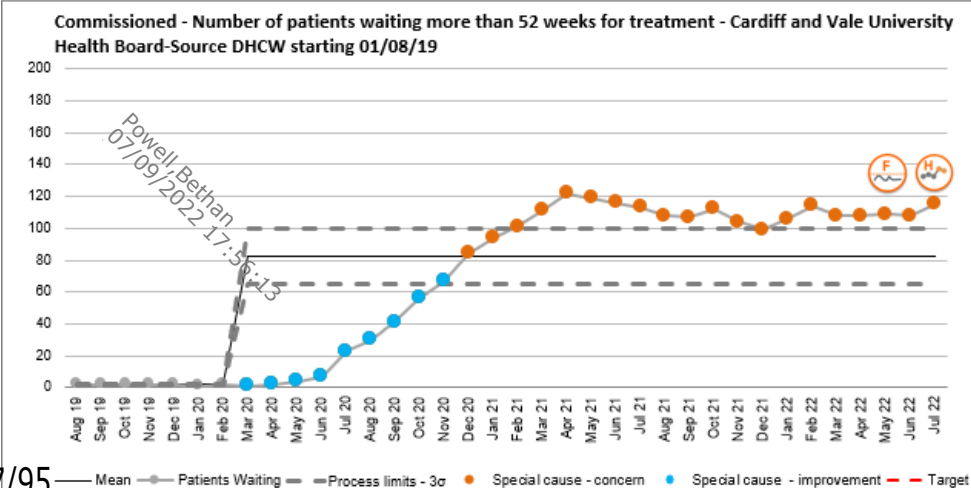
Appendix 1

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

Percentage of RTT pathways <26 weeks

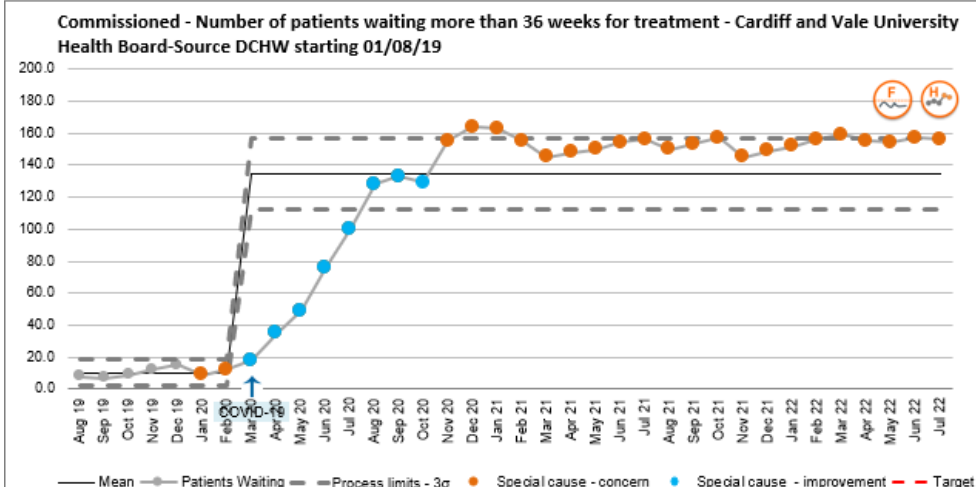


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

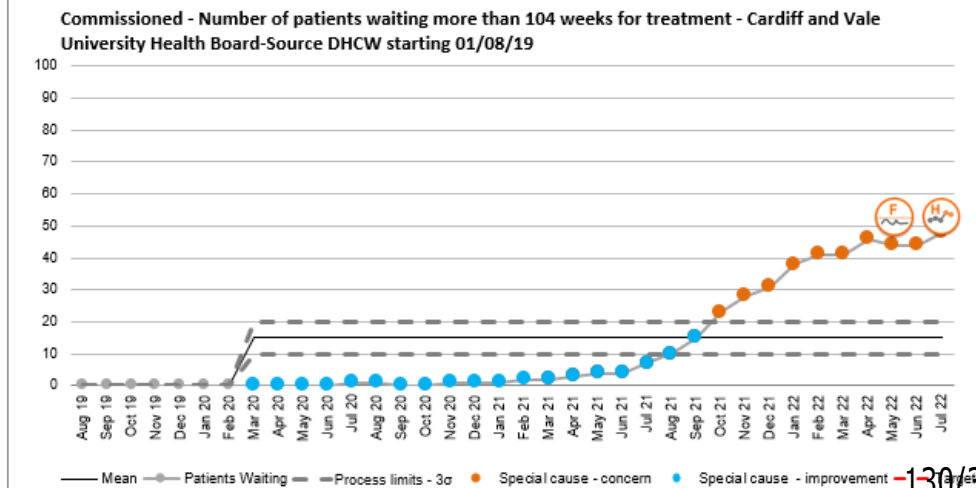


CVUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	55%	46,347	9,238	17,083
Powys resident performance	53%	156	48	53

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



Number of RTT pathways over 104 weeks





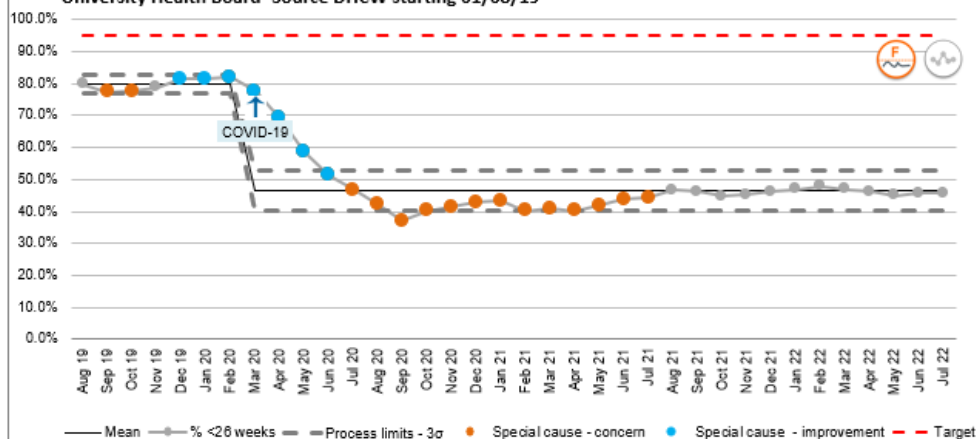
Appendix 1

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%	47,810	13,899	17,181
Powys resident performance	46%	252	79	58

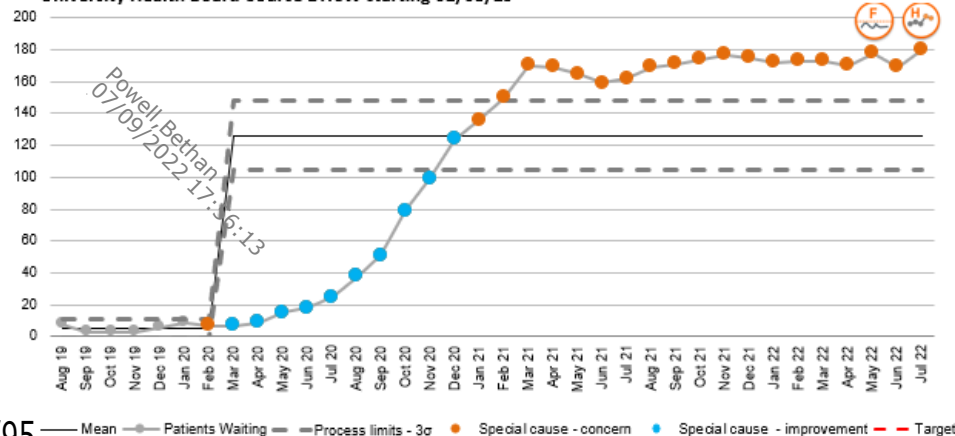
Percentage of RTT pathways <26 weeks

Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Cwm Taf Morgannwg University Health Board- Source DHCW starting 01/08/19



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

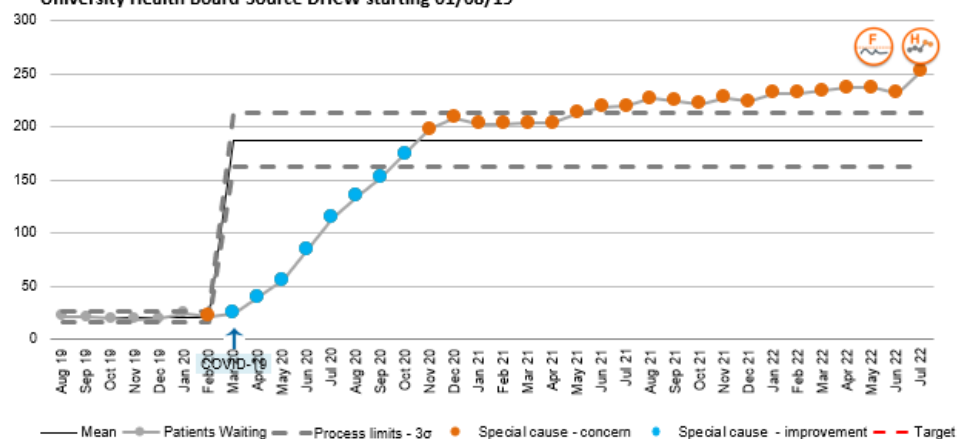
Commissioned - Number of patients waiting more than 52 weeks for treatment - Cwm Taf Morgannwg University Health Board-Source DHCW starting 01/08/19



Number of RTT pathways 36+ weeks

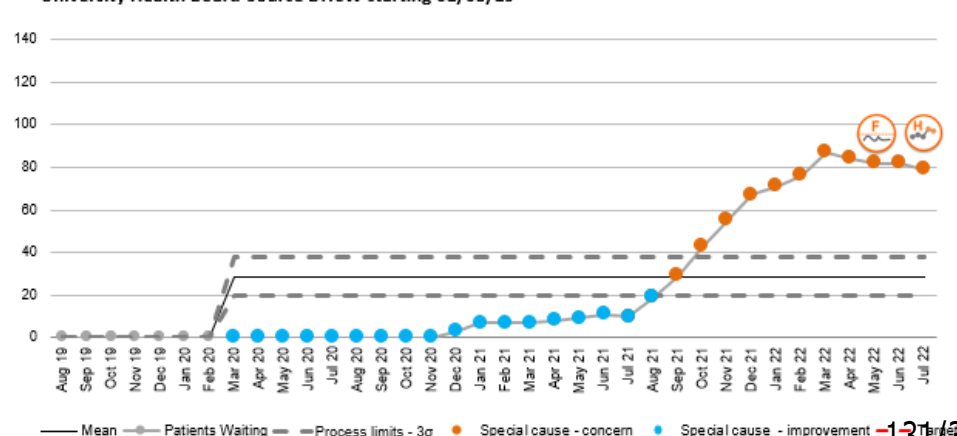
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Cwm Taf Morgannwg University Health Board-Source DHCW starting 01/08/19



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 01/08/19





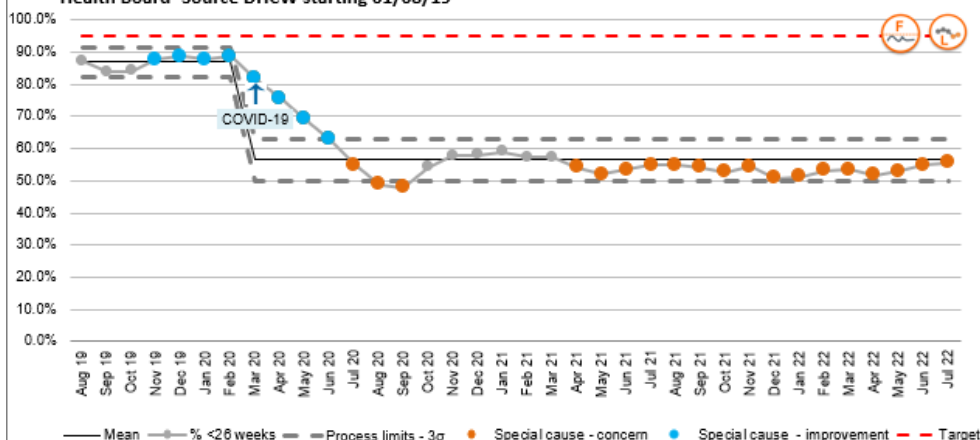
Appendix 1

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)	57%	29,948	7,222	11,582
Powys resident performance	55%	560	111	181

Percentage of RTT pathways <26 weeks

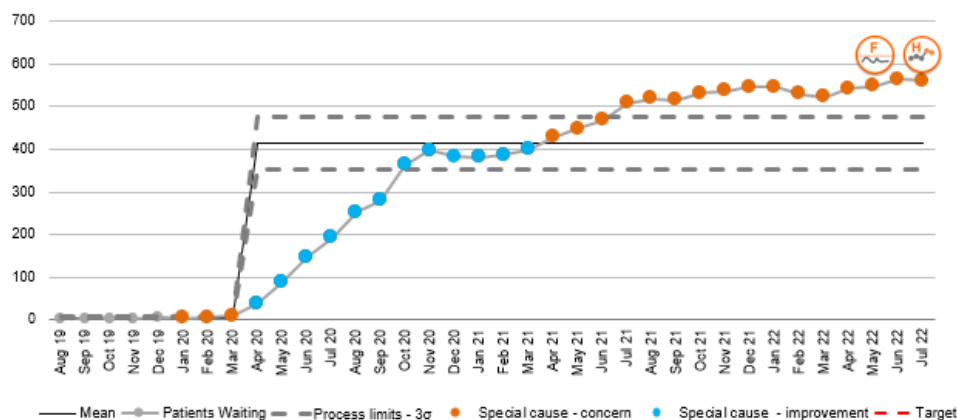
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Hywel Dda University Health Board- Source DHCW starting 01/08/19



Number of RTT pathways 36+ weeks

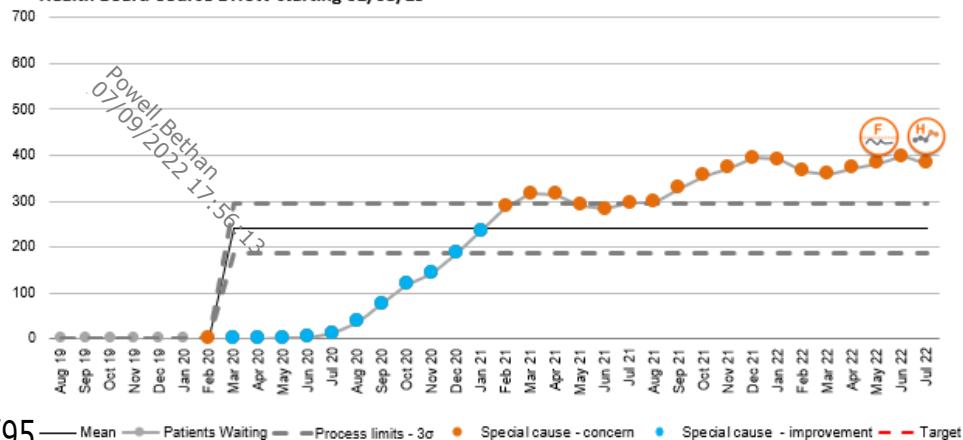
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Hywel Dda University Health Board-Source DHCW starting 01/08/19



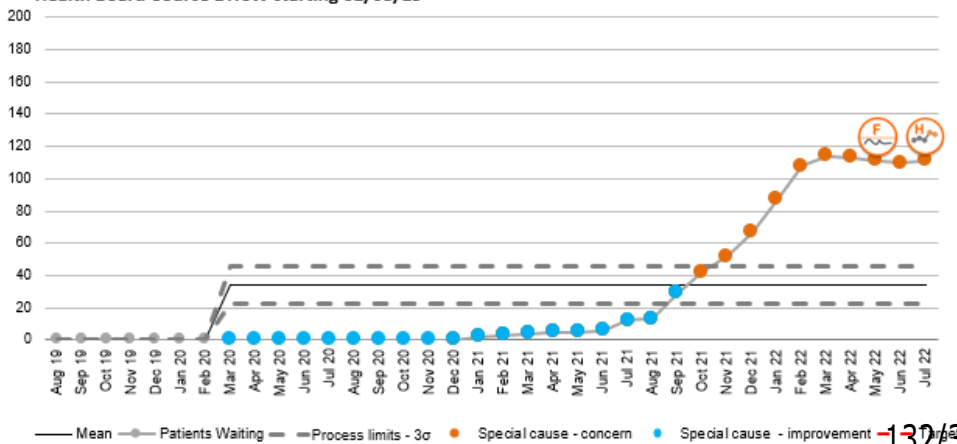
Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Hywel Dda University Health Board-Source DHCW starting 01/08/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 52 weeks for treatment - Hywel Dda University Health Board-Source DHCW starting 01/08/19





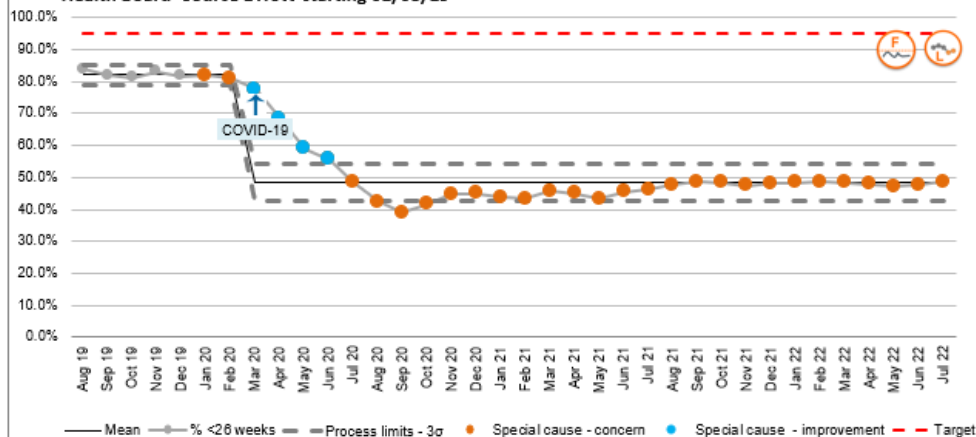
Appendix 1

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)	49%	40,804	8,083	7,579
Powys resident performance	49%	868	271	306

Percentage of RTT pathways <26 weeks

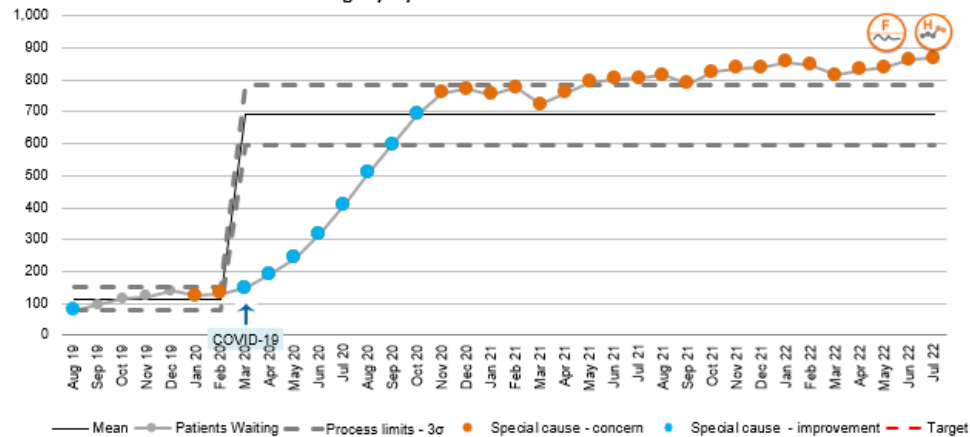
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Swansea Bay University Health Board- Source DHCW starting 01/08/19



Number of RTT pathways 36+ weeks

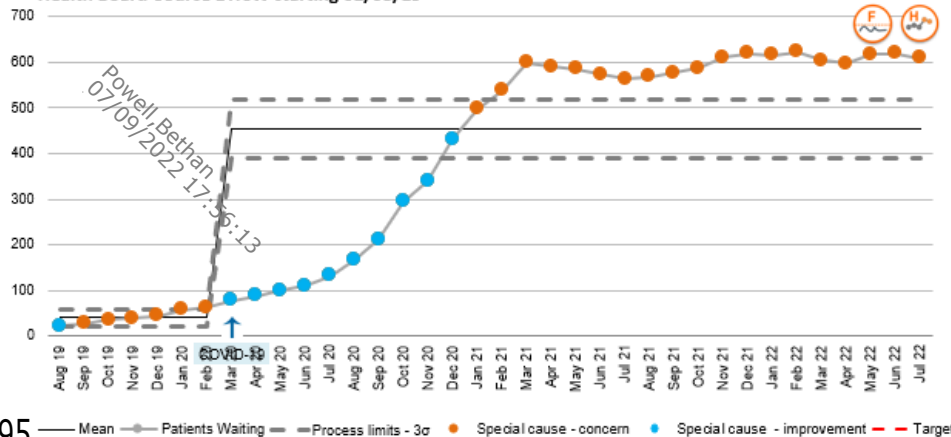
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Swansea Bay University Health Board-Source DHCW starting 01/08/19



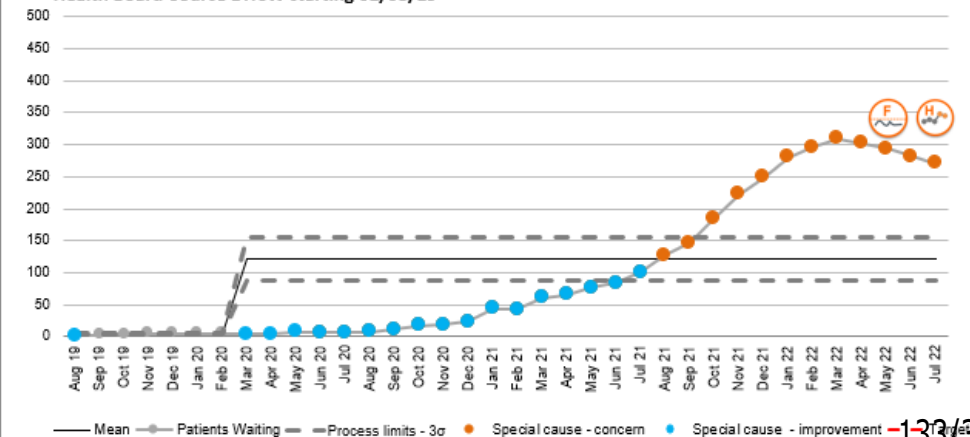
Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Swansea Bay University Health Board-Source DHCW starting 01/08/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Swansea Bay University Health Board-Source DHCW starting 01/08/19





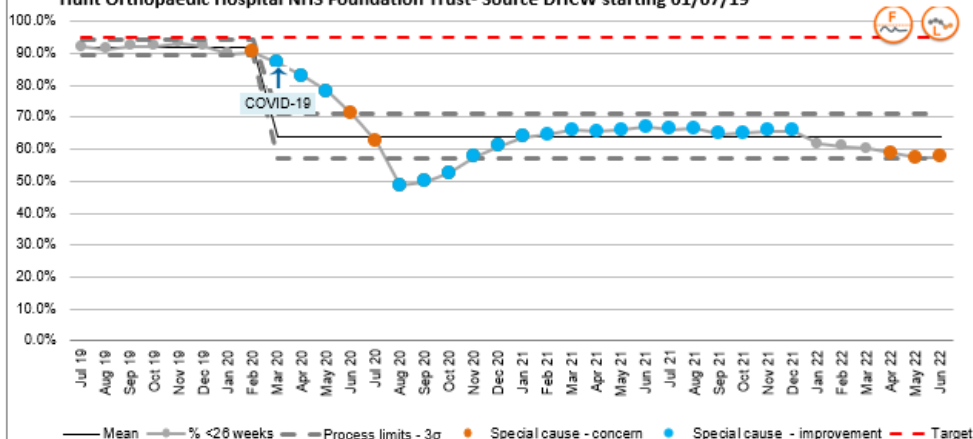
Appendix 1

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

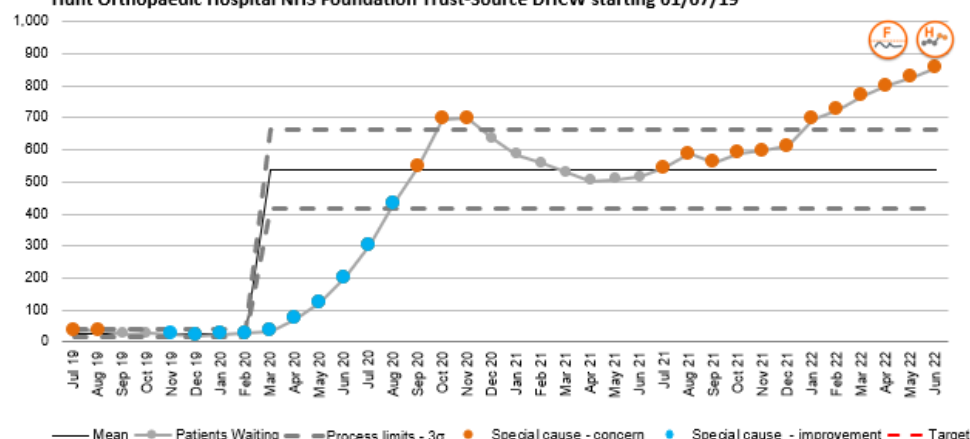
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust- Source DHCW starting 01/07/19



Number of RTT pathways 36+ weeks

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

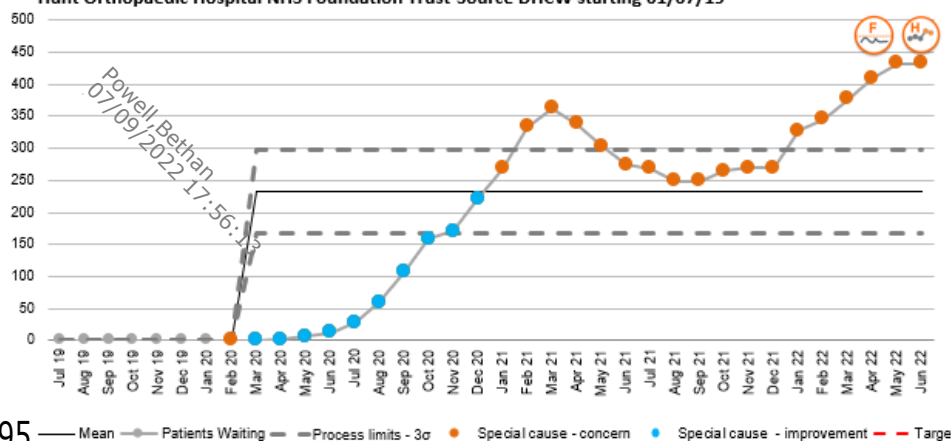
Commissioned - Number of patients waiting more than 36 weeks for treatment - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust-Source DHCW starting 01/07/19



Number of RTT pathways over 52 weeks

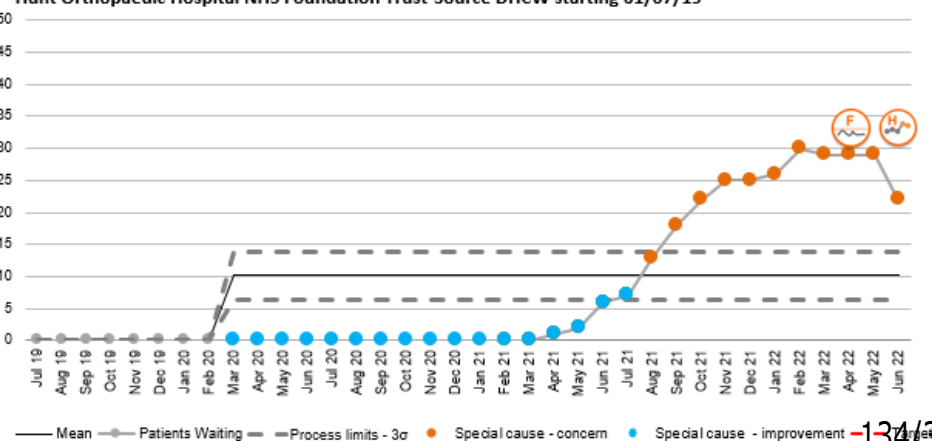
(inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust-Source DHCW starting 01/07/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust-Source DHCW starting 01/07/19





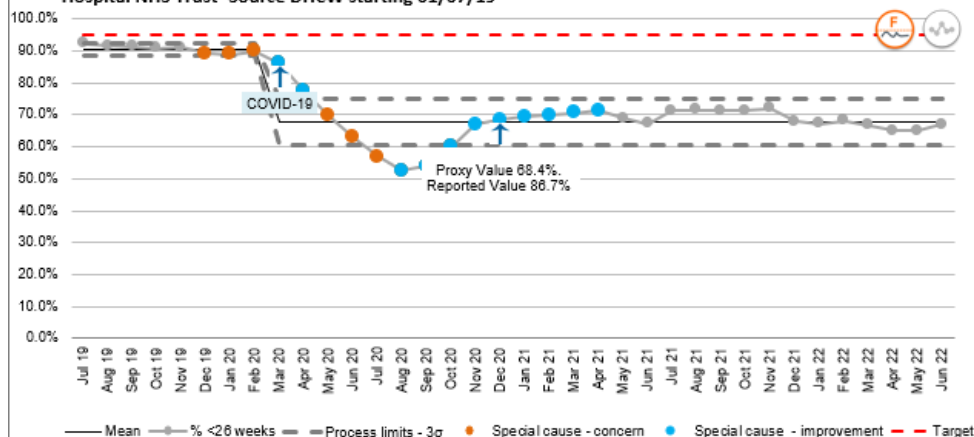
Appendix 1

Shrewsbury and Telford Hospital NHS Trust

Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

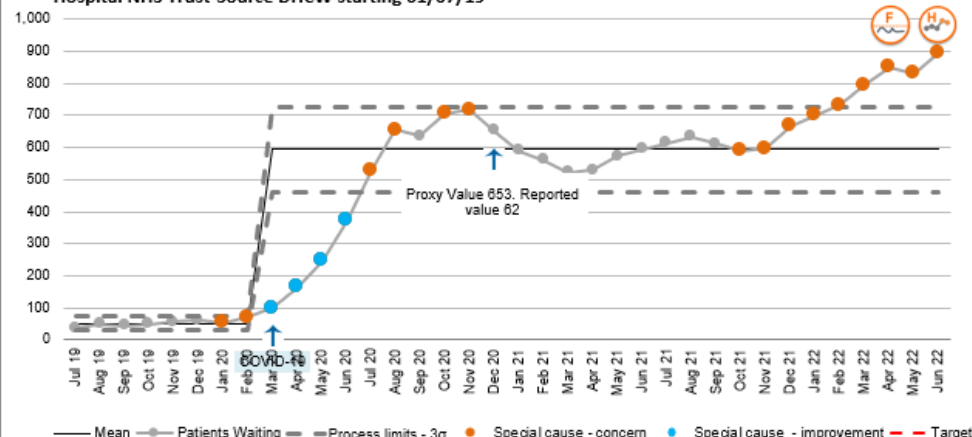
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust- Source DHCW starting 01/07/19



Number of RTT pathways 36+ weeks

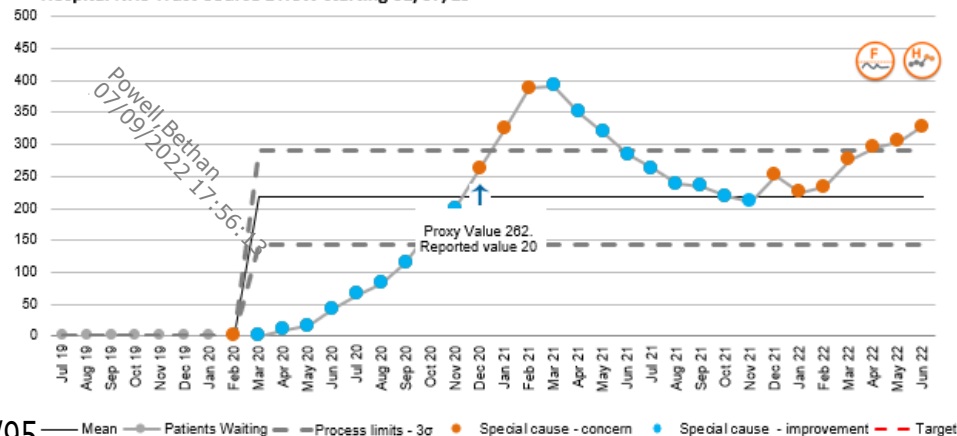
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust-Source DHCW starting 01/07/19



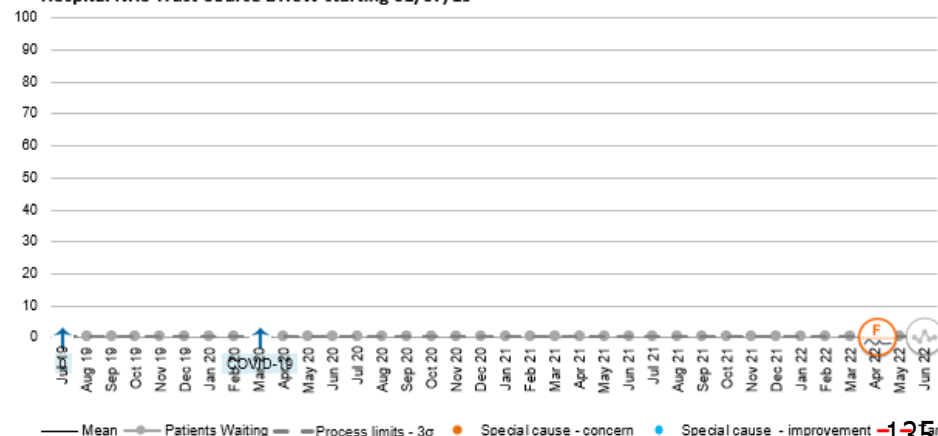
Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust-Source DHCW starting 01/07/19



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 01/07/19





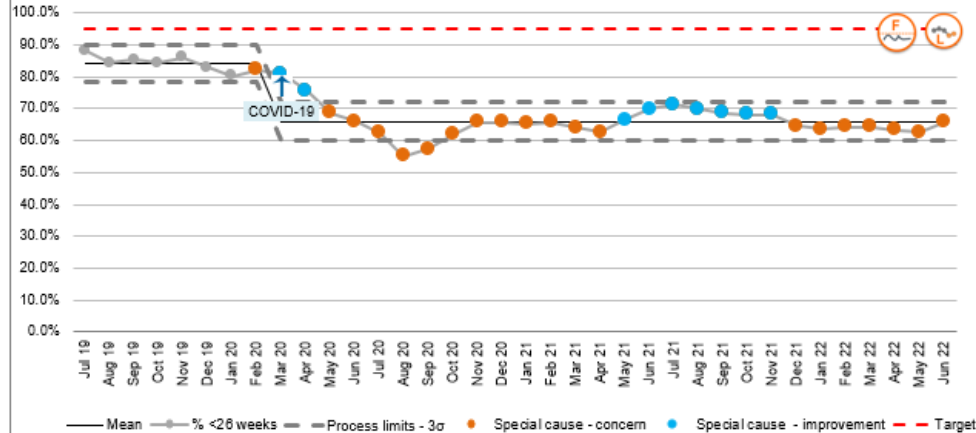
Appendix 1

Wye Valley NHS Trust

Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

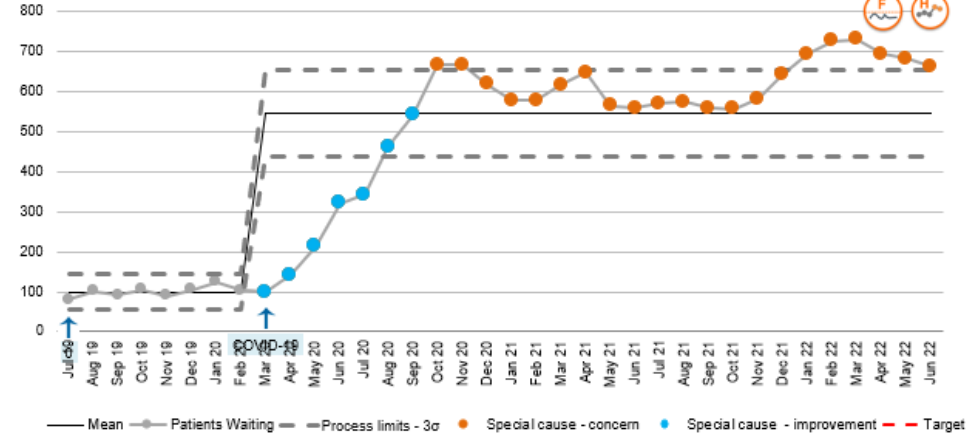
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Wye Valley NHS Trust-Source DHCW starting 01/07/19



Number of RTT pathways 36+ weeks

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

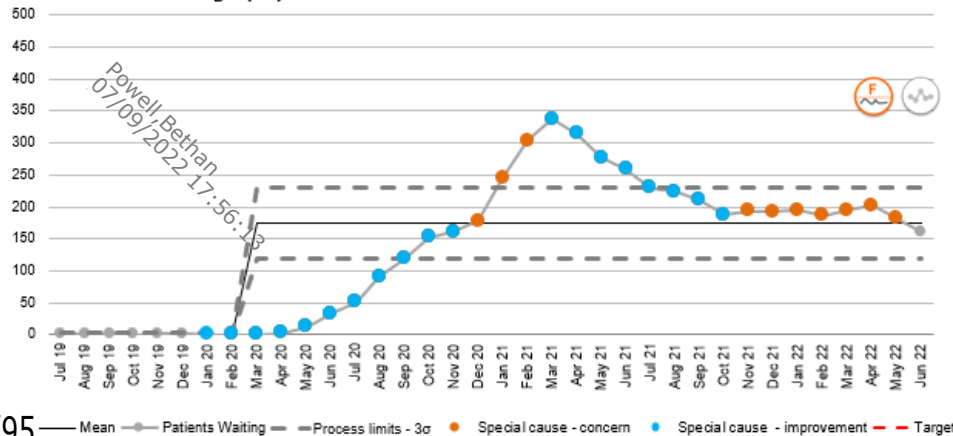
Commissioned - Number of patients waiting more than 36 weeks for treatment - Wye Valley NHS Trust-Source DHCW starting 01/07/19



Number of RTT pathways over 52 weeks

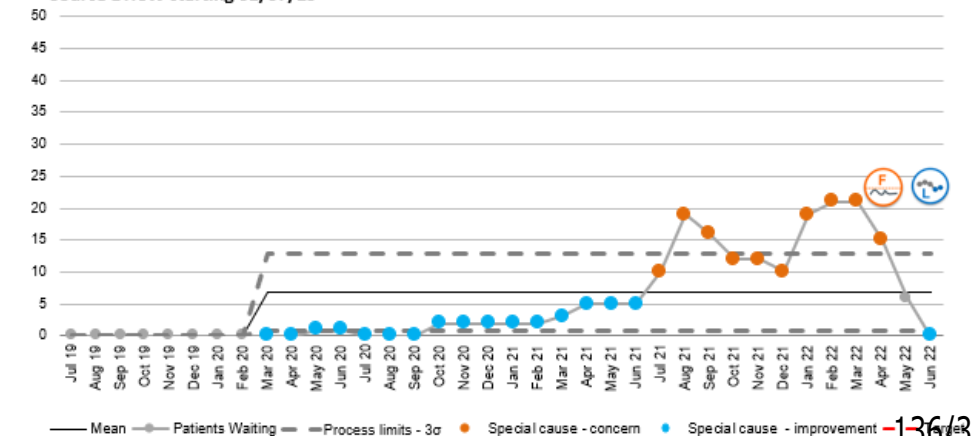
(inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Wye Valley NHS Trust-Source DHCW starting 01/07/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Wye Valley NHS Trust-Source DHCW starting 01/07/19





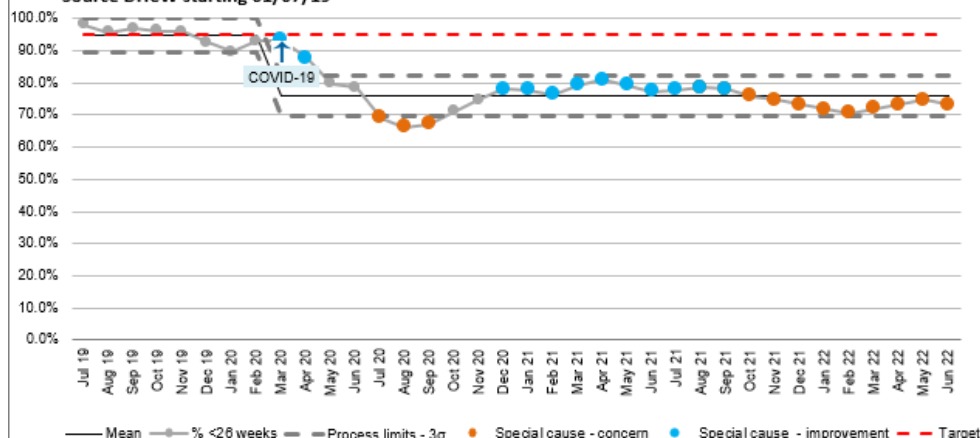
Appendix 1

Other English Providers

Referral to Treatment – Powys Teaching health board as a Commissioner

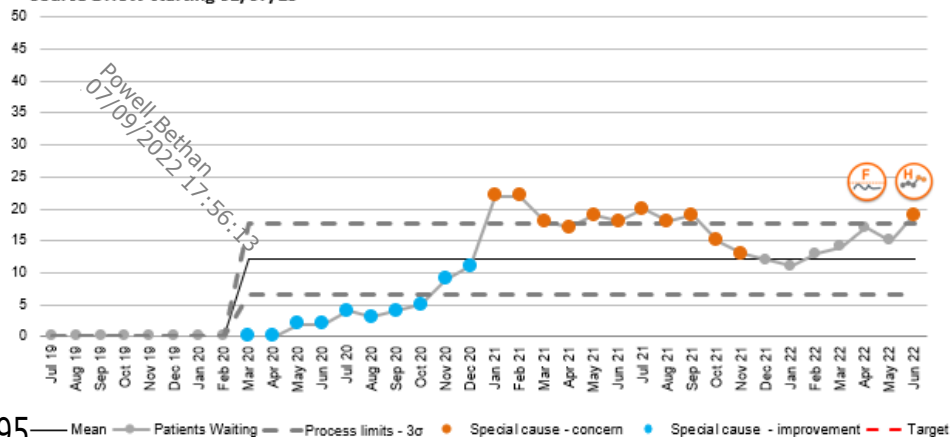
Percentage of RTT pathways <26 weeks

Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Other English Providers - Source DHCW starting 01/07/19



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

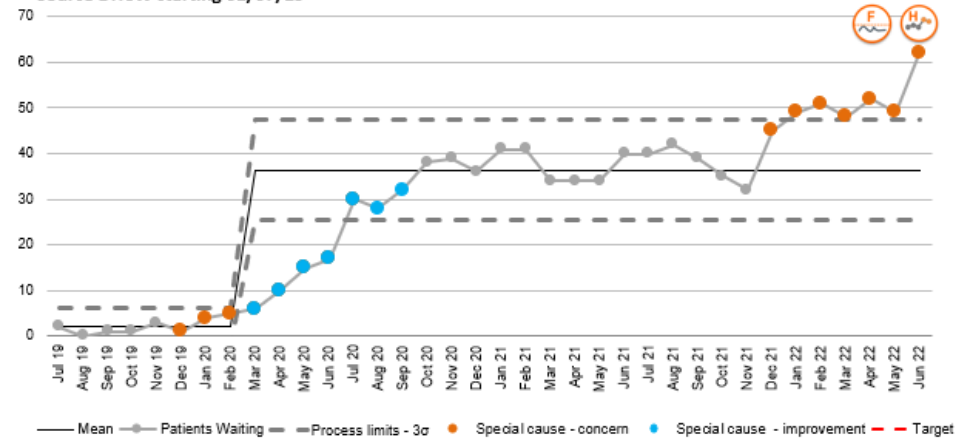
Commissioned - Number of patients waiting more than 52 weeks for treatment - Other English Providers - Source DHCW starting 01/07/19



Number of RTT pathways 36+ weeks

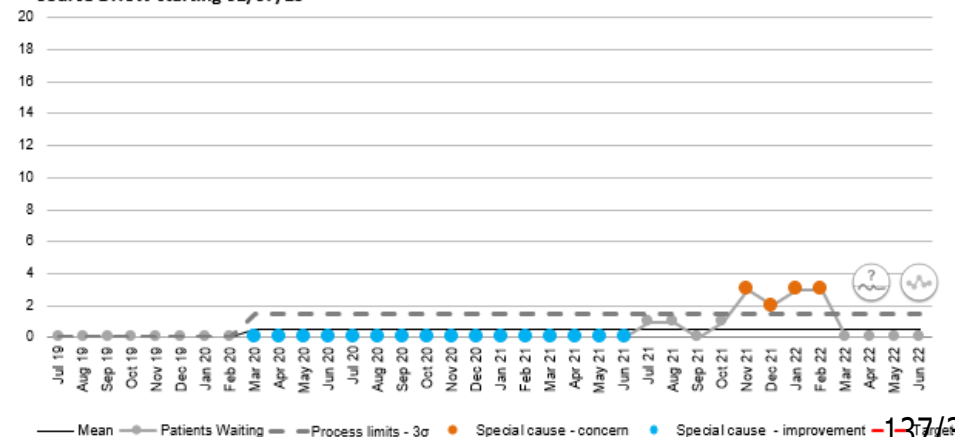
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Other English Providers - Source DHCW starting 01/07/19



Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Other English Providers - Source DHCW starting 01/07/19





Appendix 2

Cancer Screening Monitoring Report July 2022 exert – Source LTA performance

Powys Teaching Health Board - LTA monitoring report: July 2022

Ref	Indicator	Standard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
LTA/BSW/001	Histology reported by laboratory within 7 days of Date of procedure	None	100.0%	66.7%	80.0%	0.0%	0.0%	0.0%	0.0%	33.3%	7.7%	25.0%	0.0%	
LTA/BSW/002	Waiting Time for Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment - Looking back	>=90%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
LTA/BSW/003	Number of colonoscopies - index	None	5	5	5	0	0	12	13	9	19	2	6	5
LTA/BTW/001	Waiting times for diagnostic surgery, waiting 14 days or less	>=95%	-	-	-	-	-	-	-	-	-	-	-	
LTA/BTW/002	Waiting times for therapeutic surgery, waiting 31 days or less	>=95%	-	-	-	-	-	-	-	-	-	-	-	
LTA/CSW/001	Laboratory Turnaround Time for Colposcopy Histology Results (2 weeks)	>=80%	-	-	-	-	-	-	-	-	-	-	-	-
LTA/CSW/002	Laboratory Turnaround Time for Colposcopy Histology Results (3 weeks)	100%	-	-	-	-	-	-	-	-	-	-	-	-
LTA/CSW/003A	Laboratory Turnaround Time for Gynae Cytology Test Results (3 weeks)	>=95%	-	-	-	-	-	-	-	-	-	-	-	-
LTA/CSW/003	Waiting times for colposcopy - all referrals (8 weeks)	>=90%	90.0%	96.0%	100.0%	100.0%	100.0%	85.4%	96.0%	100.0%	95.8%	100.0%	100.0%	100.0%
LTA/CSW/004	Waiting times for colposcopy - moderate dyskaryosis or worse (4 weeks)	>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%
LTA/CSW/005	Waiting times for colposcopy - urgent suspected cancers (2 weeks)	100%	-	-	-	-	-	-	-	-	100.0%	-	-	-
LTA/CSW/006	Number of new colposcopies (new referrals/women attending)	None	10	19	16	30	12	35	18	23	20	31	9	19
LTA/NBH/006A	Well babies: Those babies offered assessment procedure within 4 weeks of the second screening episode	>=90%	100.0%	-	-	100.0%	-	100.0%	100.0%	100.0%	-	-	100.0%	100.0%
LTA/NBH/006B	High risk babies: Those babies offered assessment procedure within 8 weeks of AABR	>=90%	-	-	-	100.0%	-	-	-	-	100.0%	-	100.0%	-
LTA/NBH/007	Those babies who complete assessment procedure within three months	>=85%	100.0%	-	-	50.0%	-	100.0%	100.0%	100.0%	100.0%	-	50.0%	
LTA/NBH/008	Number referred for assessment	None	2	0	1	0	2	0	0	1	1	0	1	
LTA/NBSW/003J	Timely Collection of Sample (Day 4-6 of Life)	>=95%	97.1%	96.3%	94.6%	96.8%	98.8%	96.4%	92.4%	96.0%	98.1%	97.6%	97.4%	96.4%
LTA/NBSW/003B	Timely Collection of Avoidable Repeat Samples, within 3 calendar days of request	>=95%	100.0%	50.0%	100.0%	66.7%		100.0%		100.0%	75.0%		100.0%	
LTA/NBSW/004A	Avoidable Repeat Rate	<=2%	4.5%	2.5%	1.0%	3.2%	0.0%	2.2%	0.0%	1.3%	3.7%	0.0%	1.3%	0.0%
LTA/AAA/001	Non-visualised screening scan and annual surveillance scan routine general USS waiting list, 8 weeks	None	-	-	-	-	-	-	-	-	-	-	-	-
LTA/AAA/002	Non-visualised quarterly surveillance scan – urgent, 2-4 weeks	None												
LTA/AAA/005A	Seen by MDT, 7-14 days	>=90%	-	-	-	-	-	-	-	-	-	-	-	-
LTA/AAA/006	Intervention, 4-8 weeks	>=60%	-	-	-	-	-	-	-	-	-	-	-	-



Agenda item: 2.3

DELIVERY AND PERFORMANCE COMMITTEE		Agenda Item: 12th September 2022
Subject:	Renewal: Children and Young People	
Approved and Presented by:	Director of Nursing and Midwifery	
Prepared by:	Assistant Director of Transformation and Value, Women & Childrens Partnership Project Manager, Performance Manager.	
Other Committees and meetings considered at:	On the 3 rd of August 2022, the Executive Committee's Renewal Strategic Portfolio Board considered the next phase of work for the Children and Young People's Programme. The paper was considered at the Executive Committee on the 5 th of September 2022.	

PURPOSE:

The purpose of this paper is to update the Committee, and subsequently the Board, about the progress of the Renewal Programme for Children and Young People.

RECOMMENDATION(S):

The Committee is asked to DISCUSS and APPROVE the report.

Approval/Ratification/Decision¹	Discussion	Information
✓	✓	

Power Required
07/09/2022
17:18:16

Equality Impact Assessment (EiA) must be undertaken to support all organisational
decision making at a strategic level
Children and Young People
Renewal Portfolio

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	✓/x
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	✓/x

EXECUTIVE SUMMARY:

A key strategic priority of the health board is to improve access to high quality prevention and early intervention services for children, young people and their families.

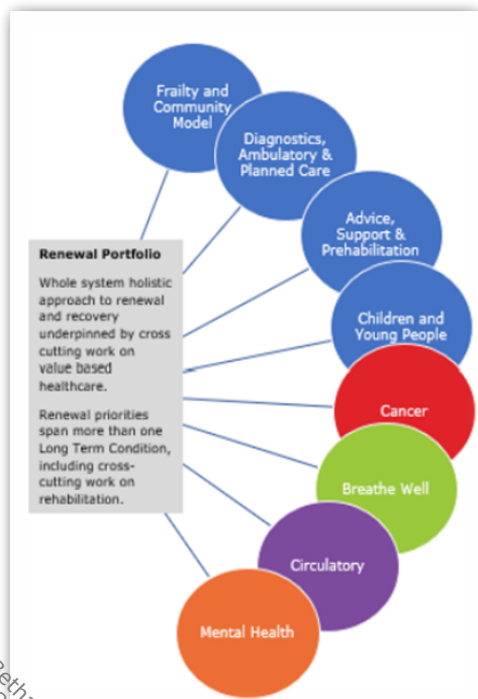
The pandemic affected children and young people, as a population, in specific ways. The Executive Director of Nursing and Midwifery is the chair of a programme to help ensure the recovery and renewal of health services for children and young people. This report highlights the progress to date; key measures indicating the extent of recovery; and the focus of the work going forward.

DETAILED BACKGROUND AND ASSESSMENT:

Major requirements for renewal emerged from an appraisal of the impact of the pandemic, including on children and young people. The importance of focusing on the things that matter most to the wellbeing of the population and those things which will make the most impact was also recognised.

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 appraisal of evidence for the IMTP highlighted the extent of inequalities in relation to children including: the growing difference in cognitive outcomes between children from the least and most deprived areas; the link between levels of deprivation and rates of children who are overweight or obese; and that just over 1 in 5 children and in Powys were estimated to be living in poverty, after housing costs are considered. Children who grow up in poverty are more likely to have poor health, which may affect the rest of their lives.

The Renewal programmes are whole system and transformative, which may include 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.

NHS actions during antenatal care, at birth and in the early years such as screening and childhood vaccine uptake are some of the most powerful and evidence-based ways of reducing future inequalities, such as those arising from disability. The greatest gains for population health are to be achieved supporting health in the early years. The recovery and renewal of healthcare for children and young people is interdependent with national programmes such as "Healthy Child Wales".

PTHB provides primary and community services in the county and is also responsible for ensuring children and young people can access the secondary and tertiary services needed in surrounding District General Hospitals in England and Wales. Specialised services for children and young people are commissioned through joint arrangements with other health boards through the Welsh Health Specialised Services Committee. These arrangements include services which are struggling to recover, such as Tier 4 Child and Adolescent Services and specialised paediatric surgery.

Delayed diagnosis or treatment can have a greater impact on children, as waiting times are a greater proportion of a child's life and may occur at vital stages of growth and development.

As PTHB does not have an Accident and Emergency Department or admitted hospital care services for children in-county (due to the need for compliance with essential paediatric standards) the relationship with the Welsh Ambulance Services NHS Trust is also vital in terms of children and young people.

At its meeting on the 3rd of August 2022, the Renewal Strategic Portfolio Programme Board considered the way forward for the Children and Young People's Programme. It reaffirmed that the renewal focus needed to be the health board's responsibilities for children as a population, as opposed to a focus on key actions for the PTHB Women and Children's Service Group.

The IMTP strategic priority 6 in relation to children, young people and families includes a range of actions including for adults. Progress against such actions are included within the IMTP Delivery Plan quarterly reporting arrangements, including the review of children's therapies which, as reported to the Board in July 2022, has been completed and the recommendations delivered to the operational team.

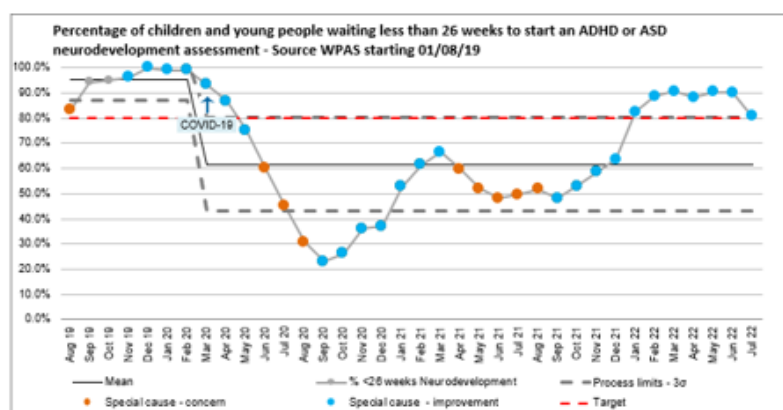
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This report highlights the specific action in receipt of Renewal funding and support to: "Develop and implement plan for Neurodevelopment Service Remodel including evaluation and review" (Q1-Q4).

Renewal funding for additional clinical posts of approximately £270k was provided during 2021/22 to address waiting times and the backlog in neurodevelopment services, with funding continuing to the 31st of December 2022. The neurodevelopment service has three main requirements: to achieve the 26-week Referral to Treatment (RTT) target; to complete assessments in 12 weeks; and the provision of post-diagnostic support, intervention, and review. There has been a special cause improvement in assessments as highlighted overleaf.

Ctrl+Click to follow link **Assessment**

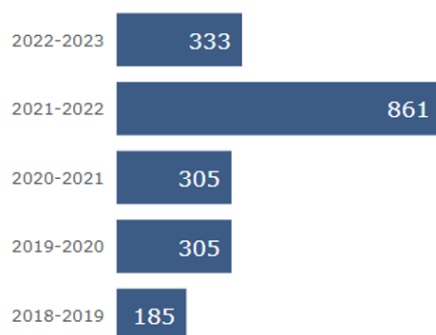
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment



Performance July 2022	
Local Performance	All Wales Benchmark
80.8%	1 st (37.4%)*
Variance Type	
Special cause - Improvement	
Target	
80%	
Data Quality & Source	
WPAS	

Source PTHB IPR August 2022

Attended appointment activity data is sourced from the Welsh Patient Administration System (WPAS).



There has been a significant increase in attended appointments during 2021/22 and so far this year compared to previous years. However, caveats to this information include:

- 2020-22 saw the impact of the COVID pandemic and reduced activity with the service closing from March to September 2020, coupled with

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long term sickness within the core substantive Paediatric Neurodevelopment Team.

- It must be noted that diagnostic assessment comprises multiple appointments unique to the children and young people pathway and activity reflects the number of appointments not diagnostic assessments.

Work on the remodelling required within the service to reach a sustainable point of improvement remains a challenge given the increased level of monthly referrals being received. (Over the last 12 months there has been an average of 46 referrals a month compared to 23 discharges per month. The service estimates that by the end of December 2022 there will have been a further 359 appointments and 115 assessments provided.)

Referrals	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07
Total	22	25	31	38	31	36	42	58	25	72	47	64	69	61

Other Renewal programmes are also taking forward actions to benefit children and young people such as the work on Asthma plans in Breathe Well and the funding secured for paediatric nurses (£85k) as part of the planned care transformation of outpatient services.

In terms of the overall recovery of services for children key statistics are highlighted below in relation to Healthy Child Wales contacts; looked after children; and paediatric surgery.

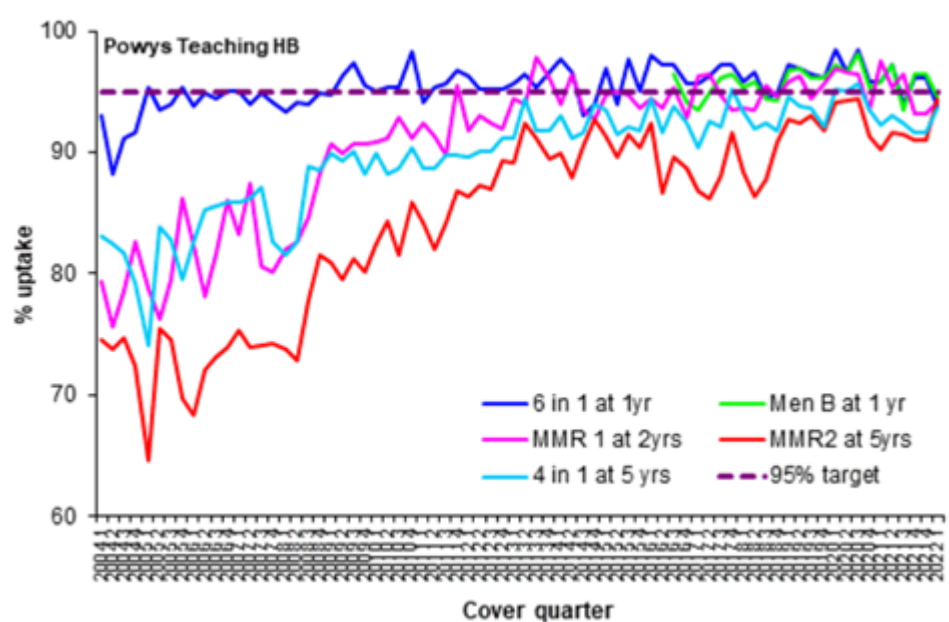
In the final quarter of 2021/22, the Healthy Child Wales contacts in Powys were all above the average for Wales.

Percentage of eligible children with recorded Healthy Child Wales contacts, by quarter and health board

Quarter (Jan-Mar 2022)									
Area Code Quarter									
Area									
Contact	Wales	Betsi Cadwaladr	Powys	Hywel Dda	Swansea Bay	Cwm Taf Morgannwg	Aneurin Bevan	Cardiff & Vale	
Contact at 10 - 14 days	90.0	92.0	93.4	84.5	93.2	96.5	85.9	87.7	
Physical examination at 6 - 8 weeks	81.1	80.0	95.6	87.1	90.8	87.8	82.5	62.0	
Weight and measurement at 8 weeks	70.4	85.5	85.5	72.0	82.7	86.1	40.1	63.1	
Weight and measurement at 12 weeks	62.5	82.0	83.2	61.4	80.8	84.0	16.3	60.9	
Weight and measurement at 16 weeks	62.9	86.3	84.9	61.6	80.3	81.3	11.8	63.4	
Contact at 6 months	80.7	90.4	89.9	83.2	91.9	93.7	50.8	82.0	
Health visitor contact at 15 months	76.0	86.8	77.7	77.9	84.6	89.9	48.0	76.1	
Health visitor contact at 27 months	73.0	83.1	78.5	70.6	82.6	87.4	47.6	72.8	
Contact at 3.5 years pre-school	56.9	71.7	79.3	46.2	48.9	65.8	36.6	62.4	

[National Community Child Health Database (NCCHD) is a database maintained by Digital Health and Care Wales (DHCW). The data is extracted routinely from LHB-held Child Health System databases. Data is for all children.]

The position in relation to immunisation is set out below. Of the two key indicators used by Welsh Government for childhood vaccinations “6 in 1 at 1 year” and “MMR2 at 5 years” Powys residents have often achieved target or ranked high when compared to the All-Wales benchmark. Recent challenges to immunisation have been linked to the COVID-19 pandemic in 2021 which reflected a range of effects including individual willingness to take children for vaccination during pandemic peak, and primary care workforce capacity as a result of COVID-19 precautions impacting patient flow.



Powys has the 7th highest level (out of 22 local authorities) of children receiving care and support under the age of 18 per 10,000. This figure has risen from 235 in 2017 to 291 by the 31st of March 2021.

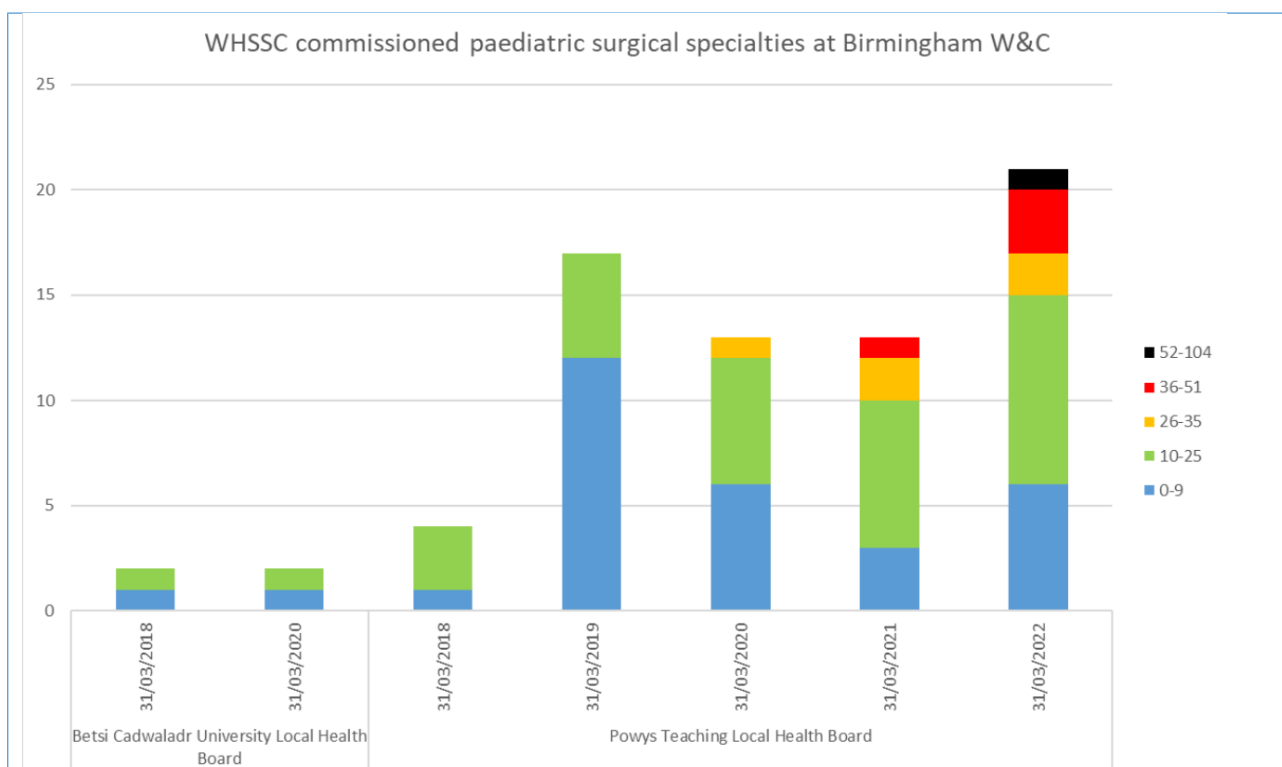
2017	2018	2019	2020	2021
235	245	277	278	291

The data for 2021 is not yet available but key protective measures for this group such as being up to date with immunisations and dental checks fell from pre-pandemic levels.

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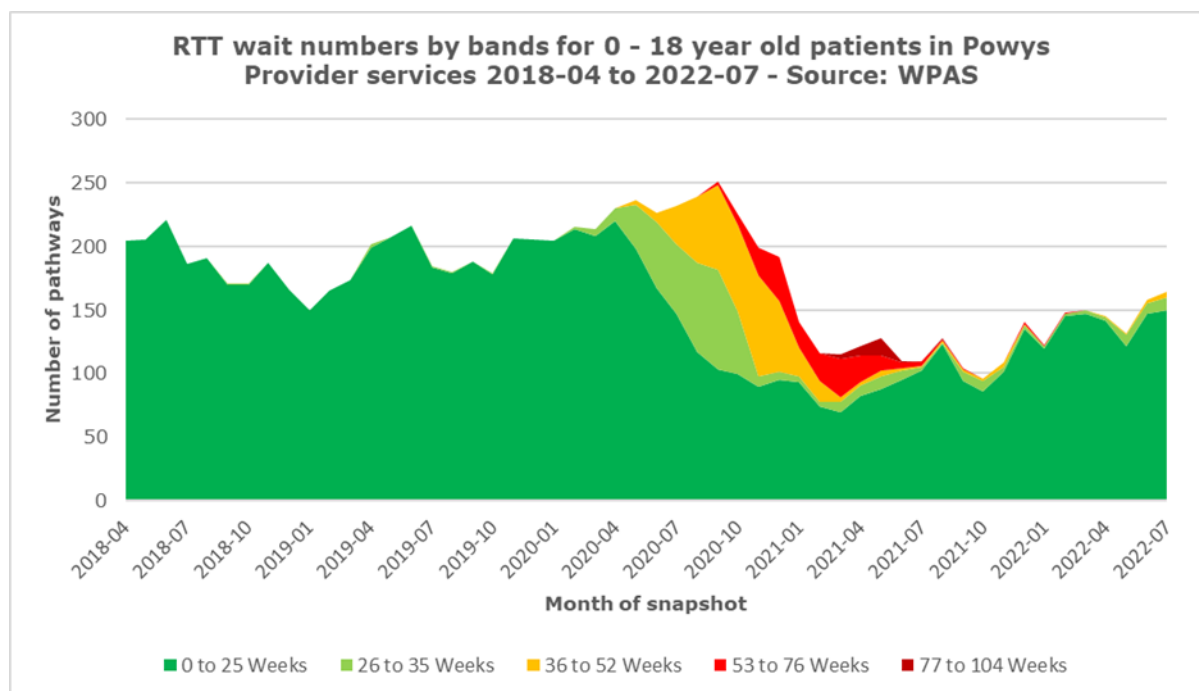
<div> <div>Child Status (All children receiving care and support)</div> <div>Gender (All children receiving care and support)</div> <div>Local Authority (Powys)</div> </div>												
<div> <div>Child Status</div> <div>Gender</div> <div>Local Authority</div> <div>Area Code</div> </div>												
<div> <div>Year</div> <div>Component</div> </div>												
Measure	2017			2018			2019			2020		
	Percentage / average			Percentage / average			Percentage / average			Percentage / average		
	Numerator	Denominator	Percentage / average	Numerator	Denominator	Percentage / average	Numerator	Denominator	Percentage / average	Numerator	Denominator	Percentage / average
Percentage of children with up-to-date immunisations	555	575	96	540	595	91	490	665	73	535	665	81
Percentage of children with up-to-date dental checks (for children aged 5 and over)	440	460	96	395	470	84	370	525	70	340	430	79
Percentage of children with substance misuse problems (for children aged 10 and over)	15	320	5	15	320	5	15	355	4	15	360	4
Percentage of children with mental health problems (for children aged 10 and over)	60	320	18	60	320	18	50	355	14	60	360	17
Percentage of children with up-to-date child health surveillance checks (for children aged 0 to 5)	125	135	94	140	150	93	120	175	67	100	145	68
Percentage of children with autistic spectrum disorder	70	575	12	65	595	11	45	665	6	65	665	9

Paediatric surgery is an area where there remains concern about the recovery of waiting times. PTHB has flows in the District General Hospitals in England and in Wales, where children are waiting more than a year for paediatric surgery.



Unfortunately, no data currently is available to the health board that shows Powys resident children and young people waiting on treatment pathways across Wales and England as a unified source. This information should be available for Welsh providers centrally by Q3 2022/23. Limited to the provider reported waits, all ages of patients waiting were affected by the COVID-19 pandemic and resulting suspension of services. For the financial year 2019/20 an average of 200 RTT pathways for patients aged 0-18 years of age were waiting under RTT specialties at the end of each month, in comparison for 2021/22 only 122 average pathways were reported at the end of each month showing a reduction of circa 60% of the waiting list. However, during 2022/23 demand has started to increase reaching circa 80% of pre pandemic average for July (these figures exclude diagnostic and therapy specialties). As a result of the pandemic children and young people were required to wait over 1 year for treatment in key specialties, but as the patient backlog was recovered in the provider wait times have reduced in line with all ages.

Powys provider waiting lists for 0 – 18-year-old patients by weeks wait band



For the next phase the children and young people's programme is focusing on:

- 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)
- Transforming planned care for children, including outpatient transformation.

NEXT STEPS:

The paper will be submitted to the Board on the 28th of September.

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			
The paper sets out the actions to help ensure the recovery and renewal of key services for children and young people.				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical			x	
Financial			x	
Corporate		x		
Operational			x	
Reputational		x		
The paper sets out the actions to help ensure the recovery and renewal of key services for children and young people.				

Environment Directorate Progress Update

Delivery and Performance Committee – 12th September 2022



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Introduction

- This slide deck is the first Director of Environment report to the Committee with specific focus on areas which report through to the Innovative Environments Group.
- Feedback on the content and style of this report will be gratefully received

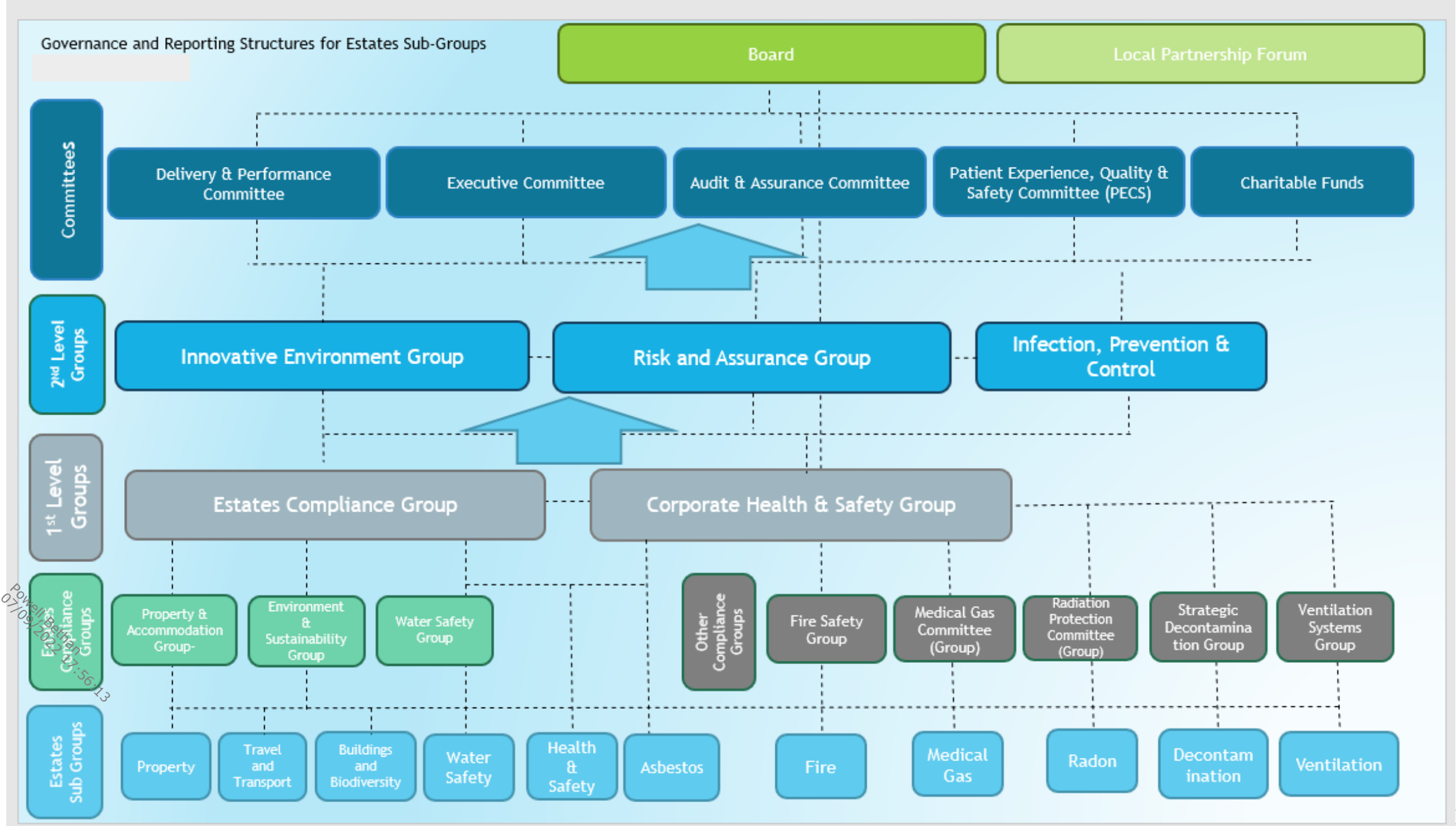
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Governance & Assurance Mechanisms



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Governance & Assurance Mechanisms





Major Projects - Machynlleth

1 Project Overview



The redevelopment of BDCH has been included as a priority scheme for PTHB in order to reconfigure/refurbish the front block of the hospital and support the Health Board's plans to integrate primary care services onto the site and establish BDCH as a health and well-being facility for the local community. The facility will also provide a base for health, local authority and third sector teams, encouraging improved integration and efficiency and create a community 'hub' to improve access to health and social care, wellbeing, prevention and health promotion facilities.

The project provides PTHB with an opportunity to reshape the way that community health and well-being services are delivered.

Budget Allocation: £15,188,000

Commencement Date: 17th May 2021

Contract Period: 84 Weeks (previously 79)

Progress: Week 59

Completion Date: 23rd December 2022

2 Status Report



	Cost	Time	Risk	Trend
Red	Problematic - requires urgent and decisive action.			Getting better / improving
Amber	Issues identified - Requires monitoring, some aspects need urgent attention.			Staying the same
Green	Good - On track requires no action.			Getting worse

Agreed contingency / risk allocation: £1,129,000 (additional £349K made available)

Value of changes/risk allocation: £917,152.2

contingency / risk allocation remaining: £211,847.73

% project complete (time): 73.1%

% project complete (value): 50%

% project contingency remaining: 18.8%

Value of works paid to date (Cumulative): £6,721,534.30

Main Risks:

- Supply chain Issues and material price increases
- Appropriate innovative design solution
- Potential Programme delay
- S.278 works conclusion

3 Progress Summary

Works continue to progress well although WDC are reporting the risk of a delay due to challenges they faced due to the installation of the fire proofing of the structure, which is now complete. The impact and implications are currently under review. The main building is now generally weathertight and internal fit-out is progressing, remaining building envelopes are coming together and the shift to internal fit out will now take place. During the period WD have completed the partitions which are now ready for electrical drops, M&E first fix to corridors are also currently taking place. The glazing is now complete following the birds nesting.

WDC are currently on schedule with their revised programme which illustrates a completion date of 23rd December 2022.

USE QR CODE (RIGHT) TO VIEW

LATEST MATTERPORT WALK THROUGH:



Work Anticipated for Next Month:

- Continue with M&E 1st / 2nd Fix
- Commence Render to externals
- Complete Fascia / Soffit to existing facade
- Complete SFS and commence partitions to kitchen Area

Health & Safety: No issues to Report

Audit Status: Reasonable (follow up in Q3 2022/23)

Gateway Review: Gateway 4 - October 2022

Major Projects Brecon Car Park



C732 — Brecon Car Park Project Dashboard



Internal Project Manager: Cefin Francis

August 2022

1 Overview

Project Description:

The availability of suitable and sufficient access arrangements for patients, visitors, staff and contractors is a critical element of delivering healthcare in the hospital environment.

Parking at Brecon Hospital is generally on a 'first come, first served' basis with little acknowledgement of the adequacy of patient dedicated parking. The stress caused to patients trying to find suitable parking, being late for appointments and affecting the 'patient experience', poor parking practice have also led to instances where ambulances (based in Brecon Hospital) have been unable to respond to emergency calls due to vehicles blocking exit due to poor parking.

To facilitate this, the project scope involves reconfiguring adjacent land in order to provide an additional 70 car parking spaces for staff. The car park will be split level carpark, centralised on the site with ramped access from the ambulance access to the East of the car park. The investment also includes adaptations to the existing car park including relining and the provision of more disabled bays and a number of bays dedicated for staff who require hospital parking.

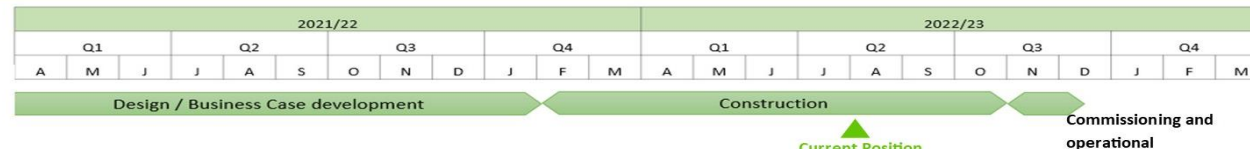
Budget Allocation: £1,600,000

Start date: 14th February 2022

End date: 7th October 2022

Duration: 34 weeks

4 Photographs



2 Progress Summary

Project Activity in the Period:

Full commencement of site operations was delayed due to late clearance of pre commencement conditions by the LPA.

Last Contractor's Report confirms the following progress in the period:

- Kerbing at approx. 60% completed
- Fence post approx. 60% completed
- Base layer of stone installed in car park
- Duct boxes installed
- Lower carpark substation installed, WPD works completed including 2 number bases for chargers.

Project Progress Summary

• Total contingency allowance	£185,813.01 (+VAT)
• Value of contingency remaining	£6,218.1 (+VAT)
• % project complete (time)	66%
• % project complete (value)	55%
• % project contingency remaining	5%

3 Project Update



Red	Problematic - requires urgent and decisive action.	↑	Getting worse - risk increasing
Amber	Issues identified - Requires monitoring. some aspects need urgent attention.	↔	Staying the same
Green	Good - On track requires no action.	↓	Getting better - risk decreasing

Issues/Risks: The projects top risks and their risk scores are detailed below:

Delayed confirmation of Western Power Distribution wayleave agreement leading to additional costs & an extension of time beyond the project completion date.	4	4	16
Late consideration of solar lighting leading to dan extension of time beyond the project completion date and increased project costs (within contingency allowance)	4	3	12
Planning nonmaterial amendments to be passed by planning officer for solar panels, landscape, and luminescence of street lighting. Planning could delay progress on site.	3	4	12
No specification confirmation for lighting of pedestrian access which could lead to cost increase	3	3	9
Handrails to pedestrian access not designed potential cost	3	3	9

Financials: Only 5% of contingency remaining therefore the realisation of the risks above could lead to cost pressures.

Programme: Project remains largely on Programme with some elements of power and lighting due still to be completed post contact completion.

Health & Safety: No issues to report.

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Major Projects Business Cases

Llandrindod Phase 2

Governance:	Project Board for Phase 2 work reporting to Innovative Environments Group / Performance and Resource Committee
Lead Executive:	Jamie Marchant, Director of Environment
Anticipated Funding:	All Wales Capital Funding – PBC endorsed for £11M to £14M
Business Case Status:	PBC endorsed March 2022, series of BJC's to be submitted to support construction phase
Anticipated Timeframe:	2022 – 2025/2027
Resource Implications:	Project Board with suitable clinical and operational input.

Details: The Programme Business Case for phase 2 of the development at Llandrindod was endorsed by Welsh Government in March 2022 and was marked by a visit from Eluned Morgan, Minister for Health and Social Services to Llandrindod Wells.

Work has now commenced on the first Business Justification Case (BJC) in support of this development which will be submitted to WG in 2022. The work will include infrastructure upgrades, refurbishment to the rear of the hospital and significant decarbonisation improvements.

Learning from model of care work in North Powys to be incorporated into site development for back of hospital. Purchase of WG Building at Spa Road to be considered as complimentary to business case.

In addition, £290k has been secured through WG funding to address the urgent lift replacement with works due to commence in Q3 2022/23





Major Projects Business Cases

North Powys Wellbeing Campus

Governance: Regional Partnership Board with joint authority Programme Structure

Lead Executive/s: Hayley Thomas/Nigel Brinn

Anticipated

Funding: All Wales Capital Funding – PBC endorsed, school funded by WG 21st Century Schools programme, other funding to be agreed

Business Case

Status: PBC endorsed 2022, SOC submitted May 2022, OBC work initiated

Anticipated

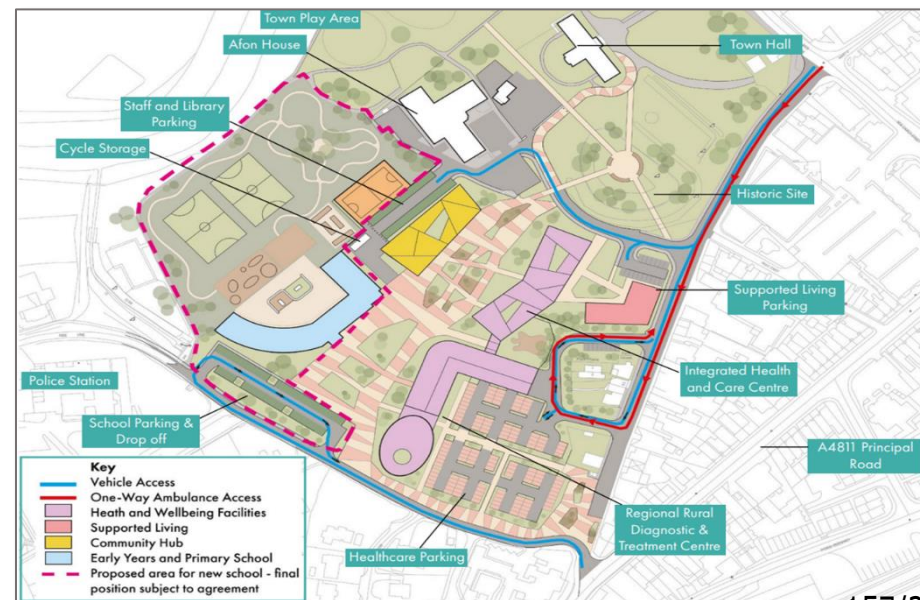
Timeframe: 2022 – 2025/2027

Resource

Implications: Project Board with suitable clinical and operational input with strong links to wider programme

Details: the Programme Business Case was endorsed in early 2022, describing an integrated campus incorporating education, health and care, library, Health and Care Academy and housing. The Strategic Outline Case further developed this with an important 'proof of concept' element masterplan to demonstrate 'fit' on the chosen site. The SOC is currently with WG for consideration but early feedback has indicated that the Infrastructure element, including roads and mains services and utilities needs to be defined separately to reassure WG in respect of 'buildability' and allow separate central funding sources to be considered.

The next stage of work on the Outline Business Case is key as this will involve the development and decision on services to be offered by the campus which in turn will allow detailed design to progress, supported by a Design and Build partner. Important enablers will be the constitution of a Project Board, appointment of Client Professional Advisors and dedicated Senior Project Management resource.

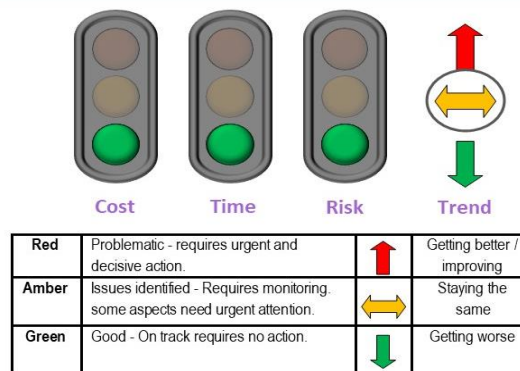


Capital Dashboard – Discretionary, etc.

1 Programme Overview

CAPITAL PROGRAMME 2021-2022	
Discretionary Capital	£616,800
Compliance Discretionary Capital	£597,000
Subtotal	£1,213,800
Capital replenishment 2021/22	+ £273,000
Contingency Remaining	£148,200
AWCF	£8,059,000
Charitable & Revenue	£610,000
ICF	£0
Primary Care	£0
OVERALL PROGRAMME VALUE	£ 9,882,800

2 Programme Status



The programme is largely on track, however, the main risks remain regarding uncertainty and material cost rises in the market—which continues to be monitored.

3 Progress Summary

There are currently 34 schemes on this years pipeline (including crossover and deferred schemes) 4 of which have now completed.

The majority of schemes from 2021/22 are now complete with a number of snagging items and handovers required to close out.

Projects due to complete next period:

C011 Ligature minimisation

C231 Fire precautions Work

C250 H&C Academy phase 2

Progress update:

Llandrindod lift - finalising procurement route

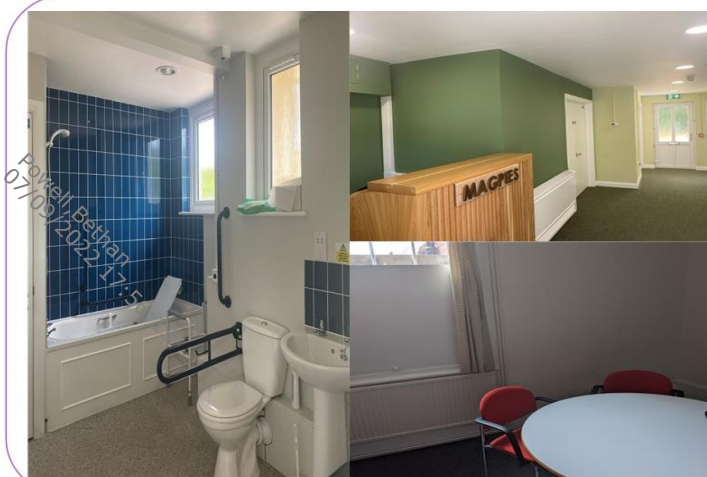
Llanwrtyd pharmacy - Contractor appointment

Newtown Fire alarms - Out to tender

Orchards Refurbishment—Out to tender

Some replenishment funding from the Machynlleth scheme has been made available to allow the team to progress a further 4 schemes.

4 Progress Photographs



Lessons Learned Event

A number of roofing projects are being compiled into a programme of works which require funding.

The roofing project at this site was targeted due to the number of leaks which were evident in the roofing fabric at Ystradgynlais Community Hospital. A prolonged period of repairs had taken place during which time a decision was made to apply for funding to replace the roof covering in parts of the site. Ward areas were chosen for roof replacement due to the number of leaks and the risk to the service from closure of rooms.

A successful application was made for EFAB funding from Welsh Government to enable the project to go ahead in financial year April 2021 to end of March 2022.

In order to comply with governance for projects of this value a Project Board and a stakeholder group were set up, a decant group was set up with staff on site. The project board met every two months, and the stakeholder group met every month during the project.

Project Value: £968,000
Funded by: EFAB
Contractor: Cambrian Roofing
Project Manager: Cefn Francis

Key Actions / Lessons:
1) Initiation & Governance
2) Develop 'on the shelf' bids in readiness for funding opportunities
3) Project team to ensure early engagement of conservation
4) Propose 2 year programmes to ensure adequate time for planning and seasonally dependent work can be planned – conversations with WG are already underway
5) Consider 'opportunistic' refurbishment works at the outset

Development
6) Ensure infection prevention are consulted when undertaking works to wards
7) Decant - more involvement from managers to support staff on site
8) J17/H&S and further staff 'buy in' required in order to facilitate decants
9) Site meetings with stakeholders – more work required in respect of setting up and engagement with stakeholder groups earlier (should there be a less formalised process)
10) Engagement – making staff aware why they have been invited/attending – improvement in communication within the project
11) The scope of works should be set at an early stage; the scope increased to take advantage of a decanted ward and impacted the budget and programme. More planning required for refurbishment.

Construction
12) Consider the use of a main/principle contractor to oversee all of the works

Post Project Evaluation
13) Lessons learned meeting to be discussed at the capital team to feedback to other projects to improve the service – Agenda items to be set for forthcoming meeting

"I thought the lessons learnt workshop went very well. It was led and chaired well by Anthony. He allowed everyone to speak about issues that went well and those that didn't. It was good to be able to express concerns from the nursing side and be listened to."

Alyson Worgan
Ward Manager

Ystradgynlais Roofing Works – EFAB

Developing an Estate which is fit for purpose
Datblygu Ystad sy'n addas at y diben

following changes are proposed to the pipeline this period:

Item				Approved
C339	OPD Roof repairs	Bronllys	+£15,000	Y
C340	MIU Replacement doors	Brecon	+£10,000	Y
C341	Dental decontamination	Ystradgynlais	+£44,000	Y
C342	L-ward sink	Bronllys	+£7,000	Y
C250	H&C Academy	Bronllys	+£54,000	
Change in period			£130,000	
Contingency after changes			£148,200	



Communication / Newsletters



Estates, Capital and Property Newsletter:
Summer 2022



August 2022

BRO DDYFI COMMUNITY HOSPITAL

Redevelopment Newsletter



News Update

Works continue to progress at pace with visible changes taking place almost daily. The main building is now generally weathertight and internal fit-out is progressing, the remaining building envelopes are coming together and the shift to internal fit out is now taking place.

This month we have an updated project QR code. Simply scan the code (pictured left) using the camera on any mobile device to access the latest 'Matterport' model. The model allows you to take a 360° walk through the site and see all the latest construction progress.

Taking Shape

Since the last newsletter the buildings are beginning to really take shape. The new dining room, pictured below will include glazed curtain walling situated where the grey sheeting is placed.



The new dining room under construction

The new dining room which will become a patient, visitor and staff café will be to the right of the new entrance and will be an ideal place to sit and relax with a tea or coffee before your appointment or while you are waiting for a loved one to return from an appointment. The café will also be serving food for staff and visitors.



Design of the new front entrance with view to Café area

The café will form a part of the Integrated Community Hub we are creating at Bro Ddyfi Community Hospital. The objectives of the hub is to improve access to health and social care, well-being, prevention, and health promotion services.

The café will provide a space for staff and visitors to the hospitals to use and enjoy. As we move forward from the peak of the Covid-19 pandemic we are excited to welcome visitors back to our hospitals.



August Progress Photos

June 2022

Brecon War Memorial Hospital: NEW CAR PARK

News Update

Construction activity for the new staff car park at Brecon War Memorial Hospital continues at pace with progress in line with expected timeline and to meet Autumn handover target.

Work activity continues to focus on the groundworks and in particular developing the levels, installing sustainable drainage and completion of the Kriblok retaining wall systems around the site, which are over 95% complete.



Gravity Retaining Wall System

A retaining wall is a structure designed and built to withstand the lateral pressure of soil when the intended ground elevation exceeds the angle of repose of the soil, and these walls are used to hold the soil laterally so that separate levels may be maintained on both sides.

Gravity retaining walls depend only on their self-weight to withstand lateral earth pressure. These retaining walls are often necessary for the large gravitational force required to offset soil pressure.



The Kriblok gravity retaining wall system, which is made up of reinforced precast concrete

components that are precisely engineered to interlock with each other, allows for the quick construction of secure, beautiful earth retention systems without the need of mortar or special fixes.

Sustainable Drainage System

A sustainable drainage system has been designed as part of the car park and forms part of mitigation features fitted to the development to prevent excessive run-off from the site affecting surrounding areas.

Sustainable drainage systems slow the rate of surface water run-off and improve infiltration, by mimicking natural drainage in both rural and urban areas. This reduces the risk of "flash-flooding" which occurs when rainwater rapidly flows into the public sewerage and drainage systems.



Progress Update

Contractor and Consultant Drop-in Day

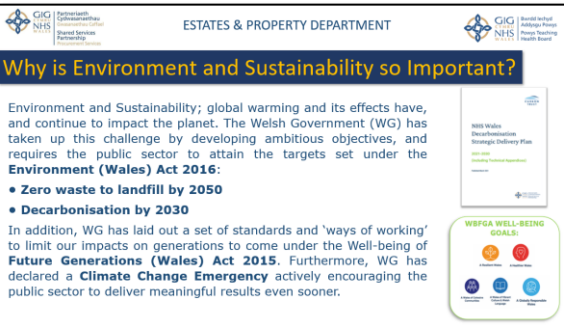
In mid-July, the Estates & Property Department, along with colleagues from NWSSP Procurement services, held an informal drop-in workshop for contractors and consultants. Companies were invited to 'meet the team', have a coffee, and discuss future project activity and opportunities. Staff were available to discuss access for tenders and quotes and update on some of the new questions required as part of the procurement process. Over 50 contractors, consultants and suppliers attended, ranging from small local businesses to nation-wide companies.

The benefit of the session was an opportunity for open and honest conversations to our Supply Chain partners about the Well-being of Future Generations Act, Foundation Economy and Decarbonisation tender questions, and our desire to go on the journey and support and inform external partners to help them understand and navigate this important change.

The day received positive feedback from attendees including:

"Really proactive approach for engaging between client, consultants, contractors and supply chain - well done PTHB!"

"I enjoyed attending the workshop, it was a good opportunity to network with people from the Health Board."





Events – Learning Culture

Department Development Day

As part of the departments commitment to promoting a '**learning culture**' a team development day was held in July in which all members of the department from different bases across Powys came together to take part in a series of interactive activities and formal learning topics. The day included:

Welcome and Introductions:

- Estates Strategy
- Agile Working
- Responses to previous Development Day session (learning from COVID, etc.)

Breakout Session A: Intranet Design

A Day in the Life...of a Multi-skilled Craftsperson, Gas & Mechanical (by Lewis Popp)

Breakout Session B: Communication Skills

Deep Dive session: Tree Management

Deep Dive session: Radon Management

Team Feedback:

"Good mix of topics"

"A Day In The Life was refreshing and very good"

"Really good opportunity to get together as team"

"These days have already helped the team feel closer and get to know one another"





'There are numerous reasons why this event was a positive one from my perspective. As much planning as there was for the project, the unforeseen challenges created enhanced levels of risk ... the opportunity to share this with Manufacturers and Contractors felt important. There was learning for us also as 'customers' to enhance our contribution. Finally, we were able to have some face-to-face joint problem-solving conversations regarding the remaining issues with quality and installation. We were very grateful to be invited to this learning event and I would absolutely recommend the approach continue.'

Louisa Kerr,
Head of Mental Health Operations

Lessons Learned Sessions

The ligature minimisation programme was a £1M+ investment by Welsh Government in response to recommendations made by HSE in relation to ligature risks/concerns across the estate. The Estates team worked with mental health service leads to identify a programme of works to reduce these risks. One of the largest elements of the works was to provide new fully alarmed anti-ligature, anti-barricade doors to the AMI unit at Bronllys Hospital. This was a challenging project which included undertaking significant works in a live hospital environment. The project required careful planning and communication with service leads to maintain the safety and security of vulnerable patients throughout. In addition, issues were experienced in relation to material availability and delays as well as some quality concerns on the doors provided.

The lessons learned event, which was a pilot for the organisation, brought together a range of stakeholders including; Mental Health, Capital and Estates teams, H&S advisors, consultants, contractors and suppliers in order to capture best practice and knowledge gained throughout the project. Participants were invited to share their observations, experiences & recommendations and place them on a timeline to identify where issues may have occurred. We had some fantastic feedback from the session which we hope to 'roll-out' across all major projects undertaken in the future supporting our commitment to continuous improvement.



Learning Culture - Audit

ISO 14001 re-accreditation



Success never gets boring, and neither should it, certainly when it comes to the environment!

PTHB Estates department along with colleagues from support services and other teams have achieved our 4th year of achieving ISO14001. An external auditor has confirmed that we have good policies and procedures in place which meet legal requirements and protect the natural environment.

At no other time has protecting the environment been more important. We can all recount our experiences of more frequent and more extreme weather events and the effects on patients, the loss of biodiversity and the increase in waste. With our accredited Environment Management Systems, we now have significant carbon reduction targets in place: 16% reduction 2025 / 34% reduction 2030



Recent Audits

- **ISO 14001** full re-certification successfully completed during 9-day assessment, including inspections across six hospital sites (June 2022).
- NWSSP Internal Audit for **Machynlleth** Project – Reasonable Assurance Status
- NWSSP-SES **Ventilation** audit (May 2022) – Reasonable Assurance Status
- **Monitoring of PTHB Decarbonisation Progress** is now embedded in our Environment & Sustainability Group and associated sub-groups.

Ongoing / Upcoming Audits

- NWSSP Internal Audit: **Decarbonisation** (Q2)
- NWSSP Internal Audit: **Machynlleth** Project (Q3)
- Welsh Government **Gateway Review**: Machynlleth Project (Q3)
- Internal Fire Team: **Fire Risk Assessment** programme ongoing Pan-Powys
- NWSSP-SES **Fire** audit, Llandrindod Wells – ongoing
- NWSSP Internal Audit: **Security** (Q2) (support services led)
- NWSSP Internal Audit; **Site Mgt** (Advisory) Q2



Property Update

Former WG Offices, Llandrindod Wells

12-month lease agreed with Welsh Government for MVC & TTP. Team engaged to pursue long-term vision to purchase premises and solve multiple service and property needs



Llanwrtyd Wells Health Centre

Purchase successfully completed before end-of-year funding deadline. Capital improvement scheme underway to improve general practice, pharmacy and community services to local community



Mass Vaccination & TTP

Park Street Day Centre, Newtown:

MVC operational from February. Facilities suitable to meet predicted autumn surge with extended hours & enhanced

parking management. Lease extended to 3rd February 2023

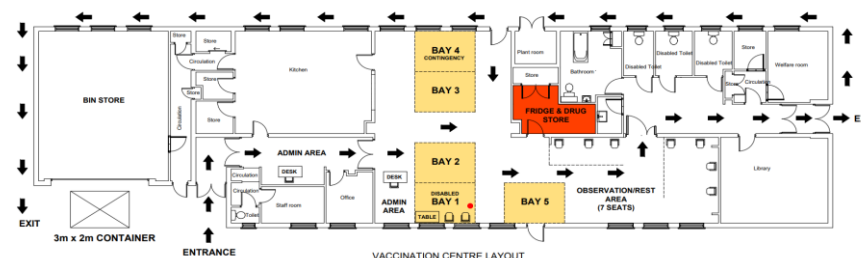
Gungrog School, Welshpool: TTP centre.

RWAS, Builth Wells: Green Pavilion and Health Centre served as MVC & TTP bases. Decant out of RWAS into former WG Offices, Llandrindod Wells

WG Offices, Llandrindod:

Reconfigured as MVC on one floor.

Bronllys Hospital: MVC from Concert Hall. Large Estates involvement to decant and relocations. Temporary TTP being served from Bronllys.

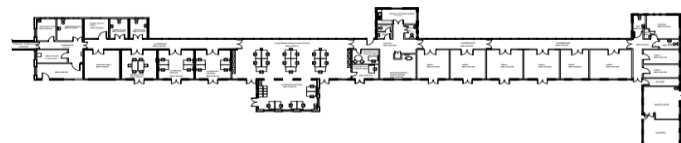
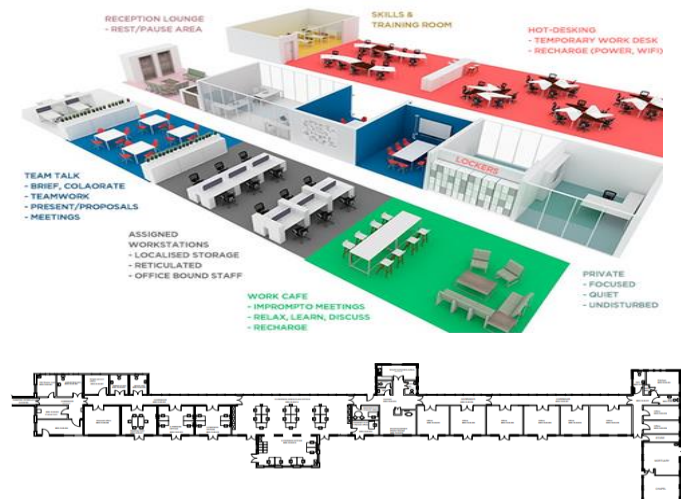




Property Update

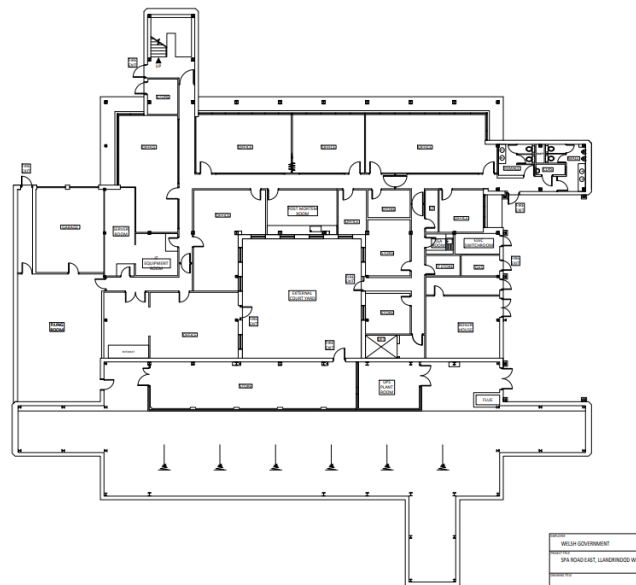
Agile working

Local evaluation of space utilisation commenced. Door-to-door surveys looking at maximising optimum use of space and options for creating most valuable agile space for services



Records Management & Digitisation

WG Offices, Llandrindod: Property Team have highlighted the great fit between records storage and digitisation programme in the lower ground floor area of the premises. Being discussed with Records Management team and will be included in BJC



International Nursing Recruitment Programme



Existing terraced houses, Llandrindod hospital

Suitability of accommodation:

Nurses should be accommodated near to their place of work, or at a location with good public transport links. Ideally the nurses (and students, locums, etc.) would benefit from hospital based accommodation. Lack of accommodation available in wider commercial settings.

Next Steps for feasibility / consideration

Medium Term

- Renovation of Windermere bungalow, Orchards bungalow No3 for multi-purpose accommodation in **South**
- Purchase of former WG Offices at Spa Road. Relocation of teams from Hazels, Merlin, Llangwyn and Westdene terraced properties to Spa Road. Extensive phased refurbishment into multi-occupancy student/doctors/nurses' accommodation centre for **Mid**
- Continue pursuit of suitable private rental accommodation in Welshpool or Newtown for **North**

Long Term

- Relocation of Mental Health team from Ty Illtyd, Brecon and renovation of three-storey twin houses into accommodation - **South**
- Llandrindod terrace conversion into accommodation of all four houses - **Mid**
- North Powys Campus has 18 accommodation places within design - **North**

Pipeline Schemes

- Groups and individuals wishing to develop their plans or assist on outside areas across our sites. However, health and safety governance still required as the Health Board legally responsible for all 'work' completed on sites
- Veterans Group willing to progress on updating and improving **At Ease garden** and **Chapel at Bronllys**
- Measured Mile.** A walking trail has been designed drawn out inside the hospital grounds allowing staff, visitors, and patients to take a 1-mile stroll to improve their wellness, encourage physical activity, and expose them to the hospital's magnificent surroundings



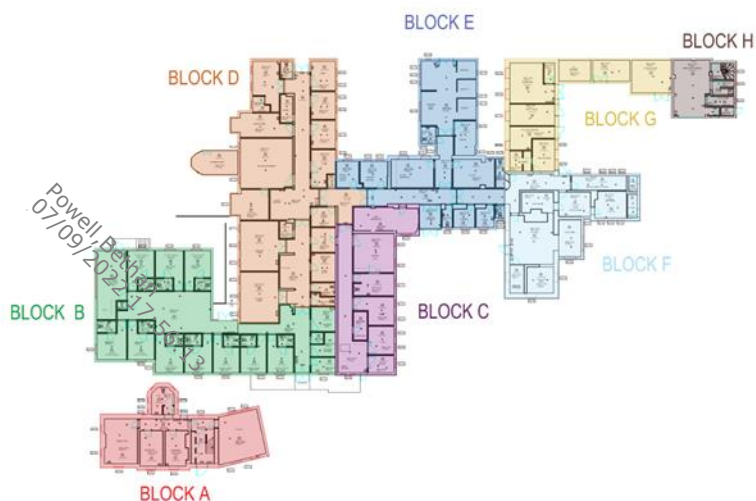
Captain Tom Foundation donation for **garden at Welshpool Hospital**

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Estates Strategy

Estates Strategy development



The Estates Strategy is under development and follows the guidance set out in the HTM supported by NWSSP-Specialist Estates Services:

- ☐ Where are we now?
- ☐ Where do we want to be?
- ☐ How do we get there?

The focus has been on the description of the existing estate and this has benefitted from the data collection for the Estates and Facilities Performance Management System (EFPMS) in terms of the age of the estate, etc. and is further supported by the Six Facet Survey (physical condition, functional suitability, space utilisation, quality, compliance and environment) which was commissioned by Welsh Government as a strategic overview.

The next stage will involve the testing with wider stakeholder groups of the 'where do we want to be?' section in support of the Health and Care strategy and other WG directives.



- Rural Regional Diagnostic & Treatment Centres
- Integrated Health and Care Centres



Estates Strategy

Estates Strategy development: benefits

NHS Wales adheres to guidance 'Developing an Estates Strategy – 2nd Edition 2005' which identifies that an **Estates Strategy can provide the following benefits;**

- premises developments that support service/capacity requirements and national commitments;
- the provision of safe, secure and appropriate buildings;
- the provision of high-quality healthcare environments, which may aid staff retention/morale and patient outcomes/satisfaction levels;
- a plan for change that enables progress towards goals to be measured;
- a clear commitment to complying with sustainable development and environmental requirements/initiatives;
- a means of targeting investments to minimise the risks associated with the built environment;
- an opportunity to dispose of surplus and/or poorly-used assets and reinvest released resources;
- an opportunity to optimise occupancy costs.



Llanfair Caereinion primary care centre elevation and benefits

Increased availability and sustainability of services provided in the Llanfair Caereinion area.
Greater coordination between services.
The development of a Primary Care resource that will improve the social economic and environmental wellbeing of the local area.
Enhanced relationships between community care professionals.
Greater scope for managing cohorts of patients within the community.
Alleviation of specific risks in relation to a lack of accommodation and poor access in the current health centre, which in turn negatively impacts upon the ability to meet expected standards.



Estates Strategy

Estates Strategy development: indicative 10-year Capital Investment Plan

Scheme	2022/2023 £'000	2023/2024 £'000	2024/2025 £'000	2025/2026 £'000	2026/2027 £'000	2027/2028 £'000	2028/2029 £'000	2029/2030 £'000	2030/2031 £'000	2031/2032 £'000
Machynlleth Reconfiguration	7.733	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Enhanced Access Brecon Car Park	0.825	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Llandrindod Phase 2 - Back of Hospital	2.000	4.500	4.500	3.750	0.000	0.000	0.000	0.000	0.000	0.000
Rural Regional Centre Newtown	0.400	2.600	15.000	20.000	20.000	10.000	0.000	0.000	0.000	0.000
Knighton Hospital Integrated Health & Care hub	0.020	0.750	0.750	0.250	0.000	0.000	0.000	0.000	0.000	0.000
Ystradgynlais Reconfiguration	0.000	0.050	0.250	2.000	5.000	1.000	0.000	0.000	0.000	0.000
Machynlleth Phase 2 Back of Hospital	0.000	0.050	0.250	2.000	5.000	1.000	0.000	0.000	0.000	0.000
Bronllys Redevelopment	0.000	0.000	0.000	0.050	1.000	5.000	10.000	15.000	10.000	2.500
Brecon Rural Regional Treatment & Diagnostic Centre	0.000	0.000	0.000	0.050	0.500	2.500	5.000	2.5000	0.000	0.000
Llanidloes Hospital Integrated Health & Care hub	0.000	0.000	0.000	0.000	0.000	0.000	0.250	5.000	7.500	1.000
Welshpool Hospital Integrated Health & Care hub	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.050	0.250	5.000
Subtotal Major Schemes	10.978	8.150	22.500	31.100	27.500	18.500	15.250	22.550	17.750	8.500



Water use plea as drought declared for most of Wales

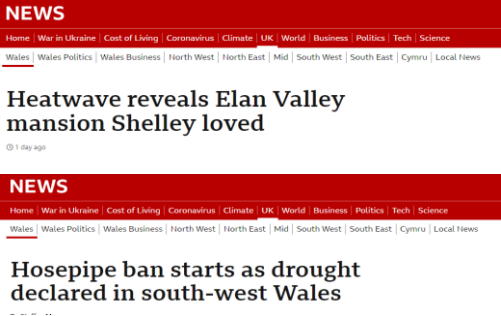
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Climate change: UK sea level rise speeding up - Met Office

BBC Climate & Science, 28 July



Satellite images show drier August





Decarbonisation, Climate Change and Biodiversity

- Carbon session held with Board in April 2022
- Decarbonisation Action Plan in place and submitted to WG as part of IMTP
 - reviewed by WG and peer group (internal audit pending) – positive position but will need more ambition locally and nationally
- Environment Sustainability Group (and sub groups) in place reporting through to Innovative Environments Group
- Auditor General for Wales “Public Sector Readiness for Net Zero Carbon by 2030 (July 2022)

But we also call for greater clarity about the ambitions for public sector decarbonisation. At the same time as working towards net zero by 2030, the NHS in Wales has set itself a less stretching target of a 34% reduction by 2030. The health sector accounts for around a third of the public sector carbon emissions in Wales {as set out in [Public Sector Net Zero data and recommendations \[opens a new window\]](#), health boards and trusts produced 1,134,000 tonnes of CO2 against a total of 3,279,000 tonnes produced by the public sector as a whole in 2020-21}, so if the NHS was to achieve only a 34% reduction, it would make it significantly more difficult to achieve an overall net zero position across the public sector.

We hope our work will help public bodies increase the pace of change by making 5 calls for action:

- Strengthen your leadership and demonstrate your collective responsibility through effective collaboration
- Clarify your strategic direction and increase your pace of implementation
- Get to grips with the finances you need
- Know your skills gaps and increase your capacity
- Improve data quality and monitoring to support your decision making

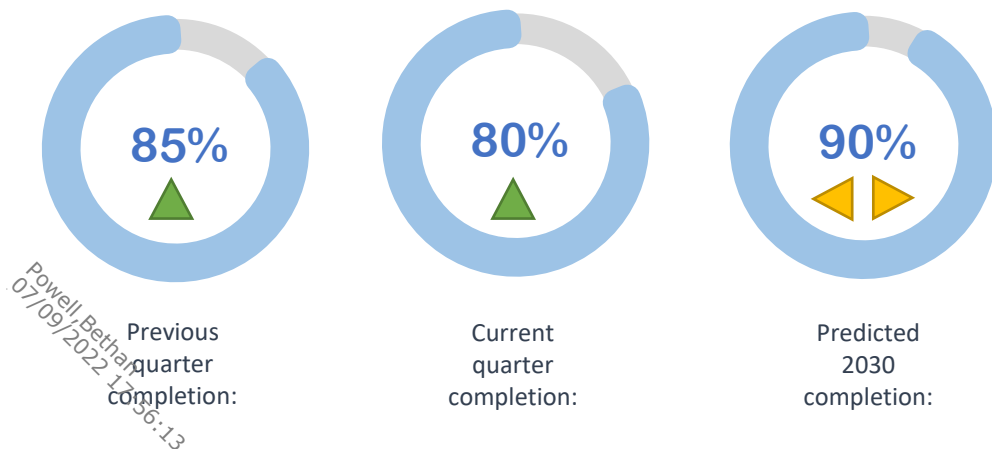
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Decarbonisation Actions

Delivery Phase

Delivery against our Decarbonisation Action Plan continues, with progress well on track and no 'Red Flags' to escalate



Progress Summary

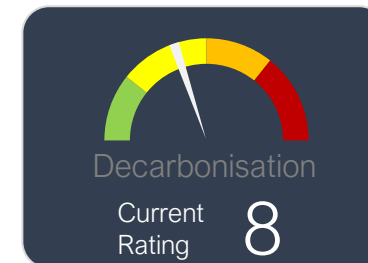
100% 2021 deliverable actions met

71% Delivery against 2022 target deadlines completed or are on track

100% Delivery against 2022 target deadlines completed or are on track

0% 'At Risk' 2022 targets

Estates Compliance Rating



NHS Wales Peer Review

Review completed, which identified a number of best practices from our Decarbonisation Delivery Plan

Other health board plans included consultancy services to evaluate and write reports (~£50K)

Challenged to raise our ambition going forward – we will follow this up in a Board session in October

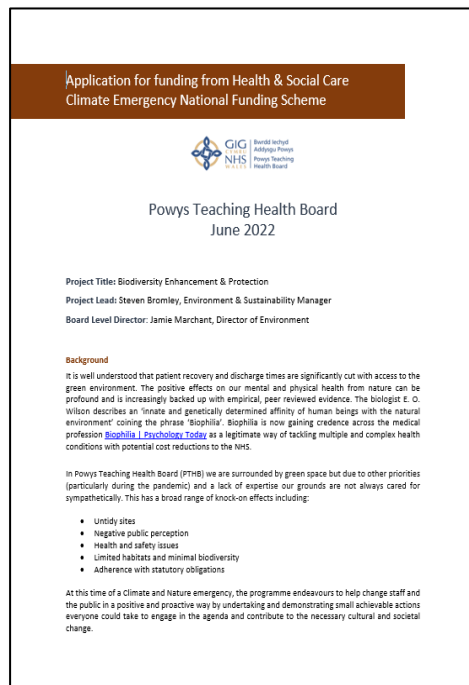


Environment - Biodiversity

Biodiversity Enhancement

Bid successfully awarded by Health & Social Care Climate Emergency National Funding Scheme. £25k to engage ecology and biodiversity consultants to review and identify biodiversity net gains, develop biodiversity action plans and best utilisation of grounds maintenance to maximise the biodiversity protection and enhancement across our estate.

Creation of biodiversity action plans for our grassland areas, grounds maintenance plan development and to support bespoke signage and purchase of recommended planting and specialist resources, such as wildflower seeds, bird-friendly hedge screening, robotic mowers, seasonal interest, low-maintenance planting, non-evasive species, etc.



Grounds Maintenance (to mow, or not to mow)

Essential maintenance action taken at:

- Llandrindod
- Llanidloes
- Brecon

In March, the Environment Team meet up with members of the Green Bees group, staff and service users from Felindre Ward (Bronllys) to plant over 100 native tree saplings. Many of the trees had been donated by the Woodland Trust, alongside a good number grown in PTHB's new Tree Nursery. As well as the trees, the environment team had been digging, raking and sowing native wildflowers to improve the look of the grounds at Bronllys as well as making space for nature.

Japanese knotweed

Species reported by neighbour at Llanwrttyd Wells HC. Specialist consultant engaged. Survey and management plan created for health board to follow



Recycling and Waste



- Clinical Waste (Stericycle), Confidential Waste (Restore Datashred), Specialist Recycling (e.g. WEEE and metals) – (Biffa), and general recycling and waste contracts (PCC) are compliant with NHS Financial Standing Orders.
- Powys County Council awarded five year contract for general recycling and waste services. PTHB will continue to work closely to maximise recycling opportunities
- No contract routinely sends residual waste to landfill (only if due to plant failure). Residual waste is incinerated for energy production.
- Internal Audit of Management of Recycling and Waste in February 2022 provided “Reasonable Assurance” on our arrangements.
- PTHB management of Recycling and Waste contributed to ISO 14001 accreditation and was referred to as “exemplar” by ISO auditor. (grateful thanks to PTHB Charitable Funds Committee for investment in segregation bins)





Miles and Miles and Miles

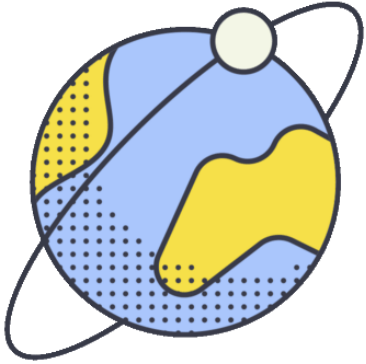
- Powys covers 25% of Wales's landmass – thus our miles travelled are high
- NHS Wales stats show PTHB is the largest miles per member of staff of all HBs
- As well as miles claimed for expenses we need to also consider pool/fleet miles and commuter miles

Year	Total Miles Claimed
17-18	2,565,673
18-19	2,575,035
19-20	2,632,432
20-21	1,212,708
21-22	1,414,126
Grand Total	10,399,974

Powys Travel Emissions

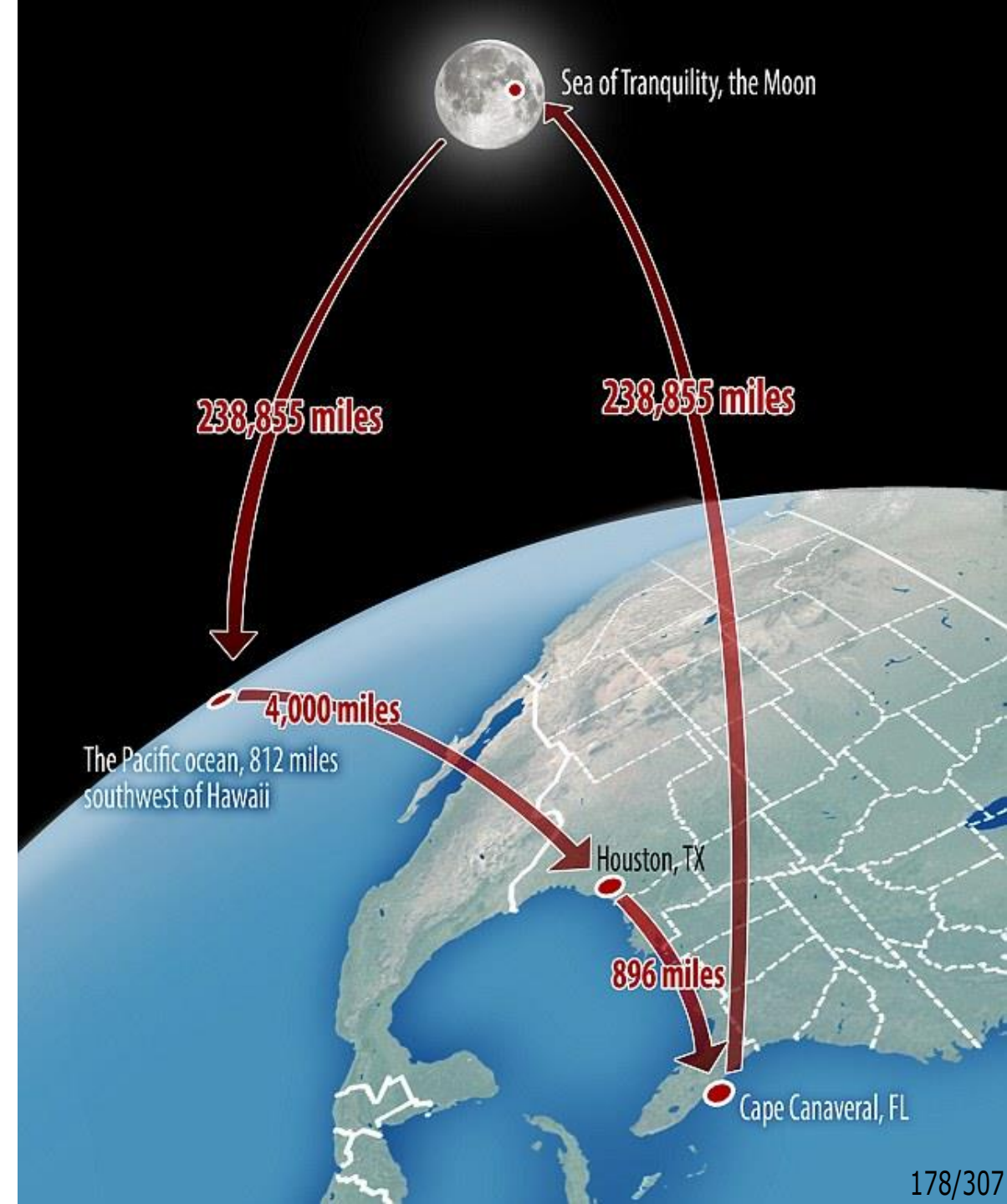
In 2021/22, PTHB's business mileage exceeded 1.4m with approximately a further 800k miles (at least) from pool/fleet vehicles.

Additionally we should factor in the "carbon cost" of staff commuting to work (to be calculated)



This equates to travelling to the moon and back nearly 5 times or travelling around the globe over 88 times!

Based on average fuel and vehicle size data, this produces over 403 tonnes of CO2e per annum.

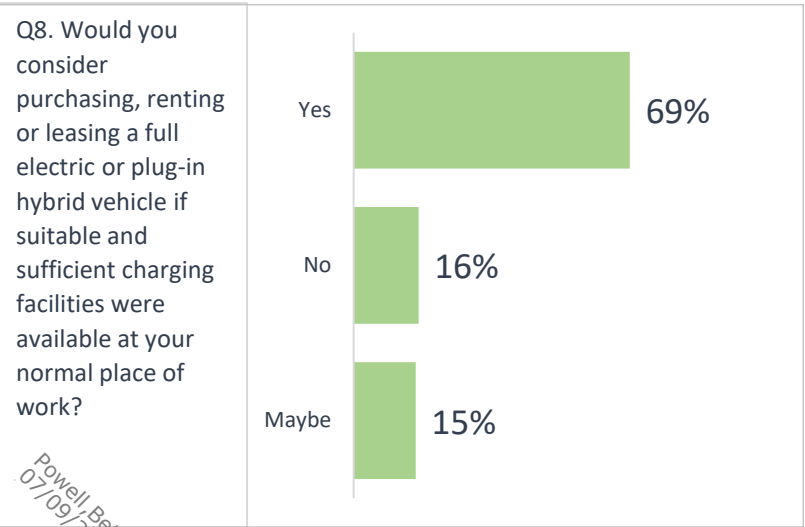


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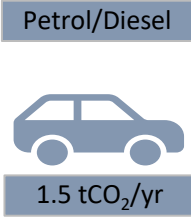
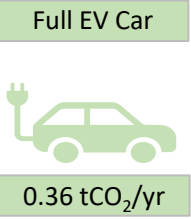
Electric Vehicle Charging



Staff EV Questionnaire results undergone deeper examination. Some interesting opinion:



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21%	Currently own a fully electric or plug-in hybrid vehicle
27%	Identify the need to charge daily at their workplace
70%	Commute up to 20 miles
19%	Report cost as a barrier to purchasing or leasing a ULEV
1%	Would go home if no EV charging space was available at workplace

Capital Programme

All sites being evaluated for EV infrastructure requirements and inclusion of roll-out programmes

Machynlleth – Project Team engaged, with Pod Point liaising with design team

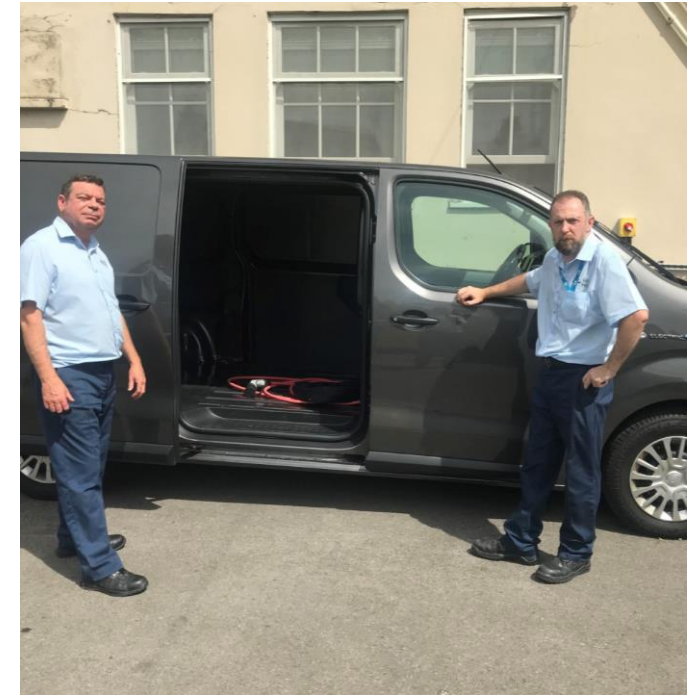
Brecon – New staff car park has 6 points; patient car park to have 4 fast charger points. Pod Point chosen as equipment supplier

Operational Management paper to recommend best management and pricing structure being finalised



Fleet Decarbonisation

- The District Transport run in Ystradgynlais is now conducted via a full EV van operated by Health Courier Services from their Llansamlet depot near Swansea.
- NWSSP Lease Car Team only order Ultra Low Emissions Vehicles (ULEV) as an interim measure in terms of Personal Lease & Pool Cars.
- Fully Electric & Hybrid Van Trials – In February, the Estates team installed 1 x 7kw charge point in the courtyard in Bronllys, the very first charge point on the PTHB estate, which is being utilized to trial various fully electric and hybrid vans.
- Fully Electric Vans – It is intended to replace our Porters vans based at Bronllys & Brecon Hospitals at the earliest opportunity. 3kw trickle charge points have been installed to facilitate this and there has been a trial of EV vans for porters at Brecon.





Agile Working

Visit made to Ministry of Furniture, where used furniture is reused and remanufactured by business employees to deliver the finest environmental recycling and social value

Innovative solutions to issues in the workplace and contemporary, flexible workspaces

Pilot evaluation of space at Bronllys underway to gauge areas of best fit and optimal deployment of agile working principles. Illustrating what solutions agile can bring to each workplace

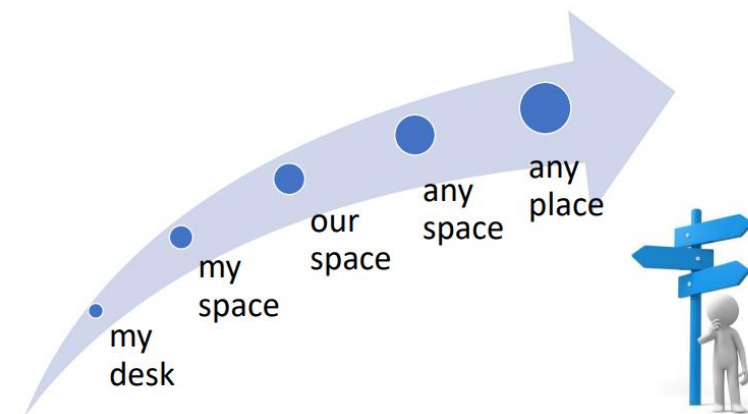
Must not just focus on agile working of office workers and need to consider clinical delivery models which reduce patient and staff transport - we can learn from Covid approaches

Following on from discussion at Workforce and Culture Committee on May 31st, 3 workshops are being organised for early October to discuss the topics and seek views under the heading of “*Letting Go of The Desk*” – this work will inform our strategy on agile working but also our Estates Strategy



When restrictions are eased, how would you like your team to work

● All back in the office as before	13
● A rota of days when they will need to be in the office	64
● Remain as we are, working at home	20
● I want my staff to manage their own time based on their work	82
● Other	21





Market Forecasting

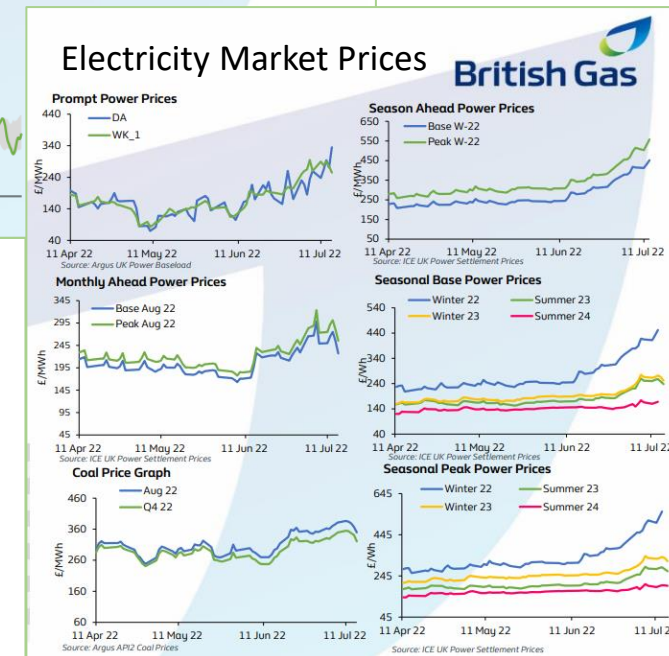
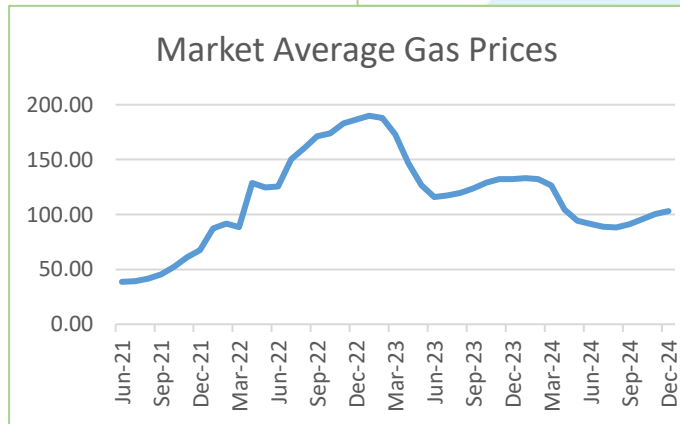
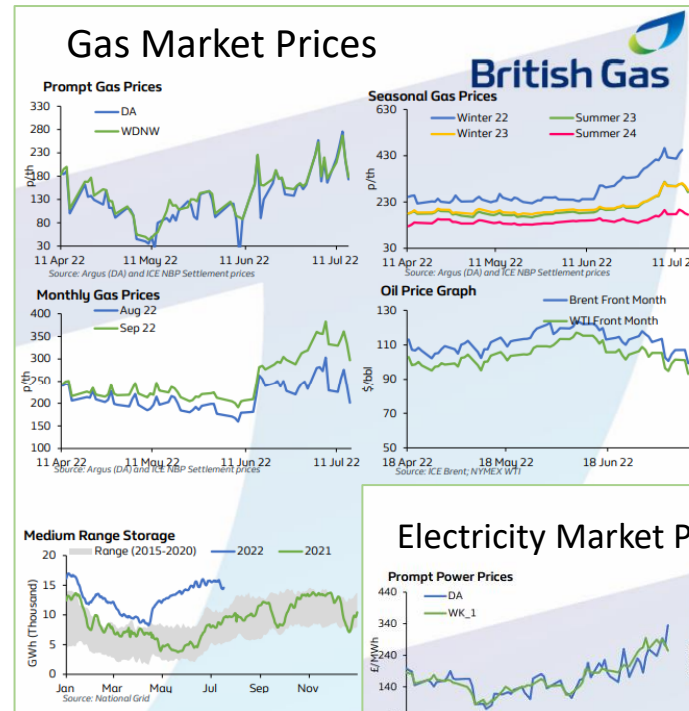
Current charts forecast £3.47M energy costs (£1.13M in 2020).

Year-Year (Aug) gas purchase prices up from 32.31 to 230.00 pence per therm. Some months seeing over 500% Year-Year increase. Dec gas being bought at prices 1297% higher than Dec '21 average.

Financial support from WG to meet gap from unexpected costs.

Latest News

Centrica have announced they are leaving all large energy markets and will not rearrange any new contracts. Our all-Wales contracts end:
Electricity 31st March 2025
Gas 31st March 2027





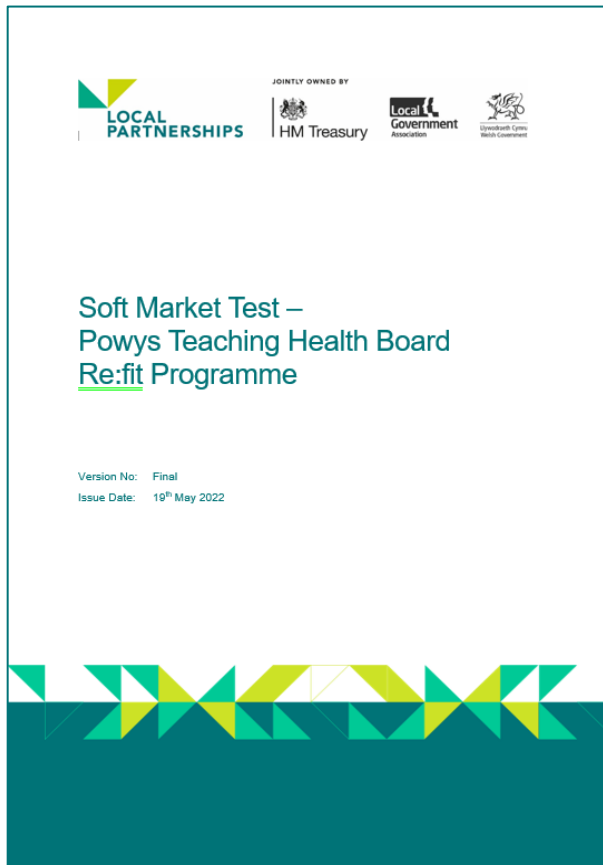
Energy Programme

Re:fit Process Update

‘Soft Market Test’ completed which surprised the team with seven interested parties.

Invitation to Tender process now underway with help from legal services and Local Partnerships to formulate our proposal to market.

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Gwasanaeth Ynni Energy Service

WGES Low Carbon Heat Grant

Expression of Interest application submitted for assistance to develop low carbon heating for Llandrindod Wells. Request included design and delivery assistance for Phase 2 redevelopment capital scheme, but also for assistance across the estate to identify what low carbon heating looks like and utilise market expertise to find best technological fit for our specific geographical and resilience of service needs.



Carbon Literacy

Programme Delivery

- PTHB delivered Carbon Literacy pilot based on NHS England 2021
- Training given by Cynnal Cymru, end 2021. Awaiting feedback completion to gain Bronze accreditation
- Bid successfully awarded by Health & Social Care Climate Emergency National Funding Scheme. £20k for support to roll-out next phase of Carbon Literacy training across the organisation to over 100 members of staff. Collaborative working underway with HEIW, PHW and CTM with synergies across bids.

Carbon Literacy Project



Application for funding from Health & Social Care
Climate Emergency National Funding Scheme



Powys Teaching Health Board
June 2022

Project Title: Carbon Literacy Programme
Project Lead: Steven Bromley, Environment & Sustainability Manager
Board Level Director: Jamie Marchant, Director of Environment

Background

The global health sector accounts for around 4% of emissions worldwide, that's more than shipping or aviation. The NHS's carbon footprint totals at 25 million tonnes (that's the same as the whole annual emissions of Sri Lanka) and with Net Zero targets fast approaching in 2040.


PTHB is committed to meeting its carbon emission reduction targets, as set out in the NHS Decarbonisation Strategic Delivery Plan for:

- 16% reduction by 2025
- 36% reduction by 2030

To help meet delivery of the plan, help raise staff knowledge and empower staff to make good environmental decisions, the organisation has undergone the accredited Carbon Literacy (CL) training. This will be a first for Wales. We are awaiting our bronze level award but our ambition is to attain gold level accreditation. The board stated desire for this award is ambitious as this would require close to 1000 staff to undertake carbon literacy awareness training. Organisations that have a Carbon Literate workforce can be accredited by the Project team as a 'Carbon Literate Organisation' (CLO).

The Carbon Literacy Project's official partner in Wales, Cynnal Cymru - Sustain Wales, has been providing certified Carbon Literacy training since 2017. Among the organisations that have benefited from their training include the National Museum of Wales, Community Housing Cymru, and Public Health Wales.

Estates Maintenance Contracts

- 

Programme of letting new, strengthened maintenance contracts with KPI's ongoing
- 16

3-5 year maintenance contracts in place: gas boilers, lifts, automatic doors, lightning protection, PAT testing, etc.
- 9

Annual contracts which will be strengthened and let as 3-5 contracts: fire suppression systems, etc.
- 6

Contracts to be created which have only been let on an ad hoc basis to date, e.g. radon monitoring, tree maintenance
- £

Cost of core Estates Compliance contracts £504K with circa £531K of resultant remedial works identified

Estates Challenges

Extreme Heat: working with Ventilation Safety Group to provide temporary fans, distributed based on written risk assessments. Similarly, temporary air conditioning units which have a significant maintenance burden.



Water Conservation: balancing legionella risk and water flushing of outlets with minimisation of use of water and associated potential cost savings – initiative identified which could save over 50% of flushed water usage.



PTHB Maintenance Contract Update August 2022

Presented by

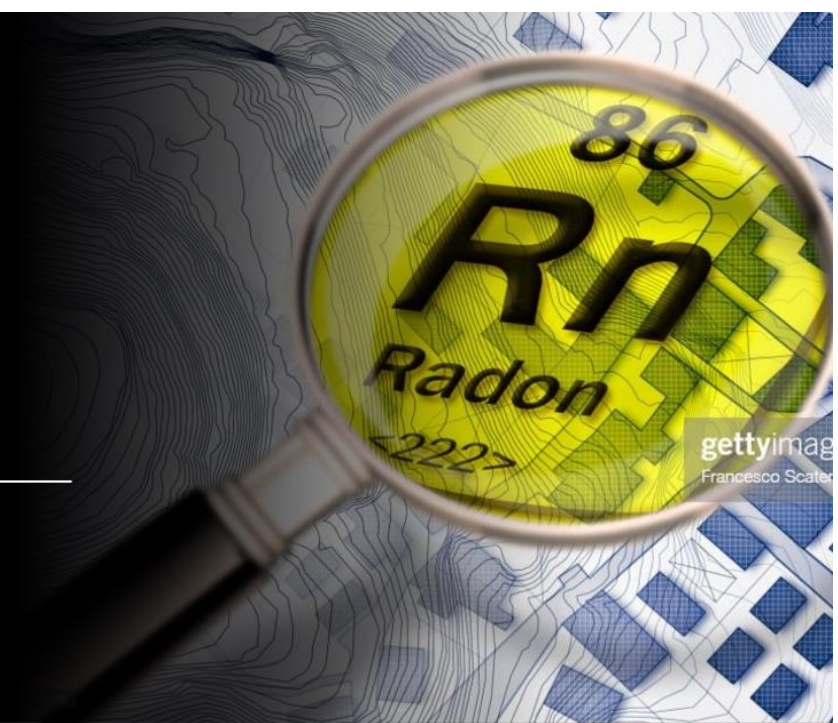
Geraint Davies MCOB MIHEM



PTHB Estates Compliance Group

RADON Briefing Note

July 2022



PTHB TREE MANAGEMENT

Bethan Powell
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PTHB HAVS Deep Dive Estates Compliance Group May 2022

Presented by

Geraint Davies MCOB MIHEM



Health & Safety Risk Management and Health Surveillance

- Hotel services risk assessments, including for COSHH, in-date.
- All roles in Directorate of Environment assessed for health surveillance requirements.
- All equipment used by hotel services assessed for vibratory risk. Staff trained in HAVS awareness.
- All porters trained in working with medical gases.
- All porters on sites using liquid nitrogen have in date accredited training from BOC.
- Training arranged for nominated hotel services staff acting as Emergency First Aid Workers (EFAW) and First Aid Workers (FAW).
- 92% compliance in manual handling training (inanimate loads) in Support Services
- Comprehensive ongoing programme of Tool Box Talks on Health & Safety to all Estates staff
- Water Safe training for all Plumbing staff
- Compliance Programme of Responsible Person and Authorised Person training for electrical, medical gases, decontamination, water, ventilation and asbestos.
- Capital staff trained on Construction, Design and Management Regulations 2015
- Estates Works staff trained on Hand Arm Vibration Syndrome and associated procedures
- Estates and Capital staff trained on Asbestos Awareness



Fire Performance Tracking

Fire Programme Delivery

Staff engagement and awareness is very good

438

staff trained

Mandatory fire training on track

36%

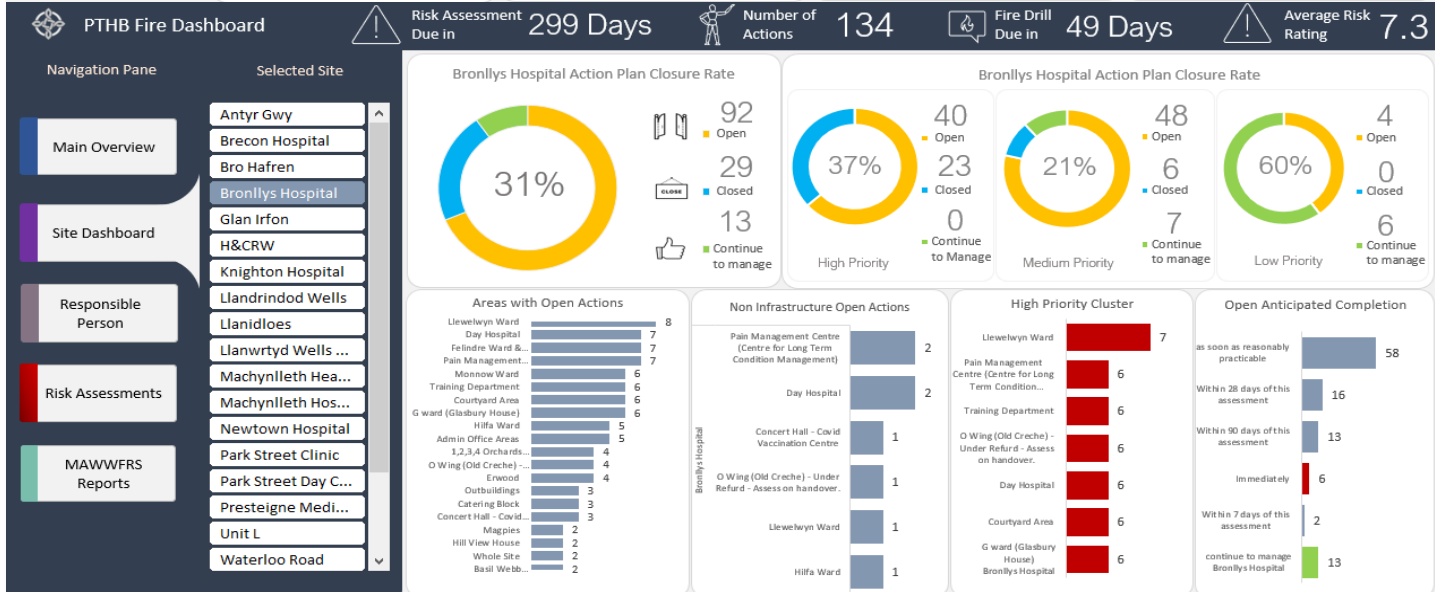
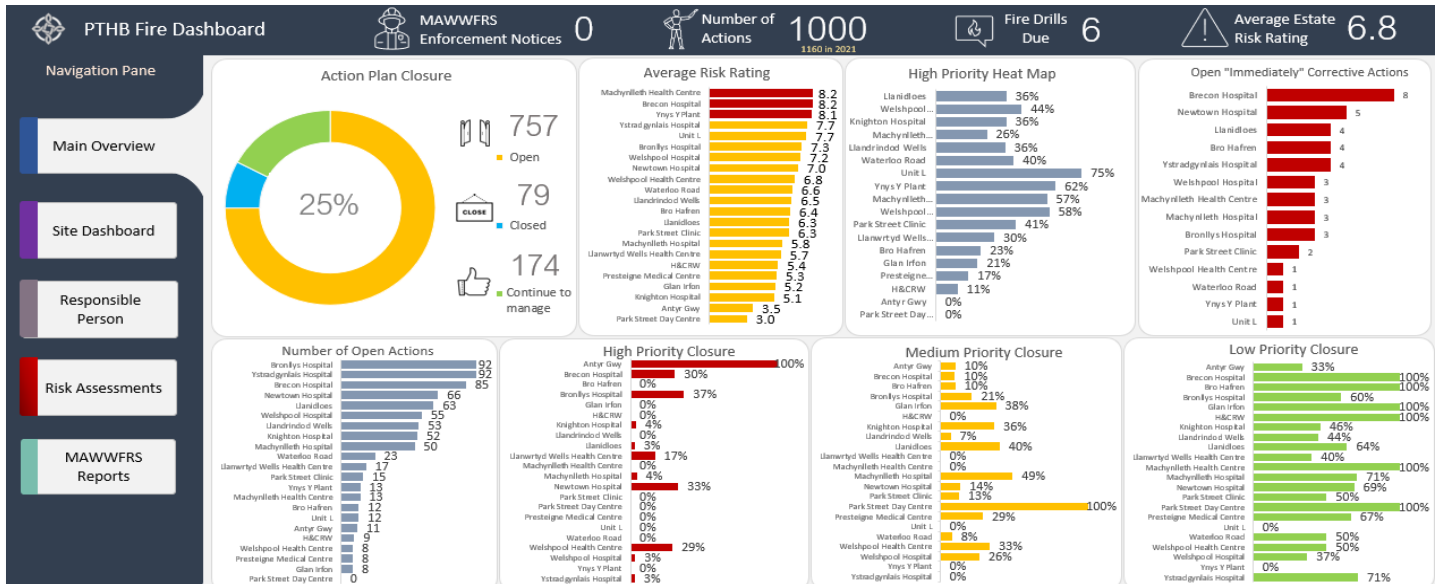
Overdue

Fire Risk Assessment process falling behind rolling 12m schedule

16%

fall in actions

Infrastructure risks still high in number, but trajectory is positive

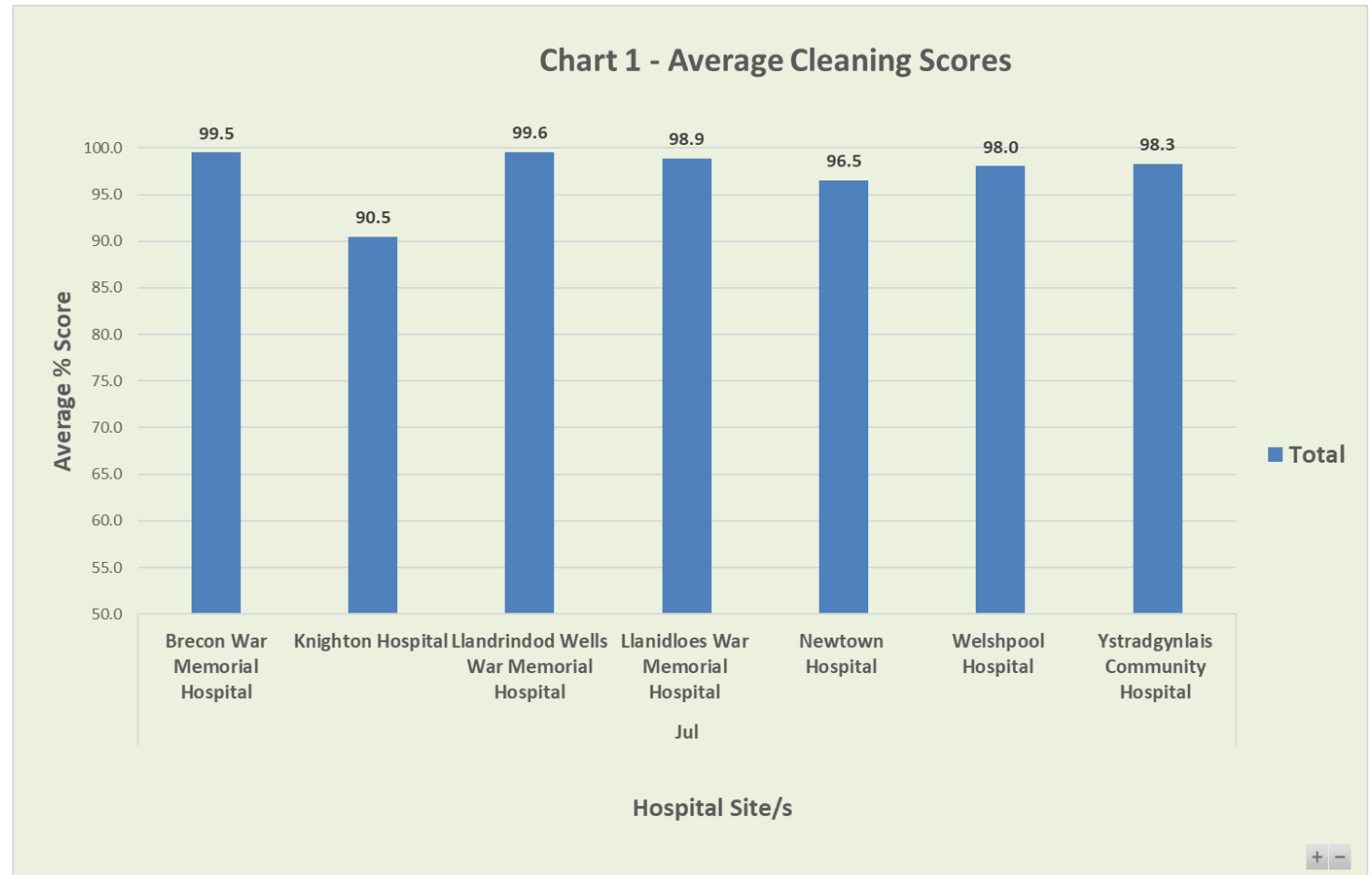




Environmental Cleanliness

- Monthly audits of cleaning standards. Dashboard reported to management team.
- Quarterly multi-disciplinary audits of environmental cleanliness.
- PTHB contributed to developing the national cleaning standards for Wales.
- Overall cleaning scores in August 2022 above 95% (except Knighton at 90%, action taken here)

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Non-Emergency Patient Transport

- Transfer of in-Wales services to WAST
- All cross border contracts compliant with NHS financial standing orders
- Monthly performance and quality meetings with national commissioning unit at WAST.
- Engagement in commissioning consortia in Wye Valley and in Shropshire.
- Participation in relevant commissioner/provider meetings
- Intention to novate the cross border contracts to WAST by April 2023; fulfilling the requirement of the minister's direction on NEPTS in 2016. Ongoing discussions with WAST
- NEPTS activity increasing as services have reopened and due to the 'renewal' waiting list initiative. Working with WAST regarding evening and weekend outpatient appointments.
- Cost pressures being felt still due to social distancing but also increased activity in OPD and surgery.



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Catering Service: Compliance and Improvements

- All PTHB hospital kitchens graded '5: Very Good' for food hygiene and are currently all retaining this standard when being re-audited
- Bronllys Hospital staff and visitor dining room refurbished in March 2022. Plans agreed for new staff and visitor dining rooms at Machynlleth and Llandrindod Wells hospitals. Plans in development for refurbishment of Brecon, Llanidloes and Welshpool hospitals this year; Ystradgynlais, Knighton and Newtown at a later date.
- PTHB compliant with 'Natasha's law' on food labelling and allergens since coming into force on 1st October 2021.
- PTHB a significant contributor to NHS Wales catering menus and recipes.
- Quality of catering and patient experience audited quarterly through a multidisciplinary approach.
- National Healthcare Estates & Facilities Day celebration took place in June and plans in place for a recruiting event on same day in 2023





Hospital Laundry Standards

- NHS hospital laundries now managed through NHS Shared Services.
- All PTHB hospital linen laundered by Greenvale Laundry in ABUHB.
- Hospital laundries must meet standards set out in: “Health Technical Memorandum 01-04: Decontamination of linen for health and social care”
- Quarterly quality and performance meetings with Shared Services



Directorate Risks



Resource

Currently undergoing **recruitment** for:

- Environment & Sustainability Manager
- Fire Safety Advisor
- Capital Programme Manager
- Carpenter / Electrician / Maintenance Assistant
- Assistant Director Support Services retiring December
- Challenges in recruitment in general and risks re comparable pay in other sectors



Compliance

Environmental Risk: Environmental schemes pegged back to meet scope of department

Legal Risk: Leases not signed at point of occupation

Fire Risk: Fire Risk Assessment diary impacted by resource and falling behind annual programme

Statutory Risk: PPM schedule impact from resource limitations and emergent work from aged infrastructure

Reputational Risk: Lack of resource for Health Board to support community engagement through development and management of schemes. Community liaison role recommended

Workplace Risk: Competing interest of workplace temperature control Vs IPC/ventilation guidance presenting challenges to workforce and department



Funding

Revenue implications of aging estate alongside increased audit and compliance

- Increasing estate and use of existing estate increases costs
- General revenue challenges (as with rest of HB)
- EFAB funding suspended for 2021/22. Progression of schemes to fulfil 2022/23 brief and/or slippage monies. **Reduction in Discretionary Capital** in year.



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AGENDA ITEM: 3.1

DELIVERY & PERFORMANCE COMMITTEE

DATE OF MEETING:
12th September 2022

Subject:	Response to Audit Wales Report on Tackling the Planned Care Backlog
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Director of Planning and Performance
Other Committees and meetings considered at:	This paper is coming direct to the Delivery & Performance Committee

PURPOSE:

The purpose of this paper is to update members on Powys Teaching Health Board's response to an Audit Wales requested report upon "Tackling the Planned Care Backlog".

The Auditor General for Wales recently published a report setting out the challenges in tackling the planned care backlog in NHS Wales. (The report available via the link below)

[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, and the wider challenges the Audit Wales work identified. The Welsh Government has accepted the recommendations.

Whilst the report's recommendations were aimed at Welsh Government, Audit Wales acknowledged that tackling the issues identified in the report would also require action on the part of NHS bodies and their partners.

Health Boards were written to in July asking for a short narrative response from each health board that sets out how the organisation is planning to address the issues identified in the report. For ease of reference, and to aid

consistency, the responses were asked to be centred around the challenges set out in Exhibit 7 of the report.

Health Boards were also asked that Board Secretaries ensure that the Auditor General's report on tackling the planned care backlog is received by the appropriate Committee/s in the health board, ideally accompanied by both a copy of the Welsh Government's and the local response to the findings and recommendations.

Included for information therefore is:-

1. The Audit Wales report on tackling the planned care backlog in NHS Wales
2. The Health Board's response to Audit Wales.

RECOMMENDATION(S):

1. It is recommended that the Delivery & Performance Committee notes for INFORMATION the receipt and reply of the Audit Wales response.
2. That the Committee receives regular updates in relation to actions being undertaken to reduce the planned care backlog.
3. That the actions and resources required to eradicate the planned care backlog feature prominently in the 2023/24 planning process.

Approval/Ratification/Decision ¹	Discussion	Information
		✓

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

Strategic Objectives:	1. Focus on Wellbeing	✗
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✗

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

Health and Care Standards:	6. Promote Innovative Environments	x
	7. Put Digital First	x
	8. Transforming in Partnership	✓
	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:

Please see Purpose section.

DETAILED BACKGROUND AND ASSESSMENT:

As per Audit Wales report and the Health Boards response.

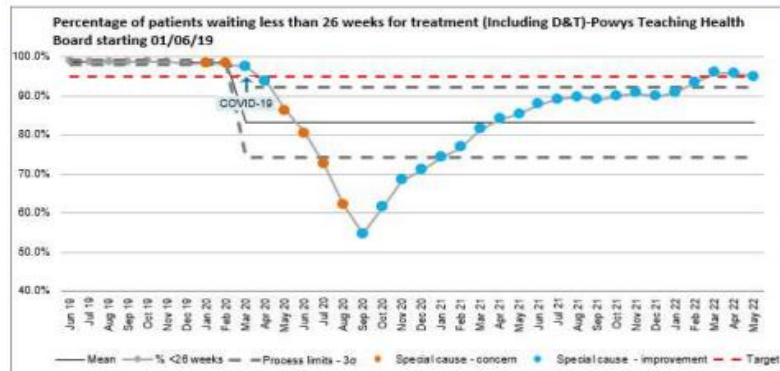
NEXT STEPS

As per recommendations.

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		✓		
Reporting the outcome of the Internal Commissioning Assurance Meeting has no adverse impact on people with protected characteristics. It helps to ensure escalation and resolution of matters which could have a negative impact. However, at present, due to the COVID-19 pandemic, it is not possible to operate the Commissioning Assurance Framework in the usual way, meaning there is a reduced level of assurance. There is also a deteriorating position in relation to referral to treatment times.				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical			✓	
Financial			✓	
Corporate			✓	
Operational	✓			
Reputational			✓	
The reporting of the outcome of the Internal Commissioning Assurance Meeting is designed to help identify and reduce risks within commissioned services. However, due to the COVID 19 pandemic, there is a reduced level of assurance and a deteriorating position in relation to waiting times.				

Appendix 1 – Waiting Times (As a provider and a commissioner) – extracts from 27th July Public Board Paper

Referral to Treatment – Powys Teaching health board as a provider Percentage of patients waiting less than 26 weeks for treatment



May 2022 Performance

Local Performance	All Wales Benchmark
94.9%	53.7% (1 st)*
Variance Type	
Special Cause - Improvement	
Target	
95%	
Data Quality	

Executive Lead

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

RTT waits by specialty and band	Weeks wait band						Grand Total
	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	
Main Specialty							
100 - GENERAL SURGERY	316	19	12	0	0	0	347
101 - UROLOGY	119	25	3	0	0	0	147
110 - TRAUMA & ORTHOPAED	484	69	15	0	0	0	568
120 - ENT	385	14	1	1	0	0	401
130 - OPHTHALMOLOGY	806	62	0	0	0	0	868
140 - ORAL SURGERY	218	41	6	0	0	0	265
143 - ORTHODONTICS	13	1	0	0	0	0	14
191 - PAIN MANAGEMENT	172	1	0	0	0	0	173
300 - GENERAL MEDICINE	45	1	0	0	0	0	46
320 - CARDIOLOGY	117	13	0	0	0	0	130
330 - DERMATOLOGY	48	5	0	0	0	0	53
410 - RHEUMATOLOGY	109	6	3	0	0	0	118
420 - PAEDIATRICS	39	1	0	0	0	0	40
430 - GERIATRIC MEDICINE	22	0	0	0	0	0	22
502 - GYNAECOLOGY	227	25	7	0	0	0	259
Total Excluding D&T	3120	283	47	1	0	0	3451
998 - DIAGNOSTIC SERVICES	59	2	0	0	0	0	61
999 - AHP SERVICES	2978	0	0	0	0	0	2978
Grand Total	6157	285	47	1	0	0	6490

What the chart tells us

Powys provider planned care has continued to report special cause improvement since Q3 2020. The service in May reported 94.9% compliance against the 95% target for patients waiting under 26 weeks (considerably better than other Welsh providers).

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.

[Actions and Mitigations on next page](#)

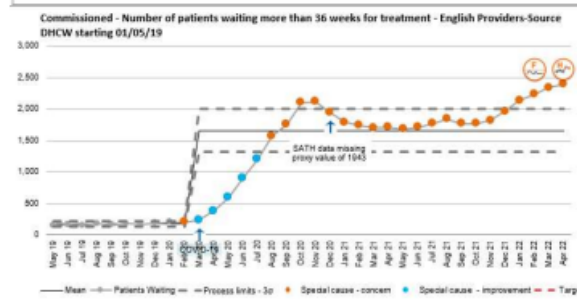
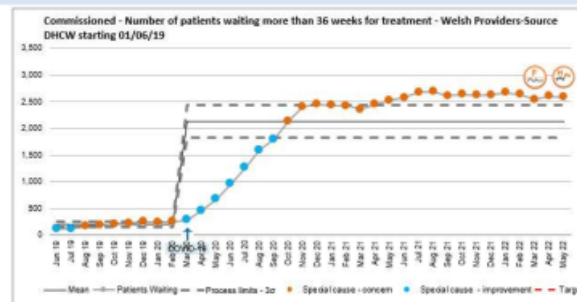
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Referral to Treatment Percentage of patients waiting less than 26 weeks for treatment & Number of patients waiting more than 36 weeks for treatment

Welsh Providers	May 2022	Patients Waiting						
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	65.4%	1531	247	216	148	77	121	2340
Betsi Cadwaladr University Local Health Board	45.5%	257	59	75	83	25	66	565
Cardiff & Vale University Local Health Board	54.6%	242	47	45	42	23	44	443
Cwm Taf Morgannwg University Local Health Board	45.0%	241	58	59	58	38	82	536
Fyfe Dda Local Health Board	52.9%	770	137	166	137	134	111	1455
Swansea Bay University Local Health Board	47.1%	940	217	221	192	132	294	1996
Total	54.3%	3981	765	782	660	429	718	7335

English Providers	Apr 2022	Patients Waiting						
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	65.3%	156	34	33	13	1	2	239
Robert Jones & Agnes Hunt Orthopaedic & District Trust	58.8%	1618	336	390	287	94	29	2754
Shrewsbury & Telford Hospital NHS Trust	65.1%	2525	504	555	252	43	0	3879
Nye Valley NHS Trust	63.3%	2070	504	493	158	29	15	3269
Total	62.8%	6369	1378	1471	710	167	46	10141



What the chart tells us

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

That English providers are showing common cause variation for under 26 week performance and failing to meet the target. Whilst for 36+ week waiters they are showing special cause for concern with a significant increase through Q4 and into month 1 2022/23.

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

Actions and Mitigations

- The outlook for Referral To Treatment times and the recovery of performance back to the standard is forecast to take a number of years (3 to 5) to achieve for most acute hospital providers. In the meantime patients are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.
- Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.
- In England overall progress is being slowed currently by the impact of Covid-19 on staff resulting in system elective activity suspensions decisions (a system decision is collective change to providers (integrated care systems (ICSs) in a region by NHSEI [NHS England » Integrated care in your area](#)), inclusive of this is the impact of urgent care on the delivery of planned care services.
- As part of planning for 2022/23, the Health Board will be working with all providers to ascertain what progress will be made particularly with the reduction in extreme long waiters. It is envisaged that improvement trajectories will be agreed with all providers.
- Further national work is being carried out by the Welsh Delivery Unit to improve All Wales waiting list reporting which will provide identifiable weekly waiting lists starting from August 2022. This will enhance PTHB's ability to track responsible wait pathways across multiple Welsh providers.

Further provider break down graphs are available within the [appendix](#)

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National Programmes - Elective Care

1. Developing PROMs & PREMs
2. Using feedback from Putting things Right
3. Transforming care rather than just moving waiting lists from A to B focus has been on backlog clearance with transformation next slide



1. Review of primary care access
2. Referral rates of practices
3. Clinical appropriateness of referrals & INNU
4. Surgical Prioritisation
5. Directory of Services
6. Publish access and wait times
7. Working with Planned Care Programme Boards to implement 10 highest demand conditions National Pathways in PTHB (these are to be advised by WG)
8. Using digital solutions to support demand/referral management these will be national
9. Combine clinical leadership with meaning full patient engagement & patient choice around alternatives
10. Recognise referral management as a clinical skill which requires protected time
11. Promote feedback on inappropriate referrals as a positive learning experience and provide alternatives
12. PTHB have FCP plans in primary care to support pre referral? Don't they
13. Developing virtual MDT between PTHB teams & DGH in reach consultants this could be further extended to other referrers examples in Physio virtual spinal virtual shoulder MDTs

1. SOS & PIFU in place working with OP Transformation to share best practice and further develop SOS/PIFU pathways focussing on rheumatology & ENT in this quarter
2. Dynamic templates in PTHB that flex with demand suite of options available to clinicians F2F, telephones, virtual appointment
3. Follow up by other members MDT e.g. eye care glaucoma eye care FU available in community optometry, FU can also be provided by nurses etc – developing speciality by speciality MDT approach

1. Limited volume of urgent referrals received
2. Linking patient demographics, duration of wait to deprivation indicators
3. Use of RCS Clinical Surgical Prioritisation
4. GIRFT, Value Based HealthCare
5. MDT approach developing in PTHB also support service sustainability
6. Developing new roles as alternative to traditional medical model ophthalmic health care scientist, nurse injector, clinical nurse endoscopist
7. Creating career and training pathways in PTHB rural Healthcare Academy growing our own workforce to retain in PTHB. MSK consultant new appointment leading on this for physio. From HCSW two specialist eye care nurse, trainee clinical endoscopists pathway in PTHB

1. All patients waiting now receive signpost advice (except follows up)
2. Local website and communication enabled supported by Patient Liaison Service
3. Clear messaging
4. My Planned Care & Wider DHCW Digital initiatives

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GIG
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NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

CS/SP

26 July 2022

Mr David Thomas
Audit Director
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

By email: Helen.Jones@audit.wales

Dear Dave

Audit Wales Report – Tackling the Planned Care Backlog in Wales

Thank you for your email dated 20th July 2022, requesting the health board's response to the challenges summarised in Exhibit 7 of the *"Tackling the Planned Care Backlog"* Wales Audit Report.

Powys Teaching Health Board has a range of transformational programmes and operational work underway relevant to each of the challenges. The Health Board's plan is set out in its IMTP and Annual Delivery Plan.

The Audit Wales Report was considered at the Powys Diagnostic Ambulatory and Planned Care Programme Board shortly after it was published. I will also ensure that, as requested, that the report is received by the appropriate committee together with the Welsh Government response and local action.

Our response to each key challenge below in turn.

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Aberhonddu, Powys LD3 0LY
Ffôn: 01874 711661



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LY
Tel: 01874 711661

Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithredd Bwrdd Iechyd Lleol
Addysgu Powys



We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

Audit Wales Key Action: Clear National Vision and Supporting Investment

Clear national
vision and
supporting
investment



The Welsh Government's plan to transform and modernise planned care and reduce the backlog should be supported by frameworks with ambitious goals and milestones to recover and transform planned care. The plan should be informed by a realistic assessment of the capacity that is likely to be available to achieve these. It must be supported by an investment strategy which includes a more strategic and longer-term approach to capital funding to facilitate the required changes to NHS estates needed for planned care recovery.

Powys Teaching Health Board's Response: **Current position & performance**

The health board is reporting against the ambitious new targets from Welsh Government through its integrated performance framework. There is an ongoing variance of recovery between Powys as a provider, Welsh acute care providers, and English care providers. Powys provider services have already successfully reduced patient waits over 52 weeks for a new outpatient appointment to zero before the October deadline and are on track to meet the Ministerial target to reduce the number of patients waiting over 8 weeks for diagnostic endoscopy to zero before March 2026.

The health board is working with both Welsh and English providers to ascertain their pace of recovery given the health board commissions virtually all acute care from providers outside of Powys. The health board routinely reports the variable wait times to the Board and discussions are ongoing with WG representatives about the pace of recovery and equity of access times. Appendix 1 shows the latest position reported to the Board.

5 Goals for Planned Care & Transformation

The health board has been mapping the requirements of Welsh Government programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales, published in April 2022, against the priorities in its approved IMTP and actions in its delivery plan.

The health board had already recognised the need for both recovery in the short and medium term and renewal, working to drive tangible service change that will deliver improved outcomes, experience, and cost. This will also involve redesign of existing capacity pathways and resources to ensure allocation at the point which will make the maximum impact. Getting It Right First Time (GIRFT) reviews are underway and the health board will seek to maximise the benefit of the GIRFT process as part of the response.

As well as prioritising the transformation and modernisation of Planned Care and reducing waiting lists within the core expenditure through its IMTP and

associated financial plan, the health board has also received additional longer-term funding from Welsh Government in relation to outpatient transformation.

Initiatives such as See on Symptom (SOS) & Patient Initiated Follow Up (PIFU) pathways are already underway across Planned Care specialities directly managed within Powys – and progress in other areas of Planned Care for Mental Health, Women & Children, this will be incorporated for all areas with a scheduled waiting list.

The health board is working with the Wales Cancer Network on the use of optimal pathways and improving the intelligence available to Powys about its patients on waiting lists in other Health Boards and NHS Trusts. It has also been implementing initiatives to help with earlier diagnosis such as FIT testing and access to Rapid Diagnostic Centres.

The health board is seeking to repatriate outpatient activity and low complexity diagnostic and day case theatre activity to Powys where clinically safe and appropriate to do so given the health board does not have an acute hospital. Where long waiting patients are repatriated to the health board, this could lead to a temporary deterioration in Powys's overall performance position as the RTT 'clock' waiting time will also be transferred. The health board is working through this proposal as well as funding issues aligned to the repatriation.

Investment Strategy, Capital Funding & Estates

Our 3 year IMTP has been constructed to ensure delivery of planned care targets for services that the health board provides. Investment required in future years to fund providers out of county is included up to 'pre-pandemic' levels. The extent of recovery in the 22/23 financial year will determine the residual waiting list recovery problem to be resolved and financed in future years. The investment required will be considered as part of our 23/24 planning.

Our estate used to deliver planned care has received significant investment in recent years. The health board has two laminar flow theatres, two well equipped endoscopy suites and a good overall level of outpatient accommodation. We are seeking to maximise the use of a switch to outpatient procedures and the use of minor ops rooms (where appropriate to do so). Whilst some minor capital works and equipment needs may need investment in future years, our largest estates investment is in the North Powys programme that will see a comprehensive suite of planned care services being delivered for the first time locally at the new campus. The estimate 'go live' for this scheme is 2025.

Audit Wales Key Action: Strong and Aligned System Leadership

Strong and aligned system leadership



A system is needed that translates national vision into local action, recognising that the previous national programme board arrangements had limited success. Clinical and managerial leadership within organisations needs to be aligned around a common purpose and lessons learnt from how the NHS and its partners responded to COVID need to be transferred to help tackle the longer term planned care challenges.

Powys Teaching Health Board's Response:

The health board's IMTP sets out the organisational priorities and designated key executive directors. The health board has been working to secure additional clinical leadership for transformation in areas including for example MSK and Cancer. The recent funding from Welsh Government will help to strengthen clinical capacity at director level.

The health board is ensuring executive level participation in revised national programme arrangements. Management actions including shared learning are disseminated through the management structure to ensure the understanding of the 'common purpose' of planned care recovery. The health board also encourages the 'export' of initiative and shared learning we have undertaken, particularly as part of the Covid response e.g., Breathe Well innovations.

The health board is rolling out a suite of Management and Leadership Development programmes including Clinical Leadership Development, the Intensive Learning Academy, Digital Transformational Leadership and Compassionate Leadership.

The health board is developing its "Grow Our Own Model" working with HEIW. It is also implementing its Nursing, Therapies and Healthcare Science Framework, and is enhancing continuous professional development for clinicians.

The health board is also working closely with partners, systematically, to look at how volunteers/peer mentors can be engaged across services. It is scoping and developing a retirement fellowship –supporting the alumni of those who retire from the NHS to keep engaged with the system.

The health board commissions most planned care services from English providers. Through a variety of mechanisms, the health board is engaged in systems and service reconfiguration dialogue and very much sees itself as being part of wider systems. A similar interface occurs with Welsh Health Boards.

Although the health board is not the main commissioner in any system that is commissions services from, we do attempt to play our part in the strength, alignment and leadership of those systems. We are particularly engaged where

large service transformation may impact on our patients or where external providers indicate services are fragile.

Audit Wales Key Action: Renewed Focus on System Efficiencies

Renewed focus
on system
efficiencies



Using existing resources to best effect should be a key priority. This will mean doing things differently by improving existing processes and systems. It will also mean doing different things and rethinking how, where and from whom patients get the advice and treatment they need. Constraints associated with infection prevention and control will need to be factored in but a focus on prudent healthcare principles and key efficiency measures should be maintained. Opportunities to make best use of new digital technologies need to be secured and ways of speeding up diagnostic tests explored.

Powys Teaching Health Board's Response:

Improving Services, Digitisation & Diagnostics

As set out in its IMTP and Delivery Plan a key priority for the health board is to embed a value-based healthcare approach to deliver improved outcomes and experience, including the effective deployment and management of resources. It is working to understand the outcomes and experience of its population, the evidence bases and comparative costs in order to increase Value. It also has a suite of transformation programmes including Diagnostics, Ambulatory and Planned Care and the big 4 conditioned based areas of Cancer, Respiratory, Circulatory and Mental Health. It has a value-based healthcare programme led jointly by the Medical Director and Director of Finance. The health board's IMTP has identified areas of existing pathways which will be redesigned to improve outcome, experience, and cost within a whole system approach.

In relation to Planned Care and waiting lists specifically the health board has work underway in relation to Eye Care, Diagnostics, Dermatology, Cancer, MSK. It is also working to improve access to high quality sustainable primary care including Dental Services.

Key actions include the development of a diagnostic strategic intent; a new model of care; and creative workforce model. Work continues in restoring and sustaining Powys provider referral to treatment times; the identification of repatriation opportunities; the modernisation of outpatient services; and the development of the planned care workforce model to build resilience and harness opportunities including the appointment of a Planned Care Clinical Lead.

The health board is strengthening the offer of advice, support and pre-rehabilitation for patients on waiting lists. The health board is implementing responses to the Getting it Right First Times review including Gynaecology and

Orthopaedics. Further work to deliver local and regional solutions that increase theatre and treatment capability in Gynaecology, Eye Care, General Surgery, Ear Nose and Throat, Urology and Orthopaedics.

The health board is implementing the transformation of outpatient services including SOS, PIFU, the use of digital healthcare and access to clinical advice and guidance and the delivery of medicines management.

The health board will continue to implement key programmes to deliver Digital Care with the below programmes established:

- Implement the cross-border programme, liaising with Digital Health and Care Wales and English Trusts
- Delivery of Telehealth and Telemedicine programmes
- Enhance business intelligence capability and systems Improve key platforms to enhance access / implement role-based training
- Enhance key systems to support delivery including replacement of Canisc, Electronic Test Request, Malinko
- Support North Powys Wellbeing Programme
- Develop and implement Artificial Intelligence in robotics, machine learning and support for out of hours.
- Delivery of phased infrastructure development
- Electronic patient record in eye care is being piloted in Q1 2022/23 as part of national roll out. 1st phase of pilot commenced in YCH in May 22.

Procurement has commenced for a digital enhanced referral pathways solution for Wales, in which the health board will participate. The approach will enable an effective approach to effective referral with clear end-to-end pathways that enable primary and community care to effectively support and manage patients with access to a wider range of care closer to home.

Prudent Healthcare Principles & Efficiency Measures

The health board is reviewing the overall efficiency measures it reports against including for planned care provided. Outpatient and theatre performance reports are being improved to include expected GIRFT outputs as well as the traditional measures of utilisation, cancellations, DNA's etc

For services the health board commissions from English providers a comprehensive suite of performance information and efficiency measures is available, at Trust total level, via the 'Model System' the English NHS operates. The health board has requested access to this information platform. At present to gauge external performance we rely upon organisational Board report performance extracts or information requests from the provider. For 2022/23 the health board will return to cost per case payment so if providers increase productivity and efficiency, whilst clearly good for patient care and backlog reduction, could cause an unexpected level of financial over-performance if the

activity is greater than that factored into the IMTP. We have raised this potential risk with WG colleagues.

For Welsh Health Boards a GIRFT style set of indicators is understood to be part of the outputs of the overall reviews. Block payment regimes with tolerances are payable across the Welsh NHS for activity commissioned off each other. Improvement in healthcare prudence and efficiency will transact itself in a less obvious way than the cost per case regime. The financial risk more likely to be shared given the level the financial baselines have been set at. The NHS Wales Delivery Unit has improved performance reporting tools to assist health boards further.

Audit Wales Key Action: Build and Protect Planned Care Capacity

**Build and
protect planned
care capacity**



Additional capacity is undoubtedly going to be needed in the short term and clear plans are going to be needed to identify where this is going to come from. The extent to which planned care capacity can be protected from emergency care pressures should also form part of national and local planning. The Welsh Government frameworks should support health boards to prioritise emergency care at times of great pressure but must also help them to balance the needs of patients waiting for planned care. Some health boards have made progress in creating dedicated facilities for elective work which have seen some success. Whilst it may not always be practical or the best use of resources to physically separate facilities, the system does need to think differently about how it protects planned care. A more collective approach to capacity planning across health board boundaries is going to be needed alongside a critical review of the number of staffed beds required in the system. This will also include a need for effective workforce planning at local, regional, and national levels.

Powys Teaching Health Board's Response:

Protecting Planned Care

The health board does not operate urgent acute care services from any site it operates. To that extent, capacity is protected from emergency care pressures. Powys does not employ any secondary care (non-mental health) consultants or consultant anaesthetists. Where the health board relies upon a series of in-reach agreements to provide the clinical skills to run our day case, endoscopy or outpatient services, these can be impacted by emergency pressures if the host acute site is not able to release the consultants due to the operational pressures back at the host site.

The health board has therefore offered (non-scheduled/non-staffed) capacity to all neighbouring providers (both Welsh and English) and we are exploring the opportunity to expand the work undertaken in our units.

The health board is strengthening the range of outpatient, diagnostics and elective low complexity day case theatre activity which can be undertaken within Powys helping to ease pressure on acute DGH services.

This is being underpinned by strengthened demand and capacity planning and workforce modelling both locally and with NHS partners. The IMTP sets out key priorities in relation to workforce futures including; Designing and implementing a comprehensive approach to workforce planning focusing on attracting/securing workforce for targeted services including international recruitment; and the redesign and implementation leadership and team development, enhancing clinical leadership and whole organisation focus on value.

Planning Across Boundaries

As per comments elsewhere, the health board is seeking to repatriate patients where clinically appropriate to do so, as well as explore full utilisation of our planned care capacity. We are working across boundaries to achieve this however there are significant staffing constraints at present. In the medium term the health board is exploring opportunities in the non consultant workforce e.g., nurse injectors in ophthalmology, endoscopy, therapists. The longer-term plan is to enhance In-reach agreements so that host providers can expand their substantive workforce to provide additional sessions to complement our own developments.

Audit Wales Key Action: Manage Clinical Risks and Avoidable Harms

Manage clinical risks and avoidable harms



Management of the planned care system will need to shift to one that is based on the clinical need of patients rather than how long they have been waiting. Performance monitoring should be based around recommended lengths of waits for different categories of clinical priority with a focus maintained on minimising the extent to which patients' conditions deteriorate whilst they are waiting. There needs to be a particular focus on monitoring the condition of patients who face long waits for their first outpatient appointment. The role that general practice can play in prioritising and managing patients waiting for treatment also needs to be considered.

Powys Teaching Health Board's Response:

Powys waiting lists are clinically prioritised Urgent Suspected Cancer, urgent, or routine, and managed as per current National RTT guidelines. In addition, the health board manages surgical patients in line with the Royal College of Surgeons Clinical Priorities guidelines developed in response to the Covid 19 pandemic to manage clinical risk and prioritisation of capacity. All long waits are clinically validated regularly. Virtually all of our patients our non-urgent cases i.e. routine.

The health board's waits for services provided in Powys are now virtually compliant with RTT standards for both outpatient and day case components of the RTT pathway.

Where patients are waiting at providers outside Powys, we are now in receipt of waiting list information showing the duration of their wait. We are exploring which patients could be repatriated to Powys services as outlined elsewhere in this response.

Audit Wales Key Action: Enhanced Communication with Patients

Enhanced communication with patients



Building on existing mechanisms, NHS bodies will need to ensure they are communicating effectively with patients about the likely time they will need to wait, how to manage their condition whilst they wait and what to do if their condition worsens or improves. Given the numbers of patients waiting, NHS bodies will need to ensure that they are investing sufficient resources into patient information and communication.

Powys Teaching Health Board's Response:

Patients waiting for services that the health board provides

The health board has invested in a Patient Liaison Service and strengthened its Advice & Support web pages ['Keeping Well While You Wait'](#). The Link to the website is texted directly to patients on Powys-managed waiting lists working with neighbouring health boards and English trusts to signpost Powys patients to the web pages.

The health board has communicated with all patients waiting more than 26+ weeks providing links to advice and support including its strengthened webpages.

The health board has communicated with all patients waiting 0-26 weeks providing links to advice and support including its strengthened webpages.

Further strengthening the continuum of advice, support and prehab offer is underway to help keep patients well while they are on waiting lists. This includes information and support to improve their outcomes including smoking cessation, weight management, access to Silver Cloud online and support and improvements in relation to alcohol and activity. There is also a well-developed pain management service.

Patients waiting for services outside Powys

Where patients are waiting in other providers, the health board is in routine contact with those providers to understand the way in which they are communicating with their patients (including Powys patients).

External providers are now starting to publish their waiting times so patients can see for themselves the likely timescale to treatment. The digital innovation 'My Planned Care' endorsed for use across England and Wales will ultimately provide both waiting list information and the advice content on deteriorating or improving conditions.

In addition to the above, you requested a copy of an implementation plan in response to Welsh Government's Transforming and Modernising Planned Care and Reducing Waiting Lists. Most of the actions being undertaken outlined above, however I have included at Appendix 2 the outline of the broad actions against each of the 5 Goals of Planned Care. Further development of the health boards approach will be undertaken and an updated plan developed, that builds on the potential repatriation scoping underway. The reports will be scheduled for discussion at the next Delivery & Performance Committee and where appropriate through to the Public Board.

If you require any additional information, please do feel free to get back in touch.

Yours sincerely,



Carol Shillabeer
Chief Executive
Prif Weithredwr

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Tackling the Planned Care Backlog in Wales

A commentary by the Auditor General for Wales

May 2022



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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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Summary report

Context

- 1 The waiting list backlog is one of the biggest challenges facing the NHS in Wales. Waiting times for planned care have long been a problem in Wales. The COVID-19 pandemic and the impact it has had on NHS capacity has made the situation much worse. The number of patients on a waiting list for planned care has grown to a scale never seen before. Tackling that backlog is a herculean task for the NHS. It is also a real worry from the perspective of patients, some of whom are waiting in pain, whose condition is deteriorating and some of whom have now been waiting well over a year just to find out what is wrong with them.
- 2 This report sets out the main findings from the Auditor General's high-level review of how NHS Wales is tackling the backlog of patients waiting for treatment and responding to the challenges facing planned care. It describes the scale of the backlog of patients waiting for treatment and the wider challenges of delivering planned care. The report also sets out key actions NHS Wales needs to take to tackle the challenges in planned care. This report focuses on services subject to the Welsh Government's referral to treatment target¹.

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1 Other services, such as treatment for cancer, are subject to different targets and not covered by this report.

Key messages

A note on patients and pathways

Throughout this report we talk about patients waiting for treatment. Our figures are based on NHS Wales's 'open' referral to treatment measure. The measure counts the number of pathways which have started but not yet completed treatment, rather than people. Each pathway represents a patient waiting but patients may have more than one health condition and therefore be on the waiting list more than once. As a result, the total number of people waiting for treatment will be lower than the total number of pathways. At the time of preparing this report, figures to show how many individual patients are waiting for treatment were not published by NHS Wales.

- 3 As in other parts of the UK, NHS waiting lists in Wales have grown significantly since the start of the pandemic. In Wales, waiting lists grew by 51% from March 2020 to February 2022 when there were 691,885 patients² on a planned care waiting list. 251,647 of these patients had been waiting for more than 36 weeks and 406,743 were still waiting for their first outpatient appointment to discuss their condition and agree a course of action.
- 4 Although the rate of growth in the overall waiting list has slowed in recent months, there remains a risk that the drop in referrals that was seen during the pandemic has created a hidden or latent demand that will present itself at some point. Compared to pre-pandemic levels we estimate that there are some 550,000³ 'potentially missing' referrals that could ultimately find their way back into the system.
- 5 The Welsh Government has made £200 million available during 2021-22 to help tackle the backlog. However, NHS bodies have found it difficult to spend the money. NHS bodies had identified ways to spend £146 million but £12.77 million of that was returned to Welsh Government at the end of March 2022.

- 2 Using the 'open' pathway measure of patients currenting waiting for treatment. Each pathway represents a patient waiting but a patient may have more than one health condition and therefore be on the waiting list more than once.
- 3 Our figure differs slightly from the 500,000 in the Welsh Government's national plan to transform planned care published in April 2022.

- 6 Whilst additional funding is going to be essential, in and of itself, it will not solve the problem. The NHS needs to increase its activity if it is going to make inroads into the waiting list backlog and there are some significant barriers that need to be overcome in order to do that. These include the on-going impact of COVID on services and staff, a tired workforce with staff shortages, recruitment and retention challenges, limitations in the current NHS estate that can hinder the ability to quickly reshape services, and limited sources of additional capacity such as the private sector.
- 7 The ability to increase planned care activity will also depend on the availability of beds. The number of NHS beds in Wales has fallen steadily over many years. At present the system is also experiencing real difficulties in discharging medically fit patients, due in part to staff and capacity shortages in the social care sector.
- 8 Our reasonable case scenario modelling has indicated that it could take as much as seven years before waiting list numbers return to pre-pandemic levels. Exactly how long it will take will depend on a range of different factors that are not easy to predict, including the extent to which the latent or hidden demand caused by the pandemic re-appears. And some specialties will take longer than others to return waits to pre-pandemic levels.
- 9 What is clear is that the NHS will need a stronger focus on doing things differently. Planned care capacity needs to be better protected, and not routinely used as the system 'safety valve' and either stopped or reduced when there is increased pressure such as in the winter months.
- 10 Surveillance of patients whilst they are on the waiting list also needs to be carefully managed to minimise and ideally avoid them coming to harm as a result of long waits for treatment. To help achieve that, performance measures need to have a greater focus on patients' clinical needs rather than simply how long they have been waiting.
- 11 A long-term challenge such as the waiting list backlog needs a long-term plan supported by investment. In respect of the latter, the announcement of £185 million additional revenue guaranteed per year over the next four years to support waiting list recovery is significant. It is crucial that this investment is used wisely and that all opportunities to maximise efficiency and modernise services are taken.
- 12 Whilst the immediate challenge is to tackle the huge backlog that has built up, the ultimate goal must be to create a planned care system that can sustainably balance capacity and demand, something that has been a significant challenge for the NHS in Wales for many years.

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The COVID-19 pandemic will leave the NHS with many enduring legacies not least the significant impact it has had on waiting times for planned care. Just as the NHS rose to the challenge of the pandemic, it will need to rise to the challenge of tackling a waiting list which has grown to huge proportions. Concerted action is going to be needed on many different fronts, and some long-standing challenges will need to be overcome. Additional money has been made available and it is imperative that it is used to best effect to ensure there are equitable and targeted approaches that meet the planned care needs of the people of Wales.



Adrian Crompton

Auditor General for Wales

Key facts

691,885

Total number of people on a waiting list in Wales



50%

increase in total numbers waiting from February 2020 to February 2022



406,743

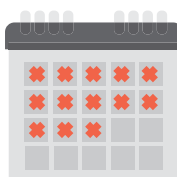
Number of people waiting for first outpatient appointment



Collectively orthopaedics, general surgery and ophthalmology make up **39%** of the total waiting list

53%

of people waiting over **26 weeks** for treatment



56,516

Number of people waiting more than **2 years** (105 weeks) or more

£146.1m

Estimated additional revenue funding allocated to support planned care recovery during 2021/22¹



£185m

Additional revenue funding made available per year²

notes*

Data as of February 2022 unless otherwise stated

¹ The Welsh Government made £200m available to support recovery in 2021/22. Of this, only £146.1m was allocated and estimates indicate that of this £12.77m will be returned

² £170 million recurring funding plus an additional £15 million per year for the next 4 years.

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Recommendations

- 13 In **Exhibit 7** of this report, we highlight a number of key actions that we think are going to be needed as part of the approach to tackle the waiting list backlog. The Welsh Government published its national plan to transform and modernise planned care and reduce waiting times in April 2022⁴. Our recommendations are based around the key actions needed to successfully implement the plan. Whilst they are directed towards the Welsh Government in respect of its system leadership role in setting a framework for planned care recovery, it is recognised that their implementation will, to a large part, be dependent on the plans and activities of individual NHS bodies.

Recommendations

- R1 The national plan sets out high level ambitions to reduce waiting times. It includes target milestones to reduce the number of people waiting for treatment but lacks detail on how it will transform planned care. To implement its plan, the Welsh Government should work with health bodies to set appropriately ambitious delivery milestones to measure progress of delivery of the new ways of working set out in the plan.
- R2 The Welsh Government should ensure that its national plan is accompanied by a clear funding strategy. This should include identification of the longer-term capital investment that is going to be needed and processes to ensure that revenue funding will support sustainable service transformation.

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4 Our programme for transforming and modernising planned care and reducing waiting lists in Wales: Welsh Government, April 2022

Recommendations

- R3 The national plan lacks detail on how the Welsh Government will support health boards to ensure they have sufficient workforce capacity to deliver its ambitions. The Welsh Government should work with relevant NHS bodies to develop a workforce plan to build and maintain planned care capacity to support recovery and tackle the waiting list backlog. The plan should be based on a robust assessment of current capacity gaps and realistic plans to fill them.
- R4 The national plan includes a new diagnostics board but does not set out the system leadership arrangements needed to drive through the entirety of the plan. The Welsh Government should identify and implement such system leadership arrangements based on ensuring that lessons are learnt from weaknesses in previous national planned care programme board arrangements.
- R5 The Welsh Government should ensure it has the necessary processes, policy frameworks and programme and performance management arrangements to ensure NHS bodies:
- a effectively manage clinical risks and avoidable harms associated with long waits for diagnosis and treatment;
 - b maintain a focus on the efficient, effective and economical delivery of planned care pathways in line with prudent healthcare principles and which make best use of new technologies; and
 - c enhance communication with patients to ensure they are informed about how long they can expect to wait, how to manage their condition while waiting, and what to do if their condition worsens or improves.

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What is the scale of the challenge?

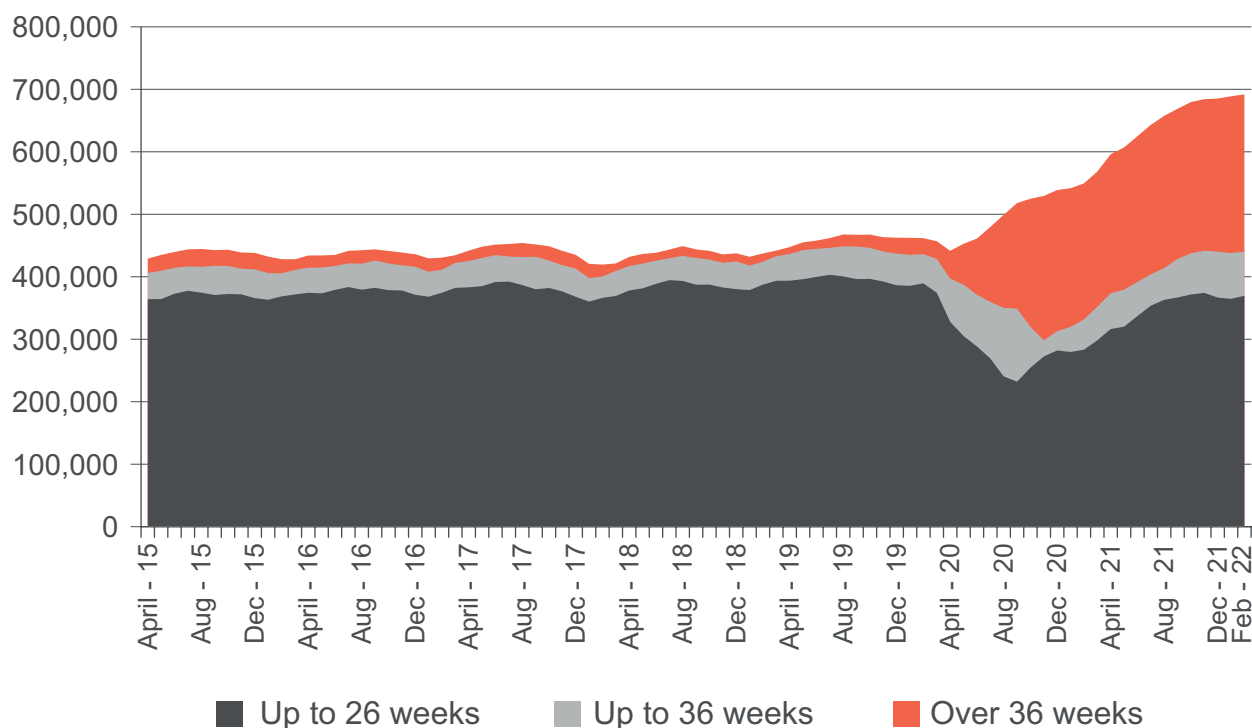
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The numbers of people waiting for planned care, and the length of time they are waiting has increased significantly

- 1.1 The impact of the pandemic on planned care waiting times is clear. There was an immediate increase in the numbers of people waiting from April 2020, and numbers have continued to rise.
- 1.2 In February 2022, there were 691,885 patients waiting on the referral to treatment list (**Exhibit 1**). Of those 251,647 (36%) had been waiting more than 36 weeks. 406,743 patients (59% of all those waiting) were waiting for their first outpatient appointment to discuss their condition and agree a course of treatment. Of those, 146,198 (36%) had been waiting more than 36 weeks for their first outpatient appointment.
- 1.3 Since the beginning of the pandemic, the total number of people waiting for a diagnostic test increased from around 110,000 to nearly 165,000 in February 2022. Typically, during 2018-19 and 2019-20 there were around 15,000 diagnostic waits over eight weeks, but this rose to over 74,000 in January 2022. February 2022 figures showed some improvement with just over 66,000 waiting over eight weeks.

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Exhibit 1: number of people waiting for planned care April 2015 – February 2022



Source: Audit Wales analysis of Welsh Government data

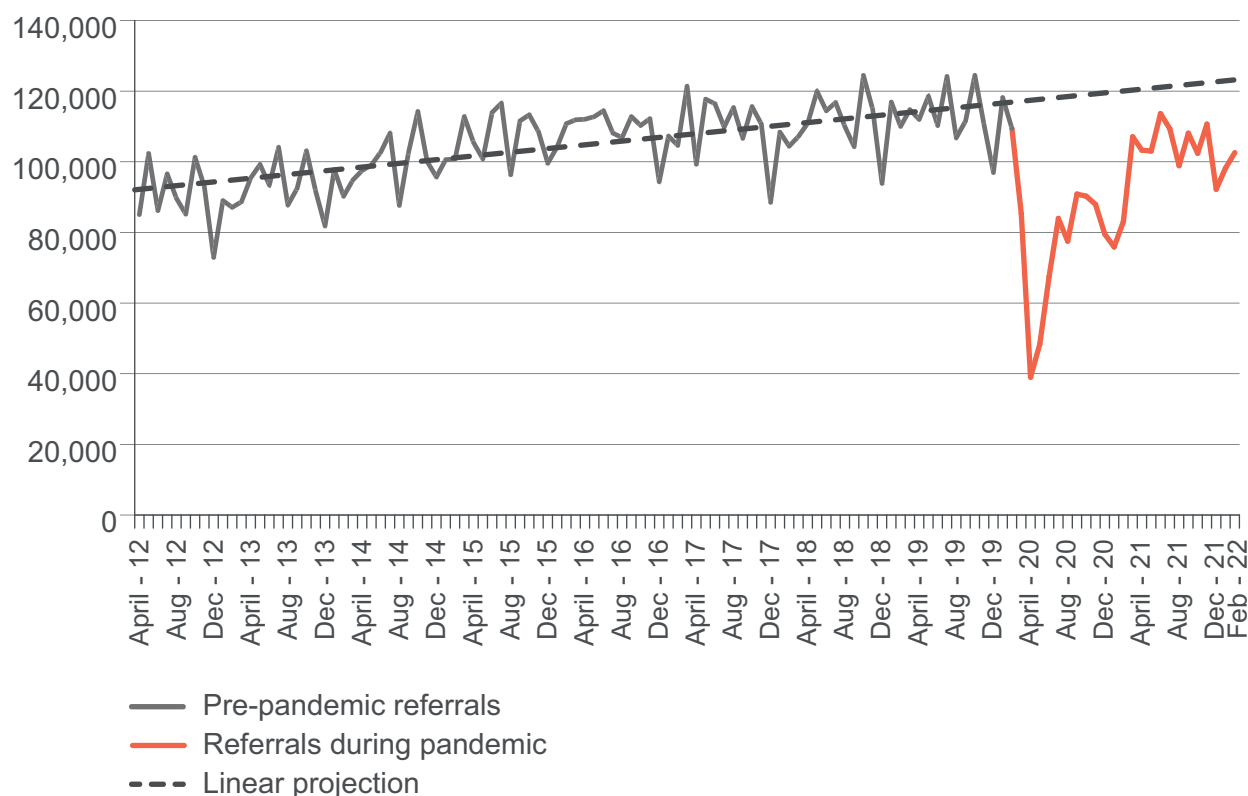
- 1.4 There is variation in the length of time patients wait for treatment depending on where they live. For instance, November 2021 figures show that people living in the Hywel Dda University and Powys Teaching Health Board areas were least likely to have waited over 36 weeks whilst residents of Betsi Cadwaladr and Cwm Taf Morgannwg University Health Board areas were the most likely to have experienced such waits.
- 1.5 The Senedd Health and Social Care Committee held an inquiry into the impact of the waiting times backlog. Responses⁵ to the Committee's consultation on waiting times demonstrate the serious impact of long waits on different patients. Patient representatives also raised concerns with us about the impact on patients. Along with some health board officials, they told us that by the time some patients are treated, their conditions have worsened and that for some patients the deterioration has been significant enough for them to present at emergency departments.

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⁵ Health and Social Care Committee, **Inquiry into the Impact of Waiting Times Backlog on People Waiting for Diagnosis or Treatment**, November 2021 – March 2022.

- 1.6 The direct and indirect impact of COVID-19 may increase the quantity and complexity of demand for planned care. **Exhibit 2** shows that whilst referrals for a first outpatient appointment have increased steadily for years, they fell dramatically at the start of the pandemic and have not fully returned to pre pandemic levels. Our analysis suggests that the total reduction in referrals equates to around 550,000 ‘potentially missing’ patients when comparing referrals from March 2020 to February 2022 data against the 2019-20 referral averages. Our calculation of ‘missing’ patients is a conservative estimate. There may also be additional new demand both from the direct impact of COVID-19, and the indirect impacts of the pandemic on citizens’ health and well-being.

Exhibit 2: referrals for a first outpatient appointment April 2012- February 2022



Source: Audit Wales analysis of Welsh Government data

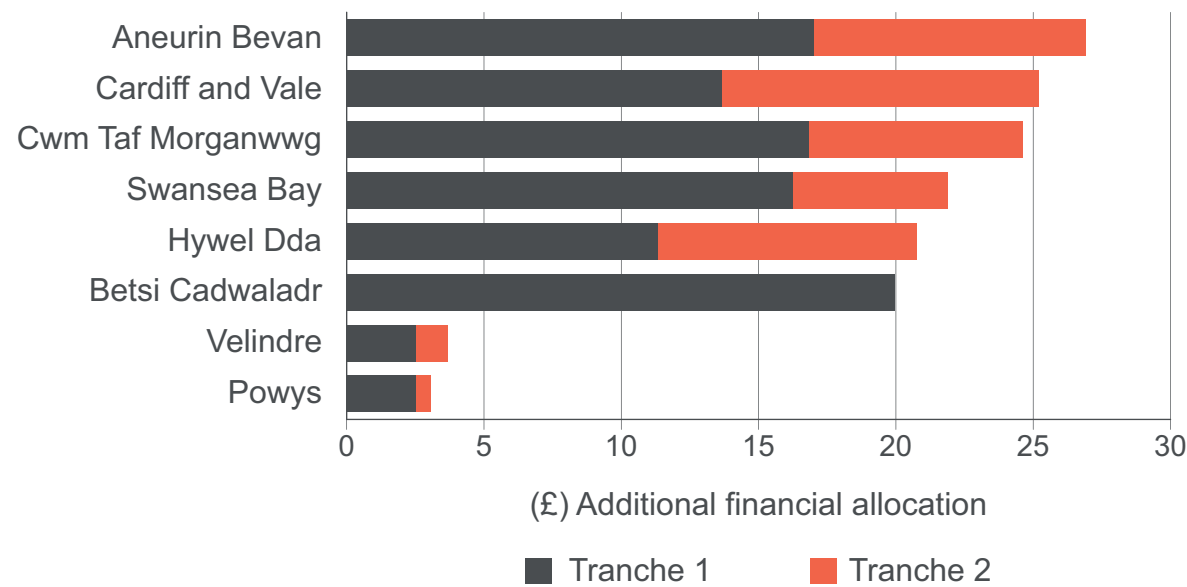
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There are significant factors restricting planned care activity

NHS bodies are struggling to spend all of the Welsh Government’s funding for planned care

1.7 The Welsh Government made two announcements for additional funding to support recovery, with a combined value of £200 million in 2021-22⁶. At the time of writing this report, the Welsh Government had allocated £146.1 million of the £200 million indicating that NHS bodies have found it difficult to identify and spend on costed recovery programmes in the short term. The £146.1 million funding was provided in two tranches and **Exhibit 3** shows these individual allocations. The allocations have been based on bids from NHS bodies into the Welsh Government. The first tranche generally follows a population-based allocation, the second is based on the ability of NHS bodies to productively utilise the funding to support improvement.

Exhibit 3: 2021-22 financial allocations to support health and care recovery



Source: Audit Wales of Welsh Government data

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6 [Announcement of additional allocation 20 May 2021](#) and [Announcement of additional Welsh Government allocation](#), 19 August 2021

- 1.8 Health boards also told us that spending the money has been more difficult than expected and some have been unable to spend all of it⁷. Estimates indicate that £12.77 million will be returned. Health boards have looked to secure additional planned care capacity by outsourcing some activity and insourcing staff resources where possible. The private healthcare sector in Wales is small and in part relies on NHS consultants seeing private patients in their own time. Welsh health boards are competing with NHS England to secure private capacity from across the border. As a result, health boards told us it was difficult to find enough additional capacity and where they had contracts with private providers, delivery often fell short of the number of patients agreed at the outset.
- 1.9 Some health boards said that they lacked suitable physical space to conduct additional planned care activity in accordance with infection prevention and control measures. Modifications to existing hospital estates are likely to require capital funding but constraints on the amount of capital funding that is available was cited by some as a further impediment.
- 1.10 A longer-term approach to funding can assist with plans to address the backlog. The Welsh Government is providing more certainty over future funding by guaranteeing an additional recurring £170 million annual funding for planned care for three years from 2022-23. On top of the recurring funding, the Welsh Government announced an additional £15 million annual funding up to 2025-26 to support delivery of its national plan.
- 1.11 Whilst the additional £146.1 million allocation in 2021/22 did not result in an overall reduction of waiting lists, it has appeared to help reduce the rate at which the waiting list has grown.

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⁷ As of March 2022, NHS bodies had returned just over £12.77 million of the recovery funding for tranches 1 and 2.

The NHS Wales workforce is tired, stretched thinly and under pressure

1.12 Health board officials told us that staff capacity was their biggest challenge in delivering planned care. Our Picture of Healthcare report explains that the NHS Wales workforce has increased in recent years but there are specific and long-standing shortages in some areas, such as anaesthetists, radiologists and nurses. The pandemic has left a legacy of a tired workforce with increased rates of sickness absence. There are also concerns that more staff are leaving or retiring early due to the pandemic. Recruitment challenges also persist with NHS bodies competing in a small pool for medical staff and for the first time, several are reporting shortages of administrative staff to book and schedule clinic and theatre time.

Curtailling planned care remains the default position when there is increased emergency care demand in the system

1.13 The cessation of planned care at the start of the pandemic was necessary given the circumstances but it also reflected a default NHS response to pressure on the system. Cancelling or curtailling planned NHS care has long been used as the system 'safety valve' when emergency demand is high such as during the winter months. In the past, health boards have planned their elective activity around likely peaks in emergency care, attempting to catch-up during quieter periods. The Welsh Government is currently updating its escalation framework setting out how health bodies should respond to differing levels of emergency pressure. The current situation is different. Urgent and emergency care pressure on the NHS is likely to remain high for some time as a result of dealing with on-going COVID related illness and patients who had not sought help earlier in the pandemic who are now presenting with more serious symptoms. It may be unrealistic to wholly protect planned care capacity from emergency care pressures, but if the current imbalance continues, Wales will see large waiting lists and long waits for many years.

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Medically fit patients are occupying NHS beds

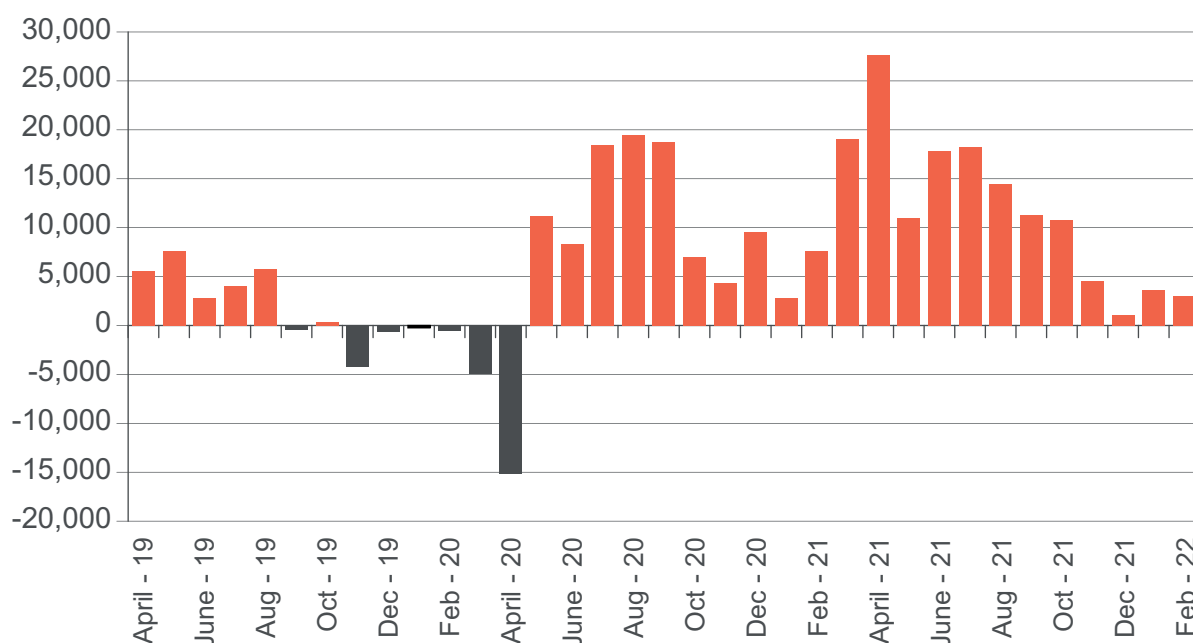
- 1.14 As set out in Our Picture of Healthcare report, NHS bed numbers in Wales steadily decreased in the years before the pandemic from around 12,100 in 2010-11 to around 10,300 in 2020-21. Several health boards are finding it difficult to discharge patients effectively to free up beds for new patients. Some health boards told us that they can have several hundred medically fit patients occupying hospital beds at any one point in time. These patients are typically waiting for social care packages, either to support them living in their home, or in a care home whilst others are waiting for access to other health professionals such as physiotherapists before they can leave hospital.

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Tackling the backlog of patients waiting for treatment could take years

1.15 **Exhibit 4** shows the month on month increase or decrease of the waiting list between April 2019 and February 2022 and demonstrates how the number of patients on waiting list has grown each month since the start of the pandemic. It also shows that since July 2021, the rate of waiting list growth is generally decreasing.

Exhibit 4: all Wales – month on month growth (orange) or decline (grey) in the numbers of people on the waiting list



Source: Audit Wales analysis of Welsh Government data

1.16 The slow-down in growth of the waiting list reflects the fact that the number of people removed from the waiting list has been gradually increasing.

Exhibit 5 shows that over the autumn and early winter of 2021, the gap between the number of people added to the waiting list (additions) and the number of removals (either through treatment or because they no longer needed treatment) shrunk. A continuation of this trend such that removals exceed additions will be needed to start to bite into the waiting list backlog.

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Exhibit 5: estimated additions and removals from the waiting list compared to 2019-20



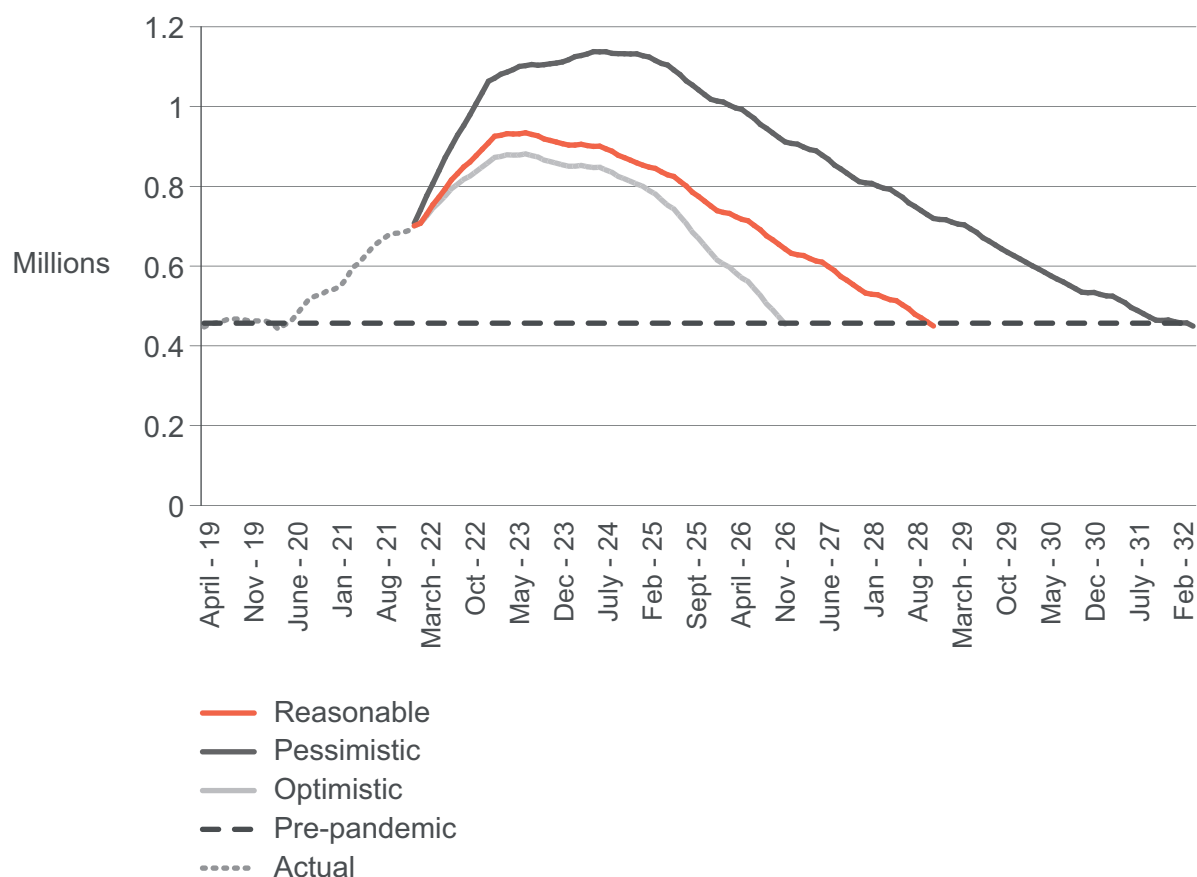
Note: More detail on how we calculated additions and removals from the waiting list is provided in **Appendix 1**.

Source: Audit Wales analysis of StatsWales data

1.17 We have used Welsh Government data to work out how long it could take NHS Wales to get waiting lists back to March 2020 levels⁸. We developed three illustrative scenarios: reasonable, pessimistic and optimistic. The modelling (**Exhibit 6**) for our reasonable scenario suggests that the waiting list could peak in 2023 but return to pre-pandemic levels by 2029. In our optimistic scenario the return to pre-pandemic levels shifts forwards to 2027 whereas in our pessimistic scenario, the waiting list would remain above pre-pandemic levels until 2032.

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⁸ Appendix 1 sets out how we modelled the scenarios.

Exhibit 6: illustrative scenarios of waiting list numbers

Source: Audit Wales analysis of StatsWales data

1.18 The key variables in our modelling cover the rate at which people are added to the waiting list over time and the extent to which the potentially 'missing' patients or latent demand returns. Our modelling does not consider possible new or more complex demand as a result of population health trends or the impact of COVID-19. It also makes different assumptions about the rate at which the NHS is able to remove people from the list. The ability to remove patients is determined largely by capacity and will be influenced by several factors, especially in the short-term:

- the prevalence of COVID-19 in the community significantly reducing, with a resulting drop in COVID related hospitalisations;
- possible relaxation of COVID-19 infection control measures in hospital workforce capacity increasing; and
- the extent that additional funding made available over the next three years is able to be used to best effect.

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- 1.19 The model above is illustrative and covers the whole waiting list. It is acknowledged that each planned care specialty is different and will have differing rates of demand and capacity. Specialities such as Ophthalmology and Orthopaedics, for example could take far longer to recover than others because these specialities were stretched before the pandemic. Equally, other specialties may be able to move more quickly.

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What does NHS Wales need to do to tackle the challenges in planned care?

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- 1.20 From our discussions with both NHS bodies and the Welsh Government, it is clear that tackling the planned care backlog is a key priority. Investment has been identified, plans are being developed and evidence of early progress in some areas is starting to emerge.
- 1.21 However, the scale of the challenge is huge and it will require the NHS to transform at a scale and pace not seen before. The national plan which has been produced will need to be accompanied by clinical and managerial leadership across the whole system that is aligned to a common purpose.
- 1.22 A renewed focus on driving as much efficiency as possible out of existing resources is going to be essential. But this by itself won't be enough, and additional capacity will need to be identified to initially tackle the backlog and then balance demand and capacity in a way which has not been done previously.
- 1.23 In a context of many patients having to wait a very long time for their treatment, the NHS will need to ensure that it has the necessary prioritisation and review mechanisms to identify those patients who need to be seen more urgently to minimise avoidable harm. There also needs to be an enhanced approach to communicating with patients while they wait to help them manage their condition and know what to do if their condition gets worse.
- 1.24 These key actions are explored further in the graphic below.

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Exhibit 7: key actions for NHS Wales to tackle the challenges in planned care

<p>Clear national vision and supporting investment</p> 	<p>The Welsh Government’s plan to transform and modernise planned care and reduce the backlog should be supported by frameworks with ambitious goals and milestones to recover and transform planned care. The plan should be informed by a realistic assessment of the capacity that is likely to be available to achieve these. It must be supported by an investment strategy which includes a more strategic and longer-term approach to capital funding to facilitate the required changes to NHS estates needed for planned care recovery.</p>
<p>Strong and aligned system leadership</p> 	<p>A system is needed that translates national vision into local action, recognising that the previous national programme board arrangements had limited success. Clinical and managerial leadership within organisations needs to be aligned around a common purpose and lessons learnt from how the NHS and its partners responded to COVID need to be transferred to help tackle the longer term planned care challenges.</p>
<p>Renewed focus on system efficiencies</p> 	<p>Using existing resources to best effect should be a key priority. This will mean doing things differently by improving existing processes and systems. It will also mean doing different things and rethinking how, where and from whom patients get the advice and treatment they need. Constraints associated with infection prevention and control will need to be factored in but a focus on prudent healthcare principles and key efficiency measures should be maintained. Opportunities to make best use of new digital technologies need to be secured and ways of speeding up diagnostic tests explored.</p>

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Build and protect planned care capacity



Additional capacity is undoubtedly going to be needed in the short term and clear plans are going to be needed to identify where this is going to come from. The extent to which planned care capacity can be protected from emergency care pressures should also form part of national and local planning. The Welsh Government frameworks should support health boards to prioritise emergency care at times of great pressure but must also help them to balance the needs of patients waiting for planned care. Some health boards have made progress in creating dedicated facilities for elective work which have seen some success. Whilst it may not always be practical or the best use of resources to physically separate facilities, the system does need to think differently about how it protects planned care. A more collective approach to capacity planning across health board boundaries is going to be needed alongside a critical review of the number of staffed beds required in the system. This will also include a need for effective workforce planning at local, regional, and national levels.

Manage clinical risks and avoidable harms



Management of the planned care system will need to shift to one that is based on the clinical need of patients rather than how long they have been waiting. Performance monitoring should be based around recommended lengths of waits for different categories of clinical priority with a focus maintained on minimising the extent to which patients' conditions deteriorate whilst they are waiting. There needs to be a particular focus on monitoring the condition of patients who face long waits for their first outpatient appointment. The role that general practice can play in prioritising and managing patients waiting for treatment also needs to be considered.

Enhanced communication with patients



Building on existing mechanisms, NHS bodies will need to ensure they are communicating effectively with patients about the likely time they will need to wait, how to manage their condition whilst they wait and what to do if their condition worsens or improves. Given the numbers of patients waiting, NHS bodies will need to ensure that they are investing sufficient resources into patient information and communication.

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Appendix

1 Our approach

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1 Our approach

The evidence base for our work comes from reviews of documents and metrics on planned care, and interviews with health board and Welsh Government officials and patient representatives. Our data analysis is based on Welsh Government data on StatsWales.

Our scenario modelling in **Exhibit 6** draws on some initial modelling work carried out by the NHS Delivery Unit. The calculation we used, following the work of the Delivery Unit was:

- removals are calculated by taking the number of patients waiting over 4 weeks (ie, they are not new patients that month) and subtracting that from the total waiting list in the previous month. This gives a proxy for the numbers of patients removed from one month to the next.
- additions are the people reported in the monthly figures who have been waiting less than 4 weeks – indicating they have been added to the waiting list in the last month. Whilst monthly additions give a reasonable measure of additions, some of those included may have already been waiting but had their ‘clock’ reset for some reason, for example not turning up for multiple appointments. It is also possible that some people may not be counted if they were added and removed before the data was captured at the end of each month.

Our modelling provides scenarios for the length of time it could take NHS Wales to bring waiting lists back to March 2020 levels using three scenarios: reasonable, pessimistic and optimistic (**Exhibit 6**). We accounted for the possible pent-up demand (**see paragraph 1.6**) by evenly spreading differing proportions of the potential missing 550,000 referrals over 2022-23. Those proportions varied depending on an optimistic, reasonable or pessimistic scenario. **Exhibit 8** sets out our modelling assumptions.

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Exhibit 8: waiting list modelling assumptions

Assumptions	Reasonable	Pessimistic	Optimistic
Additions 2022-2025 compared to 2019-20	100%	100%	100%
Annual increase in additions 2025 onwards	0.5%	0.5%	0%
Latent ‘missing’ referral demand presenting	40%	50%	30%
Activity/removals compared to 2019-20 levels during:			
2022-23	101%	95%	101%
2023-24	103%	95%	103%
2024-25	105%	100%	105%
2025 onwards	110%	110%	115%

Our analysis highlights the scale of the possible challenge and the length of time it could take to clear the backlog of people waiting for treatment. The scenarios we have presented in the report are based on assumptions which may alter over the coming years.

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Agenda item: 6.1

Delivery and Performance Committee		Date of Meeting: 12 September 2022
Subject :	Impact of Covid-19 on the National Screening Programme	
Approved and Presented by:	Mererid Bowley Executive Director of Public Health	
Prepared by:	<i>Covid-19 Impact Report on the National Screening Programmes in Wales: April 2020 to March 2021</i> Report (see Appendix A) prepared by Public Health Wales Screening Division	
Other Committees and meetings considered at:	Executive Committee 10 th August 2022	

PURPOSE:

The purpose of this paper is to present to the Committee the *Covid-19 Impact Report on the National Screening Programmes in Wales: April 2020 to March 2021* (see Report at Appendix A).

RECOMMENDATION(S):

Committee members are asked to DISCUSS and NOTE the contents of this report.

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:

Alongside all healthcare services and all areas of everyday life in Wales, the National Screening Programmes were hugely impacted by the Covid-19 pandemic. Following the Welsh Government's announcement on 13 March 2020 of plans to suspend non-urgent outpatient appointments, Welsh Government agreed the recommendations of Public Health Wales to temporarily pause some of the national population-based screening programmes. The temporary pause affected the following screening programmes: Breast Test Wales, Cervical Screening Wales, Bowel Screening Wales, Diabetic Eye Screening Wales and Wales Abdominal Aortic Aneurysm Screening. The Newborn Hearing Screening, Newborn 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 necessitated a change in reporting on the national Screening Programmes by Public Health Wales Screening Division for 2020-2021. Public Health Wales has produced a report detailing the impact of Covid-19 on the Screening Programmes, screening activity during this period and the recovery actions in place. 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 experience during the Covid-19 pandemic. Screening uptake describes the first stage of the pathway with the invitation and uptake of a screening test.

The paper presents the attached report in Appendix A: *Covid-19 Impact Report on the National Screening Programmes in Wales: April 2020 to March 2021*.

DETAILED BACKGROUND AND ASSESSMENT:

The Public Health Wales Screening Division deliver the following seven national population-based Screening Programmes in Wales:

1. Bowel Screening Wales
2. Breast Test Wales
3. Cervical Screening Wales
4. Wales Abdominal Aortic Aneurysm Screening Programme
5. Diabetic Eye Screening Wales
6. Newborn Hearing Screening Wales
7. Newborn Bloodspot Screening Wales.

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered further tests and appropriate treatment to reduce their risk of, and/or complications arising from the disease or condition. Screening programmes are evidence-based population interventions which have been recommended by the UK National Screening Committee (UKNSC) following rigorous evaluation.

The National Screening Programmes were hugely impacted by the Covid-19 pandemic and the following programmes were temporarily paused for periods during 2020 following the Welsh Government's announcement on 13 March 2020 of plans to suspend non-urgent outpatient appointments: Breast Test Wales, Cervical Screening Wales, Bowel Screening Wales, Diabetic Eye Screening Wales and Wales Abdominal Aortic Aneurysm Screening. The Newborn Screening Programmes (Newborn Bloodspot Screening Programme and Newborn Hearing Screening Wales) and antenatal screening continued throughout the pandemic as part of routine antenatal and postnatal care in Wales.

Following the first Covid-19 wave of infections in March/April 2020, as the numbers of Covid-19 cases started to reduce the National Screening Programmes set out the conditions required to restart the temporarily paused screening programmes following a risk assessed approach. All programmes resumed screening activity with a phased restart, using a risk-stratified approach to firstly prioritise high risk participants so that screening could be offered safely to participants. Cervical Screening Wales restarted in June 2020, followed by Bowel Screening Wales in July 2020, Breast Test Wales and Abdominal Aortic Aneurysm Screening Programme in August 2020, then Diabetic Eye Screening Wales in September 2020. The attached report highlights those challenges continued within the recovery of all programmes during 2020/21 relating to availability of screening clinics venues, reduced clinic capacity due to covid safe pathways and staff absence.

For those residents invited for screening, performance across screening programmes remained positive on the whole with several indicators showing sustained or improved performance uptake. However, participation in screening is highest in the least deprived areas and lowest in the most deprived areas. As health harms from the screened conditions are higher in the most deprived areas, this inequity of uptake is exacerbating health inequities in Wales.

The uptake rates of screening for Powys residents across the paused programmes was amongst the highest when compared to other Health Boards across Wales with the minimum standard being met for Bowel and Abdominal Aortic Aneurysm Screening Programmes.

Uptake of bowel screening for Powys residents increased to 68.3% during 2020/21, compared to 61.5% to 2019/20, both above the 60% target uptake standard. The implementation of the use of FIT testing for all participants in 2019 had a positive effect on uptake which has been sustained through this period.

For Abdominal Aortic Aneurysm Screening Programme, in addition to the impact of pausing of screening, as the programme recommenced in August 2020 screening capacity was substantially reduced by approximately 60%, due to clinic availability and reduced appointments due to covid-safe pathways. Recovery has continued and the Screening Programme has put together action plans to mitigate the service backlog. Of invited participants resident in Powys during 2020/21, 86.3% took up the offer of Abdominal Aortic Aneurysm Screening exceeding the standard of 80%. This is above the Wales average of 84.6%.

For the breast screening programme, the impact of temporarily pausing and reduced activity during restart due covid-safe pathways resulted in a 56% reduction in the numbers invited for screening during 2020/21 compared to 2018/19. Following reinstatement of services, participants who had been waiting the longest were prioritised for breast screening. Whilst coverage of 60% for breast screening for Powys residents was higher than the Welsh average of 57.7%, this is lower than the minimum standard of 70%. The 2021/22 recovery plan has increased the number of women been able to be screened in addition to increasing the number of screening clinics.

Powys generally sees higher uptake of cervical screening than the rest of Wales and this continued during the pandemic disruption to the Cervical Screening Programme, with Powys THB achieving coverage of 72.2% compared to the Wales average of 69.5%. However, this is below the 80% minimum coverage standard, and a decline from coverage of 76.1% reported in 2019/20. Cervical screening uptake has seen a steady decline across Powys since 2016 which is reflecting the pattern across Wales. Cervical Screening Wales plans aimed to fully recover the delays in screening during 2021/22.

The Diabetic Eye Screening Wales Programme recommenced in September 2020 following the six months temporary pause from mid-March 2020. Across Wales, following the pause there were approximately 138,500 delayed participants with reinstated clinics operated at approximately 35% of usual capacity from September 2020. Across Wales, there was wide variation in uptake for those individuals invited for screening with an average Wales uptake of 44.6% for 2020/21. For Powys Teaching Health Board, the uptake of 50% was the second highest across Wales. The recovery programme is focused on increasing clinic capacity with longer clinic times including screening activity on weekends, adopting an open invitation appointment system to reduce non-attendance and maximise available screening clinic capacity.

NEXT STEPS:

The attached report (see Appendix A) presents the impact of the Covid-19 pandemic on the temporarily paused programmes; describes the screening activity during this period; the recovery actions in place; and the uptake of screening for the period April 2020 to March 2021 at health board level within the context of the disruption to usual healthcare services experienced.

Public Health Wales developed recovery plans extending into 2021/22 for all of the programmes with a plan to operate at higher screening activity levels to achieve full recovery following the backlog accrued during the pause in screening services, and the reduction in activity during reinstatement.

Progress has been made in reducing the backlog for bowel and cervical screening, with both programmes recovering as planned by September 2021 and December 2021 respectively.

The three remaining programmes were not expected to recover fully by March 2022 and the programmes continue to implement actions to increase activity for their continued recovery.

Screening programmes are population interventions offered at intervals in line with the evidence, therefore, for best effect and benefit it's crucial for programmes to build back services that are better, fairer and stronger to maximise and reduce inequity in uptake of screening, and to recover the timeliness of the screening offer.

Public Health Wales statistical reports for each of the individual screening programme will resume for the period 2021/22. A further report on the recovery and screening uptake data for 2021/22 for each of the Programmes will be presented to the Committee following the publication of these reports.

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				
Statement				

Gender reassignment					Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					

Risk Assessment:

	Level of risk identified				<p>Statement</p> <p>Please provide supporting narrative for any risks identified that may occur if a decision is taken</p>
	None	Low	Moderate	High	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

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Screening Division of Public Health Wales Covid-19 Impact Report on the National Screening Programmes in Wales: April 2020 to March 2021

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The Screening Division of Public Health Wales supports the development of a sustainable health and care system focused on prevention and early intervention by delivering high quality national population based screening programmes

As part of Public Health Wales and committed to the vision of achieving a healthier, happier and fairer Wales.

Introduction

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered further tests and appropriate treatment to reduce their risk of, and/or complications arising from, the disease or condition. The Screening Division delivers the seven national population based screening programmes in Wales:

1. Bowel Screening Wales
2. Breast Test Wales
3. Cervical Screening Wales
4. Wales Abdominal Aortic Aneurysm Screening Programme
5. Diabetic Eye Screening Wales
6. Newborn Hearing Screening Wales
7. Newborn Bloodspot Screening Wales



and manages the Antenatal Screening Wales clinical network.

Alongside all healthcare services and all areas of everyday life in Wales, the national screening programmes were hugely impacted by the Covid-19 pandemic during the year April 2020 to March 2021. On 28 February 2020 the first case of Covid-19 was confirmed in Wales. By March with the number of cases rising the WHO declared Covid-19 as a pandemic. Increasing case numbers resulted in hospitalisations and deaths from Covid-19 putting sustained pressure on NHS health and social care services with staff and resources deployed to provide an emergency response. Restrictions were introduced requiring people to stay at home, reduce non-essential travel with closure of schools and non-essential businesses. On 23 March, a UK national lockdown was announced enforced through emergency legislation. The unprecedented response required to suppress the spread of the virus, disrupted routine public health activities such as screening, with national screening programmes temporarily paused.

This disruption to the usual ways of working has necessitated a change in reporting on the national screening programmes for 2020/21. This Covid-19 Impact Report will reflect on the challenges faced during this most unusual year focusing on three phases of the screening response: the initial pause in services and redeployment of Screening Division

resources and capacity; the phased reinstatement of screening followed by the continuation into the recovery period. Screening activity data for each adult screening programmes in 2020/21 will be presented to update our partners across the screening network, but should be viewed in the context of the disruption to usual healthcare services experience during the Covid-19 pandemic.

Key Messages

- The newborn screening programmes (Newborn Bloodspot Screening Programme and Newborn Hearing Screening Wales) and Antenatal Screening continued throughout the pandemic as part of routine antenatal and postnatal care in Wales
- Uptake of newborn screening programmes has remained within standard apart from a small decline that coincided with the second peak of the coronavirus pandemic in December 2020 to January 2021.
- The adult and young people screening programmes were temporarily paused from March 2020, with a phased reinstatement of programmes using a risk-stratified approach to firstly prioritise high risk participants.
- Cervical Screening Wales restarted in June 2020, followed by Bowel Screening Wales in July 2020; Breast Test Wales Wales and Abdominal Aortic Aneurysm Screening Programme in August 2020 then Diabetic Eye Screening Wales in September 2020.
- Due to the pause screening activity across all adult programmes was lower in 2020/21 than pre-Covid levels
- Challenges continue within the recovery of all programmes relating to availability of screening clinic venues, reduced clinic capacity due to covid safe pathways and staff absence.
- All paused programmes have developed recovery plans to address challenges and operate at higher screening activity levels to achieve full recovery.

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Pause: April 2020 to June 2020

In March 2020, in response to the impact of COVID-19 on NHS services, Welsh Government announced the suspension of non-urgent healthcare services including non-urgent outpatient appointments and non-urgent surgical admissions and procedures. As a coordinated pathway across healthcare services, including non-urgent healthcare, Public Health Wales recommended to Welsh Government that the national population-based screening programmes were temporarily paused. This recommendation was approved by the Chief Medical Officer for Wales on 19 March 2020. This temporary pause was necessary due to limitations on delivery of the screening pathway through suspension of NHS services and also required due to restrictions on travel by participants.

The pause in screening services affected the national adult and young people screening programmes of:

- Bowel Screening Wales
- Breast Test Wales
- Cervical Screening Wales
- Diabetic Eye Screening Wales
- Wales Abdominal Aortic Aneurysm Screening Programme

As a part of Public Health Wales, the Screening Division team were deployed to support the acute Health Protection response to the Covid-19 pandemic. Utilising their knowledge and skills staff established and ran Covid-19 testing services, responded to enquires on individual cases and incidents within the National Health Protection Contact Centre and provided additional support for logistical, planning and communication teams within Public Health Wales.

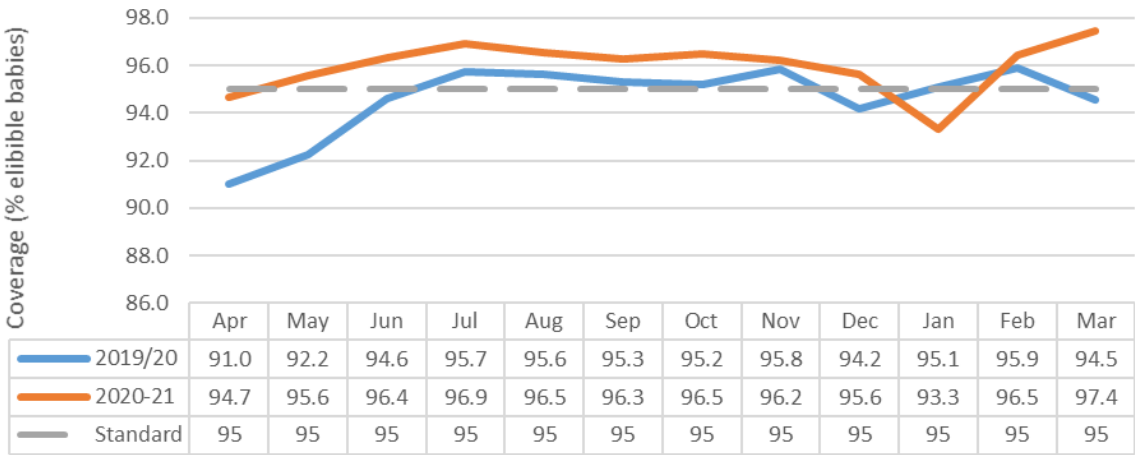
Staff also supported health boards to provide their services with symptomatic breast services undertaken in breast screening sites and supported by breast screening staff. The screening laboratory staff supported delivery of Covid PCR testing on site and established FIT symptomatic testing for health boards to enable prioritisation of patients with bowel cancer symptoms.

In addition to supporting the acute Covid-19 health protection response, the Screening Division maintained the Antenatal and Newborn screening programmes (Newborn Bloodspot Screening Programme and Newborn Hearing Screening Wales Programme) throughout the pandemic. As these programmes are time limited interventions, a pause could have resulted in a significant implications on mothers, babies and infants. It was possible to continue these programmes as antenatal and neonatal healthcare services continued throughout the Covid-19 pandemic response.

Newborn Bloodspot Screening Programme

The newborn bloodspot screening programme offers screening for rare but serious conditions, with the sample usually on or around five days after birth. The standard for the programme is coverage of 95% of eligible babies with coverage defined as a result within 14 days of life. Coverage has remained within standard throughout 2020/21 apart from a decline to 93.3% in January 2021 following the second peak of the Covid-19 pandemic.

Figure 1: Coverage of Newborn Bloodspot Screening Programme 2020/21 with comparison 2019/20

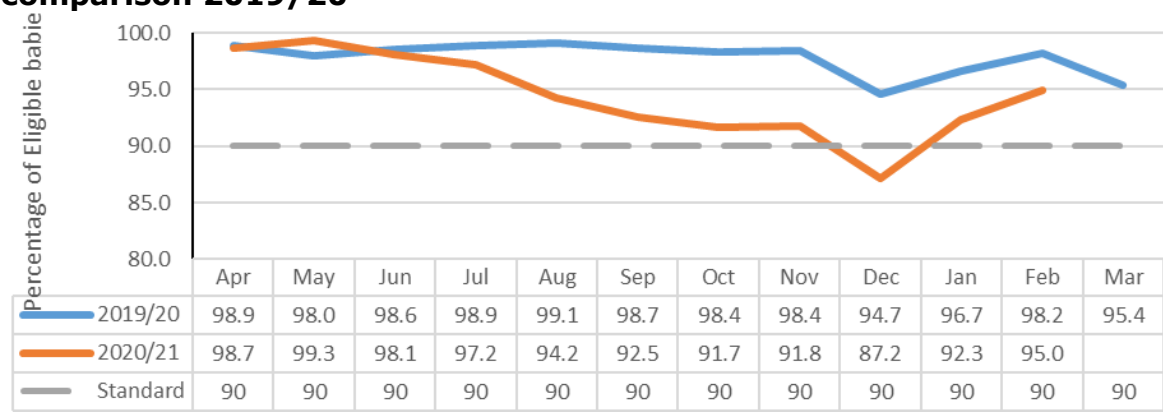


The maintenance of screening was only possible through the efforts of colleagues in maternity services, working in Health Boards that were under a lot of service pressure through out the year. We are grateful to colleagues for their continued efforts and prioritisation of this essential service.

Newborn Hearing Screening Programme

Newborn hearing screening identifies a hearing loss that could affect a baby’s speech and language development. Babies are offered screening once they are born. Newborn hearing was continued throughout the pandemic. Coverage is defined as a completed hearing screening within 4 weeks of life. The standard for the programme is coverage of 90% of well babies. Coverage has remained within standard throughout 2020/21 apart from a decline to 87.2% in December 2020 during the second peak of the Covid-19 pandemic.

Figure 2: Coverage of Newborn Hearing Screening Wales Programme 2020/21 with comparison 2019/20



Although the programme did not pause, community clinics were cancelled for a time, with a focus in screening babies in hospital prior to discharge. The programme worked closely with audiology services across the Health Boards to enable timely assessment of babies throughout this time and we are very grateful for their support. During the pause of the adult programmes, AAA screeners were also able to help deliver screening in the hospital setting.

Reinstatement: June 2020 to September 2020

Improved communicable disease control of Covid-19 resulted in a decline in cases and hospitalisations from May 2020. The importance of addressing indirect Covid-19 health harms was increasingly understood with non-urgent services and diagnostic testing within healthcare settings restarted. In addition, national lockdown restrictions eased, enabling travel to screening venues by participants. As the whole screening pathway could now be delivered, reinstatement of screening programmes in a safe and sustainable

way was proposed by Public Health Wales and supported by Welsh Government. This required a risk based approach to prioritise the cohorts of participants offered screening within a phased restart, to ensure services could be offered safely.

Covid-secure pathways

Reinstatement of screening pathways required Covid-safe practices with adherence to the hierarchy of controls to prevent transmission of Covid-19 within healthcare settings. This included ensuring social distancing for staff and participants; minimising contacts with re-designed patient flows in venues; infection prevention and control measures such as enhanced cleaning and compliance with appropriate PPE for staff. The introduction of Covid-safe pathways for laboratory services and patient-facing services required significant revision of pre-Covid ways of working with resulting reduction in capacity to deliver screening. With consideration for reinstatement at reduced capacity, a risk based approach to prioritise invited participants was developed.

Risk-based prioritisation for phased reinstatement

Each screening programme reviewed their cohort of participants to stratify risk across their population. Those at greatest risk of harm from the condition being screened for were prioritised for early invitation. This was determined by each programme but across the Division consideration was given to: those who were on early recall or regular surveillance due to previous abnormal screening results; new participants to programmes at high risk of pathology and those who were overdue their screening appointment.

Screening programmes were restarted using a phased approach beginning with Cervical Screening Wales in June 2020, followed by Bowel Screening Wales in July 2020, Breast Test Wales and Wales AAA Screening Programme in August 2020. By September 2020 with Diabetic Eye Screening Wales restarting screening, all programmes had reinstated services.

Table 1: Phased risk-based reinstatement of national screening programmes

Programme	Restart Date	Risk Stratification
Cervical Screening Wales	June 2020	Early recall Overdue routine recall
Bowel Screening Wales	July 2020	Overdue routine recall
Breast Test Wales	August 2020	High risk due to family history, medical history or previous screening result Overdue routine recall (longest waiting time)
Wales Abdominal Aortic Aneurysm Screening	August 2020	High risk due to identified large or medium AAA Screen positive medium AAA and small AAA under regular surveillance Previous non-visualised screening results Men previously invited but not screened Men delayed an invitation
Diabetic Eye Screening Wales	September 2020	High risk due to: <ul style="list-style-type: none">- pregnant- previous high grade retinopathy- post-partum- newly referred- surveillance

Communication and engagement

As screening services were reinstated consideration was needed to address participants concerns around attending healthcare settings following “Stay Home” advice and worries of adding pressure on stretched NHS services. Participants within programmes such as Diabetic Eye Screening Wales or those in older age groups may have been advised to shield with resulting concerns around risk of acquiring infection in healthcare settings. Communication messages were developed and shared that screening was operating in Covid-safe settings, attending appointments was within legal restrictions and that as screening saves lives such preventative measures will reduce pressure on healthcare services.

Continuation: October 2020 to March 2021

Following reinstatement of screening services all programmes continued to offer screening throughout local lockdowns in autumn 2020, the firebreak in November 2021 and national lockdown from December 2020. However, all screening programmes experienced challenges to service delivery that constrained recovery.

Challenges: Capacity at venues

The number of participants who could attend screening venues was reduced due to processes implemented to ensure that screening pathways were Covid-secure. This included social distancing of 2m, restricting the number of participants that could be present in clinic rooms and waiting areas. Enhanced cleaning between participants and staff change of Personal Protective Equipment required additional time for each clinic appointment reducing the number of participants who could be invited. For example, within the breast screening programme, prior to Covid-19 pandemic an average of 58 participants were seen per clinic, during the reinstatement of services this dropped to 38 participants per clinic.

Challenges: Availability of venues

The number of venues available was also limited as many typical screening centres such as community or leisure facilities were closed or re-purposed for other Covid-19 related requirements such as vaccination centres. Healthcare sites that had previously hosted screening clinics required their venue capacity to facilitate their adherence to Covid-secure pathways for their core business. Mobile screening units required re-modelling prior to reinstatement to ensure that they would provide a Covid-secure experience with adherence to patient flow systems.

Challenges: Staff availability

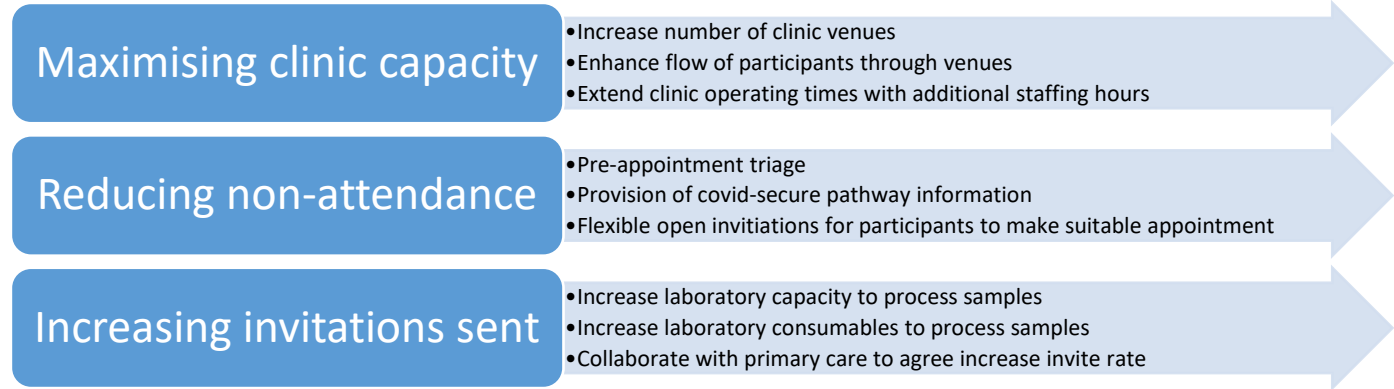
Across NHS Wales staff absence increased due to Covid-19 related causes including both infection and isolation requirements following identification as a close contact. Due to the size of screening teams, small numbers of unplanned staff absences had a significant impact on delivery of services resulting in cancellations of clinics. In addition to direct

Covid-19 related absence there has also been staff absence due to mental health and wellbeing following the pressures of the Covid-19 pandemic.

Mitigating actions

To mitigate for these challenges detailed action plans were developed by each screening programme to inform reinstatement and recovery plans. Each programme required a different approach due to different operating models and services delivery, but common themes were developed across the Division. Clinic capacity was maximized through increasing the number of available clinic venues and enhancing provision at operating sites such as through extended hours. Attendance at available clinic appointments was maximized through triage of participants and use of open invitations to reduce non-attendance rates for some cohorts. Increased numbers of invitations were sent in planned and phased way to increase participant flow in programmes not dependent on screening clinic venues such as in Bowel Screening Wales and Cervical Screening Wales in agreement with key stakeholders.

Figure 3: Screening Division Mitigating Actions in Reinstatement



Summary of uptake/coverage for Wales, 2020-21

Table 2 shows the latest available data for uptake/coverage from October 2021 for uptake/coverage during 2020/21. For breast screening, bowel screening, AAA screening and diabetic eye screening the figures represent the proportion of invited participants who were screened in 2020/21. We know that the number invited was reduced due to the pause. For cervical screening the figures represent the proportion of the eligible

population who have been screened within the appropriate time frame. Again, delays in invitations being sent out would have affected the coverage

Table 2: Uptake/coverage (%) for each adult/young person screening programme, 2020-21

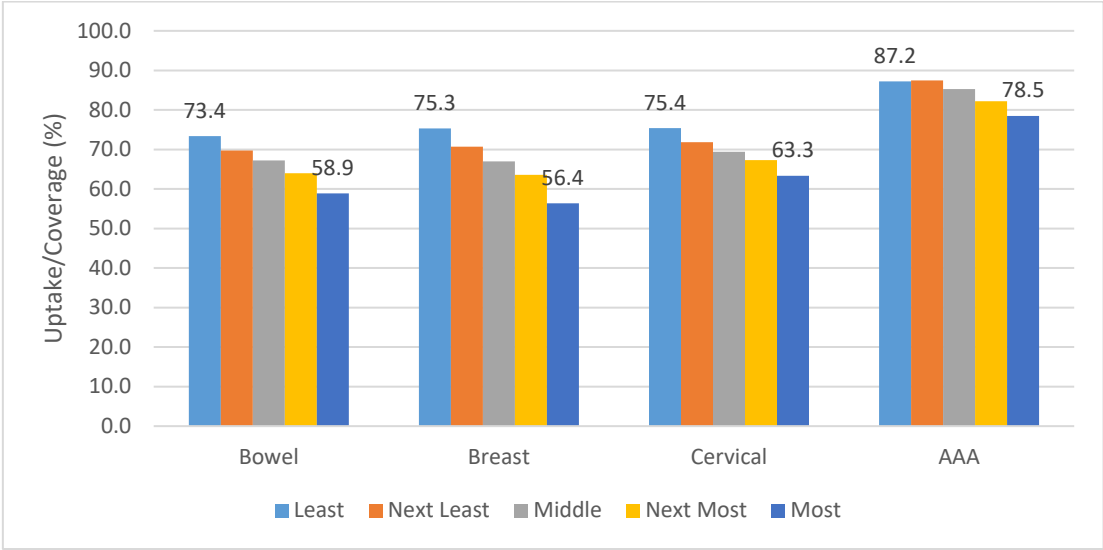
	Number eligible/ invited	Number tested	Uptake/ coverage
Bowel Screening Uptake - Standard 60%	223,667	150,161	67.1%
Breast Screening Uptake - Standard 70%	63,854	42,826	67.1%
Cervical Screening Coverage - Standard 80%	787,407	547,632	69.5%
Diabetic Eye Screening Uptake - Standard 80%	33,880	15,125	44.6%
AAA Screening Uptake - Standard 80%	4,209	3,562	84.6%

- Uptake of bowel screening and AAA screening programmes is above the standard in 2020/21 though overall screening activity is lower than pre-Covid levels.
- Screening uptake for breast screening was lower than standard in the context of substantially reduced screening activity.
- Coverage of cervical screening has declined to 69.5% and was below the standard of 80%
- Uptake of diabetic eye screening is substantially below standard in the context of low screening activity and an invited population that were deemed more vulnerable to the effects of the pandemic.

Inequities in participation

Inequities in screening participation by deprivation have been shown across Wales for all of the adult screening programmes. Participating in screening is highest in the least deprived areas and lowest in the most deprived areas. As health harms from the screened conditions are higher in the most deprived areas, this inequity of uptake is exacerbating health inequities in Wales. Data is not presented for Diabetic Eye Screening due to small numbers at deprivation quintile.

Figure 4: Uptake/coverage (%) for adult screening programme by deprivation quintile, 2020/21



The inequality gap, the difference between uptake/coverage in the least deprived communities compared to the most deprived communities ranged from 18.9% for Breast Test Wales, 14.5% for Bowel Screening Wales, 12.1% for Cervical Screening Wales with the lowest of 8.7% for WAAASP in 2020/21. Compared to 2018/19 the inequality gap has narrowed for Bowel and AAA screening but has widened for Breast and Cervical Screening.

Table 7: Inequality gap in uptake/coverage (%) by programme, 2020/21

Programme	2020/21	2018/19	Change
Bowel	14.5%	17.3%	-2.8%
Breast	18.9%	15.9%	+3.0%
Cervical	12.1%	11.5%	+0.6%
AAA	8.7%	12.8%	-4.1%

Individual screening programmes

1. Bowel Screening Wales (BSW)

The aim of the bowel screening programme is to reduce morbidity and mortality from bowel cancer. Early detection of cancers is secondary prevention, and the removal of polyps is primary prevention as it can prevent cancers from developing.



Programme pause

The programme was paused from 20 March 2020 due to the challenges in delivery of the onward referral pathways due to the impact of Covid-19 on non-urgent healthcare services. This was supported by recommendations from the British Society of Gastroenterology on 26 March 2020 to stop all but emergency endoscopy procedures. The planned optimisation of bowel screening to those aged 55 years which was due to commence in April 2020 was also paused. Participants were informed via the website and telephone helpline that the bowel screening programme had paused and kits would not be processed. Invitations were reinstated from 31 July 2020 though replacement kits were available for re-issue earlier in July 2020. The restart prioritised participants whose testing kits were not processed when the pause was implemented followed by those overdue an invitation. At the time of reinstatement there were approximately 72500 delayed participants.

Programme restart

The programme has coordinated closely with Health Boards to ensure that the reinstatement of screening invitations can be supported by screening colonoscopies for screen positive participants. All Health Boards had reinstated screening colonoscopies by August 2020. To address the backlog the programme increased the volume of invitations sent from September 2020 to October 2021. This was coordinated with Health Board endoscopy units to ensure sufficient capacity across the screening pathway. Staff capacity and procurement of consumables within the laboratory was increased to receive and process greater volumes of completed testing kits. It was anticipated that using this approach recovery would be completed by October 2021.

Programme data 2020/21

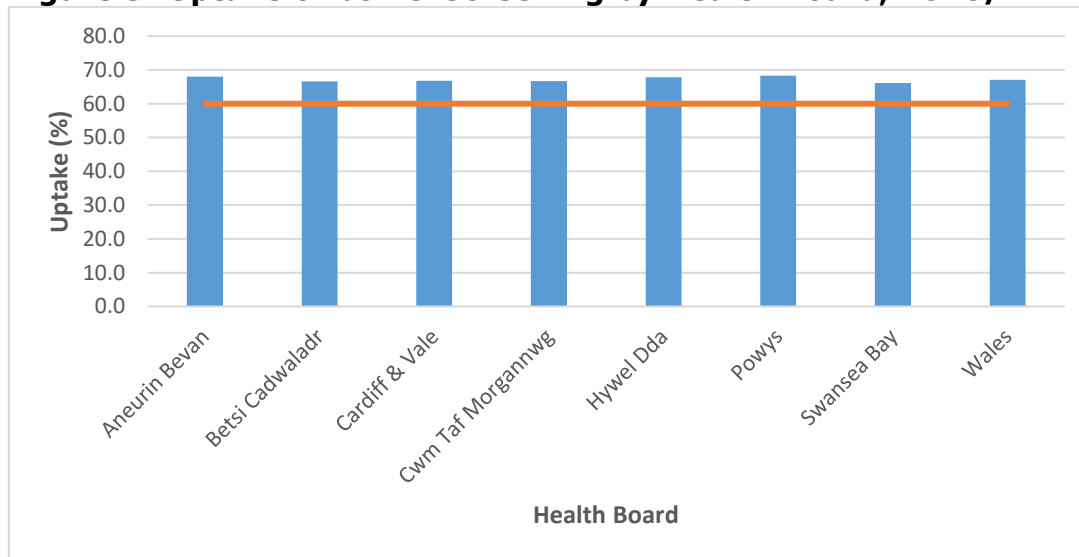
From August 2020 to March 2021, a total of 223,667 people were invited to take part in bowel screening. This compares to 276,226 from April 2019 to March 2020 representing a 19% reduction. Of the invited participants 150,161 took up their offer of screening representing an uptake of 67.1%. Uptake of bowel screening has increased from 61.5% in 2019/20. The implementation of the use of FIT testing for all participants in 2019 had a positive effect on uptake which has been sustained.

Table 8: Uptake (%) of bowel screening by Health Board of residence, 2020/21

Health Board	Invited (n)	Screened (n)	Uptake (%)
Aneurin Bevan UHB	40408	27495	68.0
Betsi Cadwaladr UHB	51877	34576	66.6
Cardiff & Vale UHB	28471	19023	66.8
Cwm Taf Morgannwg UHB	29832	19891	66.7
Hywel Dda UHB	30892	20954	67.8
Powys Teaching HB	11513	7862	68.3
Swansea Bay UHB	26369	17423	66.1
All-Wales	223667	150161	67.1

Across Wales, there was little geographical variation in uptake across Health Board areas. The lowest uptake was seen in Swansea Bay UHB at 66.1% with the highest seen in Powys Teaching HB at 68.3% in. All Health Board areas met the minimum standard of 60%.

Figure 5: Uptake of bowel screening by Health Board, 2020/21



2. Breast Test Wales (BTW)

The aim of the breast screening programme is to reduce morbidity and mortality from breast cancer. This is secondary prevention with early detection of cancer enabling prompt treatment.



Women aged 50 to 70 years who are resident in Wales and registered with a general practitioner are invited for a mammogram every three years. BTW has four centres, and eleven mobile units work across Wales to provide local screening to women who live some distance from a centre.

Programme pause

The programme was paused from 18 March 2020 due to the suspension of non-urgent healthcare services, infection control requirements on screening venues and restrictions on participant travel to venues. Women who had started the screening pathway continued to complete their pathway but no further invitations were issued. Screening was reinstated in August 2020 commencing with women at higher risk of breast cancer followed by women whose appointments had been cancelled between March and July 2020. On reinstatement there were 47000 delayed participants awaiting breast screening.

Programme restart

Screening capacity was substantially reduced by approximately 50% across sites due to the requirements to ensure a Covid-safe pathway. Clinics initially restarted in static sites in August 2020 followed by mobile sites in October 2020 following the repurposing of mobile units to ensure Covid-safe pathways could be delivered. To address the increase in round length the programme aimed to increase staffing capacity with planned recruitment of radiographers, assistant practitioners and screening pathway administrators. Additional venues were identified with both new screening centres and mobile units. Efficiency of existing venues was maximised to improve patient flow through centres to increase numbers who could attend. From January 2021, to reduce non-attendance at clinic appointments, all women invited for the first time were sent an open appointment letter that invited them to contact the booking centre for an appointment. The impact of this on attendance rates, uptake and equity of uptake will be formally evaluated.

Programme data 2020/21

From August 2020 to March 2021, a total of 63,854 people were invited to take part in breast screening. This compares to approximately 145,000 during 2018/19, representing a 56% reduction from pre-Covid levels. Of invited participants, 42,826 took up their offer of screening, representing an overall uptake of 67.1% in 2020/21 a reduction of 5.4% from 2018/19 when uptake was 72.5%.

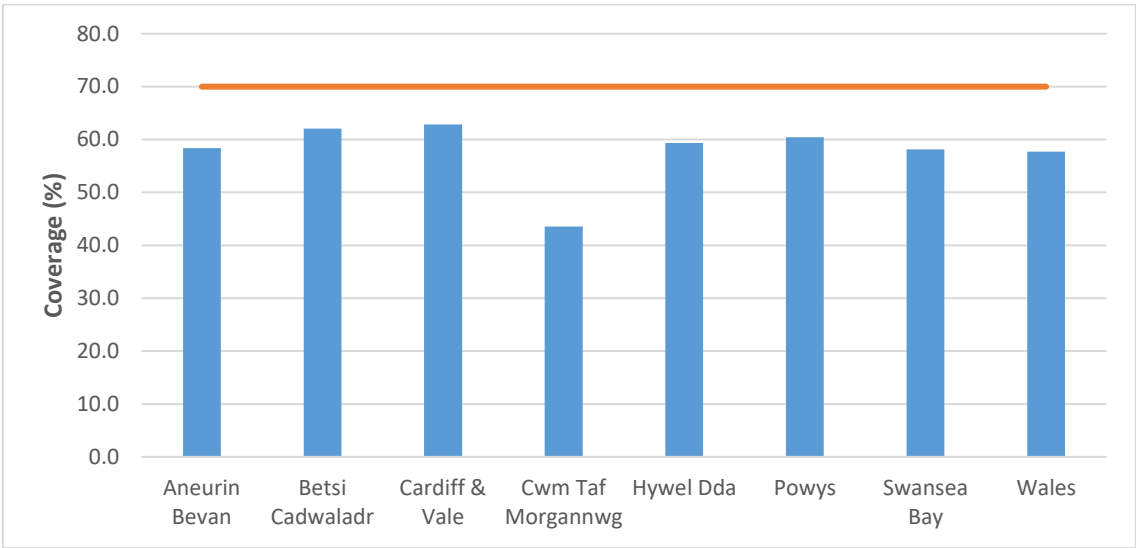
Across Wales, there was geographical variation in uptake across Health Board areas. This data has not been shared here as very small numbers were invited in some areas due to the nature of invitations being sent by GP practice and not solely by age.

Following the reinstatement of screening services, participants who had been waiting the longest were prioritised for screening resulting in geographical variation due to the location of overdue GP practices. The reduced breast screening activity in 2020/21 may lead to wider geographical variation than a typical pre-Covid year. To address this, coverage, defined as the proportion of eligible participants who have been screened within the previous three years can be explored.

Across Wales, coverage of breast screening as of October 2021 is 57.7%, this compares to the minimum standard of 70%. There is geographical variation in uptake across Health Board areas in Wales ranging from lowest of 43.6% in CTMUHB to a highest of 62.8% in CVUHB.

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Figure 6: Coverage (%) of breast screening by Health Board of residence, 2020/21



3. Cervical Screening Wales (CSW)

The aim of the cervical screening programme is to reduce the incidence of and mortality from cervical cancer. This is primary prevention, detecting and treating changes at the cervix before they become cancer.



Programme pause

The programme suspended invitations from 18 March 2020 in line with Public Health Wales and Welsh Government recommendations. This coincided with a reduction in primary care routine services. Screening invitations were restarted in June 2020 undertaken in risk base approach with all overdue early repeat invitations sent first.

Programme restart

To address the backlog of participants with overdue reminders, additional volumes of screening reminder letters were sent. Following discussion GPC Wales and Welsh Government primary care leads it was agreed from March 2021 to increase the volume of invitation letters in a phased way to enable catch up of the programme over time. Staff capacity and procurement of consumables within the laboratory was increased to

receive and process greater volumes of cervical screening samples. It was anticipated that using this approach recovery would be completed by December 2021.

Programme data 2020/21

Coverage of cervical screening across Wales is defined as the proportion of eligible participants who received an adequate test in the appropriate time period for their age. As of October 2021, coverage across Wales is 69.5%. This has declined from 73.2% reported in 2019/20.

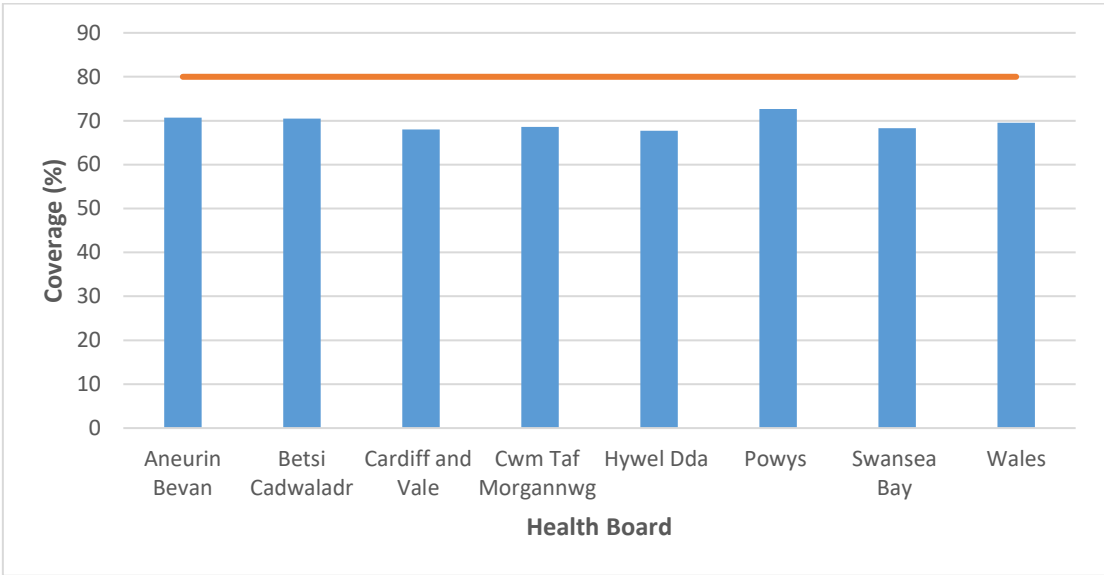
Table 10: Coverage (%) of cervical screening by Health Board of residence, 2020/21

Health Board	Eligible (n)	Tested (n)	Coverage (%)
Aneurin Bevan UHB	145497	102826	70.7
Betsi Cadwaladr UHB	162889	114868	70.5
Cardiff & Vale UHB	125875	85541	68.0
Cwm Taf Morgannwg UHB	108003	74101	68.6
Hywel Dda UHB	88699	60021	67.7
Powys Teaching HB	30234	21982	72.7
Swansea Bay UHB	92960	63474	68.3
All-Wales	787407	547632	69.5%

There was some geographical variation in coverage across Wales at Health Board level. Coverage was lowest in Hywel Dda University Health Board (HDUHB) at 67.7% and highest in PTHB at 72.7%. No area achieved coverage of 80% as per the minimum standard for the programme.

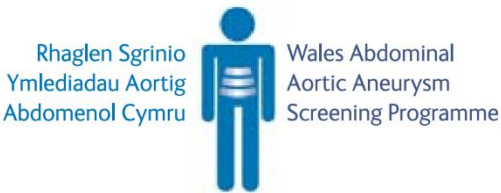
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Figure 7: Coverage (%) of cervical screening by Health Board of residence, 2020/21



4. Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP)

The aim of the Abdominal Aortic Aneurysm Screening Programme is to reduce mortality associated with abdominal aortic aneurysms. This is secondary prevention, detecting aneurysms before they become symptomatic and enabling the best treatment options to be put in place.



Programme pause

The programme was paused from March 2020 as a result of guidance from the Vascular Society of Great Britain and Ireland to limit routine outpatient appointments and elective surgery, availability of screening clinic venues and availability of staff. Planned clinics were cancelled. Men under surveillance due to previously identified AAA were advised of the pause and provided with signposting to services if they developed any symptoms of a ruptured AAA.

The reinstatement of AAA screening began in August 2020 with the re-commencement of clinics from 17 August 2020. This prioritised surveillance men at greatest risk from a ruptured AAA and therefore the first men invited to clinics were high risk or with

previously detected AAA. This progressed to inviting men whose primary screening had been a non-visualised result followed by men whose primary screening appointments had been cancelled then progressing to delayed invitations. At the time of reinstatement in August 2020 there were approximately 2000 delayed participants.

Programme restart

Screening capacity was substantially reduced by approximately 60% across sites. This was a result of reduced number of available appointments due to enhanced IP+C requirements to ensure a Covid-safe pathway and a reduction in available venues. The limited availability of screening venues and facilities was challenging for reinstatement with only six clinics available in comparison to 66 clinic venues pre-Covid. The programme has worked with other programmes from across the Screening Division to identify additional venues including the use of mobile venues from Tenovus and Welsh Blood Service.

Men were invited with a fixed appointment and were asked to contact the booking centre to confirm, cancel or change their appointment. This telephone call aimed to maximise utilisation of available appointments as all booked participants were triaged to ensure consent and Covid-safe practices. This also provided an opportunity to respond to any queries or concerns participants had regarding their appointment or the screening process and optimised decision making. In addition, a new information insert on the screening programme was sent with the invitation letter.

To further increase capacity additional screeners are planned to be recruited with the adaptation of training to ensure Covid-safe practices. The programmes will also supported with additional screening pathway administrative support.

Programme data 2020/21

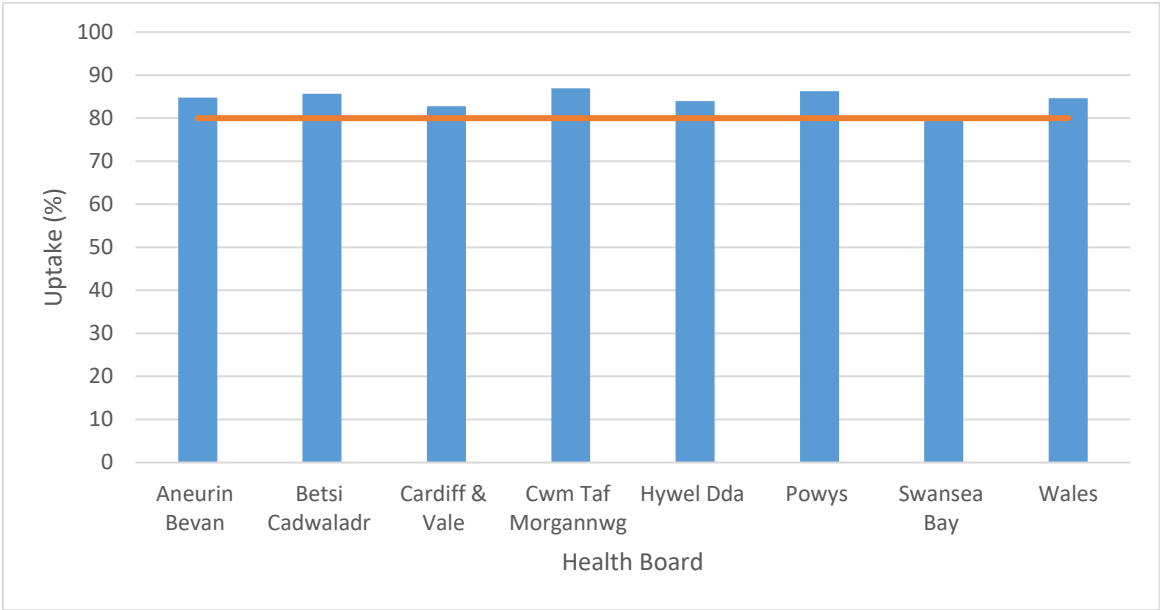
During August 2020 to March 2021, a total of 4209 eligible men were invited for screening. This compares with 17045 eligible men who were invited from April 2019 to March 2020, representing a 75% reduction. Of invited participants, 3562 took up their offer of screening, representing an overall uptake of 84.6% exceeding the standard of 80%. This compares to 12256 men taking up their offer in 2019/20 with an uptake of 71.9%.

Table 6: Uptake (%) of AAA screening by Health Board of residence, 2020/21

Health Board	Invited (n)	Tested (n)	Uptake (%)
Aneurin Bevan UHB	611	518	84.8
Betsi Cadwaladr UHB	1402	1201	85.7
Cardiff & Vale UHB	239	198	82.8
Cwm Taf Morgannwg UHB	527	458	86.9
Hywel Dda UHB	551	463	84.0
Powys Teaching HB	248	214	86.3
Swansea Bay UHB	552	439	79.5
All-Wales	4209	3562	84.6

Across Wales, there was geographical variation in uptake across Health Board areas, ranging from 79.5% in Swansea Bay UHB to 86.9% in Cwm Taf Morgannwg UHB.

Figure 8: Uptake (%) of AAA screening by Health Board, 2020/21



5. Diabetic Eye Screening Wales (DESW)

The aim of the Diabetic Eye Screening Programme is to reduce the incidence of sight loss due to diabetic retinopathy. This is secondary prevention, detecting retinopathy at an early stage before it becomes symptomatic and enabling the best treatment options to be put in place.



Programme pause

The programme was temporarily paused from March 2020 due to the impact of the Covid-19 pandemic on onward referral pathways for screening participants and reduced availability of screening clinic venues. All appointments were cancelled from 18 March 2020 though grading of cases continued until 3 April 2020. All participants who were within the early recall pathway due to higher risk were sent letters informing them of the pause and provided with information on necessary actions if they experienced symptoms.

The reinstatement of screening began in September 2020 with the first screening clinics delivered on 15th September 2020. Following the pause there were approximately 138,500 delayed participants. A risk based approach for inviting participants was used based on those highest risk including pregnant women, new referrals to screening, signs of previous retinopathy, post-partum and those on early recall within the digital surveillance pathway.

Programme restart

On reinstatement clinic capacity was operating at approximately 35% of usual capacity due to reduced availability of screening venues for clinics (at time of reinstatement 11 clinic venues were available in comparison to 137 clinic venues pre-Covid) and enhanced IP+C requirements at venues to ensure that pathways were Covid-safe resulting in reduced participant flow. To recover the programme there has been a focus on increasing clinic capacity with longer clinic times including screening activity on weekends. To support additional clinic hours additional staff have been recruited including screeners and administrative staff. On reinstatement of the service, the programme initially adopted an open invitation appointment system where participants were asked to contact the booking centre to make their screening appointment. This aimed to minimise non-attendance and maximise available screening clinic capacity.

Programme data 2020/21

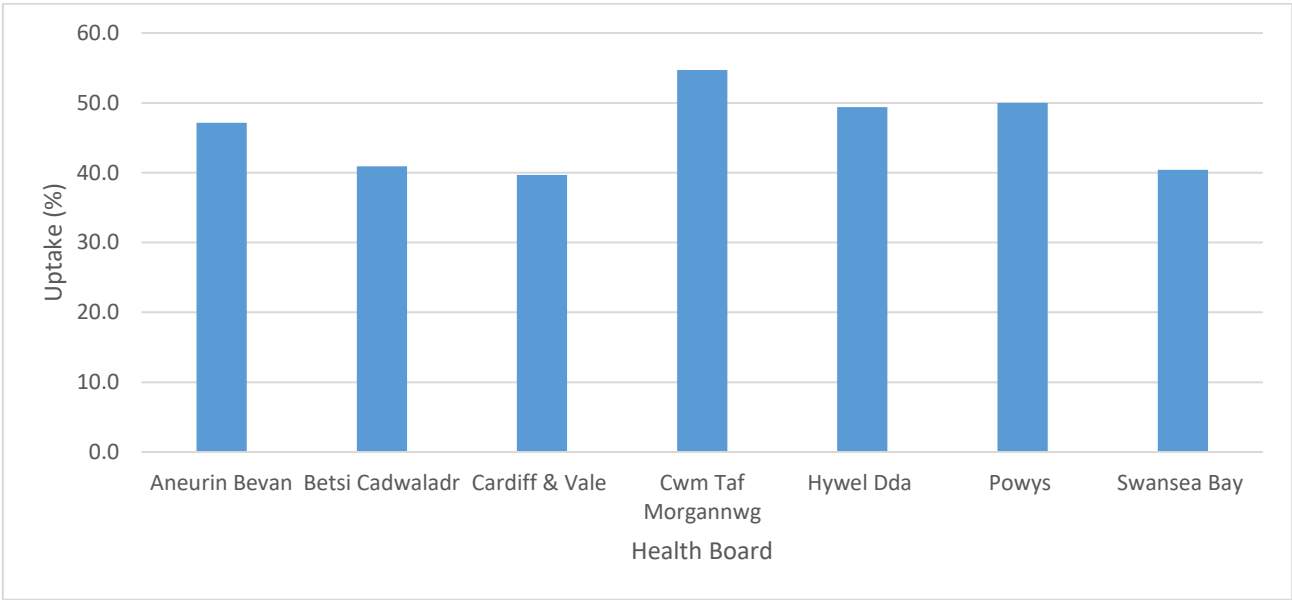
During 2020/21, a total of 15,125 diabetic eye screens were undertaken from a total invited population of 33,880 individuals representing coverage of 44.6%.

Table 7: Uptake (%) of Diabetic Eye Screening by Health Board of residence, 2020/21

Health Board	Invited (n)	Tested (n)	Uptake (%)
Aneurin Bevan UHB	6235	2940	47.2
Betsi Cadwaladr UHB	8321	3405	40.9
Cardiff & Vale UHB	5184	2058	39.7
Cwm Taf Morgannwg UHB	3581	1959	54.7
Hywel Dda UHB	4849	2396	49.4
Powys Teaching HB	610	305	50.0
Swansea Bay UHB	5100	2062	40.4
All-Wales	33880	15125	44.6

Across Wales, there was geographical variation in uptake across Health Board areas, ranging from 39.7% in Cardiff & Vale UHB to 54.7% in Cwm Taf Morgannwg UHB.

Figure 9: Uptake (%) of Diabetic eye screening by Health Board of residence, 2020/21



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Recovery: April 2021 and beyond

Recovery of the screening programmes has formed the basis of planning for 2021/22. Screening programmes have been impacted by both backlog accrued following the pause in screening services and the reduction in activity during reinstatement. Progress has been made in reducing the backlog for bowel and cervical screening with anticipated recovery by October 2021 and December 2021 respectively. However, programmes delivered by our screeners in screening venues have proved challenging to recover and will require additional time for sustained increases in screens per month to result in a decreasing backlog of participants. Significant increases in activity will be possible following easing of social distancing requirements so clinic capacity can be increased.

All screening programmes have developed and evolved in response to the challenges of 2020/21. As the Division moves forward with recovery in 2021/22 the emphasis will be on building back services that are better, fairer and stronger.

Building back better

The national screening programmes have adapted their services in an agile and flexible way to incorporate and adapt to Welsh Government and Public Health Wales guidance. Learning from this can now be incorporated into how services will develop during recovery. Interventions such as telephone triage of AAA participants was initially developed to ensure that participants were low risk for Covid-19 infection prior to attending. However, feedback has identified this as an opportunity for participants to ask questions and understand AAA screening resulting in increased attendance at appointments.

Uptake in DESW has declined sharply in comparison to previous years which will require additional focus to address. Transformation work is planned for DESW to revise existing screening pathways with introduction of innovative approaches such as optometry retinal review schemes.

Building back fairer

The Covid-19 pandemic has highlighted and exacerbated health inequities across communities in Wales. This includes inequity in uptake of screening. As programmes

recover, considerations of equity will be forefront with greater consideration of the need for additional support for groups who are not accessing screening services. This can be addressed through understanding of the barriers that they face and working with individuals, groups and communities to overcome them. This will be done in partnership with the Screening Engagement Team and Local Health Board colleagues as we build a sustainable screening network working with community partners to promote personal informed choice on screening.

Building back stronger

The Covid-19 pandemic has tested the resilience across public health and healthcare systems, demonstrating the importance of partnership and collaborative working. As screening programmes recover, recruitment is ongoing for additional staff to support recovery with the development of new training methods to support new staff within Covid-19 regulations.

Screening uptake only describes the first stage of the pathway with the invitation and uptake of a screening test. There remain ongoing challenges in provision of diagnostic and therapeutic services within Local Health Boards due to continued pressures from Covid-19 pandemic and the pause in routine services. The capacity for colonoscopy continues to be challenging with variable waiting times for screening colonoscopy from 8 weeks to up to 17 weeks across Wales. The Screening Division continue to work with the Health Boards, Welsh Government and the National Endoscopy Board to address this.

Key plans for the following year include:

- Recovery of Bowel Screening Wales and Cervical Screening Wales within 2021/22
- The phased optimization of FIT testing for bowel screening
- Evaluation of Covid-19 projects such as telephone triage in AAA and open invitations in BTW to consider further roll-out
- Implement an optometry led retinal review pathway within DESW
- Continuing to improve service user experience, engagement and uptake, whilst focusing on inequality in uptake across the programmes

More information and contacts

More information and resources are available via the websites and from the key contacts listed:

- Public Health Wales Screening Division: [Screening - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/public-health-wales/screening)
- Programme Websites:
 - Antenatal Screening Wales www.phw.nhs.wales/antenatal-screening
 - Breast Test Wales www.phw.nhs.wales/breast-screening
 - Bowel Screening Wales www.phw.nhs.wales/bowel-screening
 - Cervical Screening Wales www.phw.nhs.wales/cervical-screening
 - Newborn Bloodspot Screening Wales
www.phw.nhs.wales/newborn-bloodspot-screening
 - Newborn Hearing Screening Wales
www.phw.nhs.wales/newborn-hearing-screening
 - Wales Abdominal Aortic Aneurysm Screening Programme
www.phw.nhs.wales/aaa-screening
 - Diabetic Eye Screening Wales
www.phw.nhs.wales/diabetic-eye-screening
- Screening Professionals Website (currently requires NHS Wales log-in):
<http://howis.wales.nhs.uk/screeningprofessionals>

Key contacts:

Sharon Hillier, Director of Screening Division

Sikha de Souza, Consultant in Public Health Medicine

Heather Lewis, Consultant in Public Health

Heather Ramessur-Marsden, Lead Screening Engagement Specialist

Screening Division, Floor 4, Public Health Wales, Number 2 Capital Quarter, Tyndall Street, Cardiff CF10 4BQ

Telephone: (029) 2022 7744

Email: screening.feedback@wales.nhs.uk

Report prepared by: Bethan Bowden
(Screening Division, Public Health Wales)

Delivery and Performance Committee		Date of Meeting: 12 September 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 September 2022 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the September 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 July 2022.

The Committee is asked to NOTE that a review of the Corporate Risk Register is currently underway 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 is due to be presented to the Board on 27 September 2022, if supported the CRR will be reviewed, and the risks identified as requiring oversight by this Lead Committee will constitute a revised Committee Based Risk Register which will continue to be updated and reported to each meeting of Committee.

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:

A revised iteration of the Committee Based Risk Register will be presented to the Committee in October 2022, subject to Board approval of the revised Corporate Risk Register (CRR) on 27 September 2022.

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 September 2022

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Committee Risk Register
Appendix A

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Delivery & Performance
Committee
12 September 2022

COMMITTEE RISK HEAT MAP: September 2022

There is a risk that...

Impact	Catastrophic	5					
	Major	4			<ul style="list-style-type: none"> Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19) The Health Board does not meet its statutory duty to achieve a breakeven position in 2022/23 The Health Board does not meet its statutory duty to achieve a breakeven position in future years of the IMTP 	<ul style="list-style-type: none"> The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract. If a cyber-attack is successful then one or more critical systems may be out of use resulting in service downtime, loss of data and/or harm to patients 	<ul style="list-style-type: none"> There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks
	Moderate	3				<ul style="list-style-type: none"> The Health Board has insufficient capacity to lead and manage change effectively 	
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

COMMITTEE RISK DASHBOARD – SEPTEMBER 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DFIIT	CRR 002a	Finance	The Health Board does not meet its statutory duty to achieve a breakeven position in future years of the IMTP	3 x 4 = 12	➔	Moderate	8	✗	Delivery and Performance	Organisational Priorities underpinning WBO 8.2
DFIIT	CRR 002b	Finance	The Health Board does not meet its statutory duty to achieve a breakeven position in 2022/23	3 x 4 = 12	*	Moderate	8	✗	Delivery and Performance	Organisational Priorities underpinning WBO 8.2
CEO	CRR 003	Innovation & Strategic Change	The Health Board has insufficient capacity to lead and manage change effectively	4 x 3 = 12	➔	High	9	✗	Delivery and Performance	Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan / wellbeing objectives

DoE	CRR 005	Quality & Safety of Services	The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	4 x 4 = 16	→	Low	9	*	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPP	CRR 007	Quality & Safety of Services	There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks	5 x 4 = 20	→	Low	12	*	Delivery and Performance	Organisational Priorities underpinning WBO 4 – specifically 4.3
DFIIT / DPP	CRR 013	Quality & Safety of Services	There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.	4 x 4 = 16	→	Low	12	*	Delivery and Performance	Organisational Priorities underpinning WBO 1 to 4
DPH	CRR 014	Quality & Safety of Services	Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	3 x 4 = 12	→	Low	12	✓	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 8
DFIT	CRR 015	Quality & Safety of Services	If a cyber-attack is successful then one or more critical systems may be out of use resulting in service downtime, loss of data and/or harm to patients.	4 x 4 = 16	↑	Low	8	*	Delivery and Performance	loss of systems and impact to recovery timescales

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
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Executive Lead:	
CEO	Chief Executive
DPCM	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIT	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

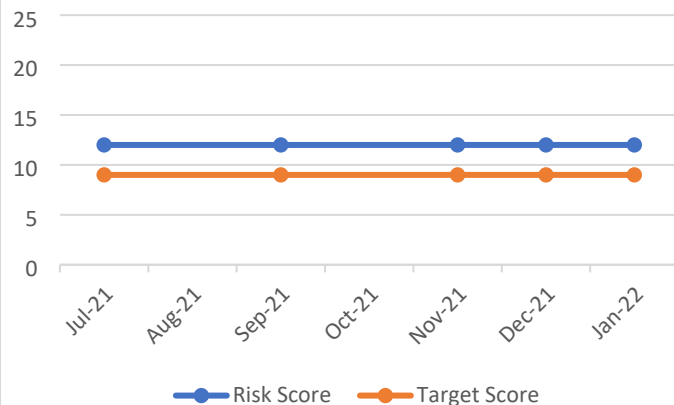
Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

CRR 002a		Executive Lead: Director of Finance, Information and IT																																																																								
Risk that: the Health Board does not meet its statutory duty to achieve a breakeven position in-future years of the IMTP		Assuring Committee: Delivery and Performance																																																																								
Risk Impacts on: Organisational Priorities underpinning WBO 8.2		Date last reviewed: July 2022																																																																								
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8</div> <div>Date added to the risk register March 2017</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>Dec-17</td><td>16</td><td>4</td></tr><tr><td>May-18</td><td>12</td><td>4</td></tr><tr><td>Oct-18</td><td>16</td><td>4</td></tr><tr><td>Jan-19</td><td>12</td><td>4</td></tr><tr><td>Mar-19</td><td>12</td><td>4</td></tr><tr><td>Jul-19</td><td>12</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>8</td></tr><tr><td>Nov-19</td><td>12</td><td>8</td></tr><tr><td>Jan-20</td><td>12</td><td>8</td></tr><tr><td>Mar-20</td><td>12</td><td>8</td></tr><tr><td>May-20</td><td>12</td><td>8</td></tr><tr><td>Jul-20</td><td>12</td><td>8</td></tr><tr><td>Sep-20</td><td>12</td><td>8</td></tr><tr><td>Nov-20</td><td>12</td><td>8</td></tr><tr><td>Jan-21</td><td>12</td><td>8</td></tr><tr><td>Mar-21</td><td>8</td><td>8</td></tr><tr><td>Jul-21</td><td>8</td><td>8</td></tr><tr><td>Sep-21</td><td>8</td><td>8</td></tr><tr><td>Nov-21</td><td>8</td><td>8</td></tr><tr><td>Jan-22</td><td>8</td><td>8</td></tr><tr><td>Mar-22</td><td>8</td><td>8</td></tr><tr><td>May-22</td><td>8</td><td>8</td></tr><tr><td>Jul-22</td><td>8</td><td>8</td></tr></tbody></table>	Date	Risk Score	Target Score	Dec-17	16	4	May-18	12	4	Oct-18	16	4	Jan-19	12	4	Mar-19	12	4	Jul-19	12	4	Sep-19	12	8	Nov-19	12	8	Jan-20	12	8	Mar-20	12	8	May-20	12	8	Jul-20	12	8	Sep-20	12	8	Nov-20	12	8	Jan-21	12	8	Mar-21	8	8	Jul-21	8	8	Sep-21	8	8	Nov-21	8	8	Jan-22	8	8	Mar-22	8	8	May-22	8	8	Jul-22	8	8	<div>Rationale for current score:</div> <ul style="list-style-type: none">▪ The IMTP includes a balanced core financial plan based on assumptions included (regarding funding and treatment of Exceptional National Cost Pressures and Ongoing Covid response Costs)▪ Uncertainty regarding the impact of current cost pressures in future years and the framework of support (if any).▪ If 22/23 efficiencies are not delivered recurrently this will add to the underlying deficit and will increase the efficiency target in future years.▪ Breakeven forecast includes several risks and opportunities that need to be managed to deliver▪ The impact of Covid-19 in future years remains uncertain.▪ There are significant pressures in relation to energy and other cost of living increases that are not yet fully known or quantified and this is a risk to the plan going forward.
Date	Risk Score	Target Score																																																																								
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<div>Controls (What are we currently doing about the risk?)</div> <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		<div>Mitigating actions (What more should we do?)</div> <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																																																														
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<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. 			
<p align="center">Current Risk Rating</p>	<p align="center">Additional Comments</p>		
<p align="center">3 x 4 = 12</p>	<p>Risk assessed based on the position as stated.</p>		

CRR 002b		Executive Lead: Director of Finance, Information, and IT							
Risk that: the Health Board does not meet its statutory duty to achieve a breakeven position in 2022/23		Assuring Committee: Delivery and Performance							
Risk Impacts on: Organisational Priorities underpinning WBO 8.2		Date last reviewed: July 2022							
<div><div>Risk Rating (Likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8</div><div>Date added to the risk register July 2022</div></div>	<div><table border="1"><thead><tr><th>Score Type</th><th>Value</th></tr></thead><tbody><tr><td>Risk Score</td><td>12</td></tr><tr><td>Target Score</td><td>8</td></tr></tbody></table></div>	Score Type	Value	Risk Score	12	Target Score	8	<div>Rationale for current score:<ul style="list-style-type: none">▪ The IMTP has not yet been approved but includes a balanced core financial plan based on assumptions included (regarding funding and treatment of Exceptional National Cost Pressures and Ongoing Covid response Costs)▪ Plan requires delivery of £4.6m of efficiencies with action still required to identify full actions to deliver.▪ Breakeven forecast includes several risks and opportunities that need to be managed to deliver▪ The impact of Covid-19 and the assumption that WG will fund the ongoing response in full is key.▪ There are significant pressures in relation to energy and other cost of living increases that are not yet fully known or quantified and this is a risk to the plan.</div>	
Score Type	Value								
Risk Score	12								
Target Score	8								
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)							
<ul style="list-style-type: none">▪ Balanced Financial Plan included in IMTP Submission.▪ Monthly Reporting via the committee Governance Structure, includes progress / delivery and risk and opportunities.▪ Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery.▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach.▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.		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"> 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. 			
<p align="center">Current Risk Rating</p>	<p align="center">Additional Comments</p>		
<p align="center">3 x 4 = 12</p>	<p>Risk level increased due to uncertainty re impact of cost pressures as identified.</p>		

CRR 003 Risk that: the health board has insufficient capacity to lead and manage change effectively		Executive Lead: Chief Executive																									
Risk Impacts on: Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan/wellbeing objectives		Assuring Committee: Delivery and Performance Date last reviewed: January 2022																									
Risk Rating (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 3 x 3 = 9 Date added to the risk register July 2021	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>12</td><td>9</td></tr><tr><td>Aug-21</td><td>12</td><td>9</td></tr><tr><td>Sep-21</td><td>12</td><td>9</td></tr><tr><td>Oct-21</td><td>12</td><td>9</td></tr><tr><td>Nov-21</td><td>12</td><td>9</td></tr><tr><td>Dec-21</td><td>12</td><td>9</td></tr><tr><td>Jan-22</td><td>12</td><td>9</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-21	12	9	Aug-21	12	9	Sep-21	12	9	Oct-21	12	9	Nov-21	12	9	Dec-21	12	9	Jan-22	12	9	Rationale for current score: The Health Board will need to undertake significant recovery and renewal work as a result of the pandemic. This is wide ranging and will need to, in part, take place whilst the further action to manage the pandemic continues. There are other significant change programmes now being aligned to the recovery and renewal work that will also require capacity to progress. Additional Welsh Government funding is assisting the provision of capacity including Integrated Care Fund (ICF), Transformation Fund and the Recovery (planned care and mental health). Whilst these funds are clearly supporting capacity for change, it is important to note they are all non-recurrent.	
Month	Risk Score	Target Score																									
Jul-21	12	9																									
Aug-21	12	9																									
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																									
<ul style="list-style-type: none">The Annual Plan focuses on priorities which will be staged in implementation and thus that will extend beyond one year.Successful applications for WG funding has secured specific funds within the ICF, Transformation Fund and Recovery (planned care and mental health).Alignment of change programmes (Recovery and Renewal and the North Powys Wellbeing Programme) is helping to reduce duplication and waste of expertise/resources.Further recruitment into project manager and programme manager posts for the Renewal Programme is underway.The emerging approach on value-based healthcare will support increased capability in focusing on priorities for change that could also be cash-releasing. This could support further investment.		Action	Lead	Deadline																							
		Carefully track the investments for change management that are non-recurrently funded; enabling opportunity to access any further funds to support capacity and capability building	DoF / DoP	Review mid-year 2021																							
		Support the work programme of the Research Improvement and Innovation Hub to deliver increased capacity and capability, including the potential for Improvement Cymru to provide additional support	MD	Review Q3																							
		Support the delivery of change management skills as part of the School of Leadership and Management	WOD	Review Q3																							

<ul style="list-style-type: none"> Clinical leadership posts (Heads of) are near full establishment, these roles play a pivotal part of clinical change. Project management skills programmes/session are provided to support staff at all levels across the organisation. Investment made in the Innovation and Improvement Hub – including on a multiagency basis – to support change management. Development of the School of Leadership within the Health and Care Academy provides a platform for further capacity building for change. 	Recruit to project and programme managers for the Renewal Portfolio	CEO via Transformation Team	Review monthly Q2 2021
	Pursue the value-based healthcare approach, enabling a focus on where outcomes improvement/lower unit cost can be achieved; to seek opportunity for re-investment where possible	CEO via Director of Clinical Strategy / Transformation Team	Review end Q2; end Q3.
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)	
<ul style="list-style-type: none"> Allocated resources are identifiable within major change programme arrangements, e.g. Renewal Portfolio, North Powys Wellbeing Programme. Evidence of training and staff preparation Dialogue with Trade Unions and other staff engagement mechanisms (e.g. surveys / staff Q & A sessions) to understand impacts Management and oversight of change programmes by the Executive Committee and Renewal Portfolio Board with clear reporting into Board Committees / Board Individual Executive Director 1 to 1 and performance review processes 		<ul style="list-style-type: none"> Development of clear status reports for major programmes to be further developed to assist reporting, visibility and oversight Measurement approach – including PROMS and PREMS – to be developed to enable measurement of change 	
Current Risk Rating		Additional Comments	
4 x 3 = 12		This risk is being kept under review in light of the current situation of reprioritising leaders and managers work to deal with the impact of the Omicron variant. This has an understandable impact upon service change work but the development of the IMTP presents is core to the continuing management of this risk.	

CRR 005 Risk that: the care provided in some areas is compromised due to the Health Board's estate being non-compliant and not fit for purpose Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Executive Lead: Director of Environment Assuring Committee: Delivery and Performance Date last reviewed: July 2022																																																																																		
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																																																																		
ESTATES <ul style="list-style-type: none">Specialist sub-groups for each compliance disciplineRisk-based improvement plans introducedSpecialist leads identifiedEstates Compliance Group and Capital Control Group establishedMedical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up.		Action	Lead Deadline																																																																																	
		Implement the Capital Programme and develop the long-term capital programme	AD Estates & Property In line with Annual Plan for 2022-23																																																																																	
		Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in	AD Estates & Property In line with Annual Plan for 2022-23																																																																																	

<ul style="list-style-type: none"> 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><u>CAPITAL</u></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><u>ENVIRONMENT</u></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 	readiness for any capital slippage in latter part of financial year cycle.		
	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.	AD Estates & Property	May 2022
Current Risk Rating	Additional Comments		

4 x 4 = 16

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.


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

CAPITAL: impacts from COVID and BREXIT on cost and time to deliver Capital programme. Major step up in activity in financial year with resource pressure. 2022/23 WG Discretionary Capital cut by circa 25% with overall pressure on All Wales Capital Funding - will limit scope of estates compliance improvement programme and associated risk reduction activity in year.


ENVIRONMENT & SUSTAINABILITY: NHS Wales Decarbonisation Strategic Delivery Plan published in early 2021 with challenging targets with limited resource.

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.

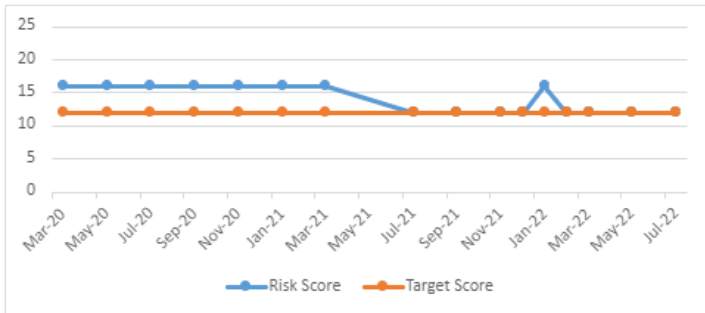
CRR 007		Executive Lead: Director of Planning & Performance																																											
Risk that: there are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks		Assuring Committee: Delivery and Performance																																											
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: July 2022																																											
<div>Risk Rating (likelihood x impact): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12</div> <div>Date added to the risk register July 2021</div>	 <table><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>Jul-21</td><td>20</td><td>12</td></tr><tr><td>Aug-21</td><td>20</td><td>12</td></tr><tr><td>Sep-21</td><td>20</td><td>12</td></tr><tr><td>Oct-21</td><td>20</td><td>12</td></tr><tr><td>Nov-21</td><td>20</td><td>12</td></tr><tr><td>Dec-21</td><td>20</td><td>12</td></tr><tr><td>Jan-22</td><td>20</td><td>12</td></tr><tr><td>Feb-22</td><td>20</td><td>12</td></tr><tr><td>Mar-22</td><td>20</td><td>12</td></tr><tr><td>Apr-22</td><td>20</td><td>12</td></tr><tr><td>May-22</td><td>20</td><td>12</td></tr><tr><td>Jun-22</td><td>20</td><td>12</td></tr><tr><td>Jul-22</td><td>20</td><td>12</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-21	20	12	Aug-21	20	12	Sep-21	20	12	Oct-21	20	12	Nov-21	20	12	Dec-21	20	12	Jan-22	20	12	Feb-22	20	12	Mar-22	20	12	Apr-22	20	12	May-22	20	12	Jun-22	20	12	Jul-22	20	12	<div>Rationale for current score: Baseline as at end of April 2022 indicates current aggregated waiting times as follows (including PTHB provided services): 4,980 patients waiting over 36 weeks, of these 2,616 are waiting over 52 weeks of those 798 wait longer than 104 weeks. Historical activity levels cannot currently be delivered due to ongoing Covid-19 related infection prevention and control measures including social distancing of patients and emergency admission pressures. A key constraint currently is available workforce and physical 'green' capacity to operate additional activity. Limitations on ability to both insource and outsource by English and Welsh providers. 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.</div>	
Month	Risk Score	Target Score																																											
Jul-21	20	12																																											
Aug-21	20	12																																											
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Jun-22	20	12																																											
Jul-22	20	12																																											
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																											
<ul style="list-style-type: none">Key priorities identified to deliver elective treatments within 52 weeksCommissioning Assurance Framework (across 5 domains) incremental use with 15 NHS organisations, 2 private sector organisations, and embedded in third sectorCAF escalation processStrategic Commissioning FrameworkFragile services logDevelop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers.		Action	Lead	Deadline																																									
		Secure performance improvement trajectories from providers. English providers waiting for H2 planning guidance.	DPP	August 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	DPP/DOF	October 2021 / Complete																																									

<ul style="list-style-type: none"> Deliver the Renewal Portfolio to ensure planned care performance improvement improves, including establishing an Advice, Support and Prehabilitation service to actively support those awaiting treatment. Seeking to mobilise additional capacity through insourcing, outsourcing and exploring options via LTA & SLA agreements Developing better understanding of overall waiting list 'intelligence'. 	22/23 guidance published for planned care recovery		
	Develop recovery relationships with revised CCGs & STPs	DPP	Ongoing
	Establish Advice, Support and Prehabilitation Service	DPP	December 2021 / Complete
	Ensure Powys residents needs understood within Strategic Change Programmes	DPP	Ongoing
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> Monthly waiting time reporting at Delivery Performance Group Reporting at Delivery and Performance Committee and Board Bi-monthly meetings with Welsh Government at Quality and Delivery Meetings More emphasis being place upon long waiting patients and risk management processes at commissioner / provider CQPRM meetings 	<ul style="list-style-type: none"> All Directorates contributing to CAF 		
Current Risk Rating	Additional Comments		
5 x 4 = 20			

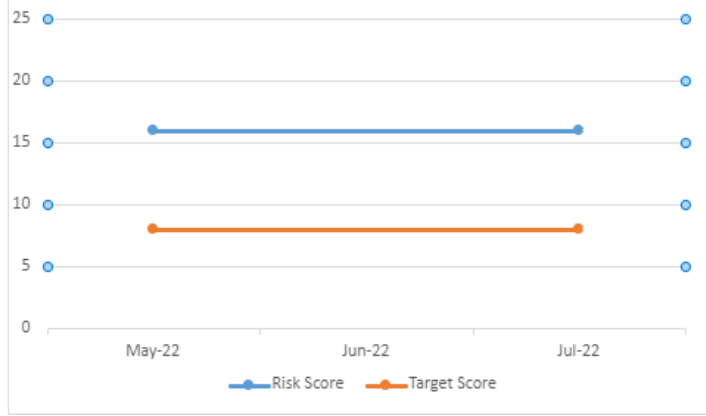
CRR 013		Executive Lead: Director of Primary Community Care and Mental Health / Director of Planning and Performance																																										
Risk that: there are delays in accessing treatment in Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.		Assuring Committee: Delivery and Performance																																										
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: July 2022																																										
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12	 <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>Jul-21</td><td>16</td><td>12</td></tr><tr><td>Aug-21</td><td>16</td><td>12</td></tr><tr><td>Sep-21</td><td>16</td><td>12</td></tr><tr><td>Oct-21</td><td>16</td><td>12</td></tr><tr><td>Nov-21</td><td>16</td><td>12</td></tr><tr><td>Dec-21</td><td>16</td><td>12</td></tr><tr><td>Jan-22</td><td>16</td><td>12</td></tr><tr><td>Feb-22</td><td>16</td><td>12</td></tr><tr><td>Mar-22</td><td>16</td><td>12</td></tr><tr><td>Apr-22</td><td>16</td><td>12</td></tr><tr><td>May-22</td><td>16</td><td>12</td></tr><tr><td>Jun-22</td><td>16</td><td>12</td></tr><tr><td>Jul-22</td><td>16</td><td>12</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-21	16	12	Aug-21	16	12	Sep-21	16	12	Oct-21	16	12	Nov-21	16	12	Dec-21	16	12	Jan-22	16	12	Feb-22	16	12	Mar-22	16	12	Apr-22	16	12	May-22	16	12	Jun-22	16	12	Jul-22	16	12	Rationale for current score: Baseline as at end of March 2022 indicates current waiting times including diagnostics and therapies as follows: - Provider Position – 41 people waiting over 36 weeks and 9 waiting over 52 weeks. Prior to the pandemic Powys provided services did not exceed waiting times albeit there was fragility in certain in-reach services which continues to be the case. Substantial progress has been made to reduce current waiting times. A key constraint currently is available workforce to operate activity with a specific risk relating to theatres and endoscopy staff. Pre procedure testing arrangements will be reviewed in light of recent changes in guidance. In line with national relaxation for Directed Enhanced Services (DES) and local relaxation for Local/National Enhanced Services (LES/NES) General Practice has physically seen less patients under these contracts than at pre-Covid levels. Given the current pressures and risk of staff absences in primary and community care services, the Health Board has approved the extension to the end of March for the relaxation for Directed Enhanced Services (DES) and local relaxation for Local/National Enhanced Services (LES/NES) at 75%. General Practice has physically seen less patients under these contracts than at pre-Covid levels.
Month	Risk Score	Target Score																																										
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Jul-22	16	12																																										

Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Insourcing capacity secured to support reduction in waiting times. As part of the renewal priorities, scoping of the establishment and Advice, Support and Prehabilitation service to actively support those awaiting treatment. LES and NES activity levels held at 75% of historical levels from Jan 22 to March 22 (extension of the 75% activity threshold in place until 31st December 2021). LES specifications were temporarily amended to support delivery of enhanced services (in place until 31/03/2022) under the caveat of clinical judgement and responsibility of the clinician to prioritise and manage patient care. GMS annual return used to gain assurance of continued performance in meeting contractual requirement. Specific Enhanced Service audits (NPT, Anticoagulation and Diabetes). Data provided by General Practice across a range of conditions and dialogue with practices and clusters active on next steps. Renewal Priority "Diagnostics, Ambulatory and Planned Care" developing plan for waiting time recovery including recruitment. Programme Manager appointed to support this work, which is being monitored through the Renewal Programme Board. Work is ongoing with clusters and practices to develop proposals for any recovery in line with national discussions with additional funding available to support. Paper completed summarizing the approach taken by General Practice throughout the pandemic in identifying and prioritizing patients for enhanced services. Review relaxation of LES and NES levels following national position on DES levels, Proposal for rest of the year agreed by Executive Committee. 	Action	Lead	Deadline
	Establish Advice, Support and Prehabilitation Service	DPP	Complete
	Insourcing capacity secured and full delivery plan in place for completion by end of May 2022	DPCMH	August 2022
	Seeking support from NHS Wales Delivery Unit for specific demand and capacity tools which can be used operationally to project, implement and monitor activity on a weekly basis. Work ongoing with DU to ensure this model reflects the specific issues of Powys delivery locations.	DPCMH	September 2022
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> Monthly waiting time reporting at Delivery Performance Group Reporting at Performance and Resources Committee and Board 			

<ul style="list-style-type: none">• Monthly meeting with Welsh Government at Quality and Delivery Meetings• QAIF clinical indicator achievement• Enhanced Service activity/claims• Review of Q1 Enhanced service activity/claims to monitor practice achievement towards 75% attainment	
Current Risk Rating	Additional Comments
4 x 4 = 16	

CRR 014 Risk that: potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)		Executive Lead: Director of Public Health																																																	
Risk Impacts on: Impact 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.		Assuring Committee: Delivery and Performance																																																	
		Date last reviewed: July 2022																																																	
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 3 x 4 = 12 Date added to the risk register February 2020	 <table><caption>Risk 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>11</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	11	12	Mar-22	12	12	May-22	12	12	Jul-22	12	12
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May-22	12	12																																																	
Jul-22	12	12																																																	
Controls (What are we currently doing about the risk?) 1. Test Trace Protect programme currently in transition in line with "Together for a Safer Wales":		Rationale for current score: Likelihood: 'Possible'. Vaccination appears to be weakening the link between cases and admissions to hospital and Wales is now coming out of the recent Omicron wave. Recent estimates indicate that the risk of admission to hospital following infection has reduced from a pre-vaccination level of 10% to 2.8% currently. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has reduced, the likelihood has been adjusted from 'likely' to 'possible' as at February 2022. It should be noted there are still risks: estimates only need to be wrong by a small percentage and admissions will rise significantly, the NHS is already operating at near maximum capacity, and large numbers of staff isolating as contacts in a third wave may impact on some services. The risk score will therefore need to be kept under regular review. Recent increases in COVID-19 infections (June 2022) illustrate the importance of continuing to implement controls for this risk. Impact: 'Major'. COVID-19 presents four harms to the population: - 1. The direct harm arising from the disease itself; 2. The harm caused by an overwhelmed NHS; 3. The harm caused by stopping other non-COVID activity; and 4. The wider harm to wellbeing caused by population level measures in response to COVID-19.																																																	
Mitigating actions (What more should we do?)		Action	Lead	Deadline																																															

<ul style="list-style-type: none"> • LFT testing available for the Powys population with symptoms via the UK online portal; • PCR testing remains in place for target population via Powys CTUs; • Contact tracing service operating; • Regional response cell meeting monthly or as required. <p>2. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group.</p> <p>3. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements.</p> <p>4. Delivery of "Together for a Safer Future" transition under way.</p> <p>5. COVID-19 Spring booster programme successfully completed with estimated uptake of 85% of eligible population, planning under way for autumn booster programme, and modelling in place for surge scenarios.</p> <p>6. Staff testing guidance updated and re-issued in May 2022.</p> <p>7. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.</p> <p>8. Commencement of new DPH in post on 27 June 2022.</p>	<ul style="list-style-type: none"> • Draft Interim COVID-19 vaccination plan in place and with quarterly review • Draft TTP Plan in place and with quarterly review • Surge testing plan and surge vaccination plan under development • Staff testing guidance and IPC policies kept under review • Mass Vaccination Plan to be reviewed based on COVID-19 learning 	MB/AO MB/AO MB/AO CR/AO MB/AO	31/08/22 31/08/22 31/08/22 31/07/22 30/09/22
<p>Current Risk Rating</p>	<p>Additional Comments</p>		
<p>3 x 4 = 12</p>			

CRR015 Risk that: If a cyber-attack is successful then one or more critical systems may be out of use resulting in service downtime, loss of data and/or harm to patients.		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: July 2022													
Risk Rating (Likelihood x impact): Initial: 3 x 5 = 15 Current 4 x 4 = 16 Target: 2 x 4 = 8	 <table><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>15</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></tbody></table>	Month	Risk Score	Target Score	May-22	15	8	Jun-22	16	8	Jul-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.	
Month	Risk Score	Target Score													
May-22	15	8													
Jun-22	16	8													
Jul-22	16	8													
Date added to the risk register May 2022															
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.Further action to be taken to test Business Continuity and recovery plans across service areas.		Mitigating actions (What more should we do?)													
		Action Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete. Arrange Board Development Session re Cyber to increase awareness.	<table><tr><th>Lead</th><th>Deadline</th></tr><tr><td>DFIIT</td><td>Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months Board Session to be arranged by July.</td></tr></table>	Lead	Deadline	DFIIT	Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months Board Session to be arranged by July.								
Lead	Deadline														
DFIIT	Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months Board Session to be arranged by July.														

<ul style="list-style-type: none"> ▪ 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. 	<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>
<p>Current Risk Rating = 16</p>	<p>Additional Comments</p>		
<p>4 x 4 = 16</p>	<p>New risk added to CRR due to current climate (May 2022)</p>		

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.

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MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23					
			3 May	23 Jun	12 Sep	27 Oct	15 Dec	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					✓	
	Children and Young People (Renewal Portfolio) Highlight Report	DoNM			✓			✓
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				✓		

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23					
			3 May	23 Jun	12 Sep	27 Oct	15 Dec	28 Feb
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	✓					
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	✓	✓	✓	✓	✓	✓

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23					
			3 May	23 Jun	12 Sep	27 Oct	15 Dec	28 Feb
SP24	Strategic Resource Planning, including Efficiencies	DFI&IT				✓		
SP25	Integrated Performance Report	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					
	Response to Audit Wales Report on Tackling the Planned Care backlog	ADCB			✓			
	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				✓ 23-24

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23					
			3 May	23 Jun	12 Sep	27 Oct	15 Dec	28 Feb
	Annual Review of Committee Terms of Reference 2022-23	BS				✓		
	Total Number of Agenda Items		7	9	7	11	9	9

KEY:

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

ADCB: Associate Director of Corporate Business

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