Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.2

Delivery and Performance Committee	**Date of Meeting: 3 May 2022**
Subject:	**Information Governance Key Performance Metrics Report**
Approved and presented by:	Kate Wright, Medical Director
Prepared by:	Rhiannon Hughes IG Manager
Other Committees and meetings considered at:	Executive Committee

PURPOSE:

The purpose of this paper is to provide assurance and to inform the Delivery and Performance Committee of the health board performance as assessed by the NHS Wales Information Governance Toolkit for Health Boards and Trusts 2021-2022.

An IG Toolkit Improvement Plan has been developed which highlights those areas of work required to improve the current score and assurance level in readiness for the 2022-23 submission.

The Committee are asked to NOTE that there has been a delay in reporting the 2020-21 assessment due to re-prioritisation of resources for Covid-19. The results from 2020-2021 are also included below for comparison, but an improvement plan is not included as this is now outdated and has been superseded by the 2021-22 submission.

RECOMMENDATION(S):

1. The Delivery and Performance Committee is asked to NOTE the contents of this report.
2. The Committee is asked to AGREE the IG toolkit Improvement Plan for 2022/23
3. The Committee APPROVES the publication of the Toolkit scores and final out-turn report in accordance with requirements of the Wales Information Governance Board (WIGB) and to aid in providing assurances to other organisations.

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

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

EXECUTIVE SUMMARY:

The Welsh Information Governance Toolkit is a self-assessment tool enabling organisations to measure their level of compliance against national Information Governance standards and legislation.

The assessment assists in identifying areas which require improvement and informs an organisations' IG Improvement Plan. The aim is to demonstrate that organisations can be trusted to maintain the confidentiality and security of both personal and business information.

This will provide re-assurance to staff and patients that their information is processed securely and appropriately, and assure other organisations where sharing is made that appropriate IG arrangements are in place.

The toolkit contains assessed categories that determine the level of assurance achieved. Each category is scored from Level 0 (lowest compliance) to Level 3 (highest compliance). An explanation of the scoring is included in the assessment section of this paper.

When developing the toolkit assessment, it was agreed across NHS Wales that a Level "0" should be put in place to demonstrate that Level 1 requirements have not yet been met but work is underway to meet this level. The proportion of risk at Level 0 is determined by the area of responsibility being assessed (category of question within the Toolkit), the purpose of the processing, and/or frequency of processing we are carrying out. The IG team specifically prioritise the areas for improvement that cover the most likely high-risk processing e.g. meeting (UK) GDPR requirements over the areas which will be of less relevance due to the nature of processing the health board undertakes e.g. marketing (PEC regulations). Those areas of responsibility at the lower levels of assurance are lower risk to the organisation but will still require improvement to meet health board obligations.

It should be NOTED that while the toolkit demonstrates IG performance, some aspects are also assessed under the biennial Welsh Cyber Assurance Process (WCAP). These areas will be outlined below.

The Committee is asked to NOTE the reporting period is 1 April 2021 to 31 March 2022.

DETAILED BACKGROUND AND ASSESSMENT:

The toolkit submission coincides with the financial year and consists of a range of rudimental categorised questions based on legal requirements. The categories covered are:

Business Responsibilities

- IG Management Structure
- Policies and Procedures
- Information Sharing
- Contracts, and Agreements
- Data Protection Impact Assessments
- Freedom of Information Act and Environmental Information Regulations
- Privacy Electronic Communication Regulations

Business Management

- Business Continuity Plan (via WCAP)
- Risk Assessing
- Auditing

Individual's Rights and Obligations

- Right of Access (Subject Access Requests)
- Right to be informed
- Right to Object, Rectification, Erasure and Portability
- Rights related to Profiling and automated decision making that has a significant impact on the data subject

Records Management

- Management of Records to include: Health Records (Acute, Community and Mental Health) and Corporate Records
- Information Asset Register
- Data Accuracy
- Retention Schedules, Secure Destruction and Disposal

Please note it was agreed that the Records Management section would not be completed for this submission. Service improvement work due to be undertaken by a 12 month fixed term Service Improvement Manager (SIM) for Records was put on hold due to the pandemic and redeployment.

A Documents and Records Manager permanent role within the IG team was approved and appointed to in February 2022, the post holder will pick up the improvement work as part of their role. A statement has been included in the toolkit to highlight this position. Progress and updates will be reviewed and included in the forthcoming 2022-2023 submission.

Technical, Physical and Organisational Measures

- Physical Security Measures
- Technical Security Measures
- Organisational Measures (Training and Awareness)
- Mobile Working and Remote Access (via WCAP)
- Secure Destruction and Disposal of IT Equipment (via WCAP)
- Surveillance Systems

Cyber Security

- Cyber Security (via WCAP)

As detailed above, while the toolkit assesses aspects of Cyber Security, health boards formally assess their Cyber Security requirements and responsibilities under the biennial Welsh Cyber Assurance Process (WCAP). It was agreed by the Information Governance Management Advisory Group (IGMAG) that to avoid duplication, a more formal assessment would not be expected as part of the toolkit at this time.

Reporting Data breaches

This section assesses internal reporting processes, use of Once for Wales Concerns Management System (Datix), staff training, and communication/awareness.

Measuring Compliance

Compliance is measured by answering the assessment questions within the categories. Supporting evidence is uploaded or text inserted to detail the Organisation's position with regards to relevant legal requirements. The more compliant an organisation is with a legal requirement, the higher the level achieved. Each category is scored from Level 0 (lowest compliance) to Level 3 (highest compliance). An explanation of the scoring is as follows:

Level 0 – an awareness of the Legal Requirement

Level 1 – initial action around the Legal Requirement (policies and procedures are in place, staff awareness and responsibilities outlined)

Level 2 – Implementation / Good practice in relation to the Legal Requirement (appropriate training provided, job descriptions updated for certain roles, policies and procedures are followed)

Level 3 – Review and Reporting Process (processes are in place to monitor, audit and report on operation and compliance)

Each category will have a varying number of questions depending on the legal requirement, and to complete a level all questions for that category must be sufficiently answered. Partial responses demonstrate that the health board is "working towards" the next level. Following completion and submission of the toolkit, results are reviewed by each organisation and an improvement plan is developed for approval by the Delivery and Performance Committee. The IG Improvement Plan 2022 - 2023 has been included with this paper.

Current Position (2021-2022) and Assurance Level:

The health board performed well in the 2021 - 2022 assessment, increasing the score from 2020-2021 by an estimated **7%,** with an average level score of 3 (highest compliance) and an estimated average of **92%** compliance for the areas completed. The table below shows the average scores achieved per area of responsibility scored for 2021-2022, with 2020-2021 for comparison.

2021-2022 Assurance Level:

Category	Level Average 2020-21	Estimated Average percentage 2020-21	Level Average 2021-22	Estimated Average percentage 2021-22
Business Responsibilities	2	82%	3	96%

Business Management	3	100%	3	100%
Individuals Rights and Obligations	2	88%	3	94%
Technical, Physical and Organisational Measures	2	56%	2	69%
Reporting Data Breaches	3	100%	3	100%
Total	**2**	**85 %**	**3**	**92%**

The functionality of the next version of the IG toolkit (2022-23) will include previously requested improvements as the assessment moves onto a new platform. The current version does not include a mechanism to percentage score the results. For this paper, the IG team have generated an estimated percentage score using the average level score reached for each category, as shown below:

Level 0 – 25%
Level 1 – 50%
Level 2 – 75%
Level 3 – 100%

While this will not be as accurate as scoring aligned to each question, an in-depth review of the responses and the recognised work required to reach the next attainment level has indicated that the level of assurance we can provide will not be lower than the percentage outlined above.

Actions required

Where the health board has achieved the highest level of compliance (level 3 – 100%), work should and will continue to ensure that the high level of assurance is maintained to comply with data sharing obligations and to provide assurance to other organisations and the Information Commissioner's Office (ICO).

Areas that require action for improvement on compliance are outlined on the IG Improvement Plan 2022-23.

NEXT STEPS:

The Committee are asked to NOTE that progress has already been made to address areas of responsibility within the "Managing and Securing Records" section to improve compliance as listed within the Improvement Plan in preparation for the next toolkit assessment (2022-2023).

Continued assurance reports will be submitted to the Delivery and Performance Committee.

Powys THB Finance Department
Financial Performance Report
Delivery & Performance Committee

Period 12 (March 2022)
FY 2021/22

Date Meeting: 3 May 2022

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

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 12 OF FY 2021/22
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 March 2022 (Month 12) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.

RECOMMENDATION:

It is recommended that the Board/Committee:

- DISCUSS and NOTE the Month 12 2021/22 financial position.
- NOTE and APPROVE Covid-19 Report position reported on page 8 and in the attachments detailed in appendix 1.
- NOTE underlying financial position and draft financial plan for 2022/23.

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	✖

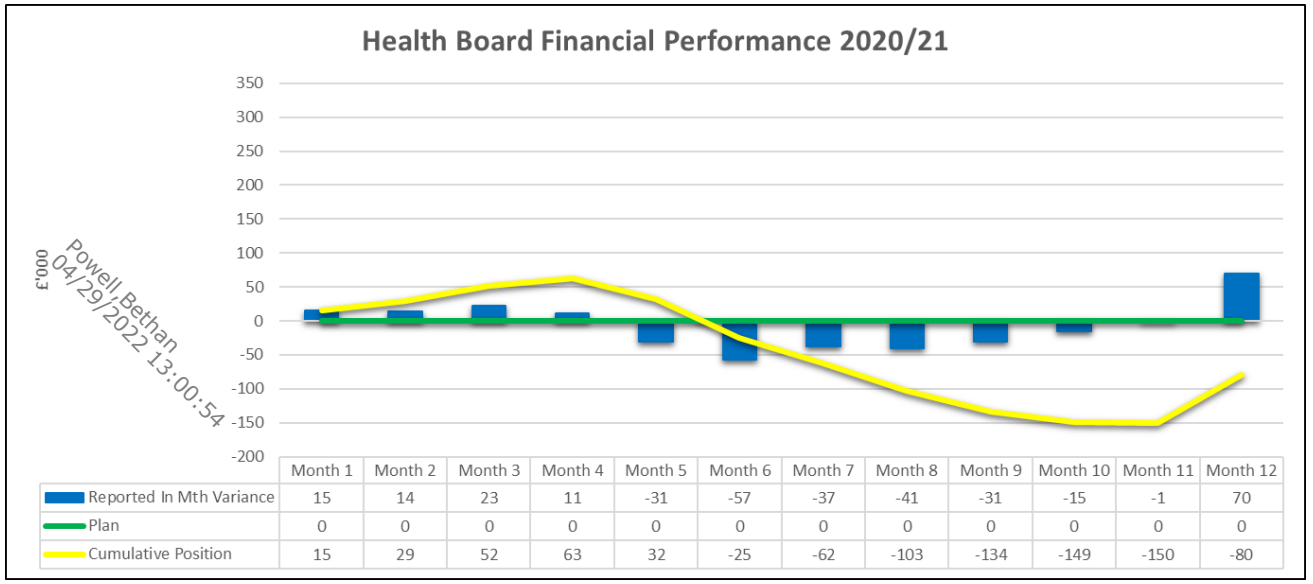
Approval/Ratification/Decision	Discussion	Information
	✓	

Summary Health Board Position 2021/22

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	**Value £'000**	**Trend**
Reported in-month financial position – deficit/(surplus) – Green	70	↓
Reported Year To Date financial position – deficit/(surplus) – Green	-80	↓
Year end – deficit/(surplus) – Forecast Green	-80	↑

Capital		
Financial KPIs : To ensure that the costs do not exceed the capiral resource limit set by Welsh Government	**Value £'000**	**Trend**
Capital Resource Limit	15,993	↑
Reported Year to Date expenditure	15,926	↑
Reported year end – deficit/(surplus) – Forecast Green	-67	→

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	**Value £'000**	**Trend**
Cumulative year to date % of invoices paid within 30 days (by number) @end Q3 -Red	86.5%	↓



Powys THB 2021/22 Plan was approved by the Board and submitted to WG on 31st March 2021, with an update provided on 30th June. Both submissions provided a balance plan for 2021/22.

As per 2020/21 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £0.08m under spend at Mth 12.

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.

PSPP figure shows a slight deterioration in the fourth quarter of 2021/22 compared to Q3.

Overall Summary of Variances £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(384,456)	(384,456)	0
02 - Capital Donations	0	0	0
03 - Other Income	(6,561)	(9,093)	(2,532)
TOTAL INCOME	**(391,017)**	**(393,549)**	**(2,532)**
05 - Primary Care - (excluding Drugs)	43,240	43,263	23
06 - Primary care - Drugs & Appliances	30,220	30,703	482
07 - Provided services -Pay	94,781	96,070	1,288
08 - Provided Services - Non Pay	40,624	27,225	(13,398)
09 - Secondary care - Drugs	986	1,363	377
10 - Healthcare Services - Other NHS Bodies	142,872	149,274	6,402
12 - Continuing Care and FNC	14,994	21,750	6,755
13 - Other Private & Voluntary Sector	3,107	3,240	133
14 - Joint Financing & Other	15,873	16,262	388
15 - DEL Depreciation etc	4,184	4,184	0
16 - AME Depreciation etc	136	136	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	**391,017**	**393,469**	**2,452**
TOTAL	**(0)**	**(80)**	**(80)**

Please refer to pages 5-8 for further information on key variances and actual performance .

Health Board 2021/22 Savings

2020/21 Plan	£ M
Savings Target 2020/21 as per IMTP	5.6
Recurrent Savings Delivered 2020/21	(0.5)
Unmet Savings C/F to Opening Plan 2021/22	**5.1**

Original 2021/22 Plan	£ M
Unmet Saving Target b/f in Opening Plan 2021/22	5.1
Target to be Delivered Recurrently as per Financial Plan	1.7
Savings supported in 2021/22 by Covid Funding Assumptions	3.4

From Tables Above:

- The HB has £5.1m of unmet b/f savings from 2020/21.
- To achieve financial balance in 2021/22 and as per the approved Annual Plan £1.7m to be achieved, with the remainder supported by WG Covid funding.

Chart 1 Original Identification of Schemes against £1.7M Target

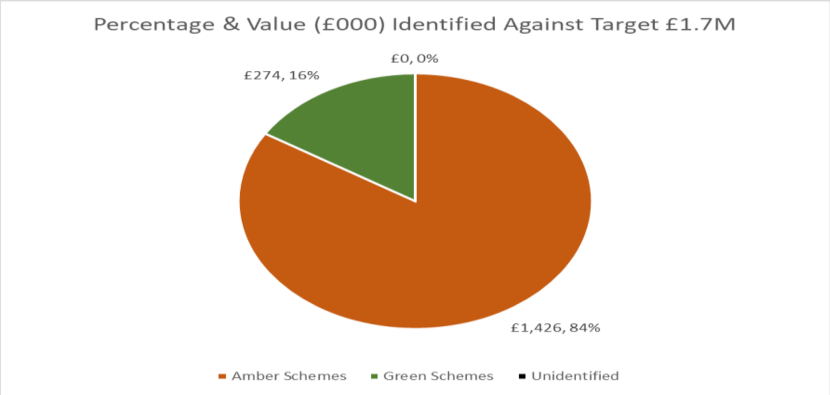


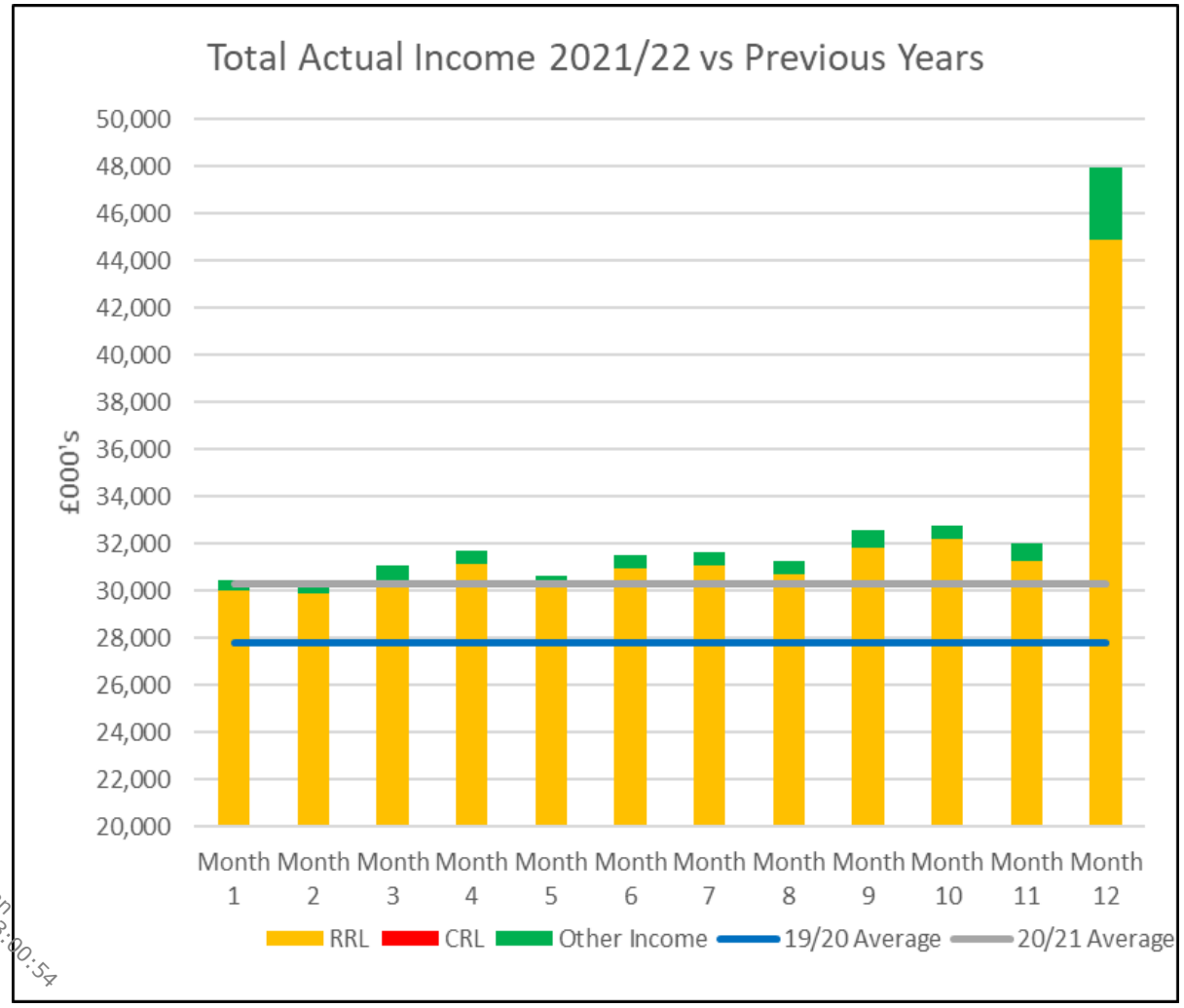
Chart 1 – originally the full £1.7m was identified as potential schemes in 2021/22, with £0.275m identified as green.

Chart 2 – as part of the Mid Year Review with WG the Health Board declared that the original target of £1.7m would not be met and likely performance = £0.455m. The shortfall in delivery to balance the plan would be taken on Non Recurrent basis from underspends and opportunities in other areas of the financial plan. However this position will increase the underlying deficit of the Health Board – see tables on page 10.

Chart 2 - Forecast Performance Against £1.7m Target

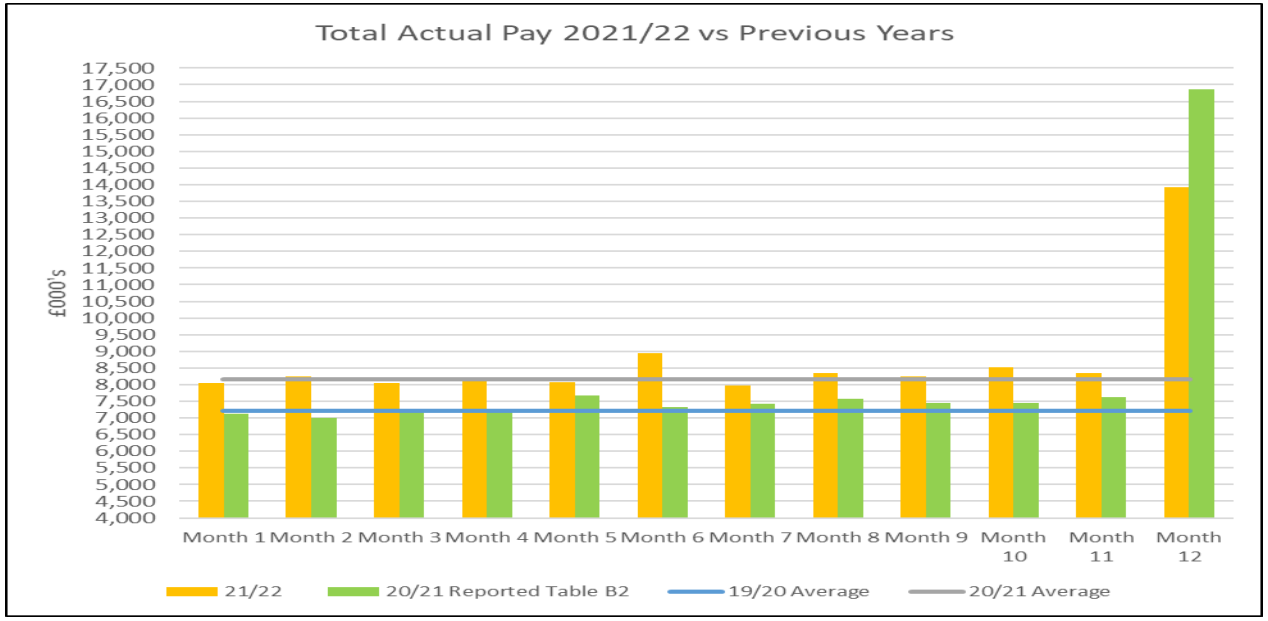
Category	Forecast Reported at M01 £'000	Forecast Reported at M06 £'000	Forecast Current month £'000	Vaiance to Plan £'000
CHC and Funded Nursing Care	255	255		-255
Commissioned Services	353	0		-353
Medicines Management	505	505	425	-80
Non Pay	82	82	30	-52
Pay - Variable Pay	506	506		-506
Grand Total	**1,701**	**1,348**	**455**	**-1,246**

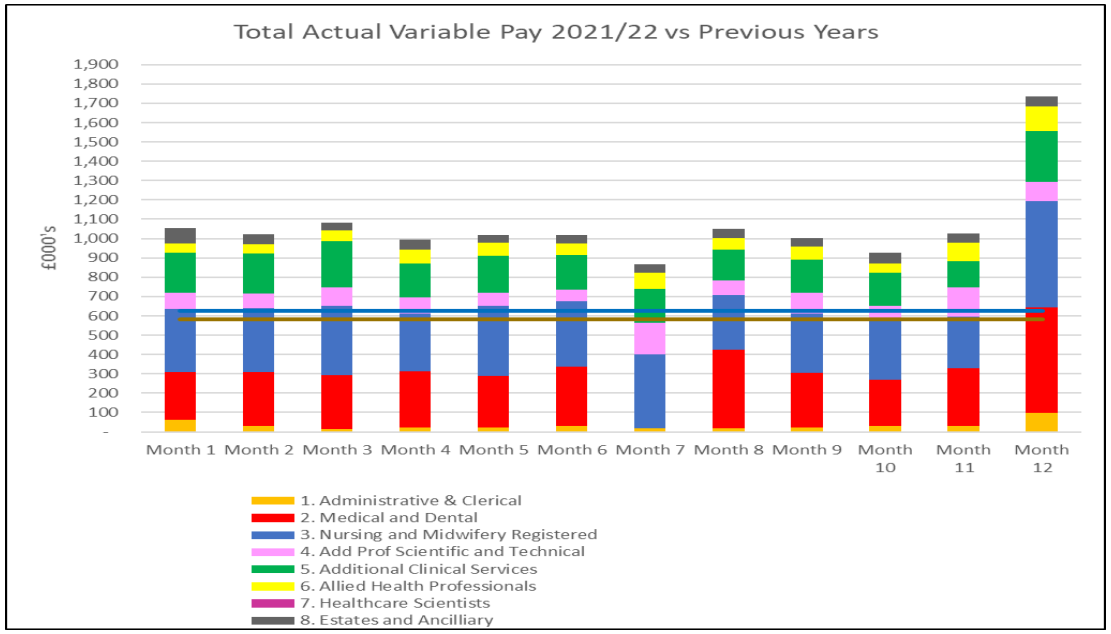
Health Board Actual 2021/22 vs Trend Previous Financial Years



- 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 2021/22 the total funding for Covid as part of the RRL is £41M, and an element of this has been included in each month.
- Step up in month 12 includes additional employers pension costs, early retirement/injury benefit provision, COVID English recovery and digital priorities.

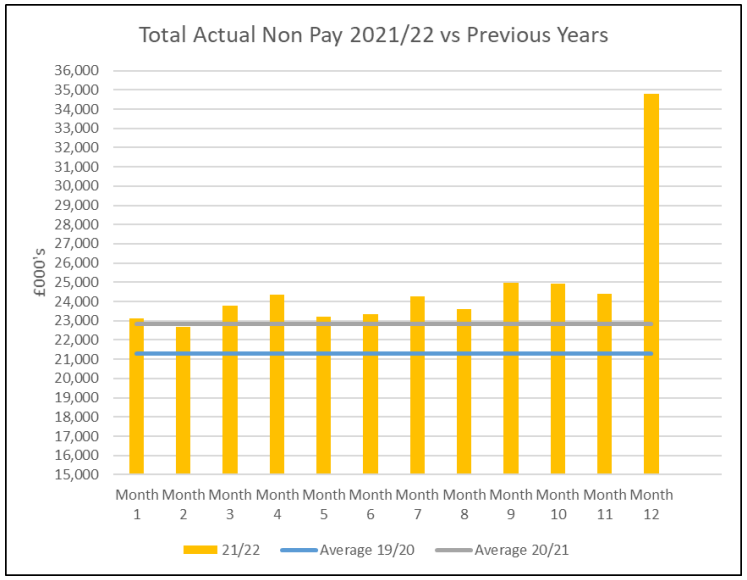
Health Board Actual 2021/22 vs Trend Previous Financial Years

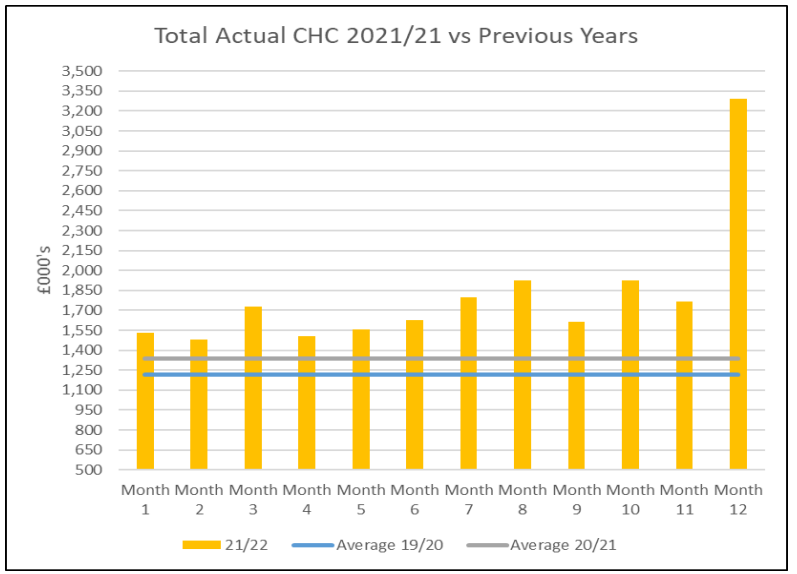


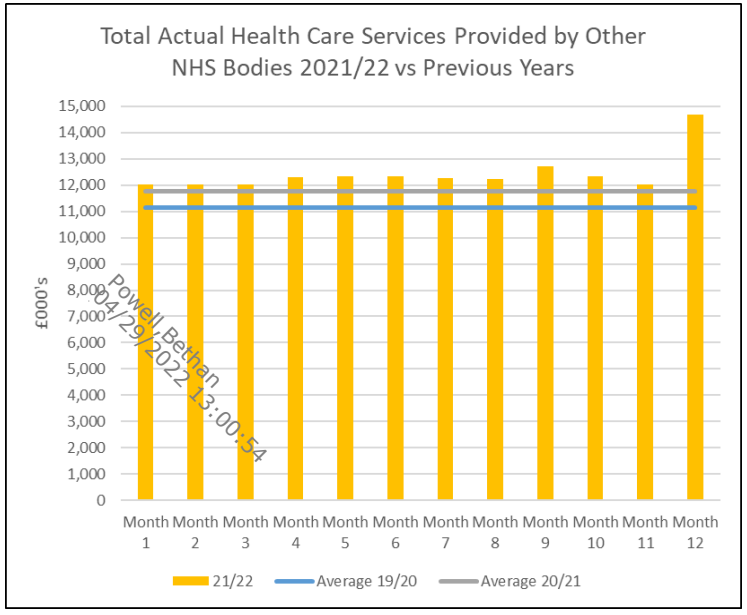


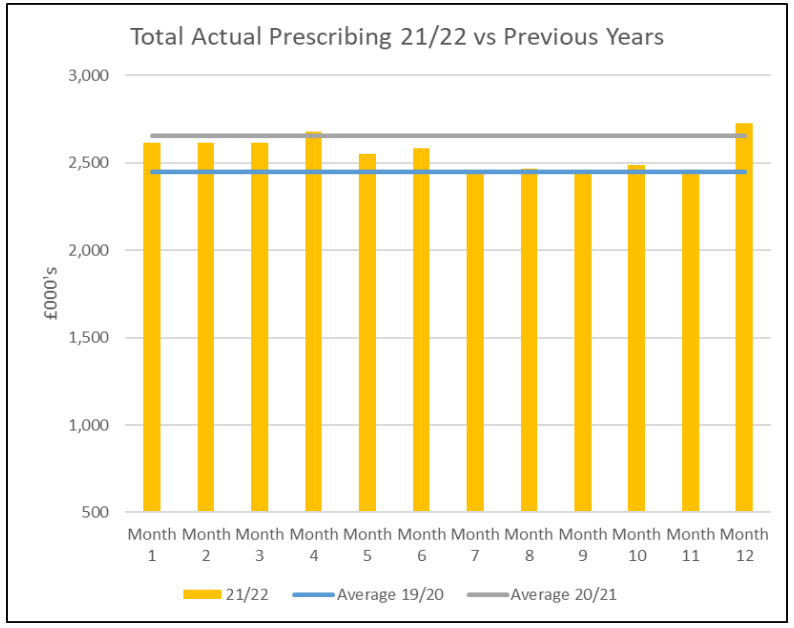
- The month 12 YTD pay is showing an over spend of £1.288M against the year to date plan.
- Chart 1 is comparing that the total pay position for 2021/22 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2020/21 and the yellow the position for 2021/22, which clearly shows a stepped increase, with the exception of M12, where the Bonus payment and Annual leave provision was provided for in M12 20/21. This stepped increase is two-fold. (1) is the additional staff in post supporting Mass Vac and TPP which were not in place in Mth 1-6 of 2020/21. (2) The increase in the Variable Pay position as per Chart 2. ***NOTE – the Mth 6 position includes the pay arrears for the 2021/22 Pay Award of 3%. Therefore the increase in pay costs for Mth 6 is distorted by the impact of this.***
- In comparing the average from 2020/21 to the actuals in 2021/22 it should be noted that the 2020/21 figures include the bonus payment accrued at the end of 2020/21 along with the notional pension adjustment required by WG in March 2021 and the annual leave provision.
- Chart 2 on variable pay demonstrates there has been a significant increase in 2021/22 compared to the 2019/20 and 2020/21 average.
- ***All Wales position = at the time of writing this report only the Mth 10 position for Wales was published. Based on this data agency as a % of total pay in Wales was at 5.2%. For Powys the figure was 9.4% the highest in Wales. [Source: WG Health & Social Services Finance Update Mth 7].***

Health Board Actual 2021/22 vs Trend Previous Financial Years









- Actual Non Pay spend in 2021/22 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 2021/22 uplifts for some areas. There are 3 key areas of focus:

1. Commissioning – currently the LTAs are paid on a Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. This is based on the 2019/20 Mth 10 position for England and Year End Position for Wales plus relevant uplifts. These figures will also contain the growth in WHSSC and EASC, which are both outside the block arrangements.

2. CHC – there has been a significant increase in costs seen in Mth 1-10. CHC has been included as a risk in table 1 page 9 and Appendix 5 provides the forecast to 31st March 2022, which again shows the significant growth between 2020/21 and 2021/22. In M12 two case that are undergoing legal review have been provided for accounting for the increase seen in M12.

3. Prescribing – the YTD position is based on the latest PAR information, 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..

Covid Summary – Revenue Only

Table 1: Summary Table B3 (see Appendix 1)

Area	YTD Actual £000	Forecast 2021/22 £000
Testing	1,147	1,147
Tracing	4,982	4,982
Mass Vaccination	7,952	7,952
Extended Flu	309	309
Field Hospitals	-	-
Cleaning Standards	564	564
General Covid	10,237	10,237
Recovery & Renwel Programme	4,715	4,715
WG Projects#	1,642	1,642
Total Table B3	**31,548**	**31,548**

Table 2: Breakdown of General Covid

General Covid	YTD Actual £000	Forecast 2021/22 £000
Staffing	1,926	1,926
Loss Dental Income	847	847
Primary Care Prescribing	1,928	1,928
PPE	283	283
Block LTA	3,381	3,381
Adult Social Care (CHC/FNC)	959	959
Other Non Pay	913	913
Total General Covid	**10,237**	**10,237**

- Note relating to Table 1. Within Table B3 are ‘projects’ that WG deem are also linked to Covid. We are directed by WG to include these within Table B3.

Submitted Draft 2022/2023 Plan & Underlying Position

The 2022/23 Allocation Letter was issued by WG on 21st December 2021. The final draft of the 2022/23 – 2024/25 IMTP Financial Plan is summarised below aiming to deliver financial balance.

As per the latest planning guidance from Welsh Government this will be a 3 part plan:

1. Core Financial Plan: Delivering financial balance over the 3-year IMTP cycle

	£m		
Core Plan	**Year 1**	**Year 2**	**Year 3**
B/fwd underlying deficit	5.62	0.00	0.00
Recurrent Impact 21/22 Pressures	3.50	0.00	0.00
Delivery Unmet Savings & Assumed Recurrent Benefits	(3.69)	(1.94)	(3.00)
NHS Commissioned Services Growth	3.09	1.65	0.83
Locally Determine Growth & Pressures	5.98	4.00	4.00
Standard National Pressures / Growth	0.70	0.06	0.06
WG Allocation:			
Core Uplift 2.8% / 1.5% / 0.75%	(7.06)	(3.78)	(1.89)
Planned and unscheduled care sustainability	(7.52)		
Value based recovery	(0.62)		
Financial Core Plan	**0.00**	**0.00**	**0.00**

The 2022/23 plan will require the delivery of a 1.3% £4.6m efficiency and value target.

Cost avoidance strategies focussing on variable pay and CHC will also be required of a further 0.4% £1.4m.

Developing and finalising this area of the financial plan needs to be an area of immediate focus.

2. Exceptional national cost pressures sitting outside of the core plan (Assume Additional WG funding)

Direct fuel and energy, Health & Social Care Levi, Real Living Wage

3. COVID response costs sitting outside of the core plan (Assume Additional WG funding)

- Variable pay, prescribing, Dental income, enhanced cleaning standards

Summary & Key Messages

Summary

Key Numbers:

- ***YTD Position Revenue*** = PTHB is reporting a small under spend YTD at month 12 for FY 2021/22 of **£0.80m** (see page 2).
- ***Savings*** = Of the £1.7m target the Health Board has delivered **£0.455m** as at the 31st March.
- ***Capital Resource Limit (CRL)*** – the CRL is reported as **£15.9m.** This has been delivered with a small underspend of £0.67m (see appendix 1 for full breakdown).

Areas of Focus & Financial Pressures

- ***CHC*** – the table on Page 3 shows the reported variance for CHC. Appendix 5 demonstrates the £4m increase since 31st March 2021. Whilst the financial plan offset this against other opportunities a continued increase at this same rate of growth next year would have a significant impact on the Health Boards ability to breakeven. Based on the Mth 8 WG Health & Social Services Finance Update Powys is a significant outlier to the rest of Wales in terms of growth reported.

- ***Variable Pay*** – across Wales the agency spend as a % of total pay across at Mth 8 was reported at 5.2% in the WG Health & Social Services Finance Update. As part of the WG report Powys' % is 9.4%, which shows Powys as the highest in Wales. This pressure is clearly demonstrated in the Graph on page 6.

- ***Savings Delivery*** – the Health Board is faced an in year pressure of £1.246m due to the non delivery of the savings requirement for 2021/22 of £1.7m (see page 4). The 2021/22 position was mitigated with opportunities in other areas which has been used to mitigate this loss of savings. However a robust plan for 2022/23 will be required.

- ***Underlying Position*** – whilst the Health Board had a balanced plan for 2021/22 the underlying deficit being carried into 22/23 is £6.8m.

Powys THB Finance Department
Financial Performance Report - Appendices

Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 25th April 2022.

MMR Narrative

https://
s365.sharepoint.co

MMR Tables

https://
s365.sharepoint.cc

Mass Vac Tables

https://
s365.sharepoint.co

TTP Tables

https://
s365.sharepoint.co

Recovery Tables

https://
s365.sharepoint.co

Capital 2021/22

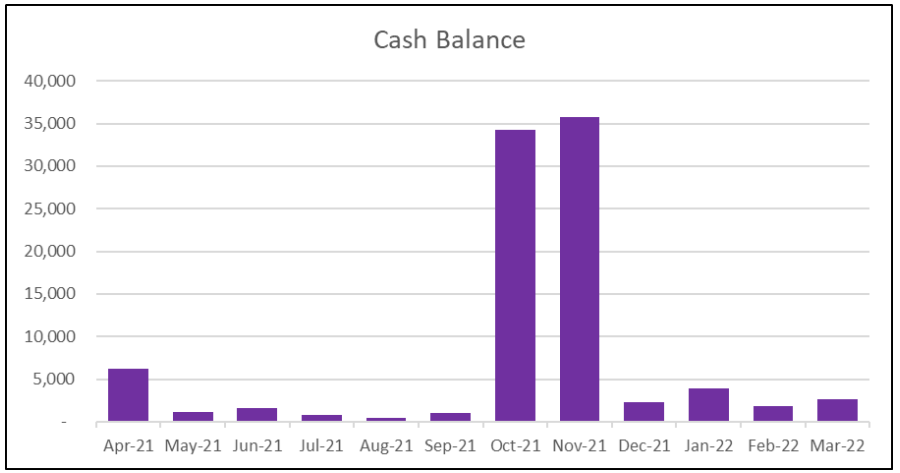
Appendix 2

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st March 2022
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	1.323	1.323	1.544
Anti Ligature	1.001	1.001	0.914
Machynlleth	6.152	6.152	6.425
National Programmes – Fire	0.557	0.557	0.421
National Programmes – Infrastructure	1.331	1.331	1.021
National Programmes – Decarbonisation	0.332	0.332	0.265
National Programmes – Imaging	0.460	0.460	0.460
Covid Recovery 2021-22	0.550	0.550	0.575
Covid Recovery 2021-22	0.960	0.960	0.887
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.225	0.225	0.275
Eye Care e-referral system	0.138	0.138	0.131
Health & Care Academy - Basil Webb, Adaptive Living Space and Outdoor Learning Space	0.676	0.676	0.555
Additional DPIF funding	1.556	1.556	1.473
National Programmes - Infrastructure	0.132	0.132	0.390
Eye care equipment - January 2022	0.102	0.102	0.102
DPIF - Powys Cross Boarder Flows	0.009	0.009	0.002
DPIF - software liccences for Vyaire hardware - Lung Function Integration	0.019	0.019	0.019
Llanwrtyd Wells Health Centre	0.470	0.470	0.467
TOTAL APPROVED FUNDING	**15.993**	**15.993**	**15.926**

Cash Flow 2021/22

Appendix 3

	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	**2,627**	**6,184**	**1,123**	**1,658**	**822**	**493**	**1,002**	**34,220**	**35,762**	**2,269**	**3,898**	**1,809**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	30,800	25,700	34,000	30,809	26,623	30,571	63,854	31,302	-	30,499	29,292	36,644
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	- 160	- 160	- 160	- 160	117	- 38	- 306	- 92	-	- 127	- 162	- 120
WG Revenue Funding - Other (e.g. invoices)	1,551	42	13	85	29	83	893	22	33	66	186	917
WG Capital Funding - Cash Limit - LHB & SHA only	-	-	200	200	2,600	1,477	935	1,000	-	1,000	2,305	5,196
Income from other Welsh NHS Organisations	473	281	944	427	399	307	474	308	308	685	431	364
Other	1,064	248	353	1,506	354	704	443	383	711	695	314	620
Total Receipts	33,728	26,111	35,350	32,867	30,122	33,104	66,293	32,923	1,052	32,818	32,366	43,621
Payments												
Primary Care Services : General Medical Services	2,588	2,262	2,970	2,864	2,135	2,362	2,451	2,361	2,705	3,113	2,205	2,238
Primary Care Services : Pharmacy Services	448	-	318	898	-	441	240	446	768	-	508	337
Primary Care Services : Prescribed Drugs & Appliances	1,201	-	1,372	2,516	-	1,361	1,342	1,275	2,561	-	1,346	1,448
Primary Care Services : General Dental Services	342	433	469	434	516	479	531	440	456	455	436	446
Non Cash Limited Payments	77	169	86	84	154	72	74	81	82	54	68	64
Salaries and Wages	7,443	8,866	8,415	7,396	7,413	7,918	8,068	7,567	7,625	7,890	7,830	9,501
Non Pay Expenditure	18,069	19,312	20,729	18,983	19,773	17,174	20,068	18,726	19,409	18,978	20,307	19,060
Capital Payment	3	130	456	528	460	2,788	301	485	939	699	1,755	9,678
Other items	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	30,171	31,172	34,815	33,703	30,451	32,595	33,075	31,381	34,545	31,189	34,455	42,772
NET CASH FLOW IN MONTH	**3,557**	**- 5,061**	**535**	**- 836**	**- 329**	**509**	**33,218**	**1,542**	**- 33,493**	**1,629**	**- 2,089**	**849**
Balance c/f	**6,184**	**1,123**	**1,658**	**822**	**493**	**1,002**	**34,220**	**35,762**	**2,269**	**3,898**	**1,809**	**2,658**



Balance Sheet 2021/22

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Mar 22 £'000	Forecast Closing Balance End of Mar 22 £'000
Tanglible & Intangible Assets	78,394	93,336	93,336
Trade & Other Receivables	26,582	30,595	30,595
Inventories	159	143	143
Cash	2,627	2,658	2,658
Total Assets	**107,762**	**126,732**	**126,732**
Trade and other payables	45,831	61,321	61,321
Provisions	23,410	18,876	18,876
Total Liabilities	**69,241**	**80,197**	**80,197**
Total Assets Employed	**38,521**	**46,535**	**46,535**

Financed By			
General Fund	- 2,532	2,152	2,152
Revaluation Reserve	41,053	44,383	44,383
Total Taxpayers' Equity	**38,521**	**46,535**	**46,535**

CHC Forecast 2021/22 vs 2019/20 & 2020/21

Area	19/20 Year end Position	20/21 Year end Position	21/22 Forecast @ Mth 6	21/22 Forecast @ Mth 7	21/22 Forecast @ Mth 8	21/22 Forecast @ Mth 9	21/22 Forecast @ Mth 10	21/22 Forecast @ Mth 11	21/22 Actual @ Mth 12	Growth From 2020/21 YE to 2021/22 Actual @ Mth 12
Children	£267,217	£151,234	£156,944	£156,944	£156,944	£156,944	£156,944	£ 156,944	£ 156,944	£5,710
Learning Disabilitie	£957,455	£1,567,929	£1,263,808	£1,294,343	£1,388,021	£1,388,021	£1,542,967	£ 1,579,109	£ 1,639,265	£71,336
Mental Health	£7,344,265	£7,800,642	£9,972,709	£10,306,982	£10,486,754	£10,369,572	£10,562,815	£ 10,549,483	£ 10,510,010	£2,709,368
Mid Locality	£981,064	£925,210	£1,261,614	£1,447,057	£1,574,421	£1,673,257	£1,653,550	£ 1,741,149	£ 1,634,918	£709,708
North Locality	£1,365,243	£1,537,343	£1,918,715	£1,876,510	£1,994,684	£1,993,747	£2,074,285	£ 2,107,810	£ 2,199,376	£662,033
South Locality	£1,494,868	£1,958,143	£1,929,526	£1,863,650	£1,864,128	£1,872,968	£1,830,500	£ 1,814,543	£ 1,853,121	(£105,022)
Grand Total	**£12,410,112**	**£13,940,501**	**£16,503,316**	**£16,945,486**	**£17,464,952**	**£17,454,509**	**£17,821,060**	**£17,949,038**	**£17,993,633**	**£4,053,132**

All Wales position = at the time of writing this report only the Mth 8 position for Wales was published. Based on this data Powys had the highest growth in CHC/FNC compared to 2020/21. Summary of position for Wales is provided in the Chart below:

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

Agenda item: 2.4

Delivery and Performance Committee	Date of Meeting: 3 May 2022
Subject:	**Overview of Renewal Strategic Portfolio**
Approved and Presented by:	Director of Planning and Performance (Assistant Director Transformation & Value)
Prepared by:	Assistant Director Transformation & Value and Team
Other Committees and meetings considered at:	The Renewal Portfolio Overview was presented to the Executive Committee acting as the Renewal Strategic Portfolio Board on the 5th of May 2022.

PURPOSE:
The purpose of this report is to provide the Delivery and Performance Committee with an overview of the Renewal Portfolio including progress and risks.
RECOMMENDATION(S):
The Committee is asked to note and discuss the report.

Approval/Ratification/Decision[1]	Discussion	Information
	✓	

[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:

This report gives an overview of the progress being made by a portfolio of programmes driving forward recovery and longer-term service "renewal" in response to the pandemic spanning: frailty, cancer, respiratory, circulatory and mental health conditions; children and young people; and diagnostics, ambulatory and planned care.

During December 2021 and January 2022, the programmes were stood down (and many staff redeployed) to help respond to the immediate demands of mass vaccination and Omicron. Nearly all programmes are back up and running but this, coupled with earlier recruitment challenges, has affected progress. Despite this, significant steps were still taken in the last quarter to address delayed care for patients including:

- in-sourcing additional capacity for pre-operative assessment, outpatient appointments in general surgery, oral surgery and endoscopy with just under 200 additional appointments and interventions provided so far
- new clinical equipment installed for ophthalmology, endoscopy and lung function testing (and secured for teledermatology)

- 139 patients delayed to respiratory follow-up in north Powys were reviewed through a strengthened multidisciplinary team with 73 patients either to be discharged or to receive alternatives to consultant care
- Powys managed patients waiting more than 26 weeks contacted, with 21% indicating they may no longer need to be on a waiting list, which is to be confirmed clinically
- strengthened information about wellbeing advice and sources of support made available
- school vision screening letters distributed to parents of children missed due to Covid-19
- tests made available across primary care in Powys in relation to symptomatic bowel cancer - with learning sessions in relation to Cancer involving just under 400 clinicians and other staff
- virtual pulmonary rehabilitation continuing to reduce waiting times
- and an external Getting it Right First Time Review of orthopaedics completed to guide the way forward.

DETAILED BACKGROUND AND ASSESSMENT:

Background

A number of major renewal priorities emerged from a full appraisal of the impact of the pandemic. The renewal priorities focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the critical challenges ahead. We cannot go back to the way things were before COVID. Working at pace across boundaries is needed but recognising that true transformation is a long term process. The scale of the challenge, and of the opportunity, requires new radical solutions using a value-based healthcare approach. The scope of the Portfolio is whole system and transformative, which may include redesign of current activity.

The Renewal Strategic Portfolio Board (RSPB), which is a meeting of the Executive Committee, was established at the end of Quarter 1 2021/22 and is chaired by the Chief Executive.

There is a lead Executive Director for each of the Renewal Programmes. Some Renewal priorities within the Integrated Medium Term Plan (IMTP) have been combined within a single programme or are being taken forward through cross-cutting work (for example, rehabilitation in relation to Long Term Conditions). A Value Based Health Care Programme is also being managed within the portfolio.

Renewal Programme	Executive Lead
Frailty and Community Model	Medical Director (MD)
Diagnostics, Ambulatory & Planned Care (including Advice, Support and Prehabilitation)	Director Primary Community and Mental Health (DPCMH)
Children and Young People	Director of Nursing (DN)

Mental Health	Director Primary Community and Mental Health (DPCMH) and for an interim period the Director of Therapies and Health Science (DoTH)
Cancer	Medical Director
Breathe Well (Respiratory)	Director of Therapies and Health Science (DoTH)
Circulatory	Director of Public Health (DPH)

Value Based Health Care	Medical Director (MD) and Director of Finance (DoF)

A **"maturity matrix"** has been developed to help assess the development of the programmes over the next three years.

Renewal Programmes Maturity Matrix					
Programme	Level				
	1	2	3	4	5
Purpose & Governance	Priority identified Milestones being identified Programme being established Exec lead identified	Approved PID, with clear purpose and scope Agreed Executive lead Programme established Reporting arrangements agreed High level milestones Risks identified within risk register	Approved PID Executive leadership Detailed programme plan (with workstreams where required) Reporting against plan and milestones Risk management underway	Approved and reviewed PID Executive leadership Reporting against programme plan and managing risk	Clearly defined governance structure. All contributors agree governance structure and actions are aligned. Risks reduced in line with target risk score.
Process	Process being developed via PID (Analyse/Plan/Do/Review) .	*Analyse*: Detailed analysis undertaken to understand what should be happening (expected), what's actually happening (observed), gap analysis and options.	*Plan*: Analysis undertaken – with clear prioritised plan - including option appraisal/Board approval/identification of statutory processes required	*Do*: Controlled Implementation of necessary pathway changes with compliance with statutory processes	*Review*: undertaken to ensure objectives achieved (ongoing reliable metrics, patient experience, evaluation/lessons learned).
Collaboration	Stakeholder mapping being undertaken	Stakeholders identified (those to be directly involved/informed) Potential leads and links identified	Clarity about what the programme leads on and the links needed.	Active involvement of key clinical staff, enabling professionals and partners	Evidence key stakeholders collaborating to achieve agreed plan.
Outcomes	High level indication that outcomes need to be improved.	Identification of existing/gaps: - clinical outcomes - patient reported outcomes - patient experience -expenditure. Identification of improvement needed.	Process agreed for clinical outcomes; patient reported outcomes; patient experience. Improvement trajectories agreed.	Improvement trajectories tracked and reported. Benchmarking. Implementation of processes for improving information about clinical outcomes/patient reported outcomes/ experience Tracking of expenditure	Improvement trajectories in place, tracked and being achieved. Population level outcomes identified and monitored. Clinical and Patient reported outcomes collected and tracked Patient experience influencing services Shift in allocation of resources in line with evidence of value.
Future Development	Prioritised within IMTP	High level delivery plan in place	Clear programme plan for the next year, linked to the objectives in the organisational annual plan	Clear three-year programme plan, aligned to the organisational plan	Next three-year priorities embedded in IMTP or decision to return to business as usual

The maturity matrix will be considered by each programme going forward, but an initial scoring against the matrix was considered at the Renewal Strategic Portfolio Board (overleaf).

Renewal Portfolio Overview of Programmes – 3 year							
Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q4 Report	IMTP 22-25	Maturity Matrix (next table)	
Frailty and Community Model	MD	✓	✓	✓	✓	3 2 2 2 2	Programme reconvened. Focus on community hospital model – within whole system approach. Programme support secured. Additional data analyst/ VBHC support. Improvement Cymru link. Revised analysis to be presented to Programme Board 25.04.22.
Diagnostics, Ambulatory & Planned Care	DPCCMH	✓	✓	✓	✓	3 2 2 2 3	Approx. £0.5million insourcing revised start date 11.02.22 due to Mass Vacs / Omicron. Creative workforce modelling a priority. Developing Diagnostic Strategic Plan and establishing work stream.
Advice, Support & Prehabilitation	as above	✓	Workstreams now under above	✓	✓		Further paper on longer term model. Advice & support webpages created. 21% of patients receiving letters are initially indicating they do not wish stay on waiting lists – subject to clinical decision. Support being provided in relation to follow-up issue.
Children and Young People	DNM	✓	✓	✓	✓	3 2 (3) 2 2	Neuro development – Red RAG addressed through extended non recurrent funding – but remodelling required.
Breathe Well	DoTH	✓	✓	✓	✓	4 3 (4) 3 3	Successful work addressing backlogs. Key issue is medical model for outpatient repatriation.
Cancer	MD	✓	✓	✓	✓	3 2 (3) 2 3	Cancer Tracker appointed for strengthened Cancer Harm Review approach and clinically led panel in place. Clinical lead sessions to continue. FIT SLA signed. Ystradgynlais access to SBUHB RDC from April 2022 and north Powys access to BCUHB from March 2022 agreed.
Circulatory	DPH	✓	✓	✓	✓	2 (2) 2 2 2	Community Cardiology business case approved in principle. Possible funding solution. Band 5 support arrangements being progressed.
Mental Health	DPCCMH	See comment	See comment	✓	✓	To be confirmed	Mental health strategic review to be undertaken.

(Value Based Heath Care)	DoF & MD	✓	✓	✓	✓	3 2 2 2 2	Opportunities subgroup established. Continuing difficulty securing medicine optimisation pharmacists.

Renewal Programme Risks (current risks scores 15 and above)

Each of the renewal programmes has a risk register and risks with a current risk score of 15 or above are reported to each Renewal Strategic Portfolio Board (RSPB) meeting.

Programme Risk over 15	Action/status summary
Children and Young People: Inability to deliver the activities required to improve the service available to children and young people who require complex care	CYP Programme to spotlight on RSPB agenda 04.05.22 following re-shaping of the programme.
Diagnostic Ambulatory and Planned Care: Powys Provider planned care delivery (outpatients, diagnostics, theatre) unable to meet demand due to insufficient staffing	Enhanced rates are being used where appropriate, together with creative workforce development. Insourcing of additional activity is helping to ensure that the delayed patients for endoscopy, surgical and new outpatient appointments within Powys will be seen by the end of May.
Advice Support and Prehab: 1.2.2 Inability to deliver the programme through lack of clinical staffing capacity. 1.11 Risk that neighbouring health boards may step down planned care.	Assistant psychologists – 3 appointable 19th Jan. Two were due to start in March. Fourth appointable following further interviews 25th February – but pre-employment checks will be mean a start date after 31st March.
Mental Health 3: Multiple plans/different competing priorities New strategies and plans aligned with Mental Health (nationally and locally) are undergoing significant changes currently and some priorities are dependent on other planning/resources and funding and all need multiple partner input and cross partnership agreement. Without having full oversight of concurrent plans (and priorities), strategic and operational planning across partners may result in competing priorities and resources.	Further discussion is needed to ensure mental health risks are aligned to others in the portfolio.
Frailty and Community Model 01: Patient Harm (Frailty is not recognised early enough due to: Lack of agreed frailty scoring; Inability to share frailty scores across primary, community and secondary care; Inconsistent geriatric assessment processes; Inappropriate admissions; Delayed transfer of care.) 2: Resources are spent on inappropriate or low value activity, including inappropriate admissions; delayed discharge and use of out of county hospitals for frail older people. 6: Services for frail people cannot be staffed safely and sustainably. 7: Delayed secondary and tertiary care for frail people.	Frailty & Community model mitigating actions will be confirmed following the initial analysis.

8: Health inequalities in relation to frail people are not identified and addressed leading to poorer outcomes for some patients. 9: Delays in accessing primary and community services for frail people.	

There are no risks scoring above 16. (Following the Renewal Strategic Portfolio Board it was confirmed that a risk within the Breathe Well Programme should remain at 16 until work in relation to the follow-up backlog is completed.)

In this period there was also a response to new Welsh Government initiatives, including the completion of a Getting It Right First Time (GIRFT) review of orthopaedics. The National Clinical Strategy for Orthopaedic Surgery (NCSOS) Project under the National Planned Care Programme Board shared generic risks and issues with health boards in March 2022. A check was made to ensure these were covered by the existing corporate risk register and a response was provided by the Chief Executive. There were no specific risks addressed to Powys Teaching Health Board.

Renewal Portfolio Risk Heat Map
In addition to the programme risk registers there is a portfolio risk register which is reported in a heat map format to each RSPB meeting.

Due to mass vaccination and Omicron the Renewal Programmes were stood down in December and January. Most renewal support staff were redeployed, followed by the need to take deferred leave. Outside Powys, other health boards and trusts deferred key aspects of relevant work to manage system pressures. Nearly all programmes were reinstated in Quarter 4. (However, only community cardiology development work was taken forward in relation to circulatory programme.) There were also changes to the lead Executive Director for some programmes during this period.

Staffing challenges feature on both the programme and portfolio risk registers. Recruitment to approved posts has continued within a competitive workforce market. Most posts have been appointed to. Where it has not been possible to recruit to key posts creative workforce models are being developed to deliver the planned objectives. (Additional temporary resource was also provided to the Occupational Health Department for pre-employment checks due to the demand.)

58 posts were created (which include both time-limited and permanent roles). 33 posts have been filled (including a range of clinical roles such as Cancer Clinical Lead, Respiratory clinicians, Paediatric Therapist and other multi-disciplinary team colleagues). 9 roles are moving through pre-employment checks, 9 are at the interview stage and 7 are unfilled. (These posts were in addition to theatre and endoscopy staff for planned care but due to recruitment challenges the decision was made in Quarter 2 to switch to an insourcing solution.)

Impact	Major	4	RSPB 4. Portfolio and Programmes are unable to recruit to posts.	RSPB 1. Inability to deliver commitment to Welsh Government in relation to PTHB recovery funding [being managed over more than one financial year] RSPB 2. Inability to deliver the renewal portfolio due to inability to recruit and retain sustainable workforce model within the primary, community and mental health directorate [51 out of 58 staff recruited, however new risk needed in relation to future models] RSPB 5. Portfolio and Programmes are not interfacing appropriately with all Wales initiatives and meetings. RSPB 8. PTHB GPs and clusters are unable to engage with the Programmes within the Portfolio. RSPB 9. Capacity of key PTHB clinical staff to be involved in numerous Programmes and workstreams.	RSPB 10. Capacity of key clinical staff beyond Powys (i.e., secondary care) to be involved in relevant Programmes and workstreams (Omicron and current levels of covid have impacted on this)
	Moderate	3	RSPB 6. Portfolio and Programmes are not interfacing appropriately with PTHB Resilience work.	RSPB 7. Portfolio and Programmes are not interfacing appropriately with North Powys Wellbeing Programme. RSPB 11. Capacity of enabling PTHB departments and services to be involved in numerous Programmes and workstreams. RSPB 12. Inability to obtain the information and data support required for the Portfolio. RSPB 13. Inability to deliver medicine optimisation required for the Portfolio	
	Minor	2	RSPB 3. Financial risk associated with managing large scale change.		
			2	3	4
			Unlikely	Possible	Likely

Dashboard Summary	
Very High	1
High	9
Medium	3
Low	0
Total Number of Portfolio Risks	**13**

The fixed timescale for the Welsh Government non-recurrent funding was 31st March 2022. The funding was received in different tranches through the year (some of which became available in November 2021). The mass vaccination and Omicron situation in December 2021 and January 2022, in addition to recruitment challenges, affected implementation and expenditure. (For example, having to switch to an insourcing solution and then the start date having to be deferred.) The capital expenditure was implemented. There has been reporting to Welsh Government in-year, with further deadlines at the end of April 2022. The 2021/22 year-end financial position was being finalised at

the time of submission to the Renewal Strategic Portfolio Board and the month 11 position is overleaf.

Finance and recruitment – M11

Summary Revenue Position Month 11

Total Funding	£	YTD Spend month 11 £	Forecast Spend £	Forecast Variance £
Allocation 1	2,500,000	541,167	1,311,457	- 1,188,543
Allocation 2	554,820	300,000	466,800	- 88,020
Total Funding	**3,054,820**	841,167	1,778,257	- 1,276,563

Summary Capital Position Month 11

Scheme	Description	QTY	Plan
Tranche 1			
1 - Planned Care	Endoscopy RO Water Treatment Unit	1	45,000
1 - Planned Care	Endoscopy AER Endoscope Washer	2	94,200
1 - Planned Care	Endoscopy PENTAX Replacement	5	133,400
1 - Planned Care	Ophthalmology Slit Lamp	4	78,763
1 - Planned Care	Ophthalmology OCT Scanner	1	80,000
Total			**431,363**
6 - Respiratory	Body Plethysmograph (body box) (Lung I	1	58,375
6 - Respiratory	Blood Gas Analyser	3	31,706
Total			**90,081**
Tranche 2			
1 - Planned Care	Endoscopy equipment, Brecon Capital Te	1	130,000
1 - Planned Care	Additional endoscopes	1	55,000
Total			**185,000**
Grand Total			**706,444**

In addition, non recurrent funding was also received from the Wales Cancer Network to improve the IT platform needed to track whether patients are receiving timely treatment.

Recurrent funding commitments beyond 2021/22

The table below shows the forecast spend for renewal beyond the tranches of funding made available in 2021/22. These have been included in the IMTP position for 2022-2025 and will include final refinements once the insourcing activity data is available.

	Forecast spend 2022-23 £	Forecast spend 2023-24 £	Forecast recurrent spend £
Renewal	1,493,095	845,371	664,435

Notes
1. Excludes non pay costs
2. Where no one currently in post have costed at top of scale
3. Excludes pay awards / inflation
4. Phasing for Insourcing to be confirmed

Progress within programmes

The next section summarises progress within programmes, which reflects the priorities within the PTHB Annual Plan and in-year Welsh Government requirements.

What we said we'd achieve – Respiratory

Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

Delivery of Breathe Well Programme including

- Recruitment to and implementation of the North West & Mid Powys MDT pilot, with evaluation of the approach as part of preparations to move to a pan-Powys respiratory MDT in the future
- Evaluation of the drive-through spirometry pilot in order to finalise and implement a sustainable, value-based solution for spirometry in the context of COVID-19
- Finalising the medical staffing options appraisal as a key component of the model of care
- Continuing to enhance respiratory diagnostics delivered in Powys
- Continuing to deliver the successful virtual pulmonary rehabilitation programme including addressing the existing backlog
- Revisiting pre-COVID-19 respiratory priorities for children & young people and adjusting as needed

What we've achieved

The programme has successfully recruited to 9 new respiratory posts, including Clinical Lead, Physiotherapists, Occupational Therapists, Health Care Support Workers and Administration support. Recruitment efforts continue for other posts including a further Respiratory Physiologist and part-time allied health professional roles.

A sleep diagnostic pathway has been established in Powys. Virtual pulmonary rehabilitation has been delivered to address the existing backlog. A strengthened multidisciplinary Team (MDT) has helped to review patients delayed to follow-up in North Powys. Oxygen reviews have been undertaken. The virtual pulmonary rehabilitation initiative is being evaluated but patient feedback has included:

"The programme has definitely shown me ways to manage my breathlessness, to pace myself and set achievable goals to progress at my own pace."

"I found the Pulmonary Rehabilitation Course excellent. It was done at the right pace and the information provided is really useful. I can't fault it."

Measures	Current Position
Strengthened MDT and review of patients delayed to follow-up (Welsh Government) There are 530 patients awaiting consultant follow up in Northeast Powys. The MDT will prioritise and support the review of these cases and complete the follow up	139 patients reviewed between Nov and Jan (focus on those 100% overdue first). Consultant agreed to remove 73 from the list. Process continuing. Initial analysis of cases to date indicates just under two thirds of follow up patients could be discharged. Process continuing.
Virtual Pulmonary Rehabilitation (Welsh Government) Additional capacity will ensure 70 patents waiting for pulmonary rehabilitation is cleared by 30 Sep 2021.	31 patients have completed the programme since Sept 2021. Further 11 patients have started the January programmes. 24 patients waiting for next programme. Clinical outcomes being collated.
Drive-through Spirometry (Welsh Government) 153 patients waiting for respiratory diagnostics cleared within 10 months (by 31 March 2022)	141 patients seen as part of drive-through spirometry pilot. Around one third of referrals were not appropriate (legacy issue of annual spirometry review of patients with an existing diagnosis, rather than diagnostic spirometry). Targeted work carried out to ensure GP practices aware of the change. Estimated over 6,500 patient miles saved (average 44 miles per patient). The drive-through spirometry pilot has completed, and a longer-term spirometry solution in place through PTHB-run clinics across Powys.
(Investment Benefits Group) Reduction in respiratory emergency admissions from Northwest and Mid Powys area	Costed dataset only available for Q1 2021/21 as of 14/01/2022 so impact from team being established from Q3 onwards to be analysed when data received.
(Investment Benefits Group) Reduction in commissioned outpatient follow up activity	

Oxygen Reviews (Investment Benefits Group) Remaining backlog of Northwest and Mid Powys home oxygen reviews cleared	Up to end Dec, 13/41 patients had equipment reduced or removed. On track to complete remaining reviews by end of March 2022. Awaiting Shared Services data to analyse financial savings.

What we said we'd achieve – Cancer

Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

- Recruit to and implement a cancer improvement team, including cancer tracking and agree a harm review approach which takes into account the complexity of Powys pathways
- Work jointly with the Wales Cancer Network appointed post to ensure optimal pathways are in place for Powys residents, including interface with the West Midlands Cancer Alliance and English providers (
- Develop the vague symptom pathway, through utilising neighbouring provider rapid diagnostic centres and exploring the potential for a Powys provided service
- Scope the potential development of Powys community diagnostics, including the potential for community hospital CT
- Develop the overarching cancer model of care for Powys
- Work in support of the Velindre business case, Radiotherapy Satellite Centre at Nevill Hall Hospital, and acute oncology developments

What we've achieved

The cancer renewal team has been established, including appointment of a Clinical Lead and Cancer Tracker. A clinically led harm review panel for cancer breaches has been established. Symptomatic Faecal Immunochemical Testing (FIT) has been made available for GPs across Powys.

Mapping of Powys patient access to vague symptom pathways / rapid diagnostic services has been undertaken. Patients from Brecon, Crickhowell and Haygarth practices can access the Rapid Diagnostic Centre at Aneurin Bevan University Health Board in Newport. Swansea Bay University Health Board has agreed that Ystradgynlais patients can access the Rapid Diagnostic Centre at Neath Port Talbot from April 2022. Betsi Cadwallader University Health Board agreed that North Powys patients can access the Rapid Diagnostic Centre at Wrexham from March 2022.

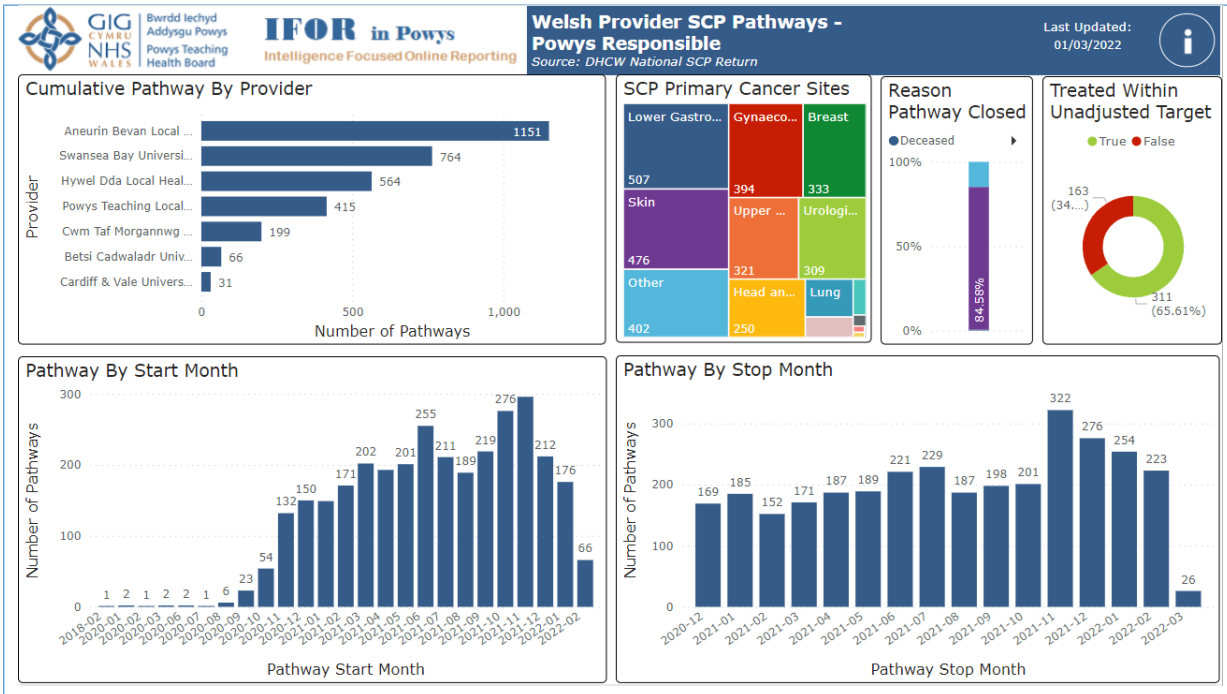
Working with the Wales Cancer Network a designated post for Powys was secured to help ensure optimal pathways for cancer are in place.

Virtual Protected Learning Time sessions for staff in primary care took take place in March 2022 and included sessions on Symptomatic Faecal Immunochemical Testing and Rapid Diagnostic Centre developments for clinicians and sessions about supporting people affected by cancer for non-clinical staff. A total of 148 clinical staff and 186 non-clinical staff attended the sessions.

Milestones in WG Recovery Proposals – Cancer Improvement Team	
Activity	**Current Position**
Engagement with GPs, national networks and PTHB teams and the CHC about process change	Ongoing engagement with GPs & Primary Care Clusters, national networks including the Wales Cancer Network and teams within the health board.
Engagement with neighbouring health boards and trusts	Dialogue and agreements have taken place with neighboring health boards and trusts in Wales and England to support the development of the priorities in the Cancer Renewal Programme including availability of Faecal Immunochemical Testing, access to Rapid Diagnostic Services and for patients receiving treatment in secondary care, the provision of Breach Reports and Pathway Reviews for breaches in the single cancer pathway.
Posts appointed to	Clinical Lead commenced post in September 2021, Transformation Programme Manager October 2021, Optimal Pathways Project manager (employed by Wales Cancer Network) October 2021, Cancer Tracker January 2022.
Consultations with stakeholders to begin	Not yet commenced
Raise profile of team through communication and engagement	There is continuing engagement to progress cancer renewal programme priorities and developments
Pathway tracking mechanism decided and tracking underway	Reviewing of pathway tracking mechanisms commenced for both PTHB as a provider and commissioner. Business Intelligence product being developed to enable live tracking of Powys patients on the Suspected Cancer Pathway
Harm Reviews underway and managed	PTHB harm review panel for cancer breaches established. (The harm reviews are conducted by the appropriate clinical teams in other health boards and NHS Trusts.)

Single point of contact created	No full cancer team in Powys. Being rethought due to complexity of Powys pathways.
Develop Model of Care for Powys	Overarching model of care being developed
Milestones in WG Recovery Proposals – Rapid Diagnostic Centres	
Engagement with neighbouring health boards to see what RDC models they are developing	Engagement with the Wales Cancer Network and neighbouring health boards in England and Wales has identified the models and progress of rapid diagnostic centres, services and pathways.
Implementation Specification underway based on All Wales document	The Welsh Cancer Network has developed a detailed Rapid Diagnostic Centre implementation specification for health boards across Wales. This includes the Optimal Vague Symptom Pathway.
Vague Symptom pathway (including access to RDC) and specification developed in line with national pathway	Pathway agreed and in place with ABUHB, access to SBUHB and BCUHB RDCs agreed. Vague Symptom Services in SaTH and WVT to be developed in 2022.
Non-recurrent WG Tranche 2 Funding	
To support the use of more expensive drugs to enable Powys patients to receive chemotherapy treatment at home	£300,000 allocated to Gloucester NHS Acute Trust support the use of 2nd and 3rd line chemotherapy drugs to reduce hospital visits.
Patients supported when receiving remote consultations from NHS providers in relation to NHS cancer services	Pilot project to support and accompany patients when receiving virtual consultations commenced.

Cancer performance (NB Wales only graphs)



What we said we'd achieve - Frailty & Community

Key Actions

Q1/2 – Initiate development of a revised Frailty & Community Model, using a Value-Based approach. Strategic Demand and Capacity/Opportunity Analysis undertaken. Fast-track Frailty medical staffing solution.

Q2 Agree model and workforce plan, including clinical leadership. Agree and ensure cascade arrangements for frailty scoring tool, e-learning module and use of Complex Geriatric Assessment.

Q3-4 Implementation of model, frailty scoring tool, Multidisciplinary / Multiagency response to deterioration highlighted by the frailty scoring tool.

What's been achieved

A well-attended programme board involving Primary Care, the Local Authority and the Welsh Ambulance NHS Trust has been established, where the way forward on the analysis for the revised model, the whole system priorities and the level of risk were agreed.

High level demand and capacity work has been undertaken through the North Powys Wellbeing Programme, with the strategic demand and capacity-opportunity analysis completed in quarter 3. A more detailed analysis was presented to the last programme board and is being further refined. The community hospital model is a priority. The fast tracking of the medical staffing solution has not yet taken place. During the winter the PTHB system resilience work accelerated some work related to the programme.

The Frailty and Community Model Programme has had 0.5 WTE Transformation Programme Manager support provided via Transformation and Value Team since November 2021, but this was limited due to cover for redeployed colleagues, which has impacted on progress to date. Improvement Cymru has offered input and, in addition, PTHB Research and Innovation Hub support is being made available for the programme. Value based health care expertise will also be used to support the programme.

The IMTP submission clarifies adjusted timeframes for implementation in light of slippage in Q1-3. As described above the support arrangements for this programme were revised in Q3 to ensure progress.

Initiate development of a revised Frailty & Community Model, using a Value-Based approach. Strategic Demand and Capacity/Opportunity Analysis undertaken. Fast-track Frailty medical staffing solution.	MD						R
Agree model and workforce plan, including clinical leadership. Agree and ensure cascade arrangements for frailty scoring tool, e-learning module and use of Complex Geriatric Assessment.	MD						R

What's been achieved – Diagnostics, Ambulatory & Planned Care

Key Actions

Q2 Implement Scheme to reduce Referral To Treatment (RTT) backlog; to support the National Endoscopy Programme; to improve performance against the eyecare measure; and ensure significant improvement and modernisation in Outpatient service specifically follow ups in line with National Planned Care Outpatient Strategy

Q1 Funding confirmation; Recruit to theatre staff; Confirm additional in-reach & Waiting List Initiatives sessions required; secure private sector General Surgery via NHS procurement; utilise agency theatre staffing whilst recruitment process in train; Waiting List Initiatives commence; scope & plan repatriation

Q2 Recruitment; additional capacity/Waiting List Initiatives; agree repatriation plan/formal Service Level Agreements/Long Term Agreement arrangements reviewed; additional capacity in place to address backlog.

What's been achieved

Following recruitment challenges a temporary in-sourcing solution was secured to provide the necessary capacity to treat delayed patients. Following a procurement exercise an award was made in Quarter 3 2021/22, but the original start date had to be deferred due to the support needed for mass vaccination and Omicron. Activity has been underway since the 11th of February 2022 with Pre-Op Assessment and Outpatient Appointments in General Surgery. Full clinic lists are being regularly undertaken in Endoscopy and Oral Surgery. Activity is being delivered in Llandrindod Wells Hospital and Brecon Hospital. Just under 200 appointments and interventions have been delivered so far and is continuing through April.

Weekly Insourcing Review meetings take place to ensure activity is delivered as planned to reduce the waiting list backlog and ensure any emergent issues are addressed in a timely manner. Overall, the service is going well. The table below shows the insourced activity to 25th March 2022.

Specialty	Outpatients	Pre-Op	Theatre
General Surgery	74	26	-
Oral Surgery	-	27	27
Endoscopy	-	-	33

Work is underway to implement a teledermatology service in Mid Powys in conjunction with Wye Valley NHS trust which will enable GPs to take high quality clinical grade photographs of the skin (for example if there was an unusual looking mole or rash) which are subsequently reviewed by the dermatology team in secondary care.

The table below shows that at the end of Q3 PTHB was broadly on track with projections except for elective day cases and endoscopy in Q3 as insourcing was deferred due to Omicron/mass vaccination beginning in Quarter 4. Face to face outpatient appointments overperformed, whilst there was underperformance in virtual outpatients (new and follow-up). Q4 reporting is due to be submitted to Welsh Government 29th April 2022.

				2021/22							
				Q1		Q2		Q3		Q4	
				Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
Elective Day Case Activity[2]		Total Core Activity		268	268	366	264	599	300	712	
		Total Additional Activity	Insourcing								
			Waiting List Initiatives (WLI)		44		29		44		
			Outsourcing		33		45		29		
			Total		77		74		73		
		Total Activity		**268**	**345**	**366**	**338**	**599**	**373**	**712**	**0**
New Outpatients	Face to face	Total Core Activity		2,666	2,884	2,880	3,074	3,620	3,694	4,117	
		Total Additional Activity	Insourcing								
			Waiting List Initiatives (WLI)		183		198		351		
			Outsourcing		144		176		149		
			Total		327		374		500		0
		Total Activity		**2,666**	**3,211**	**2,880**	**3,448**	**3,620**	**4,194**	**4,117**	**0**
	Virtual	Total Core Activity		1,054	976	1,087	782	1,167	657	1,466	
		Total Additional Activity	Insourcing								
			Waiting List Initiatives (WLI)		67		83		36		
			Outsourcing		34		7		8		
			Total		101		90		44		0
		Total Activity		**1,054**	**1,077**	**1,087**	**872**	**1,167**	**701**	**1,466**	**0**
Follow Up Outpatients	Face to face	Total Core Activity		6,025	6,405	6,007	6,788	6,218	6,480	6,302	
		Total Additional Activity	Insourcing								
			Waiting List Initiatives (WLI)		182		234		307		
			Outsourcing		447		464		415		
			Total		629		698		722		0
		Total Activity		**6,025**	**7,034**	**6,007**	**7,486**	**6,218**	**7,202**	**6,302**	**0**
	Virtual	Total Core Activity		5,227	5,548	5,168	4,683	5,406	4,506	5,736	
		Total Additional Activity	Insourcing								
			Waiting List Initiatives (WLI)		47		51		13		
			Outsourcing		46		40		60		
			Total		93		91		73		0
		Total Activity		**5,227**	**5,736**	**5,168**	**4,774**	**5,406**	**4,579**	**5,736**	**0**
Diagnostics	NOUS	Total Core Activity		1,028	1,022	960	1,053		1,112		
		Total Additional Activity									
		Total Activity		**1,028**	**1,022**	**960**	**1,053**	**960**	**1,112**	**960**	**0**
	Endoscopy	Total Core Activity		229	239	187	244	273	248	278	
		Total Additional Activity			0		0		0		
		Total Activity		**229**	**239**	**187**	**244**	**273**	**248**	**278**	**0**

Diagnostics: work is underway on the development of a Diagnostic Strategic Plan, as learning from the pandemic presents significant opportunities to expand services closer to home in Powys. There has been Director level input into the National Planned Care Programmes.

Ambulatory: this work is yet to be initiated as it will need to link to the community hospital model which is led by the Frailty and Community Programme and Big 4 condition-based programmes (cancer, circulatory, respiratory, mental health).

What we said we'd achieve – Advice, Support & Prehab

Key Actions

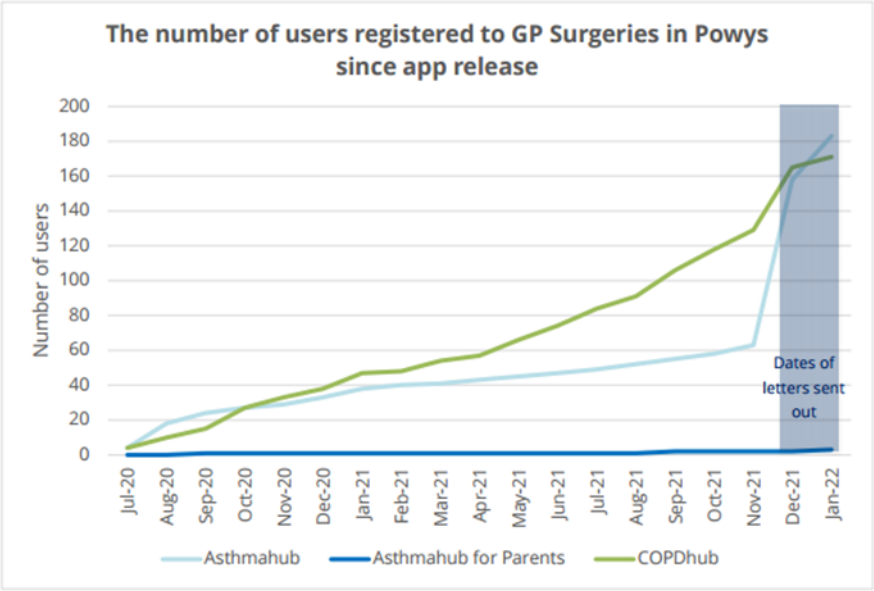
Implement scheme to establish Advice, Support & Prehabilitation Service; Patient Liaison Service; Clinical Referral Guidance service (including virtual MDT).

Q1/2 Funding confirmed for tranche 1; recruitment and equipment secured.
Q2 Patient liaison and patient tracking established across pathways spanning more than one organisation; Tracking of reduced waiting list; Tacking of harm reviews; Tracked reduction of patients waiting over 52 weeks; Access to prehabilitation
Q3 Strengthening of clinical guidelines and redesign of orthopaedics and ophthalmology pathways
Q4 Reduction in the overall waiting list; Reduction in the number of Powys patients waiting over a year; concerns maintained at less than 2% waiting over 36 weeks.

What's been achieved

The Patient Liaison Team has issued communications to 237 Powys managed patients waiting 26+ weeks. 206 of the 237 patients responded and 21% have indicated they do not require further intervention, but this is to be confirmed clinically. Contacting patients awaiting follow-up has been delayed due to a data issue. School vision screening letters have been distributed to parents of children missed due to Covid-19. There has been communication with GP registered respiratory patients where the impact is being monitored through respiratory apps.

POWYS SIGN UP NUMBERS- UP TO 5TH JANUARY 2021:



Wellbeing information on the health board website has been strengthened. Version 2 of the webpages have been drafted with a focus on updating the content to outline sources of support.

A Weight Management procurement exercise was successfully undertaken, as reducing weight is a mutable risk factor and can help to reduce pressure on joints. Four assistant psychologists have been appointed. However, prehabilitation offers have been limited due to clinical capacity and recruitment issues.

A "Getting It Right First Time" review of orthopaedics took place in February 2022 and the draft report was received in March which will guide work in 2022/23. Further data collection and analysis to inform the redesign of the Musculoskeletal pathway (including orthopaedics) is underway. Pathway mapping is complete and a workshop scheduled in April 2022. Mapping work has also been completed against Getting It Right First Time clinical guidelines.

Musculoskeletal First Contact Practitioner implementation with the mid Powys cluster is planned for May 2022. This will enable patients of GP practices within the mid cluster to access prompt assessment and, if necessary, treatment by an advanced physiotherapist in the GP practice.

Further work is needed in relation to tracking and harm reviews across organisational boundaries and to further improve access to prehabilitation.

Patient liaison and patient tracking established across pathways spanning more than one organisation; Tracking of reduced waiting list; Tracking of harm reviews; Tracked reduction of patients waiting over 52 weeks; Access to prehabilitation	DOPP						R

What we said we'd achieve – Children & young people

Key Actions (Refer to Delivery Plan for detailed milestones & timescale

Neurodevelopment services Development of enhanced service; programme plan implementation and recovery to RTT 26 week target

Obesity / Healthy Weights Pathway development for children and young people; Delivery of PTHB Weight Management Strategic Development Plan 2021-24, Peer Review June 2021, Voice of the child service user engagement

Healthy Growth and Development Deliver vaccination / Healthy Child Wales Programme / Sexual health programmes; work with families and schools to maximise infection prevention and refocus health visiting, adoption of Solihull exemplar Parenting approach, work with third sector on access

Emotional Health and Wellbeing Delivery of Silvercloud for children, young people and families, CAMHS staff training in DBT, emotional regulation, trauma and attachment theory and outcome measures, CAMHS schools in-reach, work with Credu for carers needs

Immunisation and Vaccination Delivery of plan; data and reporting improvements, workforce development learning from covid vaccination, implement refreshed standard operating procedures and programme

Increased access to healthcare Targeted work to improve access for looked after children, delivery of action plan, baseline and measures, incorporating recommendations from Serious Incident review, mapping and engagement for pathway development

What's been achieved

The children and young people's workstreams are generally progressing well (although there are some specific actions which have not progressed as planned). However, two key areas are highlighted below.

Neurodevelopment: Major progress has been made on concluding the patient assessments already in progress and work continues to eradicate the remaining waiting list. Recruitment issues coupled with prioritising the completion of outstanding assessments, means that whilst progress to reduce the referral to treatment waiting list commenced in September 2021 the improved position by the 31st of March 2022 could not be achieved due to limited capacity.

The Neurodevelopment service has experienced an increase in referral demand since July 2021. The Renewal Core Group approved extended funding for neurodevelopment priority posts to December 2022 recognising that the backlog would take longer to address and remodelling would be needed.

Children Receiving Complex Care and with Disabilities including Chronic Disease Management: the project plan milestones have not been fully implemented due to insufficient workforce capacity. Work on the model has been affected by capacity constraints. Work to implement recommendations from the Independent Review of the Community Children's Nursing Service has not yet progressed. (The "Was Not Brought" Policy has been reviewed and relaunched.)

In terms of the other workstreams generally links with the relevant Start Well workstreams are in place; work on baseline data and measures has progressed, but workforce capacity has been impacted by Covid remains a risk.

Healthy Growth and Development: focus on health visiting services to include family-based health in context of COVID response; work undertaken with dental services; Start Well 'Voice of the Child' and Women and Children Services People's Experience Forum providing engagement and feedback.

Emotional Health and Wellbeing: DBT training undertaken; Silver Cloud Anxiety for Children and Families up and running; school-in reach facing recruitment challenges; outcome measures training rolled out; trauma awareness training undertaken.

Immunisation and Vaccination: PTHB Immunisation Co-ordinator appointed; flu action plan updated; a schools flu programme is under development; existing and new requirements are being scoped and a business case developed; standard operating procedures being reviewed.

Increased Access to Health Care for Looked After Children: improved information; progress in relation to Liberty Protection Safeguarding has not been as expected as the commencement date is not yet known.

Healthy Weight Care Pathway: A multiagency group is in place; a Welsh Government Peer Review meeting has taken place to approve the PTHB Weight Management Strategic Development Plan for 2021-24; and a business case has been prepared.

The Renewal Strategic Portfolio Board will focus on the Children and Young People Programme at its next meeting in May, following re-shaping of the programme.

C&YP Workstream 1 - Healthy Growth and Development								
Deliver the Healthy Child Wales Programme (HCWP)	DOPCCMH	AD W&C						R
Provision of information re parenting including implementation of the Solihull Approach Parenting Programme pan Powys	DOPCCMH	AD W&C						R
C&YP Workstream 3 - Immunisation and Vaccination								
Scope existing and new programme requirements -National flu programme to be enhanced 2021 – workforce/funding in discussion by Welsh Government.	DOPCCMH	AD W&C						R
Implement Standard Operating Procedures, undertake service user feedback and audit.	DOPCCMH	AD W&C						R
C&YP Workstream 4 - Neurodevelopment (ND) Service Remodel								
Address and manage Referral To Treatment (RTT) position - short term	DOPCCMH	AD W&C						R
Implement PID and project plan	DOPCCMH	AD W&C						R
C&YP Workstream 6 - Children Receiving Complex Care and with Disabilities including Chronic Disease Management								
Review and implementation of actions 6.4 and 6.5 (Use evidence base to inform post covid requirements)	Executive Director of Primary, Community & Mental Health	Assistant Head of Children's Nursing						R
Review of the current model to provide care and treatment for CYP with complex needs is undertaken								
Develop and implement a SOP to support strong, structured Multi Disciplinary Team (MDT) including consideration of a single unified record.	Executive Director of Primary, Community &	Consultant Paediatrician						R
Audit compliance with the MDT SOP	Executive Director of Primary, Community &	Consultant Paediatrician						R
From seeking assurance, share best practice across the health board as they emerge, including: **a.Record keeping** **b.Evidencing professional judgement and decision making** **c.MDT working**								
Implement recommendations from the Independent Review of the Community Childrens Nursing (CCN) Service in the following areas: •Assurance •Compliance •Service Development •Partnership and Engagement •Strategic Planning	Executive Director of Nursing and Midwifery	Assistant Head of Children's Nursing						R

What's been achieved – Mental health

Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

Deliver Powys Hearts and Minds, Together for Mental Health Strategy including

- Targeted pathway development and engagement
- Further roll out of Silver Cloud CBT Service to young people receiving services through CAMHS

Delivery of mental health service improvement projects funded by Welsh Government investment including:

- Crisis Care to establish a single point of access to mental health services via 111
- Alternatives to admission through the provision of a safe space and emotional and practical support out of hours to those whose distress might otherwise escalate
- Enhancing Eating Disorders support following completion of local service mapping against NICE standards and a gap analysis
- Service mapping of Perinatal Mental Health against the Royal College of Psychiatrists Perinatal Community Standards prior to a funding application
- Early intervention in psychosis and Specialist CAMHS

What's been achieved

Key areas of progress made include approval of Together 4 Mental Health by partners; a business case for the Silver Cloud service was prepared and submitted to Welsh Government; Silver Cloud on-line CBT was extended to children and young people; there have been delays implementing Crisis Care due to software issues and staff absence; eating disorders job descriptions have developed and posts have been advertised; a perinatal mental health Midwife has been in post since September 2021; an appointment was made to the Early intervention psychosis clinical lead post; two CAMHS development posts should lead to substantive band 6 Practitioner roles following satisfactory development, learning and performance within 2 years. A strategic review of mental health is to take place under the renewal portfolio.

What's been achieved – Circulatory

Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

Delivery of Circulatory Programme (stroke, heart and diabetes, all age and whole system)

- Agreement of revised circulatory programme arrangements following changes due to COVID-19
- Securing expert clinical input via Cardiac Network to support the development of community cardiology services in Powys
- Completion of the circulatory programme gap analysis reflecting the subsequent publication of the Cardiac Quality Statement(s) and develop a phased plan focussed on reducing inappropriate variation, improving outcomes and ensuring value
- Ensuring a focus on outcomes for diabetes for Powys residents and compliance with essential care processes
- Ensure information gathering using resources of the Cardiac Network ensuring a resident view
- Implement milestones from the revised circulatory plan and develop priorities for 2022-23

What's been achieved

The full Circulatory Programme is not yet in place. This programme covering stroke, diabetes and cardiac conditions was significantly affected as the Director of Public Health played a leading role in the pandemic response. The replacement lead executive is to be appointed. Recruitment is underway for the support arrangements.

Work in 2021/22 focussed on the development of a community cardiology proposal for Powys. Patient activity and data was reviewed to demonstrate service provision and savings in investment and patient travel. An associated workforce model was developed to deliver one stop clinics and cardiac rehabilitation service in Powys. The community cardiology business case was approved in principle by Executive Committee and a funding submission to Welsh Cardiac Network made by the 31st of March 2022 for implementation resource and for a phased implementation of the service. The outcome of this is awaited.

Diabetes work will be progressed in conjunction with the Value based healthcare team, but no diabetes workstream is yet in place. The Financial Delivery Unit is presenting its findings to the Opportunities subgroup.

What's been achieved – Value Based Health Care

The renewal programmes have been developed taking the approach of 'value based health care' which resonates with the Powys principles of 'do what matters' and 'do what works'. PTHB is working to allocate resources to the right place to deliver the best outcomes, that matter for the population of Powys, at the least cost. PTHB needs to understand the outcomes for its population, the evidence base, comparative costs and patient experience. In terms of the plan for the first year the following has been achieved:

Strategy	Value Based health care was embedded in the annual plan and IMTP. The Executive Committee agreed an approach and the initial priorities which align with the renewal priorities. A Programme Plan is in place.
People and Skills	There is Executive Director leadership from the Director of Finance and Medical Director, with the Director of Clinical Strategy chairing the Opportunities Subgroup to help to drive data and evidence-based decision making. The capacity to support the programme has largely been recruited including programme, financial and analytical expertise. It is has not yet been possible to recruit to Medicines Optimisation Pharmacy posts. Training has been provided, including for clinicians including 14 staff through a shared event with the health boards in West and North Wales called "Bringing Value to Life". Training has also been provided at Swansea University. Locally the Director of Therapies and Health Sciences has also ensured training on shared decision making has been provided. The Executive Committee approved investment into a joint Professor of Health Economics post and team in conjunction with Betsi Cadwaladr University Health Board and Hywel Dda University Health Board as part of the Value in Rural Wales Group. The post will be active from May 2022.

	There is also close working with the Finance Delivery Unit which has helped to support the PTHB's work in relation to orthopaedics.
Culture	This will be a key focus of the next phase
Process	Whilst a policy for Interventions Not Normally Undertaken is in place, further work around low clinical effectiveness interventions has been initiated.
Structures	A well attended programme board is in place spanning clinical leaders, finance, workforce, innovation transformation and analytics.

IMTP 2022-25 - **Renewal Priorities**
Annexe 1 summaries the priorities for the Renewal Programmes going into the next three year phase of the IMTP.

Conclusion
Whilst progress establishing the Renewal programmes has been affected by the pandemic in 2021/22, significant work has still been delivered to help reduce waiting times for patients whose treatment was delayed and to implement new ways of working which will help to transform patient pathways in the longer-term, so that the health board's funding is focused where it will have the greatest impact on improving outcomes.

NEXT STEPS:

The Renewal Portfolio will update programme plans for the next phase.

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):

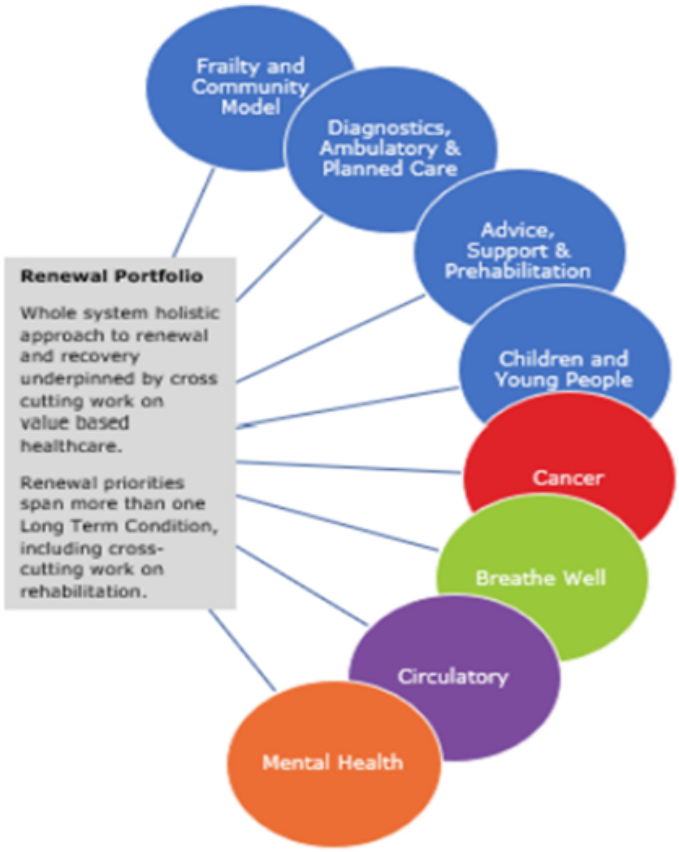
IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	The Renewal Portfolio is embedding an approach to improve outcomes, including tackling inequalities. It has specific work focused on frail people who are usually older. Learning from the pandemic the Renewal programmes will seek to be proactive in considering ethnicity.
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				

Risk Assessment:

	Level of risk identified				
	None	**Low**	**Moderate**	**High**	The main body of the report sets out the risks above 15 in the portfolio and programmes and the actions in place to reduce the risk.
Clinical			x		
Financial			x		
Corporate		x			
Operational			x		
Reputational			x		

Annexe 1 Renewal Priorities 2022-2025



Diagnostics, Ambulatory and Planned Care

5 - Develop a Whole System Diagnostic, Ambulatory and Planned Care Model *Executive Lead – DoPP, DPCCMH, DoN & DoTH*		
Delivery of the Diagnostics, Ambulatory and Planned Care Renewal Programme; *incorporating Advice, Support and Prehabilitation Workstream*	• Review and evaluate impact of the Insourcing project • Secure access to medical speciality advice • Agree phased implementation for the Diagnostic Strategic Plan; implementation • Ensure clarity of opportunity for outpatient repatriation, implement phased plan • Develop phased, creative workforce model, Develop ability of workforce to meet Welsh Language Act	Q1 Q1 Q1 Q2 – Q4 Q1 Q2 – Q4 Q1
Mobilisation of Planned Care improvements	• Implementation of the Eye Care Plan • Implementation of Dermatology Plan • Work with other health boards on regional diagnostic and planned care regional solutions including orthopaedics, cataracts and endoscopy • Implement plan to maximise theatre and endoscopy utilisation	Q1 – Q4 Q1 – Q4 Q1 – Q4
Implement sustainable medical and wider clinical and non-clinical workforce model	• Develop the Ambulatory Care Strategic Plan and Model, implementation including Ambulatory Care Centres • Ensure robust improvement trajectories are in place and are being monitored	Q2 - Q4 Q2 Q3 – Q4 Q1 - 4

Children and Young People

Deliver the Children and Young People Renewal Programme, including the Remodelling of key services for women and children *Including the Neurodevelopment service, sexual health services, gender identity and paediatric therapies.*	Design and delivery of sustainable model of paediatrics including Allied Health Professional framework in paediatric, transition and Learning Disability therapies	Q1 – Q4
	Implement Healthy Growth and Development Plan including Universal Screening In line with comprehensive Vaccination Programme work (see Focus on Wellbeing objective) develop a robust plan for implementing Childhood Immunisations	Q1 – Q4 Q1 – Q4
	Develop and implement plan for Neurodevelopment Service Remodel including evaluation and review	Q1 – Q4
	Develop and implement plan for Childrens Complex Care	Q1 – Q4
	Develop and implement Healthy Weights pathway for children and young people, in line with organisational Strategic Plan	Q1 – Q4
	Deliver Sexual Health Plan including Case Management Project; sustainable model and investment for STI testing service Q1; Confirm sustainable service and investment for Long Acting Reversible Contraception (LARC) provision Q1 with recruitment/ competency development Q3 and implementation Q4	Q1 – Q4
	Scope sustainable model and investment for Gender Identity Service including Demand and Capacity review	Q1 – Q4
	Scale up Endometriosis & Menopause pilots, based on evaluation outcomes	Q4

Cancer

7 - Implement Improvements in Early Diagnosis, Treatment and Outcomes for People with or suspected of having Cancer
Executive Lead - MD

Deliver Cancer Programme - Renewal Portfolio - Improve access to testing and diagnostics - Work with the Wales Cancer Network on Optimal pathways and quality statement - Progress suspected cancer pathway tracking & harm review approach	Progress plan to improve access to FIT testing	Q1
	Improve access for Powys residents to rapid diagnostic centres for vague symptoms	Q1
	Cytosponge implementation with BCUHB	
	Transnasal endoscopy	Q3
	Scope community diagnostics, including hospital CT, Scope the potential for a Powys provided Rapid Diagnostic Centre	Q2
	Work with the Wales Cancer Network on Optimal pathways and quality statement; Finalise suspected cancer pathway tracking & harm review approach	Q1

Circulatory

8 - Implement Improvements in Outcomes, Experience and Value in Circulatory Disease (Stroke, Heart Disease, Diabetes)
Executive Lead - DPH

Deliver Circulatory Programme - Renewal Portfolio - Develop and progress phased plan including service and workforce development - Improve access to diagnostics - Progress primary and secondary stroke prevention; assess and manage strategic change proposals for Stroke (Wales and England) - Improve equitable access to cardiac rehabilitation for all pathways	Gap analysis and Phased Plan	Q1
	Cardiac workforce development	Q1
	Community Cardiac Service development	Q1 – Q4
	Improve access to diagnostics in line with national programmes	Q1
	Impact assessment / management of strategic change proposals for Stroke	Q1 – Q4
	Evidence based primary and secondary stroke prevention	Q1 – Q4
	Equitable access to cardiac rehabilitation for all pathways	Q2

Respiratory

9 - Develop and Implement the next stage of the Breathe Well Programme
Specifically aimed at repatriating care closer to home and focusing on Children and Young People's Respiratory Care
Executive Lead - DoTH

Deliver Breathe Well Programme - Renewal Portfolio - Develop and implement medical model - Develop and implement plan to meet Quality Standard - Deliver plan for Children and Young People - Improve access to diagnostics closer to home	Develop & implement plan to meet Respiratory Quality Standard	Q1 – Q4
	Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model	Q1 – Q3
	Develop approach on advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans	Q1 – Q2
	Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing	Q1 – Q4

Mental Health

10 - Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services
Executive Lead - DPCCCMH

Deliver Strategic Review of Mental Health	Undertake a Strategic Review of Mental Health services; including specific work on the following areas:	Q1 – Q4
Delivery of Live Well MH Partnership priorities (2022 – 2025)	Design the approach to a Sanctuary House, including commissioning the service (potential Tender / Award) Provision & Monitoring	Q2 – Q4
Develop services to improve outcomes and access in line with national plans	Complete the roll out of the Single Point of Access 111 – Tender Q1, Provision & Monitoring	Q2 – Q4
Roll out children and young people's emotional health and resilience service	Deliver against Dementia Action Plan 2018-22 including Memory Assessment Redesign	Q1 – Q4
	Implement the milestones of the Deliver Powys Talk 2 Me 2 Strategy	Q1 – Q4
	Roll out Children and young people's emotional health and resilience service	Q1 – Q4

Frailty and Community Model

11 - Design and Deliver a Frailty and Community Model including improved access to Urgent and Emergency Care enhancing outcomes, experience and value *Executive Lead – MD & DPCCMH*		
Develop and deliver a Frailty and Community Model *Including intensive community and home-based care; a frailty pathway including falls and home first ethos.* • Complete work on overarching model following Gap Analysis (community hospitals and community services) • Frailty Scoring Project • Culture and change – joint work with Improvement Cymru • Development of workforce model • Treatment Escalation Plan – confirmation of approach	Complete work on overarching model following Gap Analysis (community hospitals and community services) Frailty Scoring Project Culture and change – joint work with Improvement Cymru Community hospital focus Development of workforce model Treatment Escalation Plan – confirmation of approach	Q1 Q1 – Q4 Q1 - Q4 Q2 - Q3 Q1 - Q4 Q1

A key interdependency is the Urgent and Emergency Care 'Six Goals' model

Value Based Health Care

24 - Implement value-based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources *Executive Lead - Various*		
Delivery of the value based healthcare programme *Renewal Portfolio*	Further strengthen the Transformation and Value team, including research assistants, Masters and PHD Students Analysis of low value interventions Q1, Review with BCUHB Q2, update Interventions Not Normally Undertaken (INNU) Policy Q3 Develop and implement consistent approach to PROMs and PREMs Linking with the OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare	Q1 – Q3 Q1 – Q4 Q1 – Q4

Powys Teaching Health Board

Integrated Performance Report

Month 12 – Updated 21/04/2021

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

Executive Summary

This report provides the Board with the latest available performance update against the phase one Ministerial Measures their progress against trajectories set in the IMTP, and the existing 2021/22 NHS Delivery Framework. This snapshot although at month 12 has limited updates to the quarterly and annual metrics as a result of normal data delays, full year data for all metrics is not expected until the end of Q2 2022/23.
The data, drawn from various sources has been supported by statistical process charts, and includes officer lead narrative for challenges, actions, and further mitigations. It should also be noted that the availability of recent performance data varies by measure with monthly, quarterly, and annual updates, this resulting in some metrics not having an update for a 12+ month period.

Summary

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

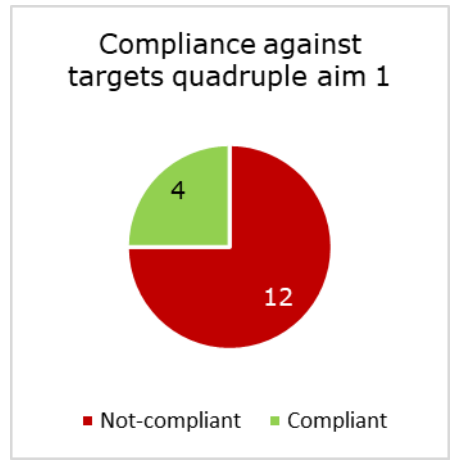
This snapshot against shows a diverse picture with very positive improvements of most key planned and elective care targets including referral to treatment (RTT), diagnostics, therapies, and mental health pathways targets in the local provider services.

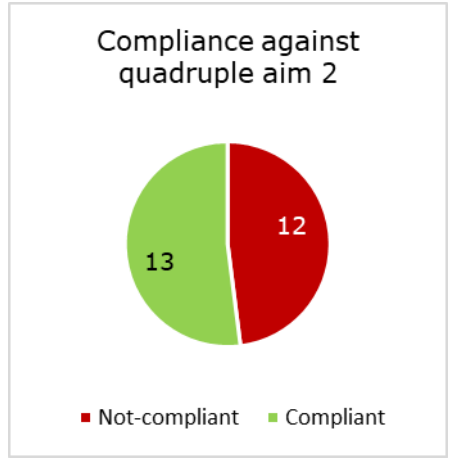
Key areas of challenge for the health board are linked to ongoing COVID-19 outbreak exacerbating whole system pressures e.g., inpatient facilities that are via COVID outbreaks affecting patients, and staffing capacity as a result of sickness absence. And the ongoing fragility for planned care with in-reach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

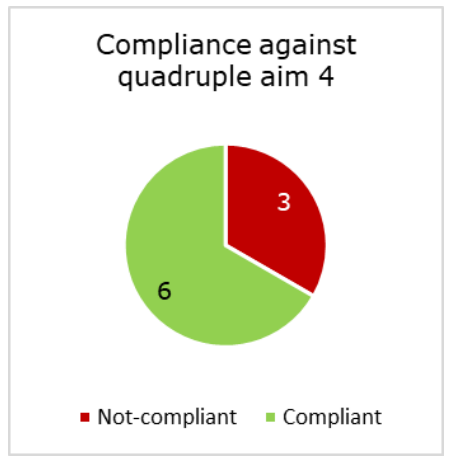
Commissioned service challenges include emergency access where continuing very high system pressures in acute care are resulting in very long waits in accident and emergency (A&E), this in turn also impacts on ambulance waiting times with units unable to hand over patients quickly redeploying back in to the county. Patient access times for planned care pathways remains poor with elective care patients waiting beyond acceptable targets for treatment. The ongoing variance of recovery between Powys as a provider, Welsh acute care providers, and English care providers has resulted in three speeds of access depending on patient geographical or specialism flow pathway. COVID-19 has also impacted on acute care trusts admissions and sickness resulting in elective care suspensions during Q4 and into Q1 2022/23.

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

Compliance against NHS Delivery framework measures at month 12 by quadruple aim area.







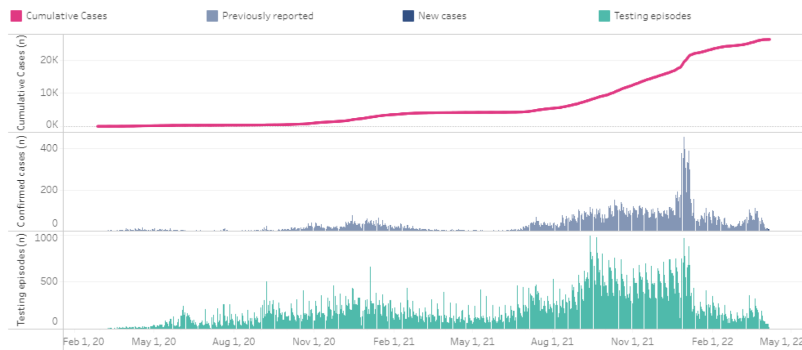
COVID-19 Infection Reporting – Source Public Health Wales

Reporting of COVID-19 infection data is now sourced directly from Public Health Wales reporting. The below table is based on cases and tests by Local Authority of residence.

Snapshot date 07/04/2022 – Source Public Health Wales

Time Period	Cases	Cases per 100k population	Testing Episodes	Testing per 100k population	Positive proportion
All Cases	26,132	19,732	166,470	125,699	15.7%
Rolling 7 days (28 Mar to 3 Apr)	219	165.4	682	515.0	32.1%

A major programme of transition in Test Trace Protect began in March 2022 in line with the delivery milestones set out in Wales's COVID-19 transition plan "Together for a Safer Future". Public PCR testing infrastructure closed at the end of March, moving to LFD tests for symptomatic individuals ordered online or by phone. PCR testing continues to be available for frontline health & care staff and special school staff if required, as well as for patients in line with the updated patient testing framework for Wales.



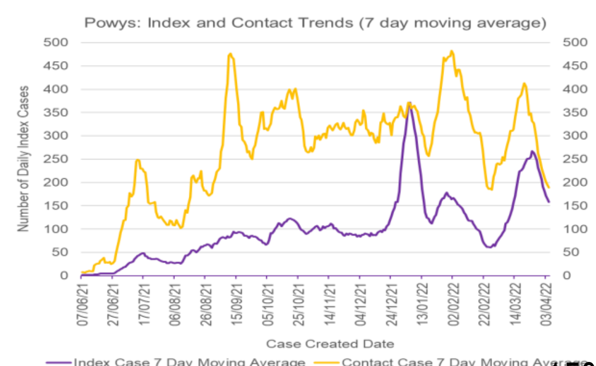
PHW data caveat – Individuals may be tested more than once for COVID-19. Information presented here is based on a 6-week episode periods. If an individual is tested more than once within a 6-week period they are only counted once and if any of their test results are positive, that is the result which is presented.

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

Reporting of COVID-19 TTP data is now sourced directly from Powys County Council Business Intelligence team.

The changes to testing outlined above affect reported cases, and there were **1213** identified contact cases during the period **30/03/2022** to **05/04/2022**. Of these **1128** (**93%**) were successfully followed up.

For index cases **1057** were identified during the same period, of these **792** (**75%**) were successfully followed-up.

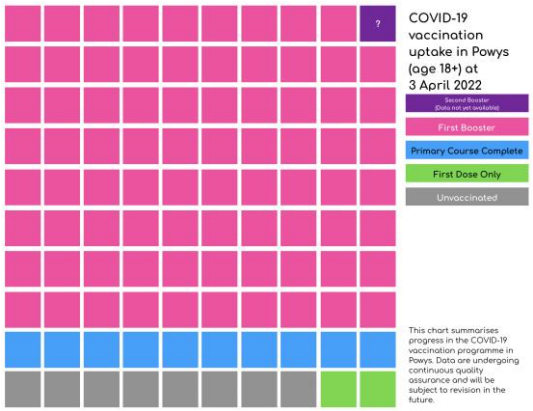


COVID-19 Vaccination Programme

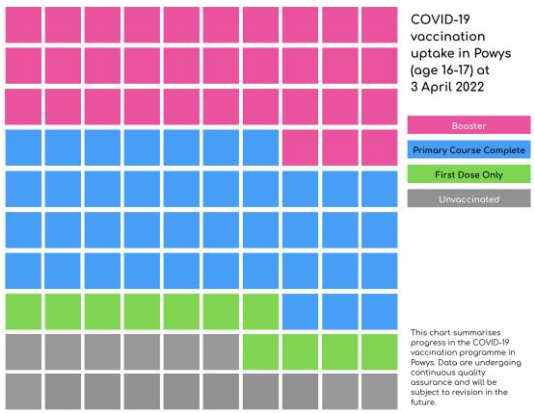
Where are we now?

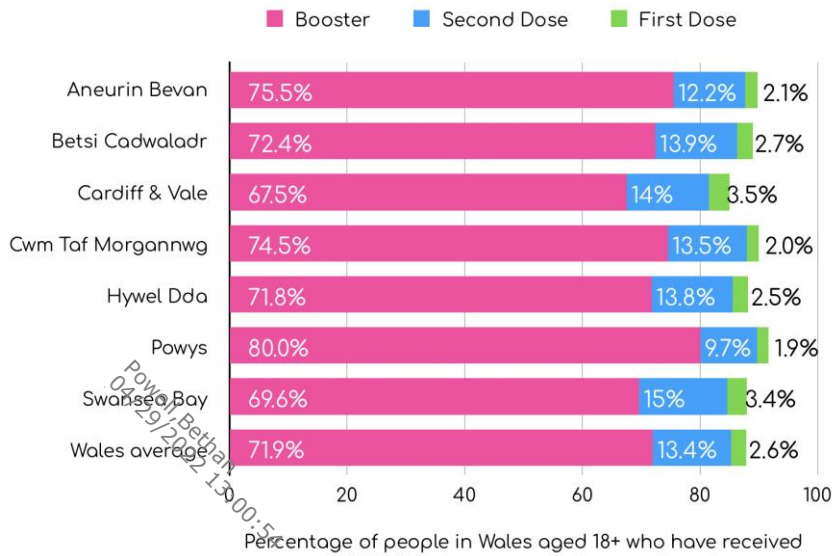
- 80% of all adults in Powys have received their booster.
- This represents 89% of all those adults who completed their primary course, and remains the strongest performance of all health boards across Wales and is among the leading rates in the UK.
- Boosters for 16-17 year olds were announced by the JCVI in December are currently under way. 33% of this age group have already taken up their booster offer but many have not yet reached the three month eligibility interval.

Age 18+



Age 16-17





Percentage of people in Wales aged 18+ who have received a COVID first dose, second dose and booster (source: PHW, 3 April 2022)

- All-Wales data as at 3 April 2022 (source: PHW weekly statistics) shows that Powys has the highest rates for adult first dose, second dose and booster dose of all health boards in Wales for people aged 18+
- Powys has the highest rates of first dose and second dose vaccination for people aged 16-17, for people aged 12-15 of all health boards in Wales.
- In December 2021, the JCVI recommended first and second dose vaccination for children aged 5-11 with clinical conditions that make them vulnerable to serious illness from COVID-19. A new paediatric formulation of the Comirnaty (Pfizer-BioNTech) vaccine became available in February and appointments began. In February 2022 the JCVI extended a "non urgent" universal offer of two doses to all 5-11 year olds. Vaccination is under way.
- Also in February 2022 the JCVI recommended a second (spring) booster for people aged 75+, residents of care homes for older adults, and people aged 12+ with severe immunosuppression. Clinics in Powys began during March 2022 but uptake data are not yet available. As at 3 April 2022, spring booster eligibility had not been extended beyond these cohorts.

Ministerial Measures

Ministerial Measures

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

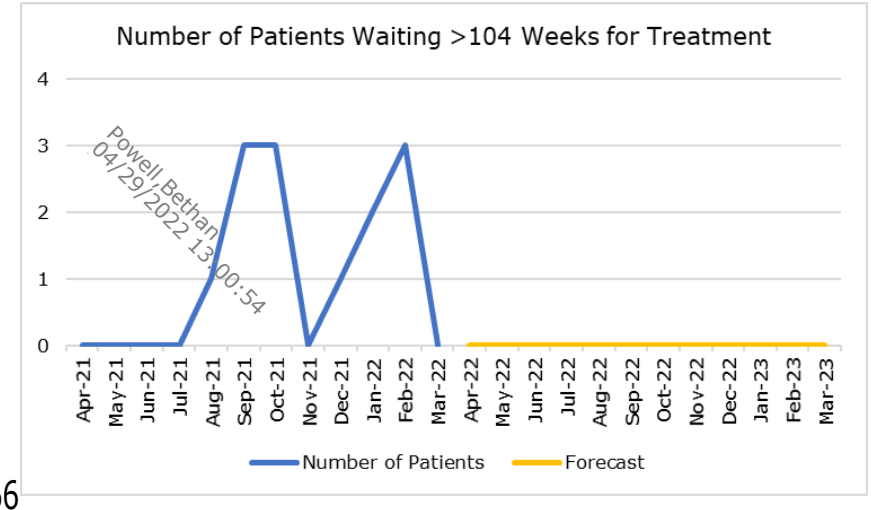
The measures are to be rolled out via phase;

- Phase 1 introduced January 2022 (based around existing policy, measurement included within Minimum Data Set Return April 2022)
- Phase 2 to be introduced May 2022 (measures for established data flows, but require analysis)
- Phase 3 planned introduction starting June 2023 (supporting policy direction but no current established measurement, and dependant on data collection)
- Phase 4 being scoped to start June 2023 (requiring identification of measurement to support policy, and dependant on data collection/availability)

Currently there is some overlap with the NHS Delivery Framework performance measures especially around planned care access. Work is ongoing by Welsh Government to assess, and streamline reporting processes going forward into 2022/23.

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

Predominately Ministerial Measures are linked to NHS Delivery access targets, thus full narrative will be available later in the document (on the relevant linked page)



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

Powys planned care performance in reducing very long waits has been positive, although 3 patients are waiting over 104 weeks for treatment in the February RTT snapshot these patients have since been treated.

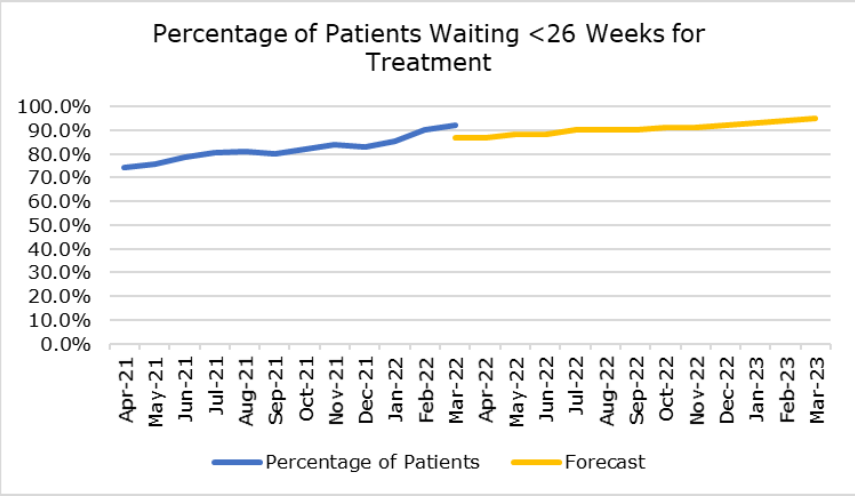
For more details on patient waits please review the quadruple aim 2 RTT slide here

Ministerial Measures

Number of patients waiting over 36 weeks for treatment
Target - Improvement trajectory towards a national target of zero by 2026

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

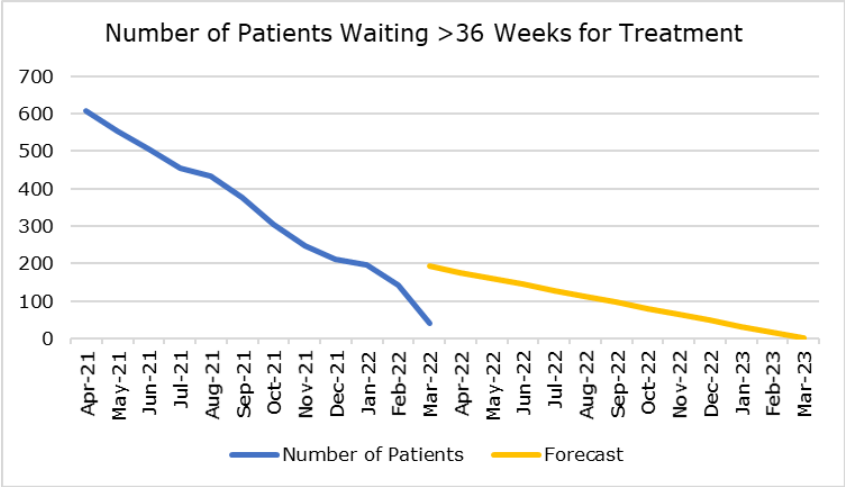
For more details on patient waits please review the quadruple aim 2 RTT slide here



Number of patients waiting under 26 weeks for treatment
Target - Improvement trajectory towards a national target of 95% by 2026

Powys planned care performance as a provider is very positive, the health board at present is reporting validated 92.7% compliance against the 26 week target for treatment. As a provider we are on track to meet trajectory as set out in the IMTP.

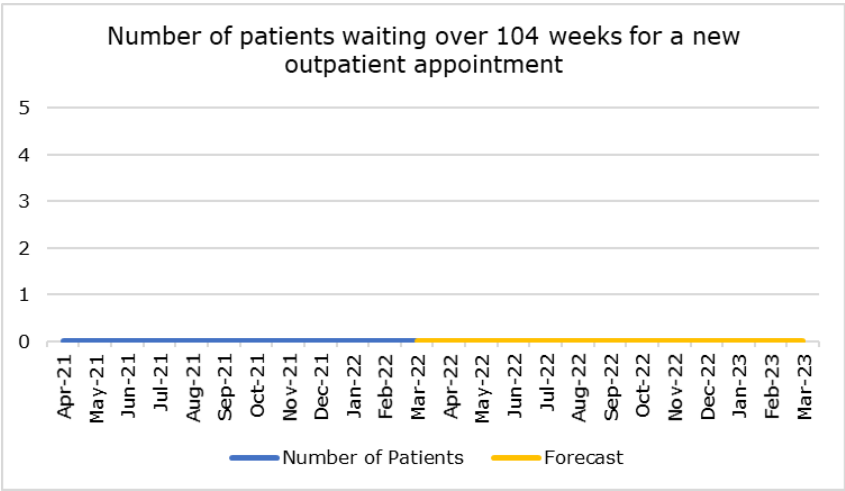
For more details on patient waits please review the quadruple aim 2 RTT slide here



Number of patients waiting over 104 Weeks for a new outpatient appointment
Target - Improvement trajectory towards eliminating over 104 week waits by July 2022

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

For more details on patient waits please review the quadruple aim 2 RTT slide here



Ministerial Measures

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

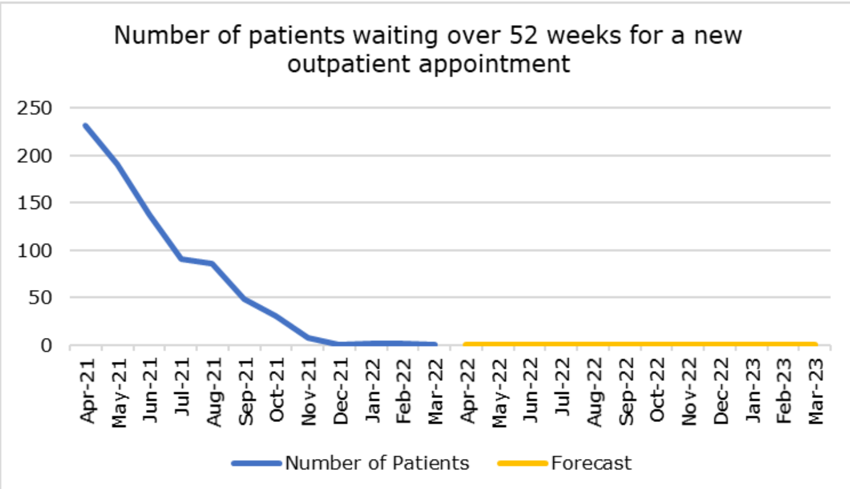
Provider services have successfully reduced patients wait over 52 weeks for a new outpatient appointment to zero before the October deadline.

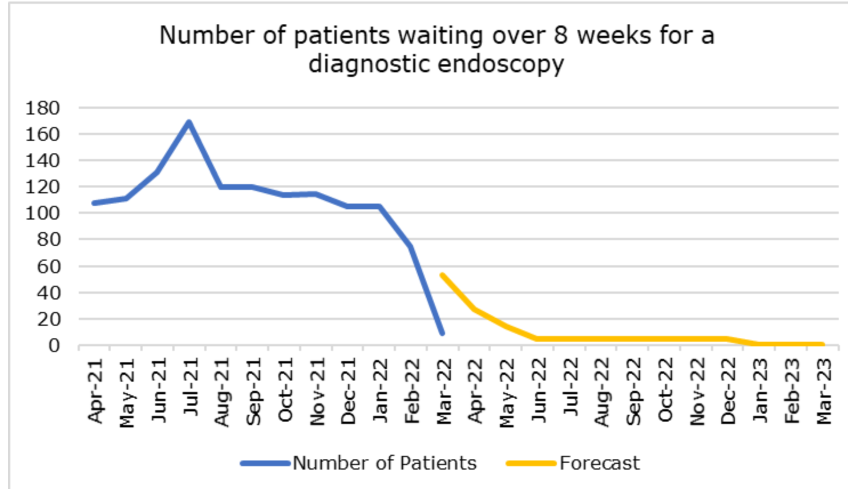
For more details on patient waits please review the quadruple aim 2 RTT slide here

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

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

For more details on diagnostics please review the quadruple aim 2 diagnostic slide here

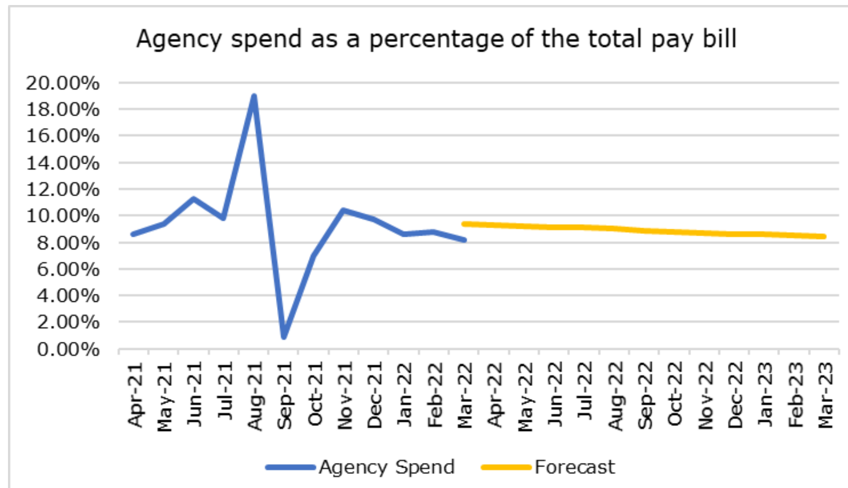




Agency spend as a percentage of the total pay bill

The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has been met for March 22 and current agency spend aligns to planned trajectory.

For more details on agency spend please review the quadruple aim 4 slide here



NHS Delivery Framework Performance

NHS DELIVERY FRAMEWORK PERFORMANCE

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

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

A Healthier Wales Quadruple Aims

- People in Wales have improved health and well-being with better prevention and self-management
- People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement
- The health and social care workforce in Wales is motivated and sustainable
- Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

A brief introduction to statistical process control charts (SPC)

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

SPC charts

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

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

National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in	
Aim	**Executive Lead**	**Officer Lead**	**No.**	**Abbreviated Measure Name**	**Target**	**Latest Available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management	Director of Nursing		1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	51.9%		52.0%	1st	36.8%
	Director of Public Health	Consultant in Public Health	2	'6 in 1' vaccine by age 1	95%	Q3 21/22	95.8%	93.9%	96.1%	3rd	95.9%
	Director of Public Health	Consultant in Public Health	3	2 doses of the MMR vaccine by age 5	95%	Q3 21/22	91.3%	91.5%	91.0%	4th	90.0%
	Director of Public Health	Consultant in Public Health	4	Attempted to quit smoking - Cum	5%	Q3 21/22	2.00%	1.62%	2.43%	5th	2.99%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	5	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q3 21/22	355.2	425.1	428.5	6th	378.6
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	6	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q3 21/22	64.0%	63.9%	61.8%	6th	69.0%
	Director of Public Health	Consultant in Public Health	7a	Flu Vaccines - 65+	75%	2020/21	67.1%		73.5%	7th	76.5%
	Director of Public Health	Consultant in Public Health	7b	Flu Vaccines - under 65 in risk groups	55%	2020/21	44.3%		52.2%	3rd	51.0%
	Director of Public Health	Consultant in Public Health	7c	Flu Vaccines - Pregnant Women	75%	2020/21	93.3%		92.3%	2nd	81.5%
	Director of Public Health	Consultant in Public Health	7d	Flu Vaccines - Health Care Workers	60%	2020/21	64.3%		56.5%	8th	65.6%
	Director of Public Health	Consultant in Public Health	8a	Coverage of cancer screening for: bowel	60%	2019/20	56.4%		59.5%	1st	58.9%
	Director of Public Health	Consultant in Public Health	8b	Coverage of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
	Director of Public Health	Consultant in Public Health	8c	Coverage of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	9a	MH Part 2 - % residents with CTP <18	90%	Feb-22	92.0%	94.7%	93.9%	1st	82.0%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	9b	MH Part 2 - % residents with CTP 18+	90%	Feb-22	91.0%	68.0%	69.4%	7th	80.8%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	10	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in	
Aim	**Executive Lead**	**Officer Lead**	**No.**	**Abbreviated Measure Name**	**Target**	**Latest Available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Primary Care	15	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	56.3%		93.8%	2nd	75.9%
		Assistant Director of Primary Care	16	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 21/22	58.1%	50.6%	45.9%	5th	50.2%
		Assistant Director of Primary Care	17	Percentage of adults regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 21/22	48.1%	42.7%	38.4%	4th	38.2%
		Assistant Director of Primary Care	18	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	Mar-22		88.0%	87.0%		
		Senior Manager Unscheduled Care	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Mar-22	57.5%	52.9%	48.7%	3rd	51.1%
		Senior Manager Unscheduled Care	21	MIU % patients who waited <4hr	95%	Mar-22	100.0%	99.9%	100.0%	1st*	66.6%
		Senior Manager Unscheduled Care	22	MIU patients who waited +12hrs	0	Mar-22	0	0	0	1st*	9,150
		Senior Manager Unscheduled Care	23	Median time from arrival at an ED to triage by a clinician	12 month reduction trend	No data locally available due to metric revision					
		Senior Manager Unscheduled Care	24	Median time from arrival at an ED to assessment by a senior clinical decision maker	12 month reduction trend						
		Assistant Director of Community Services	32	Number of diagnostic breaches 8+ weeks	0	Mar-22	181	169	81	1st*	43,781
		Assistant Director of Community Services	33	Number of therapy breaches 14+ weeks	0	Mar-22	30	33	49	1st*	13,323
		Assistant Director of Community Services	34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Mar-22	71.4%	90.0%	92.7%	1st*	53.4%
		Assistant Director of Community Services	35	RTT patients waiting over 36 weeks (excluding D&T)	0	Mar-22	690	141	40	1st*	251,647

National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Community Services/Assistant Director of Mental Health	38	Number of patients waiting for a follow-up outpatient appointment	<= 3,864	Performance not reportable (Data Quality)					
			39	Number of patient follow-up outpatient appointment delayed by over 100%	<= 201						
		Assistant Director of Community Services	40	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	95%	Mar-22	53.6%	56.3%	47.5%	6th*	59.9%
		Assistant Director of Community Services	Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Mar-22	0.6%	2.3%	1.3%		
		Assistant Director of Mental Health	41	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2020/21	5.06		2.42	2nd	3.54
		Assistant Director of Mental Health	42	CAMHS % waiting <28 days for first appointment	80%	Mar-22	93.8%	97.6%	91.3%	1st*	40.2%
		Assistant Director of Mental Health	43a	MH Part 1 - Assessments <28 days <18	80%	Feb-22	97.3%	100.0%	100.0%	1st	51.9%
		Assistant Director of Mental Health	43b	MH Part 1 - Assessments <28 days 18+	80%	Feb-22	99.1%	82.6%	92.6%	4th	75.2%
		Assistant Director of Mental Health	44a	MH Part 1 - Interventions <28 days <18	80%	Feb-22	96.2%	100.0%	100.0%	1st	53.9%
		Assistant Director of Mental Health	44b	MH Part 1 - Interventions <28 days 18+	80%	Feb-22	88.5%	64.3%	48.5%	6th	67.4.2%
		Assistant Director of Womens and Children's	45	Children/Young People neurodevelopmental waits	80%	Mar-22	66.5%	88.7%	86.7%	1st*	36.8%
		Assistant Director of Mental Health	46	Adult psychological therapy waiting < 26 weeks	80%	Mar-22	96.4%	96.3%	89.5%	2nd*	72.8%
	Director of Nursing	Deputy Director of Nursing	47a	HCAI - E.coli per 100k pop cum	Local - Improvement	Mar-22			2.20	PTHB is not nationally benchmarked for infection rates	
	Director of Nursing	Deputy Director of Nursing	47b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum		Mar-22			0.00		
	Director of Nursing	Deputy Director of Nursing	47c	HCAI - C.difficile per 100k pop cum		Mar-22			8.27		
	Director of Nursing	Deputy Director of Nursing	48a	HCAI - Klebsiella sp cumulative number		Mar-22			0		
	Director of Nursing	Deputy Director of Nursing	48b	HCAI - Aeruginosa per 100k cumulative number		Mar-22			0		

National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in	
Aim	**Executive Lead**	**Officer Lead**	**No.**	**Abbreviated Measure Name**	**Target**	**Latest Available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Director of Nursing	Assistant Director of Primary Care	49	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2020/21	87.9%		78.0%	7th	88.0%
	Director of Workforce and OD	Head of Workforce	52	Performance Appraisals (PADR)	85%	Feb-22	64.4%	74.0%	73.0%	2nd (Dec-21)	59.7% (Dec-21)
	Director of Workforce and OD	Head of Workforce	53	Core Skills Mandatory Training	85%	Feb-22	84.7%	82.0%	81.0%	1st (Dec-21)	80.1% (Dec-21)
	Director of Workforce and OD	Head of Workforce	55	(R12) Sickness Absence	12m↓	Feb-22	4.88%	5.40%	5.54%	1st (Dec-21)	6.48% (Dec-21)
	Director of Workforce and OD	Head of Workforce	56	Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing	Annual Improvement	2020		77% (2018)	75.5%	2nd	65.90%

National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in	
Aim	**Executive Lead**	**Officer Lead**	**No.**	**Abbreviated Measure Name**	**Target**	**Latest Available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Director of Nursing	Assistant Director Quality & Safety	59	Concerns & Complaints	75%	Q2 2021/22		38.0%	30.0%	Not applicable	
	Medical Director	TBC	60	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	Nationally no reportable studies for PTHB					
	Medical Director	TBC	61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies						
	Medical Director	TBC	62	Crude hospital mortality rate (74 years of age or less)	12m↓	Feb-22	3.76%	2.42%	2.38%	Not applicable	1.19%
	Medical Director	Chief Pharmacist	66	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q2 21/22	96.7%	97.4%	97.5%	6th	98.7%
	Medical Director	Chief Pharmacist	67	Total antibacterial items per 1,000 STAR-PUs	189.6	Q2 21/22	198.2	196.9	223.5	1st	254.7
	Medical Director	Chief Pharmacist	68	Percentage of secondary care antibiotic usage within the WHO access category	55%						
	Medical Director	Chief Pharmacist	69	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q2 21/22	497	485	472	1st	10,232
	Medical Director	Chief Pharmacist	70	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q2 21/22	0.12%	0.10%	0.10%	1st	0.14%
	Medical Director	Chief Pharmacist	71	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q2 21/22	3964.8	4059.8	4187.3	2nd	4500.4
	Director of Finance and ICT	TBC	74	Agency spend as a percentage of the total pay bill	12m↓	Mar-22	5.5%	8.8%	8.2%	10th (Dec-21)	6.2% (Dec-21)
	Director of Finance and ICT	Head of Information	75	Percentage of episodes clinically coded within one reporting month post episode discharge end date	12m improvement trend towards achieving the 95% target	Jan-22	100.0%	100.0%	100.0%	1st	84.7%

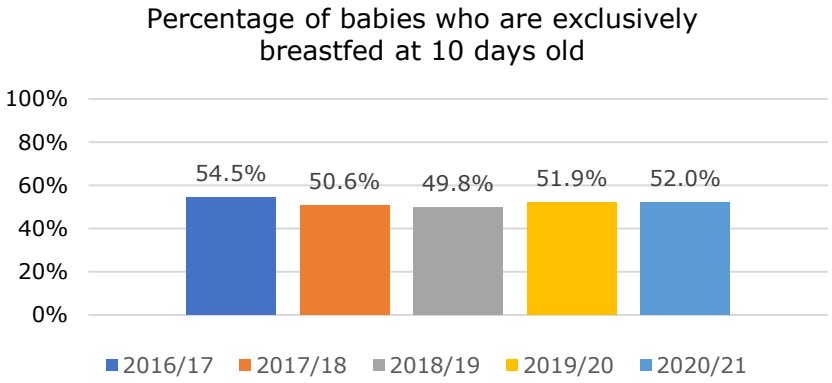
Quadruple Aim 1

No.	1

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

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

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



Performance 2020/21	
Local Performance	All Wales Benchmark
52%	1st (36.8%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
2020/21 performance slightly above the average performance over the last 5 years. Powys benchmarks positively against the All Wales figure of 36.8%. Powell Bethan 04/29/2022 13:00:54	Although breastfeeding rates are above the Wales average there is a reduction in exclusive breastfeeding rates between birth (77% in 2020, Source NCCHD) and 10 days. Some areas of Powys are noted anecdotally to have lower breastfeeding rates than others, but the current data collection methods do not support identification of specific areas. COVID19 has resulted in some reduced visiting in the postnatal period, which may have impacted on the level of support provided to some breastfeeding mothers.	The Powys Infant Feeding Steering Group will be restarting in 2022 with revision of the infant feeding action plan. There is an infant feeding coordinator in post who will be reviewing the data requirements and including in training the importance of accurate data collection by staff. Maternity and health visiting staff who have not completed the Baby Friendly Initiative (BFI) training in the last 3 years are required to complete it in 2022.	Powys is now a site for a multi-centre UK randomised control trial looking at the use of infant feeding helpers in supporting families antenatally and postnatally, with one aim being to identify if this results in improved breastfeeding rates in the intervention group. The study has commenced recruitment in January 2022. Powys volunteer breastfeeding groups have recommenced some face to face groups across Powys, increasing the support available to families.

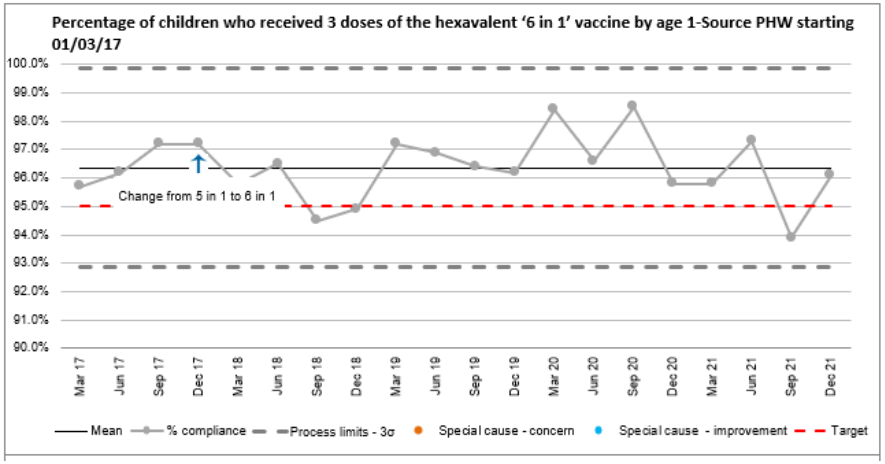
Quadruple Aim 1

No.	2

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

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

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



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

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

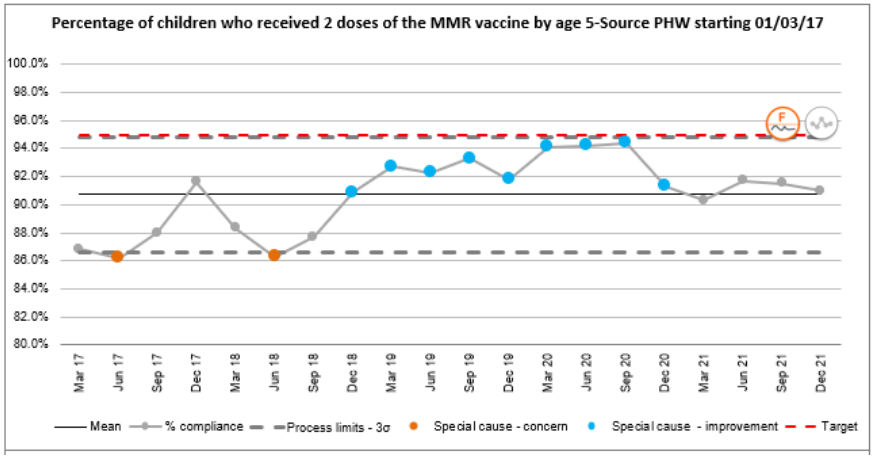
Quadruple Aim 1

No.	3

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

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

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



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

What the data tells us	Issues	Actions	Mitigations
PTHB has not met the target for 2 doses of MMR by age 5, performance is above calculated mean. PTHB benchmarks 4th against and All Wales performance of 90% for Q3 2021/22. Powell Bethan 04/29/2022 13:00:54	We have seen uptake drop off for MMR at 5 years, we believe that this is two fold; a reluctance by parents to take children to be vaccinated at this age, and the pressure on primary care to provide face to face appointments.	We are currently working with general practices with the longest queue to request further immunisation slots are opened up. Capacity to undertake this work is limited due to lack of capacity from the immunisation coordinator.	A recovery plan will be developed during Q1 and 2 to catch up on children under vaccinated in previous quarters and ensure the direction of travel is improved. Data cleansing is also being undertaken with the child health departments as staffing capacity was reduced during the pandemic.

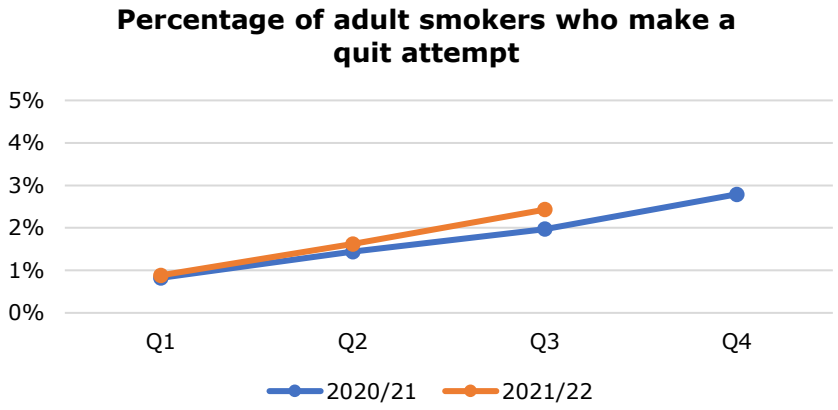
Quadruple Aim 1

No.	4

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

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

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



Performance Q3 2021/22	
Local Performance	All Wales Benchmark
2.43%	5th (2.99%)
Variance Type	
N/A	
Target	
5% Annual Target	
Data Quality	

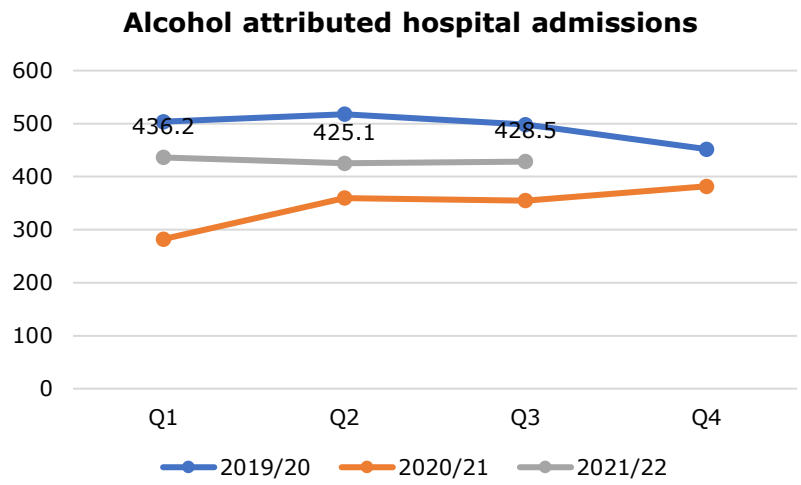
What the data tells us	Issues	Actions	Mitigations
The cumulative quit attempts for the financial year to Q3 show a slight uptake in quit attempts on 2020/21 but they are still lower than the national benchmark. This includes the total quit attempts across Powys. The numbers of smokers within Powys attempting to stop smoking is in the main lower than other health board areas.	The most significant issue driving the reduction in smoking quit attempts appears to be a reduction in access, specifically through level 3 pharmacy provision with over a 50% reduction in activity between the same periods in 2019 and 2021 from 4,749 to 2,264 respectively. Both community and maternity provision has increased slightly.	With the removal of further social distancing and IPC requirements it is hoped community pharmacy will increase the offer to those wishing to quit. The health board is also currently working through a bidding process to try and secure extra funding to enhance the support to those who find it hardest to quit and those who are awaiting a planned procedure.	Mitigation is limited at the current time although the community services are increasing slot for smokers wishing to be supported through quit attempts.

Quadruple Aim 1

No.	5

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

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



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

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

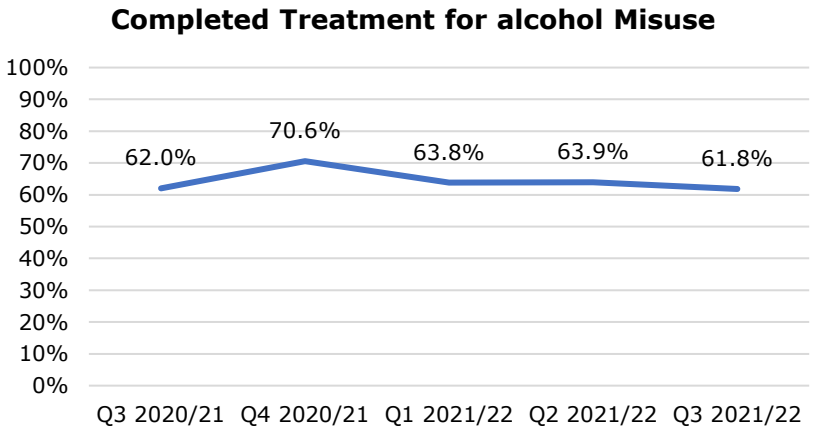
What the data tells us	Issues	Actions	Mitigations
Increasing four quarter trend in alcohol attributed hospital admissions, however rates in 2021/22 are below 2019/20 reported levels. Welsh average for Q3 2021/22 is 3 and PTHB ranks 6th.	A recent Public Health England study reported that alcoholic liver deaths increased by 21% during the pandemic year 20/21. And 24.4% more alcohol was sold, it is likely that increases in drinking habit as a result of COVID-19 have affected admission rates for Powys residents in line with UK findings	Continue to monitor reduction noted in quarter 2. Review public health information provision in terms of messaging to general public. Identify any repetitive patients accessing services and consider alternative support as appropriate.	To be confirmed once further action has been taken.

Quadruple Aim 1

No. 6

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

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



Performance Q3 2021/22	
Local Performance	All Wales Benchmark
61.8%	69%
Variance Type	
N/A	
Target	
4 Quarter Improvement Trend	
Data Quality	

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

What the chart tells us	Issues	Actions	Mitigations
Performance has not met the national target of 4 quarter improvement. The health board is ranked 6th in Wales against the All Wales figure of 69%.	This target is very broad, and interpretation of the target varies across Wales. We have focussed the Powys service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence and clients may access the service for a significant length of time.	Re-tendering for the drug and alcohol community treatment service has commenced with contract award expected in June 2022 and successful provider to take up contract in September 2022.	Delivery of the 2022 Area Planning Board work plan focused on achieving client-centred goals and recovery including the development of recovery focused communities.

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

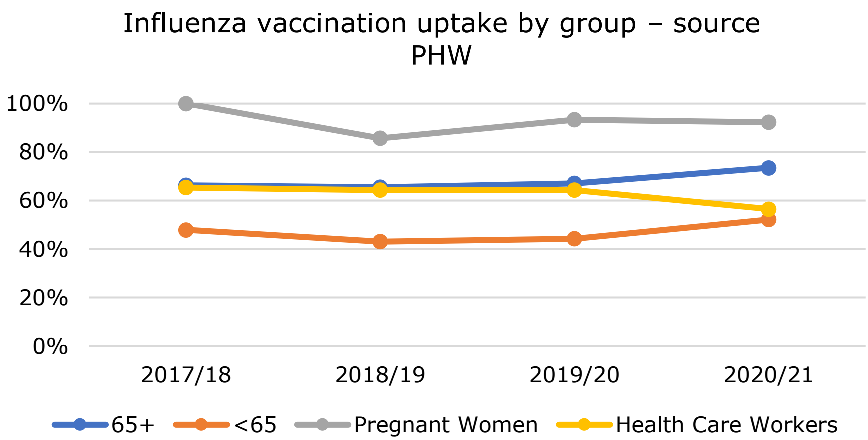
Quadruple Aim 1

No.	7

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

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

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



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

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

What the data tells us	Issues	Actions	Mitigations
• 65+yrs: Performance was close to the 75% target in 2020/21 and shows a year on year improvement. • <65ys at risk: Performance was above the Wales average but below target. • Pregnant women uptake remains robust well above all Wales average. • Health care worker uptake fell in 2020/21, partly due to COVID-19, with remote working, shielding staff members and corresponding difficulty accessing vaccinations.	During 2020/21 the numbers vaccinated in the key risk groups increased, however, primary care workforce capacity and social distancing arrangements made vaccination difficult.	• We are actively engaging primary care regarding delivery of the flu vaccine for 2021/22. Practices have been offered up to six sessions where they can close the practice and routine work will be covered by the out of hours provider. We do however still face problems with vaccine supply. • A separate staff vaccination steering group has been put in place. Every effort has been made to increase the numbers of peer vaccinators available to increase staff vaccination.	We have increased the offer of flu vaccinations through community pharmacy and for staff have strengthened the offer through additional community clinics and extended hours sessions.

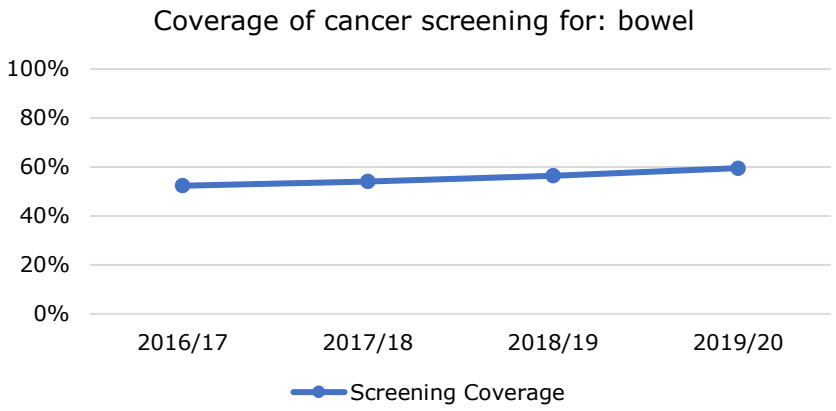
Quadruple Aim 1

No.	8a

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

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

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



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

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

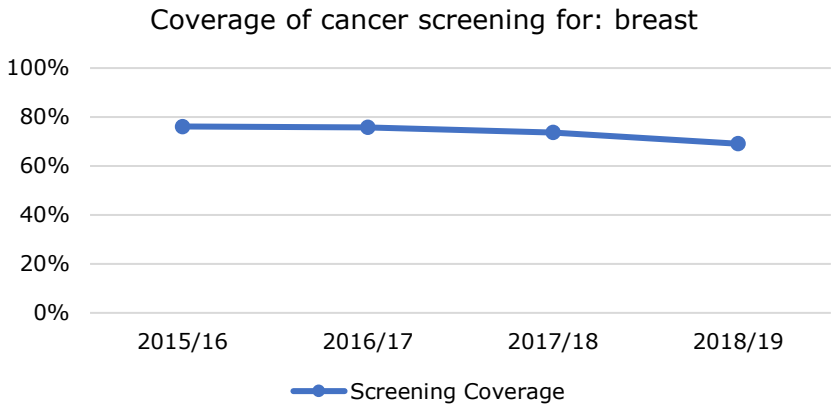
Quadruple Aim 1

No.	8b

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

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

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



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

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

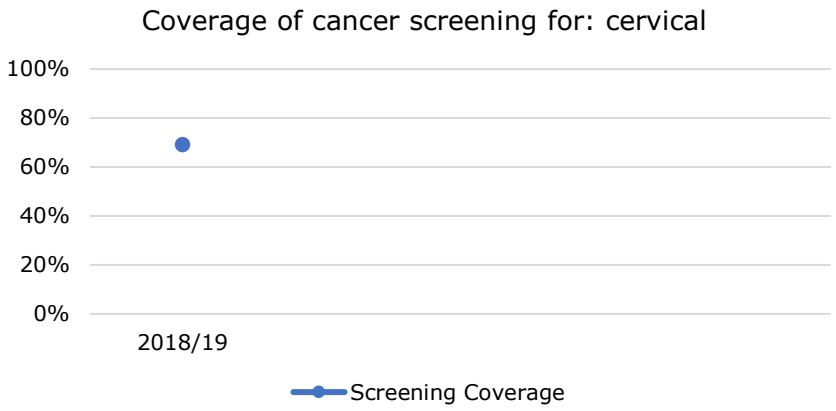
Quadruple Aim 1

No.	8c

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

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

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



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

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

Quadruple Aim 1

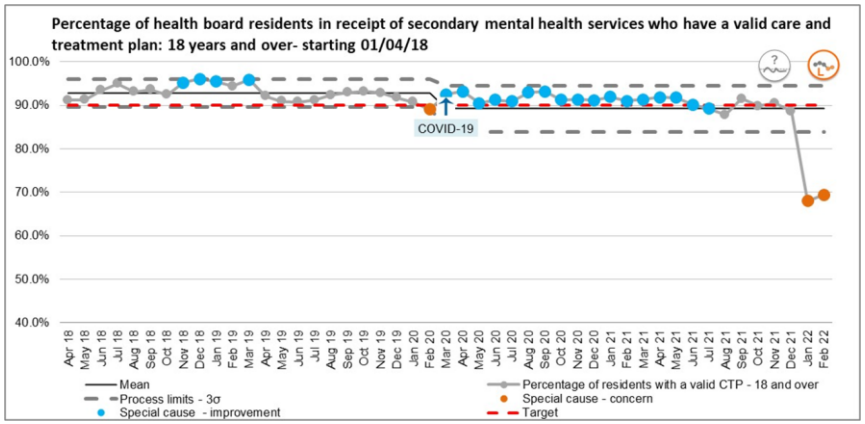
No.	9

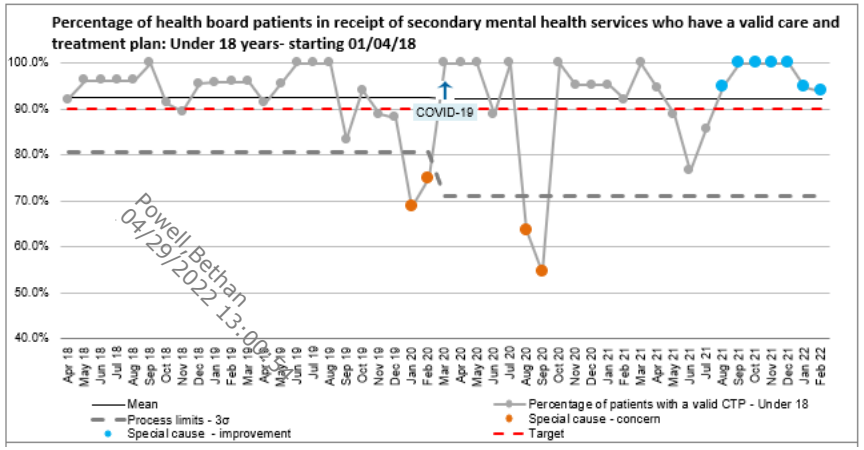
People in Wales have improved health and well-being and better prevention and self-management

Mental Health - Part 2

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

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





February 2022 Actual Performance			
18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
69.4%	(7th) 80.8%	93.9%	(1st) 82.0%
Variance Type			
Common Cause			
Target			
90%			
Data Quality			

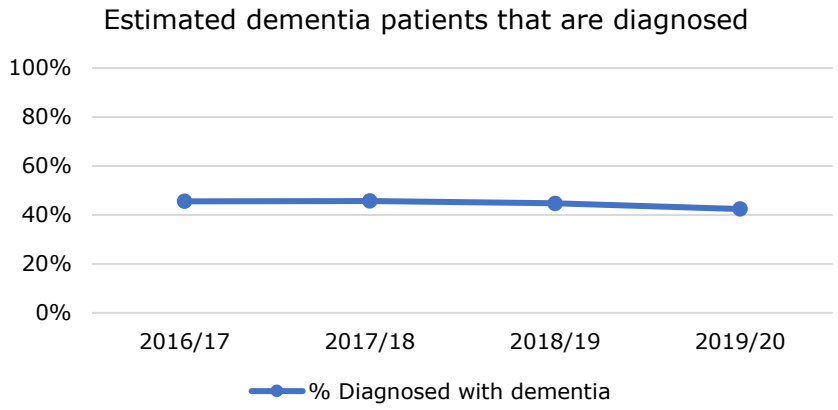
What the charts tells us	Issues	Actions	Mitigations
Adult and older CTP compliance remains special cause concern in February. Under 18 years of age CTP compliance remains robust, remaining special cause – improvement for the last 7 months. The Powys service benchmarks favourably against All Wales.	The majority of these are within North Powys services where there have been considerable staff vacancies. This is also impacted by Social Services inability to undertake their share of Office Duty, with this responsibility falling to PTHB Staff, impacting on clinicians' ability to care coordinate. Access to administration support is also a contributory factor, affecting ability to extract accurate data.	Series of meetings set with Director of Social Services and Head of Adults over Powys County Councils responsibilities in Community Mental Health Teams. Recruitment to vacant posts. A data cleansing project is underway to review WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.	Clinical assessment and prioritisation of case loads. Prioritising data cleansing and data accuracy.

Quadruple Aim 1

No. 10

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

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



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

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

What the chart tells us	Issues	Actions	Mitigations
Powys has failed to meet the target for the last 3 years of improvement. The health board ranks 7th against an All Wales average of 53.1%.	The target has proved challenging for Memory Assessment services for a number of years, compounded during the Covid-19 pandemic. This is because: • Difficult access to diagnostic CT (now improving) • Difficulties in recruiting Memory Assessment Nurses. • Medical Vacancies. • Reluctance for patients to visit clinics during the pandemic, and difficulties in communicating via VC or telephone for remote consultation.	A key priority for 2022 is to redesign Memory Assessment Services. A medical recruitment SBAR that identifies a number of options to improve recruitment of psychiatrists is under consideration. This includes the introduction of non medical prescribers and assessors within the service. If approved, this will change the pathway so that other clinicians take the lead on diagnosis (supervised by a consultant), and creates additional capacity to improve performance.	See the action segment.

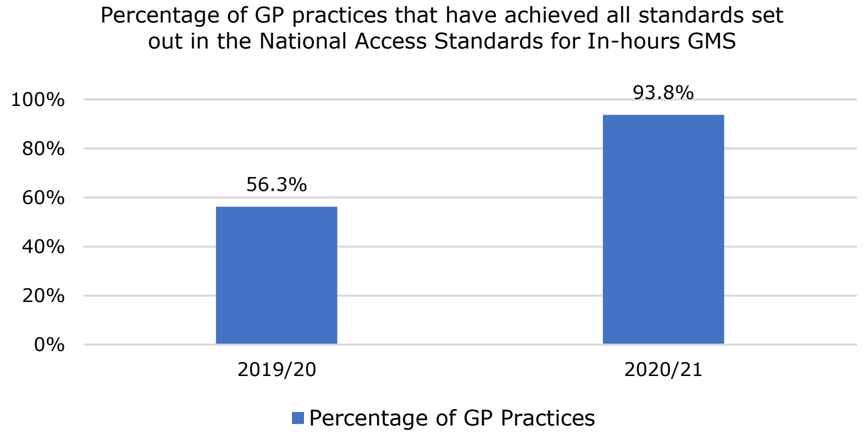
Quadruple Aim 2

No.	15

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

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

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



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

What the chart tells us	Issues	Actions	Mitigations
Limited data (2 points) available for this metric makes long term trend hard to ascertain. Performance shows a significant improvement to 93.8% from the previous year. PTHB performs above the All Wales average General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards.	Out of all the standards, only one standard was not achieved by one practice. This is Standard 5 - email facility for patients to make appointments or have a call back.	The Mid Cluster Practice representative on the PTHB Access Forum is linking in with the practice to offer support and advice to meet this indicator in 2021/22	PTHB provides an ongoing supportive role in assisting practices with achievement of the standards. Through the local Access Forum and aligned to the national work, PTHB work closely with all practices to improve access standards achievement. Specific mitigation for this issue is as per the Action.

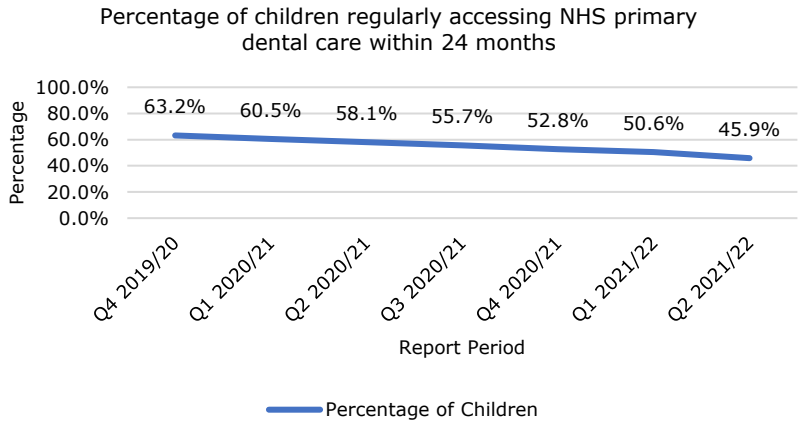
Quadruple Aim 2

No.	16

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

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

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



Q1 2021/22 Performance	
Local Performance	All Wales Benchmark
45.9%	(5th) 50.2%
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance has continued to fall across the displayed time period. PTHB performs below the All Wales average and ranks 5th for this metric. Going forward in 22/23 this measure is no longer applicable and is expected to be removed from the NHS Delivery Framework	Welsh Government suspended the normal contract monitoring metrics (UDA's) until Q4 21/22. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures. Meeting the IPC and ventilation standards/requirements for the clinical environment has impacted significantly on patient footfall.	• Reduced IPC requirements introduced in Q4 will improve patient flow • Restart of dental contract reform has commenced since 1st April 23 • Practices have a choice to either be part of the reform programme or a return to contractual arrangements based wholly on delivery of UDA activity. • 75% of Powys practices have chosen the contract reform model for 22/23	The following measures will be monitored during 22/23 - >80% of all child patients with a risk of caries (red or amber) have an application of fluoride varnish - New patient target, for patients who have not had an appointment in the preceding 4 years, including children and adult - Historic patient target, to review patients seen in the previous four years, including children and adult. Child access against the above measure will be monitored monthly.

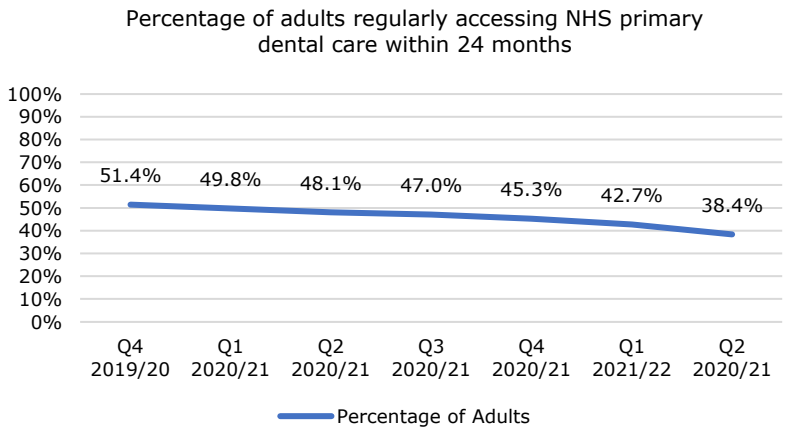
Quadruple Aim 2

No. 17

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

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

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



Q1 2021/22 Performance	
Local Performance	All Wales Benchmark
38.4%	(4th) 38.2%
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance has continued to fall for this measure over the displayed period. PTHB performs slightly above the All Wales average of 38.2% ranking 4th. Going forward in 22/23 this measure is no longer applicable and is expected to be removed from the NHS Delivery Framework	Welsh Government suspended the normal contract monitoring metrics (UDA's) until Q4 21/22. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures. Meeting the IPC and ventilation standards/requirements for the clinical environment has impacted significantly on patient footfall.	• Reduced IPC requirements introduced in Q4 will improve patient flow • Restart of dental contract reform has commenced since 1st April 23 • Practices have a choice to either be part of the reform programme or a return to contractual arrangements based wholly on delivery of UDA activity. • 75% of Powys practices have chosen the contract reform model for 22/23	The following measures will be monitored during 22/23 - New patient target, for patients who have not had an appointment in the preceding 4 years, including children and adult - Historic patient target, to review patients seen in the previous four years, including children and adult. Access against the above measure will be monitored monthly.

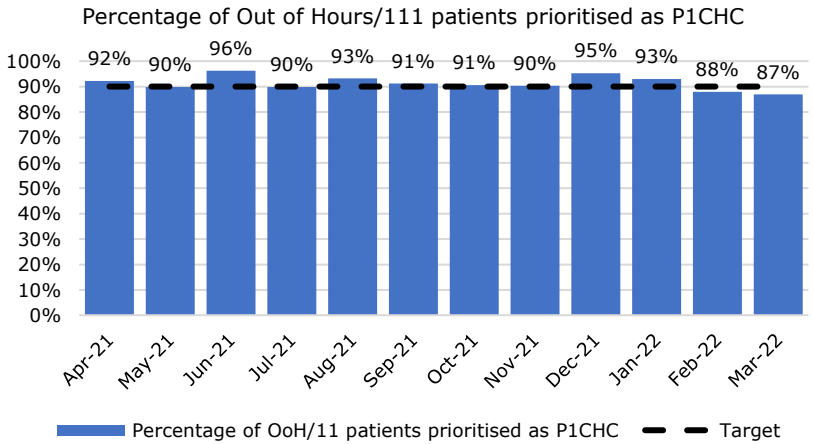
Quadruple Aim 2

No.	18

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

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

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



Mar 2021 Performance	
Local Performance	All Wales Benchmark
87%	N/A
Variance Type	
N/A	
Target	
90%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
The 90% target dropped in Feb and March-22 due to winter pressures and covid. In addition there have been considerable staffing challenges due to covid absences. Despite these challenges performance has remained robust.	The provider IT systems supporting the PTHB out of hours service (OOH) provision are not able to fully report against the OOH standards. The data provided is limited. The reasons for this vary with each provider: • Shropdoc - It is currently not possible to report against the OOH measures for the whole patient journey as end to end reporting between 111 and Shropdoc is unachievable as the 'time stamp' of referral from the 111 service to the Shropdoc face to face service is not transferred between the systems. • Swansea Bay University Health Board (SBUHB) - Due to the lack of inter-operability between 111 and the Adastra SBUHB OOH system causes limitations in being able to specifically report on Powys patients and the Powys data. Accurate OOH reporting is a national issue and given the need for accurate reporting a replacement IT system, SALUS, is currently being developed for implementation in 2022.	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 from during 22/23	The PTHB OOH Performance Management Group continue to seek alternative ways to gain assurance, for example standard achievement from an individual provider perspective, quarterly reviews of clinical risk registers, Incidents, Complaints, Compliments, 111 Health Profession Feedback and Safeguarding issues.

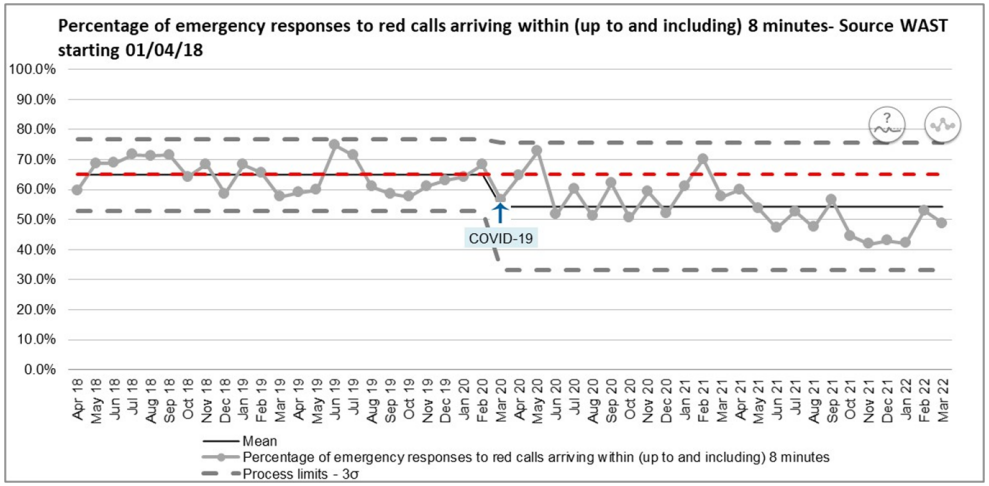
Quadruple Aim 2

No.	19

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

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

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



March 2022 Performance	
Local Performance	All Wales Benchmark
48.7%	(3rd) 51.1%
Variance Type	
Common Cause	
Target	
65%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
That performance has deteriorated since the start of the Covid-19 pandemic with only 2 months during the pandemic where performance has been above the targeted performance. Powys ranks 3rd below the All Wales average of 51.1% for the same period.	Demand for urgent care services continues to increase including calls to 999 ambulance services Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times Impact of Covid 19 on ambulance staffing continues to cause significant impact on staff availability and rotas. Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds	WAST have deployed additional staff resource including military personnel to cover actual ambulance crew sickness. Military support is expected to end at the end of March All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved All Wales urgent care system escalation calls being held daily (often more than once per day) Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option. Staff have been redeployed to support urgent care flow	Wider system calls being held daily with the aim to improve overall system flow. Day of Care audit undertaken across Wales in med Feb. National Risk Summit held on 15th Feb to understand the reasons for such high numbers of MFFD. Powys Teaching Health Board and Powys County Council to hold their own local risk summit in March 2022

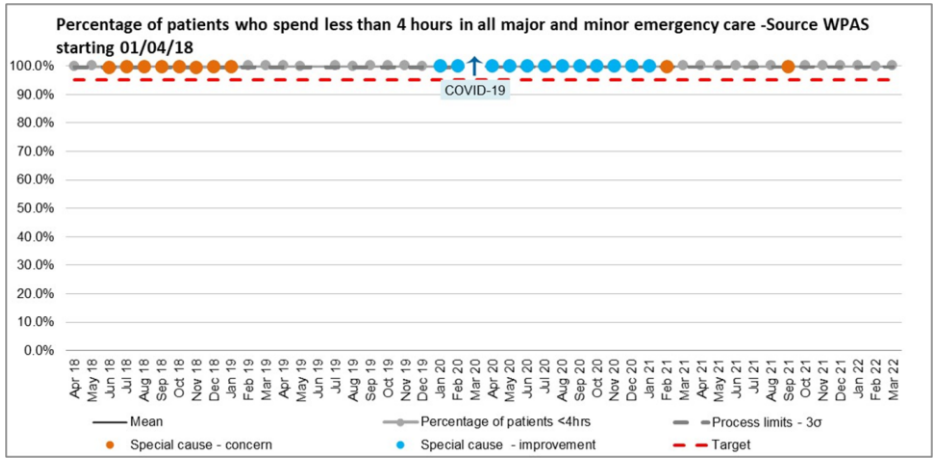
Quadruple Aim 2

No.	21

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

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



March 2022 Performance	
Local Performance	All Wales Benchmark
100%	*(1st) 66.6%
Variance Type	
N/A	
Target	
95%	
Data Quality	

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

What the chart tells us	Issues	Actions	Mitigations
MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average in February was 66.6% but this is non comparable due to the provider service types. Powell Bethan 04/29/2022 13:00:54	No issues with MIU performance as reflected in data. Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.	A standard operating procedure (SOP) and training has been done on the management of delays which has been signed off by the medical director and head of nursing.	Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.

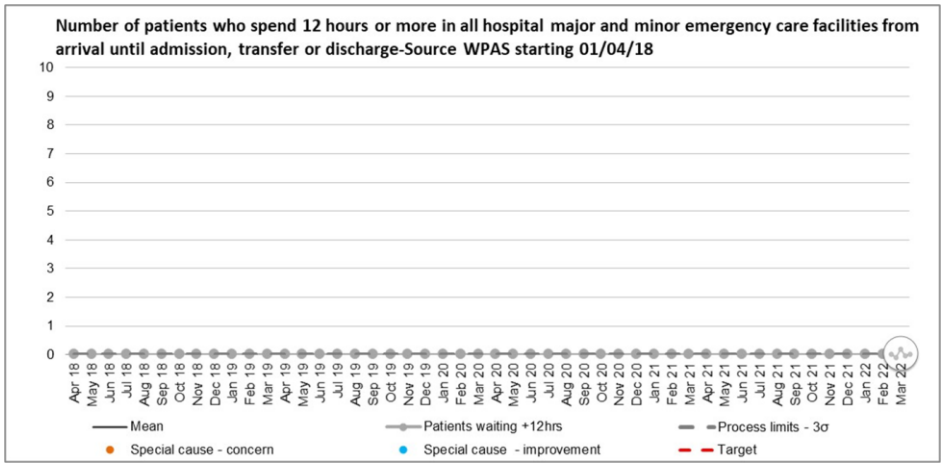
Quadruple Aim 2

No. 22

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

Minor Injury Unit (MIU) Performance
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge

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



March 2022 Performance	
Local Performance	All Wales Benchmark
0	9,150
Variance Type	
N/A	
Target	
0	
Data Quality	

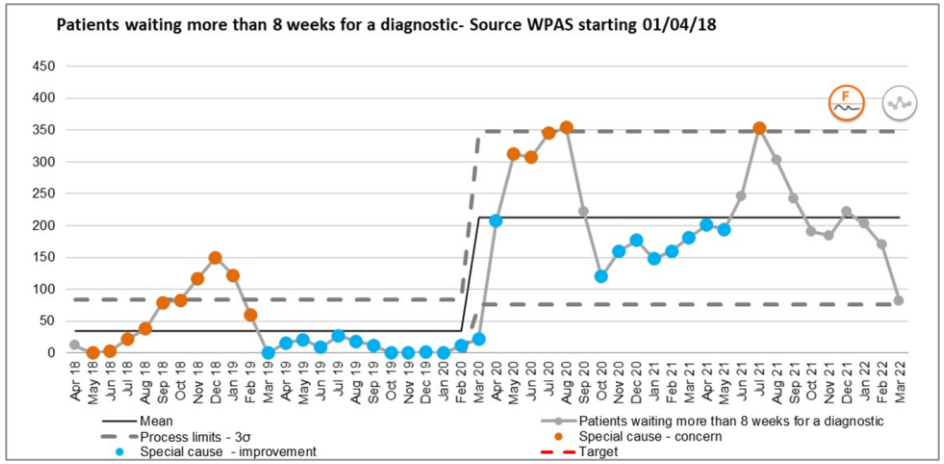
What the chart tells us	Issues	Actions	Mitigations
MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis. The All Wales total of patients waiting over the target for February was 9,150 which has been the second highest number of delays recorded in 2021/22. Powell Bethan 04/29/2022 13:00:54	No issues with 12 hour breaches but as per previous slides amounting pressures in WAST are likely to cause increasing delays in transfers, including red calls.	Implement standard operating procedures (SOP) & escalation of any transfer delays.	Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.

Quadruple Aim 2

No. 32

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

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



March 2022 Performance	
Local Performance	All Wales Benchmark
81	*(1st)48,701
Variance Type	
Common Cause	
Target	
0	
Data Quality	

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

What the chart tells us

The diagnostic performance recovery remains fragile for the provider since the impact, and suspension of services from COVID-19 in Wales. The most recent performance shows a significant improvement with breaches reduced to 81, the biggest reduction has happened within diagnostic endoscopy where patient breaches have reduced to only 9 patients over 8 weeks at the end of March 2022.

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.

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

Please find Issues, Actions, and Mitigations for diagnostics on the next page

Quadruple Aim 2

No. 32

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

Diagnostic Breaches

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

Issues	Actions	Mitigations
Endoscopy • Good progress was made during the first quarter of 2021/22 with backlogs of Urgent Suspected Cancers/urgents cleared. However during Q2/Q3 there have been significant shortfalls in endoscopist capacity (lowers – colonoscopy) due to unplanned absences – with capacity as low as 10% of normal in July 21. • The service is fragile and reliant on in reach particularly for lowers. In reach CD retires in July 2022 • There is a national shortage of colonoscopists. • High levels of C19 related staff absences in Q4 2021/22 • Capacity impacted by C19 testing and isolation requirements unable to fill cancellation slots at short notice • Bowel screening service is fragile single points of failure • Demand & Capacity modelling pre covid indicated underlying deficit in colonoscopy capacity for PTHB 5 sessions per month **Cardiology** • Cardiology – due to changes in clinical practice requirement for echocardiograms has increased which has led to shortfalls in SLA capacity. • In reach absences due to C19 in Q4 2021//2 have impacted on service capacity for echocardiogram	**Endoscopy** • Additional insourcing capacity commenced in March 2022 with sessions running in the endoscopy suite in Llandrindod Hospital • PTHB is reviewing latest PHW IPC guidance re C19 testing prior to procedure a move to LFT would support management of capacity within the service • Review of endoscopist workforce and succession planning requirements to be undertaken in 2022/23. • Neighbouring HBs & NHS Trusts have been approached for availability of additional in reach sessions – to date none have been forthcoming. • Working with National Endoscopy Programme on demand and capacity modelling and regional plans/solutions (across 3 regions South East, South West, North) • New endoscopy reporting system medilogik in place allowing the HB to submit audits to the National Endoscopy Database • New endoscopy decontamination equipment funding via WG Renewals monies installed and operational in Brecon Hospital • Joint Advisory Committee(JAG) annual review successfully completed for Brecon • 1st PTHB trainee nurse endoscopist successfully JAG accredited • PTHB gastroenterology service in place in Llandrindod Hospital • Workforce plans and Clinical Endoscopist Development Strategy under development for PTHB Clinical Endoscopists to support service sustainability/reduce reliance on in reach services and underlying capacity deficit in lower endoscopy • Plans in place for medical model & leadership review • Band 7 Senior Nurse for Endoscopy successfully appointed and is in post. • Scoping service development cytosponge and nasoendoscopy • Recruitment underway for PTHB Clinical Endoscopist • Working with PHW Bowel Screening Wales on regional solutions to service sustainability, CTMUHB specialist nurse post providing in reach into PTHB service **Cardiology** • Additional echo capacity from host service provider has been made available from Jan 22 but will require further capacity. Insourcing options are being considered along with requests to other providers.	• Rolling programme of clinical and administrative waiting list validation. • Additional in sourcing capacity to be provided to address routine backlog commenced in March 2022. • Working at Regional level to support service sustainability

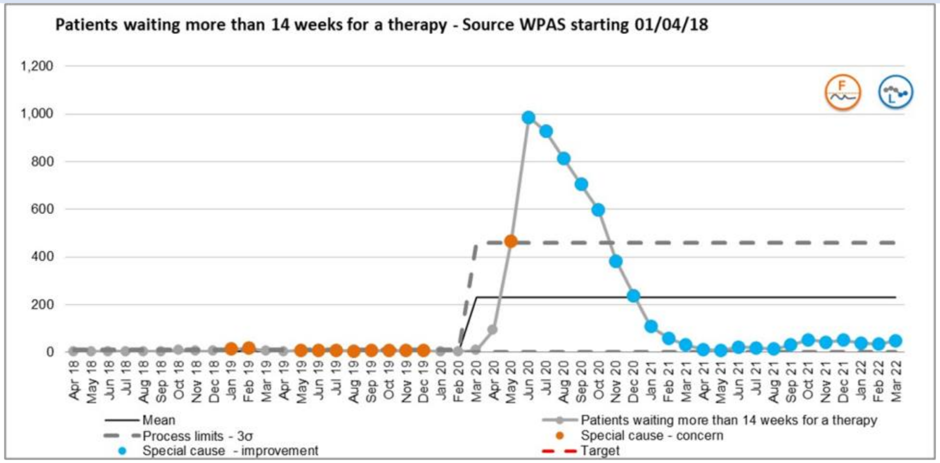
Quadruple Aim 2

No. 33

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

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

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



March 2022 Performance	
Local Performance	All Wales Benchmark
49	* 13,097 (Jan)
Variance Type	
Special Cause - Improvement	
Target	
0	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Therapy performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. The service since June 2020 has been reporting special cause improvement and breach levels have recovered to near pre covid levels. It should be noted that the breaches increased to 49 in Audiology and Physiotherapy.	• Cancellations of clinics at short notice due to staff having to isolate due to covid causes breaches • Vacancies across services particularly physiotherapy and Dietetics having some impact.	• Locums have been employed; however, the market is becoming limited. • Weekly management of waiting lists by Heads of Service.	To be confirmed if actions fail to resolve current performance shortfall

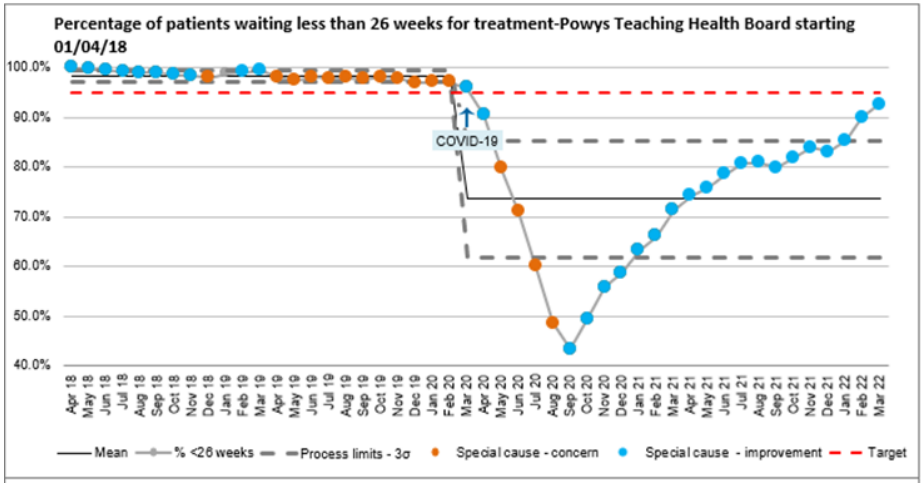
Quadruple Aim 3

No. 34

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

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

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



March 2022 Performance	
Local Performance	All Wales Benchmark
92.7%	53.4% (Feb)
Variance Type	
Special Cause - Improvement	
Target	
95%	
Data Quality	

RTT waits by specialty and band	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	288	35	13	2	1	0	**339**
101 - UROLOGY	136	19	0	0	0	0	**155**
110 - TRAUMA & ORTHOPAED	467	38	11	0	0	0	**516**
120 - ENT	355	6	0	1	0	0	**362**
130 - OPHTHALMOLOGY	754	17	1	0	0	0	**772**
140 - ORAL SURGERY	253	38	6	4	1	0	**302**
143 - ORTHODONTICS	17	0	0	0	0	0	**17**
191 - PAIN MANAGEMENT	111	0	0	0	0	0	**111**
300 - GENERAL MEDICINE	43	0	0	0	0	0	**43**
320 - CARDIOLOGY	128	7	0	0	0	0	**135**
330 - DERMATOLOGY	37	4	0	0	0	0	**41**
410 - RHEUMATOLOGY	101	8	0	0	0	0	**109**
420 - PAEDIATRICS	58	0	0	0	0	0	**58**
430 - GERIATRIC MEDICINE	17	0	0	0	0	0	**17**
502 - GYNAECOLOGY	239	25	0	0	0	0	**264**
Grand Total	**3004**	**197**	**31**	**7**	**2**	**0**	**3241**

What the chart tells us	Issues
Powys provider planned care has continued to report special cause improvement since Q3 2020. The service in March reported 92.7% compliance in patients waiting under 26 weeks (considerably better than other Welsh providers). Challenged specialties include General surgery, Oral Surgery, and Trauma & Orthopaedics.	• Covid protocols social distancing which has led to national reduction in templates for much of the year. • Fragility of in reach providers and DGH Covid-19 pressures. • Fragility of theatre staffing due to sickness absence, former shielding and vacancies.

Actions and Mitigations on next page

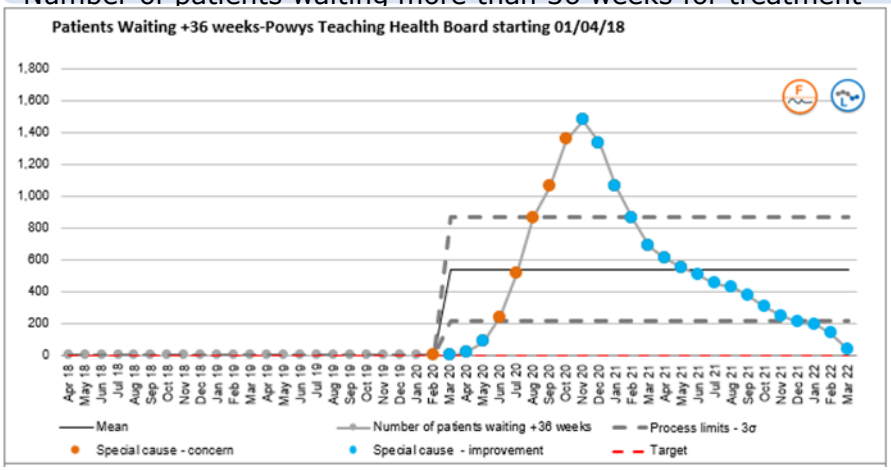
Quadruple Aim 3

No. 35

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

Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment



February 2022 Performance	
Local Performance	All Wales Benchmark
40	*251,647
Variance Type	
Special Cause - Improvement	
Target	
0	
Data Quality	

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

What the chart tells us

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

Actions

- Theatre/Endoscopy service transformation, review of staffing roles and skill mix undertaken by Senior Nurse Manager with service staffing plan in place.
- Rolling recruitment programme for theatre and endoscopy nursing – on-going.
- Full templates in place in out patient departments (OPD) from Oct 21.
- Working with BSW around options for PTHB. BSW service looking at reginal working with CTMUHB.
- Establishment pan Powys dedicated specialist out patients (OP) nursing team Welshpool, Newtown, Llanidloes, Llandrindod, Bronllys, Ystradgynlais, Brecon. Pan Powys OP clinical standards, protocols, clinical governance/ICP structure. Significant improvement updating in PTHB OP estate and equipment. Currently out to recruitment for dedicated OPD staff for Machynlleth.
- 1st HB in Wales to introduce LocSSIPs locally derived safety standards for invasive procedures. Patient PROMs developed for OP.
- Nurse-led pessary clinics pan Powys working alongside consultant clinics – one stop shop. Hysteroscopy service in North Powys supported by OP nursing.
- Vascular "mega" clinic established in North Powys Aug 21 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic. Vascular service model could be rolled out into South Powys.
- Parallel clinics in orthopaedics pan Powys. Further parallel development of foot clinics planned for North Powys with OP nursing supporting so that patients no longer have to travel out of county for dressings, removal of metalwork.
- Dedicated paediatric eye care clinic South Powys children no longer have to travel to Hereford. One stop clinic with consultant, orthoptist, PTHB eye care nurse,
- All areas of OP have potential for MDT development general surgery, ENT, colorectal surgery, one stop colorectal/gynae clinics, diabetes, urology a few examples.
- Digital health care/virtual appointment encouraging consultant teams to use virtual healthcare initiatives including SOS. PIFU (PTHB rates for key specialities ENT/Orthopaedics are best in Wales), clinical support and advice to patients.
- Cervical screening wales significant improvement across all key quality indicators for PTHB service.
- Successfully recruited to PTHB Oral Surgery postholder to commence Q2 2022/23

Mitigations

- Clinical and administrative review of waiting lists – rolling review
- National Planned Care Programme is developing national harm review processes and national system.
- Additional capacity in place from February 2022 – insourcing
- SOPs continually reviewed in line with updated Royal College, PHW and national guidance.
- SLAs managed via PTHB Commissioning Assurance Framework

Quadruple Aim 2

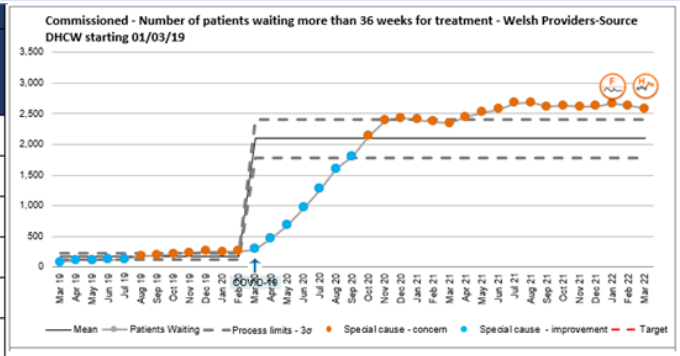
No. | Com

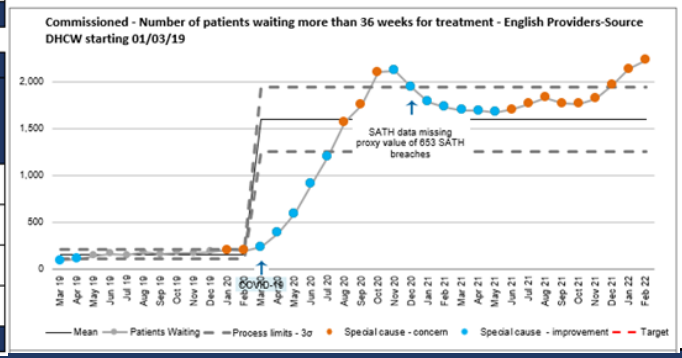
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

	Mar-22	Patients Waiting						
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	62.2%	1313	222	237	133	60	145	2110
Betsi Cadwaladr University Local Health Board	44.0%	237	58	74	74	24	72	539
Cardiff & Vale University Local Health Board	54.7%	236	36	51	41	26	41	431
Cwm Taf Morgannwg University Local Health Board	46.9%	244	45	59	46	39	87	520
Hywel Dda Local Health Board	53.4%	748	130	163	150	95	114	1400
Swansea Bay University Local Health Board	47.4%	897	186	206	201	93	310	1893
Total		3675	677	790	645	337	769	6893

	Feb-22	Patients Waiting						
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	70.6%	233	46	38	8	2	3	330
Robert Jones & Agnes Hunt Orthopaedic & District Trust	42.8%	1616	306	380	266	50	30	2648
Shrewsbury & Telford Hospital NHS Trust	68.1%	2565	470	499	197	36	0	3767
Wye Valley Trust	64.2%	2128	461	540	127	38	21	3315
Total		6542	1283	1457	598	126	54	10060





What the chart tells us

Welsh provider performance does not meet the national targets with limited improvement, Swansea Bay has the greatest number of long waiting residents (310) of any commissioned health board.

That English providers have a greater total number of patients waiting, reflective of the greater number of treatments undertaken in England as opposed to Wales.

Under 26 week performance is predominately better but Q4 long wait performance has struggled with special cause concern due to increasing numbers of long waits.

No NHS commissioned services are delivering the 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.

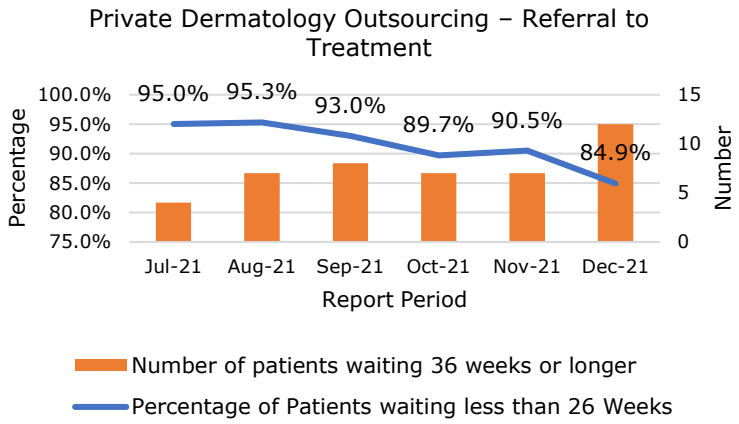
Quadruple Aim 2

No.

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

Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment



Waits by Week Band	Open Clocks at 31st December 2021	Open Clocks at 30th November 2021
0-25 Weeks	338	354
26-35 Weeks	48	30
36-52 Weeks	12	7
53-76 Weeks	0	0
77-104 Weeks	0	0
Over 104 Weeks	0	0
Total	**398**	**391**

Private Dermatology Provider	Wait bands				
	0-25 Weeks	26-35 Weeks	36-51 Weeks	52 Weeks and Over	Total
Dec-21	338	48	12	0	398

What the chart tells us

That the number of patients waiting for treatment has increased since July 21 reflecting the increase in referrals to that service. This has impacted performance with a reduction in the compliance against <26 week target to 84.9%.

Despite an increase in referrals actual treatments times remain responsive but a small cohort of patients waiting over 36 weeks (12) is reported.

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.

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

Mitigations

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

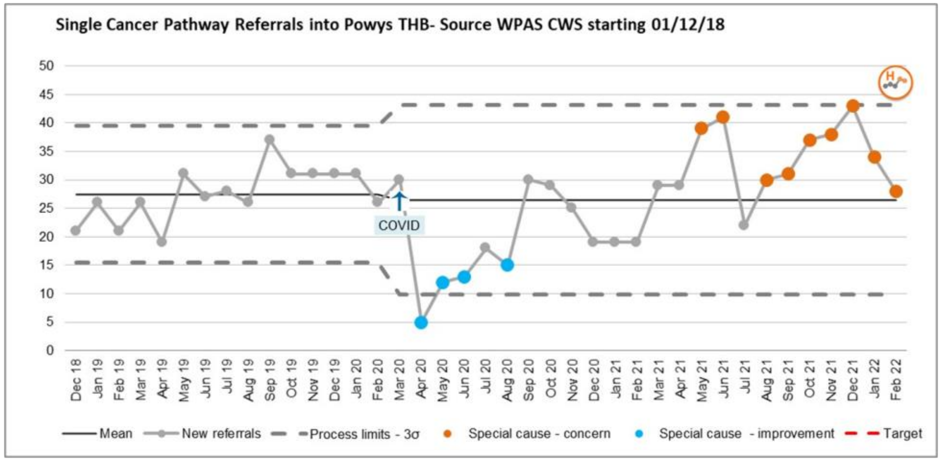
Quadruple Aim 2

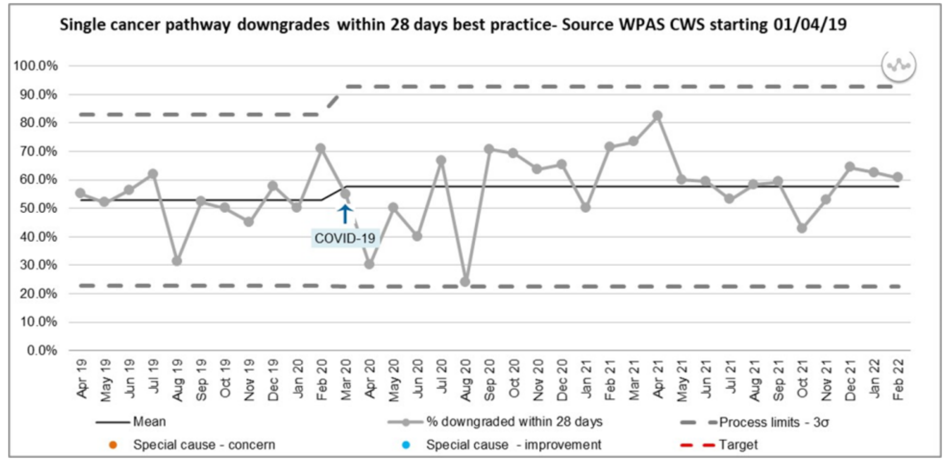
No.

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

Provider Single Cancer Pathway (SCP) Performance

Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	7





What the charts tells us	Issues	Actions	Mitigations
• During February 28 patients started an SCP pathway within provider, slightly above the month average. The number of patients being referred has remained predominately above average this financial year and the national picture as of 15th March 2022 confirms that in the last 12 weeks 23% more additions to the waiting list have occurred across Welsh providers (All Welsh patients) when compared to the same 12 weeks last year. • The downgrade performance (60.6% Feb-22) against the best practice guidance for those patients who **DO NOT** have cancer being told within 28 days.		• The Cancer Services Tracker continuously monitors live data for PTHB as a provider. • There are no current breaches identified for patients receiving their diagnostic appointments in Powys.	

Quadruple Aim 2

No.

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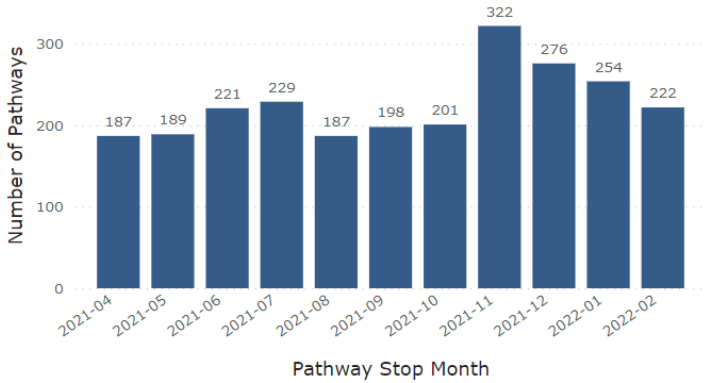
Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	7

Commissioned Services Single Cancer Pathway (SCP) Breach Performance

Welsh SCP pathways breaching by provider – source DHCW

ProviderOrgDesc	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	Total
Aneurin Bevan Local Health Board	8	2	4	3	3	5	4	2	2	7	3	**43**
Betsi Cadwaladr University Local Health Board				1	1				1			**3**
Cwm Taf Morgannwg University Local Health Board	2		3	2	3	1	1	2	1	1	2	**18**
Hywel Dda Local Health Board	5	2	4	4	1	2	4	4	4	3	1	**34**
Swansea Bay University Local Health Board	2	2	2	7	2	3	2	6	2	2	5	**35**
Total	**17**	**6**	**13**	**17**	**10**	**11**	**11**	**14**	**10**	**13**	**11**	**133**

Wales all pathways by stop month – source DHCW



Commissioned services - What the table tells us

Welsh Providers

- The number of breaches reported has not significantly changed with 11 reported across all Welsh treatment providers for February.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 16 breaches of their cancer pathway reported for January 2022, 5 patients waiting over 104 days. Reason for delays include complex pathways, elective capacity, and radiological capacity.

- Wye Valley NHS Trust (WVT) reported 4 breaches of their cancer pathway in January 2022, the challenge of issues mirrors SATH including radiological investigation delays and elective capacity challenges.

Issues	Actions	Mitigations
• Powys Teaching health board does not have access to the SCP open pathways information, as such breaches are reported post event. • COVID-19 pressures impacting cancer treatment, flow, surgical, and diagnostic capacity.	• Initial work (phase 1) undertaken in March and April 2022 using non-recurrent Wales Cancer Network funding to develop a business intelligence tool using the Power BI platform for all active suspected cancer pathways for Powys residents receiving diagnosis or treatment in other health boards or NHS trusts in Wales. • PTHB Harm Review panel established and meeting monthly to review breach reports completed by commissioned providers.	• Wales Cancer Network have confirmed non recurrent funding for April – September 2022 of £43093 to further develop progression of the business intelligence tool. Phase 2 will enable the transfer of the Power BI standalone system onto the Powys server and then linking to the data resulting in live tracking of Powys patients on the Suspected Cancer Pathway in Wales. Phase 3 will include English flows so that the picture for PTHB spans the population for which it is responsible.

Quadruple Aim 2

No. 38/39

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

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

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

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

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

What the chart tells us	Issues	Actions	Mitigations
No performance data for these measures is currently available. Powell Bethan 04/29/2022 13:00:54	**Non Mental Health** • Fragility of in reach providers and DGH Covid-19 pressures. • Fragility of theatre staffing due to sickness absence, former shielding and vacancies • Covid-19 protocols social distancing reduced templates • MH, GS, and GM respiratory are the key areas of challenge MH/Respiratory form the bulk of 100% overdue follow ups **Mental Health** • The majority of over due follow-ups in Mental Health are within the Older Adult Mental Health Teams, and are Medic initiated follow up. OA Medical staffing has struggled to recruit substantive medics for a significant period, 66% of medics in this service are locum and this has led to an inconsistency in approach to FU.	**Non Mental Health** • Implementing MDT approach as described in previous slides. • Breathe Well Programme undertaking clinical review of all overdue follow ups with support from respiratory nurses. • Excellent progress is being made in terms of SOS & PIFU pathways best in Wales for ENT, Orthopaedics & Gynae. **Mental Health** • Medical Staffing recruitment paper is with the CEO and Executive Team. • Data improvement work is underway. • Clinical Director engaging with Medical workforce to achieve consistency in approach to FU.	• Clinical and administrative review of waiting lists

Quadruple Aim 2

No. 40

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

Ophthalmology

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

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

Chart 1 – Current measure 2021/22 framework

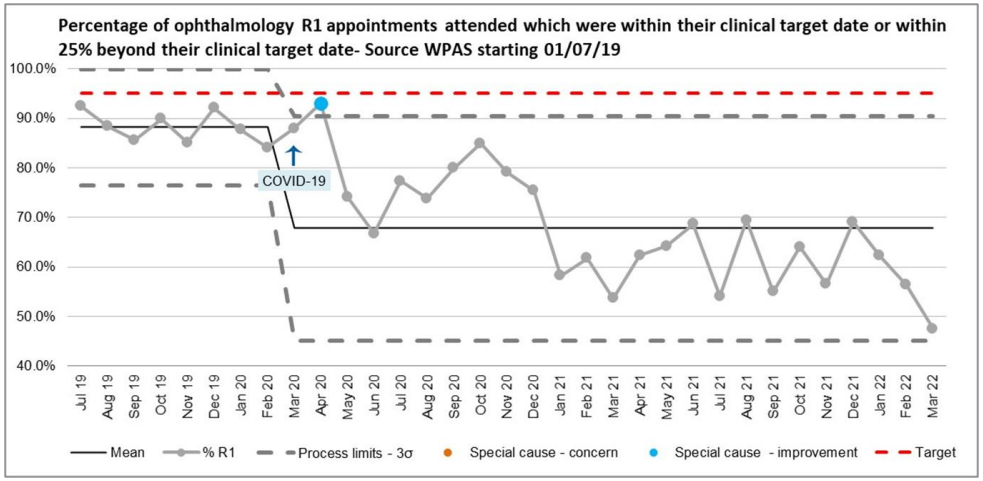
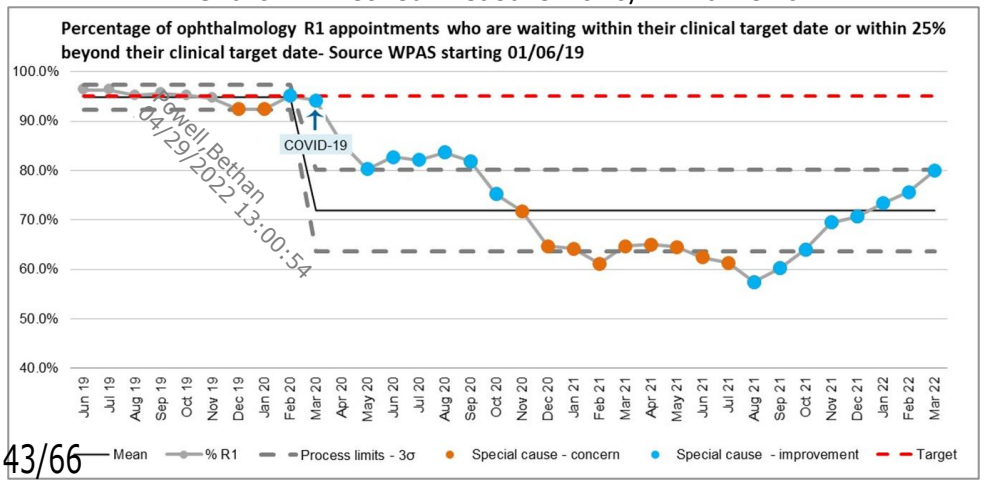


Chart 2 – Retired measure 2020/21 framework



What the chart tells us

Please note a error has been found regarding ophthalmology performance reporting within the IPR back to the Month 10. This error has not affected our submitted or nationally reported position.

The Ophthalmology measure changed during Q3 2021 with the release of the new, but late confirmed 2021/22 NHS Delivery Framework. The wording of this measure had been revised, the measure for 2021-22 reports on ophthalmology R1 appointments attended. The previous measure focused on R1 patients who were waiting within their clinical target date for care and treatment.

Unfortunately data for patients attended populated the SPC from Q3 mixing new and old measure data e.g. % snapshots of waiting and attended. This has now been corrected and SPC charts of both the new (Chart 1) and older (Chart 2) national metrics have been provided for transparency.

Performance for R1 appointments attended does not meet the 95% target (47.5%) in March. Although common cause variation from Q2 the performance compliance remains predominately below post COVID-19 suspension average. It should be noted that data quality due to the follow-up challenge could be adversely affect reported performance.

Performance for R1 patients waiting within their clinical target date or within 25% has seen special cause for improvement (79.9% Mar-22) since Q3.

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

March 2022 Performance	
Local Performance	All Wales Benchmark
47.5%	*(6th) 59.9%
Variance Type	
Common Cause	
Target	
95%	
Data Quality	

Data quality risk linked to FUP reporting challenge affecting current measure

Issues, actions, and mitigations continued on next page

Quadruple Aim 2

No. 40

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

Ophthalmology

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

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

Issues	Actions	Mitigations
• Fragility of in reach providers and DGH Covid-19 pressures, C19 related absences. • Fragility of theatre staffing due to sickness absence, and vacancies • Information Reporting issues with FU list • Digital Eye Care pilot delayed until May 2022	• Wet AMD service has been extended into mid Powys. • PTHB 1st nurse eye care injector. • Excellent clinical outcomes above national average for Wet AMD. • MDT for eye care including ophthalmic scientist and hospital optometry. One stop eye care clinic established in Llanidloes Oct 21 with MDT patients no longer need to travel to Bronglais Hospital (HDUHB) and face significant wait for eye care scans/biometrics. One stop clinic established in Welshpool in early 2022. • Plans in progress to further extend all eye care pathways into North Powys as part of North Powys Transformation Programme, one stop clinics in Newtown and potential cataracts in OP setting, ocularplasty in OP setting undertaken by specialist nurses etc. • 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. • Hydroxychloroquine Screening Service for eye care & rheumatology patients under development with successful equipment bid to WG Renewal Fund. • Dedicated paediatric eye care clinic South Powys children no longer have to travel to Hereford. One stop clinic with consultant, orthoptist, PTHB eye care nurse. • The PTHB Eye Care MDT will be presenting at the Oxford Ophthamological Congress in July 2022 re training optometrists and running a wet AMD service at a community hospital • No patients waiting over 36 weeks for 1st appointment, no patients waiting over 52 weeks for cataracts (March 22)	• Community optometry support to risk stratify long waits/overdue follow ups • Development of eye care MDT • Corporate review of FU reporting performance and harm management

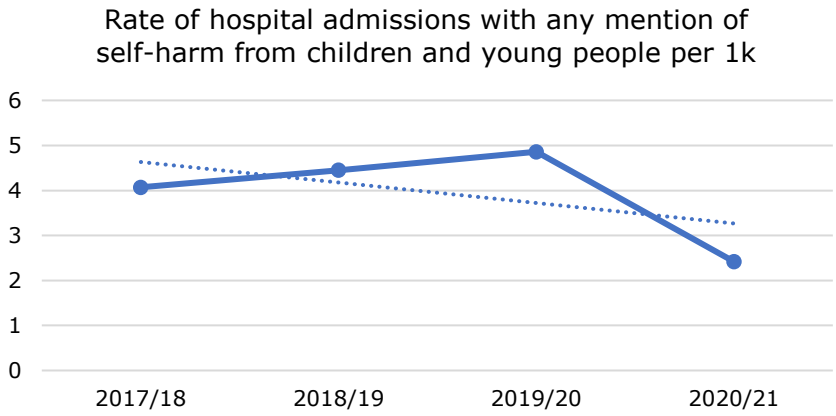
Quadruple Aim 2

No.	41

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

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

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



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

What the chart tells us	Issues	Actions	Mitigations
Performance meets the annual reduction target for 2020/21. PTHB performance in comparison to the All Wales average (3.54) is good with the health board ranking 2nd. Powell Bethan 04/29/2022 13:00:54	Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.	• Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm. • School CAMHS outreach service will be operational from Q4 2021/22 (through the WG funded programme to provide MH and Wellbeing practitioners in every Powys secondary school	See actions.

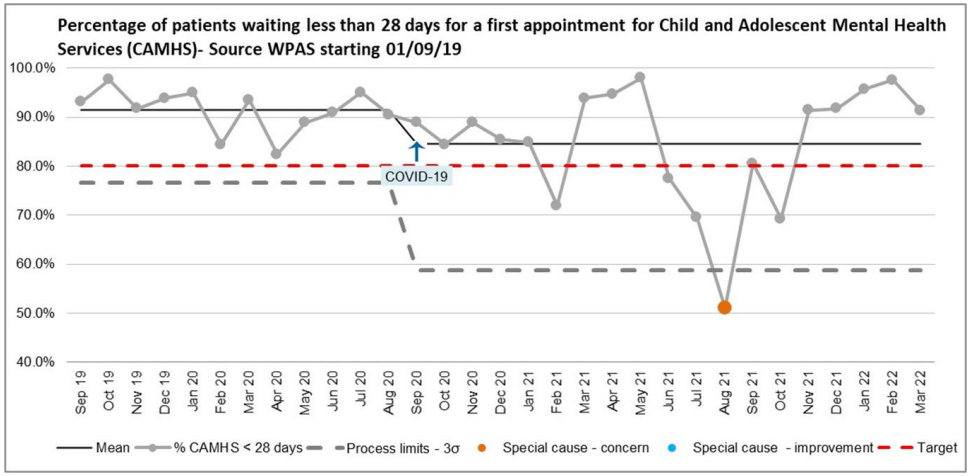
Quadruple Aim 2

No.	42

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

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

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



Performance March 2022	
Local Performance	All Wales Benchmark
91.3%	*1st (40.2%)
Variance Type	
Common Cause	
Target	
80%	
Data Quality	

* Benchmark from previous available period

What the chart tells us	Issues	Actions	Mitigations
Performance remains robust and achieving national targets.	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.	New recruitment campaign due to commence, and 1 member of staff returned from maternity leave in Jan 22. Silvercloud service has commenced in CAMHS and uptake has been encouraging. Further promotion of the service will further improve performance. Single Point of Access (SPOA) piloted for access to both PCAMHS and SCAMHS – reducing duplicate assessments and clinical time. Pilot was successful and entailed two regular staff providing SPOA duties. Service has since recruited into one of two SPOA/ Duty team posts. Interviewing mid April for second position which in turn will free capacity for PCAMHS and SCAMHS intervention support.	See actions.

Quadruple Aim 2

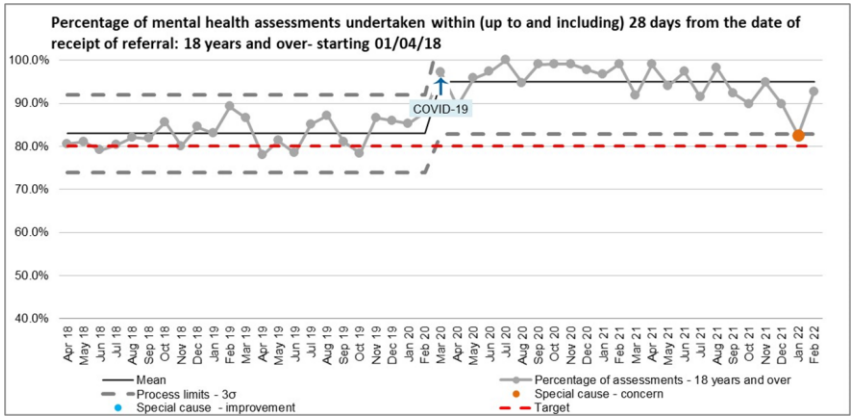
No.	43

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

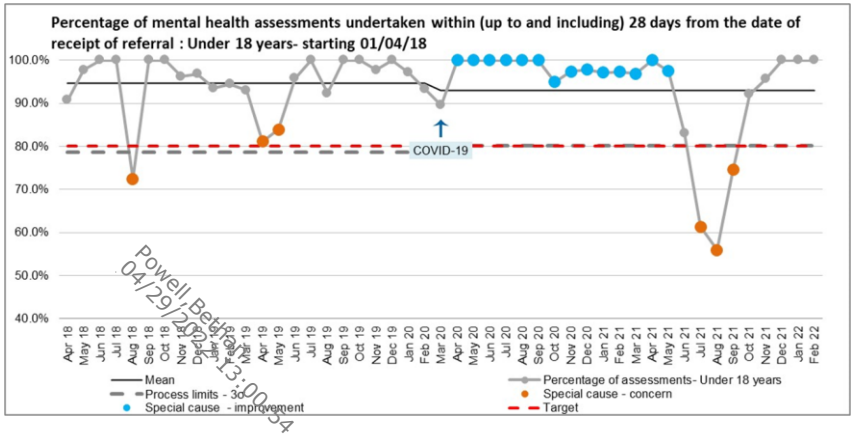
Mental Health - Part 1

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

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



February 2022 Actual Performance			
18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
92.6%	4th 75.2%	100%	1st 51.9%
Variance Type			
Common Cause			
Target			
80%			
Data Quality			



What the chart tells us	Issues	Actions	Mitigations
• Part 1 +18 year old assessments performance remains robust at 92.6% for February comparing well to All Wales benchmarking for previous periods. • Part 1 < 18 year old assessments performance has reported 100% compliance for the last 3 reported months.	No issues, the target has consistently been met.		

Quadruple Aim 2

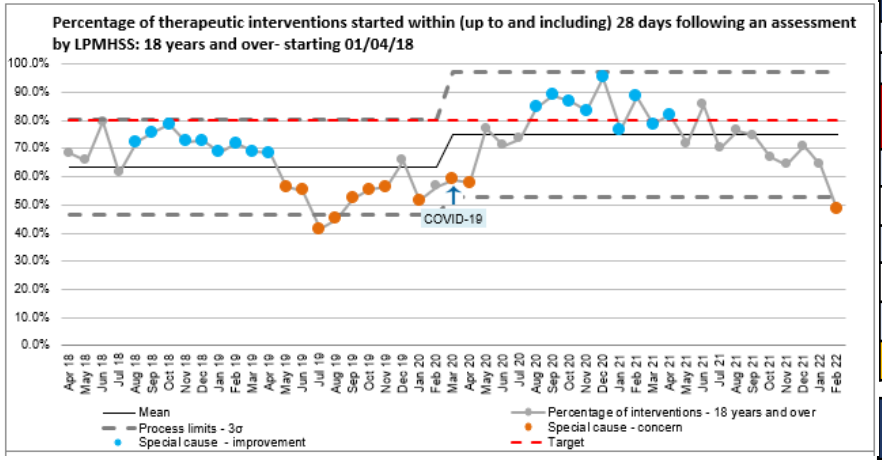
No.	44

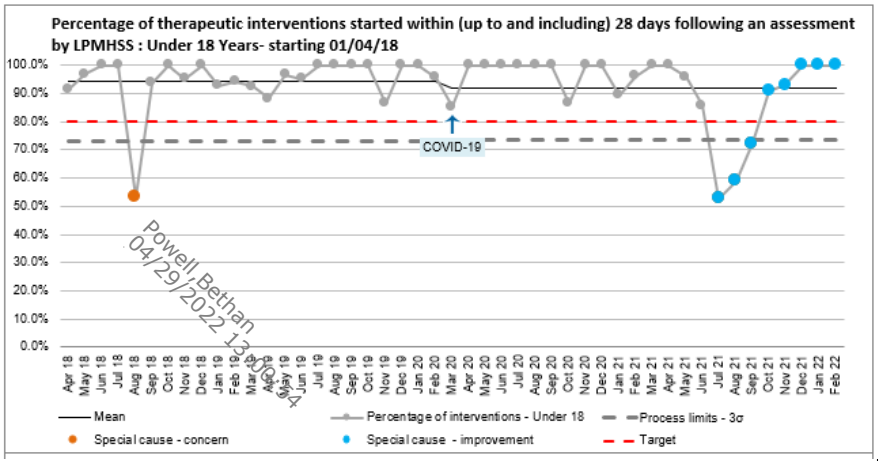
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

Mental Health - Part 1

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





February 2022 Actual Performance			
18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
48.5%	6th 67.4%	100%	1st 53.9%
Variance Type			
Common Cause			
Target			
80%			
Data Quality			

What the chart tells us	Issues	Actions	Mitigations
• Performance for therapeutic interventions in adult and older patients has dropped to 48.5%, this falls below the LCL of the SPC and reports special cause concern. • < 18 years performance for therapeutic interventions in contrast is very positive with the last 3 months reporting 100% compliance.	The LPMHSS service has seen a significant increase of presentations, notably in South Powys. There were several vacancies in the North Powys team in late Q3 / Q4. A decision was made to focus on assessments over interventions (so not to being a therapeutic relationship between patients and leavers). Performance in terms of interventions within 28 has dipped because of; • Increase in acuity and patients. • Service delivering more intensive services to prevent escalation into secondary care (e.g. CBT, EMDR) these courses of treatment take longer. • Staffing challenges in terms of vacancies and long-term sickness	Recruitment to unfilled posts. Continued promotion of Silvercloud. Secure additional capacity within the service, and for management of the service, due to long term staff sickness (via service improvement fund).	See Actions

Quadruple Aim 2

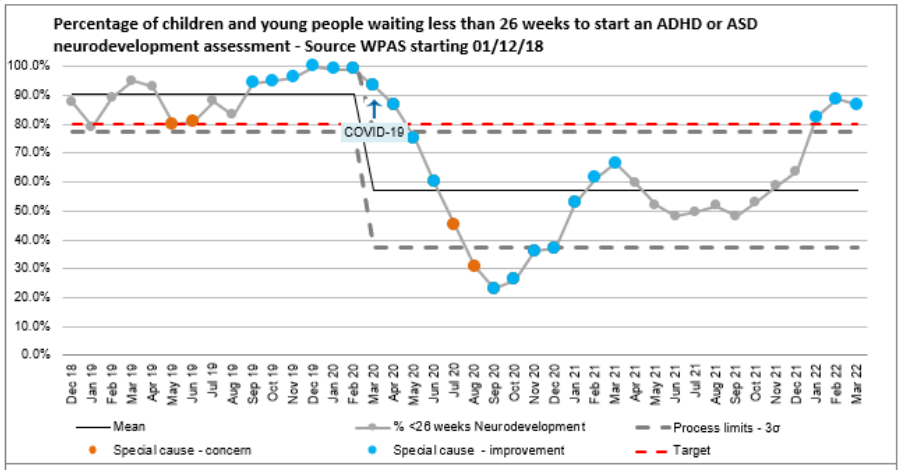
No.	45

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

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

Neurodevelopment Assessment

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



Performance March 2022	
Local Performance	All Wales Benchmark
86.7%	* 36.8%
Variance Type	
Common Cause	
Target	
80%	
Data Quality	

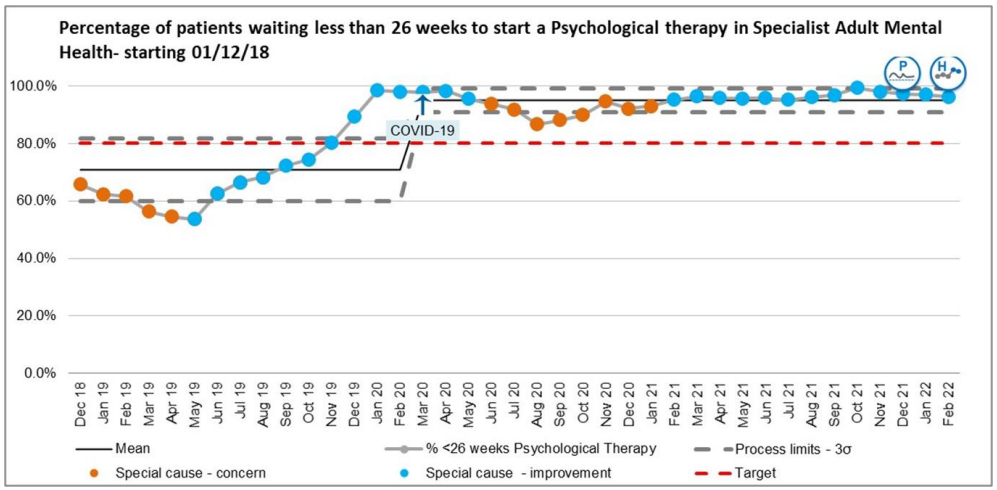
What the chart tells us	Issues	Actions	Mitigations
Performance for neurodevelopmental assessment has shown special cause – improvement for the last 3 reported months. Powys compares favourably with All Wales who for February reported only 36.8% compliance.	•The referral demand trend continues to increase from an average of 20 per month pre COVID, rising to an average 40 at Qtr3 and peaking to 63 in March 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.	• 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.	• Additional non recurrent renewal funding has been extended for 5 key posts until Dec 2022 to enable the current waiting list backlogs to continue to be addressed. • An IBG funding application will be submitted to secure core recurring monies beyond December 2022. This will support the essential capacity required to meet the increase in referral demand long term.

Quadruple Aim 2

No.	46

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

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



Performance March 2022	
Local Performance	All Wales Benchmark
89.5%	2nd *72.8%
Variance Type	
Common Cause	
Target	
80%	
Data Quality	

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

* Benchmark from previous available period

What the chart tells us	Issues	Actions	Mitigations
Performance remains above target at 89.5% for February, the health board benchmarks positively with All Wales performance not meeting the target at 72.8% in February. Powell Bethan 04/29/2022 13:00:54	No issues: the RTT target is consistently met.		

Quadruple Aim 2

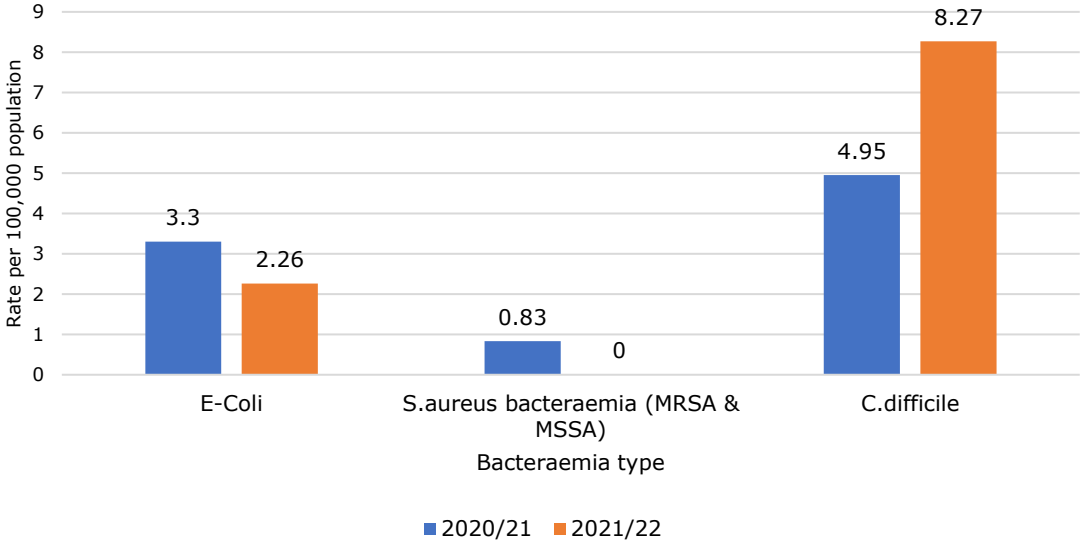
No.	47

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

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

Executive Lead	Director of Nursing
Officer Lead	TBC
Strategic Priority	22

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



Performance March 2021/22

Local Performance per 100k

Infection Type	Performance
E-coli	2.26
S.Aureus (MRSA & MSSA)	0
C.Difficile	8.21

Target

Local – Improvement

Data Quality

What the chart tells us	Issues	Actions	Mitigations
PTHB infection rates for the monitored and reported bacteraemia are very low and are not benchmarked with the other health boards. E-coli cumulative rate for 2021/22 is 2.26 slightly below the rate for 2020/21. No S.aureus infections have been reported in 2021/22, and C.difficile reported rate is higher at 8.27 per 100k when compared to 4.95 for the same period in 2021.			

Quadruple Aim 2

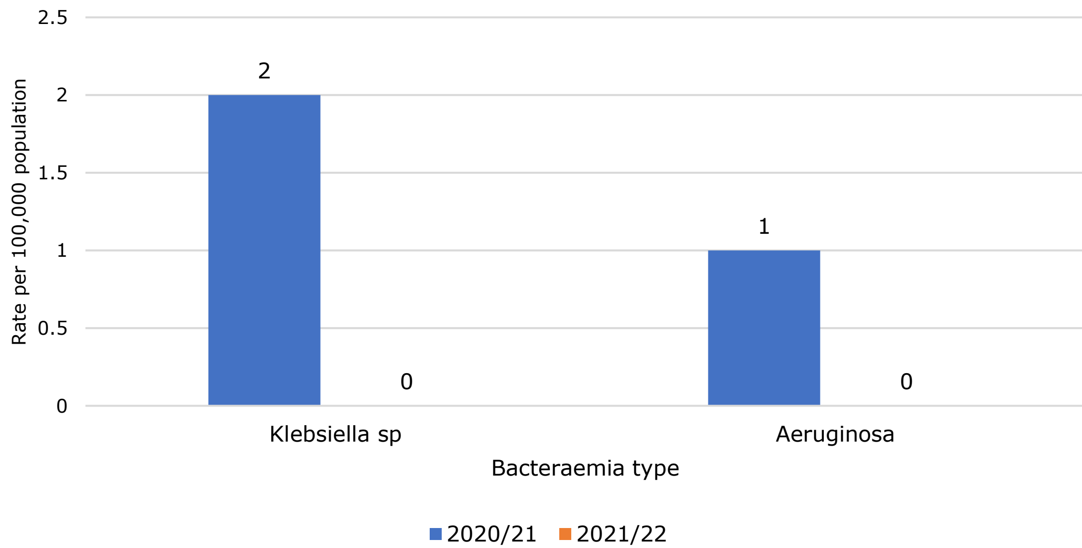
No.	48

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

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

Executive Lead	Director of Nursing
Officer Lead	TBC
Strategic Priority	22

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



Performance February 2021/22	
Local Performance per 100k	
Infection Type	Performance
Klebsiella sp	0
Aeruginosa	0
Target	
Local – Improvement	
Data Quality	

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

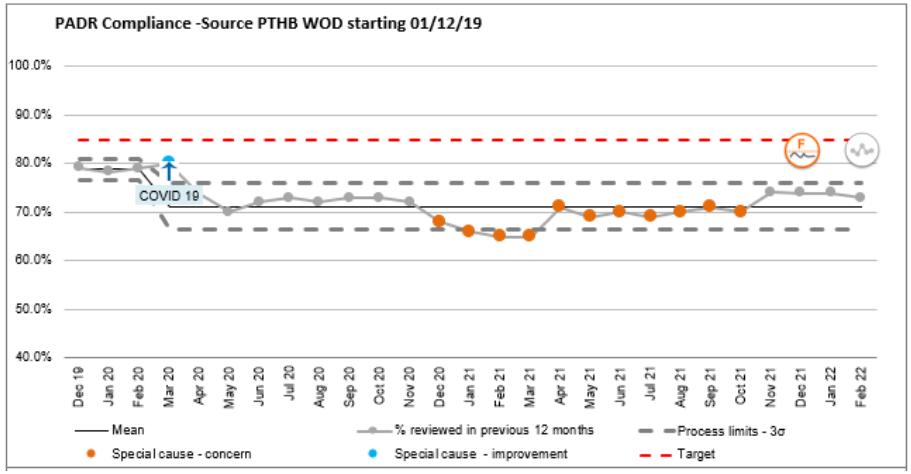
Quadruple Aim 3

No. 52

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

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

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



February 2022 Actual Performance	
Local Performance	All Wales Benchmark
73%	59.7% (Dec-21)
Variance Type	
Common Cause	
Target	
85%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
PTHB PADR performance reported at 73% for February, this is still above average for the period since COVID-19, and has remained common cause variance for the last 4 months. The health board benchmarks positively against the All Wales position.	• Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in delivery of PADRs since the beginning of the pandemic. • The health board has seen a small improvement in compliance when compared to performance at the start of the financial year, however, there still continue to be challenges in achieving pre-pandemic performance figures.	• 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.	• Regular conversations as normal management of staff being undertaken and supported within services.

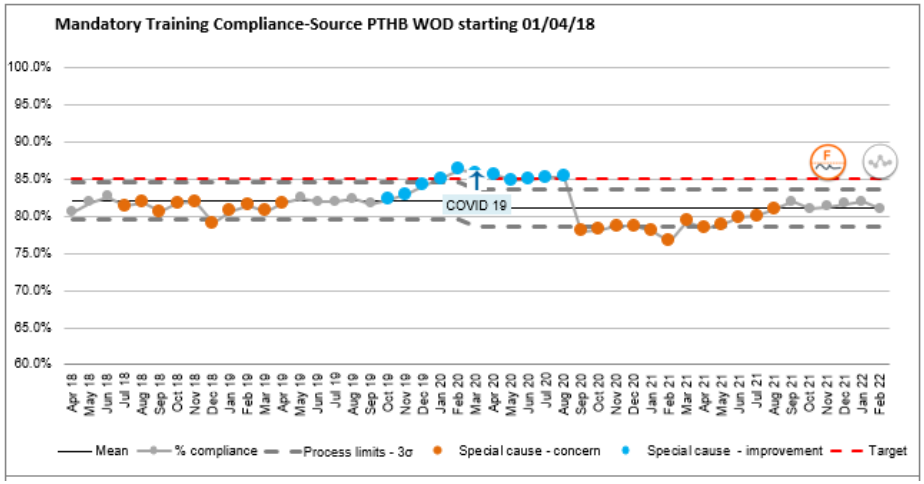
Quadruple Aim 3

No. 53

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

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

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



February 2022 Actual Performance	
Local Performance	All Wales Benchmark
81.0%	80.1% (Dec-21)
Variance Type	
Common Cause	
Target	
85%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance in February reported as 81% (inline with average since COVID). The variance has continued to be common cause for the last 6 months, not meeting the 85% national target.	• 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.	• WOD HR Business Partners are discussing mandatory compliance at senior management groups within services. • Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director. • Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.	• Services have been asked to prioritise staff groups to undertake essential training relevant to role.

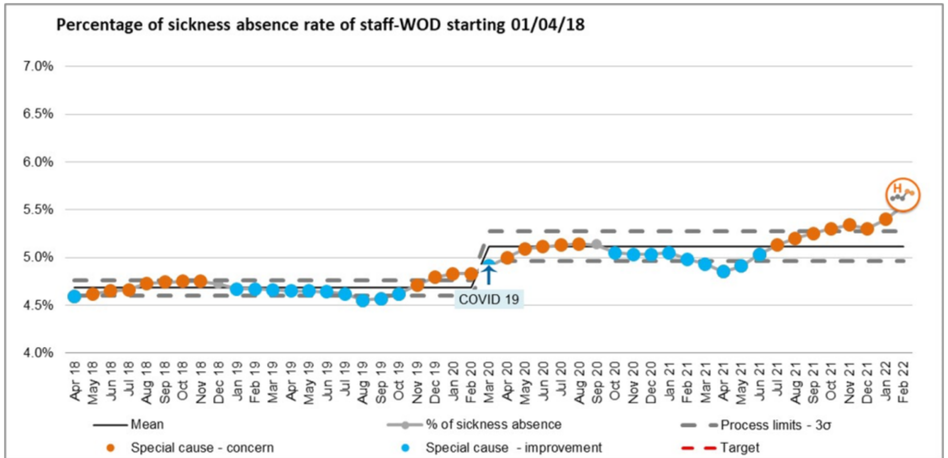
Quadruple Aim 3

No.	55

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 & OD
Officer Lead	Head of Workforce
Strategic Priority	14



February 2022 Actual Performance	
Local Performance	All Wales Benchmark
5.54%	6.32% (Oct-21)
Variance Type	
Special Cause - Concern	
Target	
12 month reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
PTHB sickness performance remains as special cause from concern. The rolling 12 performance is reported as 5.54% for February, monthly actual 5.9% which consists of 2.54% short term and 3.36% long term. Although high when compared to pre-covid the health board is one of the lowest in Wales.	• COVID-19 continues to have an impact on sickness absence percentage. High levels of stress & anxiety reflective of the overall population. • Waiting time for appointments with Occupational Health (OH) consultant is 8 weeks and referrals to NOSS remain high with an average 85 sessions per month.	• Continues to be monitored by managers and HR Business Partners in line with All Wales Managing Attendance at Work policy. • Well being action plan now approved. • Business case to support OH team capacity approved. Recruitment to vacant posts is underway. • A single tender waiver to increase counselling services has also been approved, ahead of a retender exercise.	• Managing Attendance at Work Policy • Well being action plan • Staff counselling service • Online CBT • Long Covid Programme • Occupational Health Service

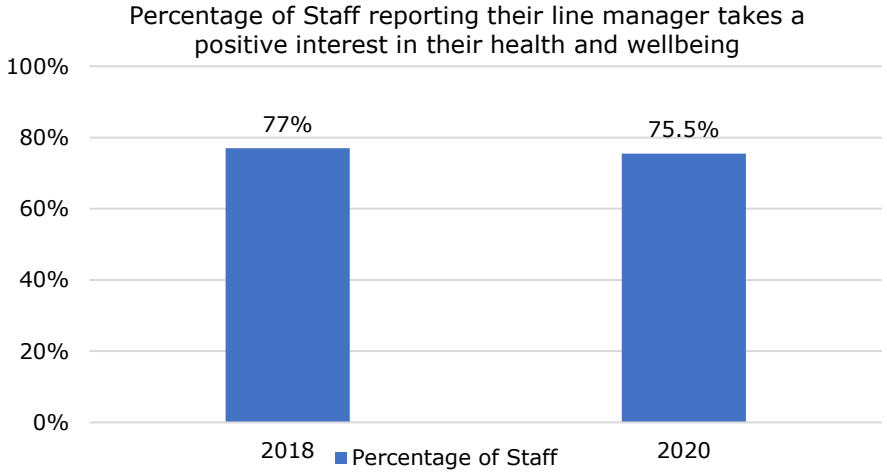
Quadruple Aim 3

No.	56

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

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

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



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

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

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

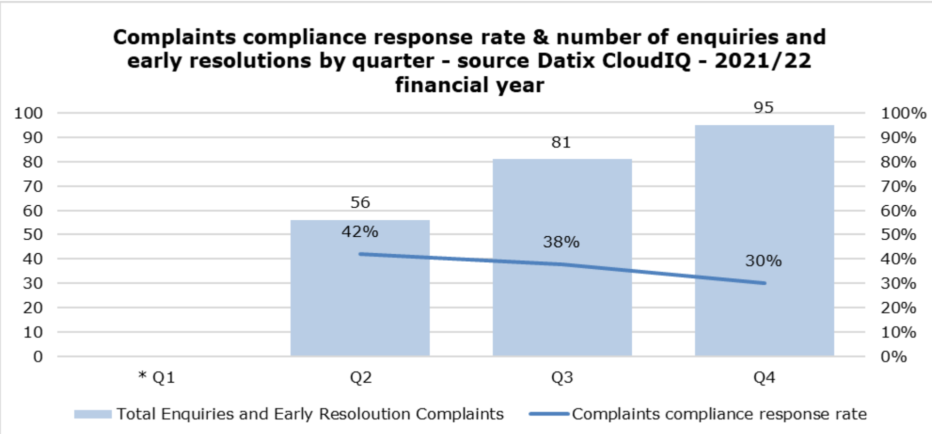
Quadruple Aim 4

No.	59

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

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

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

March 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
30%	N/A
Target	
75%	
Data Quality	

Issues	Actions	Mitigations
• Mis categorisation of commissioned complaints • Proactive and supportive management of concerns when received • Lack of appropriate escalation to ensure 30WD response is prioritised • Lack of accurate and accessible data • No user feedback	• Review of the concerns management process • Refresh template letters • 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 • Further work required to cleanse and quality assure data • Implementation of a concerns feedback process 'How was the process for the complainant'	• 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 • Review improvement plan • Implement clear process for learning and improvement from concerns • Further work required to cleanse and quality assure data

Quadruple Aim 4

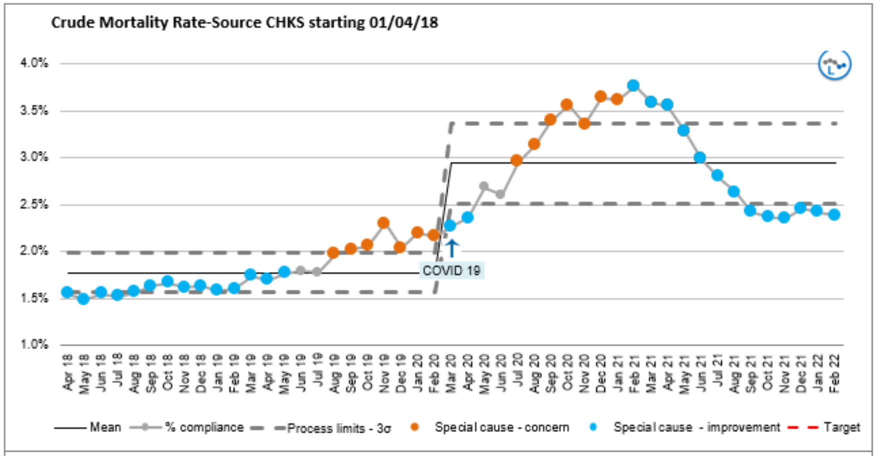
No.	62

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

Crude Hospital Mortality Rate

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

Executive Lead	Medical Director
Officer Lead	TBC
Strategic priority	22



February Actual Performance	
Local Performance	All Wales Benchmark
2.38%	1.37%
Variance Type	
Special Cause - Improvement	
Target	
12 month reduction trend	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
The crude mortality rate in Powys has continued to show a special cause improvement predominately due to the increase in the denominator of admissions into provider services. It should be noted that Powys normally has a higher than All Wales average crude mortality as a non acute care provider who also supports end of life within inpatient wards.	No issues actual monthly deaths within expected values.	The Assistant Medical Director has reviewed the cases of patients who died from Covid 19 on Powys wards. None of those cases involved a patient who was younger than 75. A senior team has reviewed all deaths of ward patients in the last 12 months and have identified only minor concerns.	No mitigations are considered needed at this time. COVID mitigations are in place. Renewal work is exploring reinstating care pathways that have been disrupted due to COVID.

Quadruple Aim 4

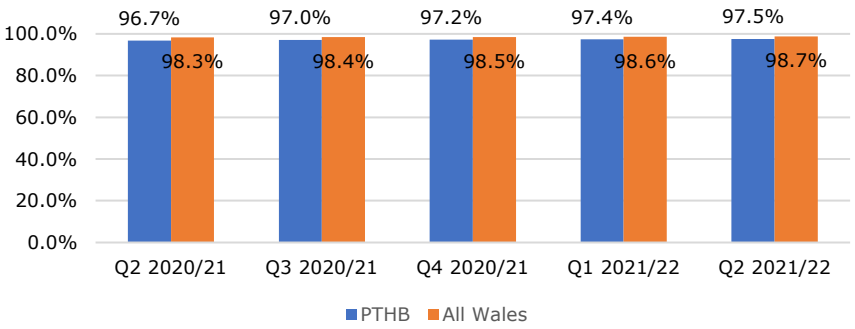
No. 66

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

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

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24

New medicine availability within 2 months of Nice Final Appraisal



Q2 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
97.5%	98.7%
Variance Type	
N/A	
Target	
100%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
The health board does not meet the national target but has an improvement trend reporting 97.5% for Q2 2021/22. The national All Wales average is 98.7%. The trend is based on the long term average since the New Treatment Fund began in 2017. The variation between national and local indicators is due to the way historic data was recorded.	• Discrepancies with nationally reported data on this metric. • Locally reported that in 2017 there were some delays in hitting the 2 month deadline, it is unclear whether this is still impacting on our compliance? Since 2017 the 2 month deadline has been met on all but 3 occasion (2 drugs relating to highly specialised treatments that are not provided within Powys and other LHBs were struggling to implement and 1 drug at the beginning of COVID when the Medicines Management Team was focussed on the COVID response). • Shared national NTF excel document updated every time a new AWMSG/NICE TA is published.	• Non compliant areas of formulary updated to confirm that the health board does commission the treatments – 'specialist use only' and mapping carried out to understand pathways for access to such specialised treatments.	• Set aside dedicated time each week to ensure NTF access definition of within 2 months is met and our performance continues to improve.

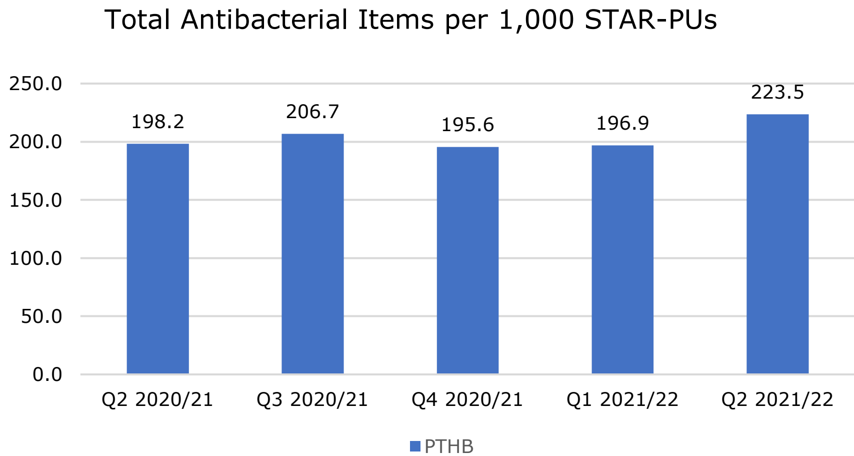
Quadruple Aim 4

No.	67

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

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

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24



Q2 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
223.5	254.7
Variance Type	
N/A	
Target	
188.2	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
The Q2 2021/22 Powys target for this metric is 216 items per 1000 star PU's, the provider performance for Q2 has been reported as 223.5. No health board in Wales met their derived target for Q2 but Powys was the lowest prescriber (items/1000 STAR-PU) of antibacterial items.	• The latest (not nationally reported) Q3 2021/22: 260.01 items/1,000 STAR-PU. Local target = 249 items/1,000 STAR-PU (5% reduction on Q2 2019 value). • No antimicrobial stewardship pharmacist in post. • COVID response creating challenge with prioritising national KPIs	• Antimicrobial Stewardship Group in place (meets quarterly) – reports to IPC Group. • Antimicrobial stewardship improvement plan in place. • Data analyst providing regular data on antimicrobial prescribing in primary care. • Antimicrobial prescribing discussed during practice meetings. • Antimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAs • Linking with antimicrobial stewardship pharmacists in England to support RCA of CDI cases (community acquired) • Investment benefits group (IBG) paper written to secure funding for AMS pharmacist – absence of dedicated antimicrobial pharmacist included in meds management risk register	See actions. Further mitigations not possible due to workforce challenges.

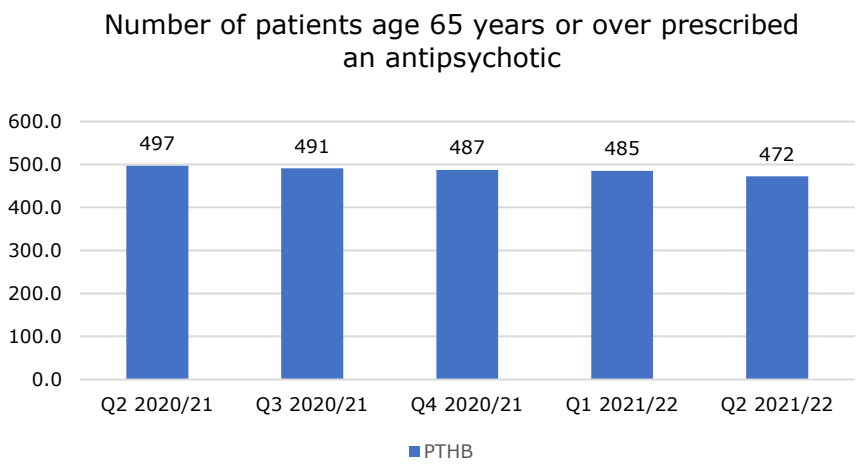
Quadruple Aim 4

No. 69

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

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

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24



Q2 2021/22 Actual Performances	
Local Performance	All Wales Benchmark
472	10,232
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigation
PTHB has met the target of reduction for Q2 2021/22 (472) when compared to Q4 2020/21 (487). In Wales we prescribe the least of all health boards, but have the smallest cohort size. Further development of the measure would be required to allow comparisons between health boards in Wales.	The latest (not nationally reported) Q3 2021/22 = 479. COVID response creating challenge with prioritising national KPIs	• 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.	• Regular monitoring • Risks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis. • Plan to provide regular reports to primary care as soon as resource allows.

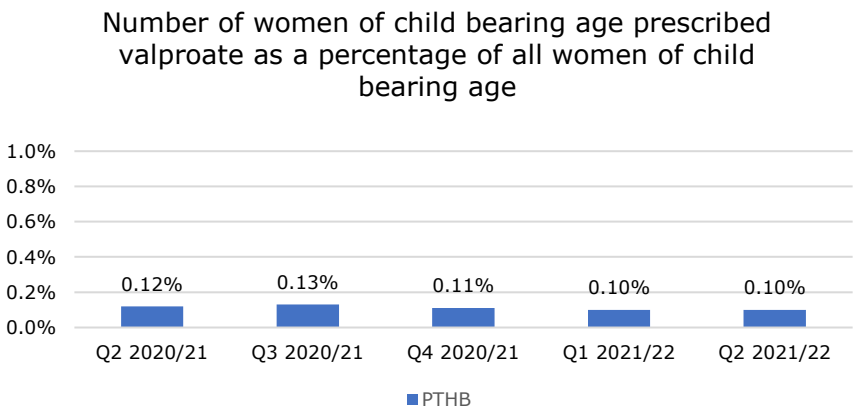
Quadruple Aim 4

No. 70

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

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

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
0.104%	0.14%
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
PTHB has not met the required target of quarterly reduction with 0.104% of women prescribed valproate in Q2 2021/22 which is the same as reported in Q1 2021/22. Powys remains as ranked 1st in Wales with the lowest prescribing rate of all Welsh health boards.	The latest (not nationally reported) Powys performance = 0.100% (22 patients) Nationally Q3 2021/22 – 946 female patients aged 14-45 issued with a prescription for sodium valproate in Wales = 0.134% of female patients aged 14-45. Powys = 0.100% (lowest % of all LHBs) Quarter on quarter reduction being seen. COVID response creating challenge with prioritising national KPIs	• Regularly monitored through national medicines safety dashboard. • Regular reminders about prescribing valproate in women of child bearing age. • Reminder about Pregnancy Prevention Plan (PPP) • Cascade of patient information to primary care and community pharmacy.	See actions Plan to provide regular reports to primary care as soon as resource allows.

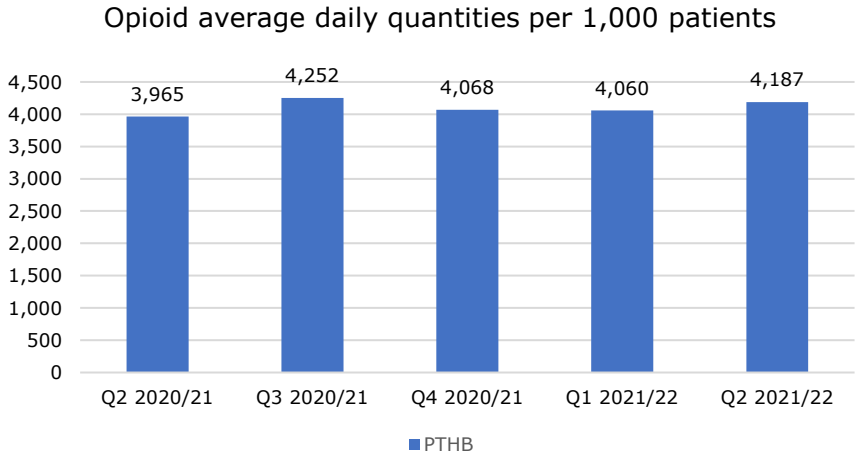
Quadruple Aim 4

No. 71

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

Opioid average daily quantities per 1,000 patients

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24



Q2 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
4187.3	4500.4
Variance Type	
N/A	
Target	
4 Quarter reduction trend	
Data Quality	

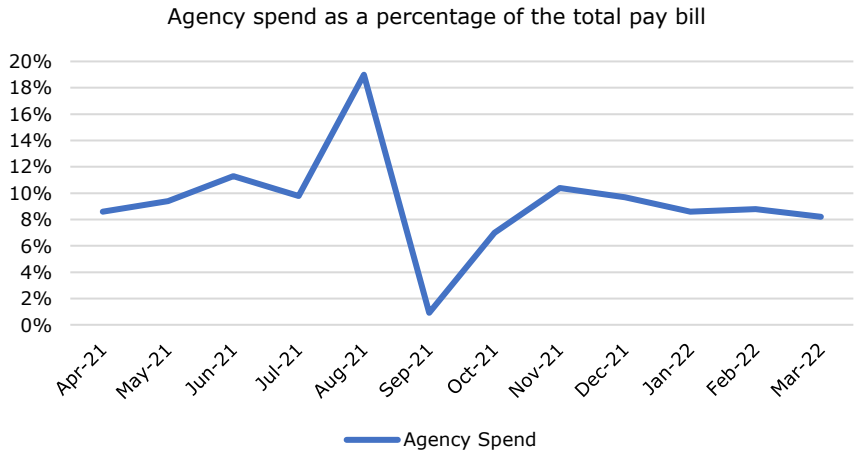
What the chart tells us	Issues	Actions	Mitigations
PTHB has met the 4 quarter reduction target for Opioid quantities although Q2 2021/22 saw a higher figure of 4187.3 per 1000 patients. Powys ranks 2nd nationally against and All Wales figure of 4,500.4 Powell Bethan 04/29/2022 13:00:54	The latest (not nationally reported) Q3 data shows our position has deteriorated – 4,222.10 ADQ/1000 pts. The national target is 3,537 ADQ/1000 pts. COVID response creating challenge with prioritising national KPIs	• Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives. • Raising awareness of opioids aware resource for clinicians and patients. • Regular monitoring through the national indicators. • Regularly discussed during practice visits. • Regular provision of prescribing data • Introduction of prescribing analysis to identify 'excessive' prescribing	See actions

Quadruple Aim 4

No. 74

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

Agency Spend
Agency spend as a percentage of the total pay bill



December 2021 Actual Performance	
Local Performance	All Wales Benchmark
8.2%	6.2% (Dec-21)
Variance Type	
N/A	
Target	
12 Month Reduction Trend	
Data Quality	

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

What the chart tells us	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 been met for March 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.			

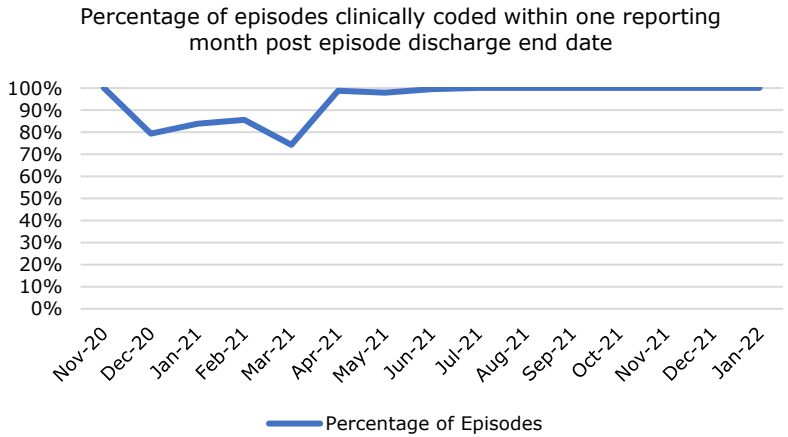
Quadruple Aim 4

No.	75

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

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

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



January 2022 Actual Performance	
Local Performance	All Wales Benchmark
100%	88.4%
Variance Type	
N/A	
Target	
12 month improvement trend towards achieving the 95% target	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
PTHB performance remains good during 2021/22 reporting 100% target since July 2021. The All Wales performance is at 84.7%.			

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

Next Steps

Next Steps

- Service recovery and restoration remains the single largest challenge for Powys residents. As a provider the health board has made significant, and positive steps in improving its immediately controllable flows back to near target performance, although remaining at significant risk from COVID-19 & subsequent variant re-infections. Key work supporting improvement and starting in Q1 will include monthly progress reviews with operational teams, and key groups led by the Planning and Performance directorate.

- Further work remains ongoing as part of the Recovery Portfolio Strategic Board, they remain focused to assist with the very long waiter backlog which is especially significant in commissioned Welsh health providers in South Powys.

- Welsh Governments phase one Health Minister measures have had their first projections submitted for 2022/23 via the IMTP and Minimum Data Set (MDS) processes. The health board will be required to monitor, assess, and intervene if required to meet the goals set out. These measures have been designed to support the vison and ambitions set out in "A Healthier Wales" and are aimed to drive improvement, sustainability, and transformational change for the population. The health board will be held to account on its progress via regular meetings with Welsh Government and other key stakeholders.

- Integrated Performance reporting will continue to evolve during 2022/23 strengthening the ability of stakeholders to assess progress against key targets, aims, and required actions. This will include updating the Improving Performance Framework, revising the Commissioning Assurance Framework (CAF), and working with the new measures and their rollout. Key areas are reliant on national development work with notification by Welsh Government that the alignment of these new measures with the National Outcome Framework could result in significant streamlining e.g. removal or integration of key frameworks. 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.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.6

Delivery and Performance Committee	**Date of Meeting: 3 May 2022**
Subject:	**Information Governance Key Performance Metrics Report**
Approved and presented by:	Pete Hopgood Executive Director of Finance, IT and Information Services
Prepared by:	Amanda Smart Head of Information Governance, Records and Data Protection Officer
Other Committees and meetings considered at:	Executive Committee

PURPOSE:

The purpose of this paper is to provide assurance and to inform the Delivery and Performance Committee of the information governance compliance figures.

RECOMMENDATION(S):

The Delivery and Performance Committee is asked to NOTE the content of this report and to identify any areas of further assurance required.

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

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 paper has been developed to show an assessment against key performance and compliance indicators for information governance (IG). The Committee is asked to NOTE the reporting period on this occasion covers both Quarters 3 and 4, from 1 October 2021 to 31 March 2022.
A summary is below with more detailed breakdown provided within the body of the paper:

Access to Information Requests: **Freedom of Information**: A total of **166** requests were received (1 October 2021 – 31 March 2022). This is a slight decrease of **13.8%** when compared to the same period in 2020/21 (**189** requests). Overall compliance remains below the Information Commissioners target of 90% and the team continue to make improvements to improve this.

The Health Board received **3** requests for internal review, for the three**,** exemptions were upheld with the addition of a further exemption for one, and to date no further challenges have been received from the **r**equestors.

Two internal audits completed internally.

- Publication Scheme audit – overall compliance of 98%
- Information Commissioners Office FOI Toolkit (Timeliness) – Outcome compliance of "Good"

Actions have been added to the IG Workplan and included during future training, development of guidance and awareness to staff.

New FOI Tracker System - During Q3 and Q4 the team worked closely with the Digital Transformation team to develop and implement a new system within O365 to streamline the recording and managing of FOI requests.

Requests for personal information: A total of **278** requests have been received during the reporting period. This figure includes **216** requests dealt with by the health board and **62** requests received by the health board's managed practice. Compliance has dropped in Q4 and the reasons for delays are summarised below:

- Staffing issues within service areas that source the records, in particular Women and Children's, Mental Health Service Groups, and Podiatry;

- Capacity and new starters within the IG team;
- The IG team received several complex requests which required an extension to the 28 day deadline which the requestor was happy with.

Requests for rectification, erasure, and restricting processing:
During this reporting period the IG team received 2 requests for erasure in relation to Silver Cloud CBT records.

Records Management: The newly appointed Documents and Records Manager joined the IG team in February 2022. Their role will be to progress the Records Management Improvement plan for the Health Board. An update on progress will be provided at a future meeting.

IG Training:
As at 31 March 2022 overall compliance rate with the IG E-Learning mandatory training was **90.34%** which is a **4.17% increase** from Q2**.**
Work will continue to commence in the forthcoming months to undertake a target email exercise to remind non-compliant staff to complete this training in the hope this will help improve compliance rates further

The IG team continues to provide tailored training sessions upon request by services. **8** training sessions have taken place during this reporting period.
National work has commenced to review and update the national E-Learning IG module to bring it into line with current legislation and digital developments and consider alignment with cyber security.

Datix Incidents (Breach Reporting): During this reporting period **80** Information Governance incidents have been reported. **24** of the **80** incidents were not reported on Datix within 72 hours, this was due to service delays in reporting. A reminder to staff around the need to report within the 72 hours will be issued via an IG alert and future Datix and IG training sessions.

The incidents for this period have been reviewed with themes identified. The top 3 themes were:
- Records Management – Missing documentation/records (14 incidents)
- Records Management – Wrong patient information recorded (11 incidents)
- Records Management – PII found in inappropriate place (e.g. carpark, office not locked away) (4 incidents)

Incident Management and Reporting to the Information Commissioner's Office (ICO): Of the **80** incidents reported from both quarters, 1 of these was deemed a significant breach and was reported to the ICO. The ICO have concluded no further action is needed however they have issued the Health Board with recommendations. These will be adopted into the ICO recommendations log and discussed with service leads**.**

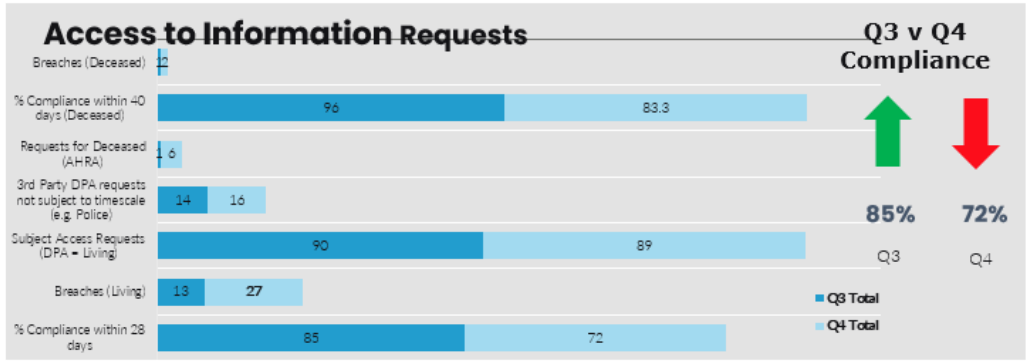
Complaints & Learning:
2 complaints have been received during the last 2 quarters (Q.3 and Q.4). Changes have been implemented and awareness raising undertaken through training sessions and intranet pages.

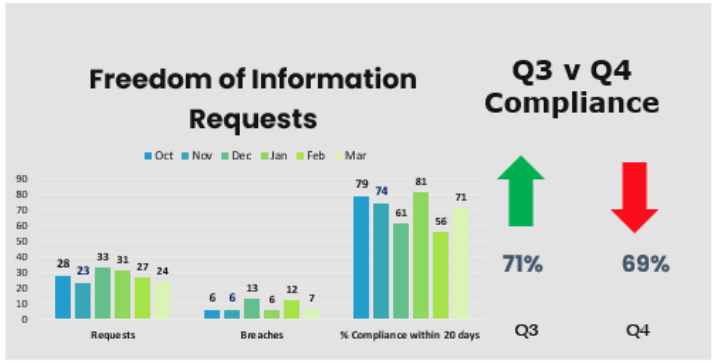
The National Intelligent Integrated Audit Solution (NIIAS) - **27** notifications reported. None of the notifications were deemed to be a reportable breach to the ICO following investigation. A reminder of staff's responsibilities with regards to accessing their own records and those of family members has been switched on at the login prompt for all Welsh Patient Administration users and via IG alerts.

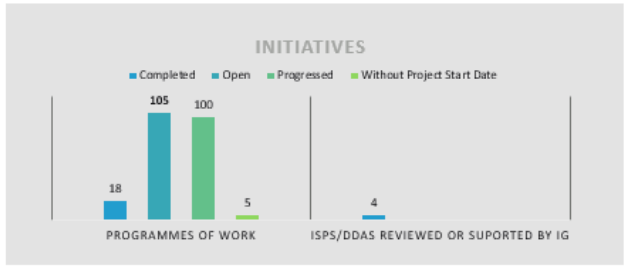
Programmes of Work Undertaken:
For Q4, the IG Team has been asked to provide IG input on the following in relation to Initiatives/Programmes of Work:

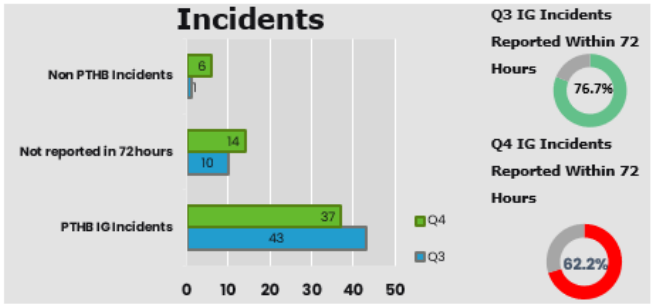
- **24** new programmes of work (23 Local, and 1 National), **5** of which have been completed.
- The team are providing support to **105** ongoing initiatives/programmes of work, **100** of which have been progressed. **5** are yet to have a project start date.

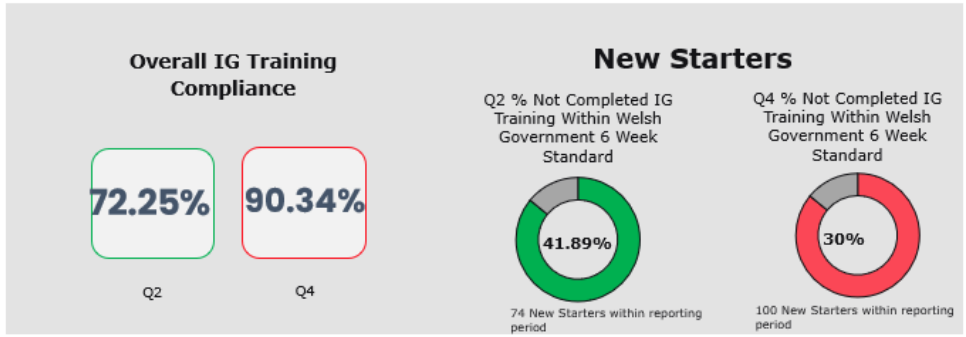
Information Sharing Agreements:
During the reporting period, **4** ISPs/DDAs have been reviewed or are being supported by the IG team**.**

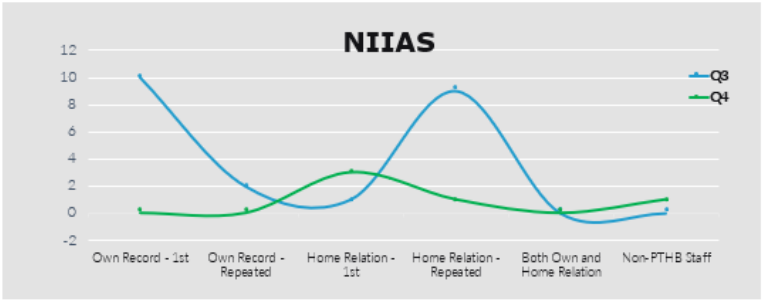












DETAILED BACKGROUND AND ASSESSMENT:

Access to Information Requests:

Freedom of Information (FOI) and Environmental Information Regulation (EIR) Requests

The Freedom of Information Act 2000 (the Act) reflects the government's commitment to promote greater openness by public authorities. The Act's purpose is to ensure that all areas of public bodies, including the NHS are open and transparent, ensuring that more information about public services are made readily available.

As a health board we recognise that the public have the right to know how the services of the Health Board are organised and run. They have the right to know which services are being provided, the standards of services that are expected, the targets that are being set and the results achieved, together with how much it costs to provide the services it offers. As part of this right members of the public have a right to make a Freedom of Information Act request into the health board to ask for information we hold.

To assist the public in accessing such information and in line with the Act, the Health Board has produced a Publication Scheme in compliance with the Model Publication Scheme produced by the Information Commissioner. It follows the format of the seven classes of information referred to in the Model Publication Scheme and in the Definition Document for Health Bodies in Wales. The Publication Scheme is managed and reviewed by the Information Governance Team. Work has been undertaken to transfer the Publication Scheme to the new website and the IG Team will undertake a compliance audit during the forthcoming months.

To ensure the Executive Team is informed on compliance rates, a regular statistical report showing the number of requests received, including breaches of the legislative timeframe continues to be disseminated for their attention/action via the Head of IG, Records and Data Protection Officer.

The number of requests received since the last Committee report (1 October 2021 – 31 March 2022) totals **166** requests. This is a slight decrease of **13.8%** when compared to the same period in 2020/21 (**189** requests).

The Act requires a response to requests within 20 working days. Compliance for the period, is shown below:

	Q3 - 2021			Q4 - 2022			Total
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	
No of Requests	28	23	33	31	27	24	166
No. of Breaches	6	6	13	6	12	7*	50
% compliance	79%	74%	61%	81%	56%	71%*	70%

***We are unable to confirm figures until 20 working days has elapsed**

The compliance rate during this period is around the same as the last quarter and is below the Information Commissioner's target of 90%. The IG Team continue to monitor compliance and escalate issues to services leads and the Executive Team. The IG Team is reviewing compliance against services and will offer FOI training to service areas where needed/requested.

The main causes for breaches during this timeframe were:

- delays caused by staff commitments to provide responses within the time frame
- delays spent by the IG Team chasing services and the formatting of responses
- Complex requests
- Reduced capacity within the IG Team
- New staff starting within the IG Team
- Introduction and launch of new FOI Tracking system

Requests received during this period have been received from a number of sources, these are shown in the table below:

Requester Type	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Company	5	4	7	7	3	3	**29**
Organisation	5	2	2	6	5	7	**27**
Individual	8	10	15	9	3	9	**54**
Media	3	3	6	8	12	4	**36**
AM or PM Support	6	0	1	0	4	1	**12**
Charity	0	1	0	0	0	0	**1**
Other	1	0	0	1	0	0	**2**
Welsh Gov	0	3	2	0	0	0	**5**
TOTAL	**28**	**23**	**33**	**31**	**27**	**24**	**166**

<u>Internal Reviews</u>

The FOI Act allows a requestor the right to request an internal review if they are dissatisfied with the health board's original response. The legislative timeframe to complete an internal review is 20 working days from the date it has been received into the organisation. During this reporting period the Health Board received **3** requests for internal review, for the three exemptions were upheld with the addition of a further exemption for one, and to date no further challenges have been received from the requestors.

EIR Requests

EIR requests are managed in line with FOI requests under the same health board procedure. There was **0** request handled under EIR submitted during this period.

All Wales Comparison

All Wales comparative figures are available for Q3 see table below, but not Q4:

	Q3		Q4	
Organisation	Requests Received	Responded within deadline %	Requests Received	Responded within deadline %
NWSSP	19	100%		
Cwm Taf Morgannwg	134	89%		
WAST	44	89%		
Hywel Dda	135	86%		
Powys	84	73%		
Swansea Bay	136	83%		
Betsi Cadwaladr	167	71%		
Aneurin Bevan	134	62%		
Cardiff & Vale		Not submitted		
Velindre	30	25%		
DHCW	28	90%		
HEIW	7	88%		

FOI audits:

During Q3 a review of the health board's publication scheme was undertaken against the Information Commissioners Office definition document which dictates the minimum level of information public authorities should be publishing. The table below

shows the compliance rate against the definition document and our current publication scheme:

Class	Compliance %	Comments
Class 1 – Who We Are and What We Do	100%	n/a
Class 2 – What We Spend and How We Spend It	100%	
Class 3 – What Are Our Priorities and How Are We Doing	100%	n/a
Class 4 – How We Make Decisions	100%	n/a
Class 5 – Our Policies and Procedures	100%	n/a
Class 6 – List and Registers	88%	Registers for a number of services (Finance, IT and Estates) do not exist or to provide the information would be providing sensitive information to the public therefore a link to make an FOI request has been supplied. This has been the approach nationally.
Class 7 – The Services We Offer	100%	n/a

Information Commissioners Office FOI Toolkit :

During Q3 the IG team have completed the FOI Self-assessment toolkit which is designed to help public authorities assess their current FOI performance and provide indicators of where efforts should be focused to improve. It also provides templates for taking improvement actions. Two topics are available to choose from, the Team chose Topic 1 – Timeliness. The criteria to select a response was Good/Adequate/Unsatisfactory.

The outcome and overall score result from completing the Toolkit gave the Health Board an overall outcome compliance of '**Good'.** Although the outcome was Good, the toolkit has identified actions for consideration for each of the sections throughout the assessment. These actions supply guidance on how to improve the score or ask for the specific module to be reviewed in 6-12 months-time. This action plan has been put on the IG Workplan and the team will ensure reviews of the action plan are taken into consideration during future training, development of guidance and awareness to staff.

Throughout Q3 and Q4 the team worked closely with the Digital Transformation team to develop and implement a new system within O365 to streamline the recording and managing of FOI requests. The new system has automated stages e.g. automatic acknowledgements, and sending the action email to services which will reduce admin consumption. The team went live on 1 January 2022 and although there have been teething problems, the system is working well and providing a good learning platform for the Digital Transformation team in rolling out similar Programmes to other services.

The team are also on the waiting list to develop and implement a similar system for access to information requests (SARs) which should be developed later this year.

Subject Access requests

Under the UK General Data Protection Regulation/Data Protection Act 2018, individuals have the right to request access to information the health board holds about them e.g. staff records or medication records. This is called a subject access request (SAR). In certain circumstances an individual may wish to make a request about someone else e.g. family member or someone who is deceased. These types of request are called third party requests or requests under the Access to Health Records Act (deceased individuals). All access to information requests are co-ordinated and managed by the Information Governance Team.

To ensure the Executive Team are informed on compliance rates, a fortnightly statistical report showing the number of requests received, including breaches of the legislative timeframe continues to be disseminated for their attention/action via the Head of IG, Records and Data Protection Officer.

A total of **278** requests have been received in the reporting period 1 October 2021 to 31 March 2022. This figure includes **216** requests dealt with by the health board and **62** requests received by the health board's managed practice. The total number of requests received are comparable with the same reporting period in 2020-21.

Health board compliance for the period 1 January to 31 March 2022 is shown below alongside Q3 2021 for comparison:

	Q3 2021	Jan 2022	Feb 2022	Mar 2022	Q4 Total
Subject Access Requests (DPA = Living)	90	37	33	19	**89**
Breaches	13	14	11	2	**27**

% of compliance within 28 days (UK GDPR)	85%	62%	66%	89%	**72%**

Between both quarters, there have been 40 subject access requests which were not responded to within the statutory one month (28 days). The reasons for delays are summarised below:

- Staffing issues within service areas that source the records, in particular Women and Children's, Mental Health Service Groups, and Podiatry;
- Capacity and new starters within the IG team;
- The IG team received a number of complex staff requests which include requests for email searches. These requests required an extension to the 28 day deadline, and the co-ordination of information from various services including WOD and support from IT.

The Committee are advised that **5** of these breached requests were court orders. PTHB has an informal agreement with PCC Legal Services that we will provide records for a court order received via them within 15 days, or by a date specified by the presiding Judge. These requests were not only over the requested date set by the Judge, but also exceeded the usual SAR time frame of 28 days. The service delays related to Women's and Children's, and general services where IG had to ask the Medical Director to approve disclosure of the records as the visiting clinician refused to sign. To date because of these breaches, no action has been taken directly by the judge to summons clinical staff to court to present the records, however, it has been noted that wording has now been added to new court orders received to highlight this. Discussions and escalation have taken place by the IG Team directly with these services.

<u>Access requests for Deceased Patients and 3rd party DPA requests:</u>

There were **2** breaches relating to requests for the health records of deceased patients, this is higher than the same reporting period in 2021 (0).

Health board compliance for the period 1 January to 31 March 2022 is shown below, with Q3 2021 for comparison:

	Q3 Total 2021	**Jan 22**	**Feb 22**	**Mar 22**	**Q4 Total**
3rd party DPA requests not subject to timescale e.g. Police	**14**	4	2	10	**16**
Requests for Deceased (AHRA)*	**1**	0	4	2	**6**

Breaches	**1**	0	2	0	**2**
% of compliance within 40 days	**96%**	100%	50%	100%	**83.3%**

Requests for Rectification, Erasure and Restricting Processing

Under the UK GDPR, individuals have the right to request the health board amends factual inaccuracies in relation to their medical record (rectification). This does not only include e.g. amendments where the name is spelt incorrectly or wrong DOB, but can be in relation to a difference in opinion regarding details of an attendance. They can also request the health board to delete their personal data (erasure) or stop the health board using their data (restrict processing) if they believe there has been a breach in security. These are not absolute rights for health data, and requests must be made in writing the health board Data Protection Officer (Information Governance Manager) to consider, on a case by case basis.

During this reporting period the IG team received **2** requests for erasure in relation to Silver Cloud CBT records. After consideration and collaboration with the clinical team, 1 request was declined due to the context of the information provided being required for direct care purposes, and 1 request was agreed due it being a test account and not holding clinical information.

Complaints in relation to access to information requests:

The IG Team has received **1** complaint relating to how requests have been managed during the reporting period. The complaint related to the process of requesting X-rays as part of the SAR process. In response, IG collaborating with the Radiology department have developed a new SAR request form specifically for X-rays and introduced a new process to enable patients to request on the day printing as long as they carry proof of ID and complete the new request form. The documentation is then passed to IG for retrospective recording.

Records Management

The newly appointed Documents and Records Manager joined the IG team in February 2022. Their role will be to progress the Records Management Improvement plan for the Health Board. An update on progress on the Records Management Improvement Plan will be provided at a future meeting.

IG Training

As at 31 March 2022, the overall compliance rate with the IG E-Learning mandatory training for the health board was at **90.34%** which was an increase of 4.17% since the last reporting period. The table below breaks down the compliance by directorate:

Directorate	Assignment Count	Required	Achieved	Compliance %
CHC	85	85	63	74.12%
COVID 19 Prevention and Response	44	44	42	95.45%
Chief Executive Office	23	23	17	73.91%
Community Care & Therapies	976	976	892	91.39%
Community Dental Service	58	58	55	94.83%
Corporate Governance	11	11	11	100.00%
Environment Directorate	263	263	238	90.49%
FID Finance Directorate	77	77	71	92.21%
HCRW	73	73	61	83.56%
MED Medical Directorate	13	13	9	69.23%
MHD Mental Health	404	404	357	88.37%
Medicines Management	32	32	31	96.88%
NUD Nursing Directorate	31	31	29	93.55%
PHD Public Health Directorate	96	96	89	92.71%
PLD Planning Directorate	47	47	45	95.74%
Primary Care	35	35	33	94.29%
THD Therapies & Health Sciences Directorate	7	7	6	85.71%
WOD Directorate	56	56	50	89.29%
Women and Children Directorate	236	236	220	93.22%
Grand Total	**2567**	**2567**	**2319**	**90.34%**

The IG Team has noted an increase in compliance compared with the last reporting period. Work will however continue to remind non-compliant staff to complete this training in the hope this will help improve compliance rates further.

National E-Learning Compliance

The All Wales compliance figures currently available are up to December 2021 which was 72.25%.

New Starters

Welsh Government requires that all mandatory training is undertaken within 6 weeks of commencing employment and figures show that during this reporting period **30%** (100 new members of staff) did not complete their IG Training within the required 6-week period. Please see table below which breaks down new starters as at 31 March 2022:

Completed	% Compliance	Headcount
Not Completed	22%	22
Completed prior to joining	15%	15
Completed within 6 weeks	55%	55
Completed after 6 weeks	8%	8

The IG Team are currently liaising with the WOD Directorate to discuss the process and follow up on those who are working within the health board but have not completed their mandatory training. In addition, the IG Team will be undertaking a target email exercise to remind non-compliant staff to complete this training.

Should there be an incident the Information Commissioner's Office will not look favourably that staff have not undertaken this training.

Local IG Training delivered:
The IG team has continued to provide tailored training sessions upon request by services. In Quarters 3 and 4, **8** training sessions have taken place:

- **3** sessions were requested by services, **1** for the Child Health team and **2** for Brecon Hospital to provide training for new staff who are assisting IG with Subject Access Requests.

- **2** sessions were requested to cover breach reporting specifically, and as an opportunity for staff to ask general IG queries. The services that requested the training were Silver Cloud Mental Health Team, and the All Day Assessment Staff for Maternity/Sonography.

- **1** session was delivered to the Quality and Safety team by the Head of IG, Records and DPO. This was to provide an overview of IG and the work undertaken by the IG team and the support we can provide.

The IG team have also delivered **2** sessions to Subject Access Request representatives within the health board following the move to SharePoint. The purpose was to demonstrate improved processes for managing SARs and to provide an update regarding guidance on our webpages. To date, **29** members of staff have attended with further dates being offered after the Easter holidays.

Training undertaken by the IG Team
The Documents and Records Manager and newly appointed IG Officer have both successfully completed a 2 day intensive FOI training course provided by an external supplier. This will support the compliance and day to day management of requests going forward.

Future IG learning tools:
To enhance learning and awareness around Information Governance, the IG Team has started to explore new ways of providing IG awareness electronically.

Policy Schedule and Compliance

Local policy and procedure development work is included in the IG workplan and due to more urgent commitments, work to develop these has not progressed this quarter. Dedicated time has been set for the team to review and finalise the Access to Information procedure which is an outstanding recommendation from the Records Management Internal Audit report. With the appointment of additional staff within the team, this will provide scope to review and progress outstanding work within the current schedule. An updated on progress will be provided at the next meeting.

Datix Incidents (Breach Reporting)

The UK General Data Protection Regulation (UK GDPR) introduced a duty on all organisations to report certain types of personal data breach to the relevant supervisory authority i.e. the Information Commissioner's Office (ICO) within 72 hours of the organisation becoming aware of the breach. These breaches (incidents) are reported using the Datix Incident Management system and those with IG relevance are reviewed daily by the Information Governance Team. To manage this, the Team has implemented a robust process for breach detection, investigation and reporting and to support this a record of IG incidents is maintained. A personal data breach risk assessment is carried out for each incident and the outcome and scoring is added to the Datix Incident Management system. This facilitates the decision-making about whether to notify the ICO and the affected individuals.

In the reporting period of 1 October 2021 to 31 March 2022, **80** Information Governance incidents have been reported. **24** of the **80** incidents were not reported on Datix within 72 hours, this was due to service delays in reporting.

Those non-PTHB incidents are incidents that have affected the health board but did not originate within the health board e.g. district general hospital, GP Practice. In these circumstances should a common theme appear when reviewing the data**,** the IG Team will liaise with the PTHB's service lead, IG lead in the neighbouring organisations or GP practice directly to alert them to the incident and work with them to ensure recurrence of these types of incidents do not happen again.

The table below shows the breakdown of the number of incidents for reporting period 1 January – 31 March 2022 (Q4), alongside the previous quarter for comparison:

	Q3 2021	Q4 2022	Total
Number of PTHB IG Incidents reported	43	37	**80**
Number of IG incidents NOT reported within the 72 hours onto the Datix system (including non PTHB incidents)	10	14	**24**
Non PTHB incidents	1	6	**7**

Incident Themes

The incidents for this period have been reviewed with themes identified. The top 3 themes were:

- Records Management – Missing documentation/records (14 incidents)
- Records Management – Wrong patient information recorded (11 incidents)
- Records Management – PII found in inappropriate place (e.g. carpark, office not locked away) (4 incidents)

Following investigations into these incidents, further awareness is being drafted for the IG intranet pages and reminders are issued are part of the Datix process. A significant issue as shown above, has been the wrong information being recorded in patient records. This predominantly relates to system entries within WIS for the mass vaccination programme. Similarly, as part of the Datix process we have reminded staff of their responsibilities when handling PII and the care needed of double-checking records before entering clinical information.

To reinforce good practice, the IG team have continued to send out IG Alerts, which has included themes identified within the Datix reviews. The team also contact services directly to remind them of their responsibilities in terms of policies and procedures. Training sessions include key learning and particular incidents maybe used as evidence to show good and bad practice. Should any gaps in IG guidance be identified, this will be added to the IG workplan for future development.

The table below shows a full breakdown of the themes of reported incidents:

Incident type	Incident detail (theme)	No. of incidents	Total
IG	Staff personal information	1	

	Lack of information sharing from Service re safeguarding issues	1	
Records Management	Correspondence with wrong patients (letter and call)	2	
	PII lost in mail	1	
	PII sent to wrong address	1	
	PII emailed to wrong patient/service user	5	
	PII emailed to wrong staff	3	
	Wrong information recorded	11	
	Failure to record information onto system	1	
	Records incorrectly merged	1	
	Illegible patient letters printed	2	
	Inappropriate access and sharing of sensitive data	2	
	Incorrect documents sent to external organisation	1	
	Incorrect storage of documents	1	
	Missing records/documentation	14	
	Wrong patient notes found in record	6	
	PII found lying around in office/printer /carpark	4	
	Lack of availability of information	1	
IT/Security of Information	Unable to use health board phone	3	
	Link to external HB not working	1	
	No access to systems (Cypris, DBS, WCCIS)	4	
	WCCIS not working	4	
	No access to Internet	1	
	No access to J Drive	1	
	Unable to use computer software	1	
Total NO PTHB IG/Records Incidents			**80**
	PII sent to incorrect email address	1	
	GP referred wrong patient	1	
	Lack of information sharing from 3rd parties re safeguarding issues	1	
	Notes not returned from DGH	2	
	PII sent with no encryption	1	
	Wrong information recorded	1	
Total NO of non-PTHB incidents			**7**

The number of PTHB incidents is significantly higher (63) than the same time periods in 2020-21 (49 incidents).
However, the number of non PTHB incidents reported for the same period in 2020-21 (19) has notably decreased.

The team have received a substantial number of Datix incident reports that are not in relation to IG or records management. Awareness raising has been undertaken to advise staff of what is and what isn't an IG/records management incident.

As we must review each Datix and report any reportable incidents to our regulator within 72 hours, this issue has caused significant pressure on the team to review and update the several hundred incidents to reflect if related to IG or not. Many of these incidents were clearly not IG e.g. positive Covid test, pressure sores, patient fall. The team also had issues with the system not allowing the team to locally update the incident details, this has now been rectified.

Incident Management and Reporting to the Information Commissioner's Office (ICO)

Following the submission of a personal data breach report, the ICO investigate the breach, and may provide recommendations back to the health board where they feel improvements need to be made. All recommendations made by the ICO are added to the ICO Recommendations log which is due to be presented to the Executive Team in the forthcoming months for adoption. In addition, any IG actions required as a result of these recommendations have been added to the IG Workplan.

Of the **80 incidents reported from both quarters**, **1** of these was deemed a significant breach and was reported to the ICO. The ICO have concluded no further action is needed however they have issued the Health Board with recommendations. These will be adopted into the ICO recommendations log and discussed with service leads.

Complaints & Learning:

Complaints relating to the IG Team
2 complaints have been received during the last 2 quarters (Q.3 and Q.4).
1 complaint related to an individual being unable to leave a message on IG team work mobile phones requesting a call back.

Members of the team have checked that the message answering function is enabled and working correctly.

1 complaint related to the rectification of Health visiting records, where a member of staff updated records without going through the appropriate IG process. This led to an over disclosure of information as part of a SAR.

To rectify this, IG are raising awareness of the process through IG training sessions, and the health board internet pages. Access to Information - Powys Teaching Health Board (nhs.wales)
IG also worked closely with Women's & Children's and the Concerns team to ensure the patient's records were up to date as appropriate and any concerns raised by the requestor were addressed in line with guidance from our regulators.

The National Intelligent Integrated Audit Solution (NIIAS)

National Intelligent Integrated Audit System (NIIAS) is a national tool procured by NHS Wales to detect potential misuse of national information systems. It highlights instances when employees may have abused their access rights to view personal information that they may not be entitled to. The purpose of the tool is to assist the organisation in complying with its Data Protection responsibilities. This gives the public and its partners more confidence in the Health Board's ability to ensure confidentiality and privacy of their personal data.

The IG Team runs the NIIAS report weekly, notifications are investigated**,** and respective line managers and the Workforce & OD Team are engaged in the process when necessary.

The Department of Health and Care Wales (DHCW) has developed a national NIIAS Usage Report which is reported to the monthly All-Wales Medical Directors' meeting. The purpose of the report is to inform and build mutual assurance and trust with each health board to enable the further sharing of patient data between organisations and to show organisational commitment to auditing access to national systems. This reporting has now resumed monthly, following a break in reporting to allow organisations to prioritise resources appropriately in response to Covid-19.

Powys Teaching Health Board report on the number of individuals who have potentially accessed their own record, or that of a family member (home relation). There were only **5** NIIAS notifications reported for the period 1 January to 31 March 2022, **3** were first time offences and **2** were repeat offences which in turn were reported to the member of staff's line manager and Workforce & Organisational Department as per agreed process. None of the notifications were deemed to be a reportable breach to the ICO following investigation. A reminder of staff's responsibilities with regards to accessing their own records and those of family members has been switched on at the login prompt for all Welsh Patient Administration users. The table below shows a breakdown of the notifications received:

Month	**Q3 2021**	**Jan 2022**	**Feb 2022**	**Mar 2022**	**Q4 Total**
Own Record - 1st offence	10	0	0	0	0
Own Record - repeated	2	0	0	0	0
Home Relations (Family) Record - 1st offence	1	2	0	1	3
Home Relations (Family) Record - repeated	9	0	0	1	1
Both home relations and own record accessed	0	0	0	0	0
Notification for Non-PTHB member of staff	0	0	0	1	1
Total	**22**	**2**	**0**	**3**	**5**

The figures for Quarter 4 are comparable with the same reporting period in 2021 (**7**). The IG team will continue to provide reminders to staff on the NIIAS process in IG Alerts and other digital methods.

NIIAS Board – There were no significant updates from the national board meeting in January 2022.

Programmes of Work Requiring IG Input

Background

The IG team are a member of, and provide secretariat support for, the Powys Digital Governance Board. A large proportion of the work undertaken by the IG team is to impartially support the procurement of software, systems, and new ways of data sharing, where appropriate. This would include supporting services in populating Data Protection Impact Assessments (DPIA), Data Processing Agreements (DPA), contracts, Information Sharing Protocols (ISPs) and review work associated with ensuring that we comply with the UK GDPR and other data protection legislation. It is important to note that not all programmes of work will require a DPIA, DPA or ISP. In some circumstances, IG involvement has included researching guidance and providing advice regarding all data protection legislation. There is no set timeframe for completing these pieces of work, IG support is provided on a first come, first served basis but the team will prioritise urgent requests where needed.

The UK General Data Protection Regulation (UK GDPR) requires any new initiative or project (or changes to existing) where there is likely to be high risk processing to complete a Data Protection Impact Assessment (DPIA). This helps to identify and minimise the data protection risks or proposed new way of sharing information. It can be a lengthy process when the project is substantial**,** or the data involved is special category data. The DPIA process may require direct supplier input and we may also need to involve the health board Senior Information Risk Owner (SIRO) or Caldicott Guardian. Senior members of the IG team will review a DPIA, and will guide the service to ensure the relevant information is included. The health board Data Protection Officer (DPO) then advises if the DPIA review has concluded there are appropriate technical and organisational security measures in place to enable sign off.

Programmes of Work Undertaken

A project plan is in place within the IG team to steer a significant piece of work over the next 9 months to retrospectively register all projects/initiatives that have previously required IG input, dating back several years. The purpose is to ensure all programmes are in one place within the IG file structure on SharePoint to enable easier, more accurate searching and comply with records management. This will aid future project development, prevent duplication of work, and assist with cost savings.

It will also enable more accurate KPIs to better manage provision of resources within the team to provide the support required.

The team continue to prioritise current and ongoing programmes. For Q4, the IG Team has been asked to provide IG input on the following in relation to Initiatives/Programmes of Work:

- **24** new programmes of work (23 Local, and 1 National), **5** of which have been completed.
- The team are providing support to **105** ongoing initiatives/programmes of work, **100** of which have been progressed. **5** are yet to have a project start date.
- The team continues to prioritise those of greatest urgency/Covid related. The **100** remain in progress due to: capacity in the IG team, they may have been returned to the service for further work/information required or they may be part of a large national or local project which is ongoing. These include:

  The Eye Care Digitisation Project (Open Eyes) - National
  Digital Maternity Record – National
  Primary Care Dermatology AI funded project – Local

Where a project cannot be signed off by the teams within the governance groups due to the level of risk, the Senior Information Risk Owner (SIRO) will consider each risk and any mitigations to make an informed decision on whether the health board can accept the risk and use that system/supplier. A register of approvals agreed by the SIRO is maintained, of which there were **2** for this reporting period:

- Chat Health (a school nursing app that enables pupils to confidentially contact the school nursing service).
- Open Eyes (Eye Care Digitisation Project)

<u>Information Sharing Arrangements</u>

Many organisations directly concerned with the health, education, safety, crime prevention and social wellbeing of people in Wales have signed up to the Wales Accord on the Sharing of Personal Information (WASPI). WASPI is tool to support the sharing of information between these organisations effectively and lawfully, whether that is the network providing support and good practice guidance, or the collective development and use of template documents such as an Information Sharing Protocol (ISP) agreement for reciprocal sharing, or a Data Disclosure Agreement (DDA) for one way sharing. Although the development of ISPs/DDAs is not mandatory, they are promoted across Wales as good practice and is endorsed by the ICO. It underpins the WASPI framework and supports the regular, reciprocal sharing of personal information between organisations.

Information sharing arrangements are included in the IG work programme. During the reporting period, **4** ISPs/DDAs have been reviewed or are being supported by the IG team:

- ISP - School Nursing and Education Services
- ISP - Tackling Anti-social Behaviour
- DDA - Female Genital Mutilation (FGM) with Public Health Wales
- DDA – Designed to Smile

Once approved at local level, ISPs are then presented nationally as part of the WASPI quality assurance group for approval. When approved, the Medical Director signs the agreement on behalf of the health board. DDA's are locally assured by IG and the Medical Director approves and signs. The IG team will continue to promote the development of ISPs and DDAs, where possible. Work also continues to review outstanding and identify new agreements.

General Updates

The IG drive folders were recently moved across to SharePoint by the Digital Transformation Team. This has enabled significant improvements in collaborative working within the team, file management and has reduced risk in relation to Subject Access Requests. As a team, we look forward to utilising further approved O365 products.

The team continue to support service improvement and renewal programmes throughout the Health Board.

NEXT STEPS:

Continued assurance reports will be submitted to the Delivery and Performance Committee.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.7

Delivery and Performance Committee	**Date of Meeting: 3 May 2022**
Subject:	**COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER**
Approved and Presented by:	Interim Board Secretary
Prepared by:	Interim Corporate Governance Manger
Other Committees and meetings considered at:	n/a

PURPOSE:

The purpose of this paper is to provide the Committee with the end of April 2022 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the April 2022 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee. This iteration of the Committee Risk Register is based upon on the Corporate Risk Register (CRR) considered by the Board on 30 March 2022.

Approval/Ratification/Decision	Discussion	Information
✘	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	

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

EXECUTIVE SUMMARY:

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

BACKGROUND AND ASSESSMENT:

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

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

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

NEXT STEPS:

The Risk and Assurance Group will lead the ongoing development of the CRR, escalating any organisational risks for proposal to the CRR, for consideration by the Executive Committee.

Committee based Risk Register for Delivery and Performance
April 2022

CORPORATE RISK HEAT MAP: April 2022

There is a risk that…

Impact							
	Catastrophic	**5**					
	Major	**4**		▪ The Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22	▪ Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	▪ 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.	▪ There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks
	Moderate	**3**				▪ 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				

CORPORATE RISK DASHBOARD – March 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 002	Finance	The Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22	**2 x 4 = 8**	➔	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

KEY:

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

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

Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

RISK APPETITE		
Category	**Appetite for Risk**	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

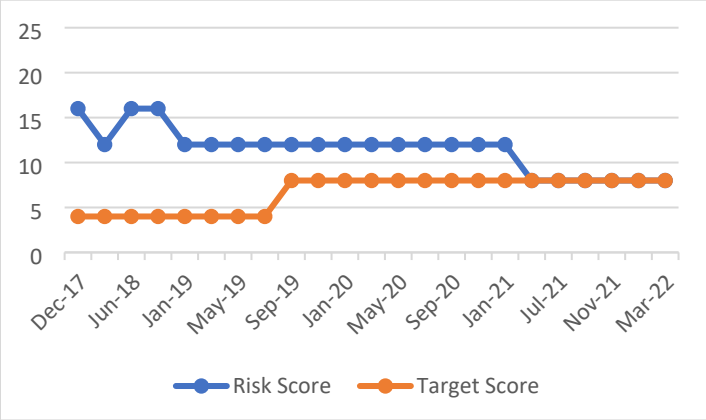
Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

CRR 002 **Risk that:** the Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22	**Executive Lead:** Director of Finance, Information and IT **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning WBO 8.2	**Date last reviewed:** February 2022

Risk Rating

(likelihood x impact):
Initial: 4 x 4 = 16
Current: 2 x 4 = 8
Target: 2 x 4 = 8

Date added to the risk register
March 2017



Rationale for current score:

- As at Month 9 2021-22, the Health Board is £0.149m under spent
- Supported Annual Plan, including balanced financial position based on assumptions included (regarding funding, etc.)
- Plans identified to meet Financial Recovery Plan savings target included in plan of £5.6m, significant non-delivery forecast (linked to Covid-19) with slippage included in overall position forecast (including Covid-19 funding allocation)
- Breakeven forecast includes a number of risks and opportunities that need to be managed to deliver
- The impact of Covid-19 and the assumption that WG will fund the direct and indirect costs in full is key (and this has been confirmed of 2021/22) in relation to the breakeven forecast (risk in relation funding allocated and forecast
- On the basis that Covid-19 funding levels to be allocated will be confirmed for the second 6 months as expected, the risk can be held in line with Board acceptable levels

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

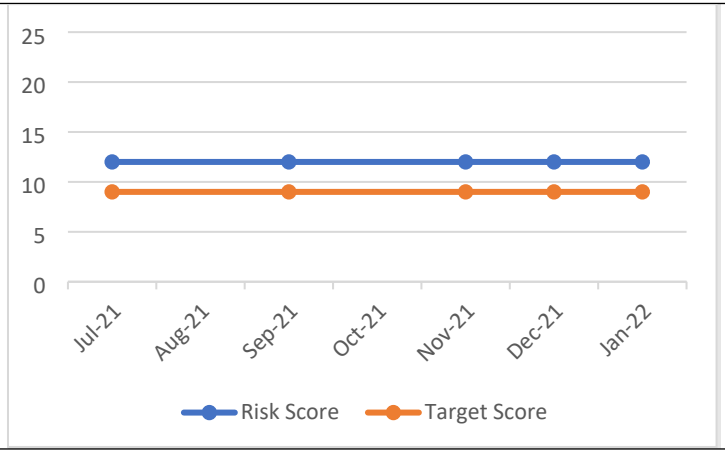
- Annual Financial Plan supported
- Monthly Reporting via Governance Structure, includes progress / delivery
- Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework
- Contracting Framework and impact of Block arrangements in 2021/22 and going forward

Mitigating actions (What more should we do?)

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 in process of

▪ Savings Plans, new Efficiency Framework and Investment Benefits Group approved and now live ▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of Covid-19 and expectations regarding funding and impact on Financial Plan ▪ Discussions with Welsh Government regarding baseline budget now resolved			being implemented
	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 being established in year.	DFIIT	In Progress
Current Risk Rating	**Additional Comments**		
2 x 4 = 8	Risk level held on assumption of funding at expected levels.		

CRR 003 **Risk that:** the health board has insufficient capacity to lead and manage change effectively	**Executive Lead:** Chief Executive **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan/wellbeing objectives	**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		**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.
Date added to the risk register July 2021		

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

• 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. • 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.	Support the delivery of change management skills as part of the School of Leadership and Management	WOD	Review Q3
	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?)**		
• 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	• 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	**Executive Lead:** Director of Environment **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4	**Date last reviewed:** February 2022

Risk Rating
(likelihood x impact):
Initial: 4 x 4 = 16
Current: 4 x 4 = 16
Target: 3 x 3 = 9

Date added to the risk register
January 2017

Rationale for current score:

Estates Compliance: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required.

Capital: the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk. Failure to secure funds could impact business continuity in terms of healthcare services.

Environment & Sustainability: Welsh Government declared a Climate Crisis in April 2019 requiring escalated activity with ambitious targets in terms of decarbonisation of public sector by 2030 and zero waste to landfill by 2050.

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

ESTATES

- Specialist sub-groups for each compliance discipline
- Risk-based improvement plans introduced

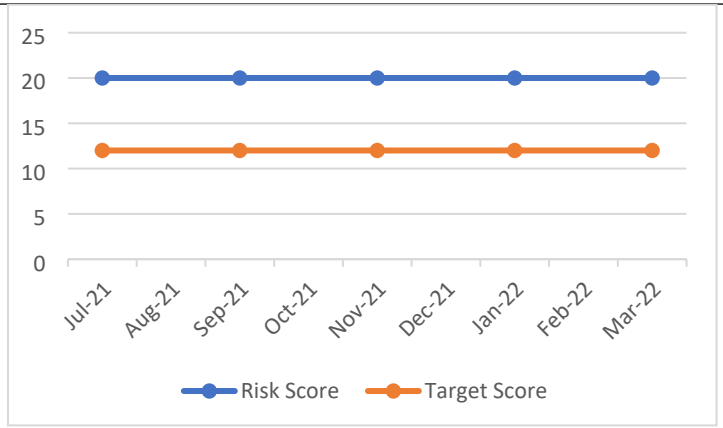
Mitigating actions (What more should we do?)

Action	Lead	Deadline
Implement the Capital Programme and develop the long-term capital programme	AD Estates & Property	In line with Annual Plan for 2021-22

▪ Specialist leads identified ▪ Estates Compliance Group and Capital Control Group established ▪ Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up. ▪ Capital Programme developed for compliance and approved ▪ Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan ▪ Address (on an ongoing basis) maintenance and compliance issues ▪ Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards **CAPITAL** ▪ Capital Procedures for project activity ▪ Routine oversight / meetings with NWSSP Procurement ▪ Specialist advice and support from NWSSP Specialist Estates Services ▪ Audit reviews by NWSSP Audit and Assurance ▪ Close liaison with Welsh Government, Capital Function ▪ Reporting routinely to P&R Committee ▪ Capital Programme developed and approved ▪ Detailed Strategic, Outline and Full Business Cases defining risk ▪ Capital and Estates set as a specific Organisational Priority **ENVIRONMENT** ▪ ISO 14001 routine external audit to retain accreditation ▪ Environment & Sustainability Group ▪ NWSSP Specialist Estates Services (Environment) support and oversight ▪ Welsh Government support and advice to identify and fund decarbonisation project initiatives	Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in readiness for any capital slippage in latter part of financial year cycle.	AD Estates & Property	In line with Annual Plan for 2021-22
	Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for 2021-22
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review delayed due to operational pressures.	AD Estates & Property	May 2022
Current Risk Rating	**Additional Comments**		

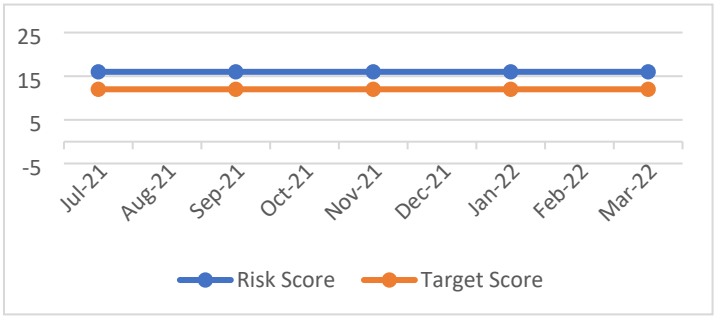
4 x 4 = 16	**COVID-19** has introduced risk pressures in respect of the health board's estate and the ability of the Estates & Property team to manage and prioritise risk mitigation in a number of ways. **ESTATES:** Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. **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 **Risk that:** there are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks	**Executive Lead:** Director of Planning & Performance **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4	**Date last reviewed:** February 2022

Risk Rating (likelihood x impact): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12		**Rationale for current score:** Baseline as at end of October 2021 indicates current waiting times excluding diagnostics and therapies as follows: Aggregated Position (including PTHB provided services): 4,802 patients waiting over 36 weeks, of these 2,657 are waiting over 52 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.
Date added to the risk register July 2021		

Controls (What are we currently doing about the risk?)	**Mitigating actions (What more should we do?)**		
	Action	**Lead**	**Deadline**
• Key priorities identified to deliver elective treatments within 52 weeks • Commissioning Assurance Framework (across 5 domains) incremental use with 15 NHS organisations, 2 private sector organisations, and embedded in third sector • CAF escalation process • Strategic Commissioning Framework • Fragile services log	Secure performance improvement trajectories from providers. English providers waiting for H2 planning guidance.	DPP	April 2022
	Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing	DPP/DOF	October 2021 / Complete

• Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers. • 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'.	options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery		
	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?)**		
• 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	• All Directorates contributing to CAF		
Current Risk Rating	**Additional Comments**		
5 x 4 = 20			

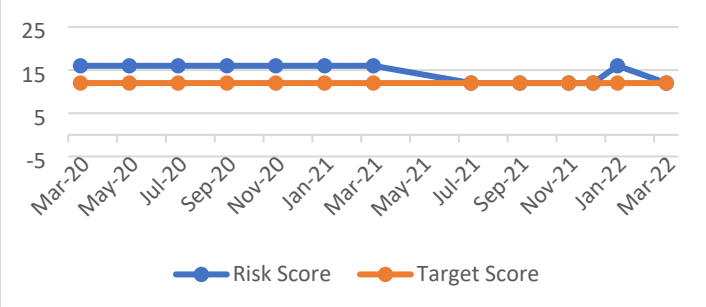
CRR 013 **Risk that:** there are delays in accessing treatment in Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.		**Executive Lead:** Director of Finance and IT / Director of Planning and Performance **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		**Date last reviewed:** February 2022
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12 **Date added to the risk register** July 2021		**Rationale for current score:** Baseline as at end of March 2021 indicates current waiting times excluding diagnostics and therapies as follows: Provider Position – 690 people waiting over 36 weeks and 536 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 Whilst slow but steady progress has been made in the last 6 months, the referral rates will likely rise in future months which will increase future demand. Historical activity levels cannot currently be delivered due to ongoing covid related infection prevention and control measures including social distancing of patients. A key constraint currently is available workforce to operate additional activity with a specific risk relating to theatres staff. 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.
Controls (What are we currently doing about the risk?)		**Mitigating actions (What more should we do?)**

- Key priorities identified to deliver elective treatments within 52 weeks
- Executive Committee Strategic Commissioning and Change Group
- A renewal priority including planned care has developed a proposal for funding to recover waiting times to previous levels as a provider. Funding has been provided and this programme of work will develop delivery plans accordingly.
- 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	October 2021
Market response to outsourcing provided no options. There remains potential for insourcing and this element of the market process is being progressed in line with procurement rules to confirm if this can be provided.	DPCMH	October 2021
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	October 2021

Assurances **(How do we know if the things we are doing are having an impact?)**	**Gaps in assurance** **(What additional assurances should we seek?)**
• Monthly waiting time reporting at Delivery Performance Group • Reporting at Performance and Resources Committee and Board • 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 **Assuring Committee:** Delivery and Performance
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.	**Date last reviewed:** February 2022

Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3.x.4.=.12 Target: 3 x 4 = 12		**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 of 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. 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
Date added to the risk register February 2020		

		4. The wider harm to wellbeing caused by population level measures in response to COVID-19.

Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
	Action	**Lead**	**Deadline**
1. Test Trace Protect programme in place: • RT-PCR testing available for the Powys population via the UK online portal; • Contact tracing service operating; • Regional response cell in place for escalated cases and clusters. 2. Joint management and oversight arrangements in place with Powys County Council, including a joint Prevention and Response Group. 3. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements. 4. Powys Prevention and Response Plan in place. 5. Mass vaccination programme in progress. 6. System resilience plan in place to respond to direct and indirect impact of COVID-19 during the second half of 2021/22. 7. Revised our command structures to manage risks. Proportionate governance framework in place (Gold, Silver, Bronze). 8. Reprioritisation work completed to enable business continuity planning and staff moved to support fragile operating areas. 9. All Wales position on HBs invoking the Local Options Framework being considered. 10. In response to difficulties in obtaining LFD stock: • Agreement with Test Trace Protect at Welsh Government to build and hold a reserve stock. • Order placed to provide stock for 14 day contingency (20,000 tests). • Communications issued to wards and departments not to stockpile LFDs and to return excess stock to Stores. • Promoting LFD reporting by staff via the UK registration platform. • Agreed 'in extremis' support on LFD supply with Powys County Council. 11. Non-essential training stood down to enable business continuity measures to be enacted	• Reinforced messages to staff about use of IPC	PW	18/12/21
	• Build LFD resilience stock held from 7 to 14 days.	AC	24/01/22
	• Support Welsh Government investigation into failed deliveries.	AC	14/01/22
	• Workforce 'deep dive' to look at business continuity planning	JR	14/01/22
	• Planning for TTP transition phase to begin once WG planning assumptions known.	DPH	31/03/22

12. Enhanced rates of pay for staff agreed to improve operational areas 13. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.			
Current Risk Rating	**Additional Comments**		
3 x 4 = 12			