Performance and Resources Committee

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06 October 2020, 09:30 to 11:30
Skype Meeting

Agenda

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1. **PRELIMINARY MATTERS**

　　📄　　P&R_Agenda_6_Oct_2020_Final.pdf　　　　　　　　(2 pages)

1.1. **Welcome and apologies**

1.2. **Declarations of interest**

1.3. **Minutes from the previous meeting held on 30th June 2020 for approval**

　　📄　　P&R_Item_1.3_UNCONFIRMED P&R Minutes_30　　(12 pages)
　　　　　June 2020.pdf

1.4. **Matters arising from the previous meeting**

1.5. **Performance and Resources Committee Action Log**

　　📄　　P&R_Item_1.5_Action Log_2020-21 (Oct2020).pdf　　(1 pages)

2. **ITEMS FOR APPROVAL/RATIFICATION/DECISION**

There are no items for inclusion in this section

2.1.

3. **ITEMS FOR DISCUSSION**

3.1. **Continuing Health Care Annual Report 2019-20**

　　📄　　P&R_Item_3.1a_CHC Annual Report 2019-20.pdf　　(11 pages)

3.2. **Performance Overview**

　　📄　　P&R_Item_3.2_PerformanceOverview_September　　(18 pages)
　　　　　2020_FINAL.pdf

3.3. **Financial Performance Month 05**

　　📄　　P&R_Item_3.3_Financial Performance Report Mth　　(16 pages)
　　　　　5 - P&R.pdf

3.4. **Framework for Delivery and Performance of the Health Board Efficiency and Savings Programme**

　　📄　　P&R_Item_3.4_Efficiency Framework.pdf　　　　　(4 pages)

　　📄　　P&R_Item_3.4a_Framework Delivery &　　　　　(11 pages)
　　　　　Performance HB Efficiency Programme_July20.pdf

3.5. **Information Governance Performance Report**

　　📄　　P&R_Item_3.5_IG Key Performance Report.pdf　　(8 pages)

3.6. **Primary Care Services Performance Report**

　　📄　　P&R_Item_3.6_GMS Performance Review Sept　　(9 pages)
　　　　　2020.pdf

　　📄　　P&R_Item_3.6a_App 1.pdf　　　　　　　　　　(13 pages)

　　📄　　P&R_Item_3.6c_App 3.pdf　　　　　　　　　　(1 pages)

　　📄　　P&R_Item_3.6d_App 4.pdf　　　　　　　　　　(1 pages)

4.　　　**ITEMS FOR INFORMATION**

There are no items for inclusion in this section

4.1.　　**Review of Committee Programme of Business**

5.　　　**OTHER MATTERS**

5.1.　　**Items to be brought to the attention of the Board and other Committees**

5.2.　　**Any other urgent business**

5.3.　　**Date of the next meeting:**

Monday 14 December 2020, venue to be confirmed

POWYS TEACHING HEALTH BOARD
PERFORMANCE & RESOURCES COMMITTEE

6TH OCTOBER 2020, 9.30 – 11.30 AM
TO BE HELD VIA MICROSOFT TEAMS

**AGENDA**				

Item	Title	Attached /Oral	Presenter
1	**PRELIMINARY MATTERS**		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
1.3	Minutes from the previous meeting held on 30th June 2020, for approval	Attached	Chair
1.4	Matters arising from the previous meeting	Oral	Chair
1.5	Performance & Resources Committee Action Log	Attached	Chair
2	**ITEMS FOR APPROVAL/RATIFICATION/DECISION**		
	There are no items for inclusion in this section		
3	**ITEMS FOR DISCUSSION**		
3.1	Continuing Health Care Annual Report 2019-20	Attached	Director of Nursing and Midwifery
3.2	Performance Overview	Attached	Director of Planning & Performance
3.3	Financial Performance, Month 05, 2020-21	Attached	Director of Finance & IT
3.4	Framework for Delivery and Performance of the Health Board Efficiency and Savings Programme	Attached	Director of Finance & IT
3.5	Information Governance Performance Report	Attached	Board Secretary
3.6	Primary Care Services Performance Report	Attached	Director of Primary, Community Care and MH
3.7	Dental Services Performance Report	Attached	Director of Primary, Community Care and MH
3.8	Estates Update	Attached	Director of Planning and Performance
4	**ITEMS FOR INFORMATION**		
4.1	Review of Committee Programme of Business	Attached	Board Secretary
5	**OTHER MATTERS**		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: • 14 December 2020, Microsoft Teams		

PERFORMANCE & RESOURCES COMMITTEE

UNCONFIRMED
MINUTES OF THE MEETING HELD ON
MONDAY 30 JUNE 2020
LOCATION, BRONLLYS HOSPITAL AND VIA SKYPE

Present:

Mark Taylor	Independent Member (Chair)
Mel Davies	Independent Member
Ian Phillips	Independent Member
Tony Thomas	Independent Member

In Attendance:

Carol Shillabeer	Chief Executive
Pete Hopgood	Director of Finance and IT
Hayley Thomas	Director of Planning and Performance (attended remotely)
Julie Rowles	Director of Workforce and Organisational Development
Rani Mallison	Board Secretary (attended remotely)
Jamie Marchant	Executive Director of Primary, Community and Mental Health Service (attended remotely)
Vicki Cooper	Assistant Director Digital Transformation and Informatics

Observers:

David Collington	Community Health Council
Rebecca Collier	Health Inspectorate Wales
Elaine Matthews	Audit Wales

Apologies for absence:

Vivienne Harpwood	PHTB Chair

Committee Support:

Liz Patterson	Corporate Governance Manager

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MEETING GOVERNANCE	
P&R/20/1	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.
P&R/20/2	**DECLARATIONS OF INTEREST** No declarations of interest were received.
P&R/20/3	**MINUTES OF THE PREVIOUS MEETING: 16TH DECEMBER 2019** The minutes of the meeting held on 24 February 2020 were AGREED as being a true and accurate record subject to the correction of the word 'bit' to 'bid' in the second paragraph on page 7.
P&R/20/4	**MATTERS ARISING FROM THE PREVIOUS MEETING** There were no matters arising.
P&R/20/5	**PERFORMANCE AND RESOURCES COMMITTEE ACTION LOG** The Committee RECEIVED the updated Action Log. P&R/19/60 – Progress on Waste Management Contract. This is on the agenda P&R/19/69 – Update on Digital First. This is on the agenda. *Will the Strategic Framework be taken to Strategy and Planning Committee?* It is intended that this item will be taken to Strategy and Planning Committee in July 2020. P&R/19/64 – Embedded Carbon to be considered for inclusion on Board Development Programme. The Board Development Programme was paused due to covid-19. This item will be considered for inclusion when the 2020/21 programme is recommenced.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
There were no items for approval, ratification or decision at this meeting.	

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	ITEMS FOR DISCUSSION	
P&R/20/6	**PERFORMANCE OVERVIEW**

The Director of Planning and Performance presented the Performance Overview as outlined in the report noting that the overview covered the difficult period of the onset of the covid-19 pandemic. Normal arrangements had changed significantly with many services suspended. The response to covid-19 was outlined together with interim performance arrangements which had been put in place. A dashboard had been prepared which was updated daily providing service status on all sites and detail on DGH pathways with a strong focus on support services including PPE and transport. Partnership working with care homes and closed settings was included together with key indicators at a county level and national level such as infection rates and numbers of deaths. Testing was originally included in this dashboard as part of Test, Trace and Protect but now has a separate dashboard.

Throughout the pandemic the organisation had been working alongside Government direction in Wales and the policy context in England, with new ways of working implemented. Research on lessons learnt during the initial phase of the pandemic response was being undertaken. Future areas of inclusion in the revised performance arrangements for the next stage include infection control, social distancing and the requirements of working within the context of a pandemic.

The Health Board now needed to submit the Quarter Two plans in line with other Health Boards across Wales, with England having similar planning arrangements. The focus at this stage would be on restoring essential services and this would be considered at Strategy and Planning Committee on 9 July 2020.

The report provided a summary position with more detailed information having been presented at Experience, Quality and Safety Committee including reports such as Safe Care, Dignified Care and response to complaints. These were all areas of focus with the requirement to bring services up to an acceptable level. The primary focus of this report was around planned care and, in particular, the backlog across the specialties of planned care, diagnostic and therapeutic services resulting from the suspension of routine activity. There had been good progress in some areas such as Mental Health, |

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	unscheduled care and ambulance services which had managed to sustain performance but in respect of referral to treatment times, where previously there were no patients waiting over 36 weeks, there was now, in common with the rest of Wales, and England a growing backlog. Between May 2019 and May 2020 there had been a 430% increase in patients waiting 36 weeks or longer. There was also a backlog in patients waiting 8 weeks or longer for diagnostics with 312 waiting in May 2020 and a backlog of patients waiting 14 weeks or longer for therapies with 466 waiting in May 2020. This should be viewed in the context of a significant drop in referrals into the system and thus there was a challenging picture across health services. This was why there is a focus in Quarter Two Plans to assess capacity in the system taking into account issues including social distancing, infection control and cleaning regimes, together with new working arrangements such as digital offers. In addition, there will be workforce constraints, including with in-reach arrangements with neighbouring health boards. Work was on going to work out what the capacity is and what the long-term plans are to reduce the backlog which will not be possible to solve immediately. Rolling sickness rates were reported as 5.07% in May 2020. This small increase was due partly to covid-19 and to redeployment arrangements. There had been a sustained performance in mandatory training. The Chief Executive noted that in taking improvements forward it was not possible to plan for additional expenditure but it would be necessary to understand if additional resources were required to catch up, exactly what would be required. It was expected that Welsh Government would take a view on the backlog and the organisation should take every opportunity to reduce the backlog where possible.
P&R/20/7	**COMMISSIONING ASSURANCE OVERVIEW** The Director of Planning and Performance presented the report. It was not possible to fully run the commissioning assurance framework as normal due to reporting changes during the covid-19 period. Arrangements have been put in place to ensure that regular contact is made with providers both in England and Wales and there has been discussion around work around covid, essential services and addressing the backlog. Initially the work focussed

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on protecting critical care capacity and identifying additional surge capacity together with protecting emergency care. Close work with partners had taken place to understand the pathways for ventilated, non-ventilated patients and general acute care for Powys patients has been built into plans for commissioned care. Work had also been undertaken regarding access to treatments for cancer and renal dialysis which needed to be maintained. The point had been reached where the health board is connecting with Shropshire, Hereford and Worcester and with providers in Wales to ascertain what services can be restarted.

The Director of Planning and Performance gave a presentation on the scoring of ability of partners to provide essential services:

Essential Service Area	PTHB Return submitted	Welsh Health Boards' Scores							
		BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW
Primary Care	2	2	2	2	2	2	2	0	0
General Medical Services	2	3	2	2	3	2	2	0	0
Community Pharmacy Services	2	2	2	2	3	2	2	0	0
Red Alert urgent/emergency dental services	2	2	2	2	2	2	2	0	0
Optometry Services	2	2	2	2	2	2	2	0	0
Community Nursing & Allied Health Professionals Services	2	2	2	3	2	2	2	0	0
111/Out of Hours Services	4	2	0	3	3	2	4	0	0
Safeguarding Services	2	3	0	3	2	2	3	0	2
Urgent Eye Care	2	2	0	3	2	2	2	0	0
Urgent Surgery	2	2	2	2	2	3	2	0	0
Urgent Cancer Treatments	2	2	2	2	0	2	2	3	1
Life-saving Medical Services	2	3	2	2	3	2	4	0	0
Interventional Cardiology	2	2	2	2	2	2	3	0	0
Acute Coronary Syndromes	2	2	2	2	2	2	4	0	0
Gastroenterology	2	2	2	4	3	2	2	0	0
Stroke Care	2	2	2	3	3	2	3	0	0
Diabetic Care	2	2	2	3	3	2	3	0	0
Diabetic Care (Diagnosis of new patients)	2	2	2	3	3	2	3	0	0
Diabetic Care (DKA / hyperosmolar hyperglycaemic state)	2	2	2	3	3	2	4	0	0
Diabetic Care (Severe hypoglycaemia)	2	2	2	3	3	2	4	0	0
Diabetic Care (Newly diagnosed patients especially where insulin control is problematic)	2	2	2	3	3	2	3	0	0
Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)	2	0	2	2	3	2	2	0	1
Diabetic Care (Emergency podiatry services)	2	0	2	3	3	2	2	0	0
Neurological Conditions	2	2	2	2	1	2	2	0	0
Rehabilitation	2	2	2	3	4	2	2	0	0
Life-saving or life-impacting paediatric services	2	4	2	2	2	2	4	0	0
Paediatric intensive care & transport	2	4	2	2	0	2	4	0	0
Paediatric and neonatal emergency surgery	2	4	2	0	0	4	4	0	0
Urgent paediatric cardiac surgery	2	4	2	0	0	4	4	0	0
Urgent paediatric illness	2	4	2	2	2	4	4	0	0
Immunisations & vaccinations	2	2	2	2	2	4	4	0	2

Essential Service Area	PTHB Return submitted	Welsh Health Boards' Scores							
		BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW
Screening (Blood spot)	2	4	2	2	2	4	4	0	2
Screening (Hearing)	2	4	2	2	2	4	4	0	2
Screening (New born)	2	4	2	2	2	4	4	0	0
Screening (6-week physical exam)	2	4	2	2	2	3	4	0	0
Community paediatric services for children	3	3	2	3	2	3	3	0	0
Termination of pregnancy	3	2	2	3	2	4	3	0	0
Other infectious conditions (sexual / non-sexual)	2	2	2	4	2	2	3	0	0
Urgent infectious services for patients	2	2	2	2	2	2	3	0	0
Maternity services	3	2	3	4	4	3	3	4	0
Surgery for neonates	2	4	2	0	4	3	4	0	0
Isolation facilities for COVID19+ neonates	2	4	2	2	4	3	4	0	0
Usual access to neonatal transport & retrieval services	2	4	2	2	0	3	4	0	0
MH Crisis Services including perinatal care	4	2	2	2	2	3	4	0	0
MH Inpatient Services	4	2	2	4	2	3	4	0	0
Community MH services	4	2	2	2	2	3	2	0	0
Substance Misuse services	4	4	2	2	2	3	3	0	0
Renal care - dialysis	2	3	0	2	0	4	4	0	0
Urgent supply of medications	3	2	0	3	4	4	2	4	0
Blood and Transplantation Services	1	0	0	4	0	2	0	3	0
Blood & blood components	2	2	0	4	0	2	0	3	0
British Transplant Society	1	0	0	0	0	2	0	0	0
Transplantation Services	1	1	0	0	0	2	0	3	0
Stem Cell transplantation services	1	2	0	0	0	2	0	3	0
Solid organ services	1	2	0	0	0	2	0	0	0
Platelet Services	2	2	0	4	2	2	0	3	0
Palliative Care	2	3	2	2	3	3	3	3	0
Emergency Ambulance Services	2	0	0	0	0	4	4	0	0

Key - Service Status	Code
Do not provide or commission this service	0
Essential services unable to be maintained	1
Essential services maintained (in line with guidance)	2
Immediate services able to be delivered	3
Normal services continuing	4

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This demonstrated a high level of impact across all service areas. This information was constantly under review as partners make changes to their Quarter Two Plans and arrangements. Breaches are occurring regarding wait times but at present this information was being shared between provider and commissioner rather than through official channels, however, there was now a better understanding of the 36/52 week backlog. Funding arrangements had changed and this is included in the finance item on the agenda.

It had been necessary to quickly implement different ways of working and this has been shared with CHC colleagues. For example, the Robert Jones and Agnes Hunt Hospital have been taking trauma patients which is not the normal pathway but does allow capacity to be protected. Chief Executive level meetings have been maintained, most recently with Shrewsbury and Telford Hospitals (SATH). The Commissioned Services risk had increased over this period and it would be necessary to work in partnership to address this. A detailed report on SATH went to the Experience, Quality and Safety Committee. SATH have had Care Quality Commission reports since 2018 and the most recent report had assessed them as Inadequate. The Chief Executive met with the CQC on 10th June 2020 to discuss this matter.

Given that pathways have changed as a result of the covid-19 pandemic how can Members be assured that these alternations do not become the new normal by default, and that if it is intended that they remain, that proper consultation is undertaken?

The Chief Executive noted that this was a conversation that had been held with the CHC. It appeared that unless or until a mass vaccination programme for covid-19 was in place there would be a requirement to supress infection rates. This meant timeframes would be a little longer and new ways of working would be a point along the way to the way. It was suggested that this would take the financial year and then it was hoped that any changes of arrangements for service delivery would be clearer.

The Director of Planning and Performance thanked the CHC for the close working they had undertaken with the health board during the pandemic.

With regard to SATH it is understood a new leadership team is in place. Will monitoring take place whilst the new leadership team have an opportunity to put

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	improvements in place? The Chief Executive noted that this was a difficult issue. SATH have been in this position for a considerable time and there have been several changes at senior leadership level over the last 10 years, indeed over the last three years there have been 3 Chief Executives. The Chief Executive noted that she had not been wholly assured at the most recent Chief Executive meeting and now intended to discuss with the CQC the prospects for improvement. An understanding of the support the CQC intended to provide SATH would be sought. There was a sense that the organisation had been in the same position for some time.	
P&R/20/8	**WORKFORCE PERFORMANCE OVERVIEW** The Director of Workforce and Organisational Development presented the report. The Performance Overview included items such as sickness and PADR compliance and now a focus needed to be given to increase compliance for PADR which at 69% in May was one of the lowest seen. Whilst sickness had increased in May it was just over 0.5 percentage points higher that May 2019 and a focus had been placed on sickness with support from HR and Occupational Health. Staffing figures had increased by over 100 Full Time Equivalent with some of these posts temporary and some held by student nurses. There had been an increase in Health Care Support staff and a reduction in overtime and bank staff. For the first time there had been deployment of volunteers into the organisation and a significant amount of work had been undertaken by PAVO on the Memorandum of Understanding for volunteers. The use of volunteers and student nurses was commended together with the minimal level of increase in sickness rates. *It is noted that the top reason for absence is now anxiety and stress. Is this a common trend and whilst it is known the organisation has a wellbeing programme is this sufficient?* The Director of Workforce and OD confirmed the top reason for absence was stress and this was common across many sectors having taken over from muscular skeletal issues. However, it was noted this was not broken down to workplace stress or stress from a different source. For every staff member on stress related absence there was an expectation that attention would be drawn to the individual to ascertain what as an employer could be done. A stress risk assessment would be undertaken and any actions to help the individual identified. As an employer there is a responsibility in regard to workplace stress but the organisation is also exploring possibilities to help people in a wider context. In addition, the health board offers Silver Cloud and a counselling	

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	service and has an active Occupational Health service.
P&R/20/9	**CAPITAL AND ESTATES UPDATE** The Assistant Director of Estates and Property presented this item outlining that a paper on seeking approval on discretionary capital spend would normally be considered by Board at the beginning of the financial year. This paper sought approval for a refreshed capital programme outlined in Appendix B of the paper in light of the covid-19 pandemic. Attention was drawn to pressures on capital funding from Welsh Government. The report highlighted that whilst the organisation was proceeding with producing business cases for major capital projects, the only secure funding was for the Rural Learning Academy at Bronllys and all other projects were subject to Welsh Government approval. Covid-19 related estates activity was outlined including oxygen bulk tanks, ventilation proposals, upgrading of staff showers and changing facilities and social distancing signage. One of the two Water Improvement Notices had been closed and the Water Risk Assessments were currently with the Health and Safety Executive for consideration. Two RIDDOR reports on Hand Arm Vibration Syndrome were with the Health and Safety Executive who have requested additional information. The Chief Executive drew attention to the considerable risk around the availability of capital funds which was closely linked to Welsh Government budget issues. It may be the case that Welsh Government look to the capital budget for resources to mitigate covid related expenditure, however, PTHB would work to try to persuade Welsh Government to maintain their commitment to a modest capital programme. The view of Independent Members on the risk-based approach to discretionary capital priorities was sought. *It is understood that ICF funding had been made available for the Rural Learning Academy, however, a commitment of £250k is required from PTHB. How is capital spend prioritised against other discretionary projects?* The Chief Executive advised that this was partly about balancing the programme between short and medium-term objects. The Health and Care Academy (sometimes called the Rural Learning Academy) for was for Health and Care learning and a large part of the Workforce Futures programme which looked to 'grow your own' staff in the

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health and care sector. Without this it would be difficult to educate, train and support people in Powys to develop. The ICF funding was available only for the current financial year and whilst there may be a decision to extend this, this was not guaranteed and it was the intention to try to take advantage of this opportunity which came via the Housing Department in Welsh Government rather than the Health and Care Department. The Director of Planning and Performance reminded Members that there had been discussion regarding the use of funds resulting from the disposal of Mansion House to make up the difference.

There appeared to be only a modest amount allocated to digital projects. Was this appropriate in light of the current reliance on digital?
The Director of Finance and IT advised that digital spend consisted of a mix of revenue and capital spend. There were a number of sources that could be used to assist with digital development all of which were under consideration and cover a mix of capital and revenue spend.

The Director of Finance and IT advised that the organisation had submitted a request of £1.8million to support the covid response and expected that to be funded in full.

The Prime Minister will be announcing large capital expenditure plans in England which would result in a consequential to Wales. Had there been any discussion with Cardiff or was the organisation waiting for an announcement?
The Director of Finance and IT noted that Welsh Government would be looking to receive any consequential funding because of the announcements in England but at present the organisation was working within the current capital allocation available.
The Chief Executive confirmed that Welsh Government would be looking to identify any consequential funding due. The organisation needed to be as persuasive as possible that cases such as Machynlleth and North Powys together with smaller capital schemes, were ready to go if additional funding does become available.

The Director of Planning and Performance drew Members attention to the levels of contingency available considering the aging estate and number of unforeseen failures. There was a slight increase in risk this year as there was

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	constraint on the all Wales capital position with a resulting lack of ability to access slippage which had previously been relied upon.

The Chair noted that the income from the sale of the Mansion House was money that could be spent according to organisational priorities and could be redirected if considered appropriate but, having raised the Health and Care Academy, was content that this issue had been tested.
Independent Members noted they had been advised that the year coming would be financially difficult in respect of capital funding for estates projects and across the organisation including the expected reduction of access to slippage.

The following recommendations outlined in the report were AGREED:

- Agree the Discretionary Capital Programme schemes for 2020/2021 to allow work to be progressed.
- Support the bid for WG funding for anti-ligature works in the sum of £1.25M.
- Support the development of the Rural Academy of Learning at Bronllys with ICF funding in the sum of £0.446M with an additional £0.250M from Mansion House sale allocated for the refurbishment of part of Monnow Ward for the relocation of staff from Basil Webb building.
- Continue to progress business case development for Machynlleth, North Powys, Llandrindod Phase 2 and Brecon Car Park with papers to be brought forward for specific business case approvals as required. |
| P&R/20/10 | **FINANCIAL PERFORMANCE MONTH 2**

The Director of Finance and IT presented this item focussing on the revenue position and outlined that at Month 2 a year to date deficit of £98k was recorded the majority of which was a pressure on the prescribing budget (excluding spend on covid-19). Covid-19 had also impacted on the ability of the organisation to deliver savings which in the original plan had been set at £5.5m. This had been is revised to £1.8m which left a gap of £3.4m which it was currently assumed will be funded by Welsh Government as an indirect consequence of covid-19.
The direct costs of covid-19 were forecast for the period 2020/21 as £16.2m made up of pay costs relating to surge capacity (if fully occupied) and Test, Trace and Protect programme (four teams in operation) of £6.7m. Other areas of expenditure (primary care, PPE, provider (non pay costs), LTA (block contract)) totalling |

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	£6.6m, non-delivery of savings totalling £3.7m and a reduction in spend of £0.7m. It is likely that this figure will increase to £18-19m because of Phase Two plans (in part due to a lack of dental income (fees paid by patients)). The risk against the plan was highlighted as £21.5m. It was assumed that £16.2m will be received from Welsh Government in relation to direct and indirect covid-19 expenditure but this is currently highlighted as a risk as this funding has yet to be received. On the summary page of the report there is an error where the likely delivery of savings should read '£1.8m' rather than '£31.8m'. Further detail is included in the Monthly Monitoring Returns which are attached to the paper. *If the potential savings are examined in light of the potential for similar arrangements regarding pathways to continue through the financial year will the forecast automatically be £2m out?* The Director of Finance and IT advised this was an issue that was being addressed at a national level including with NHS England in respect of the approach which will be taken to contracts. PTHB were fully involved in these discussions which was finding that if block contracts were in place the ability to make significant change to move resources was limited in the short term. It was also likely that the organisation had been overpaying due to limited activity during the early part of the financial year, and care needed to be taken to ensure that the organisation does not effectively end up paying twice in relation to any catch up activity. It was confirmed that Welsh Government were fully sighted on this issue. The Financial Performance Report Month 2 was RECEIVED.
P&R/20/11	**DIGITAL FIRST UPDATE** The Director of Finance and IT presented this item which covered the digital response to covid-19, key performance indicators, Section 33 performance and the high level digital plan. The Chief Executive noted that a considerable amount of learning had taken place over the last few months and blocks, either real or perceived, had disappeared with new ways of working rapidly becoming accepted. Conversations had taken place with the CHC who were embracing the new ways of working whilst it was also accepted that these new ways would not be appropriate for the whole community. There had been some staff issues with some redeployed staff lacking some basic IT knowledge and it would be necessary to follow this up. Independent Members welcomed this report but it was not solely due to covid-19 that the steps forward have been achieved. Board were aware that work was needed in this area and credit should be given for this cohesive report.

Planning and Resources Committee
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	How would progress in this area be monitored? The Chief Executive advised that monitoring reports would be made available to the Performance and Resources Committee although reports relating to the patient experience of digital services could be considered at Experience, Quality and Safety Committee.	
P&R/20/12	**WASTE CONTRACT PROCUREMENT PROCESS** The Director of Workforce and OD presented this item which had been requested at a previous meeting of the committee. Waste collection services had previously been provided under a single contract waiver by Powys County Council but the organisation was now moving towards a full procurement process and tendering for the contract via open competition. Shared Services were providing procurement advice for this process. *How would quality, reliability and reduction of environmental impact be weighted in the process?* This will be picked up as a core part of the procurement process. The service had not had sight of the documents to date but would ensure that this was contained within it and that assurance would be provided to Independent Members. **Action: Director of Workforce and OD** The Chair of Audit, Risk and Assurance Committee welcomed the update on this item which had been referred by the Audit Committee.	
ITEMS FOR INFORMATION		
	There were no items for information at this meeting.	
OTHER MATTERS		
P&R/20/13	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES** No items were noted.	
P&R/20/14	**ANY OTHER URGENT BUSINESS** The questions from Independent Members asked in advance of the meeting, together with the answers are available at www.pthb.nhs.wales. No other urgent business was raised.	
P&R/20/15	**DATE OF THE NEXT MEETING:** 6 October 2020, Board Room, Glasbury House, Bronllys Hospital	

Planning and Resources Committee
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Completed
Not yet due
Due
Overdue

PERFORMANCE & RESOURCES COMMITTEE
ACTION LOG 2020/21 (Oct 2020)

GIG CYMRU NHS | Bwrdd Iechyd Addysgu Powys Powys Teaching

Minute	Meeting Date	Action	Responsible	Progress Position	Status
P&R/20/12	30 June 2020	Waste Management Procurement Process	Director of Workforce and OD	Assurance to be provided to IMs that quality, reliability and reduction in environmental impact would be appropriately weighted in procurement process	
P&R/19/64	24 February 2020	Decarbonisation be considered for item on future Board Development Programme	Board Secretary	The Board approved its development plan in July 2020 which included a schedule of thematic sessions.	

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P&R Action Log 2020/21
Oct 2020

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Performance & Resources Committee
6 Oct 2020
Agenda Item 1.5

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Powys Teaching Health Board
Continuing NHS Health Care
Annual Report for Adult Services
2019 - 2020

Purpose

A key requirement of the Continuing Health Care (CHC) Performance Framework implemented by Welsh Government (WG) is for a formal Annual Report for the period April 2019 to March 2020 outlining the CHC position to be reported to the Board. This period covers the management reorganisation which came into effect in Q2 of 2019 which saw the change from a locality-based service to a Service Group model within the Directorate of Primary, Community Care and mental health. It should be noted that the impact of COVID 19 largely falls into the period 2020/21 and is monitored through quarterly reports.
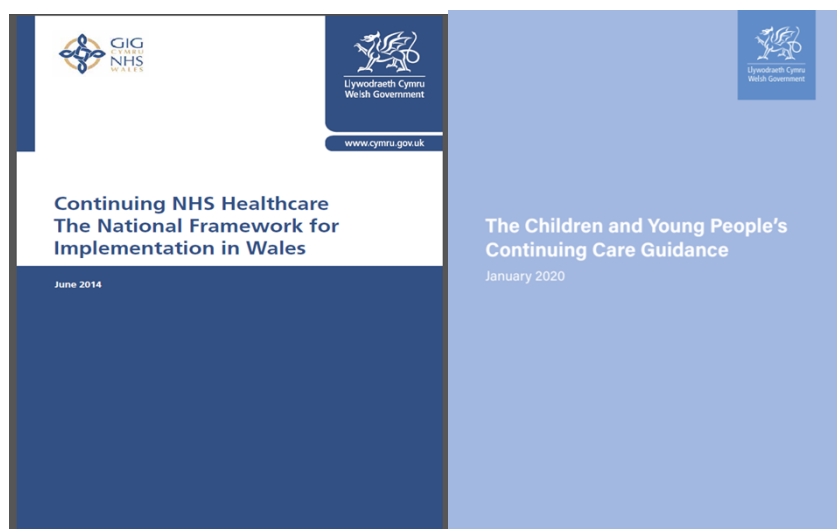
This report provides the Delivery & Performance Group, as a sub-committee of the Board, with the annual overview on CHC performance across PTHB.

1. Background and Context

Continuing NHS Healthcare (CHC) is a term used to describe a package of care that is fully funded by the NHS, where it has been determined that a person's primary need for care and support is a health need.

It is important to recognise, and reflect in practice, that children and young people's continuing care covers young people up to their eighteenth birthday. Thereafter, young people with very complex needs may be eligible for NHS Continuing Healthcare and NHS-funded Nursing Care, for which there is the National Framework for Adult Continuing Healthcare.

The current Adult Framework was issued in June 2014 and was complimented by a Performance Framework, specific to CHC, against which performance has to be regularly reported. The separate Children and Young People Continuing Care Guidance has been reviewed, updated and reissued in January 2020 and outlines the respective arrangements for this group.

Both CHC Frameworks were reviewed in 2019, receiving responses from Local Service Boards, Local Authorities, Health Boards, patients, carers and regulators. A summary of responses was published in November 2019 https://gov.wales/sites/default/files/consultations/2019-11/summary-of-responses_1.pdf. However due to the impact of the COVID 19 pandemic, the revised framework is yet to be published.

This report outlines the combined continuing health care activity and compliance to the Health Board Performance Management Framework.

1.1 Performance Framework

Currently a number of the required performance indicators do not have a single national data source or definition, making comparisons across Health Boards difficult. Health Board lead officers are working with Welsh Government officials and NWIS to map the issue and identify a way forward.

Powys THB Performance Management Framework 2017/18-2019/20
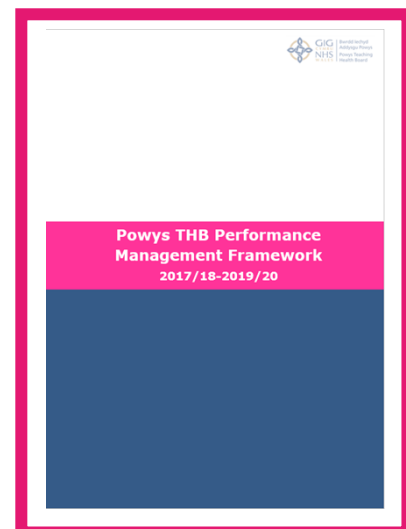
1.2 Governance and Accountability Framework

The Board previously considered and approved the Governance and Accountability Framework that built upon the foundations provided by the National Complex care Board (NCCB) chaired jointly by the Director of Social Services Wales and the Lead Health Board CEO (currently the Powys teaching health Board CEO); a national Operational Delivery Group, comprising of CHC leads in each Health Board, who convene on a quarterly basis. The purpose of the group is to oversee the implementation of CHC processes, retrospective claims and other complex care policies and procedures; and a Stakeholder Reference Group to act as a broad expertise base to advise the National Board as necessary.

Locally, Powys Teaching Health Board operates a continuing health care steering group, meeting on a bi-monthly basis. Its purpose of which, is to ensure strategic oversight of policy matters relevant to continuing health

care. This includes the implementation of national policy, along with strategic oversight of other key issues such as the retrospective CHC Claims process, compliance with the Framework, sustainability, and NHS Funded Nursing Care. This provides an enhanced and co-ordinated strategic oversight of complex care policy and its implementation, in order to ensure consistent and sustainable processes.

As part of an agreed commissioning contract with Powys Teaching Health Board, care homes and care providers are expected to adhere to the core contract, which specifies statutory requirements in order to meet all aspects of providing care for the individual.

1.3 Management Restructure

There are three main Continuing Health Care management areas which operated under different accountability structures until August 2019.

Accountability structure April 2019- March 2020		
CHC Service	Lead Director for Delivery	Operating Model
Community Services	DoN	Localities
Mental Health &Learning Disability	DMPCCMH	County Wide
Childrens and Young People	DMPCCMH	County Wide

Accountability structure April 2020- March 2021		
CHC Service	Lead Director for Delivery	Operating Model
Community Services	DMPCCMH	County Wide
Mental Health &Learning Disability	DMPCCMH	County Wide
Childrens and Young People	DMPCCMH	County Wide

In line with the Framework the Executive Lead for Continuing Health Care is the Director of Nursing and Midwifery (DoN). Powys Teaching Health Board Continuing NHS Complex Care Team have developed stronger links across the Health Board as the organisation moved from locality to service group structures.

1.4 Continuing Health Care Team

Table 1

Area covered	WTE
Mental Health & LD	5.2 WTE Complex Care Specialist Nurse (Band 7) 0.4 WTE Nurse Reviewer (Band 6) 1 WTE administrator (Band 5)
North Powys **2019/20**	1.8 WTE Complex Care Specialist Nurse (Band 7) 1 WTE Nurse Reviewer (Band 6) 1 WTE administrator
Mid and South Powys **2019/20**	2 WTE Complex Care Specialist Nurse (Band 7) 1.65 Nurse Reviewer (Band 6) 2 WTE administrator (Band 3) Vacancy for 0.8 WTE CHC administrator.

The Senior Nurse for Adult CHC has been in post for over two years and is at present enabling the north, mid and south teams to work as a pan Powys team, in preparation for the new structures. By utilising staff locations and work bases the teams have been able to reach out to the community and rural Powys to be able to support patients and individuals in areas of need. Mental Health Services strengthened their model by appointing an additional 1 WTE Complex Care Specialist Nurse.

Powys Teaching Health Board's Adult and Mental Health Complex Care Teams in the period 2019/20 operated in four distinct areas; North, South and county wide for Mental Health/Learning Disability and Childrens. Each service area operated a quality assurance process involving a review of submissions by a specialist complex care nurse and a review panel chaired by a senior clinical manager. The Steering Group has been used to develop a more succinct panel process and reduce variation in the procedures between services areas and teams.

1.5 Training

The continuing health care training programme developed by Welsh Government has been utilised by Powys Teaching Health Board and have offered a monthly programme across the three areas. The Framework indicates that training should be delivered and received in partnership, Powys County Council continue to work to identify and allocate a social worker resource to support; and work between the two organisations are under way to improve the training. Training is accessible to all staff in the health board and county council along with all who utilise the framework, such as providers and general practitioners.

1.6 Joined Up Care

The Health Board has successfully implemented Section 33 agreements with Powys County Council in order to develop a range of integrated services. This included continuing health care and is in line with the 2019 -2022 IMTP and the Annual Plan. The IMTP recognises that delivering of joined up care is also reliant upon creating in-county critical mass and efficiency through the establishment of strong, strategic and operational relationships with a range of partners including other health boards, the Primary Care Sector, the Third and Independent Sectors.

Clinical reviews delivered in partnership are a process by which the Health Board can ensure that patients who have long term health and social care requirements are provided with a high-quality service. This is supported by the Health and Care Standards, which provide a basis for improving the quality and safety for patients, highlighting areas of good practice, and areas that require improvement.

1.7 Reviews

The CHC Framework specifies that reviews are completed within 3 months of placement and annually thereafter, as assurance that individual's needs are appropriately met within their placement. Table 2 highlights the monthly outstanding reviews, mitigtaign aactiosn are beign taken top tptiosie and compelte. Although there has been a significant improvement from the baseline audit in July 2017 further work is planned for 2020/21 to improve review delays:

Table 2

	Outstanding FNC Reviews 2017 Snap Audit data baseline	Outstanding CHC Reviews 2018 17 Snap Audit data baseline	Outstanding FNC Reviews 2019/20	Outstanding CHC Reviews 2019/20	Total
April N/A			14 (combined)		14
May			10 (combined)		10
June			27 (combined)		27
July	72	86	6	11	17
August			0	8	8
September			0	4	4
October			6	11	17
November			10	7	17
December			9	6	15
January			4	6	10
February			2	7	9
March			7	19	26

Adherence to the specified timeframes should assist in limiting the number of retrospective claims and appeals and highlight any governance issues for the individual and the organisation, and therefore is a priority for the health board.

1.8 Appeals and Complaints

Complaints are dealt with at a local level in the first instance, and the CHC Framework stipulates that local resolution is utilised prior to any formal hearings. Powys County Council has identified a number of individuals which it considers have not been reviewed in line with process. Following an external review, a series of recommendations were agreed including agreement of joint escalation procedure to review appeals between organisations, review of processes and strengthening membership of panels with health and social care staff. This work is currently being progressed.

There have been a low number of complaints regarding Continuing NHS Healthcare, and where complaints are made, there can often be an appeal process being progressed at the same time.

1.9 Finance

The largest area of CHC spend is managed via the Mental Health and learning Disabilities Service Group (£8,567,395) followed by Community Services Group (3,575,500) the Childrens and Young People's Group (£448,416). For those care homes requiring a reassessment of individual care costs a standard uplift of 1.5% was agreed.

Table 3 Breakdown of Adult CHC Framework funding

2019-2020			
Category	Current No. of Active Pakages	Total cost of all Packages	Total Cost apportioned by Annual Health Board Forecast Spend
Adult Mental Health	61	4,847,215	39.06
Adult Palliative Care	21	729,823	5.88
Home Care	16	653,000	5.26
Elderly Mental Illness	54	2,497,050	20.12
General Nursing	43	2,458,352	19.81
Learning Disability	23	957,455	7.72
	4	267,217	2.15
Total	222	12,410,112	100.00

Although there is a seasonal shift in activity in winter for general CHC placements overall the impact is marginal when reviewed across the year, as expressed in chart 1 below.

Chart 1

CHC Spend per Catagory
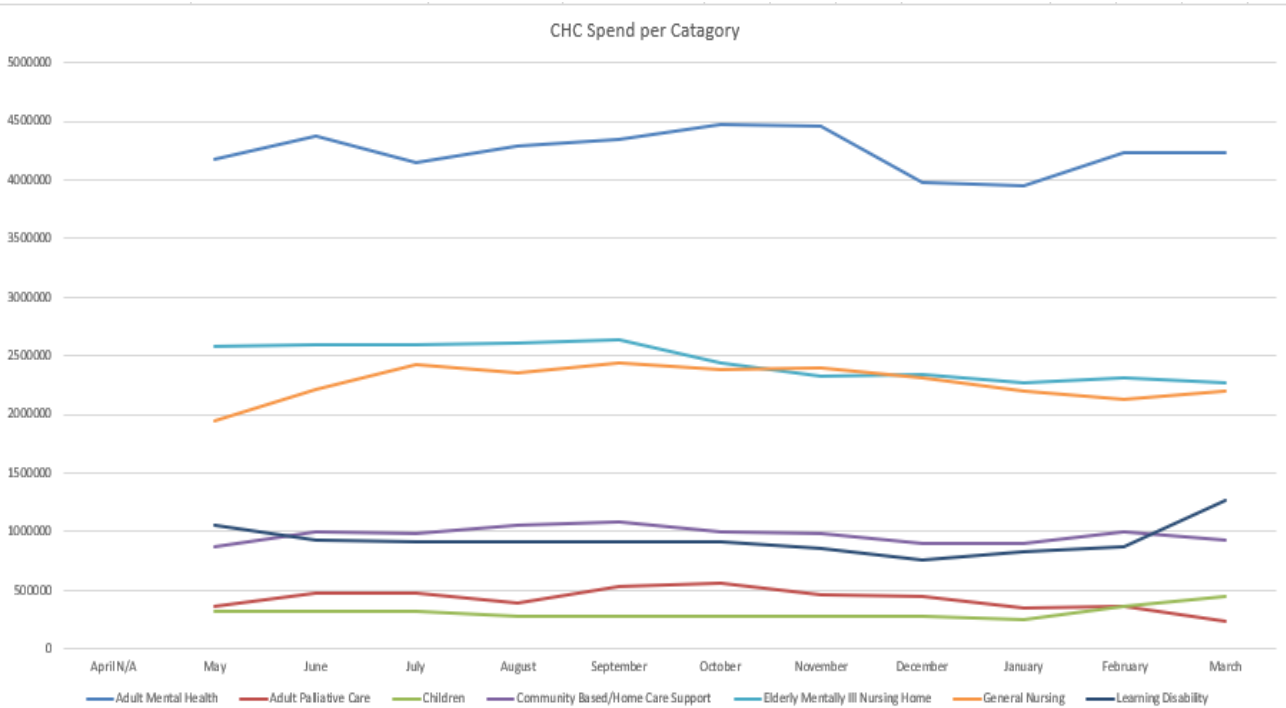
The number will vary each month but typically the activity will be broadly consistent through the year. The visible responsibility of the Health Board is for care of the elderly (146-150 beds) and mental health (31) NHS bedded care.

In addition, the Health Board is the registered provider of a further 10 residential care home beds in Cottage View Care Home. The Health Board has a continuing NHS funding responsibility for around 150-160 CHC funded Placements and 270-280 community packages and provides Funded Nursing Care to around a further 218 cases.

Chart 2 overleaf shows the weekly rate in the ordered selection of all cases seen in 2019/20.

Chart 2
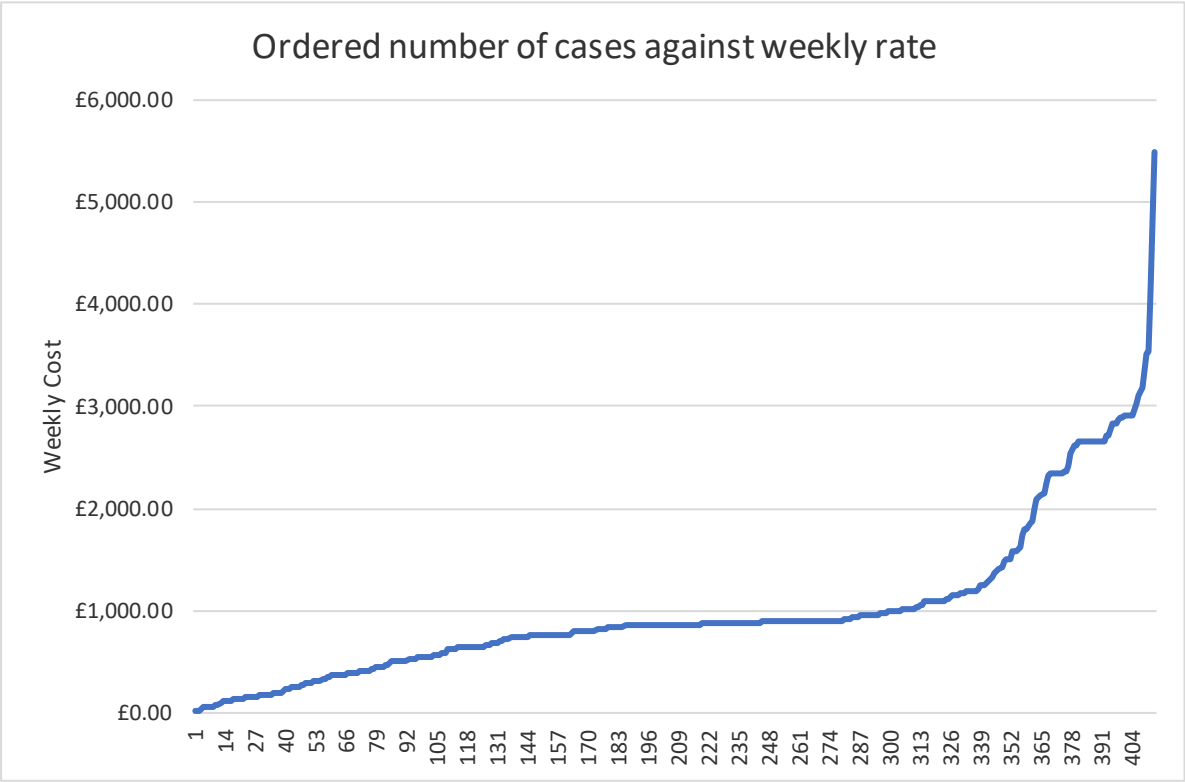
The proportion of cases and their costs against standing budget limits is shown in table 4. This breakdown demonstrates the broad range of cost allocation associated with needs.

Table 4

Annual Financial Bracket	Number of cases
£0-£25,000	253 Majority of palliative care support, short term home care and general packages of care
£25,000 – £50,000	90 Majority of home care and general and EMI placements
£50,000 -£75,000	33 Majority of cases are mental health placements with a small number of complex home care and general placements
£75,000 - £100,000	9 Majority of cases are specialist secure mental health placements or care facilities with a small number of younger disabled individuals
0ver £100,000	29 Majority of cases are specialist secure mental health placements with a small number of younger disabled individuals

In line with the expected increase of the population of the 75+ age group from 18,154 in 2020 to 21,953 in 2025 there will be more demand to

deliver care closer to home and out of hospital through access to continuing care. This may create continued pressure on resource allocation. Comparison in table 6 demonstrates the increase in cost per day and the increase in overall cost over the last 2 years. The IMTP 2019-22 agreed allocation which considers the population growth projection.

Table 5

Financial Plan Summary by Category of Spend	2019/20	2020/21	2021/22
Continuing Health Care and FNC	£12,410	£14,709	£15,084

The Financial Recovery Plan has applied efficiency savings directly to individual CHC budgets and are monitored via FRP management meetings. Due to the overall increase in activity the FRP for CHC for 2019 / 20 has not been met but is within the IMTP planning assumptions.

Table 6 Two-year comparison

Month 12 Forecasts			SOUTH	MID	NORTH	MH	CHILDREN	LD	Total
2019/20									
PACKAGES (current)			33	27	19	121	4	24	228
£'s			£1,494,867	£981,064	£1,365,243	£7,344,265	£267,217	£957,455	£12,410,112
Days			11,546	7,351	7,590	42,336	1,758	8,845	79,426
Avg cost per day			£129	£133	£180	£173	£152	£108	£156
2018/19									
PACKAGES (current)			34	14	19	102	4	22	195
£'s			£1,675,551	£747,352	£1,360,539	£6,495,959	£239,066	£983,819	£11,502,285
Days			13,431	4,910	7,891	38,345	1,612	9,442	75,631
Avg cost per day			£125	£152	£172	£169	£148	£104	£152

The Health Board's financial plan is balanced over the three-year period and CHC has been delivered within the 2019/20 assumptions. This contains the expectation that in-year savings have been achieved overall but CHC remains an extremely challenging arena with a number of unpredictable variables to consider.

2. Conclusion

Powys Teaching Health Board has had a relatively positive year in terms of CHC. The Complex Care Specialist Teams are now fully established, creating stability and they have transitioned across to a new structure effectively. Although the allocated FRP have not been achieved the overall spend was within the planning assumptions set in the IMTP 2019 -22.

There has been continued improvement in the reduction of delays in reviews and further work is planned to strengthen this area further. Additional focus is required around the FRP and what options remain to create further efficiencies in this area. Establishing revised quality monitoring arrangements in partnership with the Local Authority which strengthen the information and intelligence available to the Health Board.

Future reports will continue to mature and become more robust, to incorporate key quality metrics and data, intelligence and analysis related to person's experience, safety, performance and finance to enable triangulation, along with integrated oversight, scrutiny and assurance.

PERFORMANCE AND RESOURCES COMMITTEE	Date of Meeting: 6th October 2020
Subject:	**Performance Overview against National Outcome Framework – Month 5, 2020/21**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Lead Performance Analyst
Other Committees and meetings considered at:	Scheduled for Performance and Resources Committee, 6th October 2020.

PURPOSE:
This report is to be used for information and provides a brief update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position for Powys Teaching Health Board month 5 2020/21, and a high-level overview of COVID performance.
RECOMMENDATION(S):
The Committee is asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	Discussion	Information
✘	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓

Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides the Committee with a performance update against the 2020/21 NHS Delivery Framework which is now based on the Single Integrated Outcome Framework for Health and Social care and the Healthier Wales quadruple aims.

The following pages provide a brief update on the changes for this year, and the health board's performance against the 4 new aims and their measures.

The dashboard sets out the levels of compliance against the domains in the National Framework. Using this data, we highlight performance achievements and challenges at a high level, as well as brief comparison to the All Wales performance benchmark where available.

This continues to be an interim process as a result of the COVID pandemic in the absence of the regular Integrated Performance Report. The report also includes a high-level summary of COVID performance.
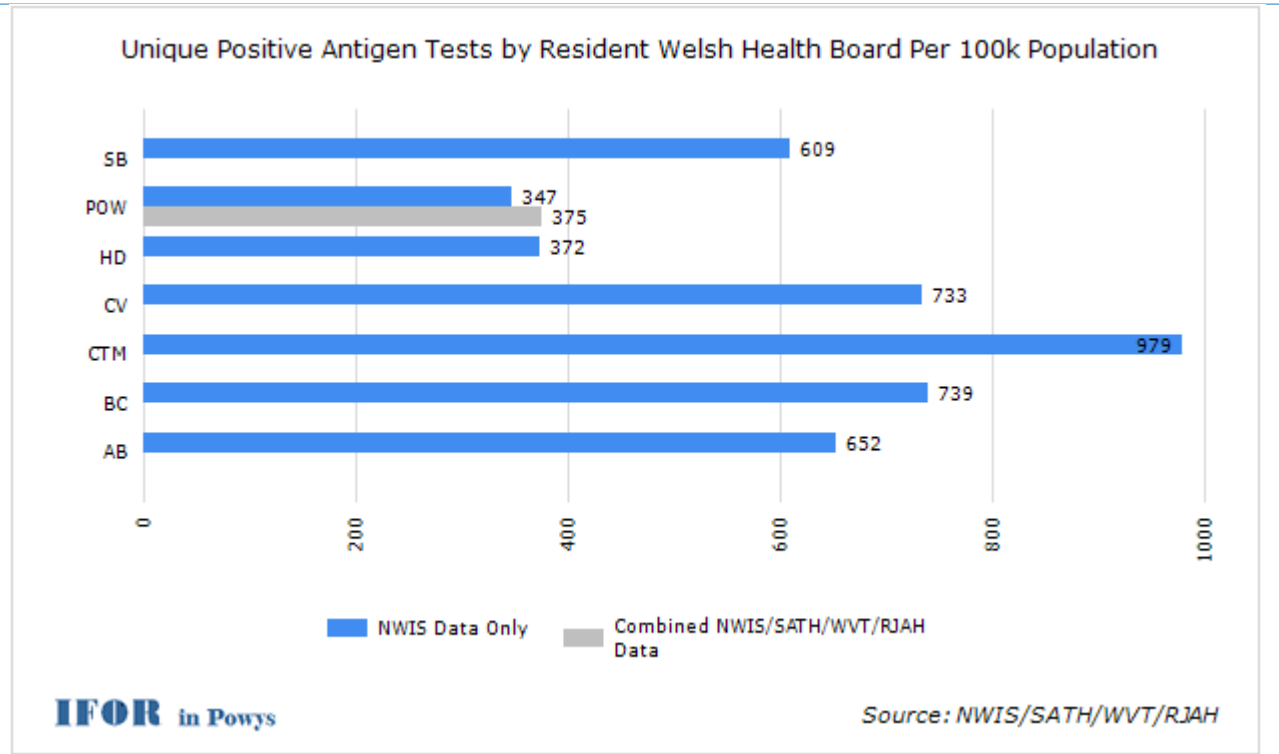
DETAILED BACKGROUND AND ASSESSMENT:

COVID-19 Powys Resident Positive Cases – 24/09/2020

The latest position for COVID shows cumulatively 497 unique residents have had a positive test outcome. The graph below shows the incidence of positive tests remained low following the first peak of infections during Quarter 2 & Quarter 3.

Powys Resident Positive Antigen Tests Weekly Timeline
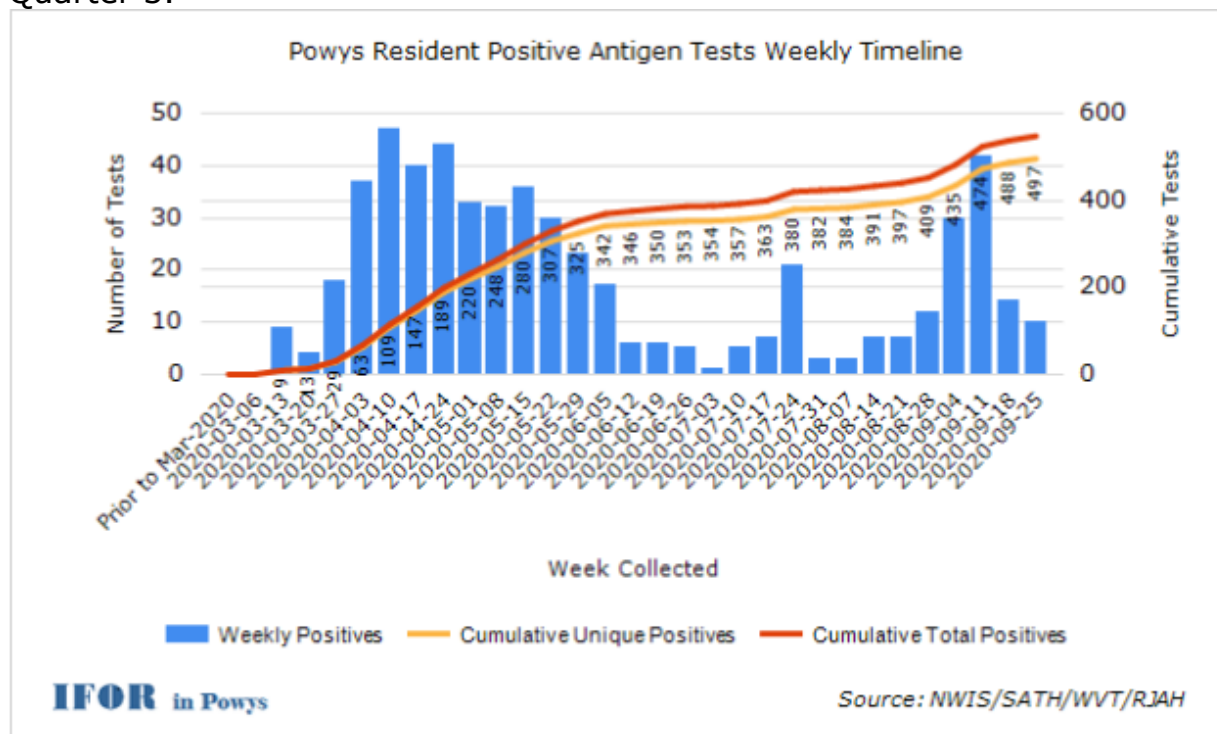
*N.B Incomplete data for week 25/09/20.

The rate of positive cases per 100k by health board residency displays that the infection rate for Powys is one of the lowest in Wales.

Unique Positive Antigen Tests by Resident Welsh Health Board Per 100k Population

Health Board	NWIS Data Only	Combined NWIS/SATH/WVT/RJAH Data
SB	609	
POW	347	375
HD	372	
CV	733	
CTM	979	
BC	739	
AB	652	

Legend: ■ NWIS Data Only   ■ Combined NWIS/SATH/WVT/RJAH Data

IFOR in Powys
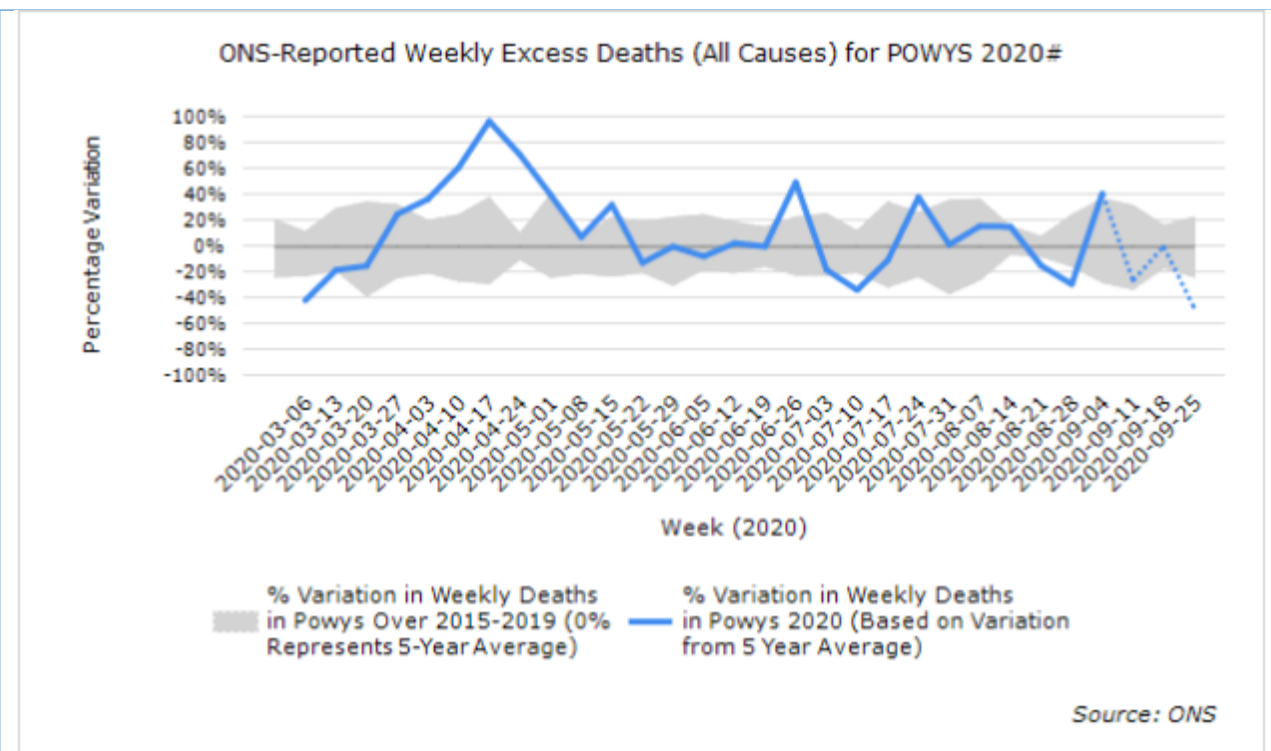
Source: NWIS/SATH/WVT/RJAH

Resident Deaths – Source ONS

The ONS source death data includes any COVID deaths with a mention of COVID as either primary cause or a related factor, this differs from the PHW report which excludes deaths that do not have a confirmed positive test for COVID within 28 days of the date of death. For consistency the health board has used ONS/MPI data throughout the COVID pandemic to provide the most timely and accurate review of the situation.

In Powys the cumulative total deaths reported from COVID is 100 since the pandemic started. Predominately the peak of resident COVID deaths occurred within the care home setting during April and May. The below graph shows the maximum and minimum range of weekly deaths over the previous 5 years 2015-2019 as a percentage range (grey bar) and the % variation observed deaths over or under the average of what would normally be expected (blue line). We can see that during the April and May period COVID caused excess deaths within the population. Since this spike excess deaths have remained predominately within expected values.

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ONS-Reported Weekly Excess Deaths (All Causes) for POWYS 2020#

% Variation in Weekly Deaths in Powys Over 2015-2019 (0% Represents 5-Year Average)

% Variation in Weekly Deaths in Powys 2020 (Based on Variation from 5 Year Average)

Source: ONS

TEST, TRACE, PROTECT

The COVID-19 seven-day case incidence rate for the week ending 19th September was **6.8 cases per 100,000 population**. The test positivity rate was **0.7%**.

Two thousand tests were performed on Powys residents during the week ending 18th September. A timeline of weekly testing is shown below.

Figure 1: Weekly and cumulative number of antigen tests, Powys residents March'20 to date.

Source: NWIS/SATH/WVT/RJAH
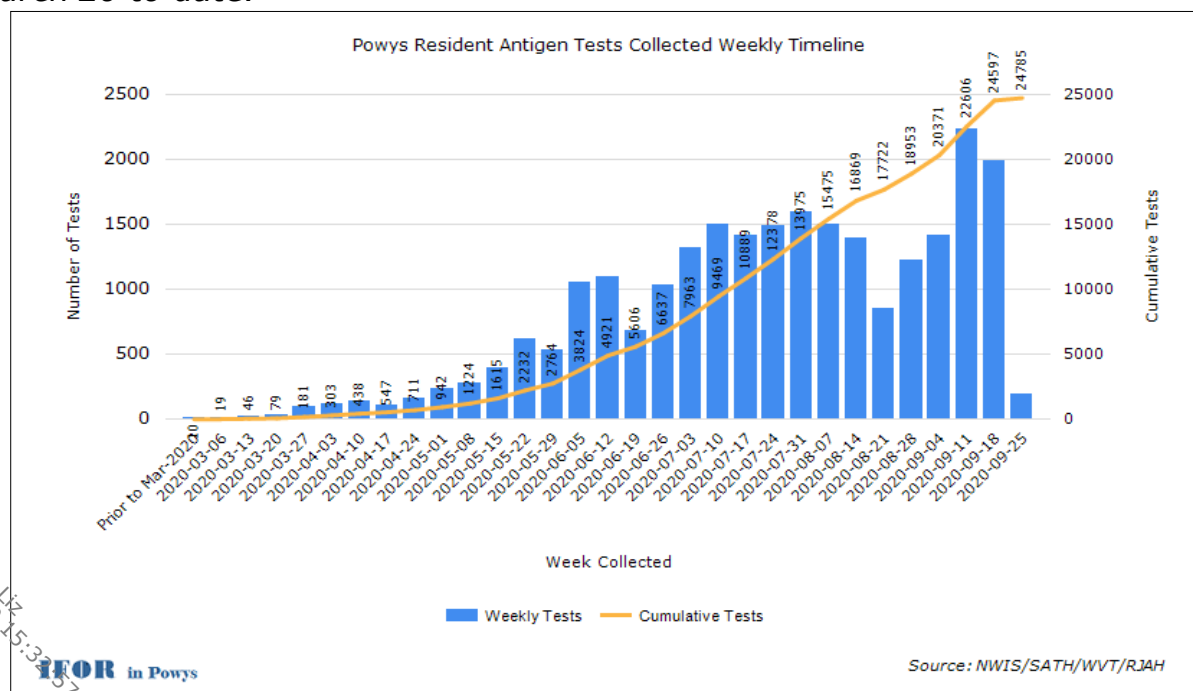
N.B Incomplete data for week 25/09/20.

In the first three weeks of September, **67 positive cases** were identified for contact tracing, of which **89%** were followed up within 24 hours. Contact tracing identified **371 contacts**, of which **80%** were followed up within 24 hours.

NHS DELIVERY FRAMEWORK PERFORMANCE

The NHS Delivery Framework has had significant changes for 2020/21. In the previous years the reportable delivery measures fell under seven domains

- **Staying Healthy**
- **Safe Care**
- **Effective Care**
- **Dignified Care**
- **Timely Care**
- **Individual Care**
- **Our Staff and Resources**

These domains and their measures were mapped to the health board strategic objectives.

Prior to the outbreak of COVID Welsh Government worked towards the development of a new Single Integrated Outcome Framework for Health and Social Care (SIOF). This framework aimed to enable the service integration of social and health supporting 'A Healthier Wales' which is a new quadruple set of aims with their associated outcomes, indicators and performance measures, these would allow an improved measure of the health and well-being of people in Wales.

The SIOF will reflect performance at three different levels, national, partnership and organisational.
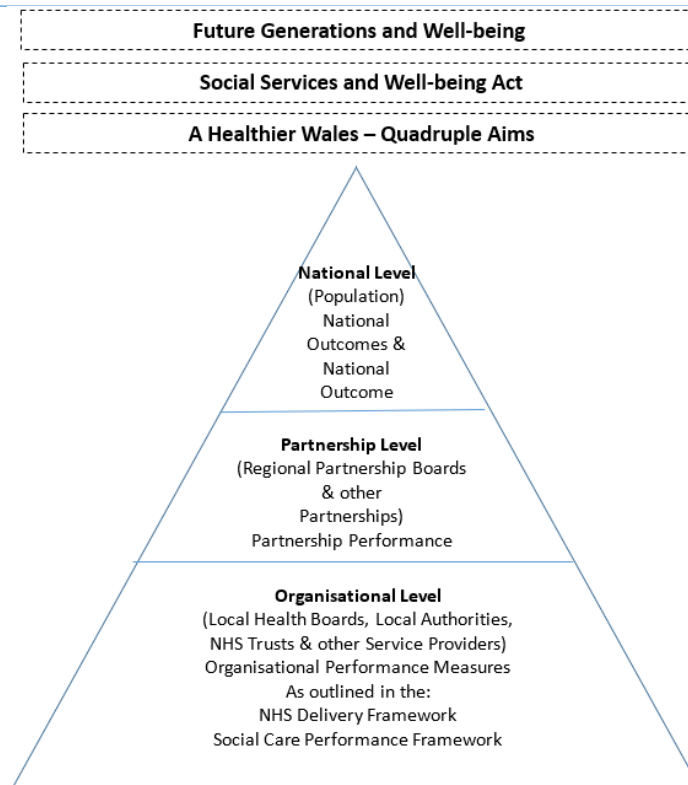
The NHS Delivery Framework is part of the organisational level and will be used to measure the NHS in Wales.

Changes for the delivery measures include an emphasis on outcome rather than evaluation.

There are now a reduced **84** delivery measures when compared to 2019/20 mapped to the Healthier Wales quadruple aims.

- **Quadruple Aim 1:** People in Wales have improved health and well-being and better prevention and self-management.

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

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

- **Quadruple Aim 4:** 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.

It should be noted that the Delivery Framework and its measures were set out prior to the COVID pandemic, it is expected that the resulting impact and

challenge to the NHS has triggered national workplans to provide revision of existing systems such as risk stratifying of waiting lists as a long-term plan, and further rules or processes to optimise patient outcomes.

PTHB Performance

This section contains performance figures and narrative against recent data, some data remains unavailable or with limited analysis as a result of COVID capacity impact.

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

Please find below a table of the outcome measures for aim 1:

No.	Abbreviated Measure Name	Target	Latest available	12month Previous	Previous Period	Current	Ranking	All Wales
1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2019/20	49.8%		52.4%	1st	35.3%
2	'6 in 1' vaccine by age 1	95%	Q1 20/21	96.9%	98.4%	96.6%	2nd	96.2%
3	2 doses of the MMR vaccine by age 5	95%	Q1 20/21	92.3%	94.1%	94.2%	1st	92.4%
4	Attempted to quit smoking - Cum	5%	Q4 19/20	2.21%	2.36%	3.25%	5th	3.3%
5	CO-validated as quit at 4 weeks - Cum	40%	Q4 19/20	36.4%	42.3%	37.7%	6th	41.6%
6	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q4 19/20	499	497.9	450.2	6th	402.6
7	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q1 20/21	60.3%	83.1%	47.9%	6th	59.9%
8a	Flu Vaccines - 65+	75%	2019/20	65.5%		67.1%	6th	69.4%
8b	Flu Vaccines - 65+ at risk	55%	2019/20	43.1%		44.3%	3rd	44.1%
8c	Flu Vaccines - Pregnant Women	75%	2019/20	85.7%		93.3%	1st	78.5%
8d	Flu Vaccines - Health Care Workers	60%	2019/20	64.3%		64.3%	3rd	58.7%
9a	Uptake of cancer screening for: bowel	60%	2018/19	56.2%		58.3%	1st	57.3%
9b	Uptake of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
9c	Uptake of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
10a	MH Part 2 - % residents with CTP <18	90%	Jul-20	100.0%	88.9%	100.0%	1st	88.8%
10b	MH Part 2 - % residents with CTP 18+	90%	Jul-20	91.3%	90.1%	89.9%	3rd	85.3%
11	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2018/19	45.7%		44.7%	7th	54.70%

Table header: 2020/21 NHS Outcome Framework Summary - Key Measures - Provider | Performance | Welsh Government Benchmarking (*in arrears)

- The percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 met the nationally set target. Even with the challenge of COVID during Q1 2019/20 the levels of vaccination have remained robust with performance above national average the provider is ranked 2nd in Wales.

- The percentage of children who received 2 doses of the measles mumps & rubella (MMR) vaccine by age 5 has not met the national target. The provider has the highest level of uptake in Wales and has shown slow but steady improvement over the last five quarters, the national average is 92.4% and PTHB ranks 1st in Wales.

- Smoking cessation services have shown that cumulatively at the end of 2019/20 more patients have attempted to quit smoking. With national campaigns, and the highlighted risk of smokers from COVID we see an improved uptake, the health board has achieved a +1% uptake increase on 2019/20. CO-validated quitters at 4 weeks did not meet the national target (40%) with 37.7% compliance, this is still an improved position on the equivalent period 2018/19.

- Reviewing the uptake of influenza vaccination in Powys at the end of 2019/20 we can clearly see that increased uptake has occurred on all measures except clinical staff. Where the national target has not been met for +65 years and <65 years at risk we are benchmarked closely to the national average or slightly above. Pregnant women and staff uptake were very good in comparison nationally. It is expected that the national drive and associated COVID risk should see the performance levels improve through 2020/21.

- The new cancer screening measures added for 2020/21 show that in 2018/19 Powys Teaching Health Board had similar uptake to screening as the national picture.

- The Mental Health Part 2 measure focuses on the care treatment plan (CTP) compliance for health board patients, as part of the 2020/21 framework revisions all Mental Health is reported within two distinct age categories under 18 and 18+. Monthly performance for CTP has been broadly compliant although there are occasions when the target was not met since April. Ongoing work is being carried out by the Mental Health Team to assess and improve performance.

- Estimated dementia diagnosis by GP's remains low when compared to the 54.7% national average during 2018/19. Powys Teaching Health Board reports a downward trend ranking 7th overall in 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.

Please find below a table of the Powys applicable outcome measures for aim 2:

2020/21 NHS Outcome Framework Summary - Key Measures · Provider			Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest available	12month Previous	Previous Period	Current	Ranking	All Wales
17	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20			56.3%	5th	59.70%
18	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 2019/20	63.5%	61.9%	62.6%	6th	68.3%
20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Aug-20	61.0%	60.3%	51.1%	7th	63.9%
22	MIU % patients who waited <4hr	95%	Aug-20	Not Available	100%	100%	1st	77.9%
23	MIU patients who waited +12hrs	0	Aug-20	Not Available	0	0	1st	2,966
32	Number of diagnostic breaches 8+ weeks	0	Aug-20	18	345	354	1st	62,024
33	Number of therapy breaches 14+ weeks	0	Aug-20	5	927	813	1st	11,786
34	RTT patients waiting less than 26 weeks	95%	Aug-20	98.0%	60.1%	48.6%	1st	48.2%
35	RTT patients waiting over 36 weeks	0	Aug-20	0	509	867	1st	148,907
36	Number of patients waiting for a follow-up outpatient appointment	<=7298	Aug-20	Not Available	6448	6308	1st	767,468
37	Number of patient follow-up outpatient appointment delayed by over 100%	< 379	Aug-20	Not Available	444	513	1st	192,176
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Aug-20	Not Available	82.1%	83.6%	1st	46.6%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Aug-20	Not Available	3.6%	4.1%		
39	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2019/20	4.45		4.86	5th	4
40	CAMHS % waiting <28 days for OPA	80%	Jul-20	79.4%	90.9%	95.0%	5th	74.5%
41a	MH Part 1 - Assessments <28 days <18	80%	Jul-20	100.0%	100.0%	100.0%	1st	87.4%
41b	MH Part 1 - Assessments <28 days 18+	80%	Jul-20	78.4%	97.3%	100.0%	1st	91.70%
42a	MH Part 1 - Interventions <28 days <18	80%	Jul-20	100.0%	100.0%	100.0%	1st	74.30%
42b	MH Part 1 - Interventions <28 days 18+	80%	Jul-20	41.3%	71.1%	73.5%	7th	90.0%
43	Children/Young People neurodevelopmental waits	80%	Aug-20	83.2%	34.3%	14.0%	*3rd	*30.6%
44	Adult psychological therapy waiting < 26 weeks	80%	Aug-20	68.3%	91.8%	86.7%	*1st	*61.4%
45a	Number of health board delayed transfer of care for: Mental Health	12m↓	Feb-20	6	< 5	< 5	2nd	63
45b	Number of health board delayed transfer of care for: Non Mental Health	12m↓	Feb-20	29	15	20	1st	20
46a	HCAI - E.coli per 100k pop cum	TBC	Aug-20	3.61	4.52	3.60		
46b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Aug-20	0	0	1.80		
46c	HCAI - C.difficile per 100k pop cum	TBC	Aug-20	10.84	6.78	5.40	PTHB is not nationally benchmarked for infection rates	
47a	HCAI - Klebsiella sp per 100k pop cum	TBC	Aug-20	3.61	2.26	1.80		
47b	HCAI - Aeruginosa per 100k pop cum	TBC	Aug-20	0	2.26	1.80		
48	Number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Q2 2019/20	< 5	< 5	0	1st	12

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- Measure 17 the percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS and Measure 18 - Percentage of children regularly accessing NHS primary dental care within 24 months are both new to the 2020/21 outcome framework. Further work with their respective leads will be required to assess, analyse and provide further narrative for Quarter 4.

- WAST performance against Red 8 minute calls has not met the target required since May 2020, various challenges including geography (location), ambulance handover times at DGH's and other complications including low number variation regularly resulting in poor compliance against the target.

- MIU access compliance remains excellent, the COVID pandemic caused process change with complications of PPE, social distancing etc. Numbers attending MIU's were reduced during April and May but patient numbers accessing the service have risen to approximately 50% of previous activity levels across all MIU's. For patient access into non-Powys major A&E units the under 4 hour compliance remains similar to August 2019 (77.68%), what should be noted is that patients waiting +12 hours has fallen significantly with only 26 waiting longer during August 2020 (overall numbers of attendances are slightly reduced when compared to equivalent period 2019/20).

- Diagnostic performance, the number of patients waiting over 8 weeks has stabilised slightly during month 5 with 354 patients breaching the national target of zero. The largest cohort of patients breaching are for Non-Obstetric ultrasound (208) where COVID caused a significant impact and backlog of patients, some of the challenges include in-reach service restoration, PPE and social distancing limitations. Endoscopy services are being restored in South Powys focusing on urgent and USC patients, capacity has now reached 50% of pre covid levels. All diagnostic referrals, and waiting patients are risk stratified to provide the safest service possible, but the COVID challenge of PPE, distancing and facility cleaning between patients results in limiting throughput. The All Wales pictures is significantly challenged with 62k Welsh residents waiting over 8 weeks, PTHB residents will be within this cohort waiting for CT, MRI and other scans or diagnostics that are not available locally, or are delayed due to COVID restrictions around aerosol generating procedures (AGP).

- Therapies performance has improved slightly since the peak of 986 breaches in June, 30% more patients are now on the waiting list when compared to the start of the year. Work around virtual solutions e.g. Attend Anywhere is being rolled out, dietetics as an example has been a keen advocate to use this system. Ongoing robust clinical triage and risk stratification continues in line with national COVID guidance to maintain care quality and reduce backlog.

- The latest validated provider RTT position for August is that 48.6% of 3865 patients were waiting less than 26 weeks, but the number of patients that had waited 36+ weeks increased to 867. The challenge remains that services were suspended during the initial COVID phase, this resulted in a backlog and presently restoration of services cannot provide enough capacity to resolve this in the short term. The All Wales picture is that this cohort of patients continue to wait within their treatment pathways. Further challenges are linked to uptake of virtual solutions both technical and patient access, AGP procedures are limited or suspended and the reliance on in-reach consultant services provide a further challenge for PTHB. The All Wales position is similar to PTHB with 48.2% of patient waiting under 26 weeks, and over 148k patients waiting longer than 36 weeks. With the challenges to the NHS system for patient waits, urgent work is being carried out on outpatient transformation, including the development of new national patient prioritising rules/systems (risk strategies). As a provider of care the health board ensures the risk stratification is being carried out on our waiting lists & referrals and we fully engage in the national process for our Commissioned patient care.

Table summarising RTT performance as a provider:

Powys Teaching Health Board RTT Performance	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
% of patients waiting < 26 weeks for treatment	90.5%	79.8%	71.1%	60.0%	48.6%
Number of patients waiting < 26 weeks for treatment	3208	2852	2576	2229	1879
Number of patients waiting 26 - 35 weeks	313	634	807	973	1119
Number of patients waiting 36 - 51 weeks	24	86	239	511	846
Number of patients waiting 52 weeks and over	0	0	0	1	21
Total Patients waiting	3545	3572	3622	3714	3865

Source: NWIS	RTT waits - Open Pathways Snapshot August 2020				
Specialty	Under 26 weeks	26-35 weeks	36 - 52 weeks	52+ weeks	Total
100 - GENERAL SURGERY	250	111	101	6	468
101 - UROLOGY	97	61	43	0	201
110 - TRAUMA & ORTHOPAEDICS	294	220	169	< 5	685
120 - ENT	341	240	76	< 5	658
130 - OPHTHALMOLOGY	329	188	197	7	721
140 - ORAL SURGERY	66	97	112	< 5	279
143 - ORTHODONTICS	16	22	31	0	69
191 - PAIN MANAGEMENT	38	0	0	0	38
300 - GENERAL MEDICINE	22	20	< 5	0	44
320 - CARDIOLOGY	77	57	38	0	172
330 - DERMATOLOGY	35	18	32	< 5	86
410 - RHEUMATOLOGY	65	16	< 5	0	82
420 - PAEDIATRICS	32	< 5	0	0	35
430 - GERIATRIC MEDICINE	26	11	30	0	67
502 - GYNAECOLOGY	191	55	14	0	260
Total	1879	1119	846	21	3865

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Table summarising Commissioned RTT position:

Commissioned RTT position - Source NWIS

Latest Snapshot	Aug-20		
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
Aneurin Bevan Local Health Board	52.8%	350	79
Betsi Cadwaladr University Local Health Board	39.6%	80	63
Cardiff & Vale University Local Health Board	41.2%	98	30
Cwm Taf Morgannwg University Local Health Board	40.2%	97	38
Hywel Dda Local Health Board	48.8%	214	38
Swansea Bay University Local Health Board	40.6%	343	167
Latest Snapshot	Jul-20		
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
English Other	69.7%	18	3
Robert Jones & Agnes Hunt Orthopaedic & District Trust	62.3%	303	0
Shrewsbury & Telford Hospital NHS Trust	56.9%	530	0
Wye Valley NHS Trust (Jun-20)	65.9%	288	33
WVT latest position Jun-20			

- The Commissioned RTT position for our residents mirrors the local challenge, a large cohort of patients remains in the system as back log. All providers are challenged to restore capacity with urgent cases taking the clinical priority.

- Follow-up (FUP) outpatient measure performance is currently not a reliable indicator due to the COVID impact. The total number of FUP's waiting has reduced but this is a result of service suspension. The real risk/challenge is that FUP patients are waiting longer due the capacity challenges of the service e.g. risk stratification, in reach service limitations are reducing capacity and prioritising patients. Further work is also being undertaken to validate lists with clinical input.

- The Eye care service in Powys has been a positive story of restoration and recovery, in the adverse COVID environment with support from optometry (community and hospital optometry) for WET AMD and glaucoma management/risk stratification, patient care and quality has been good. The health board did not meet the national measures target on R1 patients waiting within their clinical date target date

(83.6%) but performed significantly higher than the All Wales average by nearly 40%. WET AMD capacity is now reaching 100% with no delays, and cataract capacity is running at 60% of pre COVID levels.

- Mental Health performance has remained robust so far in 2020/21, the performance of CAMHS has ensured that 95% of young people wait less that 28 days for an outpatient department appointment, against the 80% national target. Mental Health part 1 assessments are 100% compliant in both under 18 and 18 and older categories. For therapeutic interventions under 18's is also 100% compliant, but for 18+ there has been a significant challenge. Performance for the 18+ category has steadily improved to 73.5% when compared to 12 months ago (41.3%). Further work is being undertaken to improve performance for patients with longer waiting times and ongoing improvement is expected to result in a more positive picture in Quarter 4.

- Powys Teaching Health Board's neurodevelopment service for children prior to COVID had the highest performance position in Wales. With the impact of COVID, the service was suspended and has been significantly affected, latest data for August shows that only 14% of patients are still waiting less than 26 weeks. Across Wales the performance for this measure has also dropped significantly to 30.6% in July 2020, only ABUHB has continued to meet the target. There is currently a plan in development to rectify the position as quickly as possible.

- National DTOC reporting has been suspended, the health board continues to track performance locally and there is a strong operational focus on managing flow. Assurance of delays is now carried out in a weekly capacity snapshot with Welsh Government.

- For the safety and quality measures around infections PTHB continues to report low levels of incidence, the health board is not nationally benchmarked.

Cancer

As a non-acute care provider, no treatment is carried out within our facilities for cancer.

But the provider does receive urgent suspected cancer (USC) referrals and provides initial outpatient and diagnostic facilities for multiple suspected tumour sites. As part of the Single Cancer Pathway (SCP), PTHB tracks all suspected cancer referrals that enter the health board via GP referrals or incidental findings.

During COVID all Cancer services in Wales were affected and the number of referrals reduced as emergency cases flowed directly into DGH's referred by Primary Care. Latest data shows that during August 14 USC referrals were

received, and during the same period 23 patients were downgraded following a USC referral. With the impact on in-reach consultants and DGH based diagnostics this has adversely affected wait times and locally the speed of confirmation of downgrade. The compliance for downgrade within the recommended 28-day period was only 26% and work is in progress to improve compliance against this measure.

For the reported care of Commissioned patients waits in Wales 88% of our residents in July-20 were treated with in 62 days on the USC pathway, and 83.3% were treated within 31 days on the NUSC pathway

For English providers 3 breaches were reported in Wye Valley NHS Trust during June and 1 further breach in Shrewsbury and Telford NHS Trust. All English breaches had a root cause analysis carried out to provide assurance of care pathways.

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

Please find below a table of the Powys applicable outcome measures for aim 3:

No.	2020/21 NHS Outcome Framework Summary - Key Measures - Provider			Performance			Welsh Government Benchmarking (*in arrears)	
No.	**Abbreviated Measure Name**	**Target**	**Latest available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
50	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2019/20	93.1%		87.9%	5th	88.60%
53	Performance Appraisals (PADR)	85%	Aug-20	77.6%	72.6%	72.5%	4th (May-20)	62.1% (May-20)
55	Core Skills Mandatory Training	85%	Aug-20	81.97%	85.25%	85.35%	3rd (May-20)	79.7% (May-20)
57	(R12) Sickness Absence	12m↓	Aug-20	4.56%	5.07%	5.05%	3rd (May-20)	5.96% (May-20)
60	Concerns & Complaints	75%	Q1 20/21	63%	44%	45%	9th	58.6%
Local	Serious Incidents Compliance	90%	Aug-20	0%	66%	0%		

- PADR compliance has not met the national target in August, it is expected that the challenges continue to be linked to remote working, redeployment, sickness and recording consistency.

- Staff members continue to meet their mandatory core skills and training requirements against the national target of 85%. Performance has remained consistent and the health board ranks above the national average and is in a robust position when compared to other health boards.

- The rolling 12 figure for sickness is reported at 5.05% in August, this slight improvement remains within the predicted performance for this period of the year.

- The health board's compliance to complaints that receive a final reply within 31 days has remained non-compliant against target, in Q1 we

were 45% compliant (local data) against the 75% national target. In comparison to other health boards in Wales we rank poorly against the national average of 58.6%.

- Serious incident compliance has been removed from the 2020/21 NHS Delivery Framework as a reportable measure, but with ongoing need to improve performance it has been retained as a local measure. During August compliance was 0%, two cases required assurance within this time period but the investigations were complex and fell outside the best practice timescales.

Quadruple Aim 4: 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

Please find below a table of the Powys applicable and timely outcome measures for aim 4:

2020/21 NHS Outcome Framework Summary - Key Measures - Provider			Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest available	12month Previous	Previous Period	Current	Ranking	All Wales
61	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	37	Q4 19/20	34		10	10th	total 14,280
62	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	1	Q4 19/20	0		0	8th	total 858
63	Crude hospital mortality rate (74 years of age or less)	12m↓	Jul-20	1.9%	2.6%	3.0%	Not applicable	1.20%
68	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q4 19/20	95.8%	96.7%	96.0%	6th	98.10%
69	Total antibacterial items per 1,000 STAR-PUs	267.6↓	Q4 19/20	260.8	262.4	260.6	1st	307.5
70	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q4 19/20	285	475	483	1st	total 10,006
72	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q4 19/20	4011.3	4086.7	3926.2	2nd	4428.5
76	R12 Number of procedures postponed for specified non-clinical reasons	<=81 Mar-21	Aug-20	82	66	63	*1st	*13,015
77	Agency spend as a percentage of the total pay bill	12m↓	May-20	5.0%	4.8%	4.6%	7th (May-20)	4.08% (May-20)
78	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual improvement	2019/20	93.80%		95.9%	2nd	93.9%

- The uptake of patients for Health care research did not meet the required targets, it should be noted that during 2019/20 only three active studies were undertaken in Mental health and Primary care. When compared to 2018/19 there were 7 studies carried out in Powys.

- Crude Mortality rate in the health board has consistently increased through 2020/21 to 3.0% in August 2020, this is the highest reported position of any health board in Wales although PTHB is not officially benchmarked by Welsh Government. The measure of reduction from a

service perspective will be hard to achieve for PTHB with on-site palliative care services, and a reduction in the overall number of admissions (e.g. denominator has reduced). Detailed Mortality reporting is undertaken through the Experience, Quality and Safety Committee.

- Powys performance in relation to new medicines, is at 96.0% (Q4 2019/20). This does not meet the required performance level of 100% for new medicines recommended by AWMSG and NICE being made available within 2 months of publication of NICE Final Appraisal Determination or the AWMSG appraisal but is an improvement when compared to the equivalent time period 12 months prior.

- For antibacterial prescribing, a slightly reduced rate of 260.6 in Q4 2019/20 meets the national target, the health board is ranked 1st in Wales.

- Prescriptions for antipsychotics in the 65+ patient age group have increased in Q4 2019/20 to 483, this is a significant increase from Q4 2018/19. It should be noted that although we have prescribed the least in Wales and rank 1st our resident population is smaller, nationally the number of prescriptions has increased quarterly for the last year.

- PTHB are compliant for the new Opioid measure with 3926.2 per 1000 patients in Q4 2019/20 against the national target of 4 quarter reduction, the health board is ranked 2nd in Wales.

- The number of procedures postponed for non-clinical reasons is meeting the target of less than 81. However, with the suspension of day case theatre procedures, this is because no cancellations have been made since March 2020.

- The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has not been met with a peak in March to 9.7%. We rank 7th in Wales and in May-20 reported 4.61% against the national figure of 4.08%.

- Powys Teaching Health Board consistently provides good compliance to coding requirements, in June 100% of records were coded with a valid primary diagnosis code within the required target. This exceptional and consistent performance does not adversely affect the quality of the coding. During 2019/20 coding accuracy improved to 95.9% where the health board ranks 2nd in Wales, the national average is 93.9%.

NEXT STEPS:

The landscape of care as a result of COVID has dramatically altered, with the fragility of service restoration and ongoing back log pressures this will result

in Q3 and Q4 being challenging, especially with normal winter pressures compounded by COVID.

In response Welsh Government are driving a rapid process of change, including the modernisation of electronic systems and virtual access, this has affected the way patients receive their care in Wales. To measure patient outcomes, the health board will respond to new WG performance management arrangements for example by including the modernisation of patient access policies to meet the rapidly evolving environment. The changes will be implemented by operational teams to ensure the best possible patient outcomes are attained.

Data on mortality, testing and tracing in relation to COVID-19 will continue to be monitored on a weekly basis. Case incidence and test positivity rates will be monitored daily as part of a national system of alert and escalation.

Powys THB Finance Department
Financial Performance Report
Performance & Resources Committee

Period 05 (August 2020)
FY 2020/21

Date Meeting: 6th October
Item 3.3

Patterson Liz
09/29/2020 15:32:57

GIG
CYMRU
NHS
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Addysgu Powys
Powys Teaching
Health Board

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 5 OF 2020-21
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Assistant Director of Finance
Other Committees and meetings considered at:	Performance & Resources Committee Board

PURPOSE:
This paper provides the Board/Committee with an update on the August 2020 (Month 5) Financial Position including Financial Recovery Plan (FRP) delivery.

| RECOMMENDATION: |
|---|
| It is recommended that the Board/Committee:
• DISCUSS and NOTE the Month 5 2020/21 financial position.
• NOTE that actions will be required in 2020/21 to ensure full achievement of any brought forward and in year savings targets.
• NOTE and APPROVE Covid-19 Revenue and Capital position in main report and TTP in appendix 1 on Year To Date and forecast position reported.
• NOTE risk on delivery of balance position at 31st March 2021 |

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
	✔	

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) – Amber	62	⬆
Reported Year To Date financial position – deficit/(surplus) – Amber	270	⬆
Planned year end forecast – deficit/(surplus) – Forecast Green	0	➡

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	2,200	➡
Reported Year to Date expenditure	573	⬆
Reported year end forecast – deficit/(surplus) – Forecast Green	0	➡

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) Q1 – Forecast Red	87.8%	⬇
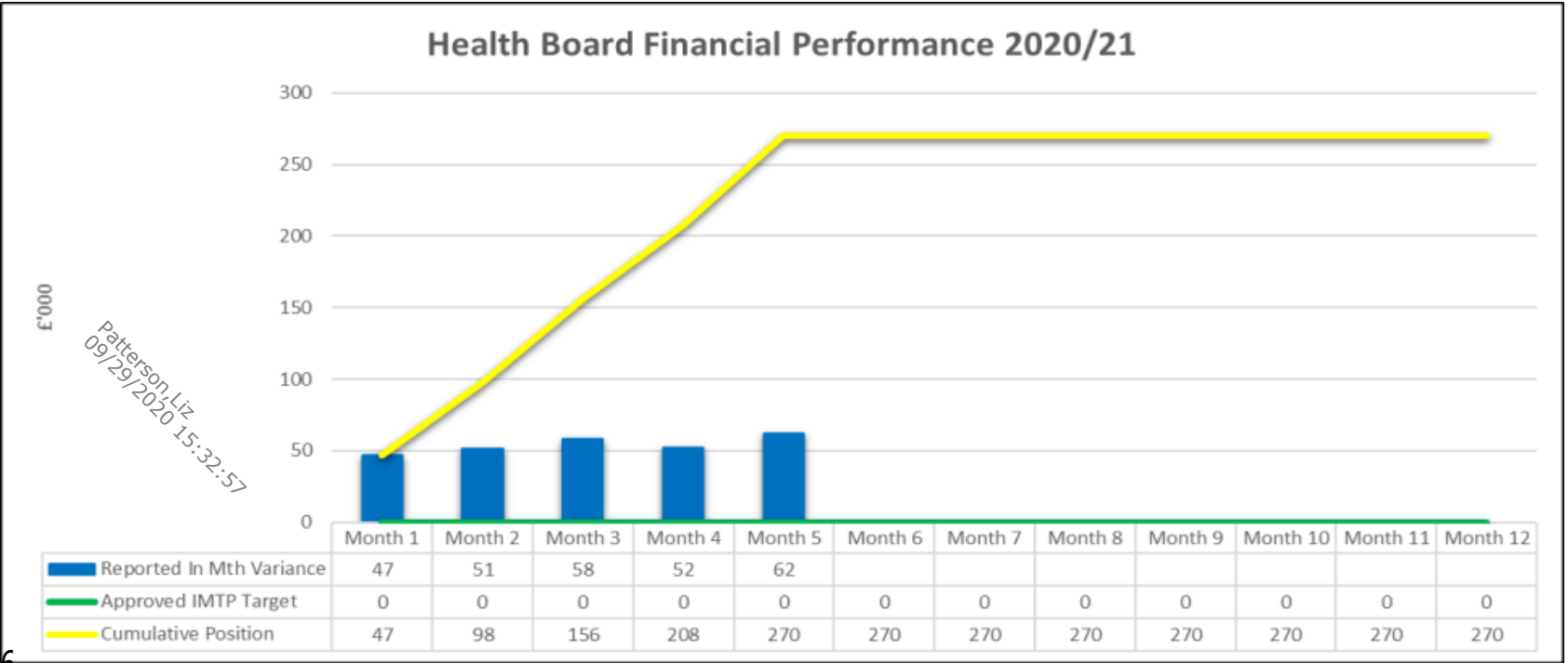
Powys THB 2020-21 IMTP was recognised by WG as approvable on 19th March 2019. The plan is balanced and represented by the green line of the chart opposite.

Spend in relation to Covid -19 is included in the overall positon but is offset by an anticipated allocation for WG, so is not directly contributing to the £0.270m overspend in Mth 5.

Excluding Covid-19 the areas of overspend are primary care drugs based on latest PAR report and CHC costs. The table on the next slide provides an overall summary. But this includes Covid-19 spend.

PSPP – only reported on a quarterly basis and no change to the reported position from Mth 3.

Health Board Financial Performance 2020/21

Patterson Liz
09/29/2020 15:32:57

£'000

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	47	51	58	52	62							
Approved IMTP Target	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Position	47	98	156	208	270	270	270	270	270	270	270	270

Overall Summary of Variances @ Mth 4 YTD £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(142,142)	(142,142)	0
02 - Capital Donations	(54)	(54)	0
03 - Other Income	(2,425)	(1,898)	527
TOTAL INCOME	**(144,621)**	**(144,094)**	**527**
05 - Primary Care - (excluding Drugs)	16,809	16,422	(387)
06 - Primary care - Drugs & Appliances	11,808	12,892	1,084
07 - Provided services -Pay	33,691	32,874	(818)
08 - Provided Services - Non Pay	10,515	9,026	(1,489)
09 - Secondary care - Drugs	419	397	(22)
10 - Healthcare Services - Other NHS Bodies	57,767	58,940	1,173
12 - Continuing Care and FNC	5,990	6,248	258
13 - Other Private & Voluntary Sector	1,282	1,227	(56)
14 - Joint Financing & Other	4,856	4,856	(0)
15 - DEL Depreciation etc	1,461	1,461	0
16 - AME Depreciation etc	21	21	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	**144,621**	**144,365**	**(257)**
TOTAL	**(0)**	**270**	**270**

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Original Planned Schemes 2020/21 = **£5.487m**

Workstream	Original 2020/21 £
Medicines Mangt	492,339
Pathways	2,629,623
Procurement, Non Pay & CHC	741,558
Workforce Efficency	1,623,916
Total	5,487,436

Original Target 2020/21 = **£5.638m**

As result C-19 outbreak a full review of all schemes is undertaken monthly and using information available at each point it is assessed that likely delivery for 20/21 would be £1.746m based on a number assumptions

Revised Planned Scheme 2020/21 = **£1.746m**

Workstream	Revised 2020/21 £
Medicines Mangt	206,113
Pathways	664,179
Procurement, Non Pay & CHC	216,299
Workforce Efficency	659,900
Total	1,746,492

Note - £1.746m assumes delivery of 1 red scheme totalling £0.118m

1. Shortfall in Financial Plan = **£3.9m** (£5.638m-£1.756m)
2. Movement from Original Planned Schemes = **£3.7m** (£5.487m - £1.746m)

Further details on the Savings positons, the assumptions underpinning the revised plan and actions going forward are documented in the WG Narrative Report attached to Appendix 1

Current assumption in 2020/21 Forecast is that shortfall in savings funded by WG as part of Covid-19 expenditure

B/F Savings – in addition to the 2020/21 savings target (£5.638m) the Health Board has not recurrently met its annual savings targets held within the individual cost centres and so these remain unmet savings b/f from previous years. Budget Plan for 2021/22 will be presented in Autumn outlining options for removing these b/f targets in the 2021/22 financial plan.

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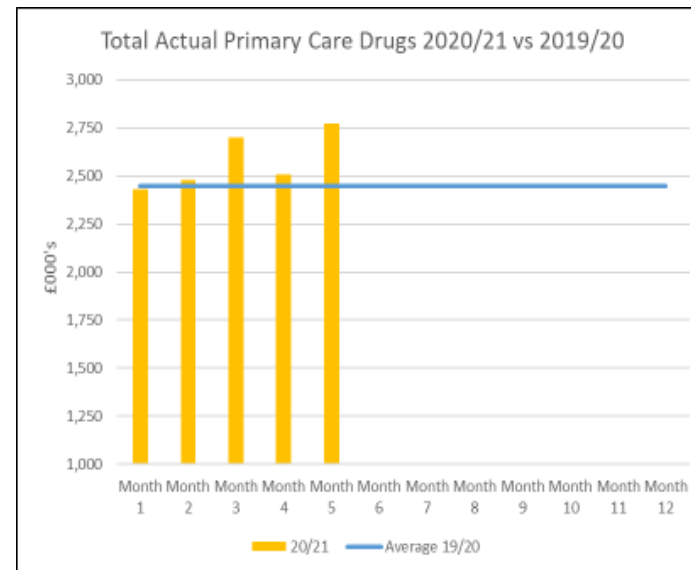
Total Actual Income 2020/21 vs 2019/20
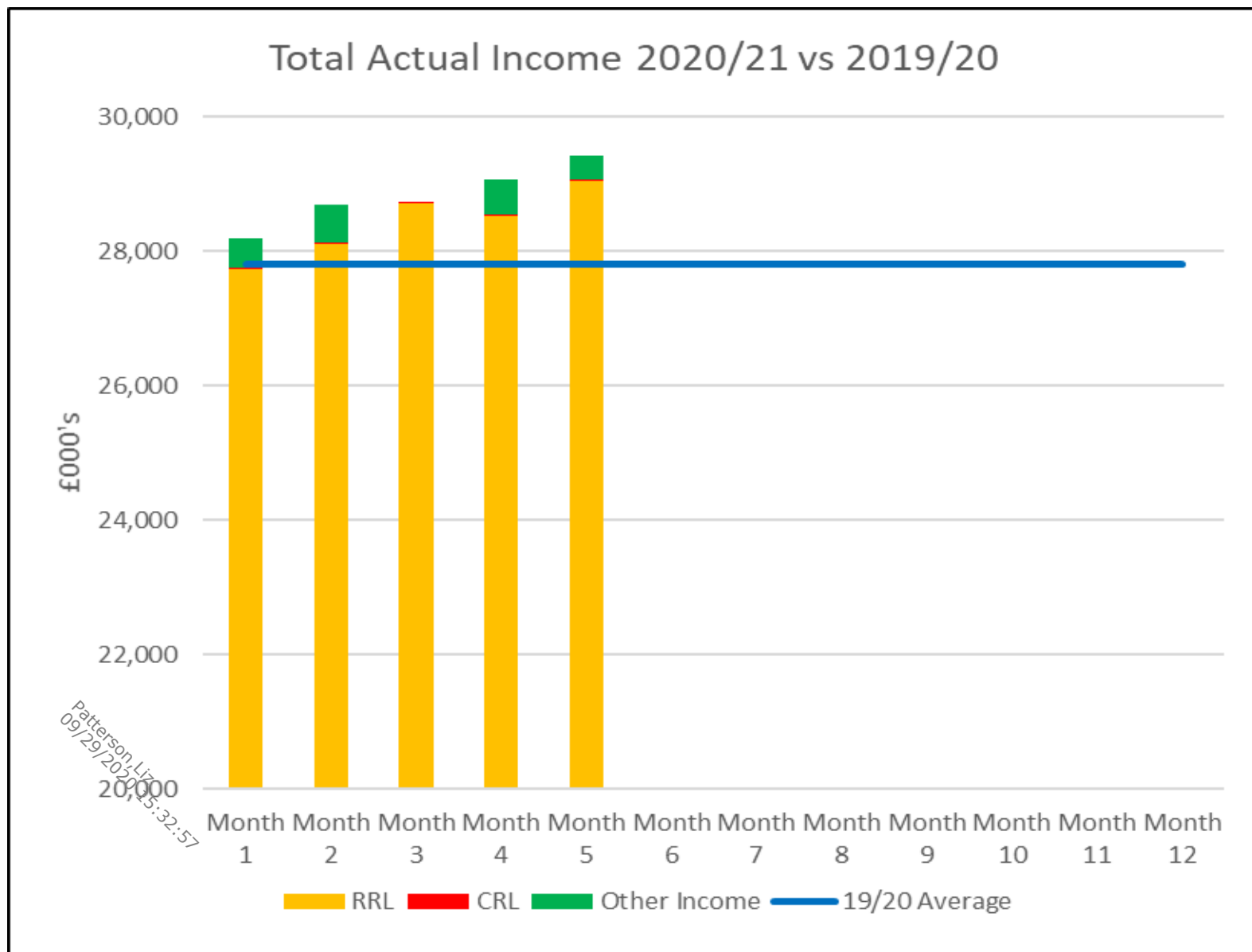
- The total income received in 2020/21 is higher than the average for 2019/20. In the main this will relate to the allocation uplift provided by WG as well as additional in year funding.

- Other income reduced significantly in month 3 which is linked to the issue on Dental Patient Charges Income, which is no long expected to be in line with 19/20 trends due to the impact of C-19 in dental services, but this loss will be charged to C-19.

Total Actual Pay 2020/21 vs 2019/20

Total Actual Variable Pay 2020/21 vs 2019/20
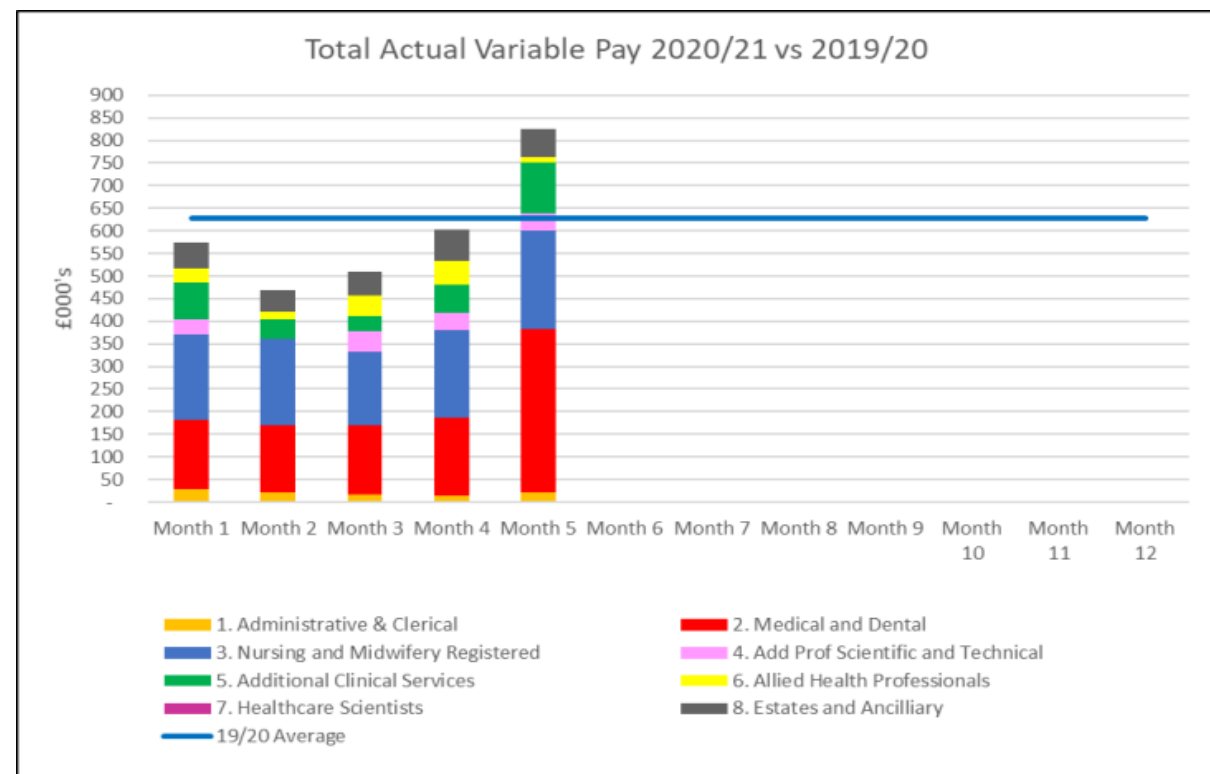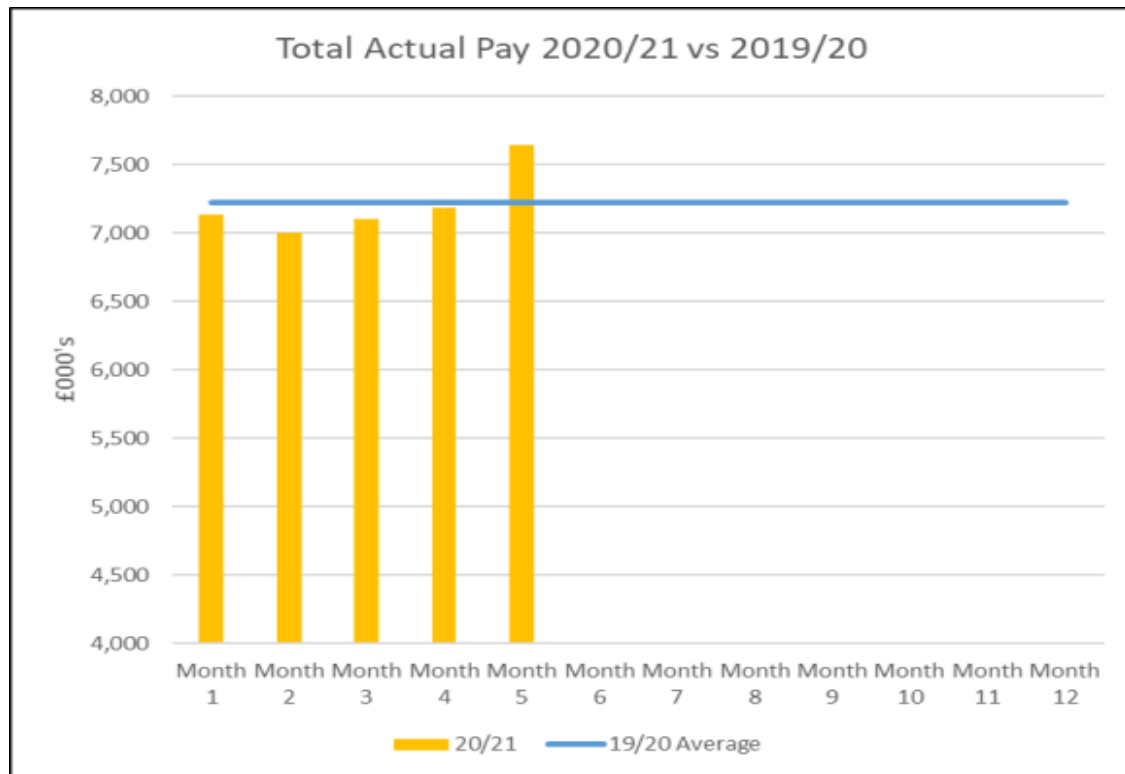
- The month 5 YTD pay is showing an underspend of £0.818m against the year to date plan. Underspends are being experienced across a number of the service areas.

- Variable pay costs have increased significantly compared to the 19/20 monthly average during Mth 5 and this predominantly relates to medical locum costs and work is underway to review this. In additional both bank and agency costs have increase slightly from Mth 4.

Total Actual Non Pay 2020/21 vs 2019/20

Total Actual CHC 2020/21 vs 2019/20

Total Actual Health Care Services Provided by Other NHS Bodies 2020/21 vs 2019/20

Total Actual Primary Care Drugs 2020/21 vs 2019/20
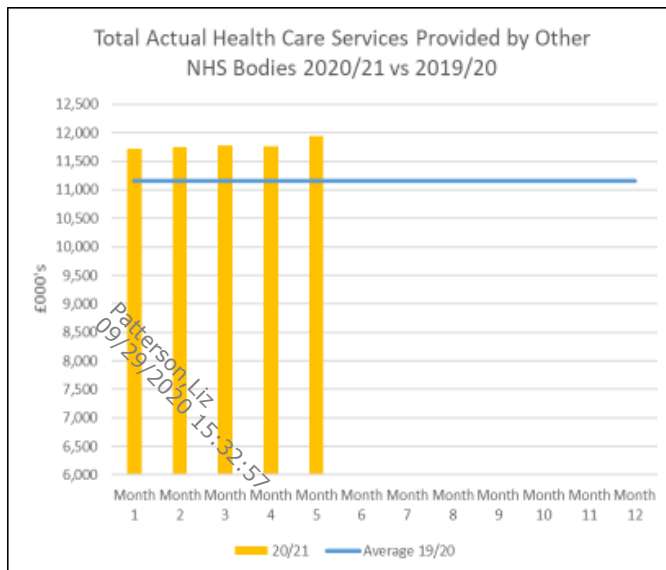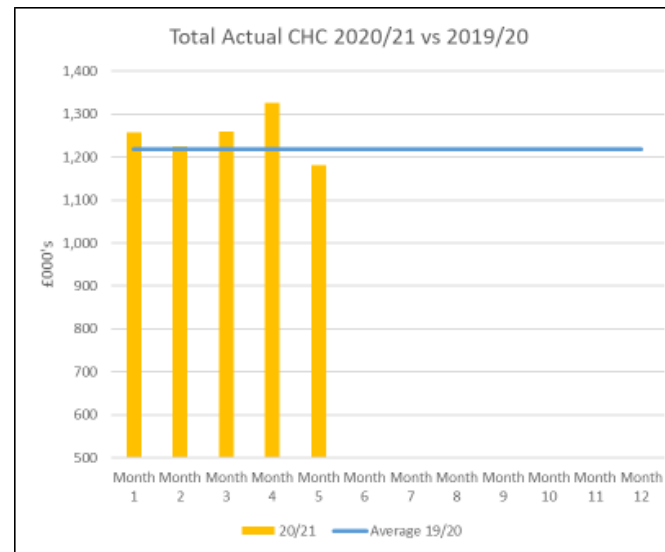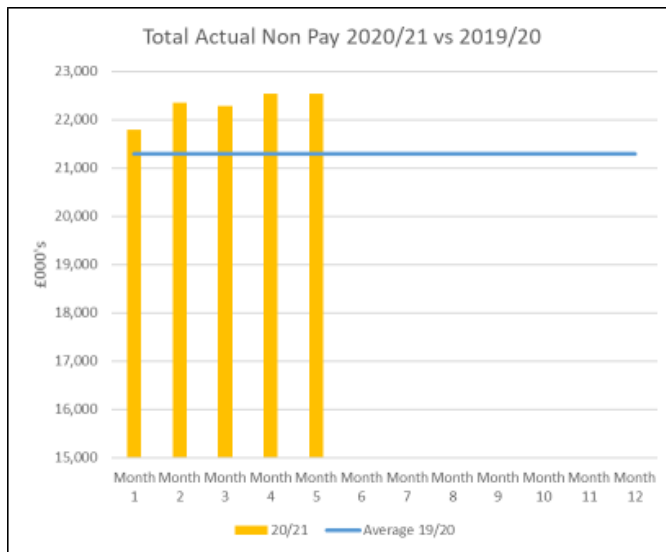
- Actual Non Pay spend in 2020/21 is significantly higher than the average trend from 2019/20. There are 3 key drivers for this increase:

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 Mth 9 position for England and Year End Position for Wales plus uplifts. Therefore the costs are expected to be higher that 19/20 and this pressure is reported under C-19.

2. ChC – as per Mth 1 and 2 CHC continued to overspend against budget. CHC remains an area of risk for the organisation and is reported as such to WG – see Risk & Opportunity slide.

3. Prescribing – At Mth 1 and 2 no prescribing data was available as it is always 2 months in arears so these figures were based on estimates. The first actual Prescribing data was received at the end of June for the month of April and showed a significant increase, which in part is linked to Covid-19. The May data received at the end of July showed a slight increase but significantly less that April, but June data received in August saw spend levels return to the April position. In addition to C-19, No Cheaper Stock Obtainable and Cat M pricing is also having an impact for Powys and presents a significant risk to the organisations ability to deliver breakeven - see Risk & Opportunity slide.

Summary Actual to Mth 5 & Blended Forecast Covid-19 Revenue Expenditure 2020/21

Forecast Range / Key Assumptions			Actual @ Mth 5	Version 1 With Certainty	Version 2 With some level of Certainty	Version 3 Reduced Level of Certainly	Verion 4 as Reported Table B3	Version 5 Reasonable Worse Case #1	Version 6 Reasonable Worse Case #2
			n/a	No stepped increase in Pay & Non Pay above Mth 5 levels for remaining Mths / LTA Blocks remain in all year / Savings as per curent / TTP non pay as per forecast	As per version 1 but for TTP Staffing Phase 1 Testings in place 1st September; 1 fully appointed Clinical Tracing Team from 1st Sept; and fully staffed Admin hub from 1st Sept and all TTP non- pay	As per version 2 but with only 50% surge costs for workforce & PPE/M&SE in place from 1st October 2020	As per detail in MMR tables and assumptions in narrative	As Version 4 but beds at 180-185 from 1st Oct and no savings delivered in 20/21	As per version 4 (199 beds); no savings delivered in 2020/21; and prescribing maintaining current average spend levels
			£'000	£'000	£'000		£'000	£'000	£'000
Type Spend	**Key Driver / Decision Impact on Forecast**	**Fixed or Variable**							
PAY:									
Covid Surge / General									
- Fixed Terms	n/a	Fixed	282	678	678	1,166	1,247	1,247	1,247
- Bank / Agency / Bank Contracted	Beds	Variable	415	996	996	2,105	2,973	2,473	2,973
Covid TTP									
- Admin Hub (Fixed)	n/a	Fixed	38	90	189	189	189	189	189
- Testing Phase 1	No. Centres	Variable	-	-	316	316	316	316	316
- Testing Phase 2	No. Centres	Variable	-	-	-	-	118	118	118
- Clinical Tracers Teams	No. Teams	Variable	6	13	264	264	564	564	564
Sub Total = Pay			**741**	**1,778**	**2,443**	**4,040**	**5,407**	**4,907**	**5,407**
NON PAY:									
- PPE / M&SE	Beds	Variable	310	744	744	972	1,953	1,487	1,953
- Primary Care	n/a	Fixed	279	697	697	697	697	697	697
- Primary Care Drugs	Prices/Scripts	Variable	612	1,469	1,469	1,469	1,814	1,814	2,543
- Provider	Various	Variable	1,236	2,967	2,967	2,967	5,610	5,610	5,610
- LTA Block	Block	Fixed End Q2	1,174	2,815	2,815	2,815	2,815	2,815	2,815
- TPP (inc LA costs)	No. Teams	Variable	337	1,819	1,819	1,819	1,819	1,819	1,819
Sub Total Non Pay			**3,949**	**10,511**	**10,511**	**10,739**	**14,708**	**14,242**	**15,437**
Savings	Block/Beds	Fixed	**2,250**	**4,010**	**4,010**	**4,674**	**4,010**	**5,638**	**5,638**
Underspends/Slippage	Various	Variable	- 271	- 650	- 650	- 650	- 2,595	- 2,595	- 2,595
Gross Forecast C-19 Position			6,669	15,648	16,313	18,802	21,530	22,193	23,887
Less WG Funding to Date			709	709	709	709	709	709	709
Net Forecast C-19 Position			5,960	14,939	15,604	18,093	20,821	21,484	23,178

Further details full Covid-19 Position and the assumptions underpinning the forecast are documented in the WG Narrative Report attached to Appendix 1

Summary Submission - @ 17th July

Description	£
Additional Bottle Stores	76,000
Asbestos survey and works	27,500
Automatic doors covid test centre	12,000
Brecon Dental Ventialtion	12,000
COVID Flooring	7,500
COVID flooring upgrades	0
Covid Gold Command Centre	14,500
COVID reception areas	15,600
Dental Ventialtion	49,000
Extra outles	9,000
Facilties upgrades curtains waste etc	2,000
Fencing to secure oxygen store	2,000
Fire updgrade	25,600
H&S upgrades	8,500
Hot Clinic	25,000
IPC	22,800
IT	4,000
Manifold upgrade/new	29,500
Mobile X-Ray	84,000
Mortuary Roof	26,000
New PPE store Roof	7,000
New water supply COVID relocation	5,000
Nurse Call	36,000
Oxygen moniters	11,750
PPE store upgrade	1,000
Regualtors	3,000
Replace Water Heaters	8,000
Services Upgrade	24,000
Shower upgrades COVID	21,500
Stores	10,000
Structural survey& Works	8,600
Swab Stations	15,000
Vents & Commission	949,000
Ventilation installation Dental	40,000
VIE	225,000
Wash Facilities	64,000
Welfare upgrade	10,000
Total	**1,891,350**

Note: above excludes the £38k expenditure on beds also included on a separate tab on the 17th July submission

Key Assumptions

- WG requested a revised capital submission for submission on 17th July 2020, which was building on the submission made on 5th June 2020. This was resubmitted as our formal position on 11th September. Key points:

  - Submission based on the capital requirement for surge capacity within the Health Board's existing NHS premises.

  - Submission will form the basis of the capital allocation (CRL) for the Health Board to support C-19.

  - Excluded any costs relating to the All Wales procurement and capital process as it is assumed this is funded centrally

  - Based on the information received @ 16th July

- At time of submission final tenders for ventilation were outstanding and so the final figure may be subject to change.

Table 1: Risk Reflected MMR Mth 5

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	-221	Medium
Continuing Healthcare	-500	Medium
Prescribing	-787	High
Pharmacy Contract	0	-
WHSSC Performance	-356	Medium
Other Contract Performance	0	-
GMS Ring Fenced Allocation Underspend Potential Claw back	0	-
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
Anticipated COVID Allocations not received	-20,821	Medium
In Year Pressures Impacting 20/21 Financial Position	0	-
WRP Pressure above 19/20 budget	-312	Medium
Total	-22,997	

Table 2: Opportunities Reflected MMR Mth 5

Opportuntity	£ '000	Likelihood
Red Pipeline Schemes	118	Low
Funding Slippage / Divert Funding to C-19	1,200	Medium
Total	1,318	

Further details on risk and opportunities underpinning the forecast are documented in the WG Narrative Report attached to Appendix 1

Key Messages

In summary the key issues being managed to support the financial position:

- Health Board has an approvable IMTP for 2020/21 which had a number of assumptions detailed in the Resources Plan presented to Board, but in summary:
  - Savings target agreed in IMTP need to be met
  - HB must identify opportunities to support financial position
  - General expenditure to remain at 19/20 level.

- Covid-19 represents a risk to the organisation but the Mth 5 reported position and current year end forecast exclude the impact of all expenditure either incurred to date or planned to be incurred in the future on the assumption that this will be funded by WG.

- Savings required and agreed by the Board in the IMTP was £5.6m. Whilst there were plans to deliver this the Covid-19 pandemic has had a significant impact of the HB ability to deliver. The assessment undertaken at end July reduced the likely delivery to £1.75m and this could reduce further pending a further reviews during 2020/21.

- There are further potential risks to the position which are detailed on page 10 of the report.

- Detailed review of the forecast position both in year and underlying is due to be completed by end Q2 which will build in non-covid pressures and the impact on the delivery of a balanced target for 2020/21.

Summary

In summary this paper identifies that:

- PTHB is reporting an over spend at month 5 in FY 2020/21 of £0.270M.

- Within the £0.270m is an assumption that the HB will receive funding from WG to support in full the Covid-19 pressures. WG have indicated that a stabilisation allocation will be issued to Health Boards in mid September.

- PTHB has an assumed £1.75M savings against the target of £5.6M. It is assumed any shortfall as a result of C-19 will be funded by WG and is included within the forecast for Covid-19.

- PTHB has an Capital Resource Limit of £2.2M and has spent £0.573M to date. £0.286m of the spend to date relates to Covid-19 capital spend, in line with the submission on 17th July and confirmation of adjusted CRL to reflect this spend is expected in September.

- PTHB continues to forecast a balanced year end position subject to the actions and risks as identified in the report. But will be undertaking a full assessment the financial position in Q2 for expenditure and risks outside of Covid-19.

Powys THB Finance Department
Financial Performance Report - Appendices

Period 05 (August 2020)
FY 2020/21

Patterson Liz
09/29/2020 15:32:57

Embedded below are extracts from the Period 05 Monthly Monitoring Return submitted to Welsh Government on Reporting Day 9

| MMR Narrative	MMR Key Tables	TTP Tables
Microsoft Word Document	Microsoft Excel Worksheet	Microsoft Excel Worksheet

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st August 2020
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.431	1.431	0.226
Sale of Mansion House	0.250	0.250	0.000
Pharmacy Equipment	0.040	0.040	0.000
19.20 Slippage (Pharm Equipment - clinical pharmacy at a distance) into 20.21	0.067	0.067	0.005
19.20 Slippage (Digital Priority Investment Fund) into 20.21	0.078	0.078	0.056
19.20 Slippage (19.20 Year End Capital - Dental Equipment) into 20.21	0.042	0.042	0.000
Covid-19 Digital Devices	0.022	0.022	0.000
Covid-19	0.230	0.230	0.283
Covid-19 - DPIF	0.040	0.040	0.003
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**2.200**	**2.200**	**0.573**

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	540	504	4193	4275	2719	2811	500	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SH.	31265	29920	29330	30510	26500	25770	30929	26260	30650	26560	28810	27072
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA o	-120	0	-240	-120	-120	-120	-120	-120	-120	-120	-120	-120
WG Revenue Funding - Other (e.g. invoices)	1489	7	351	99	4	10	10	1000	10	1000	200	3000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	0	200	200	200	200	200	200	813
Income from other Welsh NHS Organisations	838	479	211	365	371	400	400	400	400	400	400	400
Other	781	462	173	224	277	300	300	300	300	300	300	300
Total Receipts	34253	30868	29825	31078	27032	26560	31719	28040	31440	28340	29790	31465
Payments												
Primary Care Services : General Medical Services	2556	2405	2679	2587	1970	2500	2679	2300	2400	2600	2400	2200
Primary Care Services : Pharmacy Services	1617	571	222	623	0	450	900	0	900	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	1229	1150	1366	2546	0	1200	2400	0	2400	0	1200	1200
Primary Care Services : General Dental Services	382	403	265	408	439	400	400	400	400	400	400	400
Non Cash Limited Payments	130	128	127	113	116	80	80	80	80	80	80	80
Salaries and Wages	6817	6825	6832	6850	6896	6800	6800	6800	6800	6800	6800	6800
Non Pay Expenditure	21558	15697	18252	19507	17519	17241	18260	18260	18260	18260	18260	19792
Capital Payment	0	0	0	0	0	200	200	200	200	200	200	543
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	34289	27179	29743	32634	26940	28871	31719	28040	31440	28340	29790	31465
NET CASH FLOW IN MONTH	-36	3689	82	-1556	92	-2311	0	0	0	0	0	0
Balance c/f	504	4193	4275	2719	2811	500	500	500	500	500	500	500

Cash Balance 2020/21
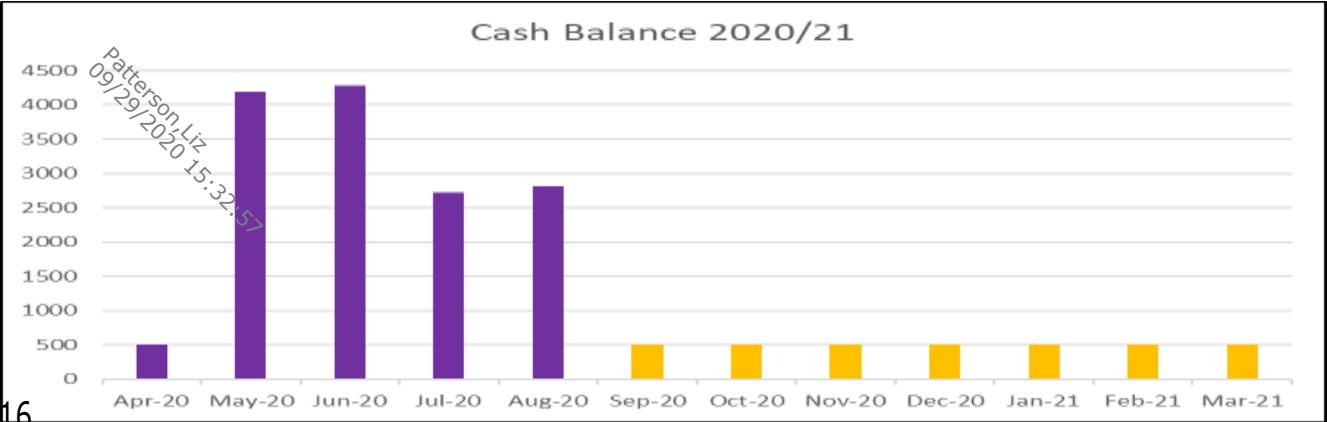
Purple = Actual Closing Balance

Yellow = Forecast Closing Balance

Performance and Resources Committee	Date of Meeting:
Subject:	**Framework for Delivery and Performance of the Health Board Efficiency and Savings Programme**
Approved and Presented by:	Director of Finance and IT
Prepared by:	Assistant Director of Finance
Other Committees and meetings considered at:	Executive Committee

PURPOSE:
The purpose of this paper is to update and inform the committee of the new Efficiency and Savings Framework for Delivery
RECOMMENDATION(S):
The Committee is asked to:-   • Note the Framework as presented.   • Note the planned implementation from October 2020.

Ratification	Discussion	Information
	✔	

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09/29/2020 15:32:57

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:

As included in the Financial Annual Plan for 2020/21 there is a proposal to change the way that we approach efficiency and savings to support delivery of a balanced financial plan.

DETAILED BACKGROUND AND ASSESSMENT:

Background

This guidance outlines how the Health Board will facilitate and oversee the delivery of the Health Board Efficiency and Savings Programme and support a Value Based approach to service delivery. It will provide clarity on:

- Definition of what is being measured i.e. for efficiency and savings targets, what is a savings and why do we need to deliver savings (link to outcomes and resource allocation).
- How Powys Teaching Health Board (PTHB) will manage the savings requirements and the responsibilities of the workstreams (management, monitoring and delivery).
- How the data to evidence delivery is to be assessed and reported.
- Frequency of reporting and the escalation process via the existing Governance Framework.
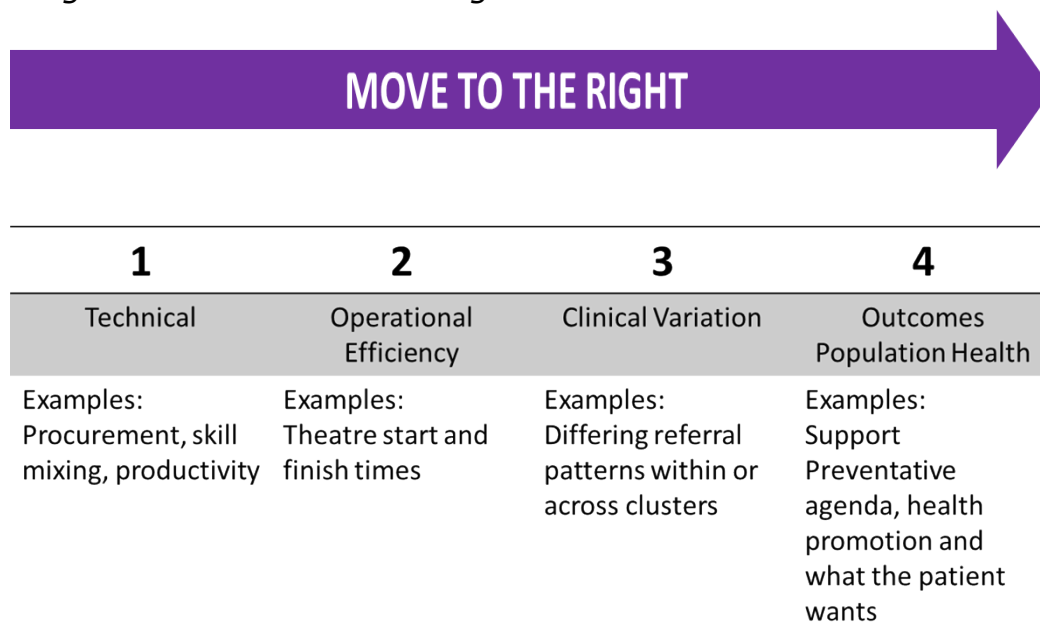
- How has PTHB has historically approached and managed saving and why do we need a framework?

Change in Approach

Historically the NHS in Wales has delivered efficiency and savings by focusing its efforts on improved procurement, skill mixing of staff and improved productivity and operational efficiency. However, this approach alone will no longer be able to deliver the level of recurrent savings required.

Therefore, the approach needs to be a move from the left-hand side to the right-hand side on the chart below, if the NHS is to meet the challenges both financial and clinical over the next 5 -10 years and ensure it delivers 'A Healthier Wales'.

Diagram 1: A Move to the Right

1	2	3	4
Technical	Operational Efficiency	Clinical Variation	Outcomes Population Health
Examples: Procurement, skill mixing, productivity	Examples: Theatre start and finish times	Examples: Differing referral patterns within or across clusters	Examples: Support Preventative agenda, health promotion and what the patient wants

The Health Board is increasing its focus on Value and adopting a Value Based Approach with the aim to improve outcomes, reduce clinical variation and improve efficiency through the system which will in turn support the core wellbeing objectives of.

For this to be delivered successfully the Health Board needs to look at different ways of approaching the identification of opportunities, the delivery of these opportunities and the monitoring of performance against the targets set (see section 3). Therefore, an integrated approach across the Health Board is

required, which will capture the opportunities presented by Value Based Health Care and embrace the principles of prudent healthcare and the quadruple aim.

The Framework is as attached.

Recommendations

The Committee are asked to:-

- Note the Framework as presented.

- Note implementation from October 2020.

Framework for the Delivery and Performance Monitoring of the Health Boards Efficiency Programme

Document Reference No:	Framework/FinanceDocument/Savings (INSERT FINAL LINK)	
Version No:	1	
Issue Date:	July 2020	
Review Date:	February 2021	
Author:	Assistant Director of Finance	
Document Owner:	Finance Department	
Accountable Executive:	Director of Finance	
Approved By:	Executive Committee / Board	
Approval Date:		
Document Type:	Framework	Non-clinical
Scope:	PTHB wide	

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Completion of Document	July 2020

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App. No.	Appendices	Page

1. Introduction

This guidance outlines how the Health Board will facilitate and oversee the delivery of the Health Board Efficiency and Savings Programme and support a Value Based approach to service delivery. It will provide clarity on:

- Definition of what is being measured i.e. for efficiency and savings targets, what is a savings and why do we need to deliver savings (link to outcomes and resource allocation).
- How Powys Teaching Health Board (PTHB) will manage the savings requirements and the responsibilities of the workstreams (management, monitoring and delivery).
- How the data to evidence delivery is to be assessed and reported.
- Frequency of reporting and the escalation process via the existing Governance Framework.
- How has PTHB has historically approached and managed saving and why do we need a framework?

2. Change in Approach

Historically the NHS in Wales has delivered efficiency and savings by focusing its efforts on improved procurement, skill mixing of staff and improved productivity and operational efficiency. However, this approach alone will no longer be able to deliver the level of recurrent savings required.

Therefore, the approach needs to be a move from the left-hand side to the right-hand side on the chart below, if the NHS is to meet the challenges both financial and clinical over the next 5 -10 years and ensure it delivers 'A Healthier Wales'.

Diagram 1: A Move to the Right

MOVE TO THE RIGHT

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For this to be delivered successfully the Health Board needs to look at different ways of approaching the identification of opportunities, the delivery of these opportunities and the monitoring of performance against the targets set (see section 3). Therefore, an integrated approach across the Health Board is required, which will capture the opportunities presented by Value Based Health Care and embrace the principles of prudent healthcare and the quadruple aim.

3. **What is meant by Efficiency and Savings?**

PTHB receives 98%[#1] of its revenue funding (RRL) via Welsh Government (WG) allocations to secure hospital, community and primary care services for the resident population of Powys. During December each year WG issue an annual allocation letter outlining the revenue funding for the following financial year (for example at December 2020 the allocation letter will outline funding for 2021/22).

The IMTP planning process undertaken in PTHB then identifies the level of anticipated expenditure for the following financial year and also for the two subsequent financial years.

At its basic level these two elements of data are then compared to understand the gap between the income PTHB will receive versus the predicted expenditure patterns. The gap the required efficiency / savings target for the next financial year.

In summary at the start of the Financial Year PTHB will have undertaken the following assessment detailed in diagram 2 below:

Diagram 2: How Are Efficiency / Saving Target Set

Income Anticipated (98% from WG)	−	**Expenditure as per the IMTP**	=	**Efficiency / Savings Required in Year**
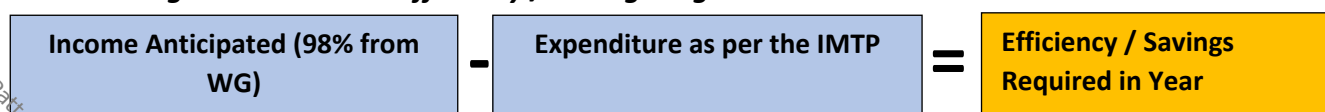
#1 as per 2019/20 Mth 12 WG MMR submitted 24th April 2020

4. Approaches to Managing Savings, Delivering Efficiency and Value

Historically PTHB has opted to allocate the new year savings target across all cost centres and areas where relevant. Certain areas of the Health Board have not been allocated a savings target e.g. GMS as the Health Board has to comply with the national contract and so cannot expect service mangers to make saving in these areas (sometimes referred to as ring fenced areas).

However, there are other options the Health Board can consider to support the management and delivery of efficiency and savings:
- Option 1: Status Quo – allocating the total new year savings target over all recognized / included cost centres.
- Option 2: Central Target – allocate the total new year savings to a central cost centre.
- Option 3: Hybrid approach – where the targets are allocated to an Executive Work streams over 4 cost centres and not at an individual budget holder level. It is important to note that delivery of savings / reallocation of resources will be taken from relevant budgets across the Health Board.

There advantages and disadvantages of the three options are as summarised in the table below: -

	Option 1	Option 2	Option 3
+ve	Maintains status quo; something Budget Holders are familiar with; and attempts to ensure all budget holders contribute to the savings ask	No buy in from budget holders and no recognised owner of the target possibility increasing the risk of non-delivery?	Work streams to oversee and own the targets and focus on value and outcomes as opposed to multiple budget holders looking a numerous small projects. Increased opportunity to deliver long term efficiency and more effective resource allocation.
-ve	Query is it equitable for all budget holders with some areas excluded? Allocating target over 100's cost centre mean the scale of the ask get lost and encourages potential silo working. Focus on target rather than value and improved outcomes.	That the target is for the Health Board to deliver and so holding it centrally allows size of the ask to be visible.	Budget Holders may feel they have no target to deliver in 2020/21 and so do not feel part of the solution.

The preferred option agreed by the Performance and Resources Committee and the Board at the Board Meeting on the 27th May was option 3 which is in line with the recommendations detailed in Section 5 below.

5. The Way Forward for PTHB

The core component for delivering an efficiency, value and savings programme is effective programme management. This in turn breaks down into four key action areas and the recommended approach for PTHB:

- Rigorous Planning:

  Recommendation – Need to have credible and sufficiently detailed plans which include an estimate of impact on service quality, outcomes, access and cost, an accountable owner, and a clear set of action steps.

  PTHB Approach – For each scheme where the estimated efficiency / savings improvement is in excess of £50,000, a summarised plan will be completed and agreed by the relevant Work Stream.

- Dedicated Resourcing:

  Recommendation - PTHB to identify appropriate personnel (including clinicians, managers and technical support staff) who are delegated responsibility for delivery of the programme and plans.

  PTHB Approach – Each workstream will have dedicated a Finance Lead supported by a Finance Manager. The role of the Finance Lead is to provide the relevant reports to the Workstream on performance to date and to maintain a 30-60-90-day action plan, it will be the responsibility of the relevant service leads to undertaken the actions required and report these back to the Workstream. Each workstream will have a nominated Executive Lead and the membership of the workstream will need to be confirmed by the Executive Lead at the first meeting (to include Clinical, Operational and Financial representation).

- Fact-based reporting:

  Recommendation – There are regular reports that include key information on progress against targets and this is presented and discussed by management regularly and summarised up to Committee and Board level.

  PTHB Approach – please refer to section 8 below.

- Executive ownership:
  Recommendation – Collective executive team ownership of the programmes with named executives' responsible for leading the implementing for each programme area.
  PTHB Approach – Establish 4 workstreams which will be led by an Executive Director, who will be accountable via the reporting mechanism detailed in Section 6 on the delivery of the savings requirement.

6. Overview of Workstreams

PTHB will have 4 workstreams:
- Pathways
- Non-Pay, Procurement & CHC
- Workforce Efficiency
- Medicine Management

There are a number of groups already in place that could be aligned to workstreams as identified above to ensure no duplication.

These will report via the existing Governance Framework via Delivery & Performance Group and Performance & Resources Committee as summarised below:
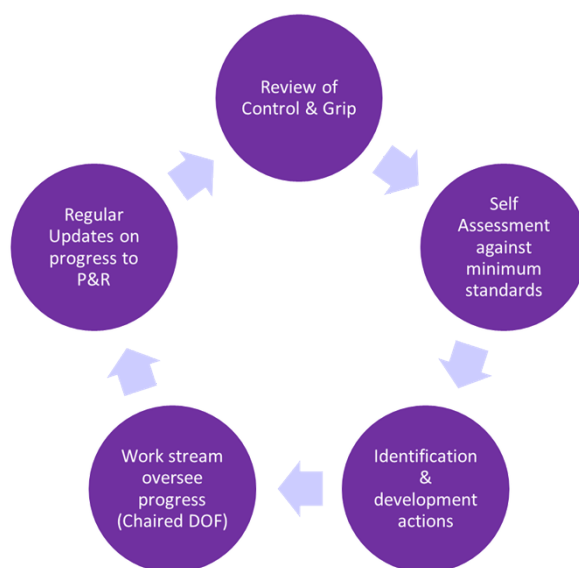
Diagram 1: Structure Executive Lead Workstreams
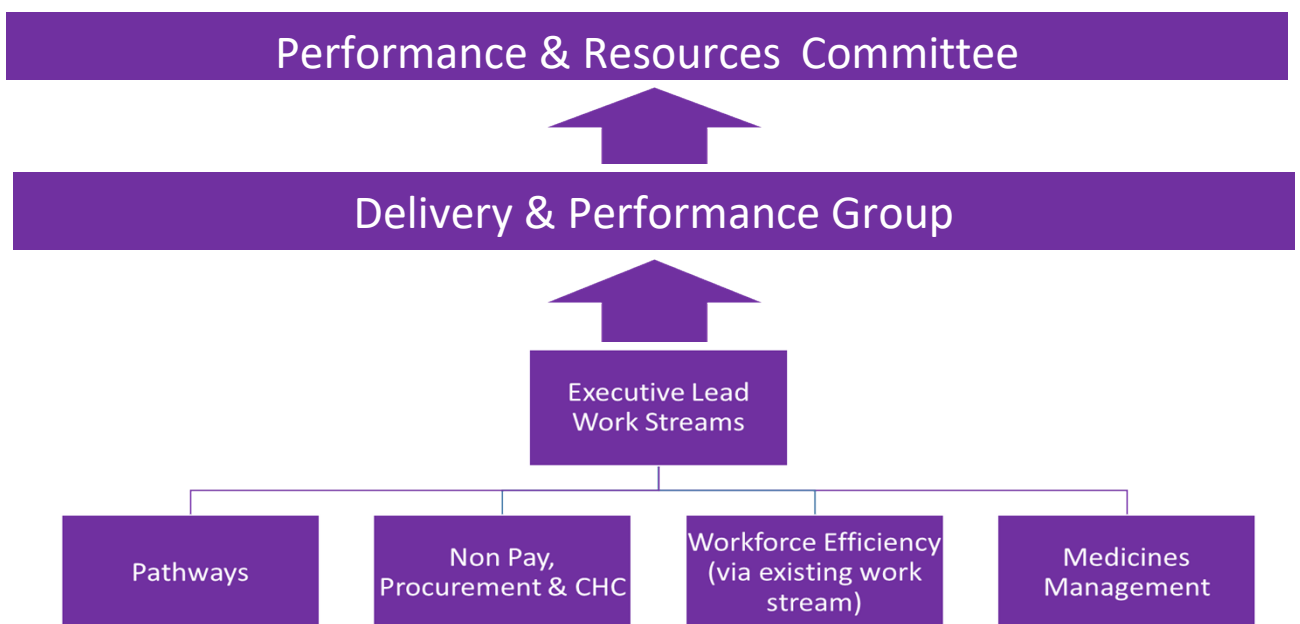
At a summary level the workstream key responsibilities will be:
Diagram 2: Key Responsibilities of the Executive Lead Workstreams

7. **Monitoring and Assessment of Delivery / Progress**

It will remain the responsibility of the Finance Department to monitor and report on the delivery of workstream actions against efficiency and savings targets. As the efficiency / savings Target will be allocated to a Workstream but savings / resource changes will be delivered across all area of the Health Board, when a savings has been achieved the budget MUST be moved from the budget line on a specific cost centre to be allocated to the Workstreams saving target. As not every budget holder will be sitting on every Workstream it will be important that the Workstreams engage effectively across the Health Board.

It is important to note that Budget Holders will not be asked to validate the delivery of the efficiency / saving and the agreement for the budgets being released. This will be actioned by the Finance Team where it is deemed a saving has been made as per the Workstream Programme and signed off by the relevant workstream.

For example, as a result of a proposal to move to a different supplier via the procurement workstream multiple areas may see a reduction in a product cost and the impact of this reduction will result in resource/budget being removed and allocated to the Executive Lead Workstream Savings target from those budget areas which will see the benefit.

8. Reporting

Factual, simple and timely reporting will be key to the success of the programme. The following reports will be produced in the standard finance reporting dashboard style:

- Monthly reports issued to the Executive Team on achievements and performance to date on a Health Board on a Workstream basis.
- Monthly reports to Delivery & Performance Group and Performance & Resources Committee on achievements and performance to date on a Health Board and Workstream basis.
- Summary of latest Savings position will be reported to WG via the Monthly Monitoring Returns and also to Board as per standard reporting requirements.
- Each Workstream will receive a monthly report on performance and a detailed extract on position for each scheme within the Workstream.
- As part of the IMTP process a report will be issued to the Executives on the identification of new schemes by the Workstreams to support the savings requirement for the following financial year and this will be summarised for Board as required.

9. Membership of the Executive Lead Workstreams

Each Workstream will have as a minimum the following (Note Executive Director Leads to be confirmed)

Pathways	Non-Pay, Procurement & CHC	Workforce Efficiency	Medicines Management
Medical Director / Director of Primary Care, Mental Health and Community	Director of Finance / Director of Nursing	Director of Workforce and OD / Director of Finance	Director of Therapies / Director of Primary Care, Mental health and Community
Senior Finance Lead	Senior Finance Lead	Senior Finance Lead	Senior Finance Lead
Finance Manager	Finance Manager	Finance Manager	Finance Manager
Service Mangers x 2	Service Mangers x 2	Service Mangers x 2	Service Mangers x 2
Clinical Lead	Clinical Lead	Clinical Lead	Clinical Lead

Suggested specialist representation at the specific workstreams is as follows:

Pathways	Non-Pay, Procurement & CHC	Workforce Efficiency	Medicines Management

Assistant Director of Commissioning (or Deputy)	Head of Procurement (or Deputy)	Deputy Director of Workforce	Chief Pharmacist (or Deputy)
	Complex Care Lead	ESR lead	
Informatics Support			
Admin Support to set up meetings	Admin Support to set up meetings	Admin Support to set up meetings	Admin Support to set up meetings

10. Key Deliverables & Responsibilities

Each of the Workstreams will be responsible for the following:
- Setting up and agreeing the meeting dates
- Setting out the actions required to delivered the savings for each of the schemes identified by the workstream.
- Establish a clear plan for each of the schemes where the value is over £0.050m, which will include actions needed in the next 30, 60 and 90 days.
- Where a scheme is not delivering agree the action required to get the scheme back on track.
- Where a scheme will not achieve required level of savings identify other opportunities to meet the savings target set for the workstream.
- Review the financial summary presented each month by the Finance Lead.
- Review and discuss other areas of opportunity both within the year and for further years using data available.
- Meet, which can be virtually, on a bimonthly basis as a minimum. Although the recommendation is to hold monthly meetings.
- To focus on identification of savings for future years as well as monitoring in year, to support the IMTP process.

Performance and Resources Committee	Date of Meeting: 6 October 2020
Subject :	Information Governance Performance Report
Approved and Presented by:	Rani Mallison, Board Secretary
Prepared by:	Amanda Smart, Information Governance Manager
Other Committees and meetings considered at:	

PURPOSE:
The purpose of this paper is to inform the Performance and Resources Committee of the information governance compliance figures.
RECOMMENDATION(S):
The Performance and Resouces Committee is asked to NOTE the contents of this report and to identify any areas of further assurance required.

Approval/Ratification/Decision	Discussion	Information
	✓	✓

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

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

EXECUTIVE SUMMARY:

This paper has been developed to show compliance against key information governance (IG) performance indicators. The Committee is asked to NOTE the reporting period is 1 January 2020 – 31 August 2020.

DETAILED BACKGROUND AND ASSESSMENT:

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.

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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

During the Covid-19 pandemic, the health board was required to continue to meet legislated timeframes for FOI and EIR requests. Following national advice from the ICO, the team proactively contacted individuals on receipt of new requests to notify them of possible delays due to staff redeployment and service needs, and to ask if they would consider either withdrawing their request and resubmitting in future months or be content with possibly waiting more than the 20 days for their response. Any requests not withdrawn were dealt with in the usual process for FOI and EIR.

To ensure the Executive Team were informed on compliance rates, a weekly statistical report showing the number of requests received, including breaches of the legislative timeframe were disseminate for their attention/action.

The number of requests received since the last Committee report (1 January 2020 – August 2020) totals **204** requests. This is a **13.2%** decrease when compared to the same period in 2019 (**232** requests).

The Act requires a response to requests within 20 working days. As an organisation we are aiming to achieve the Information Commissioner's Office (ICO) target of 90% compliance

Compliance for the period 1 January – 31 August 2020, is shown below:

	Q4, 2019-20	**Q1, 2020-21**	**Jul**	**Aug**	**TOTAL**
No of Requests	87	57	34	26	**204**
No. Of Breaches	66	13	10	2*	**91***
% compliance	23.3%	78.3%	71%	92%	**66%**

*unable to confirm figures until 20 working days has elapsed

Although compliance rates during this time period have improved, our compliance has remained below the national target of 90%. The IG Team will continue to monitor compliance and escalate issues to services leads and the Executive Team including continuation of the alert to the Executive Directors fortnightly. In the aim to further improve compliance, FOI awareness sessions will begin to be offered to services around the process.

The main causes for breaching during this timeframe were:

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- delays caused by staff commitments to the Covid-19 (both at services level and within the IG Team)
- delays spent by the IG Team chasing services and formatting of responses.

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

Requester Type	Q4, 2019-20	Q1, 2020-21	Jul	Aug	Total
Company	30	7	6	6	**49**
Organisation	3	3	5	8	**19**
Individual	26	38	13	6	**83**
Police	0	0	0	0	**0**
Media	19	6	6	1	**32**
Welsh Government	0	0	0	1	**1**
AM/MP Support	5	3	0	0	**8**
Charity	3	0	4	4	**11**
NHS	1	0	0	0	**1**
TOTAL	**87**	**57**	**34**	**26**	**204**

Internal Reviews
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 **two** requests for internal review. Both challenged the Health Board's response to with-hold information. Upon review with the services involved, the decision was made to uphold the original exemptions/response applied.

EIR Requests
EIR requests are managed in line with FOI requests under the same health board procedure. There were **no** EIR requests submitted during this period.

All Wales Comparison
Unfortunately, due to the Covid-19 pandemic the all wales comparative figures have not been collated for this time period illustrating the number of requests received, compliance rates and those escalated to the ICO.

Access to Information requests

Under the 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.   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

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under the Access to Health Records Act (deceased individuals). All access to information requests are co-ordinated and managed by the Information Governance Team.

During the Covid-19 pandemic, the health board was required to continue to meet its legislated time frames for Subject Access Requests. The team proactively notified all requestors on receipt of a request that there may be a delay in providing the records. Requestors were not asked if they would consider to withdraw their request due to the nature of SAR, AHRA and Medical Report requests. A weekly report of requests received, being managed and breached were sent to the Board Secretary to disseminate to the Directors to inform them of any service delays.

To ensure the Executive Team were informed on compliance rates, a weekly statistical report showing the number of requests received, including breaches of the legislative timeframe were disseminate for their attention/action.

A total of **323** requests have been received in the reporting period 1 January 2020 to 31 August 2020 (including the health board's managed practice). The total number of requests received are comparable with the same reporting period in 2019.

Compliance for the period 1 January – 31 August 2020, is shown below:

	Q4, 2019/20	Q1 – 2020/21	Jul	Aug*	Total
Subject Access Requests (DPA = Living)	101	78	33	23	**235**
Breaches	17	21	3	0	**41***
% of compliance within 28 days (GDPR)	83%	72%	91%	100%	**86.5***

*unable to confirm figures until 20 working days has elapsed

There have been **41** subject access requests which were not responded to within the statutory one month (28 days). The reasons for delay are summarised below:
- Staff redeployment in service areas that source the records due to Covid-19
- Delays in IG team having access to process any paper records/x-rays that had been sent to IG team office (currently occupied by TTP team – 1 member of the team accesses the office several times a week)
- Delays within the IG team due to capacity and the increased number of Data Protection Impact Assessments requiring review and meeting attendances for new projects and initiative to support the Covid-19 response.

In order to mitigate the number of breaches, the team are liaising with services to try and send the records for disclosure electronically to the team to avoid any un-necessary delay where possible.

Access requests for Deceased Patients
There were **0** requests for health records of deceased patients which were not responded to within the 40 calendar days.

Compliance for the period 1 January – 31 August 2020, is shown below:

	Q1 - 2019/20	Q2 - 2020/21	Jul	Aug*	Total
3rd party DPA requests not subject to timescale e.g. Police	19	38	9	8	**74**
Requests for Deceased (AHRA)	3	2	1	1	**7**
Breaches	0	0	0	0	**0**
% of compliance within 40 days	100%	100%	100%	100%	100%

Information Governance Related Complaints
The IG Team has not received any complaints relating to how requests have been managed during the reporting period.
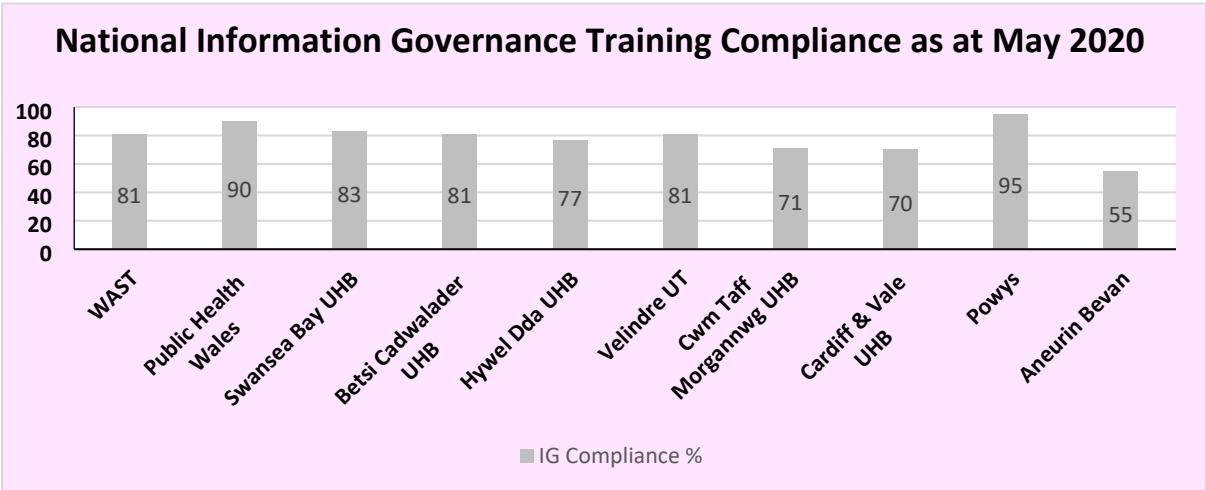
IG Training
As at 31 August 2020, the overall compliance rate of the IG E-Learning mandatory training for the health board was at **95%.** The table below breaks down the compliance by directorate:

Directorate	Compliance %
Community Care & Therapies	92.54%
Community Dental Service	89.47%
Corporate	63.64%
Corporate Governance	100.00%
FID Finance Directorate	94.74%
Facilities - WOD	92.02%
Medical Directorate	66.67%
Mental Health	93.35%
Medicines Management	90.91%
Nursing Directorate	85.71%
Public Health Directorate	83.33%
Planning Directorate	92.75%
Primary Care	92.86%
Therapies & Health Sciences Directorate	33.33%
WOD Directorate	80.52%
Women and Children Directorate	93.91%

The IG Team have planned during the autumn to undertake their annual email exercise to target those who are yet to complete their mandatory IG e-learning during which should further improve these figures.

The following table shows the national IG E-Learning training compliance. You will note from the results that Powys has achieved the highest compliance rate again during this reporting period.

National Information Governance Training Compliance as at May 2020

Organisation	IG Compliance %
WAST	81
Public Health Wales	90
Swansea Bay UHB	83
Betsi Cadwalader UHB	81
Hywel Dda UHB	77
Velindre UT	81
Cwm Taff Morgannwg UHB	71
Cardiff & Vale UHB	70
Powys	95
Aneurin Bevan	55

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 **67 new starters** did not complete their IG Training within the required 6-week period (39 did not start and 28 not completed within 6 weeks of commenced employment), please see table below which breaksdown new starters from 1 January – 31 August 2020:

Completed	Headcount
Completed after 6 weeks	28
Completed prior to joining	31
Completed within 6 weeks	73
Not Completed	39
Grand Total	**171**

The IG Team will discuss with WOD the induction process and follow up of mandatory training.

Future IG learning tools:
To enhance learning and awareness around Information Governance, the IG Team has started to develop the use of videos to support IG awareness. To be piloted on development.

Policy Schedule and Compliance
A number of national policies are up for review over the forthcoming months, this has been delayed due to Covid-19. Work is now underway by the National Policy Sub-Group to progress these:

- Information Governance Policy (one year review)
- Information Security Policy (one year review)
- Email Use Policy (review)
- Internet Use Policy (review)

Local policy and procedure development work is being included in the IG workplan with work commencing in Quarter 3.
The inclusion of an FOI section in the 2019 all Wales Information Governance Policy has provided the opportunity to develop a local FOI and EIR procedure in place of the health board FOI and EIR policy. This draft is currently out for comments.

NEXT STEPS:
Continued assurance reports will be submitted to the Performance & Resources Committee.

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PERFORMANCE AND RESOURCES COMMITTEE	Date of Meeting: 6 October 2020
Subject :	**Primary Care General Medical Services Performance Review update - 2019/2020 and Quarter 1 & 2 2020/2021**
Approved and Presented by:	**Executive Director of Primary Care, Community and Mental Health Services & Deputy Chief Executive Officer (Interim)**
Prepared by:	**Assistant Director of Primary Care**
Other Committees and meetings considered at:	

PURPOSE:
The purpose of this paper is to update the Performance and Resource Committee on General Medical Services contract monitoring changes introduced at the end of 2019/2020 due to the COVID-19 pandemic along with contract monitoring currently taking place in 2020/21 including future monitoring plans for the remainder of 2020/2021.

RECOMMENDATION(S):
The Performance and Resource Committee is asked to note the contents of the paper.

Approval/Ratification/Decision[1]	Discussion	Information
		✓

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

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

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:

Due to the impact of the COVID-19 pandemic, the General Practice Annual return for 2019/2020 was temporarily suspended, including the tri-annual practice visit programme and by default the completion of the 2019/20 GMS Powys Commissioning Assurance Framework monitoring process. Efforts were instead focussed on ensuring General Medical Services core contract delivery of essential services.

In line with national guidance in March 2020, all contract monitoring paused apart from the monitoring of the national Access Standards. An all Wales comparison to benchmark Powys against the Access Standards has not yet been published, however Powys practice improvement against the measures improved considerably from the baseline audit undertaken in October 2019 compared to final achievement as at 31st March 2020.

PTHB has supported practices with Business Continuity plans and cluster 'buddy up' arrangements to provide extra resilience to service delivery.

A national on-line escalation tool to capture pressures in general practice was introduced to support operational planning at times of pressure. This was fed into the PTHB Gold Scorecard.

During the pandemic, all GP main site practices have remained open and accessible to patients in line with contractual obligations and current guidance. The majority of branch sites have also remained open. All Main and Branch sites have resumed normal service since 2nd September 2020.

In March 2019 the national suspension of enhanced services was introduced however practice remuneration for enhanced service (and other contractual elements) continued to be reimbursed at 100%, in Quarter 4 2019/20, and Quarter 1 and 2 2020/21. During this time practices have continued to deliver some enhanced services due to clinical necessity. Service recovery planning to phase in and recommence services back to the 'new normal' commenced from July 1st 2020, with the anticipation that full services would be resumed by the 1st October 2020.

The challenges to restart enhanced services are recognised, noting that previous pathways and the future undertaking of enhanced services are no longer achievable in the same format due to COVID-19 measures practices now have to take to protect both patients and staff. In partnership with the Local Medical Committee (LMC) and practices, the local enhanced services have been adapted to enable their continued delivery in a covid world.

DETAILED BACKGROUND AND ASSESSMENT:

The General Medical Services (GMS) Commissioning Assurance Framework (CAF) was developed following an internal audit on the Commissioning of Primary Care Services.

The GMS CAF covers Quality & Safety, Finance, Access and Patient Experience and was signed off by the Strategic Planning and Commissioning Group on 09/05/2019 (**Appendix 1**).

Reporting against the GMS CAF commenced during mid quarter 3 of 19/20. During this time tolerance levels were reviewed to support meaningful RAG reporting within the CAF.

The bulk of the data to inform the 19/20 CAF was planned to be obtained from the GP Practice Annual Return which is normally completed and submitted by practices in Quarter 1 (2020/2021)of the following financial year. The Annual Return and year end CAF report informs the tri-annual practice review visit programme.

On the 17th March 2020, Welsh Government wrote to Health Boards advising of a range of measures to ensure that care and support continued to the most vulnerable people in communities and to support timely preparation for the expected increase in the number of confirmed cases of COVID-19. Therefore, due to the impact this would have on General practice the GP Practice Annual return for 2019/2020, (to be returned in Quarter 1 2020) was temporarily suspended, including the tri-annual practice visit programme and the completion of the 19/20 GMS CAF monitoring.

Efforts were instead focussed on supporting practices through COVID-19 to review and adapt to new ways of working to support patient service delivery

and provide assurance to PTHB on the continued delivery of essential services. During this time practices focussed on implementing telephone triage for all initial patient contacts and followed them up with remote video consultations where appropriate, with the facility to see patients face to face, only when clinically necessary. The measurement of achievement against the national Access Standards was the only contractual monitoring mechanism imposed on practices at 2019/2020 year end.

Access Standards achievement, aligned to the GMS contract: Access Standards 2019/2020

Improving access to services, delivered at or close to home has continued to be a key strategic priority for Welsh Government and is central to the Primary Care Model for Wales. In addition to this the Older Peoples Commissioners Report 2017 concluded that access across Wales varied, with some older people experience inequality of access to general practice appointments.

In September 2019, Welsh Government published the Access to in-hours GMS Services Standards, underpinned by practice achievement against 8 measurable standards, (**Appendix 2**). In summary the standards are split across two distinct groups
  * Infrastructure and systems (5 standards)
  * Understanding patient needs (3 standards)

The standards detail clear requirements for practices in terms of minimum expectations relating to access, including an increased digital offering.

Significant investment was made available through the GMS contract during 2019-20 to support practices in working towards meeting the standards and providing additional payments linked to achievement.

Achievement of the Access to in-hours GMS Services Standards is over a two period and will conclude in March 2021. Measures of practice achievement at the end of year one was taken at 31st March 2020.

PTHB provided a supportive role in assisting practices with achievement of the standards. It is important to note that General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional. It is pleasing to note that 100% of Powys practices are committed to aspire to achieve the Access Standards. The PTHB "Access Forum," (with PTHB, General Practice, Cluster, CHC and LMC representation) reviews and monitor performance against the Access Standards, shares best practice and assist with the development of access initiatives through clusters.

A baseline assessment against the Access Standards was undertaken with 100% of Powys practices in October 2019, one month after the standards were published.

Results of the Access Standards Baseline Assessment undertaken October 2019 can be found in **Appendix 3**.

Results of the Access Standards final achievement at 31st March 2020 can be found in **Appendix 4**.

A summary of overall Powys final achievement against the standards is detailed below. An all wales comparison to benchmark Powys against the standards has not yet been published, however it is noted that the practice improvement against the measures improved considerably from the baseline audit undertaken in October 2019 compared to final achievement as at 31st March 2020.

	Oct-19	Mar-20	
GROUP 1 - Infrastructure and systems			
Standard 1 – Phone system capability	38	88	⬆
Standard 2 – 90% of calls answered within 2 minutes	44	94	⬆
Standard 3 – bilingual telephone message	25	100	⬆
Standard 4 – use of My Health On Line (MHOL) for appointments and repeat prescription ordering	19	100	⬆
Standard 5 -email facility for patients to make appointments	25	75	⬆
GROUP 2 Understanding patient needs			
Standard 6 – information sharing on practice processes	6	100	⬆
Standard 7 – appointment systems (triage, same day, pre-bookable)	75	100	⬆
Standard 8 – patient survey and demand and capacity audit	0	100	⬆

As detailed in **Appendix 3** and **Appendix 4** there are individual indicators within each of the standards, all of which have to be met to achieve the overall standard (as above). Achievement of the overall standard only is linked to financial remuneration.

Three standards did not achieve 100% compliance.

Standard 1 – Phone system capability.
- Two practices unable to stack calls (Montgomery & Presteigne managed practice)
- One practice unable to interrogate call data (Montgomery)
- Presteigne managed practice has upgraded the telephone system to enable call stacking

Standard 2- 90% of calls answered within 2 minutes
- One practice unable to demonstrate if calls are answered within two minutes (Builth Wells).

Standard 5 - email facility for patients to make appointments or have a call back
- Four practices chose not to implement this process (Llanfair Caereinion, Knighton, Rhayader and Crickhowell)

Continued access to Services during the pandemic:

At the start of the pandemic, PTHB supported practices with Business Continuity plans and cluster 'buddy up' arrangements to provide extra resilience to service delivery when needed.

To support general practices and health boards managing pressures, a national on-line escalation tool was launched, providing a snapshot of the pressures in general practice at both a local and national level on a daily basis. The escalation tool was designed to support operational planning at times of pressure and was fed into the PTHB Gold Scorecard.

To date during the pandemic, all GP main site practices have remained open and accessible to patients in line with contractual obligations and current guidance. The majority of branch sites have also remained open; however, some have had to close on a temporary basis if staff sickness/isolation levels have been high; therefore, forcing practices to consolidate on one site. A PTHB '*Temporary Urgent Closure/Change of service provision*' process was introduced to monitor this and to keep the Community Health Council continually updated on patient access provision. All Main and Branch sites have resumed normal service since 2nd September 2020.

Enhanced Services

On the 17th March 2020 Welsh Government introduced measures to relax GMS contract monitoring arrangements, including the suspension of Directed and National Enhanced Services. PTHB mirrored this suspension for local enhanced services also. However, some enhanced service delivery continued where clinically necessary based on the clinical judgement and discretion of the GPs.

As per national guidance, practice remuneration for enhanced service (and other contractual elements)has continued to be reimbursed at 100%, in Quarter 4 2019/20, and Quarter 1 and 2 2020/21. Practice reimbursement has been based on the previous years' payments (on 2019/20 activity levels). Payments will be reconciled against actual 2020/21 activity at the end of the 2020/21 financial year by NHSWSSP, and practices will be required to submit an activity data to support this process.

On the 8th June 2020, Welsh Government wrote to Health Boards in order to identify priority areas for service recovery in planning to recommence service delivery back to the 'new normal', albeit in a phased approach from the 1st July 2020, with the anticipation that full services will be resumed by the 1st October 2020. PTHB developed a '*GMS Contract Recovery Plan and Tool Kit in relation to COVID-19*' to support practices with their recovery plans

The challenges to restart enhanced services are recognised, noting that previous pathways and the future undertaking of enhanced services are no longer achievable in the same format due to COVID-19 measures practices now have to take to protect both patients and staff. PTHB supported a protected afternoon session in mid-July to enable practices to work through their recovery plans. In addition to this, PTHB, in conjunction with the LMC has supported practices by temporarily amending local enhanced services to enable their continued delivery, for example replacing face to face assessments with utilising telephone/video consultation where ever possible and using clinical judgement for face to face assessment where necessary (at the discretion of the clinician undertaking the remote consultation/assessment).

A summary of practice readiness to resume all pre-covid enhanced services is detailed in **Appendix 5**, as at 31st July 2020. It identifies at individual practice level the enhanced services that have continued to be delivered during COVID-19 and the planned date for practices to resume enhanced service to full provision from October 2020 onwards. Discussions continue with practices to ensure patient access to enhanced services and a further review is planned during Quarter 3, 2020/21. The review will be linked to practice enhanced service claims and will inform the NHSWSSP reconciliation referred to above.

NEXT STEPS:

1) GMS CAF monitoring for 20/21 will recommence on 1st October aligned to national contract monitoring requirements. It will include Quarter 3 & Quarter 4 only (due to the suspension of services in Quarter 1 & Quarter 2).
2) The national Access Standards are currently being updated for 2020/21 and due for imminent publication. PTHB will continue to support practices to progress the realigned standards for achievement on 31st March 2021.
3) Recommence the General Practice Annual Return for 2020/2021. This will be issued in Quarter 4 2020/21.
4) Recommence tri-annual practice visit programme. The visits will be undertaken in Quarter 1 2020/21 to review services during 2020/2021.

Appendix 1 - Commissioning Assurance Framework – Primary Care General Medical Services

PTHB Commisiong Assurance Framewo

Appendix 2 – National Access Standards

Guidance for the GMS Contract Wales

Appendix 3 – Access baseline audit – Oct 2019

200123 GMS Access Baseline Results exec

Appendix 4 – Access final achievement 31st March 2020

200618 GMS Access Results FINAL.xlsx

Appendix 5 -

GP Enhanced service reactivation as at 310

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			

Statement

Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken

Religion/ Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and civil partnership	x				
Welsh Language	x				

Risk Assessment:					
	Level of risk identified				**Statement** *Please provide supporting narrative for any risks identified that may occur if a decision is taken*
	None	**Low**	**Moderate**	**High**	
Clinical		x			
Financial		x			
Corporate	x				
Operational		x			
Reputational		x			

POWYS TEACHING HEALTH BOARD COMMISSIONING ASSURANCE FRAMEWORK

Primary Care - General Medical Services

This framework describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that PTHB are operating effectively to commission safe, high-quality and sustainable services within their resources, delivering on their statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients.

Version 1

Approved Executive Committee 09.05.19

Review Date: (12 months after approval)

Contents

Tables

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1. Introduction

This Commissioning Assurance Framework for Primary Care General Medical Services describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that PTHB is operating effectively to commission safe, high-quality and sustainable services within the resources available, delivering on statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients. Once agreed, this framework will be subject to a 12 month review.

PTHB aims to commission services that improve the health and wellbeing of the people of Powys. Commissioning is simply how we plan, agree and monitor the health services needed. We will do this by securing sustainable care that enables patients to receive modern, responsive, high quality yet cost effective care and services that are effectively commissioned within PTHB's financial resource limits.

Powys Teaching Health Board is primarily a commissioning organisation. The largest proportion of its budget is devoted to securing health care services including unscheduled and planned care from neighbouring health boards and NHS Trusts. A significant proportion of the budget is devoted to primary care services to secure health care provision for general medical services, general dental services, general optometric services and community pharmacy services. PTHB, along with patients, the public and fellow commissioners, needs to be assured that we are able to demonstrate the effective use of public funds in commissioning safe, high quality and sustainable services within available resources.

Quality in Powys is everybody's business with ownership and understanding of both the challenges and the solutions shared across all organisations, professions and with the public. Our approach places quality at the heart of our work, ensuring we monitor, and make efforts to improve, the quality of healthcare we commission. Our aim is to ensure that together we drive up the quality of care and treatment of services provided for the people of Powys, and that there continues to be a culture of continuous quality improvement.

As a Health Board we need to ensure that we are delivering services that meet patient needs, and performance management gives us a way of making decisions about where to focus resources depending on needs at any one time. Over time, performance management allows relative measurement to be made so that we can see if improvements are being made and if extra efforts need to be made in particular areas to achieve those improvements. We also need to ensure that we provide effective and robust monitoring arrangements to ensure performance, quality and efficiency of all services delivered on our behalf. This framework describes PTHB's approach to commissioning assurance. It provides an overview of:

- The principles and behaviours which will underpin the approach to assurance;
- The contents of the assurance framework;
- How the assurance process will operate; and,
- PTHB's potential responses to the assurance process.

2. Background

Within Powys we have had to respond to more challenging performance and financial positions, as well as changes within the commissioning landscape. The lessons for future commissioning from The Francis Report 2013 are that commissioners have a critical role in driving quality. We will need to agree standards above those set by the Healthcare Inspectorate Wales (HIW), with the aim of driving improvement, and setting out longer term goals with all providers by way of

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developmental standards and focus on improvements in effectiveness ensuring that our patients are the first and foremost consideration, and to ensure services commissioned by PTHB secure a consistent culture of care with patient's interest at the very heart.

This quality assurance framework will set out how we monitor and performance manage the quality of care we commission - including the crucial ability to recognise early and act on any systematic deterioration in care within a provider organisation.

3. Scope of the Commissioning Assurance Framework

The assurance process is a more risk-based approach which differentiates high performing Providers, those whose performance gives cause for concern, and those in between. It provides a robust, supportive and structured framework for those in more challenged circumstances, with a lighter touch approach for the best performers.

A continuous assurance approach helps to identify emerging patterns of poor performance or any areas of potential risk, with less reliance on fixed points. The process uses information derived from a variety of sources including, where necessary, face-to-face visits. The nature of the oversight, including the expected frequency of assurance meetings is dependent on the circumstances, the range of risks identified, and on the leadership response. The assurance framework recognises that assurance is a continuous process that considers the breadth of a Health Board's responsibilities.

It consists of the following five key areas:

- ✓ **Access to Care** - the timely access to health services to achieve the best health outcomes for patients
- ✓ **Quality and Safety** - ensure that services being commissioned are safe, personal, effective and continuously improving;
- ✓ **Finance & Activity** – patterns and variation from the planned level of activity or a variation in cost that indicates higher/lower target performance;
- ✓ **Patient Experience** - use patient and carer feedback, along with complaints and concerns raised with the THB, to strengthen our ability to detect early warning signs of deterioration in quality, as well as evidence of excellence that should be adopted and spread;
- ✓ **Governance and strategic change** – covers the degree of government or regulator intervention and sustainability (planned and unplanned service changes).

A set of broad principles has been identified, which should underpin how our commissioning assurance is undertaken:

- ▪ Assurance should be transparent and demonstrate to internal and external stakeholders and the wider public the effective use of public funds to commission safe and sustainable services.
- ▪ Assurance is primarily about providing confidence.
- ▪ Assurance should build on what we are already doing to hold ourselves accountable locally to communities and stakeholders, for both statutory requirements and for national and local priorities.
- ▪ Assurance should minimise bureaucracy and additional reporting requirements by drawing on available data and aligning with other regulatory and planning processes – there should be minimal additional paperwork.
- ▪ Assurance should be proportionate and respect the time and priorities of PTHB and our Providers.
- ▪ Assurance should be summative and take place over the year as on-going conversations.

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- Assurance processes should be able to swiftly identify performance outside pre-set tolerances.
- The tone, process and outcomes need to focus on development as well as performance.
- Accountability, learning and development will be integral to the process.
- Whilst uncompromising on the facts which describe the quality of services patients are receiving, we will be open minded in understanding the reasons for variation and, where a problem is found, clear on the consequences and actions we will need to take.

4. Components of the Commissioning Assurance Framework

General Medical Service contracts between health boards and general medical service providers are delivered within the National Health Service (General medical services Contracts) (Wales) Regulations 2004. These Regulations set out, for Wales, the framework for general medical services contracts under section 28K of the National Health Service Act 1977. The regulations are enforceable. Parameters not covered within the regulations are not enforceable.

4.1 Register of Providers

Where PTHB is the commissioner the principles of good contract management remain an important part of the wider commissioning process. It is about more than ensuring providers meet their agreed obligations. It can help PTHB to identify and manage its own and provider risks, demonstrate value for money, potentially achieve savings and continuous improvement.

It means understanding what the contract contains, who has responsibility for managing it, and whether performance and costs are on track. The best result are achieved when those who are involved in commissioning and running the service work together to manage the agreement and have clear agreed processes and procedures in place to help them do so.

A "register" of primary care general medical contracts will be held within the Primary Care Team and will include all general medical contracts and agreements issued for primary care general medical services within PTHB. This " register" will feed into the central "register".

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4.2 Levels of Assurance

The prioritisation mechanisms for quality assurance that we will utilise are as follows:

Green	On target. The number of milestones met greater than number of milestones not yet met (with no significant outliers)	Routine Monitoring - Evidence and data will be provided through the Quality Schedules and/or information from national assessments and usual data sources
Amber	Risk to delivery (number of milestones met equals milestones not met) Missing objective/target but on agreed performance improvement trajectory	Enhanced monitoring via an exception report and associated remedial actions and trajectory for improvement
Red	Not on target Number of milestones not met is greater than those met Persistently not meeting threshold (3 months); and highly unlikely to achieve recovery within specified period	Escalated performance monitoring requiring detailed action plan and agreed as minimum monthly (in some cases fortnightly) reviews where commissioners have serious concerns about contract delivery, quality and patient safety

Table 4.2 Levels of Assurance

The Health Board's Performance Management Framework uses a red / amber / green system to facilitate the appropriate prioritisation and escalation of performance issues. The rating system for providers will utilise the same level of assurance.

Tolerances may be agreed by the Executive Committee, for example, in relation to financial performance.

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4.3 Developing and Implementing a Rating System for Providers

As a Health Board we need to provide effective and robust monitoring arrangements to ensure performance, quality and efficiency of all services delivered on our behalf. We will have in place systems and processes for anticipating and responding to performance trajectories and risk assessments include measures of safety, effectiveness and user experience. There is strong evidence to suggest a rating should be based on a combination of indicators compiled from routinely available data, and information from inspections and patient experience and not just data alone.

Each provider will be rated to help PTHB compare services and to highlight where care is good or outstanding and expose where care is inadequate or requires improvement. We will use the following categories for assessment; Access – Scheduled and Unscheduled Care, Quality & Safety, Patients Experience and Finance (Activity & Cost). Information is also collected in relation to Governance and Strategic change. The PTHB scoring system is used in addition to help provide assurance within the Health Board in relation to the services provided to its residents. This will be displayed in a high level dashboard to show at a glance the provider rating. (Arrows will be used to indicate the direction of monthly changes.) Absence of required information will be recorded and the score will reflect whether there is an agreed development plan to provide such information.

Provider	Date	G Y A1 A2 R Performance Framework Rating Assessment				
		Access	Finance & Activity	Quality & Safety	Patient Experience	Overall Rating
		USC Planned	USC Planned			
1	Sep 18					Level 1
2	Sep 18					Level 1
2	Sep 18					Level 2
3	Sep 18					Level 3R
4	Sep 18					Level 4
5	Sep 18					level 4+

Table 4.3 High Level Performance Overview Scorecard

4.4 Internal Commissioning Assurance incorporated as part of the General Medical services Contract Monitoring Group

Internal Commissioning Assurance is delivered through the General Medical Services Contract Monitoring Meetings which provide the opportunity for key people to meet on a bi-monthly basis to look at general practice data. The meeting will usually comprise representatives from primary care and finance who consider and review key information relating to each of the general practice providers within Powys.

The data and discussion enables PTHB to form conclusions on whether there are any areas of concern and whether to 'step up' or 'step down' our **Escalation Process for Providers** (see Section 4.6). This provides us with a mechanism for monitoring and follow-up which can then be used to strengthen our assurance and enables us to show how we are using the data to improve patient outcomes.

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Key data is captured on one A3 sheet on each GP contractor and records exceptions and key trends drawn from for example:

*Quality & Safety	Finance (Cost & Activity)	Access	Patient Experience
▪ Compliance with NHS Wales General medical services Regulations 2004 ▪ Compliance with GP Performer Regulations ▪ Clinical governance self-assessment ▪ Serious incidents (including themes) ▪ Complaints and claims ▪ Quality indicator themes/ trends ▪ Internal / External Audit ▪ Health Inspectorate Wales (HIW) reports ▪ Enhanced Service audits ▪ National audits (Diabetes/ COPD/CKD) ▪ GMS annual contract returns ▪ ISMS audits ▪ Childhood immunisations targets ▪ Flu immunisations targets ▪ Coroners Reports ▪ Quality & Outcomes Framework achievement ▪ National primary care measures ▪ Local primary care performance measures	▪ Activity and claims against the enhanced services contracts ▪ Post payment verification reports ▪ Prescribing indicators - National indicators; 4C Antibacterials, Cost/1000 PU; local indicators	▪ Patient access ▪ Opening hours ▪ Appointment availability ▪ National Operating Framework Measures (NOF 52,53,54) ▪ Open lists ▪ Recruitment issues ▪ Unscheduled care hospital admission rates	▪ Public service ombudsman responses ▪ Health Inspectorate Wales (HIW) reports ▪ Community Health Council Reports ▪ Concerns and compliments from any source ▪ Patient Experience performance, e.g. survey
Sustainability Status			

*A development plan will be necessary to achieve the full collection of indicators identified above.

The A3 sheet includes commentary highlighting to the meeting participants where further investigation may be needed or where further consideration may be given.

4.5   Contract Quality Review & Performance Management

The annual GMS returns as detailed in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 (Part 5, records, information, notifications and rights of entry, paragraph 79) and practice review visits will support the contract review and performance management process. The expected frequency of the GMS return will be annual and the practice review visits will be undertaken through a tri-annual visit programme, however more frequent meetings maybe undertaken dependent on the circumstances, the range of risks identified, and on the leadership response, for example HIW action plans.

Assurance on compliance will be sought and information reviewed in line with the contract requirements as determined by the NHS Wales General medical services Regulations. These

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processes will be led and co-ordinated by the Primary Care Team and General Medical Services Monitoring Group.

A critical gap in the system of oversight of quality and safety was identified in the Francis report, which arose from the inability of commissioners to collect information on provider quality and to understand and make use of the contractual mechanisms that were available to them. PTHB recognises the importance of information and an understanding of how to act on it, and will use contractual mechanisms such as audit, inspection and investigation to understand quality in general medical services. Where possible the triangulation of data relating to patient safety and quality of care will be undertaken. In addition, analysis of the concerns process and patient experience mechanisms will be utilised to evaluate impact on quality and patient safety.

A regular assessment of the provider escalation level will take place during the General Medical Services Contract Monitoring Meeting in line with the escalation process set out below. The retention of contract monitoring records will be kept within the PTHB Primary Care Department.

4.6 Escalation Process for Providers

This Framework sets clear thresholds for intervention in underperforming providers and a rules-based process for escalation. Provider performance is assessed against a series of indicators using the most current data available, and the results will trigger intervention by commissioners in the case of performance concerns, where the escalation process will be a 'step-up, step-down' process. There will be a proportionate approach which takes into account the degree of risk for Powys residents.

	Level of Monitoring	Escalation	GMS monitoring Meeting Frequency
Level 1 Green	Routine Monitoring - Evidence and data will be provided through the Quality Schedules and/or information from national assessments and usual data sources	None - Routine monitoring	Bi-monthly– Routine Monitoring
Level 2 Amber	Enhanced monitoring via exception and associated remedial actions and trajectory for improvement includes GMS monitoring Meeting	Enhanced monitoring	Bi- monthly – Enhanced Monitoring
Level 3 Red	One Red area Escalated performance monitoring requiring detailed action plans for exceptions	Escalated to Exec Director *Reported to Delivery & Performance Group*	quarterly – Escalated Monitoring Exec Director to receive papers and attend GMS monitoring Group Meeting or Practice Review Meeting if required.
Level 4 Red +	Two or more Red areas Chief Exec made aware – Provider meeting may be arranged Escalated performance monitoring requiring detailed action plan for exceptions and agreed as minimum monthly (in some cases fortnightly) reviews where commissioners have	Escalated to Chief Exec *Reported to Finance & Performance Committee*	2 weekly /4 weekly Escalated Monitoring Exec Director to chair GMS Monitoring Group or Review (The Head of Primary Care may deputise)

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	serious concerns about quality and patient safety		CEO/Exec Director led escalated meetings if there are significant and persistent concerns (supported by a provider meeting where appropriate).
[red]			

Table 4.6 Escalation Table

Reasons for Escalation include:

- Any issues that present an immediate challenge to service continuity, which may affect the reputation of the commissioner and/or the provider and could result in any closure or partial closure of a service;
- Alarms or concerns arising from the examination of qualitative and quantitative data.
- Alternatively a worrying set of workforce metrics or credible soft intelligence which is not readily accounted for by the provider;
- When a concern about quality has been identified and acknowledged by the provider and commissioner but where the mitigating actions to improve the situation are showing little signs of having an impact and patients continue to be at risk, or potentially at risk;
- Repeated failure to deliver agreed improvement plans;
- Evident or suspected poor leadership and/ or governance, particularly clinical governance;
- Serious media exposure / covert reporting;
- Increase of the number and type of minor concerns that begin to raise more fundamental questions of governance or competence of the provider to deliver a safe service;
- Highly critical independent service review reports which identify repetitive serious failures;
- Serious concerns raised by HIW, CHC, and WG Intervention process or professional bodies.

An example of how the escalation process would be applied against the high level dashboard is set out below:

Provider	Date	G Y A1 A2 R Performance Framework Rating Assessment					Escalation Level
		Access	Finance & Activity	Quality & Safety	Patient Experience	Overall Rating	
		USC Planned	USC Planned				
1	Sep 18	[green]	[green]	[green]	[green]	Level 1	**Level 1** – routine monitoring
2	Sep 18	[amber]	[green]	[green]	[green]	Level 1	
2	Sep 18	[amber]	[amber]	[amber]	[green]	Level 2	**Level 2** - Enhanced monitoring
3	Sep 18	[amber]	[red]	[amber]	[amber]	Level 3	**Level 3** Escalated to Exec Director monitoring
4	Sep 18	[red]	[red]	[amber]	[green]	Level 4	**Level 4** Escalated to Exec Director intervention Chief Exec informed

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5	Sep 18					level 4+	**Level 4** Escalated to Chief Exec intervention

Table 4.6a Example of escalation level against high level performance overview

Dependent on the level of escalation, the following people would be required to attend the GMS Contract Monitoring Group or Review meetings. A table of Lead Executives for escalated providers will be kept updated. Other Executives will also provide cover where needed.

Level	Attendance at GMS Monitoring Group meetings	GMS Monitoring Group Meeting Frequency
Level 1 - Routine monitoring	- Deputy/Assistant Director of Primary Care - Assistant Medical Director - Head of Primary Care - Primary Care Manager - Medicines Management rep - Finance Business Partner	Bi-monthly – Routine Monitoring
Level 2 Enhanced monitoring	- Deputy/Assistant Director of Primary Care - Assistant Medical Director - Head of Primary Care - Primary Care Manager - Medicines Management rep - Finance Business Partner	Bi monthly – Enhanced Monitoring
Level 3 Escalated to Exec Director	- Executive Director with responsibility for Primary Care - Deputy/Assistant Director of Primary Care - Assistant Medical Director - Head of Primary Care - Primary Care Manager - Medicines Management rep - Finance Business Partner - Quality & Safety representative	quarterly – Escalated Monitoring including Exec Director
Level 4 Escalated to Exec Director Intervention Chief Exec informed.	- Executive Director/s - Deputy/Assistant Director of Primary Care - Medical Director Assistant Medical Director - Head of Primary Care - Primary Care Manager - Medicines Management rep - Finance Business Partner - Quality & Safety representative	2 weekly /4 weekly Escalated Monitoring Exec Director to chair GMS Contract Monitoring Group or Practice Review Meeting CEO/Exec Director led escalated meetings if there are significant and persistent concerns (supported by a provider meeting where appropriate).

Telephone conference and video link meetings are acceptable. The Executive Committee will be informed if there is difficulty securing the frequency of meetings needed.

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Table 4.6b. Escalations Levels - Attendance required at GMS Contract Monitoring Group Meetings

4.7　Chief Executive Level Escalation and Provider Meetings

Where PTHB has persistent and significant concerns that actions are not reducing risks at Level 4 the Chief Executive Officer will seek a series of focused meetings with relevant executives and contract holders. These may be telephone conferences. A plan focusing on the major risks will be agreed and monitored. It may be supported by a summit meeting, the purpose of which will be to examine issues in detail and to have an open discussion about the concerns and testing the potential for improvement.

The summits may form two parts; the first an internal summit at an executive level and secondly a joint provider summit where the provider is invited to attend. The summit will involve cross-checking multiple sources of information such as complaints data, the public voice, performance, incidents, infection rates, staffing ratios, together with reports and or concerns reported by HIW, CHC, CIW or WG. There will be a Core Agenda for a collective internal summit to share intelligence and assess priority providers. A robust record of the summit conclusions including actions to be taken during the summit which will include further actions and follow up timescales. All provider summits held will be reported through to the Finance and Performance Committee of the PTHB. A sample Agenda can be found at **Appendix A**.

4.8　De-escalation Process

As the performance improves and risk assessments indicate a reduction in level of intervention required, de-escalation will be discussed by the members of the GMS Contract Monitoring meeting and agreed by those responsible at the escalation level, i.e. level 3 Exec Director, level 4 CEO.

Any level 4 escalations will be reported to Finance, Planning & Performance Committee. All Level 3 and above escalations will be reported to the Delivery and Performance Executive Committee and considered there for de-escalation.

As de-escalation occurs, the membership of the General Medical Services Contract monitoring meeting will be reviewed to ensure that the correct level of intervention continues to support the improvement journey for the provider.

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Internal Provider Summit

Attendees:

The Chief Executive will decide the appropriate representation which may include:

Chief Executive

Director of Finance or their deputy

Director of Primary, Community Care and Mental Health or their deputy

Director of Nursing or their deputy

Director of Public Health or their deputy

Director of Planning & Performance

Medical Director or their deputy

Assistant Director of Commissioning Development

Head of Primary Care

Assistant Director Quality & Safety or their deputy

Sample agenda for an Internal Provider Summit

1. Background and Purpose

2. How we are proposing to run the summit

3. Examination of available information and data including a summary and flagging of the big issues:

   - Governance and Strategic Change
   - Access
   - Quality & Safety
   - Finance
   - Patient Experience
   - Any other relevant data / information
   - No surprises

4. How worried should we be?

5. Next steps

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ACCESS TO IN-HOURS GMS SERVICE STANDARDS CONTRACT 2019/20 - data October 2019

		North Powys							Mid Powys					South Powys				% YES ANSWERS	% NO ANSWERS
		Dyfi Valley	Llanfair Caereinion	Llanidloes	Llanfyllin	Montgomery	Newtown	Welshpool	Builth Wells	Llandrindod	Knighton	Rhayader	Presteigne	Brecon	Crickhowell	Hay on Wye	Ystradgynlais		
GROUP 1																			
Standard 1	Does your phone system have a recording function for incoming and outgoing lines?	n	n	n	y	y	y	y	y	y	n	n	y	y	y	y	y	69	31
	Does your phone system have the ability to stack calls?	y	y	n	y	n	y	n	y	y	n	n	n	y	y	y	y	63	38
	Are you able to interrogate your phone system to analyse data such as:- Call abandoment? Call waiting times?	n	n	n	y	n	y	n	y	y	n	n	y	y	n	y	n	44	56
S1	Overall achievement	n	n	n	y	n	y	n	y	y	n	n	n	y	n	y	n	38	63
Standard 2	Are you able to demonstrate if 90% of your calls are answered within 2 minutes of your recorded message ending?	n	n	n	y	y	y	n	y	y	n	n	y	y	n	n	n	44	56
	Are you able to demonstrate if less than 20% of calls are reported as abandoned?	n	n	n	y	y	y	n	y	y	n	n	y	y	n	n	n	44	56
S2	Overall achievement	n	n	n	y	y	y	n	y	y	n	n	y	y	n	n	n	44	56
Standard 3	Can you confirm if your telephone introduction message is recorded bilingually?	y	n	n	n	n	y	n	n	y	n	n	n	y	n	n	n	25	75
S3	Overall achievement	y	n	n	n	n	y	n	n	y	n	n	n	y	n	n	n	25	75
Standard 4 - My Health Online	Can you confirm what % of your practice appointments are bookable through MHOL?	y	y	n	n	y	y	n	y	n	y	y	n	n	n	y	y	50	50
	Can you confirm if your practice offer access to order repeat prescriptions through MHOL?	y	y	y	n	y	y	y	y	y	y	y	y	n	y	Y	Y	88	13
	Can you confirm if your practice offers care homes access to order repeat prescriptions through MHOL?	n	n	n	n	y	n	n	n	n	n	n	y	n	n	Y	Y	25	75
S4	Overall achievement	n	n	n	n	y	n	n	n	n	n	n	n	n	n	y	y	19	81
Standard 5 - Email	Can you confirm if your practice offers an email facility for patients to request non-urgent appointments or a call-back?	y	n	n	n	y	n	n	n	n	n	y	n	n	n	N	N	25	75
	Can you confirm what governance arrangements exist for this process?	y	n	n	n	y	n	n	n	y	n	y	n	n	n	n	n	25	75
S5	Overall achievement	y	n	n	n	y	n	n	n	y	n	y	n	n	n	n	n	25	75
GROUP 2																			
Standard 6 - Informing patients	Can you confirm if your practice displays information to inform patients of how to request a consultation via the practice website & practice leaflet	y	y	n	y	y	y	y	y	y	y	y	y	y	y	Y	Y	94	6
	Can you confirm if your practice publicises how patients can request consultations (urgent & routine)	y	y	n	y	y	n	y	y	y	y	y	y	y	y	Y	n	75	25
	Can you confirm if your practice displays information on Standards of Access?	n	n	n	n	n	n	n	n	y	n	n	n	n	n	N	n	6	94
S6	Overall achievement	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	6	94
Standard 7 - Appointments	Does your practice use a triaging system?	y	y	partial	y	y	y	y	y	y	n	y	y	y	y	Y	Y	94	6
	Does your practice offer same day consultations for children under 16 with acute presentations?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	Y	Y	100	0
	Does your practice offer urgent same day appointments for patients triaged clinically necessary?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	Y	Y	100	0
	Does your practice offer pre-bookable appointments?	y	y	y	y	y	y	y	y	y	y	y	y	n	y	Y	n	88	13
	Does your practice actively sign post queries to alternative cluster based services?	y	n	y	y	y	n	y	y	y	n	n	y	y	y	Y	Y	75	25
	Overall achievement	y	n	y	y	y	n	y	y	y	n	n	y	y	y	Y	Y	75	25
Standard 8 - patients needs and demands	Do you participate in an annual patient survey and reflect on he findings at cluste level?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	94	6
	Does your practice undertake a demand and capacity audit?	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	0	100
S8	Overall achievement	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	0	100

ACCESS TO IN-HOURS GMS SERVICE STANDARDS CONTRACT 2019/20 - data April 2020

		North Powys							Mid Powys					South Powys				% YES ANSWERS	% NO ANSWERS
		Dyfi Valley	Llanfair Caereinion	Llanidloes	Llanfyllin	Montgomery	Newtown	Welshpool	Builth Wells	Llandrindod	Knighton	Rhayader	Presteigne	Brecon	Crickhowell	Hay on Wye	Ystradgynlais		
GROUP 1																			
Standard 1	Does your phone system have a recording function for incoming and outgoing lines?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Does your phone system have the ability to stack calls?	y	y	y	y	n	y	y	y	y	y	y	n	y	y	y	y	88	13
	Are you able to interrogate your phone system to analyse data such as:- Call abandoment? Call waiting times?	y	y	y	y	n	y	y	y	y	y	y	y	y	y	y	y	94	6
S1	Overall achievement	y	y	y	y	n	y	y	y	y	y	y	n	y	y	y	y	88	13
Standard 2	Are you able to demonstrate if 90% of your calls are answered within 2 minutes of your recorded message ending?	y	y	y	y	y	y	y	n	y	y	y	y	y	y	y	y	94	6
	Are you able to demonstrate if less than 20% of calls are reported as abandoned?	y	y	y	y	y	y	y	n	y	y	y	y	y	y	y	y	94	6
S2	Overall achievement	y	y	y	y	y	y	y	n	y	y	y	y	y	y	y	y	94	6
Standard 3	Can you confirm if your telephone introduction message is recorded bilingually?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
S3	Overall achievement	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
Standard 4 - My Health Online	Can you confirm what % of your practice appointments are bookable through MHOL?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Can you confirm if your practice offer access to order repeat prescriptions through MHOL?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Can you confirm if your practice offers care homes access to order repeat prescriptions through MHOL?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
S4	Overall achievement	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
Standard 5 - Email	Can you confirm if your practice offers an email facility for patients to request non-urgent appointments or a call-back?	y	n	y	y	y	y	y	y	y	n	n	y	y	n	y	y	75	25
	Can you confirm what governance arrangements exist for this process?	y	n	y	y	y	y	y	y	y	n	n	y	y	n	y	y	75	25
S5	Overall achievement	y	n	y	y	y	y	y	y	y	n	n	y	y	n	y	y	75	25
GROUP 2																			
Standard 6 - Informing patients	Can you confirm if your practice displays information to inform patients of how to request a consultation via the practice website & practice leaflet	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Can you confirm if your practice publicises how patients can request consultations (urgent & routine)	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Can you confirm if your practice displays information on Standards of Access?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
S6	Overall achievement	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
Standard 7 - Appointments	Does your practice use a triaging system?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Does your practice offer same day consultations for children under 16 with acute presentations?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Does your practice offer urgent same day appointments for patients triaged clinically necessary?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Does your practice offer pre-bookable appointments?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Does your practice actively sign post queries to alternative cluster based services?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Overall achievement	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
Standard 8 - patients needs and demands	Do you participate in an annual patient survey and reflect on he findings at cluster level?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
	Does your practice undertake a demand and capacity audit?	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	100	0
S8	Overall achievement	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	0	100

Appendix 2 - Reactivation of Enhanced services - 01/07/20 - 01/10/20

		NORTH												MID										SOUTH							
		DYFI VALLEY		LLANIDLOES		LLANFYLLIN		LLANFAIR CAEREINION		MONTGOMERY		NEWTOWN		WELSHPOOL		BUILTH WELLS		RHAYADER		KNIGHTON		LLANDRINDOD		PRESTEIGNE		BRECON		CRICKHOWELL		HAY		YSTRADGYNLAIS	
		no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%
Total Enhanced Services delivered pre-COVID		28		27		26		28		32		29		27		24		27		27		29		19		22		22		25		28	
Total Enhanced Services continued to be delivered		18	64.3%	21	77.8%	13	50.0%	15	53.6%	20	62.5%	17	58.6%	17	63.0%	12	50.0%	18	66.7%	13	48.1%	10	34.5%	16	57.1%	10	45.5%	13	59.1%	10	40%	16	57%
Planned period to resume delivery of enhanced services	JULY	18	64.3%	21	77.8%	17	65.4%	16	57.1%	30	93.8%	23	79.3%	19	70.4%	19	79.2%	25	92.6%	18	48.1%	18	62.1%	19	67.9%	15	68.2%	17	77.3%	16	64%	18	64%
	AUG	20	71.4%	21	77.8%	17	65.4%	16	57.1%	30	93.8%	25	86.2%	24	88.9%	19	79.2%	25	92.6%	18	66.7%	22	75.9%	27	96.4%	15	68.2%	18	81.8%	18	72%	19	68%
	SEPT	25	89.3%	21	77.8%	19	73.1%	17	60.7%	30	93.8%	25	86.2%	26	96.3%	21	87.5%	25	92.6%	18	66.7%	23	79.3%	27	96.4%	17	77.3%	19	86.4%	20	80%	19	68%
Full service provision from OCTOBER 2020		28	100.0%	27	100.0%	26	100.0%	26	92.9%	32	100.0%	28	96.6%	27	100.0%	24	100.0%	27	100.0%	27	100.0%	28	96.6%	28	100.0%	22	100.0%	21	95.5%	24	96%	24	86%

Level 1	90%-100%
Level 2	80% - 89%
Level 3	70%-79%
Level 4	40%-69%

Patterson Liz
09/29/2020 15:32:57

Performance and Resources Committee	Date of Meeting: 6 October 2020
Subject :	**Commissioning Assurance Framework – Primary Care General Dental Services**
Approved and Presented by:	Executive Director of Primary Care, Community and Mental Health Services
Prepared by:	Jayne Lawrence, Assistant Director of Primary Care
Other Committees and meetings considered at:	

PURPOSE:

The purpose of this paper is to provide assurance to the Performance and Resource Committee of the General Dental Services Commissioning Assurance Framework process applied to the 2019/2020 contract year. It also provides an update on the change in monitoring processes in 2020/2021 due to COVID-19.

RECOMMENDATION(S):

The Performance and Resource Committee is requested to
1. Note the update provided.
2. Agree that the General Dental Services Commissioning Assurance Framework monitoring process is providing assurance to PTHB on dental contract management.

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 General Dental Services (GDS) Commissioning Assurance Framework (CAF) was developed following an internal audit recommendation.

The GDS CAF was agreed by the Strategic Planning and Commissioning Group in January 2019 and includes a framework on Quality & Safety, Finance, Access and Patient Experience. GDS CAF reporting commenced on the 1st April 2019 for the 2019/2020 contract year.

GDS CAF reporting commenced on the 1st April 2019 for the 2019/2020 contract year. It is updated on a monthly basis and internal assurance is delivered through the General Dental Services Monitoring Meetings

The assurance on the delivery of GDS is summative and takes place throughout the year as ongoing data is reviewed and regular dialogue takes place with the contractors as necessary. If a problem is found, the General Dental Services Monitoring Group is clear on the consequences and actions that need to be taken.

There are two pivotal reporting timelines within the CAF, linked to the regulations which can enable contract sanctions to be progressed if appropriate, namely the mid-year (30th September) and end of year (30th June) review process. Other measures within the CAF are measures to provide assurance on the delivery of services, as opposed to contract levers.

The mid-year review data confirmed four practices delivered <30% of their contracted allocation as at 30th September 2019, therefore requiring a mid-year review. This included two independent contractors and the two PTHB managed practices.

The end of year review data confirmed ten practices delivered <95% of their contract. PTHB Executive agreement was obtained to rebase contracts where appropriate.

The GDS CAF assurance process at year end 2019/2020 confirmed the following levels
Level 1, Routine monitoring – two practices
Level 2, Enhanced monitoring – twelve practices
Level 3, Escalated monitoring to Director of PCC&MH – eight practices
Level 4, Escalated monitoring to Executive Directors, including CEO – two practices

The traditional national contract monitoring of Units of Dental Activity is not in place for 2020/2021 and the monitoring of contract activity will be through Contract Reform processes and data collection, with dentists focussing on treating and prioritising patients who have high oral health needs. It is unclear at the moment how the financial monitoring of the contract will work through, along with all the other usual monitoring assurance processes. A clearer indication will be provided when practices start submitting their data collection forms. It is anticipated that elements of the 2020/2021 GDS Commissioning Assurance Framework will need to be temporarily suspended. The GDS monitoring group are currently reviewing and realigning the GDS CAF process for 2020/2021.

DETAILED BACKGROUND AND ASSESSMENT:

A review of Dental Services – Monitoring of the General Dental Services (GDS) Contract was completed in line with the 2018/19 Internal Audit Plan. The review was to provide PTHB with assurance that the GDS Contract is appropriately operated and monitored in line with the National Health Service (General Dental Services Contracts) (Wales) Regulations 2006.

As per the recommendation from the Internal Audit, the monitoring of the GDS contract was transferred into the PTHB Commissioning Assurance Framework process.

Currently PTHB delivers primary care dental services through two types of contractual arrangements; General Dental Services Contracts and Personal Dental Service contracts. The dental budget is approximately £6.8m inclusive of patient charge revenue.

The Personal Dental Service arrangements have different contracts and some are managed separately due to fixed expiry dates and relate to specialist or individual service arrangements, for example emergency access and out of hours.

The General Dental Services (GDS) Commissioning Assurance Framework (CAF) monitors general dental services contracts only.

The GDS CAF was agreed by the Strategic Planning and Commissioning Group in January 2019 and includes a framework on Quality & Safety, Finance, Access and Patient Experience. To support the framework tolerance levels to report against the CAF are linked to RAG ratings. **Appendix 1** details the GDS CAF.

GDS CAF reporting commenced on the 1st April 2019 for the 2019/2020 contract year. It is updated on a monthly basis and internal assurance is delivered through the General Dental Services Monitoring Meetings which provide the opportunity for key people to meet on a monthly basis to look at dental data. The meeting will usually comprise of representatives from dental, primary care and finance who consider and review key information relating to each of the GDS dental providers within Powys. Final contract achievement data is not published until mid-June (to allow dentists to finish off courses of treatment that start before year end). The 2019/2020 final contract outturn was reviewed in the July GDS Monitoring Meeting and final achievement including contract rebases was presented and agreed by the PTHB executive meeting in August 2020.

Dashboards are in place for all GDS contracts and exceptions linking to the agreed CAF RAG rating are actioned appropriately. The assurance on the delivery of GDS is summative and takes place throughout the year as ongoing data is reviewed and regular dialogue takes place with the contractors as necessary. If a problem is found, the group is clear on the consequences and actions that need to be taken.

The data and discussion enables the GDS Monitoring Group to form conclusions on whether there are any areas of concern and whether to 'step up' or 'step down' the Escalation Process within the CAF.

Appendix 2 details the end of year 19/20 CAF dashboard.

A summary of practice monitoring assurance levels at year end is as follows:

Level and assurance monitoring	No: of practices
Level 1 - Routine monitoring (Monthly meetings including Assistant Director of Primary Care, Dental Clinical Director & Finance Business Partner)	2
Level 2 - Enhanced monitoring	12

(Monthly meetings including Assistant Director of Primary Care, Dental Clinical Director & Finance Business Partner)	
Level 3 - Escalated to Director of PCC&MH	8
Level 4 - Escalated to Executive Directors including Chief Exec informed.	2

There are two pivotal reporting timelines within the CAF, linked to the regulations which can enable contract sanctions to be progressed if appropriate, namely the mid-year (30th September) and end of year (30th June) review process. Other measures within the CAF are measures to provide assurance on the delivery of services, as opposed to contract levers. It is important to note that only the CAF indicators linked to the regulations are enforceable and that parameters within the CAF not covered within the regulations are not enforceable.

Mid-year review –
A summary of performance monitoring and contract management, aligned to the mid-year contract review process and the PTHB GDS CAF was presented to Delivery & Performance Committee in January 2020.

The mid-year review data confirmed four practices delivered <30% of their contracted allocation as at 30th September 2019, therefore requiring a mid-year review. This included two independent contractors and the two PTHB managed practices.

Contract	Outcome following mid-year review
56535/0001	In year, non-recurrent contract reduction agreed with the contractor.
158194/0024	permanent contract rebase (reduction) progressed.
101000/0000	No contract changes - staff vacancies. Advert for both a salaried dentist and therapist progressed.
100133/000	No contract changes - Contract achievement would have been in the 30% range to meet mid-year point contractual obligations; however additional UDAs were added to the contract in August to support demand in the Machynlleth area. Ongoing staffing issues affecting contract delivery.

End of Year Review -

A 2019/2020 end of year report was presented to the PTHB Executive Committee in August 2020 to report year end status and gain approval for contract adjustments for 2020/21.The process of reconciliation for 2019/2020 year end involved additional contract amendments as directed by Welsh Government due to the COVID-19 pandemic.

The Executive agreement obtained for the following contracts (Level 3 and Level 4 listed below) balanced mitigating the financial risk to PTHB where appropriate along with ensuring maintaining access to services. The reinvestment of rebased contracts for 2020/2021 has been detailed in the **Independent Contractor COVID 19 Recovery Plan** paper presented and agreed by the PTHB executive on 12th August 2020.

Level 3 escalation outcome:

Contract	PTHB Exec agreement
56535/001	Due to financial risk implications associated with such a small contract (contract value £33,881.51), agreed to maintain existing contract level to continue to maintain child access to dental services in the Newtown area.
659193/002	Due to financial risk implications associated with such a small contract (contract value £15,799.86), agreed to maintain existing contract level to continue to maintain emergency and new patient access to dental
849324/0001	Agreed To continue with existing contract to maintain access in Llanfair Caereinion area Contract to be reviewed at 2020/2021 year end position to consider a further reduction rebase
158194/0004	Agreed to rebase contract by reducing contract value by approx. £200k (approx. 6,700 UDAs) on a recurring basis
131431/0001	Agreed to complete a non-recurring contract rebase. To reduce recurrent contract from £894.5k to £719.7k (reduction of £174.8k) for 2020/2021 only. Permanent rebase of contract to be considered in 2021/2022.
762938/0001	Due to financial risk implications associated with such a small contract (contract value £27,971.99), agreed to maintain existing contract level to continue to maintain child access for high needs patients in the Machynlleth area.

158194/0022	To continue with existing contract to maintain access in Knighton area
964948/0001	To rebase contract by reducing contract value by approx. £12,500, 365 UDAs on a recurrent basis

Level 4 escalation outcome:

158194/0024	No improvements in contract delivery, therefore as agreed in 2018/2019 end of year review (agreed by PTHB executives) a permanent contract rebase has taken place in 2020/2021 (reduction of 8500 UDAs, approx. £228k) by mutual agreement. PTHB invoked its contractual right to implement a mitigation to reduce financial risk on the 2019/2020 contract outturn which effectively stopped the March payment on the 2019/2020 contract.
140961/0001	Agreed to continue with existing contract to maintain access in Crickhowell area.

During 2020/2021 due to COVID-19 the traditional contract monitoring of UDAs is not in place and the monitoring of contract activity will be through Contract Reform processes and data collection, with dentists focussing on treating and prioritising patients who have high oral health needs. It is unclear at the moment how the financial monitoring of the contract will work through along with all the other usual monitoring assurance processes. A clearer indication will be provided when practices start submitting their data collection forms. It is anticipated that elements of the 2020/2021 GDS Commissioning Assurance Framework will need to be suspended. The GDS monitoring group are currently reviewing and realigning the GDS CAF process for 2020/2021.

APPENDIX 1 General Dental Services Commissioning Assurance Framework Document

PTHB
Commissioning Assu

Appendix 2 – GDS CAF Dashboard summary 2019/20202

CAF dashboard
summary 300620v2.x

NEXT STEPS:

1. To continue contract management monitoring and year end forecasting aligned to All Wales Dental Recovery Plan for 2020/2021.
2. To revise and align the PTHB Commissioning Assurance Framework to the All Wales Dental Recovery Plan for 2020/2021.

Patterson,Liz
09/29/2020 15:32:57

POWYS TEACHING HEALTH BOARD COMMISSIONING ASSURANCE FRAMEWORK

Primary Care - General Dental Services

This framework describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that PTHB are operating effectively to commission safe, high-quality and sustainable services within their resources, delivering on their statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients.

Version 1.2

07.01.2019

Review Date: (12 months after approval)

Contents

Tables

Patterson,Liz
09/29/2020 15:32:57

PTHB Commissioning Assurance Framework – Primary Care Dental v1.2

1. Introduction

This Commissioning Assurance Framework for Primary Care General Dental Services describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that PTHB is operating effectively to commission safe, high-quality and sustainable services within the resources available, delivering on statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients. Once agreed, this framework will be subject to a 12 month review.

PTHB aims to commission services that improve the health and wellbeing of the people of Powys. Commissioning is simply how we plan, agree and monitor the health services needed. We will do this by securing sustainable care that enables patients to receive modern, responsive, high quality yet cost effective care and services that are effectively commissioned within PTHB's financial resource limits.

Powys Teaching Health Board is primarily a commissioning organisation. The largest proportion of its budget is devoted to securing health care services including unscheduled and planned care from neighbouring health boards and NHS Trusts. A significant proportion of the budget is devoted to primary care services to secure health care provision for general medical services, general dental services, general optometric services and community pharmacy services. PTHB, along with patients, the public and fellow commissioners, needs to be assured that we are able to demonstrate the effective use of public funds in commissioning safe, high quality and sustainable services within available resources.

Quality in Powys is everybody's business with ownership and understanding of both the challenges and the solutions shared across all organisations, professions and with the public. Our approach places quality at the heart of our work, ensuring we monitor, and make efforts to improve, the quality of healthcare we commission. Our aim is to ensure that together we drive up the quality of care and treatment of services provided for the people of Powys, and that there continues to be a culture of continuous quality improvement.

As a Health Board we need to ensure that we are delivering services that meet patient needs, and performance management gives us a way of making decisions about where to focus resources depending on needs at any one time. Over time, performance management allows relative measurement to be made so that we can see if improvements are being made and if extra efforts need to be made in particular areas to achieve those improvements. We also need to ensure that we provide effective and robust monitoring arrangements to ensure performance, quality and efficiency of all services delivered on our behalf. This framework describes PTHB's approach to commissioning assurance. It provides an overview of:

- The principles and behaviours which will underpin the approach to assurance;
- The contents of the assurance framework;
- How the assurance process will operate; and,
- PTHB's potential responses to the assurance process.

2. Background

Within Powys we have had to respond to more challenging performance and financial positions, as well as changes within the commissioning landscape. The lessons for future commissioning from The Francis Report 2013 are that commissioners have a critical role in driving quality. We will need to agree standards above those set by the Healthcare Inspectorate Wales (HIW), with the aim of driving improvement, and setting out longer term goals with all providers by way of

PTHB Commissioning Assurance Framework – Primary Care Dental v1.2

developmental standards and focus on improvements in effectiveness ensuring that our patients are the first and foremost consideration, and to ensure services commissioned by PTHB secure a consistent culture of care with patient's interest at the very heart.

This quality assurance framework will set out how we monitor and performance manage the quality of care we commission - including the crucial ability to recognise early and act on any systematic deterioration in care within a provider organisation.

3. Scope of the Commissioning Assurance Framework

The assurance process is a more risk-based approach which differentiates high performing Providers, those whose performance gives cause for concern, and those in between. It provides a robust, supportive and structured framework for those in more challenged circumstances, with a lighter touch approach for the best performers.

A continuous assurance approach helps to identify emerging patterns of poor performance or any areas of potential risk, with less reliance on fixed points. The process uses information derived from a variety of sources including, where necessary, face-to-face visits. The nature of the oversight, including the expected frequency of assurance meetings is dependent on the circumstances, the range of risks identified, and on the leadership response. The assurance framework recognises that assurance is a continuous process that considers the breadth of a Health Board's responsibilities.

It consists of the following five key areas:

- ✓ **Access to Care** - the timely access to health services to achieve the best health outcomes for patients
- ✓ **Quality and Safety** - ensure that services being commissioned are safe, personal, effective and continuously improving;
- ✓ **Finance & Activity** – patterns and variation from the planned level of activity or a variation in cost that indicates higher/lower target performance;
- ✓ **Patient Experience** - use patient and carer feedback, along with complaints and concerns raised with the THB, to strengthen our ability to detect early warning signs of deterioration in quality, as well as evidence of excellence that should be adopted and spread;
- ✓ **Governance and strategic change** – covers the degree of government or regulator intervention and sustainability (planned and unplanned service changes).

A set of broad principles has been identified, which should underpin how our commissioning assurance is undertaken:

- ▪ Assurance should be transparent and demonstrate to internal and external stakeholders and the wider public the effective use of public funds to commission safe and sustainable services.
- ▪ Assurance is primarily about providing confidence.
- ▪ Assurance should build on what we are already doing to hold ourselves accountable locally to communities and stakeholders, for both statutory requirements and for national and local priorities.
- ▪ Assurance should minimise bureaucracy and additional reporting requirements by drawing on available data and aligning with other regulatory and planning processes – there should be minimal additional paperwork.
- ▪ Assurance should be proportionate and respect the time and priorities of PTHB and our Providers.
- ▪ Assurance should be summative and take place over the year as on-going conversations.

PTHB Commissioning Assurance Framework – Primary Care Dental v1.2

- Assurance processes should be able to swiftly identify performance outside pre-set tolerances.
- The tone, process and outcomes need to focus on development as well as performance.
- Accountability, learning and development will be integral to the process.
- Whilst uncompromising on the facts which describe the quality of services patients are receiving, we will be open minded in understanding the reasons for variation and, where a problem is found, clear on the consequences and actions we will need to take.

4. Components of the Commissioning Assurance Framework

Dental Services contracts between health boards and general dental service providers are delivered within the National Health Service (General Dental Services Contracts) (Wales) Regulations 2006. These Regulations set out, for Wales, the framework for general dental services contracts under section 28K of the National Health Service Act 1977. The regulations are enforceable. Parameters not covered within the regulations are not enforceable.
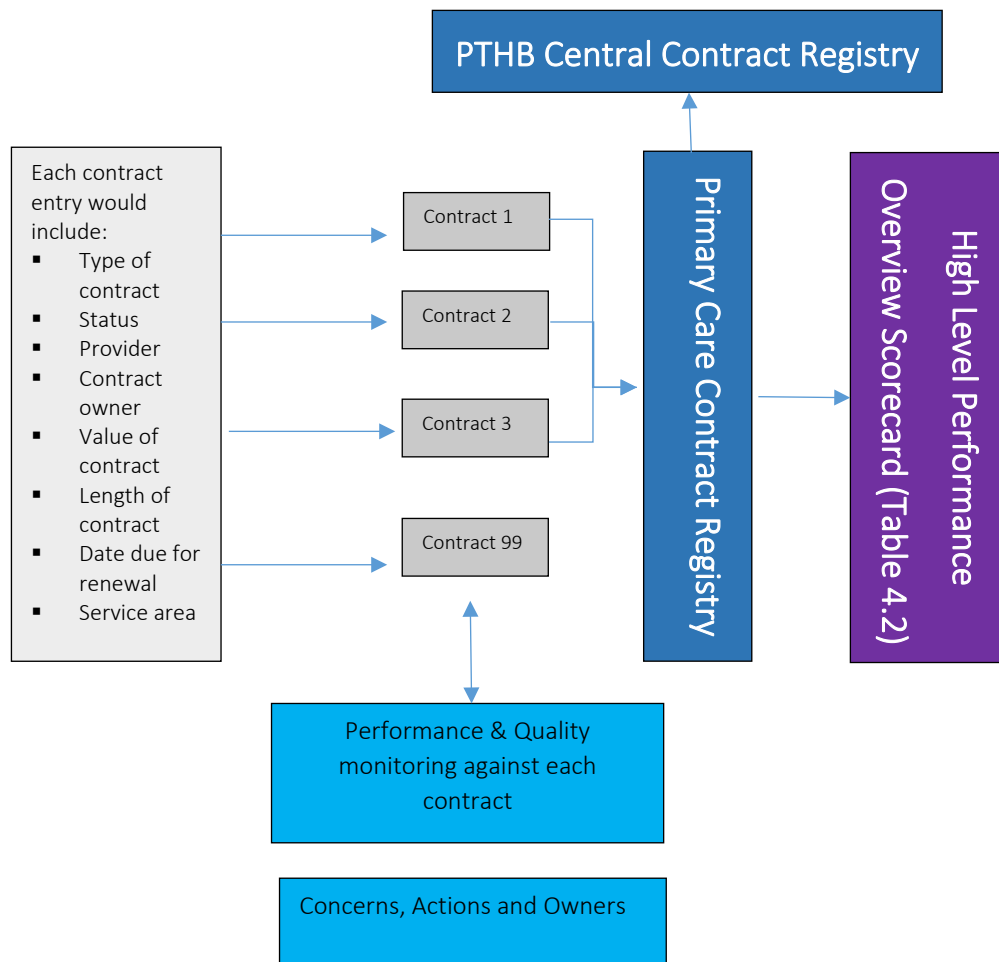
4.1 Register of Providers

Where PTHB is the commissioner the principles of good contract management remain an important part of the wider commissioning process. It is about more than ensuring providers meet their agreed obligations. It can help PTHB to identify and manage its own and provider risks, demonstrate value for money, potentially achieve savings and continuous improvement.

It means understanding what the contract contains, who has responsibility for managing it, and whether performance and costs are on track. The best result are achieved when those who are involved in commissioning and running the service work together to manage the agreement and have clear agreed processes and procedures in place to help them do so.

A "register" of primary care general dental contracts will be held within the Primary Care Team and will include all dental contracts and agreements issued for primary care dental services within PTHB. This " register" will feed into the central "register".

PTHB Commissioning Assurance Framework – Primary Care Dental v1.2

PTHB Central Contract Registry

Each contract entry would include:
- Type of contract
- Status
- Provider
- Contract owner
- Value of contract
- Length of contract
- Date due for renewal
- Service area

Contract 1

Contract 2

Contract 3

Contract 99

Primary Care Contract Registry

Overview Scorecard (Table 4.2)

High Level Performance

Performance & Quality monitoring against each contract

Concerns, Actions and Owners

4.2 Levels of Assurance

The prioritisation mechanisms for quality assurance that we will utilise are as follows:

Green	On target. The number of milestones met greater than number of milestones not yet met (with no significant outliers)	Routine Monitoring - Evidence and data will be provided through the Quality Schedules and/or information from national assessments and usual data sources
Amber	Risk to delivery (number of milestones met equals milestones not met) Missing objective/target but on agreed performance improvement trajectory	Enhanced monitoring via an exception report and associated remedial actions and trajectory for improvement
Red	Not on target Number of milestones not met is greater than those met Persistently not meeting threshold (3 months); and highly unlikely to achieve recovery within specified period	Escalated performance monitoring requiring detailed action plan and agreed as minimum monthly (in some cases fortnightly) reviews where commissioners have serious concerns about contract delivery, quality and patient safety

Table 4.2 Levels of Assurance

The Health Board's Performance Management Framework uses a red / amber / green system to facilitate the appropriate prioritisation and escalation of performance issues. The rating system for providers will utilise the same level of assurance.

Tolerances may be agreed by the Executive Committee, for example, in relation to financial performance.

PTHB Commissioning Assurance Framework – Primary Care Dental v1.2

4.3 Developing and Implementing a Rating System for Providers

As a Health Board we need to provide effective and robust monitoring arrangements to ensure performance, quality and efficiency of all services delivered on our behalf. We will have in place systems and processes for anticipating and responding to performance trajectories and risk assessments include measures of safety, effectiveness and user experience. There is strong evidence to suggest a rating should be based on a combination of indicators compiled from routinely available data, and information from inspections and patient experience and not just data alone.

Each provider will be rated to help PTHB compare services and to highlight where care is good or outstanding and expose where care is inadequate or requires improvement. We will use the following categories for assessment; Access – Scheduled and Unscheduled Care, Quality & Safety, Patients Experience and Finance (Activity & Cost). Information is also collected in relation to Governance and Strategic change. The PTHB scoring system is used in addition to help provide assurance within the Health Board in relation to the services provided to its residents. This will be displayed in a high level dashboard to show at a glance the provider rating. (Arrows will be used to indicate the direction of monthly changes.) Absence of required information will be recorded and the score will reflect whether there is an agreed development plan to provide such information.

Provider	Date	G Y A1 A2 R Performance Framework Rating Assessment				Overall Rating
		Access	**Finance & Activity**	**Quality & Safety**	**Patient Experience**	
		USC Planned	USC Planned			
1	Sep 18					Level 1
2	Sep 18					Level 1
2	Sep 18					Level 2
3	Sep 18					Level 3R
4	Sep 18					Level 4
5	Sep 18					level 4+

Table 4.3 High Level Performance Overview Scorecard

4.4 Internal Commissioning Assurance incorporated as part of the General Dental Services monitoring Group

Internal Commissioning Assurance is delivered through the General Dental Services Monitoring Meetings which provide the opportunity for key people to meet on a monthly basis to look at dental data. The meeting will usually comprise representatives from dental, primary care and finance who consider and review key information relating to each of the dental providers within Powys.

The data and discussion enables PTHB to form conclusions on whether there are any areas of concern and whether to 'step up' or 'step down' our **Escalation Process for Providers** (see Section 4.6). This provides us with a mechanism for monitoring and follow-up which can then be used to strengthen our assurance and enables us to show how we are using the data to improve patient outcomes.

PTHB Commissioning Assurance Framework – Primary Care Dental v1.2

Key data is captured on one A3 sheet on each dental contractor and records exceptions and key trends drawn from for example:

*Quality & Safety	Finance (Cost & Activity)	Access	Patient Experience
▪ Compliance with NHS Wales General Dental Services Regulations 2006 ▪ Compliance with Dental Performer Regulations ▪ Quality Assurance Self Assessment ▪ Serious incidents (including themes) ▪ Complaints and claims ▪ Quality indicator themes/ trends ▪ Internal / External Audit ▪ Health Inspectorate Wales (HIW) reports ▪ Vital Signs reports ▪ Dental Assurance Framework ▪ Occupational Health status reports ▪ Clinical Record Card Reviews	▪ Cost against the contract ▪ Activity against the contract ▪ Mid Year Review achievement ▪ End of Year Review achievement	▪ Patient access ▪ Open lists ▪ Recruitment issues	▪ Public service ombudsman responses ▪ Health Inspectorate Wales (HIW) reports ▪ Community Health Council Reports ▪ Concerns and compliments from any source ▪ Patient Experience performance, e.g. survey

*A development plan may be necessary to achieve the collection of some indicators.

The A3 sheet includes commentary highlighting to the meeting participants where further investigation may be needed or where further consideration may be given.

4.5   Contract Quality Review & Performance Management

Mid Year Review (MYR) meeting and End of Year Review (EoYR) meetings will be implemented as per NHS Wales General Dental Services Regulations 2006. Both the MYR and EoYR review meetings will monitor all aspects of the contracts, including; Access – Scheduled and Unscheduled/emergency Care, Quality & Safety including patient safety and clinical effectiveness, Patients Experience and Finance (Activity & Cost). The expected frequency of both the MYR and EoYR meetings will be annual, however more frequent meetings maybe undertaken dependent on the circumstances, the range of risks identified, and on the leadership response, for example HIW action plans.

Within these meetings assurance on compliance will be sought and information reviewed in line with the contract requirements as determined by the NHS Wales General Dental Services Regulations 2006 to ensure national standards for quality, performance, finance and patient experience are meeting local and national expectation and target. These processes will be led and co-ordinated by the Primary Care Team and General Dental Services Monitoring Group.

A critical gap in the system of oversight of quality and safety was identified in the Francis report, which arose from the inability of commissioners to collect information on provider quality and to understand and make use of the contractual mechanisms that were available to them. PTHB recognises the importance of information and an understanding of how to act on it, and will use contractual mechanisms such as audit, inspection and investigation to understand quality in general dental services. Where possible the triangulation of data relating to patient safety and

quality of care will be undertaken. In addition, analysis of the concerns process and patient experience mechanisms will be utilised to evaluate impact on quality and patient safety.

As a minimum this will be undertaken via the MYR and EoYR review process with a standardised agenda to ensure a holistic overview of performance relating to access, quality & safety, patient experience, finance and service developments. Membership and attendance will be agreed to ensure that the whole agenda is managed in a lean way with minutes and action points produced following each review meeting. A more regular assessment of the provider escalation level will take place during the General Dental Services Monitoring Meeting in line with the escalation process set out below. The retention of contract monitoring records will be kept within the PTHB Primary Care Department.

4.6 Escalation Process for Providers

This Framework sets clear thresholds for intervention in underperforming providers and a rules-based process for escalation. Provider performance is assessed against a series of indicators using the most current data available, and the results will trigger intervention by commissioners in the case of performance concerns, where the escalation process will be a 'step-up, step-down' process. There will be a proportionate approach which takes into account the degree of risk for Powys residents.

		Level of Monitoring	Escalation	GDS monitoring Meeting Frequency
Level 1 Green		Routine Monitoring - Evidence and data will be provided through the Quality Schedules and/or information from national assessments and usual data sources	None - Routine monitoring	monthly – Routine Monitoring
Level 2 Amber		Enhanced monitoring via exception and associated remedial actions and trajectory for improvement includes GDS monitoring Meeting	Enhanced monitoring	monthly – Enhanced Monitoring
Level 3 Red		One Red area Escalated performance monitoring requiring detailed action plans for exceptions	Escalated to Exec Director *Reported to Delivery & Performance Group*	2 monthly – Escalated Monitoring Exec Director to receive papers and attend GDS monitoring Group Meeting or Review Meeting if required.
Level 4 Red +		Two or more Red areas Chief Exec made aware – Provider meeting may be arranged Escalated performance monitoring requiring detailed action plan for exceptions and agreed as minimum monthly (in some cases fortnightly) reviews where commissioners have serious concerns about quality and patient safety	Escalated to Chief Exec *Reported to Finance & Performance Committee*	2 weekly /4 weekly Escalated Monitoring Exec Director to chair GDS Monitoring Group or Review (The Head of Primary Care may deputise) CEO/Exec Director led escalated meetings if there are significant

PTHB Commissioning Assurance Framework – Primary Care Dental v1.2

		and persistent concerns (supported by a provider meeting where appropriate).

Table 4.6 Escalation Table

Reasons for Escalation include:

- Any issues that present an immediate challenge to service continuity, which may affect the reputation of the commissioner and/or the provider and could result in any closure or partial closure of a service;
- Alarms or concerns arising from the examination of qualitative and quantitative data.
- Alternatively a worrying set of workforce metrics or credible soft intelligence which is not readily accounted for by the provider;
- When a concern about quality has been identified and acknowledged by the provider and commissioner but where the mitigating actions to improve the situation are showing little signs of having an impact and patients continue to be at risk, or potentially at risk;
- Repeated failure to deliver agreed improvement plans;
- Evident or suspected poor leadership and/ or governance, particularly clinical governance;
- Serious media exposure / covert reporting;
- Increase of the number and type of minor concerns that begin to raise more fundamental questions of governance or competence of the provider to deliver a safe service;
- Highly critical independent service review reports which identify repetitive serious failures;
- Serious concerns raised by HIW, CHC, WG Intervention process or professional bodies.

An example of how the escalation process would be applied against the high level dashboard is set out below:

Provider	Date	G Y A1 A2 R Performance Framework Rating Assessment					Escalation Level
		Access	Finance & Activity	Quality & Safety	Patient Experience	Overall Rating	
		USC Planned	USC Planned				
1	Sep 18					Level 1	**Level 1** – routine monitoring
2	Sep 18					Level 1	
2	Sep 18					Level 2	**Level 2** - Enhanced monitoring
3	Sep 18					Level 3	**Level 3** Escalated to Exec Director monitoring
4	Sep 18					Level 4	**Level 4** Escalated to Exec Director intervention Chief Exec informed
5	Sep 18					level 4+	**Level 4** Escalated to Chief Exec intervention

Table 4.6a Example of escalation level against high level performance overview

PTHB Commissioning Assurance Framework – Primary Care Dental v1.2

Dependent on the level of escalation, the following people would be required to attend the GDS Monitoring Group or Review meetings. A table of Lead Executives for escalated providers will be kept updated. Other Executives will also provide cover where needed.

Level	Attendance at GDS Monitoring Group meetings	GDS Monitoring Group Meeting Frequency
Level 1 - Routine monitoring	- Head of Primary Care - Dental Director (covering quality & safety) - Finance Business Partner	monthly – Routine Monitoring
Level 2 Enhanced monitoring	- Head of Primary Care - Dental Director(covering quality & safety) - Finance Business Partner	monthly – Enhanced Monitoring
Level 3 Escalated to Exec Director	- Executive Director with responsibility for Primary Care - Head of Primary Care - Dental Director(covering quality & safety) - Finance Business Partner - Quality & Safety representative	2 monthly – Escalated Monitoring including Exec Director
Level 4 Escalated to Exec Director Intervention Chief Exec informed.	- Executive Director/s - Head of Primary Care - Dental Director - Finance Business Partner - Quality & Safety representative	2 weekly /4 weekly Escalated Monitoring Exec Director to chair GDS Monitoring Group or Review Meeting (The Head of Primary Care may deputise) CEO/Exec Director led escalated meetings if there are significant and persistent concerns (supported by a provider meeting where appropriate).

Telephone conference and video link meetings are acceptable. The Executive Committee will be informed if there is difficulty securing the frequency of meetings needed.

Table 4.6b. Escalations Levels - Attendance required at GDS Monitoring Group Meetings

4.7   Chief Executive Level Escalation and Provider Meetings

Where PTHB has persistent and significant concerns that actions are not reducing risks at Level 4 the Chief Executive Officer will seek a series of focused meetings with relevant executives and contract holders. These may be telephone conferences. A plan focusing on the major risks will be agreed and monitored. It may be supported by a summit meeting, the purpose of which will be to examine issues in detail and to have an open discussion about the concerns and testing the potential for improvement.

The summits may form two parts; the first an internal summit at an executive level and secondly a joint provider summit where the provider is invited to attend. The summit will involve cross-checking multiple sources of information such as complaints data, the public voice, performance, incidents, infection rates, staffing ratios, together with reports and or concerns reported by HIW, CHC, CIW or WG. There will be a Core Agenda for a collective internal summit to share

PTHB Commissioning Assurance Framework – Primary Care Dental v1.2

intelligence and assess priority providers. A robust record of the summit conclusions including actions to be taken during the summit which will include further actions and follow up timescales. All provider summits held will be reported through to the Finance and Performance Committee of the PTHB. A sample Agenda can be found at **Appendix A**.

4.8   De-escalation Process

As the performance improves and risk assessments indicate a reduction in level of intervention required, de-escalation will be discussed by the members of the GDS Monitoring meeting and agreed by those responsible at the escalation level, i.e. level 3 Exec Director, level 4 CEO.

Any level 4 escalations will be reported to Finance, Planning & Performance Committee. All Level 3 and above escalations will be reported to the Delivery and Performance Executive Committee and considered there for de-escalation.

As de-escalation occurs, the membership of the General Dental Services monitoring meeting will be reviewed to ensure that the correct level of intervention continues to support the improvement journey for the provider.

PTHB Commissioning Assurance Framework – Primary Care Dental v1.2

Internal Provider Summit

Attendees:

The Chief Executive will decide the appropriate representation which may include:

Chief Executive

Director of Finance or their deputy

Director of Primary, Community Care and Mental Health or their deputy

Director of Nursing or their deputy

Director of Public Health or their deputy

Director of Planning & Performance

Medical Director or their deputy

Dental Clinical Director

Assistant Director of Commissioning Development

Head of Primary Care (

Assistant Director Quality & Safety or their deputy

Sample agenda for an Internal Provider Summit

1. Background and Purpose

2. How we are proposing to run the summit

3. Examination of available information and data including a summary and flagging of the big issues:

   - Governance and Strategic Change
   - Access
   - Quality & Safety
   - Finance
   - Patient Experience
   - Any other relevant data / information
   - No surprises

4. How worried should we be?

5. Next steps

Provider	Quality & Safety	Finance (Cost & Activity)	Access	Patient Experience	Overall Rating	Issue & mitigation
Primary Care - General Dental Services CAF Performance rating Assessment as at 30th June 2020						
North Cluster						
100952/0000	Green	Red	Green	Green	Level 3 - escalated to Exec Aug 20	19/20 contract underperformance - clawback repayments commenced. Due to financial risk implications associated with such a small contract (contract value £15,799.86), agreed to maintain existing contract level to continue to maintain emergency and new patient access to dental
659193/0002	Green	Green	Amber	Amber	Level 2 - enhanced monitoring	Closed list. Patients concerns with wait for access. Access continues to be reviewed in 20/21
131431/0001	Green	Amber	Red	Green	Level 3 - escalated to Exec Aug 20	2019/2020 under performance carry forward balance into 2020/2021. Closed list. Staff vacancies. No contract sanctions can be applied to this contract; therefore the outstanding balance of UDAs (which applies to the under performance of up to 5%) has been actioned as a carry forward into 2020/2021 (in line with the regulations).
849324/0001	Green	Red	Green	Green	Level 3 - escalated to Exec Aug 20	19/20 contract underperformance - clawback repayments commenced. Agreed to continue with existing contract, to maintain access in Llanfair Caereinion area
128287/0001	Green	Green	Red	Green	Level 2 - enhanced monitoring	Closed list, staff vacancies. No contractual levers to progress. Access continues to be monitored.
56535/0001	Green	Red	Red	Green	Level 3 - escalated to Exec Aug 20	19/20 contract underperformance - clawback repayments commenced. Closed list. Staff vacancies. Due to financial risk implications associated with such a small contract (contract value £33,881.51), agreed to maintain existing contract level to continue to maintain child access to dental services in the Newtown area.
108820/001	Green	Green	Red	Amber	Level 2 - enhanced monitoring	Closed list. Patient concerns with wait for access. Access continues to be monitored in 20/21.No contractual levers to progress.
158194/0004	Green	Red	Amber	Amber	Level 3 - escalated to Exec Aug 20	19/20 contract underperformance - clawback repayments commenced. Closed list. Patient concerns with wait for access. Agreed to rebase contract by reducing contract value by approx. £200k (approx. 6,700 UDAs) on a recurring basis
100133/000	Green	Red	Green	Green	Level 1	CAF processed followed, however EOY contract sanctions not applicable as a salaried service.
762938/0001	Green	Red	Green	Green	Level 3 - escalated to Exec Aug 20	19/20 contract underperformance - clawback repayments commenced. Due to financial risk implications associated with such a small contract (contract value £27,971.99), agreed to maintain existing contract level to continue to maintain child access for high needs patients in the Machynlleth area.
126896/001	Green	Green	Red	Green	Level 2 - enhanced monitoring	Closed list, staff vacancies. No contractual levers to progress. Access continues to be monitored.
Mid Cluster						
101000/000	Green	Red	Green	Green	Level 1	

101000/000	🟩	🟥	🟩	🟩	Level 1	CAF processed followed, however EOY contract sanctions not applicable as a salaried service.
915645/0001	🟩	🟧	🟧	🟩	Level 2 - enhanced monitoring	2019/2020 under performance carry forward balance into 2020/2021. Closed list. No contract sanctions can be applied to this contract; therefore the outstanding balance of UDAs (which applies to the under performance of up to 5%) has been actioned as a carry forward into 2020/2021 (in line with the regulations).
158194/0022	🟩	🟥	🟧	🟩	Level 3 - escalated to Exec Aug 20	19/20 contract underperformance - clawback repayments commenced . Closed list. Agreed to continue with existing contract to maintain access in Knighton area
689823/001	🟩	🟧	🟥	🟩	Level 2 - enhanced monitoring	2019/2020 under performance carry forward balance into 2020/2021. Closed list. Staff vacancies. No contract sanctions can be applied to this contract; therefore the outstanding balance of UDAs (which applies to the under performance of up to 5%) has been actioned as a carry forward into 2020/2021 (in line with the regulations).
158194/0024	🟩	🟥	🟥	🟩	Level 4 - escalated to Exec Aug 20	PTHB invoked its contractual right to implement a mitigation to reduce financial risk on the 2019/2020 contract outturn which effectively stopped the March payment on the 2019/2020 contract. Permanent contract rebase has taken place in 2020/2021 (reduction of 8500 UDAs).

South Cluster

116068/0001	🟩	🟧	🟥	🟩	Level 2 - enhanced monitoring	2019/2020 under performance; carry forward balance into 2020/2021. Closed list. No contract sanctions can be applied to this contract; therefore the outstanding balance of UDAs (which applies to the under performance of up to 5%) has been actioned as a carry forward into 2020/2021 (in line with the regulations).
111155/001	🟩	🟧	🟧	🟩	Level 2 - enhanced monitoring	2019/2020 under performance carry forward balance into 2020/2021. Closed list. No contract sanctions can be applied to this contract; therefore the outstanding balance of UDAs (which applies to the under performance of up to 5%) has been actioned as a carry forward into 2020/2021 (in line with the regulations).
964948/0001	🟩	🟥	🟧	🟩	Level 3 - escalated to Exec Aug 20	19/20 contract underperformance - clawback repayments commenced. Agreed to rebase contract by reducing contract value by approx. £12,500, 365 UDAs on a recurrent basis
140961/0001	🟩	🟥	🟥	🟩	Level 4 - escalated to Exec Aug 20	19/20 contract underperformance - clawback repayments commenced . Closed list. Agreed to continue with existing contract to maintain access in Crickhowell area. To note: WJ Jenkins reduced contract in Crickhowell taking effect 20120/2021 which will impact on access in the area
158194/0010	🟩	🟧	🟥	🟩	Level 2 - enhanced monitoring	2019/2020 under performance carry forward balance into 2020/2021. Closed list. Staff vacancies. No contract sanctions can be applied to this contract; therefore the outstanding balance of UDAs (which applies to the under performance of up to 5%) has been actioned as a carry forward into 2020/2021 (in line with the regulations)
218812/0001	🟩	🟩	🟧	🟩	Level 2 - enhanced monitoring	Closed list
193267/0001	🟩	🟩	🟧	🟩	Level 2 - enhanced monitoring	Closed list
	🟩	🟧	🟩	🟩	Level 2	2019/2020 under performance carry forward balance into 2020/2021.No contract sanctions can be

					Level 2 - enhanced monitoring	applied to this contract; therefore the outstanding balance of UDAs (which applies to the under performance of up to 5%) has been actioned as a carry forward into 2020/2021 (in line with the regulations)
208248/0002						

PERFORMANCE AND RESOURCES COMMITTEE	DATE OF MEETING: 6 October 2020
Subject :	ESTATES COMPLIANCE UPDATE
Approved and Presented by:	Hayley Thomas, Director Planning and Performance
Prepared by:	Wayne Tannahill, Assistant Director Estates and Property
Other Committees and meetings considered at:	

PURPOSE:

The purpose of this paper is to provide a general update on the status and approach to managing Estates Compliance for the Health Board to include how risks are captured and managed.

RECOMMENDATION(S):

It is recommended that that Performance and Resources Committee receives a briefing and update on the status and approach to Estates Compliance.

Approval	Discussion	Information
	✓	

Estates Compliance Update

1

P&R Committee
6 October 2020
Agenda Item: 3.8

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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:

Welsh Government (**WG**) require each Health Board to undertake a survey of their estate on a cyclical basis with the most recent Six Facet Survey completed for Powys in 2017. The overall cost of work required over a 10 year programme, to bring the estate up to a 'satisfactory' standard in respect of physical condition, functional suitability, space utilisation, quality, fire/equality act/health and safety and environmental aspects is in the order of £73M.

The Health Board has developed a clear strategy to address the backlog of work given the limitations of funding and resource capacity by adopting a risk-based approach on a number of levels - this paper gives an overview of risk and sets out the overarching strategy:

- **Major Projects**; formal business case submissions to seek funding from All Wales Capital – currently Llandrindod Phase 2, Machynlleth, North Powys (Newtown) schemes all fundamentally address risks in the built environment in an all-encompassing fashion within the footprints of the projects.
- **Discretionary Capital**; circa £1.4M per annum, which is allocated for minor new works, refurbishments and equipment; prioritised via the Capital Control Group with cross organisational representation using Project Request Forms and overall programme signed off by the Board on an annual basis.

Estates Compliance Update

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- **Estates Planned and Reactive Maintenance**; the core objective for the Estates team is to undertake Planned Preventative Maintenance including statutory compliance checks and maintenance. The balance of time and funds is available to support a reactive service via the Estates Helpdesk but also addressing a number of other means by which work is requested including audit outputs, Datix, etc.
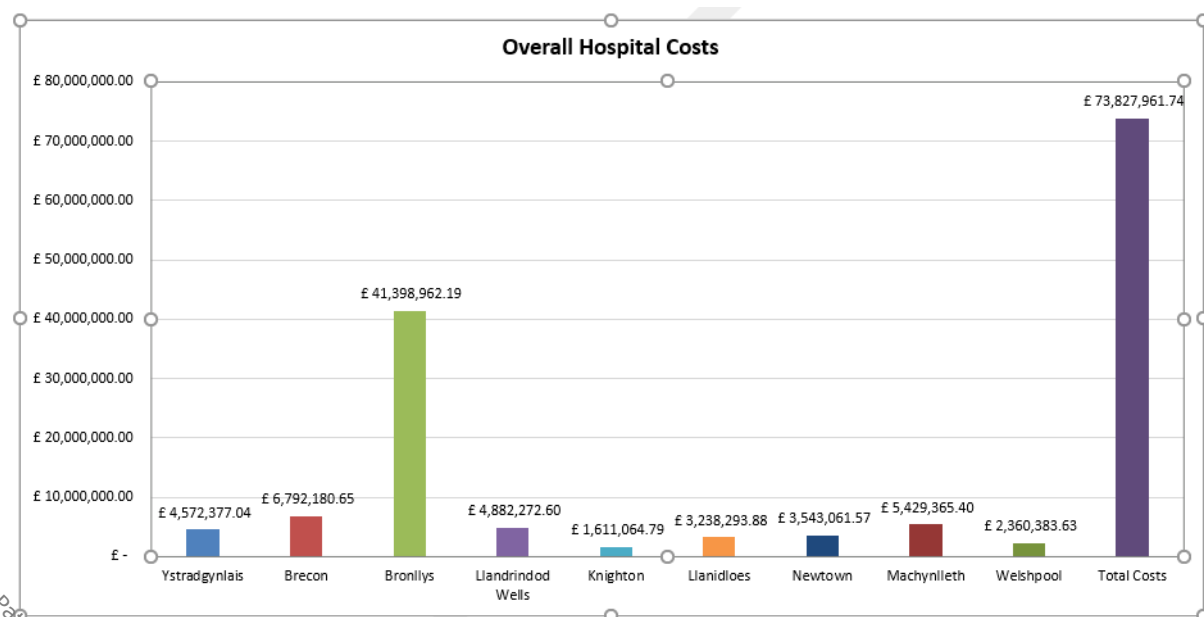
Since Spring 2020, COVID-19 has required significant focus and continues to impact with major programmes of work ongoing including the introduction of mechanical ventilation systems and upgrading oxygen piped systems for community hospitals, along with other social distancing and associated work.

DETAILED BACKGROUND AND ASSESSMENT:

The latest published data in the NHS Estate Dashboard Report 2017/18 indicates that:
- the pre 1948 average age profile of the estate across Wales is 14% whilst in Powys the figure is by far the largest in Wales at 42%
- the percentage of new build healthcare properties across Wales, 2005 to present, is 20% whilst this same percentage for Powys is just 2%

These statistics help paint a picture of the status of the PTHB estate which is supported by the most recent Six Facet Survey completed for Powys in 2017 as a Welsh Government requirement for each Health Board to undertake a survey of their estate on a cyclical basis. The overall cost of work required over a 10 year programme to bring the estate up to a 'satisfactory' standard in respect of physical condition, functional suitability, space utilisation, quality, fire/equality act/health and safety and environmental aspects is in the order of £75M.

Overall Hospital Costs

Hospital	Cost
Ystradgynlais	£ 4,572,377.04
Brecon	£ 6,792,180.65
Bronllys	£ 41,398,962.19
Llandrindod Wells	£ 4,882,272.60
Knighton	£ 1,611,064.79
Llanidloes	£ 3,238,293.88
Newtown	£ 3,543,061.57
Machynlleth	£ 5,429,365.40
Welshpool	£ 2,360,383.63
Total Costs	£ 73,827,961.74

A multi-layered strategy has been adopted to address the work required and the associated risk at a number of levels and the approach can be described as follows.

Major Projects: it is clear that PTHB has been not been successful for some time in securing major capital investment to update the estate, however, the development of the Health and Care strategy has allowed the Health Board to provide a supporting narrative for its ambitions going forward, which is helping secure significant capital funding support. The All Wales Capital Fund is held centrally by WG and bids are received from health boards with monies allocated on merit via a formal strategic / outline / full business case model process.

For example, the scheme at Bro Ddyfi Hospital, Machynlleth, for instance was initially driven based on a discussion with WG around Estates compliance and risk and the current scheme (pending final approval) is likely to be circa £14M for the front half of the hospital. This will address the backlog maintenance in the most dilapidated areas of the hospital and the finished scheme will be fully compliant in all aspects.

Machynlleth front of hospital improvement / part new build

The programme of major project activity, whilst undoubtedly disruptive when undertaken in a live hospital environment, is the most impactful way in which we can modernise and reduce risk in significant parts of the PTHB portfolio.

Discretionary Capital: £1.431M capital is allocated annually for individual schemes or equipment in excess of £5,000. Project Request Forms describing requests for new work, refurbishments or equipment are submitted to the Capital Control Group made up of a cross section of staff including staff side representation, who prioritise schemes on a risk basis. The group has worked well since it was convened some 3 years ago and the schemes vary from new X-ray units through to car park improvements, flooring replacement and fire compartmentation. The discretionary capital programme is approved by the Board on an annual basis.

This 'middle tier' of funding is prioritised within the organisation and is a means by which any department can seek improvements in a structured and transparent way, often driven by operational challenges but nevertheless aligned to strategic aims and ambitions.

One of the more challenging areas for funding are schemes under the capital threshold of £5K – a number of these £2K to £5K schemes can quickly accumulate and have a significant impact on limited revenue funds.

Replacement of failing water supply mains and distribution pipework at Bronllys: £31K

Refurbishment of toilet in Hazels, Llandrindod: £9k

Estates Planned and Reactive Maintenance: the focus for the Estates Works team historically has been on providing a reactive service which was very visible to the organisation, however, this was to the detriment of Planned Preventative Maintenance (**PPM**) activity and statutory checks which did not have robust management reporting to allow transparency of compliance but nonetheless

Estates Compliance Update

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critical tasks. The Causeway / IFM system has been fundamentally refreshed starting with a complete asset survey and asset tagging of all key plant and equipment. The 'tasks' that staff undertake on the plant have also been replaced with up to date industry good practice guidance (SFG20). This now plots all routine tasks on all assets on a '52 week planner' which issues job sheets on a weekly basis and allows robust management review of activity – this will become real-time reporting as the tablet technology goes live.

Failure to undertake duty of care and statutory checks of gas boilers, fire alarm systems and emergency lighting, water systems, etc. would carry significant risk if there was an incident and no audit trail was evident. These checks are in place to ensure the safety of staff, visitors and patients and also act to support business resilience for critical plant and systems.

The essence of these important changes to ensure there is an emphasis on key statutory and planned maintenance checks is that the balance of work activity has shifted from the level of reactive work that the organisation has benefitted from more recently. Detailed resource plans are now available for every activity for every site and for all trades and what is clear is that we are currently resourced to undertake the full portfolio of PPM activity but that the capacity of the team to undertake reactive tasks is limited. This will enable a discussion around the resource that the organisation may require to undertake a level of reactive work but this will inevitably be limited by affordability.

The key challenge, therefore, is to ensure that the **systems to identify and prioritise risks are as robust as possible**. It is important to state that the approach engendered by Estates *will always respond to immediate / significant risks as a priority where there is a clear danger to staff, patients or the public* and this will override any funding protocol.

It is also clear that with the resources available and the level of backlog maintenance (work we already know needs to be done) running at circa £73M there will be significant volumes of work which will need to be noted but held in abeyance, with requestors notified of status where possible.

Reactive Maintenance: reactive works for an Estates department is associated with a Helpdesk function; PTHB uses the Causeway/IFM system which has also undergone a refresh in conjunction with the PPM enhancement. The updated system is now hosted externally and has automatic system upgrades whilst the previous system was hosted on two PTHB servers which resulted in occasional duplication or loss of data plus the Causeway software updates were unable to be loaded onto the PTHB servers which gradually eroded system effectiveness and functionality.

The number of calls recorded on the **IFM Helpdesk** fluctuates between 6,000 to 8,000 per annum and represents a broad spectrum of issues from major incidents

such as floods through to requests for shelving and flickering light tubes. The relaunch of the Helpdesk system will include clear guidance on the levels of issues and their expected response times.
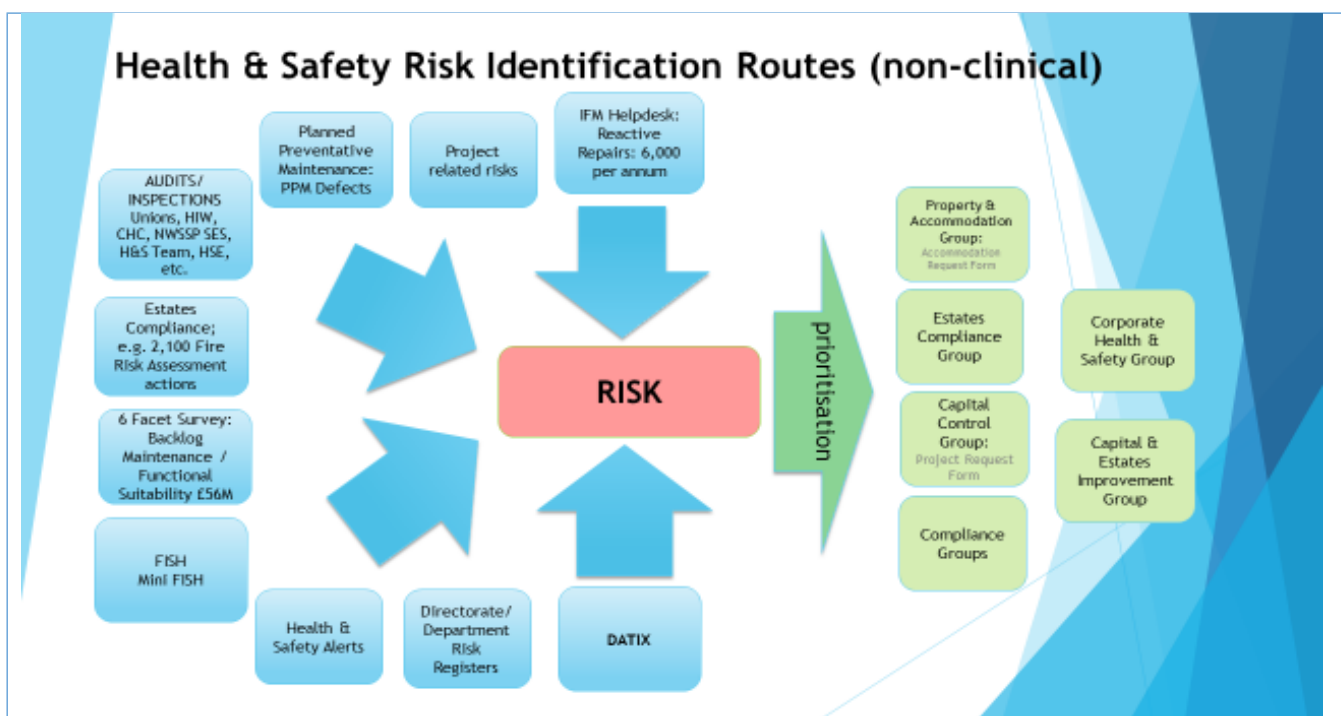
One of the challenges associated with the Helpdesk function is that there is an expectation from staff that any calls will be responded to promptly and once a call is logged, it will be completed. The chart below shows the balance of resource available for reactive work and it is immediately apparent that the volume of reactive activity cannot fully be accommodated by the department – this is evidenced by a residual backlog of calls which sit on the system and remain unaddressed.
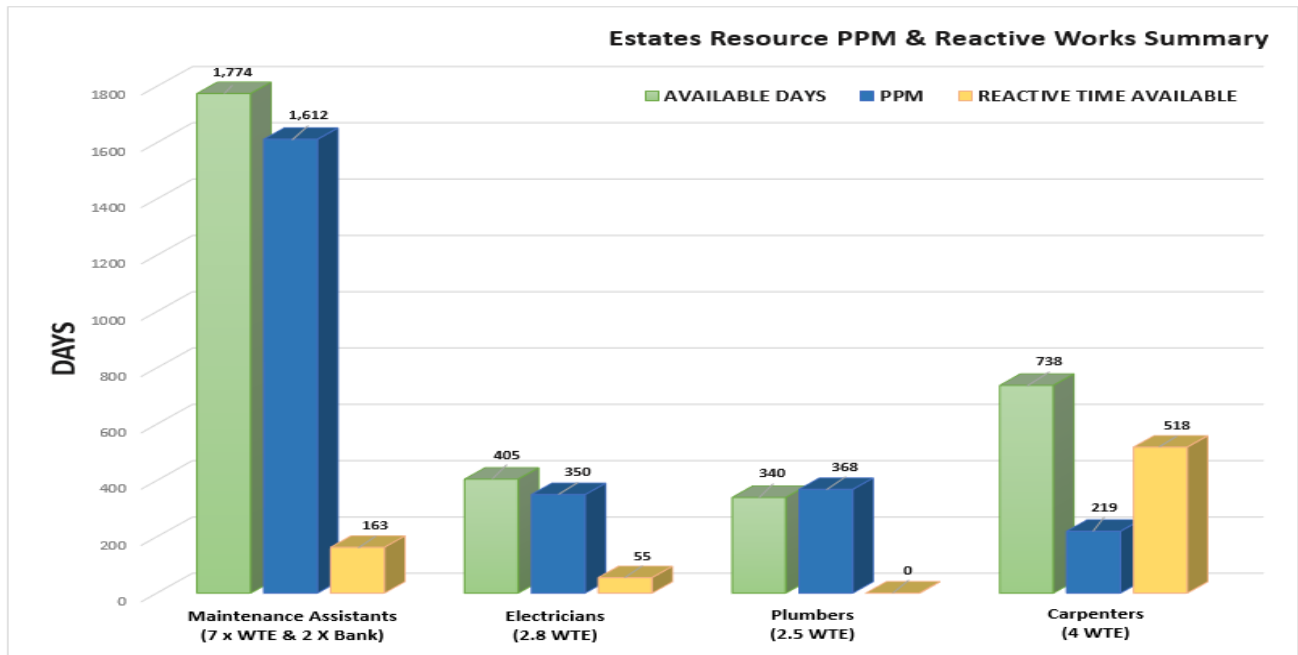
Bar Chart Diagramme; Estates Works Team (excl. 3 Painters) showing total available days and PPM workload leaving balance of activity available for Reactive work.

Helpdesk activity only paints a part of the picture in terms of the volume of reactive activity which the department needs to respond to; the **Risk Identification** route chart below identifies the various means by which work requests can be made known to Estates and this is significant and again reinforces the need for a risk-based approach with challenges assessing risk across the range of sources.

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Health & Safety Risk Identification Routes (non-clinical)

The Estates team is building a database to more effectively capture **all audit** outcomes, to pick an example of one of the risk workstream sources, as NHS Wales Shared Services Partnership, Audit and Assurance Services alone allocate up to 80 days auditing time to Estates and Property per annum.

HSE Improvement Notices: HSE Inspector visits took place in 2019 resulting in two Improvement Notices being raised under 'Control of Legionella'. The first related to a failure to undertake timely site risk assessments following the major project reconfiguration work at Llandrindod and the second was in respect of deficiencies in the quality of the Water Log Book data with closure dates set for February and June 2020. Both completion dates were met with the Improvement Notices being closed down and lessons learned exercises undertaken. Since mid-2019 the Estates team has been significantly strengthened with a new Head of Estates post and appointment in early 2020 and the compliment of one Estates Manager post increased to three with all appointees now in post.

COVID-19: attached Highlight Report identifies risk and activity related to Coronavirus response,

Merlins / terraced houses, Llandrindod Wells: an ongoing series of supporting actions have been completed to address issues with the three houses (fourth is unoccupied) namely Merlins, Hazels and Llangwyn – this includes toilet refurbishments, upgrade of fire alarms systems, conversion of ground floor Llangwyn into clinical treatment rooms and recently a series of minor

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improvements to drainage, ceiling and door repairs, etc. The properties are not ideally suited to their current use and this will be addressed in the short to medium term by a £10M+ Programme Business Case submission to WG in November 2020 seeking support for a 3 to 5 year programme of major improvements to the site commencing in 2021, including the terraced houses in the project scope. More immediately, representation to the Capital Control Group in September has seen acknowledged the need to allocate funds from the remaining £11K contingency for health and safety works to be identified and addressed.

Summary: There is a defined and structured approach to manage risk within the PTHB estate at three levels as described in this paper; the commonality between all three is the risk-based approach to best match funding and resource to workload:-

- **Major Capital Expenditure;** Llandrindod, Machynlleth, North Powys, etc. projects / business cases the WG / significant progress
- **Discretionary Capital;** £1.43M minor work projects / Project Request Forms to Capital Control Group / works well but funding limited
- **Revenue;** Internal resource and specialist sub contractors / Helpdesk & audit, etc. / limited funds and staff resource

It is recognised that the volume of work needed to bring an ageing estate back into a satisfactory condition and ensure the premises match the strategic ambition and are fit for purpose for a modern healthcare setting is significant.

It is critical, therefore, that a clear and transparent framework, within which the organisation can plan activity, is in place and communicated to stakeholders at all levels.

NEXT STEPS:

- Maintain focus on statutory maintenance, emergency helpdesk response and COVID-19 risk mitigation
- Continue to seek sufficient funds and resource to support active capital project agenda
- Continue to review and support internal workforce and structure to manage risk and improvement activity
- Refresh Helpdesk process with suitable communications plan to define priorities and set expectations
- Maintain risk-based approach across all sectors of activity, ensuring appropriate escalation and visibility of risk

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- Continue to address risks in a coordinated manner across the various major projects, discretionary and reactive approaches; provide demonstrable evidence of activity and improvement
- Reinforce, with Health & Safety team support, the responsibilities held by managers where risks that have been highlighted are not immediately addressable by Estates / others and the role of managers to mitigate these risks locally
- Continue to manage risks efficiently within the existing staff, contractor and financial resource limits and identify opportunities to improve funding or resource levels where possible

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Patterson Liz
09/29/2020 15:32:5

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PERFORMANCE & RESOURCES COMMITTEE
PROGRAMME OF BUSINESS 2020-21

The purpose of the Performance & Resources Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services. The Committee will also focus on the alignment of the health board's resources, including financial and workforce, to ensure achievement of the Board's aims and objectives.

This Annual Programme of Business has been developed with reference to:
- the Committee's Terms of Reference as agreed by the Board;
- the Board's Assurance Framework;
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.

In May 2020, the Board agreed its governance arrangements during the COVID-19 Pandemic. It was agreed that formal meetings of the Board's Committees would have a shortened, concise agenda focussing on essential matters only and will be held virtually to ensure compliance with social distancing guidance.

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-21			
		30 June	06 Oct	14 Dec	22 Feb
Assurance Reports					
Financial Management:					
Financial Performance Reporting	DF&IT	✓	✓	✓	✓
Strategic Resource Planning, including Efficiencies	DF&IT			✓	
Delivery of the Discretionary Capital Programme	ADC&E	✓			✓
Overview report of work taken forward on behalf of PTHB via NHS Wales Shared Services Partnership	DF&IT			✓	
Organisational Performance:					
Performance Report	DPP	✓	✓	✓	✓
Commissioning Assurance Framework	DPP	✓		✓	
Performance Exception Reporting (Commissioned Services)	DPP & Exec Lead	**As and when identified by Executive Delivery & Performance Group**			
Performance Exception Reporting (Provided Services)		**As and when identified by Executive Delivery & Performance Group**			
Workforce Key Performance Metrics	DWOD	✓		✓	
Information Governance Performance Report	BS		✓		✓
Section 33 Performance	CEO				✓

Performance & Resources Committee
2020-21 Work Programme

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-21			
		30 June	06 Oct	14 Dec	22 Feb
Primary Care Services Performance Report	DPCCMH		✓		
Dental Services Performance Report	DPCCMH		✓		
Digital First Update	DF&IT	✓		✓	
Waste Management Procurement	DWOD	✓			
Governance Reports					
Audit and Regulatory Reports		**As and when identified**			
Committee Risk Register	BS		✓	✓	✓
Policies Delegated from the Board for Review and Approval	BS	**As and when identified**			
Review of Standing Financial Instructions (NHS Wales Review)	DF&IT BS				✓
Review of Committee Programme of Business	BS		✓	✓	✓
Committee Requirements as set out in Standing Orders					
Development of Committee Annual Programme Business	BS				✓
Annual Review of Committee Terms of Reference 2020-21	BS				✓
Annual Self-assessment of Committee effectiveness 2020-21	BS				✓

Performance & Resources Committee
2020-21 Work Programme

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KEY:
CEO: Chief Executive
DPP: Director of Planning and Performance
DF&IT: Director of Finance and IT
DPCCMH: Director of Primary, Community Care and Mental Health
MD: Medical Director
DoN: Director of Nursing
DoTHS: Director of Therapies and Health Sciences
DWOD: Director of Workforce & OD
DPH: Director of Public Health
BS: Board Secretary
ADC&E   Associate Director of Capital & Estates