PTHB Board Meeting

Wed 24 November 2021, 10:15 - 14:00

Teams

Agenda

10:15 - 10:15
0 min

1. PRELIMINARY MATTERS

Board_Agenda_24Nov1_Final.pdf (2 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. Minutes of previous meeting for approval 29 September 2021 (for approval)

Board_Item_1.3_PTHB Board Minutes Unconfirmed 29-09-2021.pdf (22 pages)

1.4. Matters arising from the minutes of previous meeting

1.5. Chairs Action of 12 November 2021 (for ratification)

Board_Item_1.5_Chairs Action.pdf (5 pages)

1.6. Board Action Log

Board_Item_1.6_PTHB_Action_Log_Nov21.pdf (1 pages)

1.7. Update Reports of the

1.7.1. Chair

Oral

1.7.2. Vice-Chair

Oral

1.7.3. Chief Executive

To follow

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2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. PTHB Planning Framework and 3 Year Strategic Priorities 2022/23 - 2024/25

Board_Item_2.1a_PowysPlanningFramework_PTHB Board_241121.pdf (30 pages)
Board_Item_2.1_Planning Framework and Strategic Priorities_Cover Paper_PTHB Board 241121.pdf (14 pages)

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2.2. Radiology informatics System Procurement (RISP) Programme Outline Business Case

Board_Item_2.2a_PTHB RISP Cover Paper NOV 24th 2021 Final.pdf (4 pages)
Board_Item_2.2b_RISP OBC Draft V5.3.pdf (105 pages)

2.3. Llanfair Caereinion Primary Care Centre Development, Full Business Case

Board_Item_2.3_LC FBC in committee decision.pdf (6 pages)

2.4. South Powys Programme: Consultant-led maternity & Neonatal Care

Board_Item_2.4_South Powys Maternity and Neonatal 24.11.21.pdf (10 pages)

2.5. PTHB Health and Safety Policy

Board_Item_2.5_HS Policy cover report BOARD Nov 2021.pdf (3 pages)
Board_Item_2.5a_HSP001 Health and Safety Policy Board Paper.pdf (50 pages)

2.6. PTHB Risk Management Framework & Risk Appetite Statement

Board_Item_2.6_Risk Management_Nov21.pdf (4 pages)
Board_Item_2.6a_Draft_PTHB_Risk_Management_Framework_Nov21.pdf (59 pages)

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3. ITEMS FOR DISCUSSION

3.1. System Resilience/Winter Plan Update

To follow

3.2. Presentation on Renewal Priorities:

3.2.1. Priority 1: Frailty & Community Model

Board_Item_3.2a_Frailty and Community Model 24.11.21.pdf (10 pages)

3.2.2. Priority 3: Diagnostics, Ambulatory & Planned Care

Board_Item_3.2b_Diagnostics Ambulatory and Planned Care.pdf (7 pages)

3.3. Performance Reporting:

3.3.1. Performance Overview against National outcome Framework, October 2021

Board_Item_3.3a_PerformanceOverview_Octobersnapshot Final Version submitted 12th Nov.pdf (41 pages)

3.3.2. Progress against Annual Plan 2021/22, Quarter 2

Board_Item_3.3b_Q2DeliveryPlanProgressReport_PTHB_Board_24November2021_FINAL.pdf (45 pages)

3.4. Financial Performance, Month 07, 2021/22

Board_Item_3.4_Financial Performance Report Mth 7 Board.pdf (18 pages)

3.5. Corporate Risk Register, November 2021

Board_Item_3.5_Corporate Risk Report_Nov21.pdf (4 pages)
Board_Item_3.5a_CRR_Nov21.pdf (39 pages)

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3.6. Report of the Chief Officer of the Community Health Council

Board_Item_3.6_CO Report for PTHB November 2021 FINAL.pdf (10 pages)

3.7. Assurance Reports of the Board's Committees

3.7.1. PTHB Committees

Item 3.7a appendix A to follow

- Board_Item_3.7a_ Committee Chair Reports Nov 2021.pdf (3 pages)
- Board_Item_3.7a_App B ARA_Chairs_Report_16 November 2021.pdf (7 pages)
- Board_Item_3.7a_App C D&P_Committee Chairs Assurance Report 1 November 2021.pdf (5 pages)
- Board_Item_3.7a_App D PEQS_Committee Chairs Assurance Report 7 October 2021v2.pdf (6 pages)
- Board_Item_3.7a_App E PPPH_Committee Chairs Assurance Report 12 October 2021v2.pdf (5 pages)
- Board_Item_3.7a_App F Workforce and Culture Committee Chairs Assurance Report 5 October 2021.pdf (2 pages)

3.7.2. Joint Committees

- Board_Item_3.7b_A_Joint Committee Reports_Nov 2021.pdf (3 pages)
- Board_Item_3.7bi_App1_2021.11.09 JC Briefing v1.0.pdf (4 pages)
- Board_Item_3.7bii_App2_MWJC Update report Oct 2021 FINAL 211021.pdf (10 pages)

3.8. Assurance Report of the Board's Partnership Arrangements

- Board_Item_3.8_ Summary of Partnership Board Activity.pdf (3 pages)
- Board_Item_3.8_App A SSPC Assurance Report 23 September 2021.pdf (5 pages)

3.9. Report of the Board's Local Partnership Forum

- Board_Item_3.9_LPF Advisory Group Nov 2021.pdf (2 pages)

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4. OTHER MATTERS

4.1. Any other urgent business

4.2. Close

4.3. Date of next meeting:

26 January 2022 at 09:00 Via Microsoft Teams

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POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 24 NOVEMBER 2021
10.15am – 2.30pm
TO BE HELD VIA MICROSOFT TEAMS

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

AGENDA

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
10.15am	**1.1**	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes of Previous Meeting: 29 September 2021 (for approval)	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Attached	Chair
	1.5	Chairs Action of 12 November 2021 (for ratification)	Oral	Chair
	1.6	Board Action Log	Attached	Chair
	1.7	Update from the: a) Chair b) Vice Chair c) Chief Executive	 Oral Oral Attached	 Chair Vice Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.35am	**2.1**	PTHB Planning Framework and 3 Year Strategic Priorities 2022/23 – 2024/25	Attached	Chief Executive and Director of Planning & Performance
10.55am	**2.2**	Radiology infomatics System Procurement (RISP) Programme Outline Business Case	Attached	Director of Therapies and Health Sciences
11.10am	**2.3**	Llanfair Caereinion Primary Care Centre Development, Full Business Case	Attached	Director of Primary, Community Care & Mental Health
11.15am	**2.4**	South Powys Programme: Consultant-led Maternity & Neonatal Care	Attached	Director of Nursing & Midwifery
11.30am	**2.5**	PTHB Health and Safety Policy	Attached	Director of Workforce & OD
11.45am	**2.6**	PTHB Risk Management Framework & Risk Appetite Statement	Attached	Board Secretary
COMFORT BREAK				
3: ITEMS FOR DISCUSSION				

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12.30pm	**3.1**	System Resilience/Winter Plan Update	Presentation	Chief Executive with Executive Directors
12.45pm	**3.2**	Presentation on Renewal Priorities: a) Priority 1: Frailty & Community Model b) Priority 3: Diagnostics, Ambulatory & Planned Care	Attached	Medical Director and Director of Primary, Community Care & Mental Health
1.10pm	**3.3**	Performance Reporting: a) Performance Overview against National Outcome Framework, October 2021 b) Progress against Annual Plan 2021/22, Quarter 2	Attached	Director of Planning & Performance with Execuive Directors
1.30pm	**3.4**	Financial Performance, Month 07, 2021/22	Attached	Director of Finance & IT
1.45pm	**3.5**	Corporate Risk Register, November 2021	Attached	Board Secretary
2.00pm	**3.6**	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
2.10pm	**3.7**	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
	3.8	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
	3.9	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
4: OTHER MATTERS				
2.25pm	4.1	Any Other Urgent Business	Oral	Chair
2.30pm	4.2	Close		
	4.3	Date of the Next Meeting: ▪ 26 January 2022 at 09:00 Via Microsoft Teams		

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings by electronic / telephony means as opposed to in a physical location, for the foreseeable future. This will mean that members of the public will not be able attend meetings in person.
The Board has taken this decision in the best interests of protecting the public, our staff and Board members.
The meeting will be available to view by the public both in real time by a live-stream and after the meeting when it has been uploaded to the website.

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 29 SEPTEMBER, AT 10.15

VIA TEAMS

Present

Vivienne Harpwood	Independent Member (Chair)
Carol Shillabeer	Chief Executive
Trish Buchan	Independent Member (Third Sector Voluntary)
Matthew Dorrance	Independent Member (Local Authority)
Susan Newport	Independent Member (TUC)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Tony Thomas	Independent Member (Finance)
Rhobert Lewis	Independent Member (General)
Frances Gerrard	Independent Member (University)
Ronnie Alexander	Independent Member (General)
Hayley Thomas	Deputy Chief Executive and Director of Planning & Performance
Stuart Bourne	Director of Public Health
Jamie Marchant	Director of Primary, Community Care and Mental Health
Kate Wright	Medical Director
Alison Davies	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT
Claire Madsen	Director of Therapies & Health Sciences

In Attendance

Rani Mallison	Board Secretary
Mark McIntyre	Deputy Director of Workforce and OD
Wayne Tannahill	Assistant Director of Estates and Property
Steve Bromley	Environment and Sustainability Manager
Marie Davies	Deputy Director of Nursing
Katie Blackburn	CHC
Liz Patterson	Corporate Governance Manager
Caroline Evans	Head of Risk and Assurance

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Apologies for absence

Melanie Davies	Independent Member (Vice-Chair)
Julie Rowles	Director of Workforce, OD & Support Services

PRELIMINARY MATTERS	
RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members. The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.	
PTHB/21/53	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.
PTHB/21/54	**DECLARATIONS OF INTEREST** No new declarations of interest were made.
PTHB/21/55	**MINUTES OF MEETING HELD ON 28 July 2021 for approval** The minutes of the meeting held on 28 July 2021 were received and AGREED as being a true and accurate record.
PTHB/21/56	**MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING** There were no matters arising from the minutes.

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PTHB/21/57	**BOARD ACTION LOG** PTHB/20/155 - Board Discussion to take place on risks associated with Workforce Sustainability and Model as articulated in the Corporate Risk Register - To be discussed by the Workforce & Culture Committee at its meeting on 5 October 2021. Action Complete.
PTHB/21/58	**UPDATE FROM THE:** **A) CHAIR** The Chair presented a written report drawing particular attention to the end of the term of office of Independent Member Susan Newport. The Chair expressed thanks to Ms Newport for her contribution to the work of the Board during her term of office. **B) CHIEF EXECUTIVE** The Chief Executive presented a written report drawing attention to the current service pressures and wider system pressures that health and care were currently experiencing. There was widespread community transmission during the third wave of the covid pandemic and case rates were at the highest rate seen during the pandemic in Powys. This was contributing to significant pressure in the testing and contract tracing teams and thanks were expressed to Powys County Council who continued to support the contact tracing team. This had impacted on staffing in the health service and other sectors including social care. The Chief Executive recognised and apologised for the challenges that the community had experienced in accessing urgent and emergency care. It was clear the service was under significant pressure with difficulties discharging people from hospital, difficulties getting into hospital and the challenges for the ambulance service to be able to respond in a timely way. Attention was drawn to the Staff Awards and Showcase events which had received a positive response. Public Engagement sessions had continued along with maintaining good dialogue with politicians. Steven Powell was welcomed to the organisation in his role as Assistant Director of Performance and

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	Contracting, and Hayley Thomas was congratulated on her appointment as Deputy Chief Executive alongside her role as Director of Planning and Performance. With regard to the fuel crisis there were tried and tested procedures in place overseen by Emergency Planning and partners in the Local Resilience Forum. However, there are no issues reported locally to date. The updates from the Chair and Chief Executive were RECEIVED.
ITEMS FOR APPROVAL, DECISION OR RATIFICATION	
PTHB/21/59	**STRATEGIC APPROACH TO SYSTEM RESILIENCE** The Chief Executive introduced the item reminding Members that at this time of year the Winter Plan was generally brought to Board, however, this year August had seen demand at winter levels which had put pressure on the system and noted that outlining the approach to system resilience was timely. PTHB work with a number of health partners both within Wales and across the border and wider partners including Powys County Council, PAVO, Mid and West Wales Fire and Rescue Services, Dyfed Powys Police and Welsh Government. Within the Strategic Annual Plan there were three core elements – the Covid response, Essential Healthcare and Renewal activities underpinned by the enabling objectives. Winter pressures experienced in July and August were continuing including: • Loss of workforce across health and social care • Difficulty discharging patients as a result of insufficient community care • Poor flow of patients through the hospital system causing inability to admit patients • Significant ambulance delays, for which apologies were given • Very busy primary care seeking to provide urgent care and catch up care • High covid-19 incidence

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	As a result of these pressures there was a significant risk patients would experience a poorer outcome. There was also an increased risk of staff stress and burnout which coud lead to increased rates of sickness and lower retention. The health and care system was at its greatest risk now than throughout the whole pandemic. Priorities were outlined and linked to responsibilities including individual, social care, the health sector and voluntary sector. The system was driven by data to understand the pressure points and underpinned by the Choices Framework published by Welsh Government which allowed local health organisations the ability to reduce or suspend activity. A public awareness campaign was in development to promote Getting Ready for Winter and Choose Well. The Director of Public Health advised that for the flu campaign this year 50-64 year olds would be invited due to the risk of admission to secondary care of this cohort. Secondary school age children (11-16) would also be invited due to the source of transmission. Flu vaccines had been delayed on a UK level as a result of supply issues but were beginning to reach primary care for the over 65s, the school stocks had arrived and the stocks for staff vaccination had been also been received. The Chief Executive advised that work was being undertaken with the local authority regarding Warm Homes for Winter with the link between housing and health and also having regard to the increasing fuel costs. The Medical Director advised that work on frailty was already embedded with the service becoming more proactive in assessing and managing of patients to identify frailty early to plan and prevent deconditioning. Treatment escalation plans would be used more often to avoid crisis management plans. The Chief Executive outlined how the Welsh Ambulance Service was struggling with the military being brought in to support the service. A daily review of ambulance service issues would be put in place, unfortunately there had been three issues in the last week where patient care was delayed due to a late ambulance response. PTHB were working with Primary Care, Shropdoc and WAST to prevent unnecessary transfers to District General Hospitals (DGH). Discussions were in place with the fire service in regard to

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	what support they could provide which demonstrated public sector partnership working. The Medical Director advised that whist there was no DGH in Powys Virtual Wards did provide care which was also provided in hospitals. The organisation was scoping what can be undertaken in PTHB without having to travel to a DGH. This was a medium-term plan. The Director of Therapies and Health Sciences was undertaking staff consultation to introduce seven day working from November and to expand the Discharge to Recover and Assess service by working longer days. This was intended to improve discharge times and provide an increased quality of support to allow patients to return to their home or care home where they were best placed to recover. The Director of Primary, Community Care and MH emphasised that this was a partnership approach to quickly assess patients as soon as possible for where they will next be placed when they are discharged from hospital. Adding that whilst there were staffing problems both within hospitals and the community around 140 hospital beds were provided with a similar number of patients supported in Virtual Wards. The Chief Executive outlined how important it was to build and sustain home and community support and was hopeful that additional money would be available to extend the Home Support service across Powys. It would be necessary to maximise the capacity of domiciliary care linked to the prescription of care packages. Care Homes have had a difficult time during the pandemic and still needed the additional support made available earlier during the pandemic. The Choices Framework which was last considered during winter 2020 would be refreshed. The key priorities form an updated plan which would be assessed against the Winter Plan which Welsh Government were expected to publish in October 2021. A further report will be brought to Board in November. *Is it likely that Respiratory Syncytial Virus (RSV) will be a major problem?* The Director of Public Health advised that there had been an increase in RSV cases across the UK. This was expected to continue into the autumn/winter period. The Respiratory

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	Virus Plan would include RSV, flu and covid-19 and there would be a national approach including the potential for testing for multiple viruses. *The high-level plan is welcomed and it is positive the plan focuses on partnership working. However, given the current pressures how realistic is the Plan?* The Chief Executive advised that the seriousness of the situation was becoming apparent. Winter was always difficult for the NHS and it was important to develop the best plan possible with the next 4-6 weeks being key. Preventative actions were vital including accessing vaccinations and Preparing for Winter, and the community needed to help during this period, as if action is taken early then it may not be necessary to be in a position of suspending service in the new year. The plan would be kept under regular review. *The issues with the supply of care is beginning to become known in the public arena. What is the scale of this problem in our hospitals and local DGHs? It will be important to have this information to be able to ascertain if interventions are working.* The Chief Executive advised that this would be incorporated into the dashboard. Last week there were 39 people in community hospitals of which 23 were going through the assessment process (which take too long) and 16 waiting for domiciliary care or a return to a Care Home currently closed to admissions due to covid. Thus there were around 40 patients in this situation out of a bed base of 140. There was an issue with the length of time people spend in hospital due to the deconditioning effect. Across Wales there were approximately 1,400 people medically fit for discharge. The Director of Primary, Community Care and MH added that the numbers change on a daily basis but there needs to be a systematic shift to assess patients in a setting other than hospital. *What is the situation in Powys regarding the number of sick paediatric patients.*

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	The Chief Executive advised there had been a national focus on this to ensure there was a sustainable offer during the winter period. *If services were suspended what might they be and might that lead to staff redeployment into other areas?* The Chief Executive advised that the organisation was guided by the World Health Organisations advice on what should not be suspended. If there was a need to move staff under the Local Choices Framework this would happen in a similar way to what happened at the beginning of the pandemic however, this would be at the more extreme end of the response. The Board DISCUSSED and ENDORSED the Strategic Approach to System Resilience.
PTHB/21/60	**STRATEGIC SERVICE CHANGE PROPOSALS:** **a) CHANGES TO SERVICES COMMISSIONED BY WHSSC** The Director of Planning and Performance introduced the item outlining that the WHSSC Joint Committee held on 7 September 2021 had supported requests received from the NHS Wales Health Collaborative for WHSSC to: • Commission Hepato-Pancreato-Biliary Services; • Commission the Hepato-Cellular Carcinoma (HCC) MDT and; • Develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service. PTHB Board approval was required for WHSSC to commission/develop the services on behalf of Powys residents. *This relates to services in Mid and South Powys. What is the pathway for patients in north Powys?* The pathways for patients in north Powys were already in place to either Liverpool or Birmingham. The service specification would apply on an all Wales basis.

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	With the development of this proposal will there be equitable access? WHSSC plan and commission the service which will include monitoring all pathways including those in England. Equitable access could be discussed in a separate meeting. The Board: • NOTED the decision of the Joint Committee on the 7 September 2021 supporting the requests received from the NHS Wales Health Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services (HPB), the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery; • APPROVED the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC; • APPROVED that WHSSC develop a service specification for specialised paediatric orthopaedic surgery; and • APPROVED the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSCC. **b) SOUTH EAST WALES VASCULAR SERVICES** The Director of Planning and Performance introduced the item giving an update of the future shape of Vascular Services in South East Wales and seeking approval for the Programme Business Case. The Medical Director advised that there were several drivers for this work including the availability of Senior Surgeons along with the increasing use of interventional radiology rather than surgery which is less invasive. It is highly specialist and needs to be delivered in a specialist setting to achieve better patient outcomes. The Board:

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	• APPROVED the South East Wales Vascular Network Business Case which includes establishing UHW as the hub, and supporting the establishment of the Network, the host of which is yet to be determined. • NOTED that the business case does not have a direct revenue consequence for PTHB. • NOTED that a separate capital business case is in development for the hybrid theatre at UHW. • NOTED the readiness assessments due to be completed in October, and subject to the outcome of this, and Board approval of the business case, support implementation from 31st October 2021 (subject to the assessment of operational pressures by provider health boards). **c) SOUTH WALES ADULT THORACIC SURGICAL CENTRE STRATEGIC OUTLINE CASE** The Director of Planning and Performance introduced the item asking Board for support to transform the South Wales Thoracic Surgery Service moving from a twin site model to a single site model centred on the Morriston Hospital. The number of Powys patients affected by this service was between 120-140 who were referred to outpatients, of which approximately 30 per year would go for surgery via the Morriston pathway. The Board ENDORSED the Strategic Outline Case to develop a new site option at the Morriston Hospital in Swansea in order to deliver a wider range of treatment options with greater capacity and improved patient outcomes that will be of benefit to the residents of South Powys.
PTHB/21/61	**PHARMACEUTICAL NEEDS ASSESSMENT** The Medical Director introduced the report by outlining the progress to date regarding the development of the first Pharmaceutical Needs Assessment (PNA) in Powys under the NHS (Pharmaceutical Services) (Wales) Regulation 2020 which required the publication of a PNA by 1 October 2021. *What is the review period for this document?* The Medical Director advised there was a five-year review period and the Director of Primary, Community Care and

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	MH added that the PNA was a living document and if changes took place these could be incorporated within the document. The Director of Public Health noted the contribution of local authority colleagues who were able to provide data in a way that was more accessible than in a written document adding that whilst access and supply could be easily measured it would be necessary to look at need for these services. The Board APPROVED the Pharmaceutical Needs Assessment for publication.
PTHB/21/62	**ENVIRONMENT AND SUSTAINABILITY STRATEGIC PLAN** The Director of Planning and Performance presented the report outlining the reasoning and work that had taken place to reach the point of proposing the following Environmental Policy Statement: ***Environment Policy Statement*** *Climate Change is the single greatest challenge to global health and threatens all life on this planet. Without action this jeopardises not only our way of life, but also that of future generations.* ***Powys Teaching Health Board recognises its impacts on the environment and supports the Welsh Government's declaration of a Climate Change and Nature Emergency. The Board commits to prioritise the delivery of actions in the national NHS decarbonisation and biodiversity plans as a minimum, and strives to go beyond these wherever possible.*** *Environment and Sustainability will become a central theme throughout the organisation. 'Life cycle' principles, which consider environmental impacts of products and services, will support the decision-making processes.* *Carbon reduction and biodiversity improvements will be made utilising our certified ISO14001 (2015) Environment Management System, for the benefit of patients, staff and the environment. This will be done through five areas of activity:* *Waste* *Energy and Water* *Travel* *Procurement* *Building Design and Biodiversity*

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	The Health Board will deliver against initiatives and actions in the 'NHS Decarbonisation Strategic Delivery Plan 2021-2030' and publish an updated delivery plan every two years through the IMTP. *Powys Teaching Health Board is committed to continual improvement, reducing our impact on the environment and increasing the protection of biodiversity. This policy will be reviewed every three years or sooner, and progress reported for all to see.* *This important environmental statement is welcomed, which Committee will be monitoring this?* The Chief Executive confirmed that the plan would be developed by the Planning, Partnerships and Population Health Committee but the delivery of the plan would be monitored by the Delivery and Performance Committee. The Assistant Director of Estates and Property added that it was essential to have a collaborative approach and the organisation was working to local and national targets, in particular Step 3 of the Powys Public Service Boards' Well-being Steps relating to transport. The Board: • APPROVED the updated Environment Policy Statement as recorded above • APPROVED the key priorities in the Biodiversity Action Plan • APPROVED the Decarbonisation Delivery Plan approach
PTHB/21/63	**PTHB FIRE SAFETY POLICY** The Director of Planning and Performance presented the revised Fire Safety Policy for approval. The document had been endorsed at the Executive Committee on 15 September 2021. *Congratulations were extended to the team for the work that had been done to mitigate the risk. What arrangements will be in place to monitor compliance rather than waiting for external regulators to undertake a review?*

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	The Assistant Director of Estates and Property noted that whilst external assurance was important and he could confirm that regular visits took place from the Fire and Rescue Service which had increased in regularity since Grenfell. All sites had been visited except Brecon and Bronllys. PTHB is one of the few Health Boards across Wales which had not been subject to interventions as a result of these visits. *This assurance was welcomed and it was suggested that this was included in the document.* *Whilst the role of independent advice is important it is the way that the system works in practice that is central to success. This should be acknowledged.* The Chief Executive confirmed personal and professional accountability for this noting the importance of having a deployable policy. Independent Member comments on this document were welcomed. The Board APPROVED the PTHB / EWP004 Fire Safety Policy.
PTHB/21/64	**BOARD AND COMMITTEE ARRANGEMENTS:** **a) COMMITTEE TERMS OF REFERENCE 2021/22** The Board Secretary presented the paper outlining that at the Board meeting in July 2021 Board had approved a revised assurance committee structure. Terms of Reference and Operating Arrangements for all assurance committees were outlined. *Why do Estates matters come to Board and Digital matters go to Committee?* The Board Secretary advised that those items that required Board approval went to Board. Board would be notified of all items considered at Committee by Committee Chair's reports.

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	The Board APPROVED the Terms of Reference and Operating Arrangements for the following assurance committees constituted for the financial year 2021/22: **a)** Audit, Risk and Assurance Committee; **b)** Patient Experience, Quality & Safety Committee **c)** Workforce & Culture Committee **d)** Delivery & Performance Committee **e)** Planning, Partnership and Public Health Committee **f)** Charitable Funds Committee; **g)** Remuneration and Terms of Service Committee; and **h)** Executive Committee. **b) ANNUAL PRIORITIES 2021/22** The Board Secretary presented the paper outlining the Annual Priorities for 2021/22. The Chief Executive advised that work had also been undertaken regarding where Executive decisions were taken with an increase in the number of decisions taken at Executive Committee rather than in the sub-groups. Over the next few months it was essential that focus was maintained on essential risks as the organisation moved from resilience to recovery and renewal. The Board APPROVED the Board and Committee Workplans for 2020/21.
PTHB/21/65	**LABORATORY INFORMATION NETWORK CYMRU (LINC) PROGRAMME BUSINESS CASE** The Director of Finance presented a synopsis of the Full Business Case (FBC) for the procurement of a new laboratory information management system (LIMS) service for Wales to the Board, the subject of which had been considered in an earlier Board In-Committee. The FBC included the spending objectives, scope, and resource requirements for both the proposed solution and the LINC Programme.

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	The Board NOTED the synopsis provided on the Full Business Case for the deployment of a new National Laboratory Information Management System (LIMS); and NOTED the decision taken at the earlier Board In-Committee meeting namely that: The Board APPROVED the Full Business Case in principle, noting that further work was required to fully understand the financial implications upon the Health Board for both the proposed solution and the LINC Programme, and that the letter of support include reference to the issues of cross border information exchange.
ITEMS FOR DISCUSSION	
PTHB/21/66	**NURSE STAFFING LEVELS ACT (WALES) ASSURANCE REPORT** The Deputy Director for Nursing presented the report outlining the compliance with regulations and guidance relating to nurse staffing within PTHB's provided and commissioned services within England and Wales. Attention was drawn to the difficulty to recruit locally, nationally and across the four nations but there were strategies in place to address this. *Is recruitment becoming more difficult because of increases in the cost of living and whilst other sectors are seeing wage increases this is not being seen in the health and care sector?* The Director of Nursing and Midwifery confirmed this was a national debate given recent events but confirmed that salary was only one part of the recruitment package. *What assurance can be given that the Workforce and Organisational Development team are processing applications in a timely manner?* The Deputy Director of Workforce and OD advised that a track was kept on each stage of the process so that the steps could be monitored. There was a particular problem with receiving references from a named individual and on

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	occasion it had been necessary to go back to the candidate in this regard. Timelines had reduced over the last 12 months but there were also external factors such as receiving DBS certificates which are outside of our control that affect timelines. *What is the target length of time for recruitment?* The Deputy Director of Workforce and OD advised the national target was 75 days and PTHB were within this target. *Is the organisation considering alternative staffing approaches such as are being introduced in Shropshire Community Hospitals by way of Advanced Practitioners?* The Director of Nursing advised that as part of the wider approach to workforce it was intended to look at what could be achieved most by maximising the professional span. *Given that the indications are the organisation is compliant at present, but this will become increasing difficult to maintain, what efforts are being made to retain existing staff, and when staff leave, are exit interviews conducted?* The Director of Workforce and OD confirmed that exit interviews were offered but, similar to the national picture, take-up was low. Managers indicated that the main reasons for leaving the workforce were job opportunities and retirement. The organisation does have a good track record of attracting staff via the retire and return programme and it was intended to encourage an increase in the completion of an exit survey linked to ESR. The Chief Executive noted that the difficulties in recruitment should not be underestimated. It had proved impossible to reopen Knighton Hospital due to vacancies with an extremely challenging position. It would be necessary to make the offer more attractive and the new model of care was a way to do this.

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	The Board DISCUSSED and NOTED the report.
PTHB/21/67	**PERFORMANCE OVERVIEW AGAINST NATIONAL OUTCOMES FRAMEWORK, AUGUST, 2021/22** The Director of Planning and Performance presented the report which had previously been considered at the Delivery and Performance Committee on 2 September 2021. Mass vaccination • Mass vaccination was implementing the booster vaccination programme with over 3,300 doses already administered, first doses for clinically extremely vulnerable 12-15 year olds had commenced and vaccination of healthy 12-15 year olds would commence on 5 October 2021 • Partnership working was in place to identify the severely immunocompromised who would need a 3rd covid-19 vaccination prior to the booster • There had been a good uptake in the 16-17 year old cohort of the covid-19 vaccination Covid -19 update • In the 7-day period to 24.09.2021 there had been 610 new cases with a case rate of 460/100k and a positivity rate of 13% • Numbers were 90% higher than the peak of the second wave with very high community transmission • It was concentrated in primary and secondary pupils Track, trace and protect • % of cases followed up within 24 hours decreased to 35% • % of contacts followed up within 24 hours decreased to 28% However, there has been a change of focus with priority given to focus on those at highest risk (e.g. health and care workers, the elderly, returning travellers). Flu vaccination • Supplies were now arriving after a delay

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Emergency and elective care

- Minor Injuries Units were at 100% but there were staffing challenges
- Welsh Ambulance Services were red, with the number of red calls increasing. The Chief Executive Officer would attend a Board Development session
- Endoscopy was finding it difficult to recruit specialist staff

Commissioned Services

- Some surrounding Health Boards had invoked local choices which had impacted on referral to treatment times. A national and regional solution was being sought.

Workforce

- A focus on returning to pre-pandemic levels for PADR which remains at 15pp below the ambitious national target.
- Sickness absence remained a concern both as an employer and because of the affect on employees. A small increase has been seen in absence levels over the period but varied between directorates.

Sympathies were extended to all trying to deal with delays in the clinical system. Were there problems in Powys accessing cataract surgery before patients were at a risk of going blind?

The Medical Director advised that the organisation was working to prioritise patients to identify those in most need. The Director of Planning and Performance advised that this information could be included in a report to the Delivery and Performance Committee.

Action: Director of Planning and Performance to report to Delivery and Performance Committee on cataract surgery time referral to treatment times.

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	The Chief Executive advised that the referral to treatment times were the highest in the last 12 years but that advice was being providing during the waiting period with a key focus on reducing harm where possible. The Board DISCUSSED and NOTED the report.
PTHB/21/68	**FINANCIAL PERFORMANCE REPORT:** **MONTH 05, 2021** The Director of Finance and IT presented the report advising that the cumulative revenue overspend now stood at £32K with an end of year breakeven forecast. Capital spend totalled £1,577K of the £15million capital resource limit. There had a significant increase in variable pay and action was being taken to address this. The increasing costs of Continuing Health Care packages were also an area of focus. The cost of the covid-19 response was outlined as £31m with an assumption that this would be funded. Attention was drawn to the expected £7.5m underlying deficit (against the £5.6m brought forward deficit). However, this figure was subject to change. *Is the £7.5million deficit an increase on the previous month?* The Director of Finance and IT confirmed that this figure was reasonably stable but expected benefits from savings were not being seen. The Board DISCUSSED and NOTED the report.
PTHB/21/69	**CORPORATE RISK REGISTER SEPTEMBER 2021** The Board Secretary presented the report which provided the September 2021 risk register position.

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	Whilst it is noted that the risk register has been recently reviewed given the recent information provided to Board would it be appropriate to again review the risk register? The Chief Executive advised that the Executive Committee owned the Risk Register and confirmed it was a dynamic document. The extent of the third wave of covid-19 had not been anticipated. It was difficult to balance the risks of issues that had been long in the making, for example health equity. Over the next few weeks the organisation would be working on a three-year plan as part of a return to the IMTP approach. The Board • REVIEWED the September 2021 version of the Corporate Risk Register included at **Appendix 1**, ensuring that it is a complete and a true reflection of the health board's current high-level risks; and • NOTED the proposed amendments set out within this paper to those risks already recorded within the Corporate Risk Register.
PTHB/21/70	**REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL** The Chief Officer of Community Health Council presented the report and drew advised that discussions were taking place with a view to gather evidence virtually in hospitals. Face to face engagement was slowly restarting and conversations had taken place with the Chief Executive and Director of Planning and Performance with regard to resilience planning. A report was in preparation regarding the work undertaken during the summer on mental health which would be shared with the Health Board. It was noted that Frances Hunt would be retiring as Chair at the end of October. Dave Collington would act as an Interim Chair until an appointment had been made. The Board Chair wished the outgoing CHC Chair well for the future.

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	The report of the Chief Officer of the Community Health Council was NOTED.
PTHB/21/71	**ASSURANCE REPORTS OF THE BOARD'S COMMITTEES** **a) PTHB COMMITTEES** <u>Executive Committee</u> The Chief Executive presented the report covering the period July and August 2021. <u>Audit, Risk and Assurance Committee</u> The Chair of Audit, Risk and Assurance Committee presented the report of the meeting held on 14 September 2021. <u>Delivery and Performance Committee</u> The Chair of the Delivery and Performance Committee presented the report of the meeting held on 2 September 2021. The minutes of the following meetings of the Board that were no longer constituted had been signed off and were available on the website: • Strategy and Planning Committee 6 October 2020 • Performance and Resources Committee 24 June 2021 • Experience, Quality and Safety Committee 15 July 2021 The Committee Chairs Reports were RECEIVED. **JOINT COMMITTEES** Reports from WHSSC held on 7 September 2021 and EASC held on 7 September 2021 were RECEIVED.
PTHB/21/72	**ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS** Reports from the NWSSPC held on 22 July 2021 and the Powys Public Service Board held on 30 July 2021 were RECEIVED.

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PTHB/21/73	**REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM** The Director of Workforce and OD provided a report on a Local Partnership Forum meeting held on 16 September 2021. The report of the Local Partnership Forum was RECEIVED.
OTHER MATTERS	
PTHB/21/74	**ANY OTHER URGENT BUSINESS**: There was no other urgent business
PTHB/21/75	**DATE OF THE NEXT MEETING**: 24 November 2021, 10:00 via Teams

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Powys Teaching Health Board

AGENDA ITEM: 1.5

BOARD MEETING	**Date of Meeting: 24 NOVEMBER 2021**
Subject :	**RATIFICATION OF URGENT CHAIR'S ACTION: PLANNED CARE INSOURCING PROCUREMENT**
Approved and Presented by:	Vivienne Harpwood, PTHB Chair Rani Mallison, Board Secretary
Prepared by:	Rani Mallison, Board Secretary
Other Committees and meetings considered at:	Chair's Action, 12th November 2021

PURPOSE:
The purpose of this paper is to report to the Board a decision taken on 12th November 2021, via Urgent Chair's Action, in respect of Planned Care Insourcing Procurement and to seek ratification of this decision.
RECOMMENDATION(S):
The Board is asked to RATIFY the decision taken on 12th November 2021, via the use of Urgent Chair's Action, in respect of Planned Care Insourcing Procurement.

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. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. 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	✓

INTRODUCTION:

There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

On 12th November 2021, the Chair, in consultation with the Chair of the Experience, Quality & Safety Committee and Chair of the Performance & Resources Committee was asked to consider for approval a proposal in respect of Planned Care Insourcing Procurement. The Director of Planning & Performance presented the proposal, alongside the Chief Executive Officer. The Board Secretary was in attendance to support and note the discussion.

ITEM FOR DECISION:

Powys Teaching Health Board (PTHB) requires urgent external provision to provide support for patient waiting lists in relation to post Covid-19 recovery. As a consequence, and in line with Standing Financial Instructions (SFI's), PTHB secured support from Cardiff & Vale University Health Board (C&VUHB) Frontline Procurement Services to support a competitive Procurement.

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In 2017/18, the All Wales Sourcing Commissioning Team within NHS Wales Shared Services Partnership Procurement (NWSSP) Services undertook an All Wales Procurement exercise for the Outsourcing/Insourcing of Clinical, Surgical & Diagnostic Procedures. The Framework was awarded on the 1st August 2018 until the 30th July 2022 following a robust evaluation and consisted of 2 Lots as follows:
Lot 1 - Outsourcing with 11 providers awarded
Lot 2a – Insourcing with equipment and infrastructure
Lot 2b – Insourcing without equipment and infrastructure

Due to the All Wales Framework being established with a pool of pre-vetted suppliers, a mini competition was issued by C&VUHB Frontline Procurement Services under both lots of the All Wales Framework. The tender was issued via the Bravo e-tenderwales portal with a closing date of the 30th September 2021.

The tender included both outsourcing and insourcing lots and bidders could submit responses for one or more lots. PTHB preferred to award the outsourcing activity with the insourcing included as a contingency should no bids be received.

No suppliers bid for the outsourcing lots, however bids were received for Insourcing: Insourcing for Surgery Procedures; and Insourcing for Endoscopy Procedures. As a result, the evaluation team agreed to proceed to review the insourcing lots with a view to ascertain if this was a suitable alternative option.

The evaluation panel met to evaluate all bids during October 2021. The qualitative stage included questions regarding:

- Regulatory Requirements
- Clinical Performance
- Patient Pathways
- Required Service
- Protocols
- Patient Records
- Business Requirements – Reporting
- KPIs and Performance Management
- Service Reviews
- Governance
- Insurance
- Invoicing

Areas on which clarification was sought and successfully provided included:

- Ability of the provider to adhere to Welsh language and GDPR requirements;
- The provision of a Consultant to each site;
- The arrangements for monitoring the key performance indicators of the Consultants or specialists and action taken for those who fall outside;

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- Response times for support staff employed by the provider;
- Response times in relation to escalation.

It was also reaffirmed that service could be provided during the daytime due to being community hospitals. In addition to seeking clarification on answers provided by the provider, PTHB re-iterated the nature of sites being community hospitals and existing local standard operating procedures to be adopted by the provider. Key PTHB policies were shared, including the need for compliance with Interventions Not Normally Undertaken assured.

Following a robust evaluation of all pass/fail and qualitative questions for both lots (Insourcing for Surgery Procedures; and Insourcing for Endoscopy Procedures) and bidders, the final scoring outcomes were agreed and a preferred supplier identified.

The Executive Committee, acting as Renewal Strategic Portfolio Board, had approved the procurement on the 3rd November 2021 and the procurement arrangements had been supported by the Director of Finance and IT.

The Board was therefore asked to APPROVE the proposal to procure external provision, to be delivered within Powys THB facilities, to support patients waiting for treatment.

It was noted that, should the Board approve the proposal, NWSSP Procurement Services would complete a 10-day standstill period whereby bidders would be notified of the result of the mini competitive tender. Contracting and mobilisation would follow thereafter, with oversight of the mobilisation work undertaken through the Diagnostics, Ambulatory and Planned Care Programme led by the Executive Director of Primary, Community Care and Mental Health and Renewal Portfolio Core Group.

CHAIR'S ACTION

The Chair, in consultation with the Chair of the Experience, Quality & Safety Committee and Chair of the Performance & Resources Committee, APPROVED the proposal to procure external provision, to be delivered within Powys THB facilities, to support patients waiting for treatment. It was noted that this arrangement was a positive step forward to enable access to treatment for patients within the Health Board's own facilities.

The Chief Executive Officer provided assurance that the Executive Medical Director was fully engaged in the process and was confident that the appropriate quality governance arrangements were in place with the preferred supplier.

The Chair outlined the importance of safe services with positive outcomes for the population of Powys and therefore requested that a quality assurance report

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with evaluation of the arrangement be presented to a future meeting of the Patient Experience, Quality and Safety Committee.

The Board is asked to RATIFY the decision taken to secure external provision, to be delivered within Powys THB facilities, to support patients waiting for treatment.

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Key:

Action Complete
Not yet due
Due
Overdue
Transferred

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BOARD ACTION LOG (Updated Nov 2021)

Board Minute	Board Date	Action	Responsible	Progress at 24/10/2021	Status
PTHB/20/155 P&R Committee Chair's Report	31 March 2021	Board Discussion to take place on risks associated with Workforce Sustainability and Model as articulated in the Corporate Risk Register	Board Secretary/ Director of Workforce & OD	Discussed by the Workforce & Culture Committee at its meeting on 5th October 2021.	
PTHB/21/67	29 September 2021	A report be taken to Delivery and Performance Committee on cataract surgery referral to treatment times.	Director of Planning and Performance	Planned Care Performance Report scheduled for consideration by the Delivery & Performance Committee on 20th December 2021.	

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Powys Teaching Health Board

Planning Framework
and Key Planning Parameters
November 2021

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Planning Framework & Parameters Overview

Where are we now?

MACRO PARAMETERS

The external context

- PESTLE Analysis
- Population Health and Health Equity
- Latest Evidence
- Five Harms
- Learning and Reflections
- A Healthier Wales and the National Clinical Framework
- Legislative / Government Programme and Priorities
- IMTP Legislation and Statutory Requirements/ Escalation / intervention status and conditions

POSITION PARAMETERS

The organisational context

- Performance
- Finance
- Workforce
- Quality and Safety
- Demand and Capacity
- Activity
- Modelling
- Strategic Risk
- SWOT Analysis

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Where do we want to be?

A HEALTHY CARING POWYS

- Long term shared ambition and health and care strategy
- Powys Principles
- Powys Outcomes
- Well-being Objectives
- Enabling Objectives

How will we get there?

Integrated Medium Term Plan (IMTP) 2022/25

- Strategic Framework: renewing the ambition of A Healthy Caring Powys
- Priorities to deliver against Well-being & Enabling Objectives
- The three Rs: Resilience, Recovery, Renewal
- Implementation and Review

Introduction

All plans set out 'where we are now', 'where we want to be' and provide a map for 'how we are going to get there'. A Planning Framework provides an overall map for this journey and planning parameters are the distinguishing features on that journey. It helps to understand the complexity of the territory and the distance to be travelled.

In a complex health and care environment, there are multiple parameters to be understood and a very complex landscape to be navigated. A robust and systematic framework, whilst it will never be a perfect route map, helps to articulate the desired end point and harness efforts across a whole system to reach it.

This Planning Framework is set in the context of the greatest complexity and uncertainty ever experienced in the NHS. Nonetheless, there remain some important fixed points and where there are less fixed points, variables can be identified and made clearer so that decisions are guided by as accurate and complete an understanding as possible.

This framework therefore provides a map of the 'current state' (where we are now) and the key parameters in relation to the external context (the macro parameters) and the organisational context (the position parameters).

It also provides a recap of the agreed long term health and care strategy for Powys (where we want to be) and the key factors in relation to the shared ambition of 'A Healthy Caring Powys'. This includes the renewal of the Well-being Objectives and Enabling Objectives, alongside the ongoing response to the by the Covid-19 pandemic.

Given the ongoing public health emergency, a phased and cyclical approach is central to delivery for the next three years, where progress is unlikely to be linear and contingency and local option planning will be necessary.

The three Rs of 'Resilience, Recovery and Renewal' are proposed as key phases in this cycle in the short, medium and long term. This will enable contingency and local options planning as part of the IMTP 2022 – 2025.

- Resilience: continued response to Covid and actions to ensure organisational resilience in the short term
- Recovery: recovery planning and action in the short and medium term
- Renewal: taking a longer term horizon to achieve sustainable transformation and renewal

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This Framework is provided as a resource to support the IMTP development process which will include further work on 'micro' parameters by service area / type and activity and as part of the detailed implementation planning and subsequent review cycle noted in the final section of this document.

PESTLE Analysis

High level summary of the key Political, Economic, Sociological, Technological, Legal and Environmental Factors

Political

Complex socio-political context

- Pandemic response and impact
- EU Exit impacts
- New Government Programme / Priorities in Wales
- Changes in political programme for health and care in England
- Local Authority Elections 2022

Economic

Uncertain fiscal outlook due to pandemic

- The changing nature of work and employment landscape
- Increasing rates of inflation
- Aggregated impact on household income / disposable income
- Pressure on public expenditure but also additional funding made available
- EU Supply chain issues
-

Sociological

Increasing inequalities is a key issue

- Pandemic recovery historically linked with social change / civil movements
- Loss of social connectivity and educational disruption
- Emerging evidence of syndemic impact
- NHS emerging as an 'Anchor institution'

Technological

Scale and pace of innovation

- Significant digital innovation
- Issues with infrastructure, equipment and inequality of connectivity / skills
- New ways of working, complex task to safely identify and maintain these
- New health technology

Legal

Significant legislative developments:

- Existing legislative requirements are significant in relation to health and care
- New legislative instruments / bills this year / next year in Wales
- Significant new Health and Care Bill planned in England

Environmental

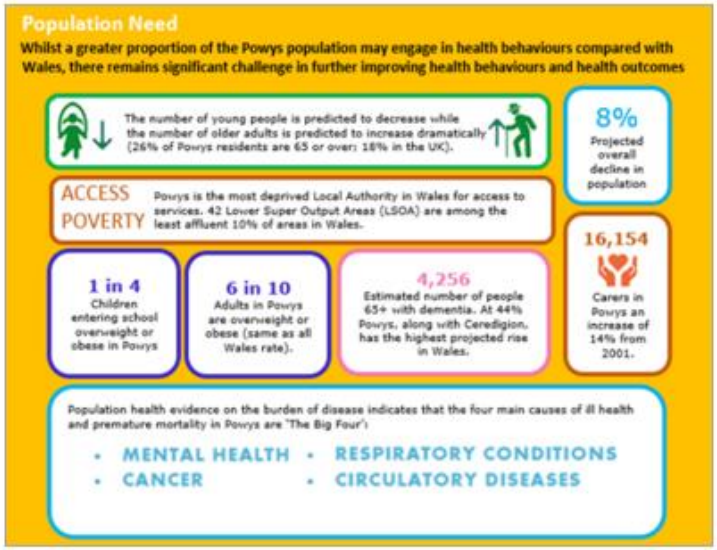
Growing urgency on climate change

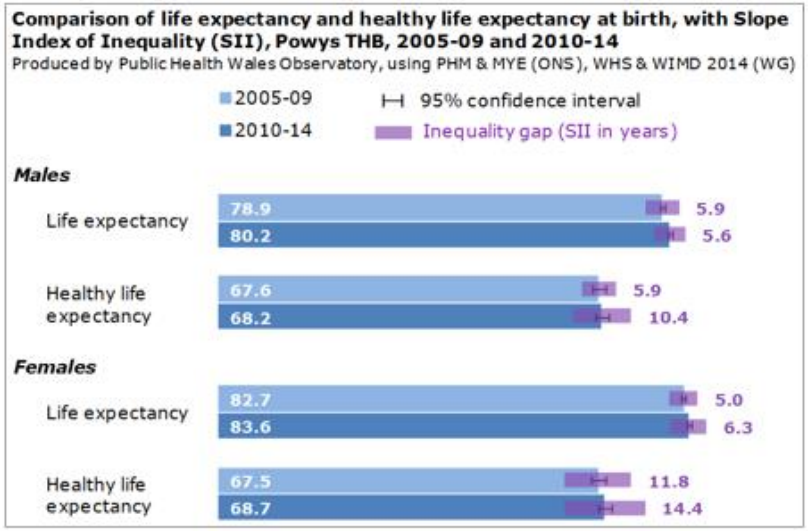
- Key area of focus in Wales and UK Wide / Internally with significant legislative changes
- Challenging set of targets including decarbonisation by 2030
- Wider sustainability and co-production approach

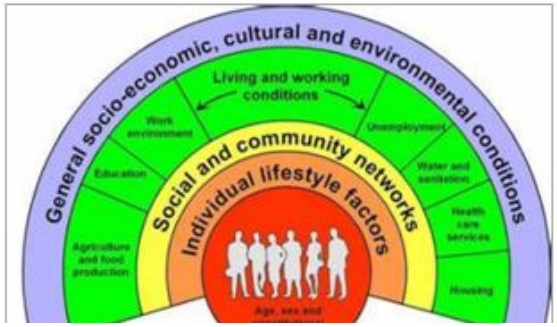
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Population Health and Equity

Population health is about how organisations work in partnership to improve mental and physical health and reduce inequalities. Current partnership priorities for population health in Powys are captured in three documents: the Public Services Board (PSB) Wellbeing Plan, the Regional Partnership Board (RPB) Local Area Plan, and the Powys Health and Care Strategy. In reviewing each, a large number of actions are identified which make a contribution to population health. When taken together, they can be seen as five collective themes or priorities: place, behaviours, early years, education and skills, and equity (of access).







COVID-19 is experienced as a **syndemic**—a co-occurring, synergistic pandemic that interacts with and exacerbates their existing chronic diseases and social



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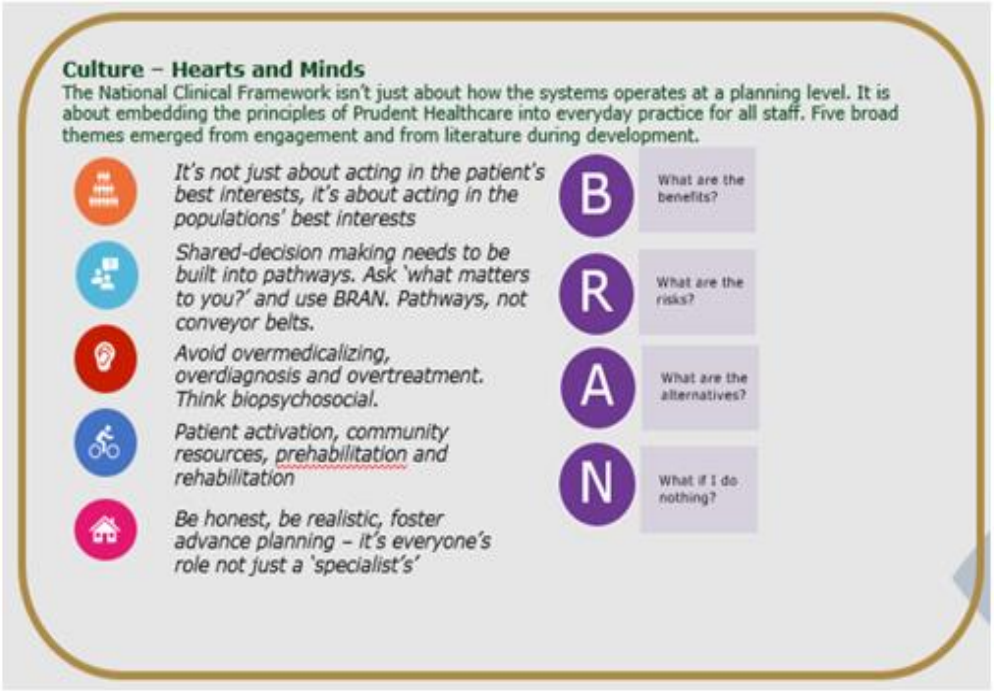
Population Health and Equity

Health equity refers to the absence of systematic, unfair, avoidable or remedial inequalities in health between groups of people, whether these groups are defined socially, economically, geographically or demographically.

Population health parameters relate to system level drivers and mechanics and include:

- System leadership and training in system working to prioritise equity and increase the community voice.
- Health equity in terms of where the greatest need is in our communities, where people live, focusing on effective system working and meaningful outcomes.
- Services based on risk-informed mapping where different risk factors are distributed in our populations.
- Focusing on meaningful outcomes and acting on the findings of health equity audits of our services





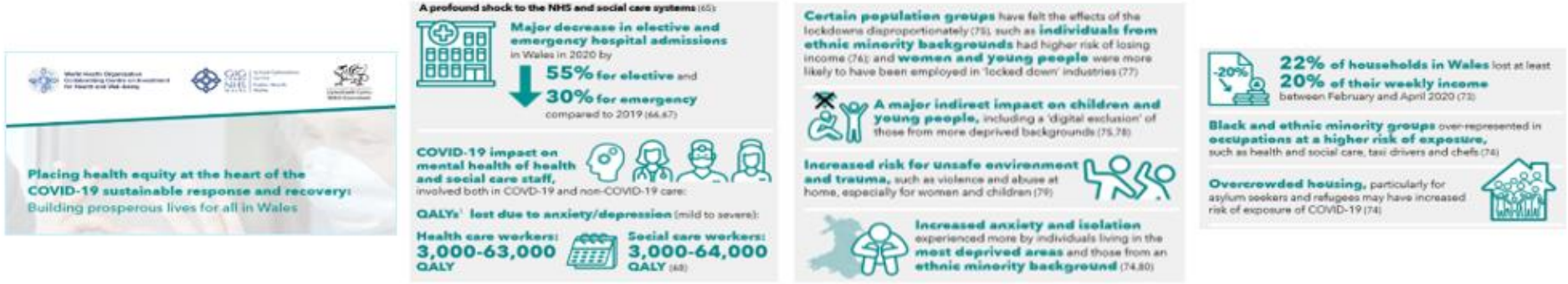
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Latest Evidence

There is consensus that the impact of the pandemic will be felt for many years, with a complex effect on health, well-being and inequalities. The World Health Organisation describes three phases of impact with increasingly critical areas of risk which include serious mental health issues and suicide, increased alcohol consumption, chronic ill-health and further excess morbidity and mortality.

There will be differing effects between groups, with both positive and negative impacts on health, behaviours and the 'wider determinants of health'. Various sources refer to a 'syndemic' impact, meaning there is a cumulative effect for those with existing health conditions and a clear social gradient in how this is experienced. Research points to particular impacts on children and young people and other vulnerable groups. There is a clear correlation with existing inequalities of all types – across all boundaries including ethnicity, gender, age and sexuality.

The report 'Placing health equity at the heart of the Covid-19 sustainable response and recovery' (The Welsh Health Equity Status Report, 2021) sets out the wider socio-economic impact in Wales:



Importantly, despite the catastrophic consequences of Covid, the report also emphasises the profound interdependence between population and community well-being and the window of opportunity to adopt and accelerate new approaches and solutions to achieve healthier and more resilient people, societies and economies.

A fuller account of the key references and links to all sources can be found in the PTHB Annual Plan 2021 – 2022.

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Five Harms Framework

Health and wellbeing has been affected by the impact of the pandemic, including the reduction in non-Covid NHS activity and wider societal actions. Central to the health board's approach is reducing the potential for harm from this.

The NHS Operating Framework for Quarter 1 2020/21 identified four harms of Covid and the need to address all of them in a balanced way, with the fifth cross-cutting harm explicitly recognising the important impact of inequality on the harm experienced by people in Wales.

This was subsequently updated to five harms to reflect going into Winter 2021/22 alongside the releasing of COVID-19 restrictions and how the focus may need to shift from direct to indirect harms of the pandemic (Technical Advisory Group Five Harms Arising from COVID-19: Consideration of Potential Baseline Measures, 9 July 2021, Welsh Government).

1. Harm directly arising from SARS-CoV2 infections;
2. Indirect COVID-19 harms due to surge pressures on the health and social care system and changes to healthcare activity, such as cancellation or postponement of elective surgeries and other non-urgent treatments (e.g. harm from cessation of screening services) and delayed management of long-term conditions.
3. Harms arising from population based health protection measures (e.g. lockdown) such as, educational harm, psychological harm and isolation from shielding and other measures.
4. Economic harms such as unemployment and reduced business income arising both from COVID-19 directly and population control measures, like lockdown.
5. Harms arising from the way COVID-19 has exacerbated existing, or introduced new, inequalities in our society.

Source: Technical Advisory Cell, July 2021

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Learning and Reflections

There have been great challenges over the past year and these are still continuing in relation to responding to the Covid-19 pandemic and its impacts for people in Powys. There has also been a rapid acceleration in innovation to face this challenge head on. This has included the development of new tools, techniques, skills and ways of working.

An Evaluation of Ways of Working was commissioned by the health board and a number of themes emerged:

- Benefits of virtual and alternative ways of working for patients with increased flexibility, choice and access
- More support for self-care, promoting independence and ownership for patients and carers
- staff have developed skills which can be shared further and there are opportunities for further adoption and scale

"Effective health care and services are not dependant on the ability to see clients in person, alternative approaches can increase client satisfaction, ease of access and increase the provision available."

- The shift to remote communication has been well received, leading to easier contact and collaboration
- Access and equipment issues can cause frustration, there is a critical role for IT support, infrastructure & systems
- A high value is placed on staff engagement and perception of value at work
- Culture is key: leadership and management; value and recognition; staff health and well-being and behaviour
- Most people reported a positive experience at work, pride and feeling that they matter
- Great adaptability and strength has been shown with a sense of shared commitment and work 'community'
- There is a drive for quality improvement and innovation and streamlined decision making and governance
- Learning on preparedness including Personal Protective Equipment (PPE), procedures, skills and capabilities
- There is a wish to maintain and build the momentum to ensure readiness to meet needs of service users.

"The level of care that I have witnessed from all staff has been second to none. it has made me proud to work for the health board and to be able to call them my colleagues"

The NHS Staff Survey 2020 highlighted improvements in areas such as engagement and motivation, whilst recognising the need for improvement and a focus on culture, communication, management and team working.

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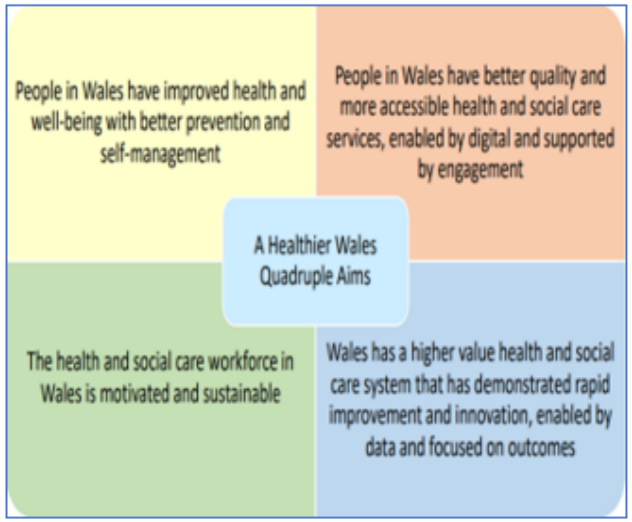
There is a clear message to build on the innovation and streamlined ways of working and to build in time to recover. This requires action across the whole organisation using the Compassionate Leadership Approach, Healthy Working Relationships model and Organisational Development Framework.

A Healthier Wales and National Clinical Framework

A Healthier Wales

A Healthier Wales was first published by Welsh Government in 2018 and remains the overarching strategic framework for health and care. It sets out five goals:

- **The health and social care system will work together** so that people using them won't notice when they are provided by different organisations.
- We want to **shift services out of hospital to communities,** and we want more services which stop people getting ill by detecting things earlier, or preventing them altogether.
- We will **get better at measuring what really matters** to people, so we can use that to work out which services and treatments work well, and which ones need to be improved.
- We will **make Wales a great place to work in health and social care,** and we will do more to support.
- To make our services work **as a single system, we need everyone to work together** and pull in the same direction.



National Clinical Framework

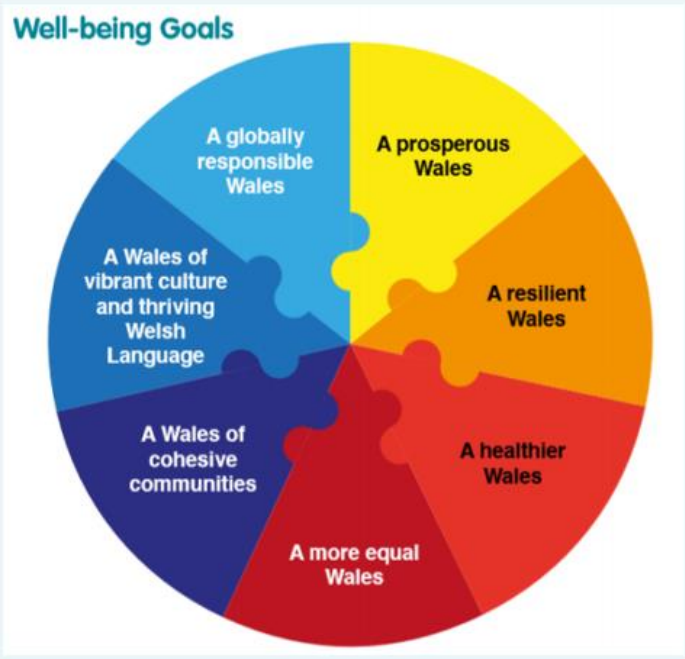
Welsh Government have published a National Clinical Framework (February 2021) which also forms an important component of the strategic context in Wales:

- The National Clinical Framework sets out a **coherent vision** for the strategic and local development of NHS clinical services.
- It is grounded in the **life course approach to service delivery** and aligned to the burden of disease facing the population.
- Its intent is to **improve patient outcomes** and support the planning and delivery of resilient clinical services.
- It builds upon the findings of the Parliamentary Review and the direction set in **A Healthier Wales** and has benefited from looking at international experience and engagement with NHS colleagues.
- The Framework will sit at the **centre of our system of planning.**



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Well-being of Future Generations Act



A Healthier Wales responded to the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014 in its desire for a high quality health and social care system and sustainable development.

This set out seven well-being goals and a duty for public bodies to consider long term solutions and take a more joined up approach.



Climate change and decarbonisation are key themes for the next three year planning horizon and there are ambitious targets to be achieved.

The health board adopted an **Environmental Policy Statement** at its Board meeting in September 2021 in relation to its commitment to progress as a matter of priority key actions in relation to Environment and Sustainability. It also approved a Biodiversity Action Plan addressing environmental issues on biodiversity.

The recently published **NHS Wales Decarbonisation Strategic Delivery Plan** also provides a set of guiding principles enabling the organisation to plan to achieve the demanding CO2e reduction targets across a range of services and activities and the organisatio

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Legislative / Government Programme

The key areas in relation to the Programme for Government and Legislation in Wales and England are set out below, there are a number of significant areas of development in the new Welsh Government and Ministerial Priorities for health and care. There are similarly substantial developments cross border with the progression of the Health and Social Care Bill:

Welsh Government - Programme for Government 2021 - 2026

Ten **Well-being Objectives** - broadly:

1. Healthcare
2. Vulnerable People
3. Economy
4. Greener Economy
5. Climate and Nature Emergency
6. Educational Reform
7. Diversity and Inequality
8. Welsh, tourism, sports and arts
9. Cities, towns and villages
10. Constitutional future of Wales

8 **Ministerial Priorities** Health & Social Care

- Covid-19 Response
- NHS Recovery
- Population health, pandemic experience and health inequity
- Healthier Wales
- NHS finance and managing within resources
- Mental health and emotional well-being
- Supporting the health and care workforce
- Working alongside social care

Health and Social Care portfolio areas:

- Development of NHS National Executive
- Integrated health and social care, Social Care Framework, Chief Social Care Officer
- Cap on Social Care costs, Capital limit
- CHC and Direct payments
- Health & Social Care Centres, Community Hubs
- NHS Bursary, free prescriptions, PPE for staff, funding for Test, Trace and Protect
- End of Life Care, HIV Stigma, Carers hardship fund, respite, age friendly posts, Baby bundles, asylum seeking children / young people, national fostering scheme
- New technology and AI

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Legislative Programme (Wales)

Existing Legislation of particular note:

- **Social Services and Well-being** (Wales) Act 2013 [Public Services Boards & Well-being Plans]
- **Well-being of Future Generations** (Wales) Act 2014 [Regional Partnership Boards / Wellbeing Goals/ Five Ways of Working]
- **Nurse Staffing** Levels (Wales) Act 2016
- **Welsh Language** Act 1993 also of note
- **Socio Economic Duty** created with effect from March 2021 (under powers of Equality Act 2010)

Legislation planned/ to be implemented this year:

- Quality and Engagement (Wales) Act 2020 [Quality; Citizen Voice; Duty of Candour; NHS Trust Governance in Wales]
- Rebalancing Care and Support Bill pending
- Social Partnership and Public Procurement Bill
- Education Reform (Post 16)

Legislative Programme (England)

- Health and Care Bill / Planned legislation for Integrated Care Systems (ICS) and Boards
- Delegation of some NHSE/I Functions to ICSs: letter of intent July 2021; implementation Apr 22

NHS Wales Planning Framework and IMTP Requirements 2022 - 2025

The NHS Wales Planning Framework published on 9 November 2021 is set in the context of the impact of Covid and the balance of risk of different harms, a time of extreme pressure particularly over what is recognised to be a challenging winter and longer term period ahead.

The Ministerial priorities (shown on previous page) are noted, recognising that "as a country we must continue to respond to the immediate challenges of Covid, whilst turning our attention to longer-term sustainability and improvement of population health".

Key national policy and planning drivers:

- the vision and ambitions in 'A Healthier Wales'
- the Wellbeing of Future Generations (Wales) Act
- the National Clinical Framework and associated Quality and Safety Framework / Quality Statements
- The Foundational Economy in Health and Social Care Strategy
- Reduction of Health inequalities and health inequity
- Cross cutting policies including NHS Wales Decarbonisation Strategic Delivery Plan
- Coronavirus Control Plan
- Health and Social Care Winter Plan
- Strong leadership and accountability at local, regional and national levels
- Health boards must work together across organisational boundaries
- NHS Outcomes Framework and Delivery Framework

Key enablers:

- Renewed focus on recovery
- Whole system approach
- Build on learning and experiences across health and care
- Digital technology and innovation
- Accelerated and embedded change to revolutionise delivery
- Access to care closer to home
- Urgent and Emergency Care Six Goals
- Planned care focus – waiting lists, cancer, equity, Mental health and wellbeing, children and young people
- Prudent health care principles and value based healthcare
- Infection and protection control measures
- Health and care workforce, partnerships and cooperation to address fragility; agile workforce planning to address peak demand and surge and for ongoing sustainable services
- Managing within existing resources, strong financial control
- Working in partnership

PTHB has routine monitoring status. Some key areas were highlighted in the 'Escalation and Intervention Letter' received from Welsh Government in August 2021: the restarting of commissioned services in England and Wales with a focus on patient experience; managing the relationship with partner organisations, and communication with the local population to explain the options available in accessing services.

Further areas were highlighted in the 'Annual Plan 2021/22 – Parameter Letter' received from Welsh Government on 30 September 2021 which covered plan delivery, workforce, finance and recovery. The NHS Delivery framework for 2021/22 was also attached to this letter. Whilst this relates to the current year, it is helpful in indicating key requirements.

Further letters were received in October 2021 which set out further areas of focus including Planned Care and Unscheduled Care sustainability, Recovery Fund allocation, Critical Care, Endoscopy, Clinical Strategy for Orthopaedics and Local Options Framework.

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Partnership Landscape

There is a complex partnership landscape for health and care, particularly in Powys, with several important interdependencies across NHS Wales and across the border into England.

Powys is considered a region given the size of its geographical footprint, covering a quarter of the landmass of Wales, albeit with a relatively small population size. It is unique in having one Regional Partnership Board and one Public Services Board which are co-terminous with both the health board and the County Council.

It is also the smallest population of any health board (circa 133,000 compared to the next smallest Hywel Dda University Health Board at 390,000 and the largest Betsi Cadwaladr University Health Board at 703,000). Therefore Powys is also considered as a sub region, within the wider Mid Wales footprint, which is now recognised as a formal planning area by Welsh Government, in line with the regional arrangements for North Wales and South Wales (the latter divided further into East and South/West regions).

The key partnership and planning arrangements are listed below.

<u>Regional Arrangements</u>

- Powys Regional Partnership Board
- Powys Public Services Board
- Powys Joint Partnership Board
- Mid Wales Joint Committee for Health and Social Care
- Other Regional Fora (Wales)
- Integrated Care systems (England)

<u>National Arrangements</u>

- NHS Wales Recovery arrangements
- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulances Services Committee (EASC)
- NHS Wales National Collaborative Commissioning Unit (NCCU)
- NHS Wales Health Collaborative
- NHS Wales National Programmes spanning Planned Care, Unscheduled Care, Primary Care, Climate Change and Decarbonisation, Value Based Healthcare, Health Technology, Digital, Workforce and Theme / Profession specific workstreams, Academic Partnerships
- NHS England / Improvement arrangements including the planned progression of the Health and Care Bill

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Strategic Programmes

In addition, there are a number of programmes at regional and national levels that impact on health and care provision and pathways for residents of Powys.

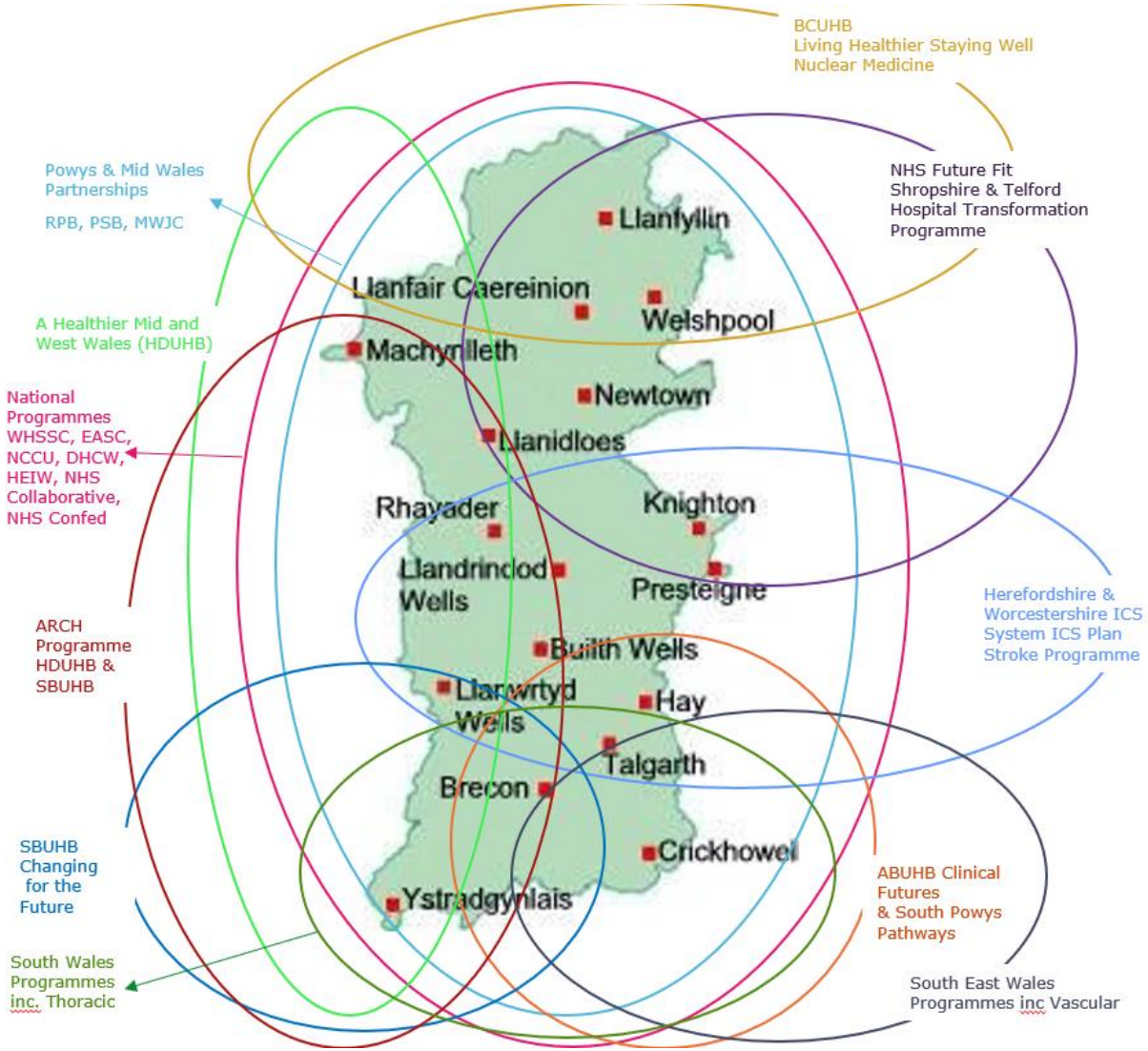
These are sometimes referred to as 'strategic change programmes' and in most cases were in train prior to the onset of the Covid-19 pandemic.

These were suspended during the initial phases of response to the pandemic in line with the public health emergency response.

These have been gradually revisited during 2021, as part of the planning process for each provider and/or partnership, in the context of the wider recovery efforts in Wales and England.

The diagram shown here has been refreshed in September 2021, to show the current major programmes of work at a national and regional level.

There are a range of other arrangements which are specific to service areas and will be included as part of Directorate considerations for the next three years. These include the National programmes for Recovery, Planned Care, Primary Care, Cluster Development, Climate change, Value Based health care, Digital, Workforce, Academic Partnerships, clinical and professional networks, working groups and bodies.



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Performance Position

The scale of the challenge in relation to people waiting for diagnostics, treatment and care and the backlog created by the pandemic is a critical new parameter. It is a challenge which will not be met by existing approaches or existing resources, it will require radical new solutions founded in a value based healthcare approach, nationally, regionally and locally. This includes action to address 'waiting times and to understand and improve the experience and outcomes for those waiting. This will build on existing prioritisation based on risk and potential harm.

The health board has commenced important work on renewal, led by Clinical Executives, as part of the Annual Plan, with priorities informed by the evolving learning and evidence.

The response will adapt as the phases of the pandemic change, responding not only to the immediate short term problems of longer waiting times and backlogs in healthcare, but also to the experiences and concerns of those waiting for care.

Oversight and surveillance of Covid-19 itself is in accordance with the PTHB Prevention and Response Plan and agreed local governance arrangements, which take into account national requirements.

The Minimum Dataset submitted with the IMTP sets out key trajectories for the year in relation to:

- Test, Trace and Protect
- The PTHB Provided Bed Model (Community and Mental Health)
- Core Activity across Primary and Community Care
- Planned Care Trajectories by speciality
- Workforce
- Financial Plan

The NHS Wales Performance Framework and National Outcomes Framework is being reviewed by Welsh Government in 2021/22 and progress on this will be tracked alongside the development of the IMTP although the final outputs are not expected to align with the IMTP submission timeline.

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Finance

The health board financial strategy is designed around a core principle of ensuring Powys residents have access to good quality health services that meet their needs whilst achieving the target of containing expenditure to within the resources available. The health board has established a succession of financially balanced plans and consistently achieves a routine monitoring status.

There are however continuing economic pressures and these are further complicated by the impacts that are expected as a result of the pandemic and the potential pressure on public spending and recovery in the NHS in particular.

Ensuring that the health board remains in a balanced financial position will be a very significant challenge for the next three years and the key financial parameters in this context include:

- A Value Based Health Care approach supported by Investment Benefits discipline
- Excellent Financial and Service Planning with strong control in all budget areas
- Excellent financial interaction and alignment internally and externally
- Strong alignment across financial, workforce and operational plans
- Leadership, ownership and buy in across the organisation
- New approach to the delivery of reducing costs to support longer term sustainability

This is supported by more detailed assumptions or 'micro' parameters which will be worked up during the IMTP Development process and on receipt of the letter from Welsh Government regarding financial allocation which is expected in December 2021. These micro parameters will cover:

- Detailed percentages of changes in Long Term Agreements for English and Welsh providers
- Detailed percentages of changes in NHS Wales pay agreements
- Any changes to other nationally agreed cost frameworks including primary care and nursing homes
- Saving and cost containment requirements
- Allocations for depreciations and impairments and capital charges
- Strategic support where issued as direct funding
- Recovery cost funding and covid related expenditure

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Workforce

Workforce planning for immediate health board priorities of covid response and resilience remains a significant focus, alongside building the capacity required for recovery and renewal work, in line with national and regional plans and investment.

Key workforce parameters include:

- The complex and changing nature of work and the employment landscape
- Set in an increasingly competitive workforce market over the three year planning horizon
- Constraints in relation to sector specific employment which limit the ability to modify the workforce at a local and regional level and the challenge of redesigning roles in the existing workforce
- The ongoing response to the pandemic and the well-being and welfare of staff in this challenging context

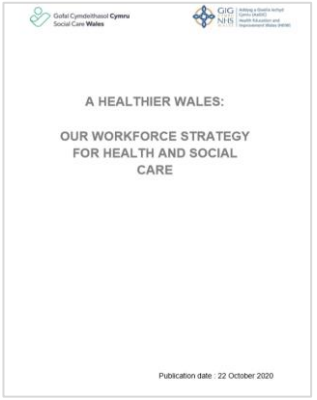


- A Workforce Futures Strategic Framework has been developed working in partnership as a Powys region with significant schemes including the Health and Care Academy
- Collaboration on a Mid Wales footprint to grow and retain workforce including strategic academic partnerships
- A growing 'social partnership' with Trade Unions
- Building on the learning and innovation and links with the community, voluntary sector and the experience of working closely with new partners including military colleagues

Wales' 10-year workforce strategy, 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' was launched by Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) on 22 October 2020.

It sets out the vision, ambition and approaches that put wellbeing at the heart of plans for the NHS and social care workforce in Wales. It reflects a core element of the Parliamentary Review and A Healthier Wales' 'Quadruple Aim' to deliver an inclusive, engaged, sustainable, flexible and responsive workforce to deliver excellent health and social care services.

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A HEALTHIER WALES:

OUR WORKFORCE STRATEGY FOR HEALTH AND SOCIAL CARE

Publication date : 22 October 2020

Quality and Safety

The Health Board has developed a Clinical Quality Framework and is committed to ensuring high quality, safe and effective services and quality assurance, planning and improvement as a core principle underpins everything, from day to day delivery through to transformational schemes and commissioned services.

Key Quality and Safety parameters include:

- Implementing Welsh Government's Quality and Safety Framework, enabling preparedness for the Health and Social Care (Quality and Engagement) (Wales) Act, which includes duties of quality and candour, and in force from April 2023
- Recommendations from the Wales Audit Review of Quality Governance (Sept 2021 – final report awaited)
- The Clinical Quality Framework encompasses the fundamental pre-determinants of the delivery of high-quality clinical care
- Commissioning Assurance Framework, to ensure that providers deliver services of the highest possible standards continuous monitoring of quality and safety of care and treatment provided
- Risk based planning and priority setting
- Revised Putting Things Right policy, complimented by implementation of the new Wales Patient Safety Framework
- Reset of the committee structure as part of Board Assurance Framework
- Infection prevention and control including implementation of the national Framework for managing patient safety incidents following nosocomial Covid-19
- Safeguarding and vulnerable groups, this is an important area of partnership working locally and regionally.
- Maternity Neonatal Services are a high priority nationally and locally, the whole system approach to services is a key quality governance priority.
- Strong stakeholder engagement has also been key throughout the year and an important part of the learning and reflections for the organisation and partners.



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Improvement Cymru have recently launched its Quality and Safety Framework and new Improvement Cymru Strategy 2021 – 2026 to enable everyone to work together with health and care systems in Wales to ensure that everyone has access to safe, effective and efficient care in the right place, at the right time.

Demand, Capacity and Activity

Powys has a complex set of healthcare pathways spanning England and Wales. Powys residents access District General Hospital and Specialist Care from a range of providers with the largest activity into Shropshire and Herefordshire. The analysis of demand and capacity is multi-dimensional including:

- Population Healthcare Demand Trends
- Strategic Demand and Capacity analysis
- Commissioned Services
- Directly managed Provider Demand and Capacity Planning

Significant changes in demand were seen in 2020 across Wales and the rest of the UK as a result of the pandemic. Communications were developed nationally and locally to promote access and demand is restoring.

Waiting times have increased due to the changes in healthcare to respond to the pandemic. The waiting times position is critical across directly managed and commissioned services.

Health board directly provided essential services have been maintained throughout the pandemic, albeit with a reduction in the capacity available, due to infection prevention and control measures. Alternative means of delivery such as digital have helped to keep services available to patients, although the means of access has changed.

Surge Planning

To date surge capacity has been planned and delivered in Powys through the existing health board infrastructure. This has proved to be sufficient, during both non peak and peak times in 2020/21. Preliminary plans were also drawn up for additional capacity which remain available if at any point it becomes necessary to revisit those, although that is not currently considered to be a likely scenario in line with the modelling intelligence.

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Modelling Assumptions

In Powys, the national modelling in relation to the progress of the pandemic is used as a guide in quarterly and winter planning, and surge planning as a component of that approach, and has been updated as part of the development of the Annual Plan and Minimum Data Set.

A key source of modelling is from the Wales' Technical Advisory Cell (TAC) which is a group of experts that provide technical advice and updates to Welsh Government. It considers emerging outputs from SAGE (the UK Government Scientific Advisory Group for Emergencies); Welsh modelling forecasts and situation reports.

The forecasts are provided for NHS Wales, Local Resilience Forums and Strategic Co-ordination Groups as well as external stakeholders. The advice is updated periodically and includes briefings on the latest modelling of Covid-19 at a Wales level.

Local modelling utilises the nationally available intelligence, underpinned by:

- An evidence based approach, utilising national and international data, policy and technical guidance
- Regular review to ensure any new modelling is considered as it is released to take into account new scenarios and emerging Covid-19 variants under investigation or concern
- Robust local surveillance and intelligence including R value and other Covid Situation Analysis
- A collaborative approach building on regional working across England and Wales
- The Minimum Data Set* trajectories and alignment

*The Minimum Data Set is a spreadsheet that is required to be completed as part of the Annual Plan submission to Welsh Government and provides an assessment of our demand and capacity in key areas of delivery including Test, Trace and Protect, Core Services, Workforce and Finance. Partner organisations also provide information relating to Ambulance and Screening services.

Further information on the role of TAC and the most recent updates are available at https://gov.wales/technical-advisory-cell.

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Strategic Risks

There remains considerable uncertainty and complexity over the next three year planning horizon. The need to continue to respond to the public health emergency of the pandemic alongside growing system pressures, seasonal factors and the need to recover healthcare services presents multiple and interrelated risk factors.

The modelling of the presentation of the Covid-19 pandemic is described in more detail earlier in this document. A responsive approach is necessary and the Technical Advisory Cell have added a 'fifth harm' of inequalities to the 'four harms' in relation to the impact of Covid, in recognition of the increasingly syndemic impact of the pandemic.

In this context, there are delivery challenges not solely in relation to access to services and waiting times but at a population health system level. The impact of this on patient and community well-being and experience is a growing area of risk.

The response is similarly complex across partnerships and cross border in relation to the pathways for the Powys population. Alignment will be a key delivery challenge across and between service areas, organisations, partnerships and geographies.

There are constraints and innovations in delivery which also form part of the understanding and management of risk in the IMTP approach for this period. These key strategic risks are set out in the diagram on the right.



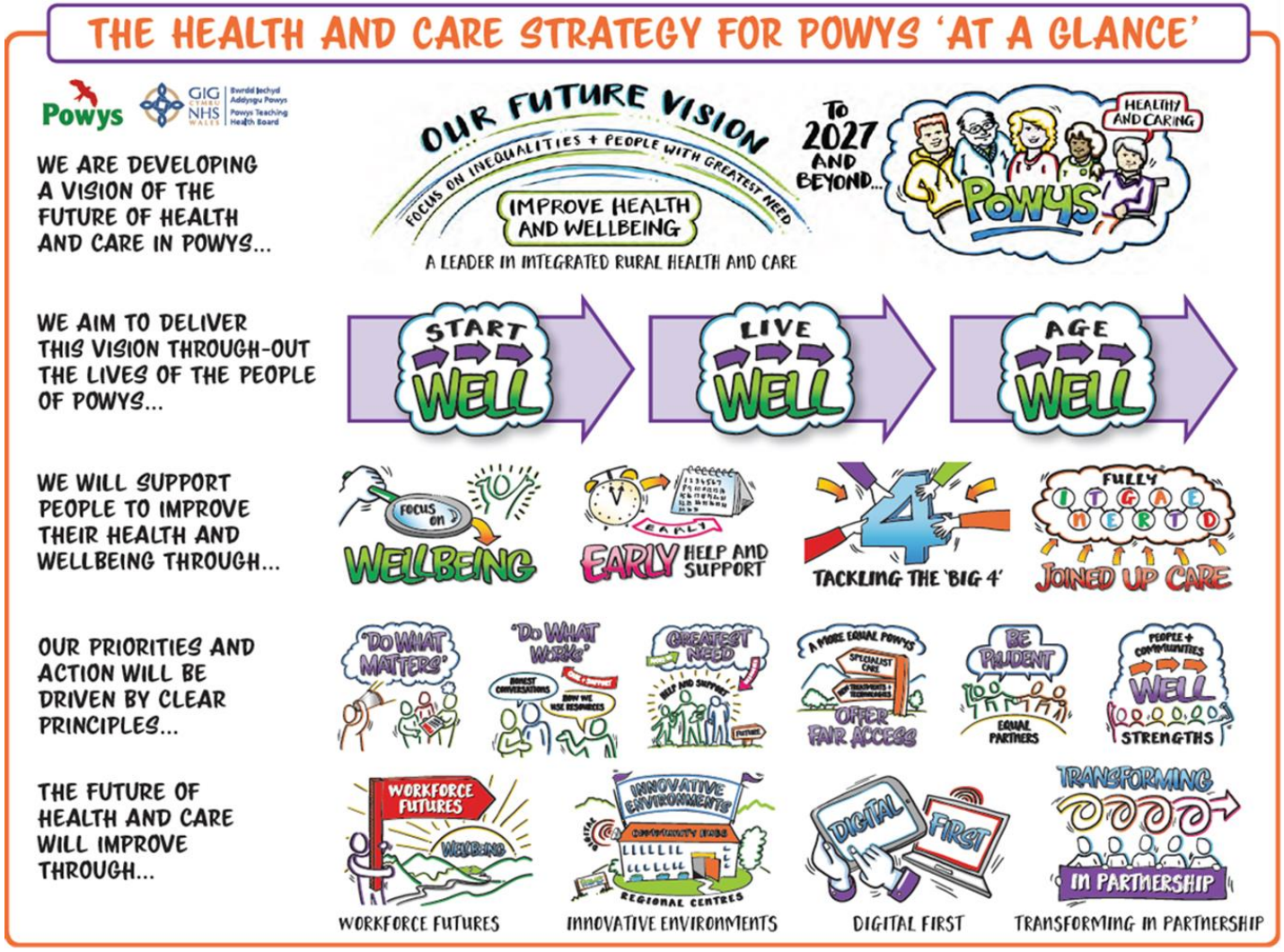
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SWOT Analysis

SWOT Analysis High level summary of the key Organisational Strengths, Weaknesses, Opportunities and Threats/Challenges			
Strengths	- Shared long term Health and Care strategy - Learning, ways of working, innovation - Workforce & volunteers - Routine monitoring status - Current financially balanced plan - Maintained essential healthcare throughout pandemic, directly provided services	**Weaknesses**	- Workforce challenges - Continued pressure of pandemic response - Reduced capacity for forward planning - Restrictions on physical space due to covid - Complexity of planning landscape - Varied ownership and engagement in planning
Opportunities	- Acceleration in agile ways of working - Partnership and system opportunities - Growing workforce from community and volunteers - North Powys flagship transformation programme - Rural health and care academy - Renewal Programme - Alignment to Primary Care Clusters / Cluster Planning	**Threats/Challenges**	- Complexity of sovereign and partnership governance - Additional challenge of working across multiple footprints and cross border - System and capacity pressures - Service fragility - Staff well-being - Fiscal outlook and public spending implications

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Long Term Vision and Strategy



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Guiding Principles

A set of principles have been developed with staff, partners, patients, carers and stakeholders as part of the long term Health and Care Strategy. During the development of the Annual Plan, these came to the fore, setting the parameters for the agreement of meaningful priorities and they will be used to test and refine our approaches as the plan is implemented.





We will focus on what matters to people. We will work together to plan personalised care and support, focusing on the outcomes that matter to the individual.



We will focus resources on those with greatest need for help and support, in a way that looks ahead to future generations.



We will provide care and support that is focused on what works based on evidence, evaluation and feedback. We will have honest conversations about how we use resources.



We will ensure people have fair access to specialist care and to new treatments and technologies, helping to deliver a more equal Powys and recognising rural challenges.



We will use public resources wisely so that health and care services only do those things that only they can and should do, supporting people to be equal partners and take more responsibility for their health and care.



We will work with individuals and communities to use all of their strength in a way that maximises and includes the health and care of everyone, focusing on every stage of life – Start Well, Live Well and Age Well.

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Powys Outcomes

Co-produced outcomes informed by stakeholder feedback, national outcomes and the Powys Well-being Assessment:

Focus on Well-being

- I am responsible for my own health and well-being
- I am able to lead a fulfilled life
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family
- I have life opportunities whoever I am and wherever I live in Powys
- My environment/community supports me to be connected and maintain health and well-being
- As a carer I am able to live a fulfilled life and feel supported

Provide Early Help and Support

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

Tackle the Big Four

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

Ensure Joined up Care

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

Develop Workforce Futures

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly they know who can
- As a carer, I and those who I care for are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

Promote Innovative Environments

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me to live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

Digital First

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent

Transforming in Partnership

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

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Proposed Strategic Framework

The framework for the IMTP 2022/23 – 2024/25 is based on the appraisal of the parameters set out in this document, and will respond to the NHS Wales Planning Framework when that is published, this is expected later in the Autumn 2021. The organisation is responding to much greater complexity, difficulty and risk than ever before in its history. But it is also set in the context of accelerated innovation and a pivotal moment in history.

The key components of the IMTP 2022/23 – 2024/25 will continue to build on the annual plan. Our shared long term Health and care strategy 'A Healthy, Caring Powys', still stands the people of Powys in good stead moving forward and all partners have agreed that it will continue to provide the anchor strategy going forward.

The IMTP will be set in years 6 to 8 of this ten year strategy and therefore takes a medium and longer term view as it passes the mid-point of delivery against the ambition of 'A Healthy Caring Powys'.

The proposed strategic framework for the IMTP 2022/23 to 2024/25 will therefore be framed around this renewed ambition. Strategic and Directorate priorities will be set against:

- The four Well-being Objectives: Focus on Well-being; Early Help and Support; Tackling the Big Four and Joined Up Care
- The four Enabling Objectives: Workforce Futures; Digital First; Innovative Environments and Transforming in Partnership

This will be set in the context of continued phasing of the 'three Rs'

- Resilience: continued response to Covid and actions to ensure organisational resilience in the short term
- Recovery: recovery planning and action in the short and medium term to address the impact of the pandemic
- Renewal: taking a longer term horizon to achieve sustainable transformation and renewal

Micro planning parameters will be set as part of the IMTP development between October and December 2021 and will cover:

- Detailed Modelling and Planning Assumptions
- Financial parameters and strategy
- Workforce parameters and strategy
- Agreed assumptions across key delivery areas
    - Bed Model (MDS)
    - Trajectories for TTP (MDS)
    - Core Service and Planned Care Trajectories (MDS)

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Alignment of micro planning parameters internally and across partners locally including Clusters and key statutory partnerships regionally and nationally including cross border systems will be critical for this plan.

Draft Strategic Framework
2022/23 -2024/25





Resilience

Immediate / short term:
- Covid response
- Essential delivery including winter planning, immunisation, service continuity

Recovery

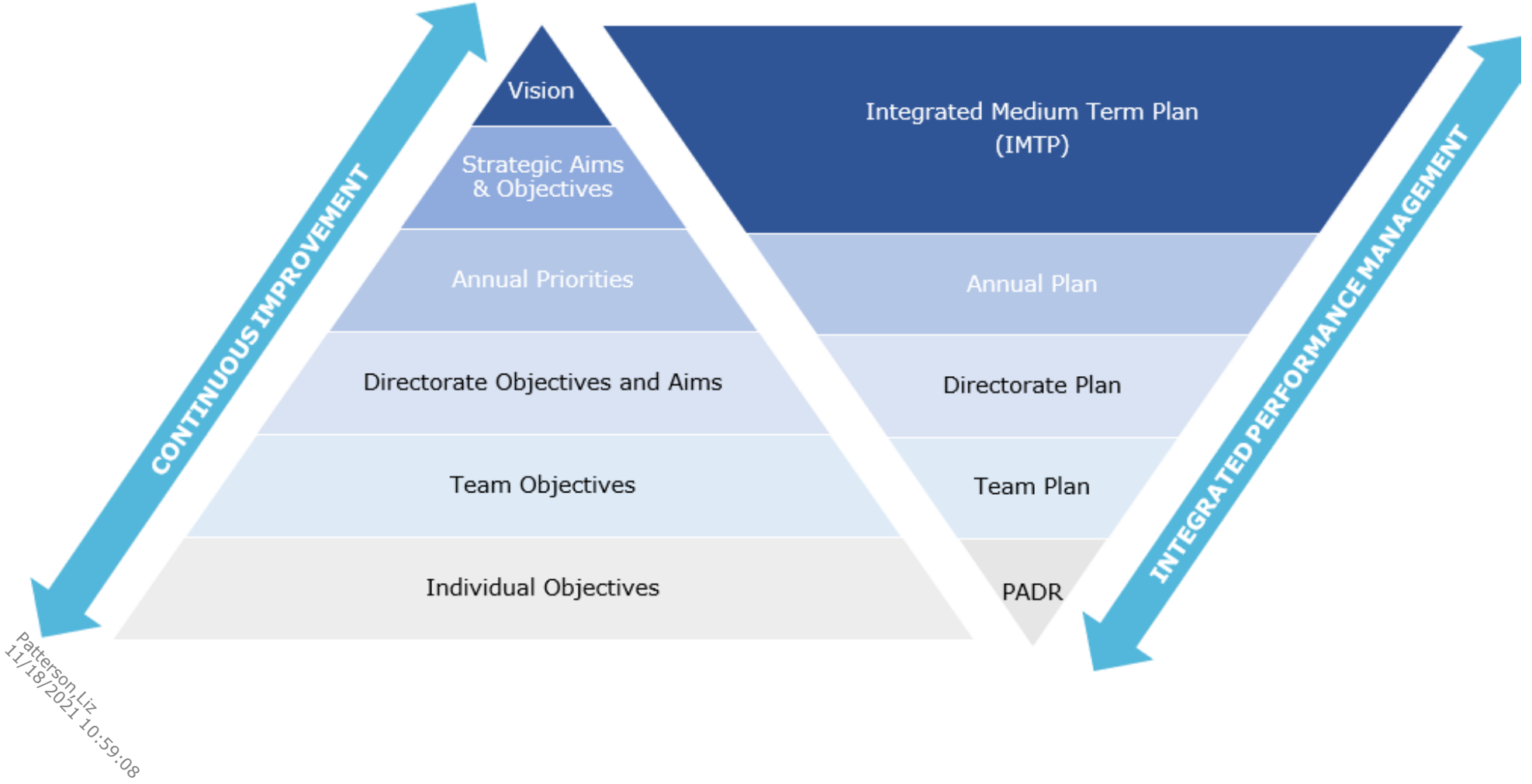
Medium term:
- Recovery planning across planned and elective care

Renewal

Long term:
- Renewal and Transformation
- Flagship partnership programmes

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Implementation and Review



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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.1

BOARD MEETING	**Date of Meeting: 24 November 2021**
Subject:	**PTHB Planning Framework and 3 Year Strategic Priorities 2022/23 – 2024/25**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Assistant Director of Planning
Other Committees and meetings considered at:	The PTHB Planning Framework and Parameters (which includes the context, evidence base and strategic framework) has been considered at Board Development session, Planning, Performance and Population Health Committee and Executive Committee and used to set the Strategic Priorities included in this report. It is also informed by the ongoing review of financial and organisational performance and trajectories which are set out in separate reports to Delivery and Performance Group, Delivery and Performance Committee and PTHB Board.

PURPOSE:

This report provides the Board with the PTHB Planning Framework and Parameters and the Strategic Priorities for 3 years 2022/23 – 2024/25.

This is a key decision point in the process of accountability required for the Integrated Medium Term Plan, as set out in the NHS Wales Planning Framework (summarised above).

It provides the Board with a set of Strategic Priorities which have been developed following consideration of the PTHB Planning Framework, Parameters and Context, at Board Development session, Planning, Performance and Population Health Committee and Executive Committee.

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It is also informed by the ongoing review of financial and organisational performance and trajectories which are set out in separate reports to Delivery and Performance Group, Delivery and Performance Committee and PTHB Board.

It also takes into account the recently released NHS Wales Planning Framework 2022/23 – 2024/25 which reaffirms the Ministerial and Government priorities for health and care for this period.

Approval is being sought for the strategic framework, approach and priorities. This will then form the basis of the final stage of detailed work to produce the Integrated Medium-Term Plan for approval at PTHB Board in January 2021 and submission to Welsh Government in February 2021.

RECOMMENDATION(S):

The Board is asked to DISCUSS and APPROVE the Planning Framework and Draft Strategic Priorities.

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	✓

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EXECUTIVE SUMMARY:

This report provides the Board with the PTHB Planning Framework and Parameters and the Strategic Priorities for 3 years 2022/23 – 2024/25. This follows detailed consideration of the PTHB Planning Framework and Parameters which includes the strategic framework, partnership and population health context, at Board Development session, Planning, Performance and Population Health Committee and Executive Committee.

It is also informed by the ongoing review of financial and organisational performance and trajectories which are set out in separate reports to Delivery and Performance Group, Delivery and Performance Committee and PTHB Board.

It also takes into account the recently released NHS Wales Planning Framework 2022/23 – 2024/25 which reaffirms the Ministerial and Government priorities for health and care for this period.

Approval is being sought today of the strategic framework, approach and priorities. This will then form the basis of the final stage of detailed work to produce the Integrated Medium Term Plan for approval at PTHB Board in January 2021 and submission to Welsh Government in February 2021.

DETAILED BACKGROUND AND ASSESSMENT:

Background

As noted in previous reports, the IMTP (Integrated Medium Term Plan) was suspended in March 2020 in response to the Covid-19 Pandemic and the requirement for Quarterly Operational Plans was introduced by Welsh Government for the period 2021 – 2022.

Due to the ongoing uncertainty Welsh Government determined that it was not feasible to return to the three year planning cycle in 2021/22 and required that an Annual Plan was submitted for this period.

Welsh Government have determined that there will be a return to the Integrated Medium Term Plan for the period 2022/23 – 2024/25.

As for previous plans since the onset of the Covid-19 pandemic, the approach and priorities are being developed in the context of considerable complexity and evidence of a syndemic impact on population health which will be felt for many years to come, resulting from the 'Five Harms' caused by the pandemic as set out by the Technical Advisory Cell to Welsh Government:

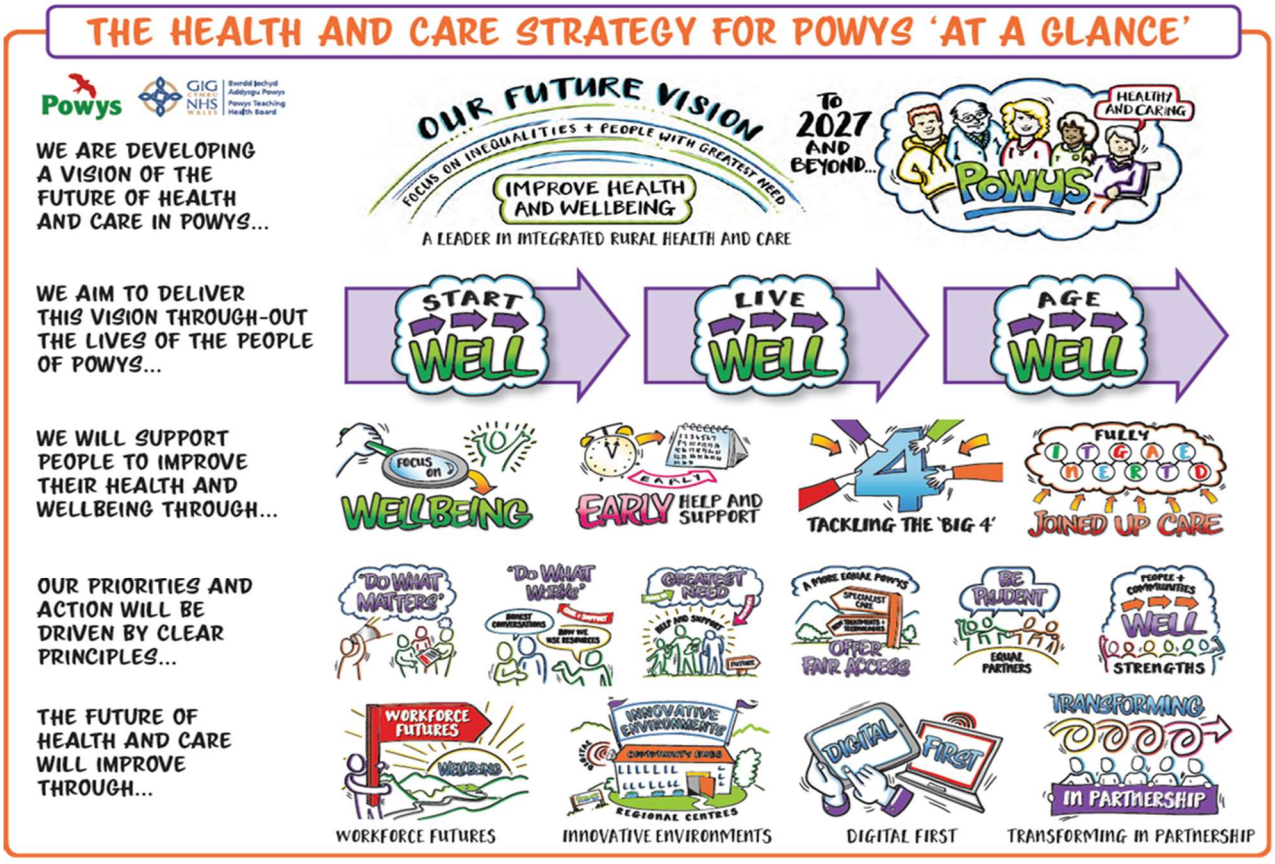
- Harm directly arising from Covid
- Indirect harm due to pressure on health and social care system
- Harm from population based health protection measures
- Economic harms such as unemployment / reduced income
- Harm from exacerbated or new inequalities in society

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There are significant needs that are identified as a result of the pandemic, for the years ahead and these are summarised in the PTHB Planning Framework which is presented to PTHB Board for approval. (Refer to the appended document for more detail and links to key sources of intelligence).

The core Values and Principles, developed by our workforce and stakeholders, remain fundamental at this challenging time and these are also set out in the PTHB Planning Framework.

The Planning Framework also provides a recap of the shared long term strategic framework of the Health and Care Strategy, A Healthy Caring Powys, setting the ambition for transformation and collaboration across public and third sector organisations who have worked together to respond to the pandemic.



NHS Wales Planning Framework 2022 – 2025

The NHS Wales Planning Framework published on 9 November 2021 is set in the context of the impact of Covid and the balance of risk of different harms, a time of extreme pressure particularly over what is recognised to be a challenging winter and longer term period ahead.

The Ministerial priorities are noted, recognising that "as a country we must continue to respond to the immediate challenges of Covid, whilst also turning our attention to longer-term sustainability and improvement of population health".

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The Welsh Government Priority Areas, Ministerial Priorities and Statutory Requirements are summarised below:

Welsh Government - Programme for Government 2021 - 2026

Ten **Well-being Objectives** - broadly:

1. Healthcare
2. Vulnerable People
3. Economy
4. Greener Economy
5. Climate and Nature Emergency
6. Educational Reform
7. Diversity and Inequality
8. Welsh, tourism, sports and arts
9. Cities, towns and villages
10. Constitutional future of Wales

8 **Ministerial Priorities** Health & Social Care

- Covid-19 Response
- NHS Recovery
- Population health, pandemic experience and health inequity
- Healthier Wales
- NHS finance and managing within resources
- Mental health and emotional well-being
- Supporting the health and care workforce
- Working alongside social care

The following are noted as key national policy and planning drivers:

- the vision and ambitions in 'A Healthier Wales'
- the Wellbeing of Future Generations (Wales) Act
- the National Clinical Framework and associated Quality and Safety Framework / Quality Statements
- The Foundational Economy in Health and Social Care Strategy
- Reduction of Health inequalities and health inequity
- Cross cutting policies including NHS Wales Decarbonisation Strategic Delivery Plan
- Coronavirus Control Plan
- Health and Social Care Winter Plan
- Strong leadership and accountability at local, regional and national levels
- Health boards must work together across organisational boundaries

In addition, the following enablers are noted:

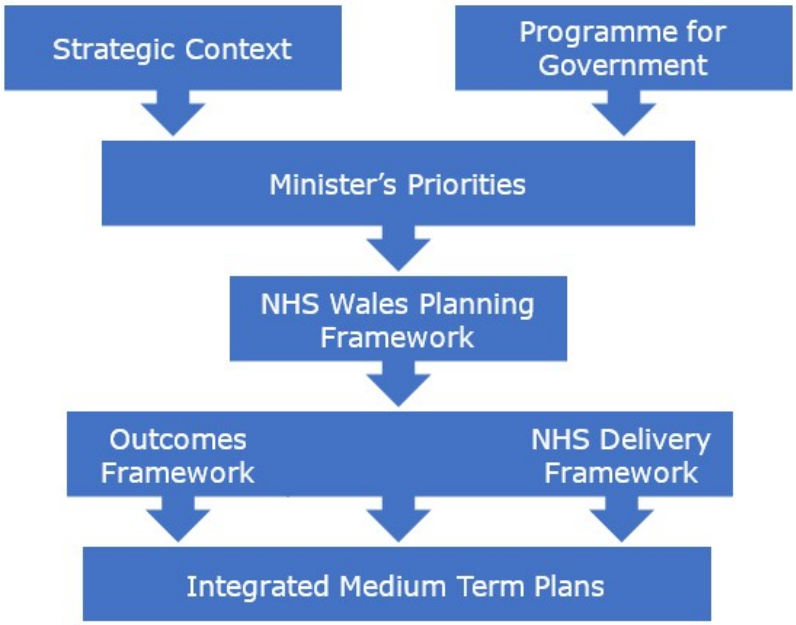
- Renewed focus on recovery
- Whole system approach
- Build on learning and experiences across health and care
- Digital technology and innovation
- Accelerated and embedded change to revolutionise delivery
- Access to care closer to home
- Urgent and Emergency Care Six Goals
- Planned care focus – waiting lists, cancer, equitable services
- Mental health and wellbeing
- Children and young people
- Prudent health care principles and value based healthcare
- Infection and protection control measures
- Health and care workforce, partnerships and cooperation to address fragility; agile workforce planning to address peak demand and surge and for ongoing sustainable services
- Managing within existing resources, strong financial control

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Partnership working is noted as crucial and plans must set out collaboration to drive integration quality of care and outcomes. This will include alignment with Cluster Plans, NHS Plans and Wider Partners and continued working within Regional Partnership Boards linked to the establishment of the five year health and social care Revenue Investment Fund.

The development of an Outcomes Framework for health and social care is being progressing within Welsh Government and more specific targets will be set out by the Minister by the start of the New Year.

The diagram below shows the relationship between the Minister's priorities, the Outcomes Framework and the NHS Wales Delivery Framework:



Specific requirements

The requirement set out in the NHS Wales Planning Framework is for organisations to produce a three year Integrated Medium Term Plan covering the period 2022 – 2025. It specifies that an organisation's plan needs to:

- meet the statutory requirements to commission and/or provide services to improve population health outcomes and to achieve financial balance
- set out clear actions and milestones that demonstrate how planning intentions will be achieved.
- deliver the key milestones within the Delivery Framework.
- triangulate finance, activity and workforce in the plans
- *a range of templates and Minimum Data Set will be required to be completed which will be made available in due course.*

The Welsh Government budget will be confirmed on 20th December and NHS allocations for 2022-23 will be issued by early January.

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The NHS Wales Planning Framework specifies that organisations must manage within their budgetary allocations and demonstrate a shift of appropriate services, funding and workforce resources from secondary to community and primary care and account for additional funding allocated to demonstrate additionality that this has provided against activity.

It is expected that Boards make a formal decision on their ability to submit an IMTP and confirm to Welsh Government their intention in writing via a Chief Executive Accountability letter by 15 January 2022 with formal submission required by 28 February 2022.

Particular circumstances for Powys are recognised in the NHS Wales Planning Framework with a flexibility to tailor and adapt the framework as appropriate. The cross border recovery planning requirements also form an important part of the planning context for cross border healthcare.

Clear accountability is expected to be provided within the IMTP through:

- specific actions and milestones
- accountability and delivery arrangements
- clear read-across to risk registers and mitigating actions
- appropriate scrutiny and assurance from the full Board

A self-assessment against the requirements will be provided alongside the Final Draft IMTP to support approval at the PTHB Board meeting in January 2022.

PTHB Approach

This paper is provided at a key decision making stage in the process of accountability required for the Integrated Medium Term Plan, which is the approval of the Strategic Framework and Priorities.

There will have been a period of two years since the previous three year plan and in this context, a comprehensive PTHB Planning Framework has been developed and shared within the organisation to support priority setting.

- It provides a map of the 'current state' and the key parameters in relation to the external and the organisational context *(where we are now)*
- It also provides a recap of the agreed long term health and care strategy for Powys, A Healthy Caring Powys *(where we want to be)*
- This includes the shared Well-being and Enabling Objectives that form the delivery framework for the IMTP *(how we are going to get there)*

This Framework is based on a thorough review of reflections, learning and continuously emerging evidence base, to understand the position in relation to both the Covid-19 pandemic response and it's wider impacts. It incorporates the outputs of engagement across the organisation including the key committees during the Autumn 2021, to produce a 'PESTLE' analysis (Political, Economic, Sociological, Technological, Legal and Environmental factors) and a 'SWOT' analysis (organisational Strengths, Weaknesses, Opportunities and Threats).

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PESTLE Analysis High level summary of the key Political, Economic, Sociological, Technological, Legal and Environmental Factors			
Political	*Complex socio-political context* - Pandemic response and impact - EU Exit impacts - New Government Programme / Priorities in Wales - Changes in political programme for health and care in England - Local Authority Elections 2022	**Technological**	*Scale and pace of innovation* - Significant digital innovation - Issues with infrastructure, equipment and inequality of connectivity / skills - New ways of working, complex task to safely identify and maintain these - New health technology
Economic	*Uncertain fiscal outlook due to pandemic* - The changing nature of work and employment landscape - Increasing rates of inflation - Aggregated impact on household income / disposable income - Pressure on public expenditure but also additional funding made available - EU Supply chain issues -	**Legal**	*Significant legislative developments:* - Existing legislative requirements are significant in relation to health and care - New legislative instruments / bills this year / next year in Wales - Significant new Health and Care Bill planned in England
Sociological	*Increasing inequalities is a key issue* - Pandemic recovery historically linked with social change / civil movements - Loss of social connectivity and educational disruption - Emerging evidence of syndemic impact - NHS emerging as an 'Anchor institution'	**Environmental**	*Growing urgency on climate change* - Key area of focus in Wales and UK Wide / Internally with significant legislative changes - Challenging set of targets including decarbonisation by 2030 - Wider sustainability and co-production approach

SWOT Analysis High level summary of the key Organisational Strengths, Weaknesses, Opportunities and Threats/Challenges			
Strengths	- Shared long term Health and Care strategy - Learning, ways of working, innovation - Workforce & volunteers - Routine monitoring status - Current financially balanced plan - Maintained essential healthcare throughout pandemic, directly provided services	**Weaknesses**	- Workforce challenges - Continued pressure of pandemic response - Reduced capacity for forward planning - Restrictions on physical space due to covid - Complexity of planning landscape - Varied ownership and engagement in planning
Opportunities	- Acceleration in agile ways of working - Partnership and system opportunities - Growing workforce from community and volunteers - North Powys flagship transformation programme - Rural health and care academy - Renewal Programme - Alignment to Primary Care Clusters / Cluster Planning	**Threats/Challenges**	- Complexity of sovereign and partnership governance - Additional challenge of working across multiple footprints and cross border - System and capacity pressures - Service fragility - Staff well-being - Fiscal outlook and public spending implications

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Collaboration and Plan Alignment

The complex partnership landscape is also captured in the Planning Framework, which provides an updated stocktake of the key strategic change programmes. This forms the backdrop for the alignment with neighbouring and partner plans, commissioning and provider intentions, as well as internally across workforce, finance and service delivery.

- The Integrated Commissioning Plan for the Welsh Health Specialised Services Committee (WHSSC) and the three year IMTP for the Emergency Ambulance Services Committee (EASC) are particularly notable components in relation to plan alignment and are reflected in the PTHB Strategic Priorities.
- Workforce is also a key Ministerial Priority and alignment between the national planning led by Health Education and Improvement Wales (HEIW) will be critical to the deliverability of the IMTP.
- Collaboration across other portfolios including those of Digital Health Care Wales and NHS Shared Services will be key to optimise the benefits of technological and systems levers between national and local programmes and procurement.
- Regional arrangements are strong in Powys and Mid Wales and across the border and the three year plan will continue to reflect the role of the health board in the Regional Partnership Board, Public Services Board and Mid Wales Joint Committee in particular.
- Joint Population Needs and Well-being Assessments are being undertaken by the Regional Partnership Board and Public Services Board currently and the outputs are informing the plans of these key partnership bodies and the constituent organisations including the health board.
- Each of the three Powys Clusters has an important and distinct physical and human geography (North, Mid and South Powys) which correlates to sub regional planning footprints. Each has a particular alignment with specific neighbouring and strategic change programmes which impact on the populations in their areas. This will be an important part of the alignment between Cluster Plans, the IMTP and the National Programme for Accelerated Cluster Development.

These areas of priority are led by the accountable Executive Directors within PTHB to ensure system plans and financial allocations are developed and agreed over the next two months in line with the IMTP submission timescale.

The approach builds on considerable work over the last two years and in recent months on system resilience (being reported in more detail in a separate Board item). The Plan therefore reflects the ongoing need to respond to the Covid-19 pandemic, alongside the 'three Rs' of Resilience, Recovery and Renewal, taking a phased and cyclical approach to delivery for the next three years, where progress is unlikely to be linear and local option planning will be necessary alongside regional and national collaboration.

Directorate Planning

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The Planning Framework noted above has been shared widely across the organisation to support the restoration of the three year planning cycle and the return to Directorate based planning for the IMTP.

In addition, a Step by Step Guide was provided for Directorate Planning, along with Directorate support sessions provided by the Planning Team.

The Guide was produced in a workbook to assist teams with the key components of the initial planning cycle, to 'walk through' what is needed to reach the priority setting stage of the cycle:

1. Preparation – gathering of key pieces of information to be able to map out the key factors across the Directorate and its teams
2. Context – consideration of the key parameters at team and Directorate level (specific clinical and professional guidelines, programmes etc)
3. Directorate Position – understanding of 'where are we now': current performance, activity, finance, risk, quality, workforce, digital, environment and partnerships – with the option to do a Directorate SWOT
4. Directorate Priorities – setting 'where do we want to be' with the development of a longlist and initial shortlist of priorities

The next step is being undertaken during November to define the action that is needed for 'how are we going to get there', sequenced over three years, with firm and clear milestones and SMART actions for Year 1.

This staff engagement has been central to the approach this year, encouraging teams to build on the learning and innovation over the past two years and give the opportunity to reflect a team based view in this IMTP as it develops.

The outputs of the initial Directorate planning stage were presented by key Lead Executives (or their Deputy/Deputies) at Executive IMTP sessions held in early November 2021. These focused on the Commissioning and Provider Landscape and the Enablers of workforce, digital, capital and estates and finance.

Directorate returns will be refined in November in the light of feedback from the Executive sessions, and the release of the NHS Wales Planning Framework, ensuring alignment of priorities and actions. This includes:

- Alignment internally particularly workforce, finance and delivery
- Alignment with respective external programmes/ interdependencies
- Sequencing of Year 1 / Year 2 and Year 3 Priorities
- Milestones and deliverables for Year 1

These will be returned from Directorates by the end of November in order to write a Draft / Skeleton IMTP by Mid-December for final review.

This will enable the creation of a Full Draft IMTP by mid-January taking into account the financial allocation, ready for approval by PTHB Board at the end of January 2022.

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Welsh Government Engagement and Feedback

The Integrated Medium Term Plan builds on the quarterly plans developed in 2020 / 21 and the Annual Plan produced for current year, which was approved in final form at the PTHB Board meeting in June 2021 and submitted to Welsh Government at the end of June 2021.

The Annual Plan was not required to be approved by Welsh Government but a process of consideration was held and a number of correspondences received from Welsh Government with items of feedback:

- 'Escalation and Intervention Letter' received from Welsh Government in August 2021 confirming that PTHB has routine monitoring status and highlighting key areas for consideration notably:
  - the restarting of commissioned services, in England and Wales, maintaining a focus on overall patient experience;
  - continued challenge in managing the relationship with partner organisations, in Wales and England and
  - good communication with the local population to explain the options available in accessing services.

- Further areas were highlighted in the 'Annual Plan 2021/22 – Parameter Letter' received from Welsh Government on 30 September 2021 which noted the importance of delivery, workforce, finance and recovery. The NHS Delivery framework for 2021/22 was also attached to this letter.

- Further letters were received in October 2021 which set out further areas of focus including Planned Care and Unscheduled Care sustainability, Recovery Fund allocation, Critical Care, Endoscopy, Clinical Strategy for Orthopaedics and Local Options Framework.

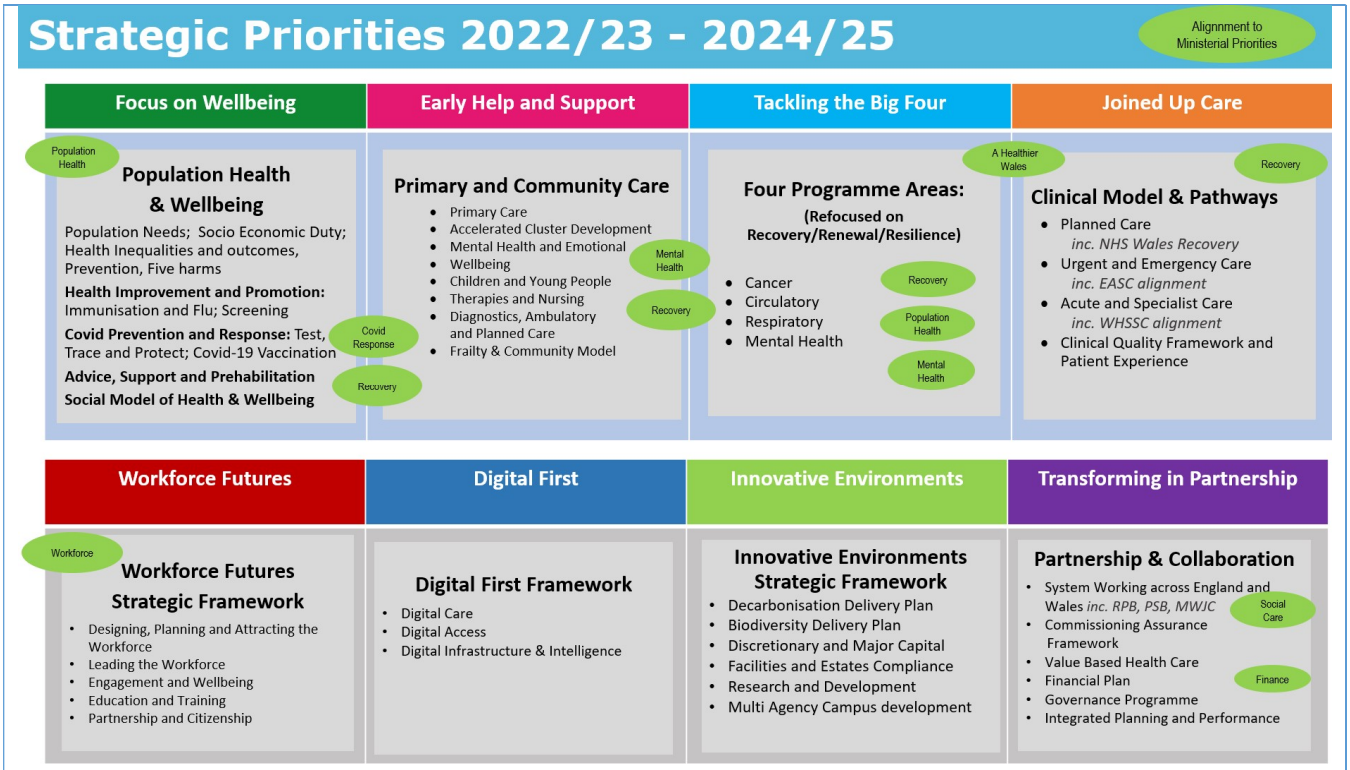
Engagement meetings have been set up between PTHB and Welsh Government to ensure regular touchpoints during the plan development period. The first meeting will take place at the end of November 2021 and will consider the areas covered by this Board report, including the strategic framework and priorities and alignment.

A Joint Executive Team (JET) session on 16th November is also an opportunity for more detailed consideration in four key areas (1) performance to date (2) plans for the remainder of the year (3) plans for 2022 – 25 and (4) alignment to Ministerial Priorities.

Strategic Priorities

The Board are asked to approve the PTHB Strategic Priorities for the three years 2022 – 2025 provided overleaf, so that these can form the foundation of the Integrated Medium Term Plan 2022/23 – 2024/25. Any material changes will be flagged clearly to the Board at the submission of the final IMTP in January.

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NEXT STEPS:

The Board are asked to approve the PTHB Planning Framework and Strategic Priorities which will be used as the basis for the PTHB Integrated Medium Term Plan 2022/23 – 2024/25.

Further work will be carried out to finalise the Three Year Integrated Medium Term Plan on this basis, setting out clear delivery arrangements and detail at Directorate level.

To achieve this, directorate returns will be refined in November, ensuring alignment of priorities and actions. This includes:

- Alignment internally particularly workforce, finance and delivery
- Alignment with respective external programmes/ interdependencies
- Sequencing of Year 1 / Year 2 and Year 3 Priorities
- Milestones and deliverables for Year 1

These will be used by the Planning Team to write a Draft / Skeleton IMTP by Mid-December. This will be shared back widely for further engagement and review to the end of the year.

This will enable the creation of a Full Draft IMTP by mid-January taking into account the financial allocation, to meet the timescale for approval by PTHB Board at the end of January 2022.

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The Final Draft of the Integrated Medium Term Plan will be provided to PTHB Board for its meeting at the end of January 2022 and will be submitted to Welsh Government to meet the deadline of the end of February 2022.

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IMPACT ASSESSMENT

Equality Act 2010, Protected Characteristics:

	No impact	Adverse	Differential	Positive	Statement
Age		X		X	There are wide ranging adverse and positive impacts arising as a result of the pandemic that form the context for the development of the strategic priorities for 3 years – the Planning Framework sets out this context in more detail. A full impact assessment will be carried out for specific initiatives / programmes of work as they are progressed in year where they require further consideration and decision; this will take into account the socio-economic duty
Disability		X		X	
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				

Risk Assessment:

	Level of risk identified				Statement
	None	Low	Moderate	High	
Clinical			X		Refer to the Corporate Risk Register for a fuller description of key strategic risks and mitigations in place
Financial			X		
Corporate		X			
Operational			X		
Reputational		X			

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.2

BOARD MEETING	**Date of Meeting: 24th November 2021**
Subject:	**RADIOLOGY INFORMATICS SYSTEM PROCUREMENT (RISP): PROGRAMME OUTLINE BUSINESS CASE**
Approved and Presented by:	Director of Therapies and Health Science
Prepared by:	Head of Radiography
Other Committees and meetings considered at:	RISP Programme Board Collaborative Executive Group Welsh Government Scrutiny Committee Deputy Directors of Finance

PURPOSE:

The purpose of this paper is to provide the Board with:

- A briefing on the Programme Outline Business Case for Radiology Informatics System Procurement (RISP) (Appendix A)
- To highlight the current situation and benefits of RISP for PTHB patients.
- To highlight any associated risks of RISP

RECOMMENDATION(S):

The Board is asked to APPROVE:

- **the Outline Business Case (Appendix A)**
- **the Programme Team to proceed to procurement of the preferred solution and development of the Full Business Case.**

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:

The current Picture Archiving & Communication System (PACS) contract supporting the delivery of the clinical radiology service in Wales is coming to the end of its tenure, with the first Health Board deployment order expiry in November 2024. This Outline Business Case (OBC) sets out the need to invest in a Radiology Informatics System Procurement (RISP) Programme, which will achieve the vision of a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales.

The OBC explores the potential options for how this provision can be delivered and identifies a preferred option that will deliver the clinical requirements with optimum value for money, outlining the commercial arrangements required to deliver it, the resulting financial impact, and the management arrangements for successful implementation.

DETAILED BACKGROUND AND ASSESSMENT:

All Health Boards and Trusts in NHS Wales use the following main systems:

- The Picture Archiving and Communications System (PACS) is a storage and distribution platform, which collates all imaging investigations performed on patients. This is the clinical interface that enables the analysis of all imaging performed, including complex reformatting, disease progression analysis and

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measurement. The ultimate output is the production of a clinical report for the referring clinicians.

- The Radiology Information System (RIS) is a national system developed and supported by Digital Health and Care Wales (DHCW). It is known as Welsh Radiology Information System (WRIS) and supports the scheduling of radiology investigations, provides a clinical record of all imaging investigations performed on patients including the radiology report; and holds data that underpins health boards' ability to generate business reports and statistics on performance.

Radiology is a high throughput, capital intensive service so having effective IT systems plays an essential role in delivering efficient radiology services and maximising the use of expensive equipment. The current configuration of Radiology departments, along with their associated systems and infrastructure in Wales, confines the delivery of care within traditional organisational boundaries. Both PACS and WRIS are deployed within health board boundaries and health board reorganisation with the associated organisational arrangements have made transition more difficult because of this siloed approach.

The current radiology IT systems (PACS/ RIS):

- Are disparate, with disjointed approaches to coding, administrative process, data collection and analysis and do not enable service planning on a strategic or national basis
- Do not facilitate cross boundary working resulting in variation in the delivery of radiology services across NHS Wales health boards and trusts that leads to increased waiting time for scans or delays to reporting and diagnosis.
- Make it difficult to share patient information easily between health boards and trusts both within Wales and England, impacting on acute/emergency care, MDT's and leading to inefficient care. Manual workarounds are in place to enable the right information to be available for use in the right place, at the right time but these are relatively inefficient and contribute to delays and increased clinical risk.

Given these challenges, there is an increasing need to identify an informatics solution that will support the delivery of an imaging workflow that will provide an efficient and effective Radiology service for the population and all patients within Wales.

Options Considered

The OBC explores the potential options for how this provision can be delivered and identifies a preferred option that will deliver the clinical requirements with optimum value for money, outlining the commercial arrangements required to deliver it, the resulting financial impact, and the management arrangements for successful implementation**.**

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Options	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
Scope	Do nothing	PACS + PDMS + DHCW RIS	PACS + PDMS + Commercial RIS (+ options for ETR and results acknowledgment)	PACS + PDMS + Commercial RIS (+ options for ETR and results acknowledgment)	PACS + PDMS + RIS + ETR and results acknowledgment (+ options for other disciplines)

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Radiology Informatics System Procurement Programme

Outline Business Case for Radiology Informatics System Procurement (RISP) Programme



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Version Control

Amended By	Version	Status	Date	Purpose of Change
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RISP Team	2.0	Draft	26/08/2021	Reviewed by RISP Team
RISP Team	3.0	Draft	02/09/2021	Reviewed by Working Group
RISP Team	4.0	Draft	03/09/2021	Changes following Working Group review
RISP Team	4.1	Draft	08/09/2021	Reviewed by Working Group
RISP Team	5.0	Draft	09/09/2021	Further changes following Working Group review
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1 Executive Summary

1.1 Introduction

The current Picture Archiving & Communication System (PACS) contract supporting the delivery of the clinical radiology service in Wales is coming to the end of its tenure, with the first Health Board deployment order expiry in November 2024. This Outline Business Case (OBC) sets out the need to invest in a Radiology Informatics System Procurement (RISP) Programme, which will achieve the vision of a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales.

The OBC explores the potential options for how this provision can be delivered and identifies a preferred option that will deliver the clinical requirements with optimum value for money, outlining the commercial arrangements required to deliver it, the resulting financial impact, and the management arrangements for successful implementation.

The OBC seeks Welsh Government capital funding of £20.6m and non-recurring revenue funding of £1.2m as well as approval to proceed to procure the preferred option.

1.2 Strategic Case

Strategic Context

Radiology is a key diagnostic service utilised to investigate, monitor and treat diseases and injuries. Services are delivered in a wide range of healthcare settings, across all Health Boards and Trusts in Wales, where up-to-the-minute diagnostic imaging is pivotal to modern patient care. Equitable access to a robust, quality, and timely imaging service including the ultimate clinical end point of a reported image, is vital for clinicians from primary, secondary care and screening service to ensure optimal outcomes for their patients.

The proposed investment is informed by various national strategies and reports including:

- A Healthier Wales: Our plan for health and social care (2018). [1]
- The Imaging Statement of Intent (2018). [2]
- Wales Audit Office Radiology Services Report (2018). [3]
- Digital Architecture Review. [4]

[1] A Healthier Wales: Our plan for health and social care
[2] The Imaging Statement of Intent
[3] Wales Audit Office Radiology Services Report
[4] Digital Architecture Review

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Case for Change

All Health Boards and Trusts in NHS Wales use the following main systems:

- The **Picture Archiving and Communications System (PACS)** is a storage and distribution platform, which collates all imaging investigations performed on patients. This is the clinical interface that enables the analysis of all imaging performed, including complex reformatting, disease progression analysis and measurement. The ultimate output is the production of a clinical report for the referring clinicians. This system is currently provided by Fujifilm Medical, with the original health board deployment orders due to end during the period 2021-2025. As such, a single central termination notice was issued in May 2020, to secure up to 42 months termination assistance from Fujifilm Medical to support transition.
- The **Radiology Information System (RIS)** is a national system developed and supported by Digital Health and Care Wales (DHCW). It is known as Welsh Radiology Information System (WRIS) and supports the scheduling of radiology investigations, provides a clinical record of all imaging investigations performed on patients including the radiology report; and holds data that underpins health boards' ability to generate business reports and statistics on performance.

Current Situation

The current configuration of Radiology departments, along with their associated systems and infrastructure in Wales, confines the delivery of care within traditional organisational boundaries. Both PACS and WRIS are deployed within health board boundaries and health board reorganisation with the associated organisational arrangements have made transition more difficult because of this siloed approach.

The Radiology services in Wales are currently under significant pressure with many challenges including:

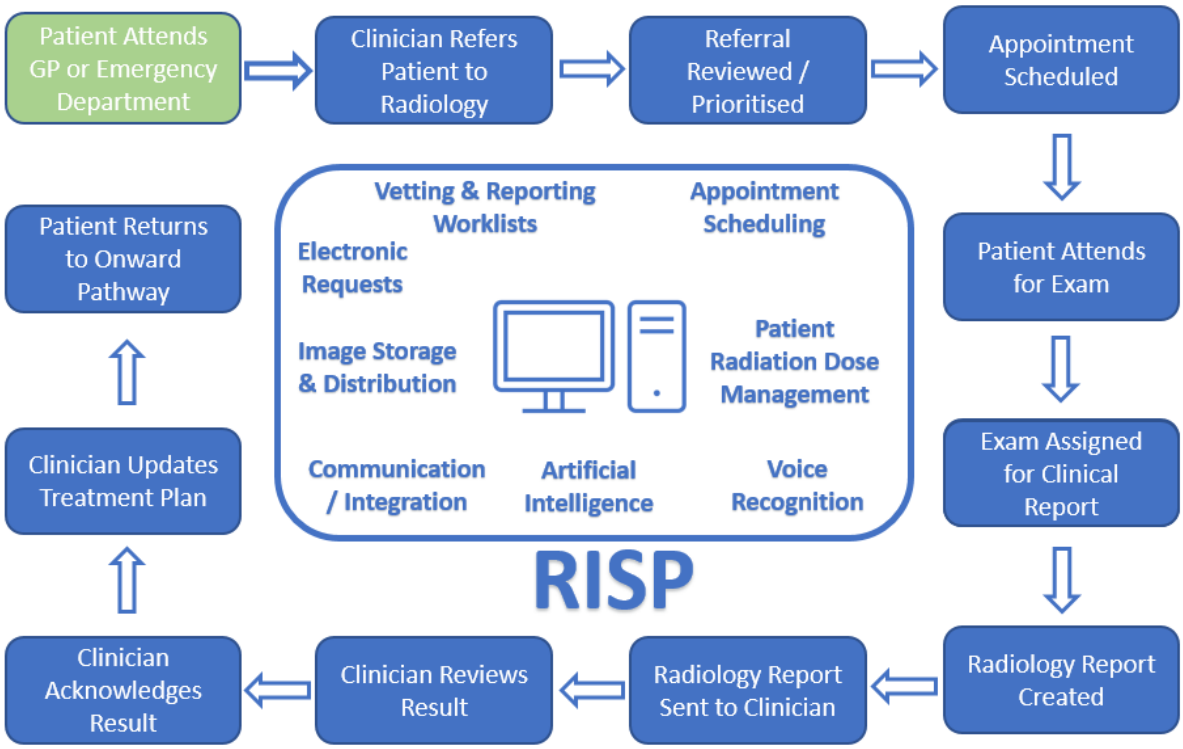
- Demand for Radiology services in the form of continuous growth in the requirement for complex imaging (CT and MRI scan) is outstripping reporting capacity, with the current workforce struggling to deliver the increasing demand for reporting activity.
- The utilisation of outsourcing and Teleradiology services to deliver a timely service which has led to exponential cost rises and future projections indicate this situation will continue to deteriorate.
- The core Radiology IT system is not meeting health boards' and trusts' needs to deliver seamless imaging care for patients, which is often delivered across health board boundaries. Further weaknesses are identified in local IT infrastructures.

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- The lack of a national Radiology dataset hinders the collation of Radiology activity at a national level this makes painting the national picture difficult and unnecessarily time consuming.

These challenges are explained further in Section 2.5 of the Strategic Case. Given these challenges, there is an increasing need to identify an informatics solution that will support the delivery of an imaging workflow that will provide an efficient and effective Radiology service for the population and all patients within Wales.

Figure 1: Depiction of the proposed end-to-end solution



The RISP Programme has engaged extensively with its stakeholders across NHS Wales, through meetings, workshops, and roadshows to gather the solution requirements, develop the OBC and agree the Programme investment objectives (see below).

Table 1: Investment Objectives

Ref	Investment Objective
RISP-IO1	To improve patient care, patient safety and patient outcomes.
RISP-IO2	To enable the transformation of healthcare services to be leaner, more sustainable and provide long-term stability.

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RISP-IO3	To deliver a seamless, end-to-end technical solution for radiology services.
RISP-IO4	To contribute to the more prudent use of radiology resources through demand management, predictive costing and minimised financial risk.
RISP-IO5	To meet current and future service requirements.

Potential Scope & Service Requirements

Based on the business needs, the core scope of the RISP programme must incorporate services within the "footprint" of the current Radiology service and include:

- End to end Radiology solution, which includes PACS and Radiology Information System (RIS).
- Patient Dose Monitoring System (PDMS) to support statutory obligations for patient radiation protection and optimisation.
- Electronic requesting and results acknowledgement.
- Facility for storage of other disciplines, e.g., Cardiology.

Benefits, Risks, Constraints and Dependencies

The main benefits of delivering the RISP Programme include:

- Improved patient safety, with an electronic auditable trail from request to results acknowledgement. (NPSA 16 2007 and HSIB reports on failures to acknowledge and follow-up on radiological imaging reports)[5]. [6]
- Reduced risk of repeat examinations and inappropriate radiation dosage.
- Effective and efficient MDT meetings supporting cross health board boundary workings and streamlining patient care.
- Improved imaging workflow, enabling timely delivery of service, and the ultimate output of an imaging examination, a report available to the clinical referrer anywhere.
- Enable cross-site and health board reporting to facilitate service transformation and support the work of the Imaging Essential Services Group.
- Improved data quality and analytics on a local and national level.

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[5] NPSA 16 2007
[6] HSIB Failures in communication or follow-up of unexpected significant radiological findings

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- Streamlined and reduced training requirements for system use.

Key risks to the realisation of some of the benefits of the RISP programme:

- COVID-19 recovery activity may impact the ability of health boards to release the required resources to join the procurement dialogue teams in Tranche 2. The impact of this could be delays in the procurement process.
- Lack of certainty around the financial model associated with a possible cloud solution may mean it is not affordable for the health boards. This could lead to delays in the procurement process.
- There may be a delay in completion of the OBC caused by a lack of clarity on the treatment of capital within the Financial Case. This may delay moving to Tranche 2.
- Further slippage to procurement timescales caused by delays could impact the current Fuji PACS contract end dates.

The Strategic Case also highlights the key constraints and dependencies that will be managed as part of the Programme.

1.3 Economic Case

In accordance with HM Treasury's Green Book 2020 (A Guide to Investment Appraisal in the Public Sector) and Better Business Case guidance, stakeholders identified and assessed a broad range of options for the scope, technical and service solution, service delivery, implementation and funding of the programme. This involved a series of workshops to assess longlisted options against agreed investment objectives and critical success factors, and SWOT analysis undertaken. The resulting shortlist is presented in the table below.

Table 2: Shortlist of Options

Options	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
Scope	Do nothing	PACS + PDMS + DHCW RIS	PACS + PDMS + Commercial RIS (+ options for ETR and results acknowledgment)	PACS + PDMS + Commercial RIS (+ options for ETR and results acknowledgment)	PACS + PDMS + RIS + ETR and results acknowledgment (+ options for other disciplines)
Technical Solution	Current solution ceases	National DHCW data centre	National supplier data hosted (either data centre or cloud hosted depending on provider)	National supplier data hosted (either data centre or cloud hosted depending on provider)	National supplier data hosted (either data centre or cloud hosted depending on provider)

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Service Solution	N/A	Regional Deployment	Regional Deployment	National Deployment	National Deployment
Service Delivery	N/A	In House RIS with PACS + PDMS delivered with supplier full-service management	Supplier Full-Service Management which could be delivered by either: a. Managed Service Contract b. Contract for Service with Maintenance Support		
Implementation	N/A	Phased by Health Board			
Project Funding	N/A	Combination of capital and revenue funding via either a. Revenue funded fully managed service; or b. Capital funded NHS owned assets/Revenue funded support			

An economic appraisal was prepared to determine the value for money of the shortlisted options. This was based on indicative costs, benefits, and risks, which were estimated in accordance with the level of information available at this stage in the process. An overview of the results is presented in the table below.

The analysis concluded that Option 2 (Delivering the Preferred Way Forward via a regional deployment) and Option 3 (Delivering the Preferred Way Forward via a national deployment) offer best value for money, delivering the lowest discounted Net Present Cost and best Benefit Cost Ratio. Option 2 offers better value for money than Option 3, however this will depend on potential suppliers' final solutions and prices.

Table 3: Summary of Options Appraisal Results

	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
Net Present Cost (£'000)	68,561	68,609	67,460	67,592	101,414
Benefit Cost Ratio	0.0	1.0	1.1	1.0	0.4
Significant non-financial benefits	N/A	Seamless system, improved turnaround times, improved staff satisfaction	Seamless system, improved turnaround times, improved staff satisfaction	Seamless system, improved turnaround times, improved staff satisfaction	Potential to incorporate other disciplines
Residual risks	Unable to provide a service without a new system in place	All Wales infrastructure may not support preferred solution	All Wales infrastructure may not support preferred solution	All Wales infrastructure may not support preferred solution	Uncertainty around costs and significant impact on timescales
Other considerations	N/A	DHCW's RIS solution scored the lowest in a qualitative assessment compared to a commercial RIS solution	Commercial RIS scored higher than DHCW RIS in qualitative assessment	Commercial RIS scored higher than DHCW RIS in qualitative assessment	Commercial RIS scored higher than DHCW RIS in qualitative assessment

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Life span	Contract ends 2023/24	5-years from 2023/24 + option for 2-year extension	5-years from 2023/24 + option for 2-year extension	5-years from 2023/24 + option for 2-year extension	Uncertain because of timeline risks
Switching analysis	Will not offer value for money because of service continuity risk	Would outrank Option 3 if NPC reduced by 2.0%	Highest ranking relatively sensitive to changes in assumptions	Would outrank Option 3 if NPC reduced by 0.2%	Would require significant reduction in NPC to outrank Option 3

Sensitivity analysis confirmed that the ranking of options is relatively sensitive to changes in assumptions for Options 1, 2 and 3, suggesting that the results of the procurement process will be critical to the final selection of a preferred option.

The following non-financial factors were also considered in comparing the options:

- Option 0 (Business as Usual) is not a feasible option and is only provided for baseline comparator purposes.
- Option 4 (More Ambitious) offers opportunities to increase benefits associated with incorporating other disciplines but results in significant risk to the core programme due to elongated timelines.
- Continuing with the current DHCW developed and supported application, WRIS, which is a key component of Option 1 (Do Minimum), was found to be less favourable than the procurement of a commercial RIS when a qualitative comparison was undertaken using information gathered as part of the Prior Information Notice (PIN).

Based on the overall analysis, it is recommended that Options 2 and 3 are carried forward as the preferred options. They both involve procuring a supplier full-service management solution for PACS + PDMS + RIS (with the option to incorporate ETR/ results acknowledgment if current proposed solution is not deliverable in current time scales) with data hosted by the supplier (either via cloud or supplier data centre) or within an NHS data centre. However, the decision to deliver via national or regional deployment will be dependent on the final preferred solution. The programme will be delivered using a combination of capital and revenue funding.

1.4 The Commercial Case

Procurement Scope

Based on an assessment of the current solutions available in this market, the procurement approach envisages a single "contractor"-provided service with that Contractor taking prime responsibility for all in-scope aspects of the solution, including the contracting and management of any other required contractors as Sub-contractors to the contractor. Key components for the scope include:

- End-to-End Radiology Solution (Including PACS and RIS).

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- Patient Dose Monitoring System (PDMS).
- Electronic requesting and results acknowledgment.

The contract will be for a managed service, with the Supplier responsible for all aspects of the solution and its ongoing performance over the life of the contract. The successfully procured service will include the totality of the deliverables as set out in Schedule 2.1.

Procurement Strategy

The purpose of the Procurement Strategy is to set out in a formalised manner the key aspects of the procurement of the Radiology Informatics Solution. It is a high-level document that states the programme's approach to its procurement activities, its objectives, and key initiatives. This strategy is developed along with the business case and defines the approach to be adopted by the Procurement Project. The objectives of the procurement are to ensure that the new Radiology Informatics System will meet the needs of the project team and patient clinical outcomes.

Single Contractor versus Multiple Contractor

Given the scope and scale of this project, potential suppliers are unlikely to be able to supply all components and services to fulfil the Solution without the use of sub-contractors, which the Authority will allow as part of Supplier Bids.

Contract Duration

The length of contract for the RISP Procurement will be tailored to give best value for money for the project. The appropriate length of contract which ensures value for money is considered in the Commercial Case.

Contracting Approach

The contract form of Agreement will be a Master Services Agreement, based on an amended form of the IT Services Contract having regard to the Crown Commercial Services and other best practice guidance of Information Management & Technology (IM&T) procurement. Advice will be sought on the construction of the draft contract using the NHS Wales appropriately commissioned specialist advisers for commercial, legal, and technical aspects. Appropriate internal governance arrangements will also be established to ensure that all Authority Parties agree and commit to the implementation plan and other Authority Responsibilities within the Contract, including the payment terms.

Procurement Route

Possible procurement routes include:

- Procurement under an existing Framework Agreement
- Open Procedure

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- Restricted Procedure
- Competitive Dialogue Procedure

Procurement Approach

The following is an outline of the basic procurement approach, which will be developed further in a more detailed Procurement Plan:

- Bidder engagement and market assessment
- A RISP Procurement Team
- Procurement training and awareness sessions
- Contract Notice
- Prequalification
- An Invitation to Participate in Dialogue (ITPD)
- ITPD Evaluation
- Detailed Dialogue
- Trial Invitation to Submit Final Tender
- Invitation to Submit Final Tender (ISFT)
- Final Tenders

Subject to clarifications and minor refinements concerning the final tender submission, if required, and approval of the Full Business Case, a contract will be awarded to the bidder with the most economically advantageous tender. The selection and evaluation criteria will guide the evaluation at the three (3) stages of the procurement. On conclusion of the ISFT phase and final evaluation of the ISFT responses, a recommendation will be made on the most economically advantageous tender. This recommendation will be recorded in a final evaluation report, which will set out the basis for the award decision and will require to be signed via the agreed governance process.

Timescales

The high-level timescales for the four (4) Tranches of the RISP Programme include:

- Tranche 1 Pre-Procurement: June 2019 – December 2021
- Tranche 2 Procurement: January 2022 – February April 2023
- Tranche 3 Configuration & Integration: May 2023– April 2024
- Tranche 4 Deployment: May 2024 – June 2025

Risk Apportionment

While the RISP Programme will adhere to the general principle that risks should be passed to the party best able to manage them, a formal risk apportionment exercise was considered unnecessary for this programme.

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Payment Mechanisms

Charging mechanisms will depend on many factors that require further clarification. These include the final contracting arrangements regarding the selected solution and service management issues. These will be confirmed at FBC stage.

Key Contractual Issues

Key aspects of the contractual relationship that the RISP Programme is seeking to achieve will be reflected in the contract as follows:

- Clinical Value for Money (VfM)
- Ownership of assets by the Contracting Authority
- Intellectual Property Rights (IPR)
- Warranties and guarantees

The three (3) procurement models that have been considered are:

- Traditional purchase and service support model
- Managed Service Provider model
- Hybrid Managed Service Provider model

Accounting Treatment

There has been consultation with NHS Finance colleagues on the initial assessment of accounting treatment, which has confirmed that there is likely to be a requirement for both capital and revenue accounting and funding. The project team will further assess the various IFRS standards with finance experts before procurement commences, however the final accounting treatment can only be assessed once the details of the proposed Solution are explored through competitive dialogue.

Initial advice will be sought from one of the NHS Wales VAT advisors as to the possible VAT accounting treatment for the RIS procurement in order to ascertain the likely VAT treatment of the contract.

1.5 Financial Case

Indicative financial implications of delivering the preferred option have been estimated based on current information available to determine capital and revenue costs of the following categories:

- Solution costs
- NHS Wales Programme costs
- Change management costs
- Legacy data costs

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- Local infrastructure costs
- DHCW recurring costs

The results of the initial Prior Information Notice (PIN) pricing submission in May 2021 did not provide sufficient detail for the solution cost to enable a more robust assessment of those costs. Assumptions have been made as to what could potentially be capitalised, so the split of revenue and capital cost are based on the project team's knowledge and experience of similar All Wales IT Systems and the information obtained in initial market testing in January 2021.

Based on this initial assessment of costs and the **assumptions** outlined in the Financial Case, it is anticipated that funding is required from Welsh Government as follows:

- Capital Funding of £20.6m.
- Non-Recurring Revenue Funding of £1.2m.

Health Boards and Trusts funding is required as follows:

- Non-Recurring Revenue Funding of £2.1m.
- Recurring Revenue Funding of £7.3m p.a. against current available revenue funding of £6.8m. At this stage, these costs are indicative based on a mean of the PIN Reponses. The maximum cost of £12.3m and minimum cost of £3.9m have been excluded from the mean, but it's important to note that the recurring revenue costs could be greater than the estimated £6.8m. Until the competitive dialogue is in progress and a better understanding of costs is obtained no specific mitigations have been identified to cover the shortfall of £0.6m. However, there are £0.6m of revenue costs within DHCW relating to the current WRIS that have been identified by DHCW as un-releasable. Further work will be undertaken to assess if these costs could be released by 2024/25.

The estimated revenue requirement DOES NOT include any costs of additional All Wales or local infrastructure investment, which is outside the scope of this Programme.

1.6 Management Case

The Management Case considers the approach taken to support the successful delivery of the programme, in accordance with best practice.

Programme Governance

The RISP Programme sits within the portfolio of the NHS Wales Health Collaborative and is managed in accordance with the OGC Managing Successful Programmes and PRINCE2 standards, which will be tailored to

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suit the needs of the service. The Programme Board reports to the Collaborative Executive Group, which comprises the Chief Executive Officers of the health boards, Trusts and Special Health Authorities in Wales. The Programme also reports to the National Imaging Strategy Programme Board. A RISP Programme Board is well established whose remit is to provide oversight and direction and to review and assure the Programme's progress. The governance arrangements for the Programme are shown below in the Management Case.

Programme Management Arrangements

There is a RISP Programme Management team that will be responsible for managing and driving the delivery of the programme. The Programme team comprise:

- A Programme Management Office
- Clinical Leads
- Subject Matter Experts
- Technical Advisors

Programme Costs

The RISP Programme costs are listed in the Management Case and include all programme resources identified plus non-pay and 10% contingency with effect from 2021/22. Notes associated with the assumptions underpinning each of these costs are provided. The RISP Programme costs total £4,498,216 over 4 years.

Workstreams

The RISP Programme is an all-Wales Programme being delivered through several key workstreams. These workstreams are underpinned by the Programme Governance workstream which will ensure the RISP Programme is professionally managed and assured. Below outlines the key workstreams.

- Commercial Workstream
- Technical and Functional Workstream
- Clinical Workstream
- Information and Business Intelligence Workstream
- Business Change Workstream

RISP High Level Plan

The RISP Programme is planned to be delivered in four (4) tranches which are subject to approval and sign off. The OBC sets out a plan for tranche 1 with high-level deliverables for the remaining tranches. Work is ongoing as part of an iterative process to develop the plan in more detail as the

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programme progresses providing opportunities for stakeholder engagement and consultation.

Change and Contract Management

The Change Management Strategy for dealing with change and associated contract management will be managed by the RISP Procurement Project. A Contract Management Board chaired by the NHS and facilitated by DHCW will manage the contract and any contract changes will be managed in accordance with contract Schedule 8.2 Change Control.

Benefits Realisation

A key responsibility of the Programme Management team and Programme Board will be to establish a Benefits Management Strategy and framework for the monitoring and management of the benefits the programme will enable. A Benefits Project is established and will run throughout the life of the programme. As part of the OBC, benefits have been identified and measures established, and a plan agreed to collect baseline data and agree targets and methods of monitoring.

Risk Management

The Programme has a strategy and a framework to manage risks effectively. A risk register has been designed in accordance with good practice guidelines within PRINCE2 and NHS Wales Health Collaborative standards. The Senior Programme Manager will escalate any risks that cannot be managed by the PMO and required urgent action to the Programme Director.

Post Project Evaluation

The outline arrangements for post implementation review (PIR) and project evaluation review (PER) have been established in accordance with best practice and are as follows:

- Post implementation review (PIR)
- Project evaluation reviews (PERs)
- Gateway review arrangements

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2 The Strategic Case

2.1 Introduction

This Strategic Case sets out the context and the case for change, together with the investment objectives for the Programme. It describes the current situation and will make a case for a new Radiology Informatics System Procurement (RISP). This case demonstrates how the RISP programme could deliver the vision of a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales.

This Strategic Case will explain how RISP aligns with the existing digital strategies and reports of Welsh Government and Welsh health and care providers. It will describe the main components of the RISP programme, the associated risks with its development and implementation and how they can be mitigated to ensure success.

2.2 The Strategic Context

Radiology is a key clinical diagnostic service utilised to investigate, monitor and treat diseases and injuries. It is integral to most clinical services - hospital-based clinicians and general practitioners refer patients to radiology departments to undergo a wide range of imaging examinations. Following the examination, the images are reviewed by a clinical radiologist, radiographer or sonographer to produce a clinical report, which the requesting clinician will use to guide management of the patient.

Diagnostic radiology has evolved over the last century from the plain film x-ray to the modern suite of digital imaging services and differing diagnostic procedures, which are integral to the provision of healthcare across Wales. Modern diagnostic imaging is key to diagnosis and treatment in modern patient care. Available in a wide range of healthcare settings, in all health boards and trusts across Wales. Imaging services provide a core diagnostic function in the delivery of a number of key patient pathways including screening services, cardiac, stroke, cancer, orthopaedics and emergency care, which facilitates timely diagnosis for patients and facilitate quality patient outcomes.

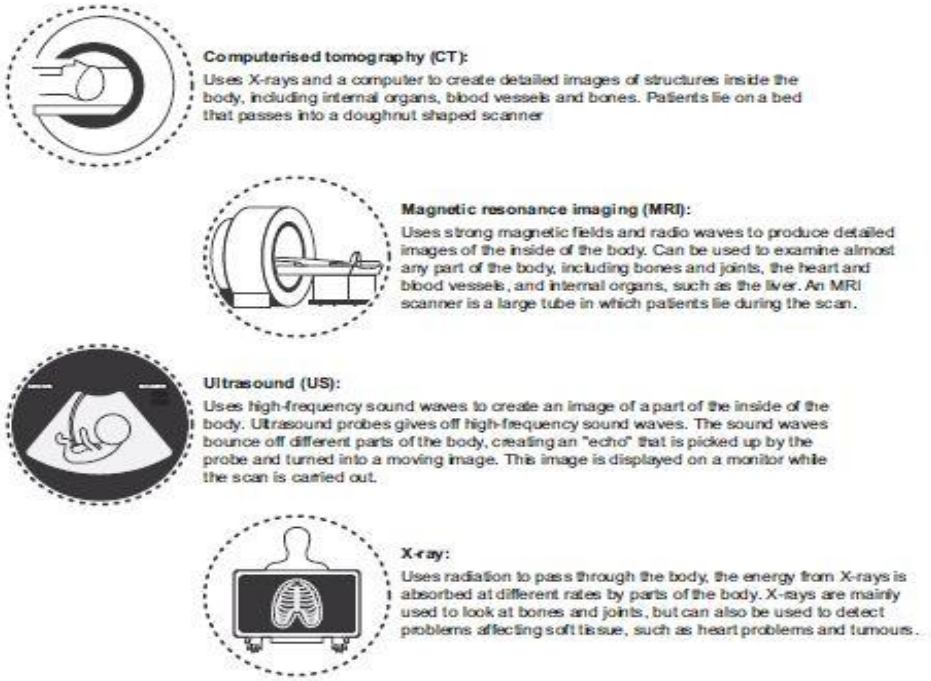
Equitable access to a robust, quality and timely imaging service and its output is vital for all clinicians to ensure optimal outcomes for their patients.

The diagram below[7] provides an illustration of some of the key radiology techniques commonly used across the NHS.

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[7] WAO Radiology Services in Wales Report

Figure 2: Illustration of key radiology techniques



2.3 Organisational Overview

The radiology service across Wales is delivered in a number of settings. Most activity is delivered through District General Hospital and community sites at the University Health Boards (UHBs) and Trusts. Powys Teaching Health Board operate services from a number of community hospital sites with clinical and professional support from the adjacent UHB's and Trusts in England, and Screening Services operate from fixed sites and a number of mobile units across the country. Looking to the future, imaging facilities may potentially migrate outside of the secondary care setting, based on the model of community diagnostic centres. The solution procured will need to facilitate and support future diagnostic delivery structures.

The main sites within each organisation are shown below:

- ***Aneurin Bevan UHB:*** The Grange University Hospital, the Royal Gwent Hospital, Nevill Hall Hospital and Ysbyty Ystrad Fawr;
- **Betsi Cadwaladr UHB**: Ysbyty Glan Clwyd, Wrexham Maelor Hospital and Ysbyty Gwynedd;
- ***Cardiff and Vale UHB:*** University Hospital of Wales and Llandough Hospital;
- ***Cwm Taf Morgannwg UHB:*** Prince Charles Hospital, Royal Glamorgan Hospital; Princess of Wales Hospital
- ***Hywel Dda UHB:*** Bronglais General Hospital, Glangwili General Hospital, Withybush Hospital and Prince Phillip Hospital;

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- ***Powys Teaching Health Board***: Brecon, Llandrindod Wells, Machynlleth, Newtown, Welshpool, Ystradgynlais
- ***Public Health Wales***: Breast Test Wales sites at Cardiff, Swansea, Llandudno, Wrexham
- ***Swansea Bay UHB:*** Morriston Hospital, Neath Port Talbot Hospital, and Singleton Hospital;
- ***Velindre University NHS Trust,*** Velindre Cancer Centre

2.4 Business Strategies & Reports

A number of national strategies and reports inform this investment (see Appendix S1 for full list of reports), key ones include:

- A Healthier Wales: Our plan for health and social care (2018)
- The Imaging Statement of Intent (2018)
- Wales Audit Office Radiology Services Report (2018)
- Digital Architecture Review

A Healthier Wales: Our plan for health and social care

A Healthier Wales (Appendix S1), the Government's plan setting out a long-term vision of 'a whole system approach to health and social care', which highlights the need for making better use of digital, data, and communication technologies.

The Imaging Statement of Intent (ISoI)

Key priority areas to support the development of modern, sustainable Imaging services are set out in the *Imaging Statement of Intent*[8] (Appendix S1), published in March 2018 by Welsh Government. The statement is aligned to "A Healthier Wales" as it sets out clear objectives for radiology including the need for informatics systems to be secure with a robust IT infrastructure that operates pan Wales.

The Wales Audit Office (WAO) Radiology Services Report

The WAO Radiology Services Report published November 2018 (Appendix S1) summarises the key messages from the Auditor General's local work on radiology services and refers to radiology informatics the findings set out in the Auditor General's separate report on "Informatics Systems in NHS Wales[9]".

The key findings from this report include:

[8] *Imaging Statement of Intent* published March 2018, Welsh Government
[9] "*Informatics Systems in NHS Wales*" *published November 2018, National Assembly for Wales*

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- Wales-wide radiology IT system challenges and weaknesses in local IT infrastructures inhibit radiology services' efficiency.
- Radiology services are well managed operationally but there is scope to strengthen board level scrutiny and the strategic planning of services.

Digital Architecture Review

Welsh Government commissioned a review of digital delivery in Wales following the Public Accounts Committee report into "Informatics Systems in NHS Wales"[9] published in November 2018. The Digital Architecture Review' explored how digital systems are designed to work together 'across Wales.

RISP will align with these strategies by supporting efficient and effective clinical care and utilising vendor agnostic and future proof technologies to deliver the vision of "a seamless end-to-end electronic solution, from receipt of a referral to the delivery of a radiology report" (electronic test request, receipt of radiology referral to delivery and acknowledgement of radiology report) that will enable the transformation of imaging services and other key areas of work.

2.5 The Case for Change

Investment Objectives

The following investment objectives have been identified and agreed during discussions in workshops, presentations, and board meetings:

Table 4: Investment Objectives

No.	Investment Objectives
RISP-IO1	To improve patient care, patient safety and patient outcomes.
RISP-IO2	To enable the transformation of healthcare services to be leaner, more sustainable and provide long-term stability.
RISP-IO3	To deliver a seamless, end-to-end technical solution for radiology services.
RISP-IO4	To contribute to the more prudent use of radiology resources through demand management, predictive costing and minimised financial risk.
RISP-IO5	To meet current and future service requirements.

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The Current State

The current configuration of the radiology departments and their associated systems and infrastructure tends to drive care delivery within the traditional organisational boundaries.

Both PACS and WRIS have been deployed in line with these boundaries and subsequent changes to organisational arrangements have been made more difficult because of this siloed approach.

Whilst it is possible to deliver cross-organisational working with the current system, it is difficult to configure and maintain. This is typically low volume activity rather than as a core component of our working arrangements.

Increasingly clinical care is delivered across organisational boundaries with regional MDTs for cancer and non-cancer diagnoses and cross border referrals to England for tertiary services in stroke, cardiac and neurology care pathways necessitating a more patient and pathway focussed approach to delivery of IT based clinical systems.

Challenges

- Demand for Radiology services in the form of continuous growth in the demand for CT scans, MRI scans etc is outstripping reporting capacity, with the current workforce struggling to deliver the increase demand for reporting activity.
- This results in utilisation of outsourcing and Teleradiology services to deliver a timely service. This has resulted in exponential rise in costs and future projections indicate this situation will continue to deteriorate.
- The core Radiology IT system is not meeting health boards' and Trusts' needs to deliver seamless imaging care for patients, which is often delivered across health board boundaries. Further weaknesses are identified in local IT infrastructures.
- The lack of a national Radiology dataset hinders the collation of Radiology activity at a national level, this makes painting the national picture difficult and unnecessarily time consuming.

These challenges illustrated above are expanded upon below:

Demand

There is ever increasing justified demand for all imaging, aimed at earlier diagnosis to improve outcomes, examples include earlier stage cancer interventions & treatment modification, prevention of unnecessary exploratory surgery, informing surgical planning to reduce post- operative morbidity and mortality risk, with targeted intervention.

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A number of factors drive this increase in demand including demographic changes, new clinical guidelines, lower thresholds for referral, advances in technology and understanding how the features of disease present themselves on diagnostic images.

This increase in demand has meant that in 2019, not one health board in Wales was able to meet its reporting requirements within the internal reporting capacity available. Clinical Directors of radiology departments at six of the seven health boards (86%) in Wales felt there was not enough radiologists in their department to deliver safe and effective patient care.[10]

Workforce

The paucity of sufficient radiology workforce is the biggest challenge that both Welsh & UK radiology departments face. These shortages vary in severity between the different regions of Wales and are negatively impacting patient care. The workforce effectiveness and productivity needs to be maximised wherever possible and this is difficult to achieve in the current climate.

The Royal College of Radiologists (RCR) annual workforce survey highlights key concerns for Wales. It suggests Wales' radiologist workforce is understaffed by 38% - the biggest shortfall in any UK nation. It means Wales lags significantly behind the EU average for the number of radiologists per patient. Wales has 7.8 radiologists per 100,000 people, the UK average is 8.6, the EU average is 12.8.[11]

On patient safety, the College says 60% of Wales' imaging directors say they do not have enough consultants to keep patients safe. Wales also has the worst interventional radiology (radiologists undertaking procedures) provision of any UK nation, with 60% of health boards unable to provide 24/7 rotas or transfer arrangements for patients needing interventional care.

At the start of April, the RCR polled 1,089 consultants around the UK about their feelings on working in the NHS post-Covid. 37 were from Wales, and of those:

- 41% felt demoralised (individuals)
- 43% intended to cut their hours
- 11% say they planned on leaving the NHS in the next 12 months – according to the RCR, this is three times the normal leaving rate.

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[10] RCR Clinical Radiology UK Workforce Census 2020 Report
[11] RCR Census Press Release

Table 5: Regional breakdown of RCR workforce data[12]

	All radiologists (consultants and trainees) per million EU average is 12.8	2020 consultant radiologist headcount	2020 full-time equivalent (FTE) consultant numbers	Increase in FTE consultants 2019-2020	2020 FTE % shortfall and consultant numbers needed to meet service and safety needs
UK	8.6	4,277	3,902	+ 170 (from 3,732)	33% (1939)
England	8.5	3,587	3,267	+ 146 (from 3,120)	34% (1675)
Scotland	9.1	354	324	+ 5 (from 319)	29% (130)
Wales	7.8	169	156	+ 0 (from 156)	38% (97)
Northern Ireland	11.1	168	156	+ 19 (from 137)	24% (48)

	Hospital radiology managers who say they do not have enough consultants to provide safe care	Trusts/health boards without the radiologists or transfer arrangements to provide safe 24/7 interventional radiology services
UK	58%	47%
England	58%	47%
Scotland	65%	40%
Wales	60%	60%
Northern Ireland	33%	44%

Reporting Costs

In order to meet the rising demand for reporting, health boards are turning to insourcing (additional payment to contracted consultant radiologists to report outside of core contracted hours) and private sector outsourcing companies. Expenditure on outsourcing and insourcing has quadrupled since 2014 to an estimated £8.3 million in 2018 and is forecast to continue to rise. The current RISP needs to be able to support seamless, undisrupted

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[12] RCR Clinical Radiology UK Workforce Census 2020 Report

workflow to allow the clinical reporting of imaging to occur in the most efficient manner, given workforce constraints.

Informatics

Radiology is a high throughput, capital intensive service so having effective IT systems plays an essential role in delivering efficient radiology services and maximising the use of expensive equipment.

The current radiology IT systems neither enable service planning on a national basis, nor provide the information needed to enable the utilisation of available resource across NHS Wales health board boundaries. The current IT systems (PACS/ RIS):

- Are disparate with disjointed approaches to coding, administrative process, data collection and analysis and do not support strategic planning or service improvement.
- Do not facilitate cross boundary working resulting in variation in the delivery of radiology services across NHS Wales health boards and trusts that leads to increased waiting time for scans or delays to reporting and diagnosis.
- Make it difficult to share patient information easily between health boards and trusts both within Wales and England, impacting on acute/emergency care, MDT's and leading to inefficient care. Manual workarounds are in place to enable the right information to be available for use in the right place, at the right time but these are relatively inefficient and contribute to delays and increased clinical risk.

The Implications of Doing Nothing

It is questionable whether there is the level of awareness within health boards regarding the substantial risk that exists with current radiology IT systems and the substantial risk of harm to our patients. This is highlighted in the user cases added below:

Senior Consultant Radiologist: "There are many examples across Health Boards of clinical risk to patients that have come to light through incident reports, serious incident investigation and external reviews. Lack of an integrated IT system means that **workarounds** and safety nets (where they exist like the example below) has become the **primary process,** a situation that is completely **unsatisfactory**."

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"A cancer patient had imaging in different hospitals. The radiologist reporting the scan in one hospital, compared to a previous study from that hospital and interpreted disease progression. Another scan within weeks was carried out on the same patient for a different reason in another hospital and the radiologist there, compared to a prior scan taken at that hospital, interpreted a response to treatment. Fortunately, this was picked up by an Oncologist in the MDT and was corrected."

"It is essential the new Radiology Informatics System procurement addresses all these elements including a properly functioning electronic end to end system. To have an electronic referral and results alert system that works seamlessly with the new informatics system is absolutely integral to a properly functioning and safe solution".

This user story shows the fragmented nature of our current RIS/PACS systems between health boards and Trusts, the issues being:

- No single imaging timeline for patients across Wales
- A lack of visibility of scans carried out in other health boards, which leads to a duplication of scans and lack of awareness of appropriate prior studies to compare; this can lead to inaccurate interpretation and a substantial risk of harm to the patient.

2.6 Existing Arrangements

PACS National Agreement

A national agreement for the provision of PACS was established in 2013 following a two-year procurement process. The procurement process involved representatives from radiology, ICT, DHCW, legal, and procurement services.

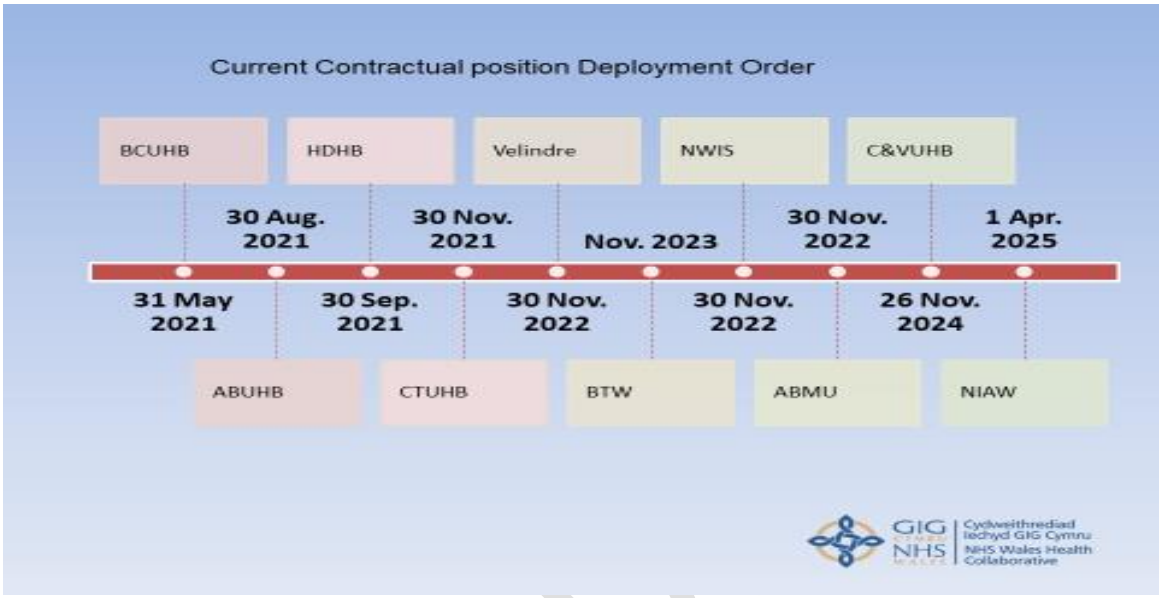
Fujifilm Medical was selected as the contractor for PACS as part of a national agreement with other elements including patient dose management (PDMS) as sub-contracted components. The radiology directorates at each health board/trust then used this agreement to establish local deployments of PACS as replacements of their legacy systems. The local deployments were set up to provide PACS for up to nine years; the agreement does not allow any further extensions to the local deployments after this initial period.

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The Fujifilm solution is now used by all health boards and Trusts following a phased deployment with Cardiff and Vale UHB and the National Imaging Academy Wales being the last to deploy.

The planned deployment order end dates for each Health Board and Trust are shown in the diagram below.

Figure 3: Contract End Dates



A single central termination notice was issued to Fujifilm by Digital Health and Care Wales (DHCW) acting on behalf of the health boards and Trusts, in May 2020. This was in line with the current contractual arrangements to secure up to 42 months termination assistance from Fujifilm to support transition. DHCW are the contracting authority and take overall responsibility for managing the contract. Fujifilm provide the services to NHS Wales.

A PACS Service Management Board (PACS SMB) comprising representatives from all health boards oversees the management of the service provided by Fujifilm. It is the responsibility of each deployment order holder to performance manage the service provided to them under the contract and feed this into the PACS SMB. Change requests are submitted to, and managed by, the Fujifilm Business Relationship Manager under the change management process set out in the contract.

Each health board has to fund any changes to its original deployment order which has meant little or no budget available for this purpose. This has made some change requests difficult to deliver.

Fujifilm provide all the support where it is the supplier's responsibility. The support is provided via the UK Fujifilm medical support desk with each issue being assigned a severity as set out in the contract and managed

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accordingly. Each of the health boards and trusts has their own PACS Manager and support staff to enable the service and systems to integrate and function with wider radiology resources.

Welsh Radiology Information System (WRIS)

In Wales, the Radiology Information System (RIS) is a national system developed and supported by Digital Health and Care Wales (DHCW). All Health Boards use WRIS, which supports the scheduling of radiology investigations, provides a clinical record of imaging performed on patients including reports and the system also allows Health Boards to generate business reports and statistics on performance.

The solutions in each health board are successful in their remit of providing radiology services locally, but there exists considerable opportunity to enhance these mechanisms with the ability to work from a wider base in support of patients.

Other systems link to WRIS to provide additional functionality; these different systems must integrate with each other to ensure that information easily transfers and updates between systems. This includes PACS (Picture Archiving and Communications System) to manage the storage, retrieval, distribution, and presentation of images.

Cost of Existing Systems

It is estimated that it currently costs £6.8m p.a. to operate the existing PACS and WRIS systems as outlined in the table below.

Table 6: Current Costs

Organisation	PACS £'000	WRIS £'000	Total £'000
Aneurin Bevan UHB	794	60	854
Betsi Cadwaladr UHB	564	97	661
Swansea Bay UHB	970	74	1,044
Cardiff & Vale UHB	965	81	1,046
Cwm Taf Morgannwg UHB	517	65	582
Imaging Academy	306	0	306
Hywel Dda UHB	663	79	742
Digital Health Care Wales	77	635	712
Velindre NHS Trust	138	18	156

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Organisation	PACS £'000	WRIS £'000	Total £'000
Public Health Wales	691	0	691
Annual revenue costs	**5,684**	**1,109**	**6,793**

2.7 Business Needs Current & Future

Stakeholder Engagement

There has been significant engagement with the service with 270+ attending meetings, workshops and roadshow events held at all health boards and Trusts across Wales and latterly via Microsoft Teams.

The full list of stakeholder groups engaged, and comments/ feedback received during this process are listed below and include but not limited to:

Radiologists, Radiographers, Secondary and Primary Care Clinicians, Trainer/ Trainees, Radiology Managers, Administrative staff, Directors of Finance, Directors of Planning, Clinical Directors, Directors of Therapies & Health Sciences, PACS Managers, Informatics Leads, Medical Physics, DHCW and Welsh Government.

The full list of organisations, stakeholder groups and engagement schedule for the RISP programme can be found in Appendix S1.

Business Needs

The key functional requirements from the engagements with the service has informed this case. These include:

- Single patient Radiology record
- Efficient reporting workflow
- Fully integrated advanced applications – 3D
- Intelligent worklists
- Fully integrated Speech solution
- Peer review solutions
- MDT solutions
- AI enhanced workflow including clinical decision support
- Full audit trails
- Structured reporting templates
- Business Intelligence

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2.8 Potential Scope & Service Requirements

Scope

"Services within the "footprint" of the current radiology service"
This includes systems and services that collectively deliver an end-to-end technical solution to support the modernisation of imaging services. The scope is designed to be the core minimum required to deliver the programme objectives, benefits, and meet the business requirements identified above. The core scope includes:

End to End Radiology Solution

A paperless end-to-end solution with functionality of Radiology Information System (WRIS) / Picture Archiving and Communication System (PACS) from receipt of request to publishing of the result and receipt of acknowledgement. This is the best solution to meet the business needs of the service, support the delivery of the Imaging Statement of Intent and the recommendations from the Wales Audit Office Radiology Services Report.

Patient Dose Monitoring System (PDMS)

PDMS provide many tools to aid health boards in improving the quality and efficiency of imaging services as well as meeting their legislative requirements such as those under the Ionising Radiation (Medical Exposures) Regulations 2017, (IR(ME)R 2017), examples include:

- Alerting healthcare professionals to radiation exposures which are of a level significantly greater than that intended or when Diagnostic Reference Levels (DRLs) are consistently exceeded.
- Providing valuable inputs into required quality assurance and optimisation processes therefore potentially improving image quality or reducing radiation exposure for people having multiple imaging procedures.
- Offering substantial improvements in collection efficiency and quality as well as reducing time for analysis and reporting of radiation dose data compared with manual or semi-automated methods.
- Facilitating the management and harmonisation of imaging protocols and contrast media usage between devices (both within and between health boards)
- Enabling optimisation of equipment utilisation.

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Electronic Requesting and Results Acknowledgement[13]

Electronic Requesting (ER) systems are designed to enable clinicians to request Diagnostic Imaging (DI) procedures and receive updates on their progress using an IT system, replacing the need for conventional paper-based systems. IT enables electronic two-way communication of patient information, clinical and diagnostic decision making, the progress of the imaging procedure and the image report status progress between the referrer and the hospital radiology department. In Wales, the practice remains paper based.

In many Health Boards results acknowledgment systems continue to be largely manual processes, driven by paper / email, telephone and faxed based triggers tailored to meet local clinical needs. The current systems fail to close the diagnostics loop because there is no automated facility to record a result acknowledgement within the RIS and therefore urgent or unexpected findings are frequently escalated by manual rather than electronic means. The processes are tailored to local clinical demands. The recommendations of NPSA 16[14] are clear:

- Ensure that the radiological imaging reports of all patients are communicated to, and received by, the appropriate registered health professional and, where necessary, action is taken in a manner appropriate to their clinical urgency;
- Ensure registered health professionals design 'safety net' procedures for their specialty;
- Make it clear to patients how and when they should expect to receive the results of a diagnostic test.

This programme is an opportunity to address the NPSA 16 recommendations robustly with an electronic, auditable trail of results acknowledgement. This will also mitigate and decrease litigation claims where the analogue system of results acknowledgment has failed. One of the frustrations of the radiology service in Wales is the lack of progress in the delivery of an in-house electronic referral and results alert system for NHS Wales. There is despondency within the service at the lack of progress in the development of a national electronic requesting system being developed by DHCW to be delivered through the Welsh Clinical Portal (WCP).

A WCP electronic requesting pilot commenced in Royal Glamorgan Hospital (CTMUHB) in October 2020 with a small number of requestors. It has since

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[13] Optional commercial electronic requesting system, if the WCP cannot be developed to meet the requirements of the Radiology service in line with programme timeline.

[14] NPSA 16 2007

been extended to Outpatients and A&E in both Royal Glamorgan Hospital and Prince Charles Hospital. Modalities live include CTs, MRIs, Plain Film and Ultrasound. The next steps for the pilot are to rollout to BCUHB and SBUHB.

Delivery of the electronic requesting system within the timescales of the RISP programme is of concern as this is a core requirement for the end-to-end solution to be successful and for the programme to meet its objectives. This is recorded on the RISP risk register and the programme are working with DHCW to monitor the position. The programme will monitor the position with the WCP solution; however, it is agreed to include electronic requesting and results acknowledgment and notifications as part of the scope of the business case and to include a commercial system as an optional component of the procurement.

2.9 Benefits

The key benefits from delivering RISP include:

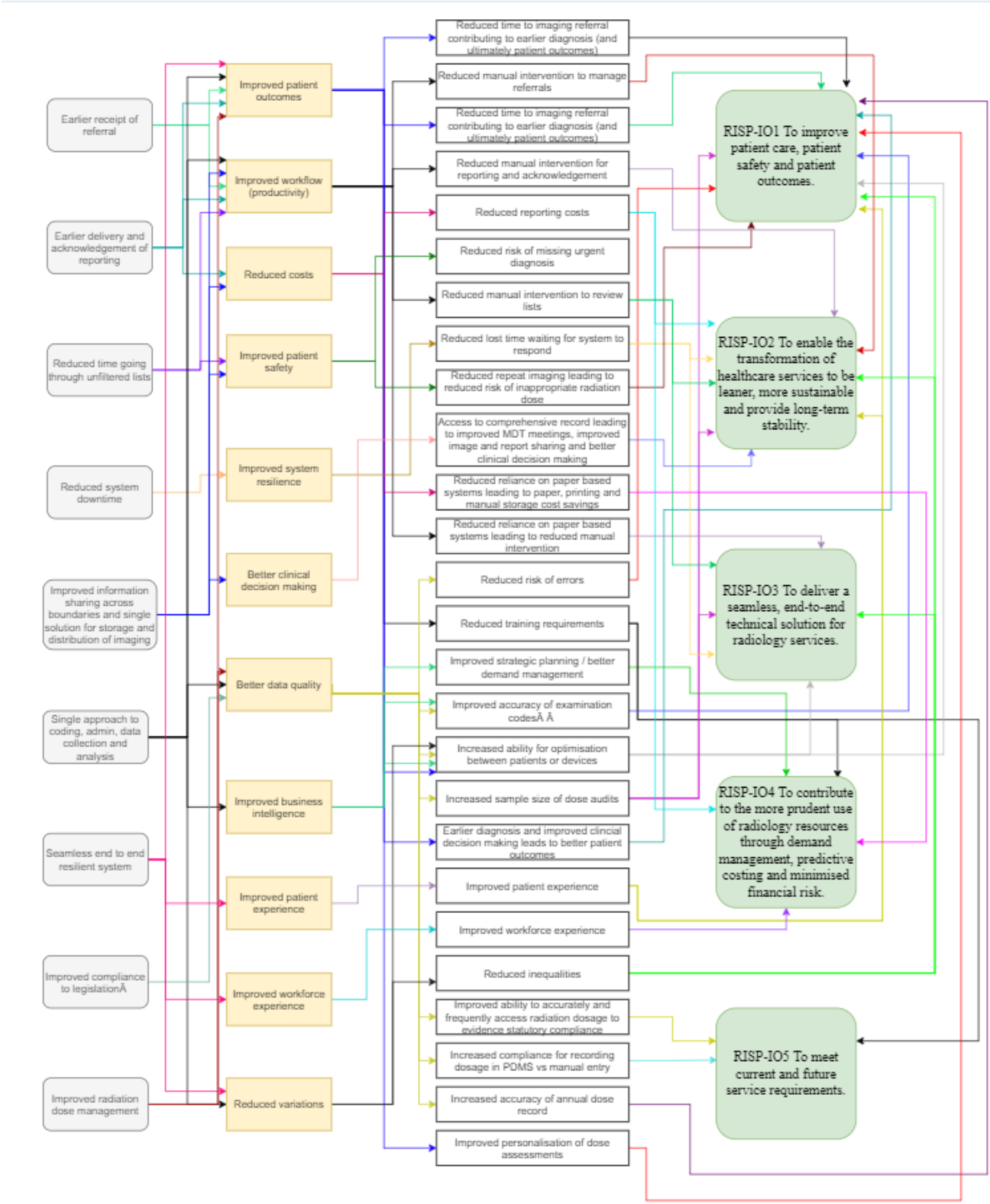
- Improved patient safety, with an electronic auditable trail from request to results acknowledgement. (NPSA SPN 16 2007) [15].
- Reduced risk of repeat examinations and inappropriate radiation dosage.
- Effective and efficient MDT meetings supporting cross health board boundary workings and streamlining patient care.
- Improved imaging workflow, enabling timely delivery of service and - the ultimate output of an imaging examination - a report to the clinical referrer anywhere.
- Enable cross-site reporting to facilitate service transformation and support the work of the Imaging Essential Services Group.
- Improved data quality and analytics.
- Streamlined and reduced training requirements.

A Benefits Group has been established and have identified specific benefits and associated measures which are outlined in detail in the Economic and Management Cases. A mapping exercise was undertaken to align benefits to the investment objectives (figure 4).

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[15] NPSA 16 2007

Figure 4: Benefits Map



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2.10 Risks

This Strategic Case highlights the key risks relevant to the successful implementation of RISP. The programme will employ risk management techniques to appropriately monitor how risks materialise. This will support the aims of the programme and help maximise value for money.

Key risks to the realisation of some of the benefits of the RISP programme:

- COVID-19 recovery activity may impact the ability of HBs to release the required resources to join the procurement dialogue teams in Tranche 2. The impact of this could be delays in the procurement process.
- Lack of certainty around the financial model associated with a possible cloud solution may mean it is not affordable for the health boards. This could lead to delays in the procurement process.
- There may be a delay in completion of the OBC caused by a lack of clarity on the treatment of capital within the Financial Case. This may delay moving to Tranche 2.
- Further slippage to procurement timescales caused by delays could impact the current Fuji PACS contract end dates.

A full list of RISP risks and mitigations can be found in Appendix M5.

2.11 Constraints

The programme is subject to the following constraints:

- Lack of resources within DHCW to release staff to support the development of the OBC, the procurement, development, testing and training and to take forward the work.
- Limited financial resources available to the NHS for a new radiology system, to support the procurement and further implementation.
- Capacity of the Imaging service to support the programme, particularly consultant staff.

2.12 Dependencies

RISP is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the Programme:

- The development of the WCP to deliver electronic requesting, results acknowledgement and notifications to meet radiology requirements in time for deployment of the new RISP.
- The timelines for deployment of infrastructure and resilience that is within the scope of the All Wales Infrastructure Programme (AWIP).
- The approval of Welsh Government, health boards, trusts and professional bodies to this OBC.

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3 Economic Case

3.1 The Options Framework

Introduction

The purpose of the Economic Case is to identify and appraise the options for the delivery of the project and to recommend the option that is most likely to offer best value for money.

The first stage of this explores the preferred way forward by undertaking the following actions:

- Agree critical success factors (CSFs).
- Identify and evaluate the long list of options.
- Recommend the preferred way forward in the form of a shortlist of options.

Critical Success Factors

Critical success factors (CSFs) are the essential attributes for successfully delivering the project and are used along with spending objectives to evaluate the options. The CSFs for the project are crucial, not merely desirable, and not set at a level that could exclude important options at an early stage of identification an appraisal.

Table 7: Critical success factors

Reference	Spending Objective
CSF1	Business Needs: How well the option satisfies the existing and future business needs of NHS Wales.
CSF2	Strategic Fit: How well the option provides fit and synergy with other key Imaging national and local strategies.
CSF3	Benefits Optimisation: How well the option optimises the business outcomes and potential benefits, as highlighted in the spending objectives to improve overall VFM (economy, efficiency and effectiveness).
CSF4	Achievability: How likely is this option to be achievable with regard to the ability of stakeholders to innovate, adapt, introduce, support, and manage the required level of change, including the management of associated risks.
CSF5	Supplier Capacity & Capability: The ability of the marketplace and its potential suppliers to deliver the required services and deliverables.

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CSF6	Affordability: The ability of relevant stakeholders, both national and local, to fund the required level of expenditure, the capital and revenue consequences associated with the proposed investment.

Key Elements of the Options Framework

In accordance with the requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector) and Welsh Government Better Business Case guidance, this section of the business case documents the wide range of options that have been considered that could deliver the agreed spending objectives for five categories of choice:

- Scope (service and geographical coverage).
- Solution (including services and required infrastructure) which is divided between:
  - Technical solution (hosting arrangements); and
  - Service solution (deployment arrangements).
- Service delivery (who will deliver the required services).
- Timing and phasing of delivery.
- Funding of the investment.

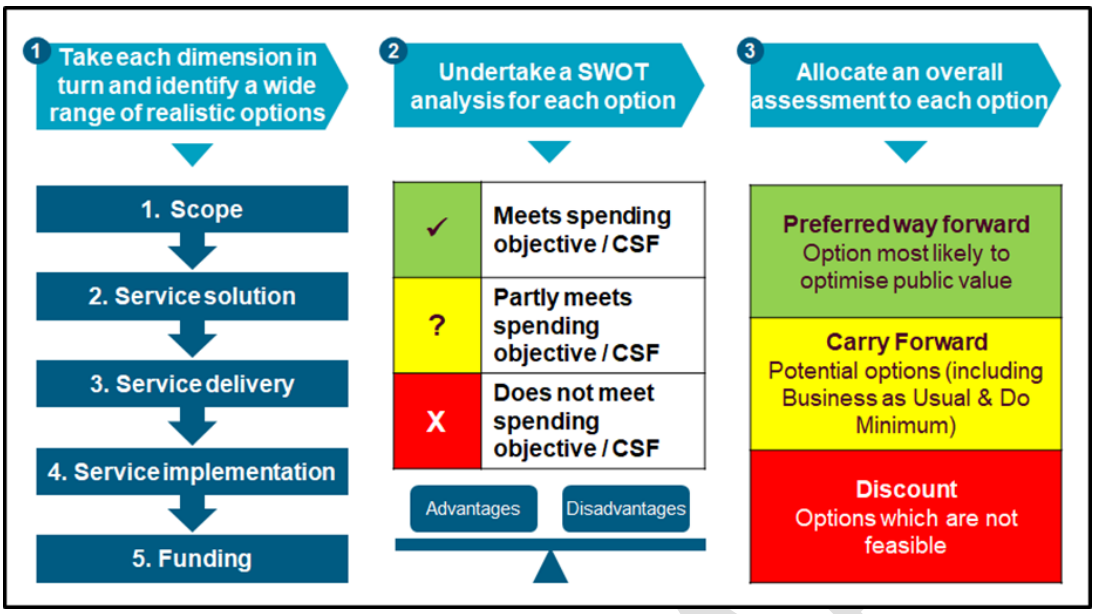
The long list must include an option that provides the baseline for measuring improvement and value for money. This option is known as 'Business as Usual'. It must also include a realistic 'Do Minimum' based on the core functionality and essential requirements for the project.

The diagram illustrating this process is shown below:

Figure 5: Process to identify and assess the long list of options

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Through a series of workshops, the Programme Team identified and documented a long list of options. Options were generated for each category of choice by ascertaining the least ambitious, most ambitious, and intermediate option for scope, solution, service delivery, timing, and funding. The resulting options were assessed against the agreed critical success factors and spending objectives and a SWOT analysis undertaken to identify the main advantages and disadvantages of each.

The detailed evaluation and accompanying SWOT analysis can be found in Appendix E1 and the results are summarised below.

Scope

The options related to the project 'scope' are concerned with establishing the service coverage and key service requirements to be included within the programme. The long-listed options and results of the appraisal are provided in the table below.

Table 8: Long list of options - Scope

Dimension	Option	Conclusion
Business As Usual	Do nothing	Carried Forward
Do Minimum	Only replace PACS	Discounted
Intermediate Option	PACS + PDMS	Discounted
Intermediate Option	PACS + PDMS + DHCW RIS	Carried Forward
Intermediate Option	PACS + PDMS + Commercial RIS + ETR	Preferred Way Forward
Do Maximum	PACS + PDMS + RIS + ETR + other disciplines	Carried Forward

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Technical Solution

The options related to 'solution' are concerned with establishing how the preferred scope for the programme can best be delivered. A range of options has been considered and the results of the evaluation of these options are provided in the table below.

Table 9: Long list of options - Technical

Dimension	Option	Conclusion
Business As Usual	Service to continue operating as usual.	Carried Forward
Do Minimum	National DHCW data centre	Carried Forward
Intermediate Option	National supplier data centre hosted.	Carried Forward
Do Maximum	National supplier cloud hosted.	Preferred Way Forward

Service Solution

The options related to 'solution' are concerned with establishing how the preferred scope for the programme can best be delivered. A range of options has been considered and the results of the evaluation of these options are provided in the table below.

Table 10: Long list of options - Service Solution

Dimension	Option	Conclusion
Business as Usual	Health Board Deployment	Discounted
Intermediate Option	Regional Deployment	Carried Forward
Do Maximum	National Deployment	Preferred Way Forward

Service Delivery

The options related to the programme 'delivery' are concerned with establishing the ways in which the preferred scope and solution can be delivered, specifically around who will deliver services in the future. The results of the evaluation of these options are provided in the table below.

Table 11: Long list of options – Service Delivery

Dimension	Option	Conclusion
Do Minimum	In House	Carried Forward
Intermediate Option	Service Management	Carried Forward

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Intermediate Option	Supplier Partial Service management	Carried Forward
Intermediate Option	Supplier Full-Service Management	Preferred Way Forward
Do Maximum	Integrator Service Management	Carried Forward

Project Implementation

The options related to the programme 'implementation' are concerned with establishing the phasing for delivering the preferred scope, solution, and delivery options.

Table 12: Long list of options - Implementation

Dimension	Option	Conclusion
Business As Usual	Phased by Site	Carried Forward
Do Minimum	Phased by Health Board	Preferred Way Forward
Intermediate Option	Phased by Application	Carried Forward
Do Maximum	Big Bang	Discounted

Project Funding

The 'funding' required for delivering the 'preferred' scope, solution, service delivery and implementation path for the project. Potential funding options are driven by the availability and opportunity cost of public funding, Value for Money, and the characteristics of the project. Potential funding options include the public or private capital, the generation of alternative revenue streams, operating and financial leases, and mixed market arrangements.

Table 13: Long list of options - Funding

Dimension	Option	Conclusion
Intermediate Option	Revenue funded fully managed service	Carried Forward
Intermediate Option	Capital funded NHS owned assets/Revenue funded support	Carried Forward
Do Maximum	Capital funded	Discounted

Short Listed Options

The results of the assessment were aggregated into a shortlist of options as outlined in the table overleaf.

Table 14: Shortlisted Options

Options	Option 0	Option 1	Option 2	Option 3	Option 4

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	Business as Usual	Do Minimum	Preferred Way Forward A	Preferred Way Forward B	More Ambitious
Scope	Do nothing	PACS + PDMS + DHCW RIS	PACS + PDMS + Commercial RIS + ETR and results acknowledgment	PACS + PDMS + Commercial RIS + ETR and results acknowledgment	PACS + PDMS + RIS + ETR and results acknowledgment (+ options for other disciplines)
Technical Solution	Current solution ceases	National DHCW data centre	National supplier data hosted (either data centre or cloud hosted depending on provider)	National supplier data hosted (either data centre or cloud hosted depending on provider)	National supplier data hosted (either data centre or cloud hosted depending on provider)
Service Solution	N/A	Regional Deployment	Regional Deployment	National Deployment	National Deployment
Service Delivery	N/A	In House RIS with PACS + PDMS delivered with supplier full-service management	Supplier Full-Service Management which could be delivered by either: a. Managed Service Contract b. Contract for Service with Maintenance Support		
Implementation	N/A	Phased by Health Board			
Project Funding	N/A	Combination of capital and revenue funding via either a. Revenue funded fully managed service; or b. Capital funded NHS owned assets/Revenue funded support			

The shortlist of options carried forward to be explored further in the economic appraisal comprises:

- **Option 0 – Business as Usual:** No investment is made and the current solution ceases.
- **Option 1 – Do Minimum:** In-house RIS solution and supplier full-service management solution for PACS + PDMS with data hosted on premises using the national DHCW data centre. The programme will be deployed regionally and delivered using a combination of capital and revenue funding.
- **Option 2 – Preferred Way Forward A:** Supplier full-service management solution for PACS + PDMS + RIS (with the option to incorporate ETR if required) with data hosted by the supplier (either via cloud or supplier data centre). The programme will be deployed regionally and delivered using a combination of capital and revenue funding.

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- **Option 3 – Preferred Way Forward B:** Supplier full-service management solution for PACS + PDMS + RIS (with the option to incorporate ETR if required) with data hosted by the supplier (either via cloud or supplier data centre). The programme will be deployed nationally and delivered using a combination of capital and revenue funding.
- **Option 4- More Ambitious:** Supplier full-service management solution for PACS + PDMS + RIS + ETR (with the functionality to incorporate other disciplines if required in the future) with data hosted by the supplier (either via cloud or supplier data centre). The programme will be deployed nationally and delivered using a combination of capital and revenue funding.

3.2 Economic Appraisal

The purpose of the economic appraisal is to evaluate the costs, benefits, and risks of the shortlisted options in order to identify the option that is most likely to offer best public value for money. In line with current NHS England and HM Treasury Green Book project business case guidance.

- Estimating whole life capital and revenue costs for each option.
- Undertaking an assessment of benefits and risks for each option, wherever possible quantifying these in monetary-equivalent values.
- Using DHSC's Comprehensive Investment Appraisal (CIA) Model to prepare discounted cash flows and estimate the Net Present Social Value (NPSV) and Benefit Cost Ratio (BCR) for each option.
- Presenting the results, including sensitivity analysis, to determine the preferred option.

Indicative costs, benefits and risks have been estimated for the purposes of the OBC as outlined below.

Baseline Costs

It is estimated that expenditure of £6,793k was incurred during 2020/21 in relation to the existing PACS and WRIS systems, as outlined in the table below.

Table 15: Baseline Costs 2020/21

Organisation	PACS £'000	WRIS £'000	Total £'000
Aneurin Bevan UHB	794	60	854
Betsi Cadwaladr UHB	564	97	661
Swansea Bay UHB	970	74	1,044

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Organisation	PACS £'000	WRIS £'000	Total £'000
Cardiff & Vale UHB	965	81	1,046
Cwm Taf Morgannwg UHB	517	65	582
Imaging Academy	306	0	306
Hywel Dda UHB	663	79	742
Digital Health Care Wales	77	635	712
Velindre NHS Trust	138	18	156
Public Health Wales	691	0	691
Annual revenue costs	**5,684**	**1,109**	**6,793**

It should be noted that this includes £635k of costs incurred by DHCW which it has been determined are not releasable.

Estimating Indicative Future Costs

Indicative capital and revenue costs of delivering RISP have been estimated including:

- **Solution costs:** Indicative capital and revenue costs to procure the solution have been estimated based on initial supplier cost data received in response to a Prior Information Notice (PIN). This includes the upfront costs associated with licencing, production environments, workstations, local infrastructure, and project implementation, as well as ongoing costs of support and maintenance services, server environments and associated software. The mean excluding the minimum and maximum costs have been used.
- **NHS Wales Programme costs:** Indicative capital and revenue costs have been estimated based on the current NHS Wales resource plan required for the implementation of the programme.
- **Change management costs:** Ongoing revenue costs associated with change management for the 5-year contract period have been estimated.
- **Legacy data costs:** Indicative capital and revenue costs have been estimated relating to the cost of storing and maintaining legacy RIS data.
- **Local infrastructure costs:** An additional capital contingency has been included for local workstation and infrastructure costs to mitigate against the risk of requirements having been underestimated in the solution costs.
- **DHCW recurring costs:** Ongoing cost of integration services and contract management.

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The detailed calculations and assumptions behind each of these costs are provided in the following appendices:

- Appendix F1 – RISP Financial Model
- Appendix F2 – NHS Wales Resource Plan
- Appendix F3 – RISP Cost Assumptions

Costing the Shortlisted Options

Baseline and indicative future costs have been used to estimate the whole life cost for each of the five shortlisted options. Costs are applied to each option based on the key features outlined in the table below.

Table 16: Key features of shortlisted options

	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
Description	Do nothing	PACS + PDMS + Inhouse RIS	Supplier hosted / Regional Deployment	Supplier hosted / National deployment	Future proofing technologies
Continue with existing systems (Note 1)	✓				
Replace PACS		✓	✓	✓	✓
Include PDMS		✓	✓	✓	✓
Implement DHCW RIS		✓			
Include external RIS			✓	✓	✓
Incorporate ETR			✓	✓	✓
Incorporate other disciplines					✓

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	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
Cost basis	Current Baseline costs	RISP Financial Model excluding VAT and inflation (Note 2) + Adjusted to reflect DHCW RISP Solution Costs		RISP Financial Model excluding VAT and inflation (Note 2)	RISP Financial Model excluding VAT and inflation (Note 2) + Adjusted to reflect maximum Solution Cost (Note 3)

The following notes apply:

1. It should be noted that continuing with existing arrangements is not feasible, however, for the basis of the economic appraisal the current costs are used for the purposes of having a baseline comparator.
2. For the purposes of the Economic Appraisal all VAT is included and costs stated at base year prices in line with HM Treasury Green Book guidance.
3. In the absence of more detailed information at this stage, the maximum PIN Response has been used to calculate the potential Solution Costs.

Estimating Capital Costs

The resulting capital cost estimates are summarised in the table below.

Table 17: Capital Costs £'000

	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
NHS Wales Programme Costs	0	1,091	1,091	1,091	1,091
Local Infrastructure Costs	0	2,000	2,000	2,000	2,000
Legacy Data Storage Costs	0	20	20	20	20

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	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
RISP Solution Costs	0	14,175	14,175	14,175	24,855
Total capital costs (excluding VAT and inflation)	**0**	**17,285**	**17,285**	**17,285**	**27,965**

Estimating Recurring Revenue Costs

The resulting indicative additional revenue costs are summarised in the table below.

Table 18: Revenue Costs £'000

	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
Existing Solution Costs	61,140	25,430	25,430	25,430	25,430
NHS Wales Programme Costs	0	3,150	3,150	3,150	3,150
Legacy Data Storage Costs	0	145	145	145	145
Change Management Costs	0	750	750	750	750
DHCW Costs	0	507	507	507	507
RISP Solution Costs	0	38,959	37,587	37,587	66,693
Total 9-year revenue costs (excluding VAT and inflation)	**61,140**	**68,942**	**67,570**	**67,570**	**96,676**
Equivalent Annual Cost	**6,793**	**7,660**	**7,508**	**7,508**	**10,742**

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Estimating Benefits

The main benefits of the programme will be delivered as a result of the following features of the preferred solution:

- Improved patient safety, with an electronic auditable trail from request to results acknowledgement. (NPSA SPN 16 2007) [16].
- Reduced risk of repeat examinations and inappropriate radiation dosage.
- Effective and efficient MDT meetings supporting cross health board boundary workings and streamlining patient care.
- Improved imaging, service and departmental workflow, enabling timely delivery of service and - the ultimate output of an imaging examination - a report to the clinical referrer anywhere.
- Enable cross-site reporting to facilitate service transformation and support the work of the Imaging Essential Services Group.
- Improved data quality and analytics.
- Streamlined and reduced training requirements.

A Benefits Project is established and will run throughout the life of the programme. As part of the OBC, the main benefits have been identified and measures established, and a plan has been agreed to collect baseline data and agree targets and methods of monitoring. These are shown in the table below.

Table 19: Benefits Register

ID	Benefit	Measure	Actions to develop at FBC stage
B01	Reduced time to imaging referral contributing to earlier diagnosis (and ultimately patient outcomes)	Average time from request to receipt of referral	• PACS Managers to take manual audit of 100 GP and OP referrals to establish average
B02	Reduced manual intervention to manage referrals	Workforce time spent on process	• No baseline readily available so assumptions to be agreed with service leads
B03	Reduced time to imaging referral contributing to earlier diagnosis (and ultimately patient outcomes)	Average time to reporting and acknowledgement	• No baseline readily available so assumptions to be agreed with service leads

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[16] NPSA 16 2007

ID	Benefit	Measure	Actions to develop at FBC stage
B04	Reduced manual intervention for reporting and acknowledgement	Workforce time spent on process	• Obtain from Red Flag / Datix systems • Review legal publications and audits
B05	Reduced reporting costs	Average reporting time between subsequent reports	• Undertake productivity study
B06	Reduced risk of missing urgent diagnosis	Number of urgent diagnosis missed	• Obtain from Red Flag / Datix systems • Review legal publications and audits
B07	Reduced manual intervention to review lists	Workforce time spent on process	• Assumptions to be agreed with service leads
B08	Reduced lost time waiting for system to respond	Number of hours of downtime	• PACS Managers to examine Health Board and/or Fujifilm call logs to determine number of calls related to workstation faults or downtime and time taken to resolve
B09	Reduced repeat imaging leading to reduced risk of inappropriate radiation dose	Number of significant accidental and unintended exposures as a result of repeat imaging	• PDMS sub-group to reconvene • Review unintended exposures log
B10	Access to comprehensive record leading to improved MDT meetings, improved image and report sharing and better clinical decision making	Number of referrals into tertiary care across organisational boundaries	• PACS Managers to determine how many cases transferred to other organisations for MDT / clinical review • Determine whether can be monitored in RIS, Synapse or IES • Determine whether to monitor as transfers out or in (to avoid double counting)
B11	Reduced reliance on paper-based systems leading to paper, printing and manual storage cost savings	Paper and printing costs	• PACS Managers to determine how many reports were printed in the last 3 months using WRIS

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ID	Benefit	Measure	Actions to develop at FBC stage
			• Establish current expenditure related to paper usage
B12	Reduced reliance on paper-based systems leading to reduced manual intervention	Workforce time spent on process	• No baseline readily available so assumptions to be agreed with service leads
B13	Reduced risk of errors	Number of incidents	• PACS Managers / Clinical Directors to establish how many Datix entries / incidents arising as a result of data quality issues
B14	Reduced training requirements	Workforce time spent on training	• No baseline readily available so assumptions to be agreed with service leads
B15	Improved strategic planning / better demand management	Qualitative	• Review publications on ETR / decision support software to determine evidence-base for reducing demand for diagnostic services
B16	Improved accuracy of examination codes	%change accuracy (correct codes used)	• Establish baseline / agree assumptions with service leads
B17	Increased ability for optimisation between patients or devices	Current variation vs future variation e.g. dose, protocol (hope to see a % decrease)	• Establish baseline / agree assumptions with service leads
B18	Increased sample size of dose audits	Sample size current vs future	• Establish baseline / agree assumptions with service leads
B19	Earlier diagnosis and improved clinical decision making leads to better patient outcomes	Time spent on data management / mining to get data out of system	• Establish baseline / agree assumptions with service leads
B20	Improved patient experience	Patient surveys and/or better compliance to national guidelines on referral to treatment timelines	• Establish whether patient engagement groups can be used • Review ABUHB use of appointment reminders

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ID	Benefit	Measure	Actions to develop at FBC stage
			• Review CAVUHB use of patient touch screen check in
B21	Improved workforce experience	Staff surveys	• Establish baseline / agree assumptions with service leads
B22	Reduced inequalities	Turnaround time	• Comparison study needed between Health Boards to determine report turnaround times (before and after implementation)
B23	Improved ability to accurately and frequently access radiation dosage to evidence statutory compliance	Number of data points included in surveys/number of examinations covered	• Establish baseline / agree assumptions with service leads
B24	Increased compliance for recording dosage in PDMS vs manual entry	Current compliance vs future compliance	• Establish baseline / agree assumptions with service leads
B25	Increased accuracy of annual dose record	RIS vs PDMS dose for specific device	• Establish how does will be recorded
B26	Improved personalisation of dose assessments	Case study/ potentially less litigation	• Establish baseline / agree assumptions with service leads
B27	Increased sample size of dose audits	Sample size current vs future	• Establish baseline / agree assumptions with service leads

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As well as significant quality improvements, many of these benefits are associated with reduced manual interventions and improved turnaround times. This clearly provides opportunities for significant productivity gains, which would either produce direct cash savings or, most likely, enable the release of staff time to focus on more value-added activities and increase overall capacity.

At this stage, the Benefits Group has not yet identified the baseline data and agreed target improvements for these benefits, therefore it is not possible to estimate the monetary equivalent value of these productivity gains with any degree of accuracy. However, for the purposes of the Economic Appraisal, an assumption has been made that they would directly contribute to improving patient experience through better clinical and administrative efficiency by reducing safety manual tasks, e.g. entering referral details into the RIS, scanning and filing paper referral forms,

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managing manual processes around vetting, justification, escalation of unexpected clinical findings and cross site reviews at speciality and regional multidisciplinary team meetings.

The Economic Appraisal therefore includes an indicative financial benefit of £1.9m p.a. related to the following:

- There is a reduction in the administrative processes in managing the patient imaging journey, end to end £780k per annum.
- There is an efficiency benefit in the clinical vetting and prioritisation process leading to a financial benefit in the region of £1.1m.
- Further work will be undertaken through the benefits project to validate these assumptions.

The calculation behind this is included in Appendix E2 – Economic Model. Further work will be undertaken through the benefits project to validate these assumptions.

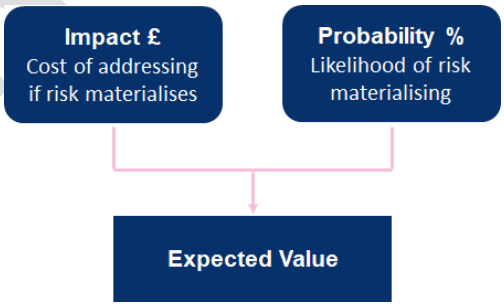
Estimating Risks

The risks for each option have been assessed and, as far as possible, quantified and expressed in monetary equivalent terms, comprising:

- Existing system is no longer supported.
- Infrastructure does not support supplier solution.

These risks have been quantified by calculating an 'expected value'. This provides a single value for the expected impact of all risks. It is calculated by multiplying the likelihood of the risk occurring (probability) by the cost of addressing the risk (impact) and summing the results for all risks and outcomes.

Figure 6: Risk quantification approach using single-point probability analysis



The assumptions included to assess the impact and probability of these risks are outlined in the tables below with detailed calculations included in the Appendix E2 – Economic Model.

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Table 20: Risk assumptions

	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
R1: Existing system no longer supported					
Risk	**System performance deteriorates and ultimately fails impacting on local business continuity**				
Consequence	**Mitigation would involve upgrading PACS**				
Impact	Cost of investing in new PACS	No impact – mitigated by investment in new system	No impact – mitigated by investment in new system	No impact – mitigated by investment in new system	No impact – mitigated by investment in new system
Probability	**95%**	**0%**	**0%**	**0%**	**0%**
Timescales	Year 2				
Risk Value £'000	**16,144**	**0**	**0**	**0**	**0**
R2: Infrastructure does not support supplier solution					
Risk	**Delivery delayed**				
Consequence	**Increased programme costs and extended double running**				
Impact	N/A	Delay of between 12-24 months x Programme Cost per month	Delay of between 12-24 months x Programme Cost per month	Delay of between 12-24 months x Programme Cost per month	Delay of between 12-24 months x Programme Cost per month
Probability	**0%**	**10%**	**10%**	**20%**	**10%**
Timescales		Year 2	Year 2	Year 2	Year 2
Risk Value £'000	**0**	**141**	**141**	**281**	**141**

Economic Appraisal Results

The indicative assumptions above have been incorporated into a discounted cash flow for each of the options, using DHSC's Comprehensive Investment Appraisal (CIA) model, to support the appraisal of overall value for money and cost-benefit analysis of the shortlisted options.

In line with HMT Green Book requirements:

- Costs, benefits, and risks are calculated over a 9-year appraisal period based on programme commencing 2021/22, phased deployment from 2023/24, final deployment 2025/26 + 5 years contract life.
- Year 0 is 2021/22.

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- Costs and benefits use real base year prices – all costs are expressed at 2020/21 prices in line with the baseline costs.
- The following costs are excluded from the economic appraisal:
    - Exchequer 'transfer' payments, such as VAT.
    - General inflation.
    - Sunk costs.
    - Non-cash items such as depreciation and impairments.
- A discount rate of 3.5% is applied.

The economic summary from the CIA model is shown in the table below.

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Table 21: Key results of economic appraisals

	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
Capital costs	0	17,285	17,285	17,285	27,965
Revenue costs	61,140	68,942	67,570	67,570	96,676
Total costs	**61,140**	**86,227**	**84,855**	**84,855**	**124,641**
Expected risk value	16,144	141	141	281	141
Total risk adjusted costs	**77,284**	**86,367**	**84,995**	**85,136**	**124,782**
Benefits		-9,720	-9,720	-9,720	-9,720
Net Present Cost (Undiscounted)	**77,284**	**76,647**	**75,275**	**75,416**	**115,062**
Total discounted costs	68,561	76,526	75,377	75,508	109,331
Total discounted benefits	0	-7,917	-7,917	-7,917	-7,917
Net Present Cost (Discounted)	**68,561**	**68,609**	**67,460**	**67,592**	**101,414**
Incremental costs	0	-22,904	-21,755	-21,755	-55,709
Incremental benefits (including risk reduction)	0	22,856	22,856	22,725	22,856
Risk-adjusted Net Present Social Value	**0**	**-48**	**1,101**	**969**	**-32,853**
Benefit Cost Ratio	**0.0**	**1.0**	**1.1**	**1.0**	**0.4**
Rank	**5**	**3**	**1**	**2**	**4**

The results of the economic analysis demonstrate that the Preferred Way Forward offers best value for money since it results in the lowest discounted Net Present Cost and best Benefit Cost Ratio.

Option 2 (Delivering the Preferred Way Forward via a regional deployment) offers better value for money than Option 3 (Delivering the Preferred Way Forward via a national deployment), however this will depend on potential suppliers' final solutions and prices.

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Sensitivity Analysis

A Sensitivity analysis has been undertaken on these results in the form of switching analysis which tests the degree to which costs and benefits would need to change to affect the ranking of options. The result of this testing is provided in the table below.

Table 22: Sensitivity Analysis

	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
Total discounted costs		-1.79%	0.00%	-0.19%	-36.39%
Total discounted benefits		17.33%	0.00%	1.78%	502.57%
Net Present Cost (Discounted)		**-2.00%**	**0.00%**	**-0.21%**	**-39.23%**

This demonstrates that the ranking is relatively sensitive to changes in assumptions for Options 1 and 3, where costs would only need to reduce marginally for the ranking to change. This suggests that the results of the procurement process will be critical to the final selection of a preferred option.

Non-Financial Considerations

There are several other non-financial factors that should be considered in comparing the options:

Undeliverable Business as Usual Option

Continuing with existing arrangements is not a feasible option as the current PACS contract ends during 2023/24 which poses a catastrophic risk to service continuity. Option 0 (Business as Usual) is only included to provide a counterfactual to allow value for money comparisons of the other options.

Risks of More Ambitious Option

Option 4 (More Ambitious) would offer opportunities to incorporate other disciplines. However, as well as a high degree of uncertainty about the likely costs and benefits of this, it is anticipated that this would significantly elongate timelines and risk deployment of a PACS replacement.

Qualitative Assessment of Do Minimum option

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Option 1 (Do Minimum) involves continuing with the current DHCW developed and supported application; the Welsh RIS. Information was obtained as part of the Prior Information Notice to enable a comparison of this with the procurement of a commercial RIS within the scope of the ongoing programme to procure PACS/PDMS.

Appendix E3 - RIS Options Evaluation Report outlines the process undertaken to compare these two options. It confirms that the commercial RIS scored significantly higher than the DHCW RIS option. This was largely due to the following factors:

Concern that the DHCW option had considerably more risk around the capacity of DHCW and NHS Wales to support the development and deployment of additional functionality which might impact on the timelines for the project and these risks were not offset by perceived benefits that might arise because developments could be bespoke to the needs of radiology services within NHS Wales.

The role of DHCW in this part of the end-to-end solution could impact on the ability to hold the commercial suppliers to account for any failure to deliver on the requirements of the solution.

There was unlikely to be a significant financial benefit from the DHCW option on the basis of the cost estimates, which has subsequently been confirmed by the Economic Analysis outlined above.

3.3 Summary of Options Appraisal Results

The overall results of the options appraisal are set out in the table below.

Table 23: Options overview

	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
Net Present Cost (£'000)	68,561	68,609	67,460	67,592	101,414
Benefit Cost Ratio	0.0	1.0	1.1	1.0	0.4
Significant non-financial benefits	N/A	Seamless system, improved turnaround times, improved staff satisfaction	Seamless system, improved turnaround times, improved staff satisfaction	Seamless system, improved turnaround times, improved staff satisfaction	Potential to incorporate other disciplines
Residual risks	Unable to provide a service without a new	All Wales infrastructure may not support	All Wales infrastructure may not support	All Wales infrastructure may not support	Uncertainty around costs and significant

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	Option 0 Business as Usual	Option 1 Do Minimum	Option 2 Preferred Way Forward A	Option 3 Preferred Way Forward B	Option 4 More Ambitious
	system in place	preferred solution	preferred solution	preferred solution	impact on timescales
Other considerations	N/A	DHCW's RIS solution scored the lowest in a qualitative assessment compared to a commercial RIS solution	Commercial RIS scored higher than DHCW RIS in qualitative assessment	Commercial RIS scored higher than DHCW RIS in qualitative assessment	Commercial RIS scored higher than DHCW RIS in qualitative assessment
Life span	Contract ends 2023/24	5-years from 2023/24 + option for 2-year extension	5-years from 2023/24 + option for 2-year extension	5-years from 2023/24 + option for 2-year extension	Uncertain because of timeline risks
Switching analysis	Will not offer value for money because of service continuity risk	Would outrank Option 3 if NPC reduced by 2.0%	Highest ranking relatively sensitive to changes in assumptions	Would outrank Option 3 if NPC reduced by 0.2%	Would require significant reduction in NPC to outrank Option 3

3.4 The Preferred Option

Based on the analysis above it is recommended that Options 2 and 3 are carried forward as the preferred options.

They both involve procuring a supplier full-service management solution for PACS + PDMS + RIS (with the option to incorporate ETR if required) with data hosted by the supplier (either via cloud or supplier data centre).

However, the decision to deliver via national or regional deployment will be dependent on the final preferred solution.

The programme will be delivered using a combination of capital and revenue funding.

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4 The Commercial Case

The commercial case considers the commercial feasibility of the preferred option.

4.1 Procurement Scope

Based on an assessment of the current solutions available in this market, the procurement approach envisages a single "Contractor"-provided service with that Contractor taking prime responsibility for all in-scope aspects of the solution, including the contracting and management of any other required contractors as Sub-contractors to the Contractor.

A service requirement is therefore under consideration whose key components would include:

- An End-to-End Radiology Solution – A modular paperless end-to-end solution which will include the Radiology Information System (RIS) and Picture Archiving and Communication System (PACS) functionality to support an electronic workflow from "receipt of request to publishing of the result and receipt of acknowledgement"
- A Patient Dose Monitoring System (PDMS)
- Electronic requesting and results acknowledgement will be explored as an 'optional' service in the event that the Welsh Clinical Portal (WCP) cannot be developed to meet the requirements of the Imaging services in line with the programme's timeline
- The contract will be for a managed service, with the Supplier responsible for all aspects of the solution and its ongoing performance over the life of the contract

The successfully procured service will include the totality of the deliverables as set out in the Schedule 2.1 – 'The Authority's Requirements' and associated contract schedules.

The Authority's Requirements will include an option for the provision of electronic test requesting, results acknowledgement and notification. However, the Authority may choose not to include this solution in the end contract.

The service will provide a national application that will integrate with the national technical architecture to provide a seamless solution from requesting of procedure to results acknowledgment and notification.

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4.2 Procurement Regulations

As NHS Wales organisations are public sector bodies; all NHS Wales procurements must comply with Standing Orders and the Public Contracts Regulations 2015 (PCR2015).

On 1st April 2021, the NHS Wales Informatics Service (NWIS) transitioned to the new Special Health Authority, Digital Health and Care Wales (DHCW), which will be the Contracting Authority for the purposes of this procurement.

Approval to proceed with any contract will be governed by the authorisation of a Full Business Case (FBC) by the Welsh Government.

4.3 Procurement Strategy

Purpose of the Procurement Strategy

The purpose of the Procurement Strategy is to set out in a formalised manner the key aspects of the procurement of the Radiology Informatics Solution. It is a high-level document that states the programme's approach to its procurement activities, its objectives, and key initiatives. The document will provide general information on expenditure, procurement structures, and regulatory considerations and contain a statement of its commitment to developing good working relationships and dealing fairly with all potential suppliers. This strategy is developed along with the business case and defines the approach to be adopted by the Procurement Project.

An effective procurement strategy is based upon a shared understanding of the role and purpose of the procurement process.

The Procurement Strategy forms an important part of the audit trail for procurement setting out the intentions of the Contracting Authority (DHCW in this instance) in advance of the commencement of the formal process.

Prior to the publication of the Contract Notice, DHCW are mandated under its Standing Financial Instructions (SFI's), to Notify Welsh Government of the intended Contract and the procurement process that will be undertaken. Until the Procurement Strategy has been officially "Noted" by Welsh Government, the procurement process may not commence.

Objectives of the Procurement

The principal aim of the procurement is to procure a Radiology Informatics Service to replace the existing legacy solution/s and to provide a service that meets current and future requirements.

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The objectives of the procurement are to ensure that the new Radiology Informatics Service will:

- Deliver safe and effective clinical outcomes for patients
- Procure a solution and associated support
- Meet the identified functional characteristics and requirements
- Provide options for additional functional and/or technical capabilities over the contract term (future proofing the solution)
- Offer value for money over its lifetime
- Be "best in class" (where technically, clinically, and financially feasible)
- Be fully interoperable with other national solutions
- Provide the requisite business management functionality as well as clinical functionality
- Meet the investment objectives and critical success factors as set out in the business case
- Contribute to the delivery of the national information and business strategies in accordance with Welsh Government strategies for health
- Be implemented in a fully supported manner within the required timescale for migration off the existing legacy solution(s)

Single Contractor versus Multiple Contractor

Based on an initial assessment of the current solutions available in this market, the procurement approach envisages a single "Prime" Contractor-provided solution with that Contractor taking full contractual responsibility for all in-scope aspects of the requirement, including those delivered by any Sub-contractors under the contract.

In line with the Welsh Government preference of "*Cloud first*", consideration for any new investments should explore and give due consideration to this approach but should not be to the detriment of any clinical solution. It is, however, anticipated that any hosting of the major Solution components will be provisioned by the Supplier via private or public cloud hosting services. The scope, architecture and options bidders offer will be explored as part of the competitive procurement process to ensure performance, functionality, efficiency, and security requirements of NHS Wales are fully met.

Given the scope and scale of this project, potential suppliers are unlikely to be able to supply all components and services to fulfil the Solution other than through the use of subcontractors, which the Authority will allow as part of Supplier Bids, subject to said Supplier(s) entering into appropriate subcontracts, including taking full responsibility for the performance of any subcontracted services, i.e. operating as a "Prime Contractor" to the

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Authority for any and all aspects of their contracted solution. Procuring the solution from a single Prime Contractor achieves:

- A full and seamless end-to-end service, i.e. a managed "Service"
- Flexibility in bringing about business change driving the requirements for the Service and its development within clinically and operationally appropriate timescales.
- Clear responsibility for integration and end-to-end delivery of the service. This approach removes the risk of "boundary disputes"[17] with any other suppliers supporting the Service.

Contract Duration

The length of contract for the RISP Procurement will be tailored to give best value for money for the project. The appropriate length will need to:

- Allow sufficient time to exit off the legacy agreements and transition onto any new solution.
- Allow for adequate flexibility for the Authority during the investment life.
- Attract a sufficient range of bidders for the project.
- Enable a viable return on any investment.
- Ensure continuity of support as a minimum to achieve the potential short to medium term aims of the Programme.

The Contract Notice, published through the UK e-Notification service, will indicate the duration of the Contract to be for a period of nine (9) years in total with each Authority Party (health board/trust/Special Health Authority etc.) entering into Deployment Orders that shall have a term of no less than sixty-two (62) months, that being five (5) years and two (2) months, which shall allow for two (2) months local implementation, followed by a period of five (5) years operational service. All Deployment Orders shall have the option to be extended by a period of up to two (2) years per Deployment Order. Please see Appendix C1 for the indicative implementation plan and roll out across NHS Wales.

Procurement analysis and prior experience of national IT system implementations suggest that the complexity involved with delivering an All-Wales solution and standardising technical processes across organisational boundaries requires a longer-term contract.

Additionally, the expected business criticality of this procurement to NHS Wales lends itself to the stability that a longer contract provides. Finally, the solution may need to flex, in terms of user volumes and data types, but

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[17] Boundary disputes means which contractual party is contractually obligated to deliver against the requirements in question

will not materially change its scope. There needs to be flexibility in terms of:

- Extending the initial term of the contract flexibly in order to adapt to the needs of the service.
- Planning for an overlap period between the existing contractor and any new Contractor of at least twelve (12) months to ensure a seamless transition.
- Expanding the scope of the Service to allow more users, data types/flows to be deployed under the contract and/or provide the ability to respond to technical development opportunities, using the same contractual model and performance assumptions.

Value for money will be tested on various options, which will be explored during the procurement phase.

Contracting Approach

The contract form of Agreement will be a Master Services Agreement, based on an amended form of the IT Services Contract having regard to the Crown Commercial Services and other best practice guidance of Information Management & Technology (IM&T) procurement.

Advice will be sought on the construction of the draft contract using the NHS Wales appropriately commissioned specialist advisers for commercial, legal, and technical aspects. Each NHS Wales participating organisation "Authority Party" will "call off" their requirements from the contract "the Agreement" and via this process will execute their own "Deployment Orders" with the Contractor. All Deployment Orders will be managed centrally in line with the "Once for Wales" approach.

Appropriate internal governance arrangements will also be established to ensure that all Authority Parties agree and commit to the implementation plan and other Authority Responsibilities within the Contract, including the payment terms.

Procurement Route

On 31 December 2020, the Transition period for the United Kingdom (UK) ended and the UK left the EU Single Market and Customs Union. The UK Government has published a Green Paper 'Transforming Public Procurement' which details many of the changes that they propose to make to the current procurement framework including consolidating the Public Contract Regulations, the Utilities Contract Regulations, the Concession Contract Regulations and the Defence and Security Public Contract Regulations into a single set of regulations specifically designed for the UK market and priorities.

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However, at the time of writing this commercial case, public bodies must continue to comply with the Public Contracts Regulations 2015, with minor modifications including the requirement to place an advertisement through the UK e-Notification service. Under these regulations there are potentially several alternative procurement routes open to the project which meet this requirement:

- Procurement under an existing Framework Agreement
- Open Procedure
- Restricted Procedure
- Competitive Dialogue Procedure

Following an evaluation of alternative procurement routes (see Appendix C2), it has been recommended that this requirement is procured under the Public Procurement Directives 2015 Competitive Dialogue Procedure. This procedure, according to the Public Contracts Regulations 2015, should be used in the case of particularly complex contracts, where purchasers may be aware of their needs but not know in advance, what the best technical, legal, or financial solution for satisfying those needs are.

The RISP Programme is keen to explore a range of technical solutions, in conjunction with bidders, including the introduction of new and potentially innovative solutions, as well as ensuring that the most appropriate commercial deal is secured, and therefore considers the Competitive Dialogue appropriate for this requirement.

Procurement Approach

The following is an outline of the basic procurement approach, which will be developed further in a more detailed Procurement Plan:

- **Bidder engagement and market assessment** has commenced to validate the proposed approach and test for an adequate level of interest, capability, and capacity to deliver the requirements. Whilst a preliminary engagement has been undertaken, further presentation days will be required closer to the commencement of the formal procurement process. This approach will be supported through advertisements on national platforms and via the use of Social Media. Such events will be managed formally in line with the spirit of procurement regulations.
- **A RISP Procurement Team** will be established with defined members and Terms of Reference.
- **Procurement training and awareness sessions** for key staff on an ongoing basis throughout the Competitive Dialogue process is a requirement. Initial briefing sessions will set the scene for ongoing training allowing the RISP Evaluation Team to ascertain the level of experience of this type of procurement and the amount of additional training that will be required. The team will augment such training

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with ongoing advice and attendance at key meetings during the procurement process.

- **Contract Notice:** Issue of a Contract Notice to be placed through the UK e-Notification service under the Competitive Dialogue Procedure. At this stage, key documentation is required, so this must be finalised in advance of the Contract Notice and is published to enable bidders to make an informed decision regarding their participation.
- **Prequalification:** Screening of Bidder Qualification Information will be undertaken with pre-qualification information to be received from candidates within 35 days of the issue of the Notice (in accordance with the statutory timescale of 30 days for the Notice). Assessment of pre-qualification information (to include details of previous relevant experience as well as financial and technical capability and capacity questions). From this exercise, a long list of up to six (6) bidding "Prime" suppliers will be invited to participate in dialogue.
- **An Invitation to Participate in Dialogue (ITPD)** will be issued to long-listed Bidders. The ITPD will require bidder responses to the Specification, pricing refinement, Contract Terms and Conditions and Draft Contract Schedules, detailed adherence to the Commercial Principles governing the procurement and participation in solution demonstrations.
- **ITPD Evaluation**: ITPD responses will be evaluated to arrive at a short list of bidders. Reference checks will be included during this period. From this exercise, a short list of not more than three (3) bidders will be invited to participate in the detailed dialogue process with Authority representatives on the full set of contract schedules.
- **Detailed Dialogue:** A second stage of dialogue with shortlisted bidders will be conducted to finalise draft contract offers and identify the commercial terms on which the solution would be provided. The draft contracts will be based on an amended version of the Crown Commercial Service (CCS) standard form IM&T contract. This stage will commence with site visits to other Bidder customers, the arrangements to be defined by the Authority as part of this stage planning. Following this, detailed dialogue will take place with each Bidder over at least two (2) "rounds", per workstream ('Functional, Technical', 'Commercial / Legal / Financial and Operational / Governance'), each comprising:
    - Receipt of the Bidder's mark-up on each part of the Agreement,
    - Review by Authority representatives,
    - Discussion with Bidders to allow clarification on submissions and to provide Authority feedback on said submission and,
    - Evolution of the Authority's contract documentation identifying any changes made. At the end of this detailed dialogue stage, all shortlisted Bidders with compliant offers will be taken forward to the Invitation to the ISFT (Invitation to Submit Final

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Tender) stage to maintain competition in the process and ensure that the Authority's options are not restricted prematurely.

- **Trial Invitation to Submit Final Tender** will be issued in order to assess the readiness of bidders to proceed to the final ISFT stage. Submissions will not be formally evaluated but will be reviewed and, where necessary, feedback provided, to ensure compliance, completeness, and appropriate understanding of the Authority's requirements.
- **Invitation to Submit Final Tender (ISFT)** is the stage at which bidders will provide their final tender for the Services.
- **Final Tenders** will be evaluated, and a most favoured tender selected based on the most economically advantageous tender, which is calculated in accordance with agreed weightings for the function/technical requirements and price.

Subject to clarifications and minor refinements concerning the final tender submission, if required, and approval of the Final Business Case, a contract will be awarded to the bidder with the most economically advantageous tender, executed, and come into force following the ten-day standstill period. The Award Notice will be placed within forty-eight (48) days of the award decision.

Selection and Evaluation

Selection and evaluation criteria will guide the evaluation at the three (3) stages of the procurement:

- Bidder Qualification Information – Pre-Qualification Questionnaire (PQQ) and Single Procurement Document (SPD) responses, to select the longlisted bidders
- Invitation to Participate in Dialogue (ITPD) Responses (Dialogue Stage), to select the shortlisted bidders
- Invitation to Submit Final Tenders (ISFT) (At the end of the Detailed Dialogue Stage)

In accordance with PCR 2015, all key documents for the procurement will be issued at the start of the procurement, including evaluation criteria for the PQQ/SPD, ITPD and ISFT stages. All evaluation approaches will highlight the criteria and weightings to be used and the methodology for scoring and assessment across the whole procurement.

Contract Award

On conclusion of the ISFT phase and final evaluation of the ISFT responses, a recommendation will be made on the Most Economically Advantageous Tender (MEAT), which is calculated in accordance with the agreed weightings for functional/technical requirements and price. This

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recommendation will be recorded in a final evaluation report, which will set out the basis for the award decision and will require to be signed via the agreed governance process.

Any award is subject to a mandatory ten (10)-day standstill period at which time all bidders are informed of the outcome of the procurement process and the relative advantages of the successful bidder.

Final award will be subject to subsequent approvals by the Collaborative Executive Group (CEG) and all health boards, trusts and Special Health Authorities (where appropriate), Full Business Case Approval by Welsh Government and notification being provided from the Welsh Government Minister for Health and Social Services. Upon acceptance by the DHCW Board, as the Contracting Authority, the Agreement can then be executed upon signature by the DHCW Chief Executive and the Supplier.

Unsuccessful Bidders will be offered an opportunity for a full debrief following the formal decision being ratified and approved.

Following the completion of the formal award process a Contract Award Notice will be placed through the UK e-Notification Service.

4.4 Required Services, Outputs and Timescales

Required Services

The principal aim of the procurement is to procure a Radiology Informatics Service to replace the existing legacy solutions and to provide a service that meets current and future requirements.

The service requirement under consideration would include the:

- Provision, ongoing development, upgrade and maintenance of an All Wales Radiology Informatics Service (RIS).
- Provision, ongoing development, upgrade and maintenance of an All Wales Picture Archiving and Communications System (PACS).
- Provision, ongoing development, upgrade and maintenance of an All Wales Patient Dose Management System (PDMS).
- Provision, ongoing development, upgrade and maintenance of an Electronic Test Requesting System (ETR) for radiology including integrated decision support tools relevant to radiology referral pathways. Currently an option for the procurement scope.
- Deployment of the solution across the multiple organisations that comprise NHS Wales, including, but not limited to, other nationally hosted organisations.
- Any advanced image manipulation and analysis applications that may be required.
- Contractor managed hardware and software environments:

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    - Hosted in non-NHS Wales owned or contracted data centres, public or private Cloud subject to NHS and Welsh Government security requirements.
    - Using the Welsh Public Sector Broadband Aggregation (PSBA) for wide area networking to health boards and trusts.
- Business intelligence and reporting tools.

Timescales

Subject to the Welsh Government approval of the OBC, it is intended to publish the Contract Notice in January 2022. It is expected that the design and development of the new service under the proposed contract will need to take into account the migration/exit off the legacy solutions and in accordance with the RISP Programme Plan. The aim will be to complete the full implementation by April 2025, subject to detailed negotiations with the chosen Contractor and the commitment of the local health boards. Further details are provided in the Management Case.

Figure 7 below shows the high-level timescales for the four (4) Tranches of the RISP Programme:

Figure 7: RISP Programme Timescales

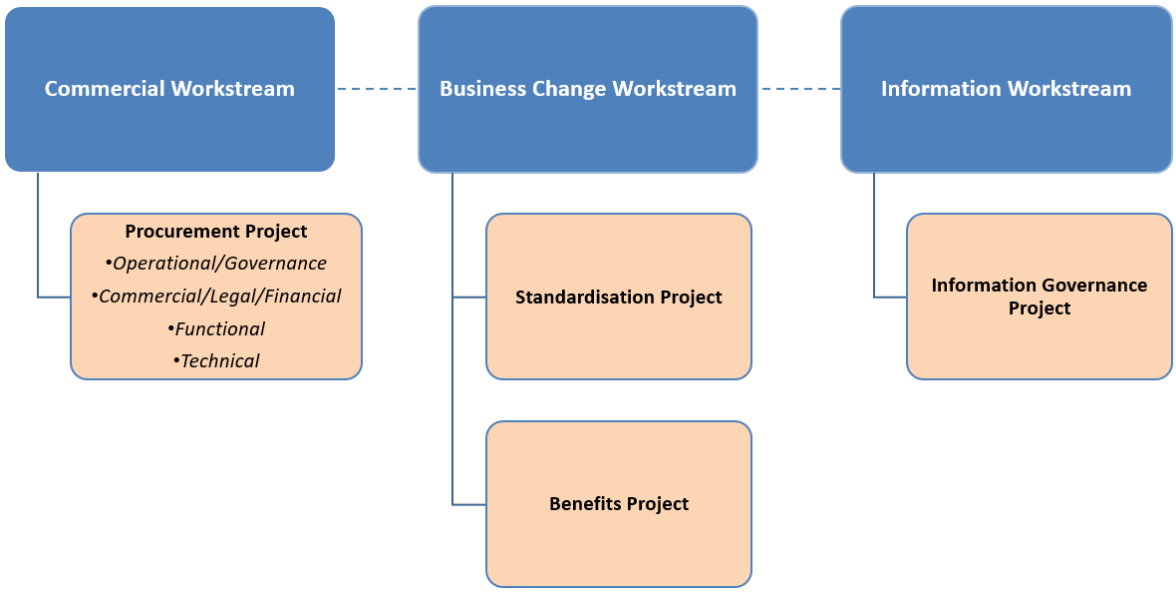
Tranche 1	Tranche 2	Tranche 3	Tranche 4	Tranche 5
Pre-Procurement	Procurement	Configuration and Integration	Deployment	Ongoing Contract Management
Jun 2019 – Dec 2021	Jan 2022 – Apr 2023	May 2023 – Apr 2024	May 2024 – Jun 2025	Jul 2025 Onwards
• Programme definition • Outline business case • Procurement documentation	• Procurement • Full business case	• Config and testing • Systems integration • Data migration	• Implementation • Handover	• Business as usual

Project Structure and Outputs

The RISP Programme has been broken down into three (3) Workstreams for Tranche 2: Commercial, Business Change and Information, and their constituent projects are shown in Figure 8 below:

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Figure 8: Structure of Workstreams and Projects in Tranche 2



Each project has its own defined outputs/ products which are maintained by the assigned Project Manager in both a high-level Product Plan, and a detailed Microsoft Project Plan.

4.5 Risk Apportionment

While the RISP Programme will adhere to the general principle that risks should be passed to the party best able to manage them, a formal risk apportionment exercise was considered as not required for this programme.

4.6 Payment Mechanisms

Charging mechanisms will depend on many factors that require further clarification. These include the final contracting arrangements regarding the selected solution and service management issues. These will be confirmed at full business case stage.

One important aspect that needs consideration, is the phased deployment of the new Service that is expected to occur over an eighteen (18) month period. The implications of this are that each health board and trust will only start paying for the Service once they start using it. This will require a flexible Master Services Agreement contract, given that the actual dates for when the Service is to commence in some health boards may not end up being the same as the estimated dates currently identified. The selection of a Master Services Agreement specifically supports Service roll out over multiple organisations, with health boards entering into their own Deployment Orders, each of which have the potential to determine local timescales and resources.

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4.7 Key Contractual Issues

The development of the Contract will be undertaken as part of the Competitive Dialogue process with the short-listed bidders on the basis of an appropriately amended form of the Crown Commercial Services (CCS) standard IM&T Agreement and taking account of lessons learned from other similar initiatives. Key aspects of the contractual relationship that the RISP programme is seeking to achieve will be reflected in the contract as follows:

- Value for Money (VfM) – the proposed procurement will have an underpinning financial model that provides transparency and certainty around costs for key System and service elements. These costs can be considered alongside how well the System design meets the clinical & technical requirements. The aim is to secure the optimum combination of whole-of-life costs and quality (or fitness for purpose) of the System and services to meet NHS Wales requirements. A key contractual issue when considering the VfM is how risks are allocated between the supplier and NHS Wales.
- Ownership of assets by the Contracting Authority will be driven by the design of the Solution that best meets the clinical & technical requirements to deliver the optimum service solution. There may be additional service benefits to be gained from some ownership of assets and/or improvement in the overall affordability for the Contracting Authority, for this contract any assets owned by NHS Wales will be reflected on the balance sheet of those Authority Parties receiving the Service and / or where ownership and control of the asset resides.
- Intellectual Property Rights (IPR) – The IPR from the application and the interfaces is not envisaged to have significant value for the Contracting Authority and need not be pursued to any major extent. The above comments are subject to further review at the Full Business Case stage. In instances where the Authority works with the successful Contractor to develop and refine clinical content, question sets and workflow, then IPR equivalent to the invested resource by the Authority shall be retained.
- Warranties and guarantees – this is notionally a high cost deal and the perceivable risk of loss (of the Service) is moderate, given its intended use by all the NHS in Wales. These should be pursued within the contract.

4.8 Accounting Treatment

Accountancy treatment is set out in the Financial Case. The classification of items of cost as capital and revenue will be informed by the Bidder Solution designs as part of the procurement process. This will be an iterative process

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seeking detail through clarification with Bidders, with the accounting classifications that emerge reflected in the Financial Case of the FBC.

The Accounting treatment and Funding model will also depend on the preferred contract model and the outcome of the procurement process.

The three (3) procurement models that have been considered:

- **Traditional purchase and service support model**: In this model the RIS is purchased outright as a capital asset and the hardware and software owned by NHS Wales. The supplier implements the system, but once implemented it would be managed by NHS Wales (i.e., RIS/PACS Administration) with the supplier providing technical & service support under a contract arrangement requiring recurrent revenue funding. The service support contract would still include all the same management responsibilities, KPI's, service credit regimes etc as a Managed Service Provider model.
- **Managed Service Provider model**: In this model, NHS Wales purchases a "service" from the supplier. The supplier then implements and manages the system with charges based on fee-per-service arrangements. NHS Wales does not own the hardware or software. This model moves most of the capital acquisition costs into recurrent revenue budget, spreading that expenditure across the life of the system.
- **Hybrid Managed Service Provider model**: The extent of the Hybrid Managed Service Provider model may be limited. For example, NHS Wales having ownership of an All Wales Enterprise License for the RIS and some infrastructure either located in NHS organisations and / or an NHS Data Centre, but with the supplier taking responsibility for management and ongoing service support. As with the Traditional purchase and service support model this would involve capital and revenue accounting treatment of costs and associated funding.

It is anticipated that the NHS will be required to implement IFRS16 Leases from April 2022. Under this accounting standard NHS Wales could be required to account for some of the RIS Solution costs in a Managed Service Provider model as a capital asset and amortise these costs over the life of the contract as a revenue expense, if the IFRS16 tests are met. This could require additional capital funding above the initial estimate identified in the OBC Financial Case. The RIS contract would include the right to use an asset (the lease component) in addition to the provision of services connected to that asset (the service component). As a Public sector lessee, NHS Wales will have the option of separating the lease and service components, in which case only the lease elements would be capitalised in the balance sheet. IFRS16 includes detailed guidance for this.

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However, separation of these components is not compulsory, so there is the option of leaving the service and leasing elements together and accounting for them as a single lease, in which case the total cost of the contract would be capitalised in the balance sheet. This option would likely lead to a capital affordability issue.

Capitalisation of Salaries

In accordance with IS16 only those direct attributable labour costs (employee benefits) that relate to the time spent by employees involved in the acquisition, construction, development and commissioning of the infrastructure and system will be capitalised. The relevant proportion of internal costs relating to staff will also been included within the cost of the asset.

Capitalisation of Interface Development

Costs relating to interface acquisition, development and commissioning required for the specified operational running of the system will be capitalised. Ongoing support and maintenance will be expensed as appropriate via the relevant income and expenditure accounts.

Cloud Delivered Services

A further complicating factor in terms of accounting treatment is whether NHS Wales procures a fully Cloud delivered service or whether there are elements of the service delivered through NHS Wales owned infrastructure.

IFRS standards do not contain explicit guidance on accounting for cloud computing arrangements or costs to implement. NHS Wales will need to apply judgement to account for these arrangements and may need to apply various IFRS standards, including IFRS 16 Leases, IAS 38 Intangible Assets, and IAS 16 Property, Plant and Equipment to account for the costs.

NHS Wales will need to evaluate whether the rights granted in a cloud computing arrangement are within the scope of IAS 38 Intangible Assets or IFRS 16 Leases. Otherwise, the arrangement is generally a managed service contract and accounted for as revenue expenditure:

- Significant judgement will be required to determine whether a cloud computing arrangement that is not a lease provides NHS Wales with a resource that it can control i.e., an intangible asset
- If the cloud computing arrangement includes an intangible asset in the scope of IAS 38, NHS Wales should apply the guidance in IAS 38 to evaluate whether to capitalise or expense implementation costs
- If the cloud computing arrangement does not include an intangible asset and does not contain a lease, NHS Wales should expense

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implementation costs unless they can be capitalised under other IFRS standards.

In line with the Welsh Government preference for "Cloud first", through the competitive dialogue process the project team will explore and give due consideration to this preference, but it will not be to the detriment of any clinical solution requirements. Similarly, how any hosting of the major Solution components is provisioned via private or public cloud hosting services and the scope, architecture and options bidders offer will be explored as part of the competitive procurement process to ensure performance, efficiency and security needs are fully met.

Current Assessment of Capital and Revenue Accounting

There has been consultation with NHS Finance colleagues through the Deputy Director of Finance Group and an initial assessment of accounting treatment has been carried out which has confirmed that there is likely to be a requirement for both capital and revenue accounting and funding.

An estimate of the Solution cost and funding requirements is set out in the Financial Case. The cost estimate and classification of costs as capital and revenue is informed by the initial market soundings undertaken in January 2021 and responses to PIN in May 2021. Once further clarity and detail emerges around Solution design and costs as part of the competitive dialogue process the financial impact will be communicated via OBC addendums.

The project team will further assess the various IFRS standards with finance experts before procurement commences, however the final accounting treatment can only be assessed once the details of the proposed Solution are explored through competitive dialogue.

It is envisaged that any NHS Wales owned assets underpinning delivery of the service will be recorded on the balance sheet of the Digital Health and Care Wales (DHCW) and the relevant NHS body based on an assessment of ownership and control of the asset, those NHS Bodies receiving the service and Welsh Government requirement.

A letter supporting the balance sheet conclusion will be provided by the Deputy Director of Finance Group together with audit review.

Value Added Tax (VAT)

Initial advice will be sought from one of the NHS Wales VAT advisors as to the possible VAT accounting treatment for the RIS procurement in order to ascertain the likely VAT treatment of the contract. Initial review of VAT guidance would suggest:

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In relation to SaaS and Cloud Services, the current HMRC view still seems to go back to the question - is the solution as a whole something that can be demonstrated to be 'to the specification of' NHS Wales? If NHS Wales can demonstrate that the answer to this question is yes, as appears to be the case for other PACS Solutions the costs should be VAT recoverable.

This assessment can be a bit subjective as HMRC's view is that the solution should have no application elsewhere however, they do also see that some software solutions are not entirely stand alone and integrate into a number of other solutions so that can complicate matters as to what really is the entire solution.

For the purposes of the Business Case, it is assumed that all capital costs (excluding capitalised staff) are not deemed VAT recoverable. Whilst ongoing service provision, support and maintenance will be VAT recoverable as per COS Heading 14 – Computer services supplied to the specification of the recipient.

This assumption regarding VAT accounting will be confirmed with NHS Wales VAT Advisors as the procurement progresses and the design of the solution and contract terms become clearer.

4.9 Personnel Implications (including TUPE)

A Project Manager will be appointed to lead the Procurement Project working to the RISP Senior Programme Manager. The Project Manager will manage the procurement, working with the Procurement Lead allocated by DHCW Commercial Services and specialist advice as required. An estimate of costs for the external specialist advisers has been included in the costs for the economic analysis.

It is likely that specific individuals will be involved across multiple activities and/or may undertake more than one role in order to ensure consistency and assist in securing an appropriately robust outcome. The combined staff and consultancy team will cover the following roles for the procurement:

- **RISP Programme Team:** Comprising the Senior Responsible Owner, Clinical Lead, Senior Programme Manager, the RISP Programme Management Office (PMO) and Subject Matter Experts.
- **RISP Procurement Project (RPP) Team:** A full time RPP Project Manager will be appointed to manage the project and deliver the planned outputs as expected within quality, time, and budget constraints. The RPP Project Manager will report to the RISP Senior Programme Manager and be supported by the RISP PMO.
- **Legal Advisers:** RISP will utilise DHCW's current legal services partner, Blake Morgan LLP to provide the required legal advice, with support to include assistance with Contract drafting and contractual discussions with Bidders.

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- **Commercial Advisor**: This resource will be secured under an existing DHCW contract with In-form Solutions Limited, who has led a number of competitive dialogues for NHS Wales.
- **Radiology Informatics Subject Matter Experts:** Radiology specialists, who understand the requirements for the new system and are experienced with the procurement of the extant solution, will inform the specification of requirements and act as a link to other subject matter experts from the range of disciplines within the scope of the project.
- **Financial Expert:** A financial expert will be needed to assist with the financial modelling required for this project.
- **DHCW Procurement Team:** Comprising two (2) full time staff, including administrative support for the procurement.

Specialist teams will be created, as required at key stages during the procurement process, to provide the specific skills and expertise required to support the procurement, including:

- **Requirements Definition Teams**: To specify the service and technical requirements to be delivered by the new system utilising Radiology Subject Matter Experts (SMEs), DHCW technical experts and IT experts from across NHS Wales.
- **RISP Evaluation Team**: To screen the PQQ/SPD responses, score responses against the ITPD and evaluate the final tenders.
- **RISP Dialogue Team**: To negotiate the draft Contracts including representation from the Evaluation Team, Commercial, Legal and Technical Advisers.

It is not expected that any Phase 1 activities will fall under TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981. However, this will be further considered as Phase 1 progresses and re-considered at each business case refresh.

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5 The Financial Case

5.1 Introduction

The purpose of the Financial Case is to outline the financial implications of delivering the preferred option that was identified in the Economic Case and demonstrate affordability.

5.2 Accounting Treatment and Value Added Tax (VAT)

The financial schedules reflect the appropriate financial treatment in accordance with standard NHS reporting rules, however it should be noted:

Capitalisation

Capitalisation of Salaries

In accordance with IAS 16 only those direct attributable labour costs (employee benefits) that relate to the time spent by employees involved in the acquisition, construction, development and commissioning of the infrastructure and system have been capitalised. The relevant proportion of internal costs relating to staff have also been included within the cost of the asset.

Capitalisation of Interface Development

Costs relating to interface acquisition, development and commissioning required for the specified operational running of the system have been capitalised. Ongoing support and maintenance will be expensed as appropriate via the relevant income and expenditure accounts.

Capitalisation of Cloud Hosting, Compute & Storage Costs

Cloud Hosting, Compute & Storage costs that were identified as part of the PIN pricing response have been assumed to be all revenue costs based on the assumption that NHS Wales will not be able to manage or control the underlying cloud infrastructure including network, servers, operating systems, storage, and individual application capabilities. NHS Wales would not have decision-making rights about which hardware (or infrastructure) the Supplier / 3rd party cloud provider will use to run RIS on. When accounting for Cloud Hosting, Compute & Storage the distinction between whether NHS Wales has "control" over an asset is what will allow for its capitalisation under specific Accounting Rules. Unless the Supplier / 3rd Party Cloud Provider specifically contracts to allow NHS Wales to retain control over underlying assets these costs cannot be capitalised under IAS's. If, however, assets hosted by the Supplier and / or Cloud provider are reserved exclusively for use by the Trust then it's possible to demonstrate that the Trust has sufficient control over the underlying assets and some of the costs may be capitalised. If this control over the underlying asset cannot be reflected in the RIS contract, then payments for the cloud

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service will have to be accounted as revenue expenditure by NHS Wales. Therefore, these costs are assumed to be revenue until the Hosting arrangements are better understood through the competitive dialogue process.

Implementation costs

Implementation costs, such as initial delivery and handling costs, and installation costs which under FRS 15 are considered "directly attributable" to the development of the asset, are capitalised.

Capital Charges

Depreciation

Depreciation estimates are based on a straight-line basis over five (5) years in line with the planned contract term and commence from 2023/24 health boards are deployed and associated assets capitalised. Accelerated depreciation is assumed in 2029/30 to reflect asset write down at the point that all contract deployment periods come to an end.

Value Added Tax

VAT

Initial advice will be sought from one of the NHS Wales VAT advisors as to the possible VAT accounting treatment for the RIS procurement in order to ascertain the likely VAT treatment of the contract. Initial review of VAT guidance would suggest:

In relation to Software as a Service (SaaS) and Cloud Services, the current HMRC view is based on the question - is the solution as a whole something that can be demonstrated to be 'to the specification of' NHS Wales? If NHS Wales can demonstrate that the answer to this question is yes, as appears to be the case for other PACS Solutions across the UK, the costs should be VAT recoverable.

All participating organisations, at the time of placing local deployment orders, should consult with their own VAT advisors and auditors to ensure VAT treatment is compliant with HMRC definitions. For the purposes of the OBC, it is assumed that all capital costs (excluding capitalised staff) are not deemed VAT recoverable whilst ongoing service provision, support and maintenance will be recoverable as per COS Heading 14 - Computer services supplied to the specification of the recipient.

This assumption regarding VAT accounting will be confirmed with NHS Wales VAT Advisors as the procurement progresses and the design of the solution and contract terms become clearer.

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5.3 Capital Requirements

Capital Costs

It is anticipated that development of the preferred option will require capital investment of £20.6m (Inc. VAT).

The estimated revenue requirement DOES NOT include any costs of additional All Wales or local infrastructure investment, which is outside the scope of this Programme.

This capital investment requirement is based on the results of PIN pricing submission (May 2021) which did not provide sufficient detail for the Solution cost. To enable a more robust assessment of costs which potentially could be capitalised, the split of revenue and capital costs are based on the project team's knowledge and experience of similar All Wales IT Systems, along with information obtained in initial market testing in January 2021. The £20.6m capital requirement includes the following assumptions:

- 'Front Loaded' costs include All Wales Enterprise Application Software Licence, Production Environments, Workstations, Local Infrastructure, Project Implementation etc.
- Mean (excl Min & Max) of 'Front Loaded' costs for eight (8) suppliers used to estimate capital costs
- Front Loaded costs in Year 1 can all be capitalised. This assumption has been made in order to identify capital costs as no detail breakdown of costs was obtained through the PIN
- Market Testing exercise provided some capital and revenue cost options which have been used to validate the reasonableness of using the 'Front Loaded' costs from PIN
- The planned implementation of IFRS16 Leases from 1st April 2022 will not impact on the identified Capital Investment as the procurement process will require both parties to agree the form of the Agreement. The NWSSP subject matter expert for the project has confirmed that the Suppliers in this market would not be able to enter into a lease agreement for the RIS as they are not finance companies regulated by the Financial Conduct Authority (FCA), so they would need to back the agreement off with a lease provider. Whether this is something they would be willing to do would have to be explored through the procurement process. Irrespective of this, NHS Wales never normally enters into a lease agreement for major Clinical IT systems. If there are any IFRS16 implications, Welsh Government will provide the capital funding required as part of the process with UK Treasury process.
- The System design will enable the successful supplier to offer NHS Wales some of the System resources it can control i.e., a tangible or

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intangible asset that by applying IAS 38 NHS Wales can determine can be capitalised. If the design does not allow NHS Wales to control any of the resources, the RIS System costs will all have to be accounted for as revenue expenditure.

A summary of the resulting capital costs is outlined in the table below.

Table 24: Capital Costs – Summary

	Net £'000	VAT £'000	Total £'000
Solution costs	14,175	2,835	17,010
Programme costs	1,154		1,154
Other costs (hardware, etc)	2,020	404	2,424
Total Capital Costs	17,349	3,239	20,587

The associated cash flow is outlined in the table below.

Table 25: Capital Costs Cashflow

	Net £'000	VAT £'000	Total £'000
2021/22	289	-	289
2022/23	317	-	317
2023/24	12,960	2,499	15,460
2024/25	3,074	598	3,672
2025/26	709	142	850
Total Capital Costs	17,349	3,239	20,587

In the event a single system solution is implemented across Wales, it is anticipated that the majority of capital costs associated with the solution will be required during 2023/24 to ensure elements such as licensing and production environments are in place before the first site goes live. In the absence of detailed supplier information, it is assumed that 80% of the solution capital costs will be incurred 2023/24 and all other capital costs will be incurred in line with the proposed programme plan.

Further information is available in Appendix F1 Financial Model and Appendix F2 Cost Assumptions.

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Capital Funding

Capital funding is sought from Welsh Government for this investment.

5.4 Revenue Requirements

This section outlines the impact on revenue costs associated with delivery of the preferred option including transitional costs, ongoing operating costs and capital charges.

The estimated revenue requirement DOES NOT include any costs of additional All Wales or local infrastructure investment, which is outside the scope of this Programme.

Recurrent Revenue funding will need to be provided by the NHS Wales Bodies that are within the scope of the RIS procurement. The existing PACS / WRIS revenue budgets will be used to fund the new System revenue costs. However, it should be noted that at this stage it is not possible to assess whether there will be a revenue affordability issue for NHS Wales Bodies until the procurement dialogue process commences and a better understanding of the Bidder solutions and the associated revenue costs is gained.

There is a requirement for non-recurrent revenue funding for certain Programme Costs, which are included in Tables 27-29 below.

There may be other implementation and transition costs of the existing PACS/WRIS Systems and the new RIS that are not known at this stage of the procurement that will require revenue funding and which are not reflected in Tables 27-29 below.

Non-recurrent Revenue Funding is sought from Welsh Government and from NHS Wales Bodies for this Investment.

DHCW has identified that it is unable to release £0.635m of existing revenue costs relating to staff that that are part of the service support to the current WRIS system. It is expected that any costs of future All Wales procurements that require DHCW service support are reduced to account for the £0.635m funding not released.

Recurring Revenue Costs

Recurring revenue costs for the new RIS of £6.8m p.a. have been estimated based on the average (excl. Max and Min) of the PIN pricing submission (May 2021). The maximum cost of £12.3m and minimum cost of £3.9m have been excluded from the mean, but it's important to note that the recurring revenue costs could be greater than the estimated £6.8m. The PIN pricing did not provide sufficient detail for the Solution cost to enable a more robust assessment of those costs that could potentially be capitalised, so the split of revenue and capital cost are based on the project team's knowledge and experience of similar All Wales IT Systems and the information obtained in initial market testing in Jan 2021. The costs that are expected to be incurred in relation to delivery of the Solution include:

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- Supplier Solution – Support & Maintenance Services, server environments & associated software.
- NHS Wales Change Management.
- Legacy data storage.
- DHCW ongoing costs for integration services and contract management.

Table 26: Recurring Revenue Costs - Summary

	Current Costs £'000	Future Costs £'000	Total Costs £'000
2021/22	6,793	-	6,793
2022/23	6,793	-	6,793
2023/24	6,494	402	6,896
2024/25	2,175	5,073	7,247
2025/26	635	6,739	7,374
2026/27	635	6,741	7,376
2027/28	635	6,743	7,378
2028/29	635	6,738	7,373
2029/30	635	6,635	7,270
Total Recurring Revenue Costs	25,430	39,071	64,501

Non-recurring Revenue Costs

Non-recurring revenue costs will be incurred in relation to NHS Wales Programme Costs, which are anticipated to be either:

- Welsh Government funded
- Health Board / Trust funded

Table 27: Non-Recurring Revenue Costs - Summary

	Current Costs £'000	Future Costs £'000	Total Costs £'000
2021/22	-	871	871
2022/23	-	923	923
2023/24	-	774	774
2024/25	-	777	777
Total Non-Recurring Revenue Costs	**-**	**3,344**	**3,344**

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Table 28: Health Board / Trust Non-Recurring Revenue Costs Funding - Summary

	Current Costs £'000	Future Costs £'000	Total Costs £'000
2021/22	-	726	726
2022/23	-	775	775
2023/24	-	447	447
2024/25	-	173	173
Total Non-Recurring Revenue Costs	**-**	**2,122**	**2,122**

Table 29: Welsh Government Non-Recurring Revenue Costs Funding - Summary

	Current Costs £'000	Future Costs £'000	Total Costs £'000
2021/22	-	144	144
2022/23	-	148	148
2023/24	-	327	327
2024/25	-	604	604
Total Non-Recurring Revenue Costs	**-**	**1,222**	**1,222**

Capital Charges

Additional capital charges of £4.1m p.a have been calculated based on the following assumptions:

- Capital costs assumptions in Section 1.3
- April 2023 implementation with depreciation expensed the following quarter i.e., July 2023
- Depreciation calculated on a straight-line basis over five (5) years in line with contract
- A small amount of accelerated depreciation of £0.043 charged in 2029/30 to reflect asset write down should extensions not be actioned

Table 30: Capital Charges - Summary

	Current Costs £'000	Future Costs £'000	Total Costs £'000
2021/22	0	0	-
2022/23	0	0	-

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2023/24	0	2,410	2,410
2024/25	0	3,764	3,764
2025/26	0	4,075	4,075
2026/27	0	4,117	4,117
2027/28	0	4,117	4,117
2028/29	0	1,708	1,708
2029/30	0	396	396
Total Capital Charges	**-**	**20,587**	**20,587**

Further information is available in Appendix F1 Financial Model and Appendix F2 Cost Assumptions.

5.5 Impact on Financial Statements

Impact on Balance Sheet

The proposed accounting treatment for the preferred option is that £20.587m of assets will be capitalised and brought on balance sheet (including VAT where appropriate).

Ownership of assets by the Contracting Authority will be driven by the design of the Solution that best meets the clinical & technical requirements to deliver the optimum service solution. There may be additional service benefits to be gained from some ownership of assets and/or improvement in the overall affordability for the Contracting Authority.

For this contract any assets owned by NHS Wales will be reflected on the balance sheet of those Authority Parties receiving the Service and / or where ownership and control of the asset resides. It is anticipated that as with other All Wales procurements the successful supplier will require the total All Wales capital cost to be included in the deployment order for the first Authority Party in which the new System is to be implemented. This Authority Party has not been agreed at this stage, but the Total All Wales Asset Value for the new System will need to be recorded on the balance sheet of that party and then the respective share of the asset value transferred to the Balance Sheet of each Party once the new System has been implemented and is operation in each organisation.

Impact on Income & Expenditure

Based on the recurring revenue costs estimates outlined in the previous section, it is anticipated that there will be an additional revenue impact on health boards and trusts of around £0.6m p.a. compared with the current annual revenue expenditure of £6.8m as outlined in the table below. However, as stated previously the maximum cost received via the PIN for the new RIS of £12.3m has been excluded from the mean cost calculated, but the recurring revenue costs could be greater than the estimated £7.3m.

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Table 31: Revenue Impact

	Current Recurring Revenue £'000	Future Recurring Revenue £'000	Recurring Revenue Impact £'000	HB/T Non-Recurring Revenue Impact £'000	Total HB/T Revenue Impact £'000
2021/22	6,793	6,793	-	726	726
2022/23	6,793	6,793	-	775	775
2023/24	6,793	6,896	102	447	549
2024/25	6,793	7,247	454	173	627
2025/26	6,793	7,374	581	-	581
2026/27	6,793	7,376	583	-	583
2027/28	6,793	7,378	585	-	585
2028/29	6,793	7,373	580	-	580
2029/30	6,793	7,270	477	-	477
Total Revenue	**61,140**	**64,501**	**3,361**	**2,122**	**5,483**

5.6 Affordability and Funding

Based on the initial assessment of costs and the assumptions outlined above, it is anticipated that funding is required from Welsh Government as follows:

- Capital Funding of £20.6m
- Non-Recurring Revenue Funding of £1.2m

Health Boards and Trusts funding is required as follows:

- Non-Recurring Revenue Funding of £2.1m
- Recurring Revenue Funding of £7.3m p.a. against current available revenue funding of £6.8m. At this stage, these costs are indicative based on the PIN Reponses. Until the competitive dialogue is in progress and a better understanding of costs is obtained no specific mitigations have been identified to cover the shortfall of £0.6m. However, there are £0.6m of revenue costs within DHCW relating to the current WRIS that have been identified by DHCW as un-releasable. Further work will be undertaken to assess if this cost could be released by 2024/25.

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6 Management Case

6.1 Introduction

This section sets out the approach that will be taken to support the successful delivery of the programme, in accordance with best practice. The programme structure has been designed to ensure compliance with guidance set out in the Treasury Green Book and Welsh Government Five Case Model. Throughout, it is assumed there will be flexibility to support any new developments and discoveries as they emerge.

Welsh Government has agreed that a Strategic Outline Case (SOC) is not required for RISP, as it is driven by the need to re-procure a new radiology system. The RISP Programme has produced this Outline Business Case (OBC) and, following the procurement, will produce a Full Business Case (FBC). A robust business case assurance process is in place to assure that the OBC had made the case for investment in public monies.

6.2 Programme Governance

The RISP Programme sits within the portfolio of the NHS Wales Health Collaborative and is managed in accordance with the OGC Managing Successful Programmes and PRINCE2 standards, which will be tailored to suit the needs of the service.

The Programme Board reports to the Collaborative Executive Group, which comprises the Chief Executive Officers (CEOs) of the Health Boards, Trusts and Special Health Authorities in Wales. The Programme also reports to the National Imaging Strategy Programme Board on progress as part of its responsibility to deliver the Informatics element of the Imaging Statement of Intent and as it is clinically led, to meet the requirements of the Radiology service.

A RISP Programme Board is well established and its remit is to provide oversight and direction and to review and assure the Programme's progress. Membership is made up of senior representatives from each health board and trust, nominated by CEOs with key stakeholder groups also represented. The RISP Senior Responsible Owner (SRO) is Matt John (Head of Digital SBUHB) who will chair the RISP Programme Board, oversee all projects within the programme and will be responsible for providing strategic direction and leadership to the programme.

A list of the Board members can be found in Programme Board Terms of Reference Appendix M1.

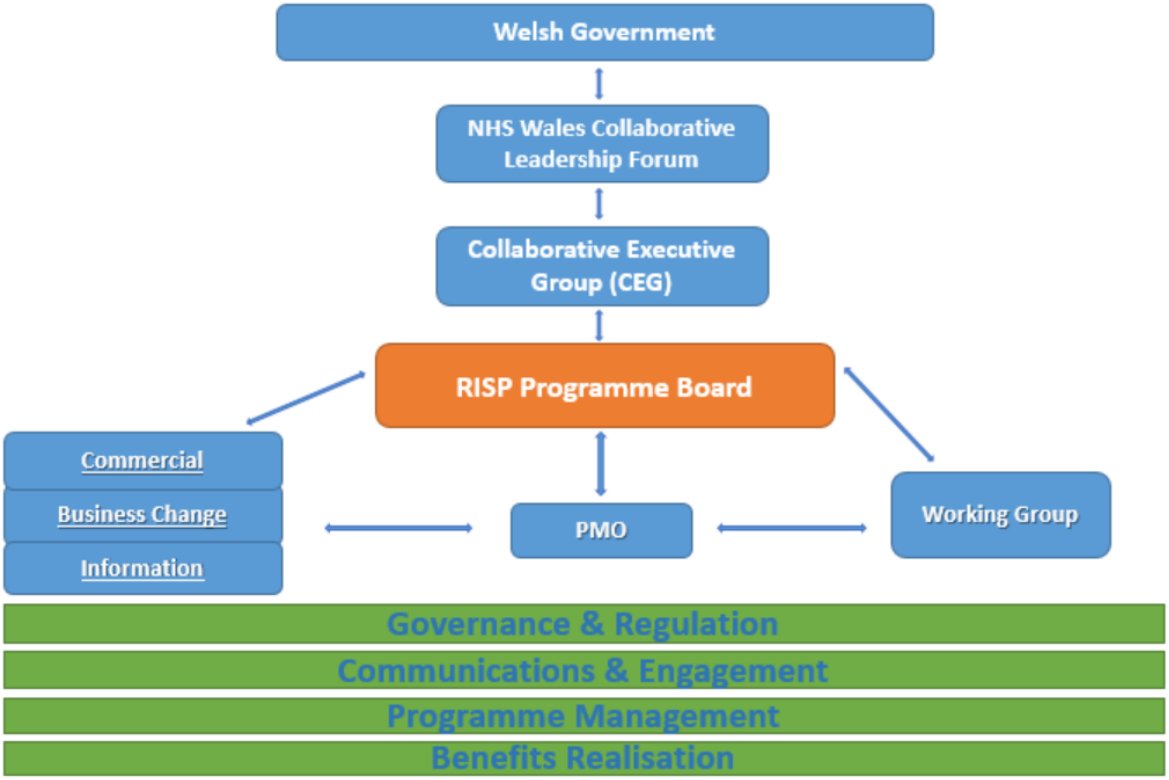
A Programme Working Group is also well established which meets fortnightly and acts as the programme design assurance for all documentation and proposals which go to the Programme Board.

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The Governance arrangements for the Programme are shown below:

Figure 9: RISP Governance Structure



Programme Management Arrangements

-

There is a RISP Programme Management Office team that will be responsible for managing and driving the delivery of the programme. The Programme team is led by Lynne Burrows, Senior Programme Manager (NHSWHC) and is directed by Judith Bates, Programme Director (NHSWHC).

- The Programme management structure comprises:
- Programme Management Office (PMO)
- Programme Team:
  - Programme Management Office
  - Clinical Leads
  - Subject Matter Expert
  - Technical Advisors
- Working Group:
  - Programme Management Office
  - Programme Team
  - Service Representatives that chair or lead on the different elements of the procurement (PACS, RIS, PDMS, NWSSP)

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The four elements of the Programme Team are further expanded upon below.

Programme Management Office (PMO)
The Senior Programme Manager manages the PMO**,** which comprises five (5) staff including a DHCW Procurement Project Manager, with two (2) additional staff members due to join in late 2021.The role of the PMO is to plan, coordinate and manage the programme on a day-to-day basis. The PMO set and maintain standards for project management throughout the Programme to ensure best practice.

Radiology Clinical Leads
There are three (3) Consultant Radiologists appointed to work with the programme on a sessional basis. These include Dr Sian Phillips (Consultant Radiologist CTMUHB, Chair of Medical Imaging Scientific Committee (MISC)) supported by Dr Balan Palaniappan (CTMUHB) and Dr Tishi Ninan (SBUHB). The clinical team will engage the Radiology and the wider NHS clinical service in the defining of the requirements, designing of the standard solution, and supporting the deployment of the developed solution. They will also Chair the Expert Users Group (Radiologists) and the Enterprise Users Group (Non-Radiology) who will provide clinical support and advice to the programme.

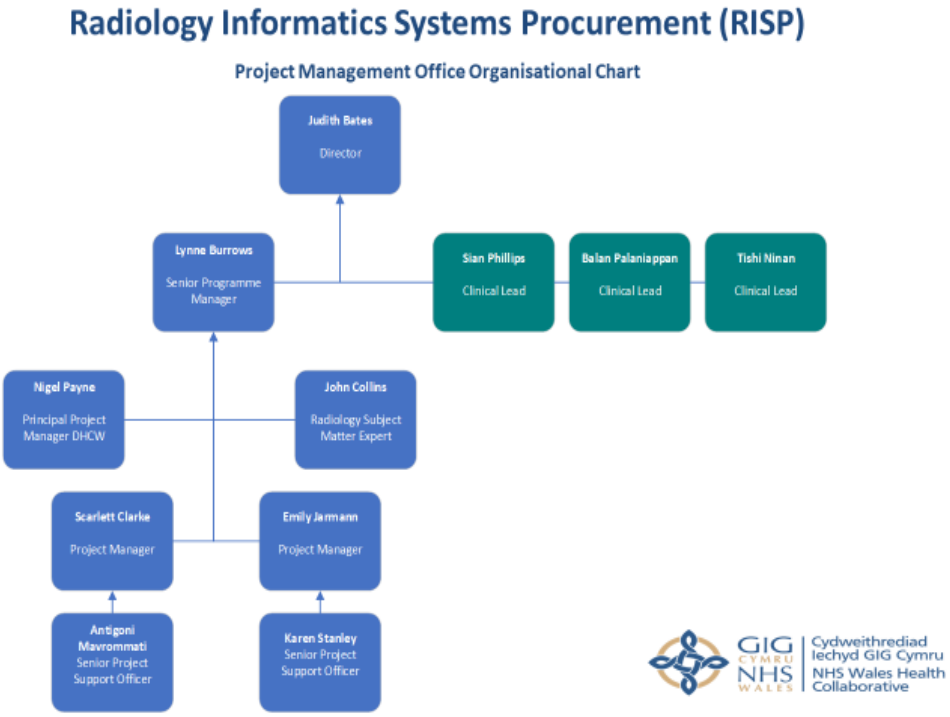
Radiology Subject Matter Expert (SME)
John Collins (BCUHB) has been appointed to the Programme on a full-time basis. He will work with the Radiology Service on the business change projects, as well as participate in the procurement, development, testing, training, and deployment of the new solution.

The RISP Programme Organisation Chart is shown below.

Figure 10: RISP Programme Organisation Chart

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Technical Advisors

The RISP Programme has a small team of experts from across the service who work with the programme on technical, functional and procurement projects as required with full support of their health boards. This includes Public Health Wales, National Imaging Academy Wales, and NHS Wales Shared Services Partnership (NWSSP).

The technical advisors appointed to support development of the OBC comprise:

- Legal advice: Blake Morgan LLP
- Commercial advice: In-Form Solutions
- Business Case support: Archus Ltd.

Digital Health and Care Wales (DHCW) are the contracting authority and will provide resources to support the delivery of the programme to include a Procurement Lead. This procurement team will include 'special advisers' for commercial and legal plus an adviser from NHS Wales Shared Services Partnership.

Special advisers will be used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisers. This has been limited to advice for legal and commercial services as set out in the Commercial Case.

The Programme team and project structures will be regularly reviewed throughout the programme checkpoints to reflect business case updates.

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This is to ensure the team structure, team roles and the work that the projects undertake is adaptive and staffing levels remain appropriate for each of the discrete phases of the programme.

Programme Costs

The RISP programme costs are listed in the spreadsheet below and include all programme resources identified plus non-pay and 10% contingency with effect from 2021/22. Notes associated with the assumptions underpinning each of these costs are provided.

In summary, the RISP Programme costs total £4,498,216 over four (4) years, comprised as outlined in the tables below:

Table 32: Programme Costs - Summary

	Cost £'000
Programme Management Office	1,014
Radiology Operational Team	910
DHCW Programme Resources	819
Consultancy Services	515
Testing Services	142
Local Implementation Team	712
Non-Pay and Contingency	386
Total Programme Costs	4,498

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Table 33: Programme Costs – Detail

RISP Programme Resources		RISP Programme Resource Requirements				RISP Programme costs per annum Total				
		WTE	Band (Spine Point)	End Date	Funding Stream	2021-22 £	2022-23 £	2023-24 £	2024-25 £	Total £
Programme Management Office (PMO)										
1	Programme Director	0.3	8d	Mar-25	HB	34,923	35,796	36,691	37,608	**145,017**
2	Senior Programme Manager	1.0	8b	Mar-24	WGREV	81,898	83,945	86,044	0	**251,886**
4	Project Manager	2.0	6	Mar-25	HB	99,171	101,650	104,191	53,398	**358,410**
5	Senior Project Support Officer	2.6	4	Mar-25	WGREV	62,363	63,922	65,520	67,158	**258,964**
	Total (Programme Management Office)					**278,354**	**285,313**	**292,446**	**158,164**	**1,014,277**
Operational Team										
6	Clinical Lead (Expert Radiology)	0.4	Consultant	Mar-23	HB	56,841	58,262	0	0	**115,103**
7	Clinical Lead (Enterprise User)	0.2	Consultant	Mar-25	HB	27,733	28,426	29,137	29,137	**114,433**
8	Radiology SME Lead	1.0	8b	Mar-25	WGCAP	79,439	81,424	83,460	85,547	**329,870**
9	Radiology/PACS Techical Lead	0.2	8a	Mar-24	WGCAP	13,610	13,950	14,299	0	**41,859**
10	Radiology/WRIS Techical Lead	0.2	8a	Mar-24	WGCAP	13,610	13,950	14,299	0	**41,859**
11	Business Analyst	1.0	Contractor		WGCAP	30,000			0	**30,000**
12	Senior Project Support Officer	1.0	4	Mar-24	HB	31,182	30,750	31,519	0	**93,450**
13	Business Analyst (Technical Interface)	1.0	Contractor		HB	0	31,961	30,000	0	**61,961**
14	Finance Lead (procurement)	1.0	8a	Ma-24	HB	68,050	0	13,950	0	**82,000**
	Total (Operational Team)					**320,464**	**258,724**	**216,664**	**114,683**	**910,535**
DHCW Programme Support										
15	Principal Project Manager Procurement	1.0	8a	Mar-24	HB	68,050	69,751	71,495	0	**209,296**
16	Commercial Services Procurement Lead	1.0	8b	Mar-24	HB	39,719	40,712	0	0	**80,432**
17	Integration Architect	0.2	8b	Mar-24	WGCAP	39,719	40,712	71,495	0	**151,926**
18	Business Analyst	0.5	7	Mar-24	WGCAP	29,224	5,991	0	0	**35,215**
19	WRIS SME	0.2	8b	Mar-24	WGCAP	15,888	16,285	16,692	0	**48,865**
20	Business Case Finance Lead	0.2	8b	Mar-24	HB	15,888	16,285	0	0	**32,173**
21	Infrastructure Design Architect	0.2	8a	Mar-24	WGCAP	13,610	13,950	14,299	0	**41,859**
22	Validation Lead	0.2	8a	Mar-24	HB	13,610	13,950	14,299	0	**41,859**
23	Service Management Lead	0.2	8a	Mar-24	HB	13,610	13,950	14,299	0	**41,859**
24	Information Governance Lead	0.1	8a	Mar-24	HB	6,805	6,975	7,149	0	**20,930**
25	Information Standards	0.1	8a	Mar-24	HB	6,805	6,975	7,149	0	**20,930**
26	Security	0.1	8a	Mar-24	WGCAP	6,805	6,975	7,149	0	**20,930**
27	Test Manager	0.1	8a	Mar-24	WGCAP	6,805	6,975	7,149	0	**20,930**
28	Senior Test Analyst	1.0	6	Mar-24	WGCAP	0	0	52,096	0	**52,096**
29	Contract Manager		8a	Mar-25	HB	0	0	0	0	**0**
	Total (DHCW Programme Support)					**276,537**	**259,487**	**283,272**	**0**	**819,296**
Consultancy Services										
30	Legal Adviser	N/A	Contract		HB	50,000	150,000	10,000	10,000	**220,000**
31	Commercial Adviser	N/A	Contract		HB	75,000	75,000	10,000	0	**160,000**
32	Cloud Hosting - Infrastructure Architect	N/A	Framework		WGCAP	10,000	10,000	10,000	0	**30,000**
33	Business Case Development	N/A	Framework		WGCAP	30,000	75,000			**105,000**
	Total (Procurement Project)					**165,000**	**310,000**	**30,000**	**10,000**	**515,000**
Testing										
	Test Leads	1.00	7	Mar-24	WGCAP			59,909	0	**59,909**
	Test Analyst	2.00	5	Mar-24	WGCAP			81,663	0	**81,663**
	Total (Testing)					**0**	**0**	**141,572**	**0**	**141,572**
Local Resources										
HB1 BCU	Project Manager Oct-Mar	1.0	7	Mar-24	WGREV			29,955		**29,955**
6 mths	IT support (Backfill) Oct - Mar	1.0	5	Mar-24	WGREV			20,416		**20,416**
	Radiology System Support Oct-Mar	1.0	7	Mar-24	WGREV			29,955		**29,955**
	Clinical Lead Health Board	0.2	Consultant	Mar-24	WGREV			13,813		**13,813**
	PACS/ RIS Support	0.5	7	Mar-24	WGREV			14,977		**14,977**
	Admin/ Clerical	0.5	4	Mar-24	WGREV			7,605		**7,605**
HB2 ABU	Project Manager (3 mths)	1.0	7	Mar-24	WGREV			14,977		**14,977**
3 mths	IT support (3 mths)	1.0	5	Mar-24	WGREV			10,208		**10,208**
	Radiology System Support (3 mths)	1.0	7	Mar-24	WGREV			14,977		**14,977**
	Clinical Lead Health Board (3 mths)	0.2	Consultant	Mar-24	WGREV			6,907		**6,907**
	PACS/ RIS Support (3 mths)	0.5	7	Mar-24	WGREV			7,489		**7,489**
	Admin/ Clerical (3 mths)	0.5	4	Mar-24	WGREV			3,803		**3,803**
HB3 onwards	Project Manager (3 mths)	3.0	7	Mar-24	WGREV				179,728	**179,728**
	IT support (3 mths)	3.0	5	Mar-24	WGREV				122,494	**122,494**
	Radiology System Support (3 mths)	3.0	7	Mar-24	WGREV				179,728	**179,728**
	Clinical Lead Health Board (3 mths)	0.6	Consultant	Mar-24	WGREV				20,720	**20,720**
	PACS/ RIS Support (3 mths)	1.5	7	Mar-24	WGREV				22,466	**22,466**
	Admin/ Clerical (3 mths)	1.5	4	Mar-24	WGREV				11,408	**11,408**
										0
	Total (Local Resource model)							**175,081**	**536,544**	**711,625**
Non-Pay and Contingency										
34	Non-Pay	N/A				15,000	15,000	15,000	15,000	**60,000**
35	Contingency (10%)	N/A				104,036	111,352	82,238	28,285	**325,911**
	Total (Programme)					**1,159,391**	**1,239,877**	**1,236,272**	**862,676**	**4,498,216**

6.3 Workstreams

The RISP Programme is an all-Wales Programme being delivered through several key workstreams as set out below:

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- **Commercial:** to develop and deliver the commercial case, manage the pre-procurement documentation and the procurement of the new service and the chosen supplier
- **Technical and Functional**: to define and deliver the output-based specification for the design and delivery of a seamless end-to-end solution from electronic requesting to results acknowledgement; develop the new solution at a national level, migrate the data and develop the local ICT model required to be in place to deploy the new solution.
- **Clinical**: to engage the Radiology and wider NHS service in defining the requirements, take forward standardisation to eliminate all unwarranted variation in service and design the standard solution, and the deployment of the developed solution.
- **Information and Business Intelligence**: to deliver the Business Intelligence (BI) requirements for the new Radiology Informatics System, and to baseline the status of business processes within Radiology to include receipt of request, vetting, appointments, reception and room procedures, reports and validation, MDT and peer review.
- **Business Change:** to define and realise the benefits of the new Radiology Informatics System, whilst also determining a set of harmonised codes, interface specifications, working practices and performance indicators to deliver the outcome of seamless care across organisational boundaries and support development of new and innovative service models built on a sound basis of service related metrics.

Underpinning all these workstreams is the Programme Governance workstream which will ensure the RISP Programme is professionally managed and assured.

6.4 RISP High Level Plan

The RISP Programme is planned to be delivered in four (4) tranches as set in Figure 7, subject to approval and sign off. The timescale for delivery of tranche 1, the OBC, is ambitious with a commitment required from the service, to enable its delivery. The OBC sets out a detailed plan for tranche 1 with high-level deliverables for the remaining tranches. Work is ongoing as part of an iterative process to develop the plan in more detail as the programme progresses providing further opportunity for wide stakeholder engagement and consultation.

Key milestones are set out in the table below:

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Table 34: RISP Key Milestones

Tranche	Scope	Key Milestones	Timeframe
1	Pre-Procurement	• OBC developed & signed off • Procurement planned and draft schedules completed • Gateway Review 2	Jun 2019 – Dec 2021
2	Procurement Business Change (standardisation and benefits) Information Governance	• Contract notice published • FBC developed and signed off • Competitive dialogue undertaken • Contract in place • Benefits further developed • Gateway Review 3	Jan 2022 – April 2023
3	Configuration & Integration	• Configuration and testing • Systems integration • Data Migration • Gateway Review 4	May 2023 – April 2024
4	Deployment	• Implementation • Handover	May 2024 - Jun 2025

6.5 Outline Arrangements for the RISP Projects

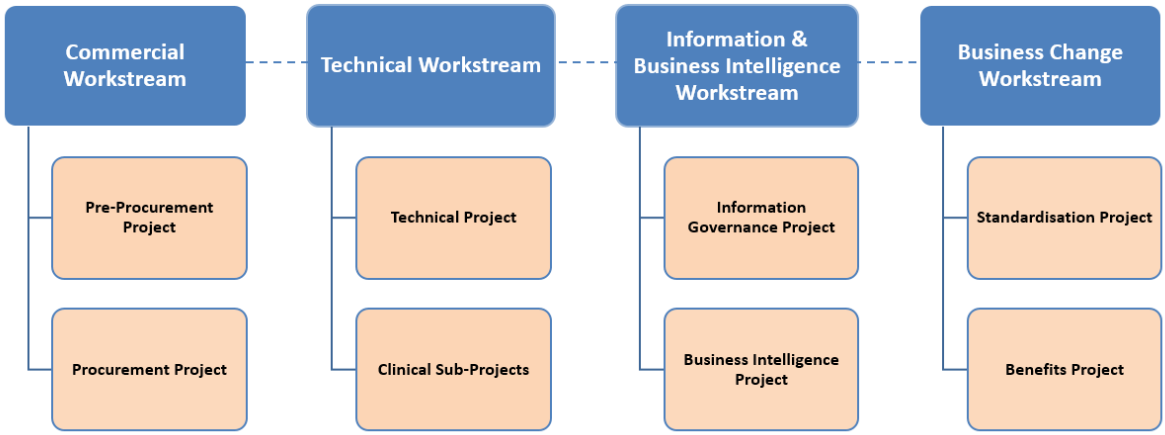
There will be various projects that will be required throughout the life of the programme, depending on the deliverables within each tranche. The Programme Board will approve which projects are needed and the Programme Management team will ensure the appropriate project governance and management arrangements are in place in accordance with established best practice.

The Senior Programme Manager and Programme Director will be responsible for appointing the Project Managers, with the approval of the Board and will support the Project Managers in establishing their project teams. The Programme Board will ensure there is appropriate representation from RISP specialist teams across all the projects, depending on the requirements of each project. The RISP resources and project structures will be regularly reviewed throughout the Programme.

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The Project Dossier containing the workstreams and projects is available in appendix M2. The key workstreams are illustrated below.

Figure 11: RISP Projects Dossier



6.6 Outline Arrangements for Change and Contract Management

The Change Management strategy, framework, and plan for dealing with change and associated contract management is as follows:

- A RISP Procurement Project will manage the procurement and completion of all contract documentation, including any changes requested.
- A Contract Management Board chaired by the NHS and facilitated by DHCW will manage the contract and any contract changes will be managed in accordance with contract Schedule 8.2 Change Control.
- A RISP Service Management Board (SMB) will monitor the service, supported by a RISP Change Advisory Board to control changes to the live service.

All documentation will be configured and managed to provide an audit trail of all changes made.

6.7 Outline Arrangements for Benefits Realisation

A key responsibility of the Programme Management team and Programme Board will be to establish a Benefits Management Strategy and framework for the monitoring and management of the benefits the programme will enable. This will include a benefits register and profiles that will identify how each benefit will be assessed and who will be responsible for delivering each benefit.

A Benefits Project is established and will run throughout the life of the programme. As part of the OBC, benefits have been identified and measures established, and a plan agreed to collect baseline data and agree

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targets and methods of monitoring. The Benefits Register can be found on page 48 of the Economic Case and also in Appendix M4.

A copy of the Benefits Management Strategy is attached as Appendix M3.

6.8 Outline Arrangements for Risk Management

The strategy, framework, and plan for dealing with the management of risk are as follows:

- Risks can be raised by anyone on the programme and added to the risk register through the PMO.
- The risk register has been designed in accordance with good practice guidelines within PRINCE2 and NHS Wales Health Collaborative standards.
- The risks are reviewed at least once a month by the PMO and Programme Board members.
- The Senior Programme Manager will escalate any risks that cannot be managed by the PMO and require urgent action to the Programme Director. If required, they will in turn escalate to the SRO and jointly decide on the appropriate action.
- The Programme Director in liaison with the SRO will escalate any risks that cannot be dealt with at the level of the Programme Board to the Collaborative Executive Group for corporate decision.

A copy of the programme risk register is attached at Appendix M5.

6.9 Outline Arrangements for Post Project Evaluation

The outline arrangements for post implementation review (PIR) and project evaluation review (PER) have been established in accordance with best practice and are as follows:

Post Implementation Review (PIR)

Initial lessons learned and evaluation reviews will be carried out for each health board implementation. These reviews ascertain whether the anticipated benefits have been delivered and are timed to take place starting between March and September 2025.

Project Evaluation Reviews (PERs)

PERs appraise how well the project was managed and delivered compared with expectations and are timed to take place between March and September 2025.

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Gateway Review Arrangements

Gateway reviews are planned for the end of each tranche of the programme, starting with the Gateway 2 review in June 2021 to assure the delivery strategy.

Contingency Plans

If this programme fails, the ongoing commercial arrangements will no longer be able to be relied upon, as the termination assistance period will have been exhausted. The programme will seek urgent legal advice to ensure service continuity is provided within the legal framework and the appropriate replacement contracts are put in place.

The risk is the current provider will no longer wish to support NHS Wales without significant investment, as some elements of the service may no longer be in production and supported.

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7 Appendices

Appendix S1: List of RISP Engagements

Date	RISP Event	Organisations Represented
March 2018	IT Workshop – NIAW	HBs, Trusts, WG, RCR
02/05/2019	Informatics Workshop 1 –NIAW	HBs, Trusts, DHCW, WG
02/10/2019	Informatics Workshop 2 – NIAW	HBs, Trusts, DHCW, WG
Aug – Oct 19	Pre-Marketing Supplier days - NIAW	HBs, Trusts, DHCW
21/01/2020	SBUHB Roadshow	SBUHB
22/01/2020	HDUHB Roadshow	HDUHB
23/01/2020	VCC Roadshow	VCC
23/01/2020	CTMUHB Roadshow	CTUMUHB
27/01/2020	ABUHB Roadshow	ABUHB, PTHB
28/01/2020	PHW Roadshow	PHW
29/01/2020	CAVUHB Roadshow	CAVUHB
30/01/2020	BCUHB Roadshow	BCUHB, BTW
06/07/2020	Scope Options Workshop (Teams)	HBs, Trusts, DHCW
08/07/2020	Scope Options Workshop (Teams)	HBs, Trusts
08/07/2020	Scope Options Workshop (Teams)	HBs, Trusts, DHCW
10/07/2020	Scope Options Workshop (Teams)	HBs, Trusts, RCR

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10/07/2020	Scope Options Workshop (Teams)	HBs, Trusts, WG
20/07/2020	Scope Options Workshop (Teams)	HBs, Trusts
20/07/2020	Scope Options Workshop (Teams)	HBs, Trusts
24/08/2020	Service Solution Options Workshop (Teams)	HBs, Trusts, DHCW
21/09/2020	Technical Solution Workshop	DHCW
28/09/2020	Technical Solution Workshop	HBs, Trusts, DHCW
19/01/2021	Cloud Workshop	HBs, Trusts, DHCW, WG
16/02/2021	Business Managers Workshop	HBs, NIAW, Trusts, DHCW
23/02/2021	Admin/Clerical Users Workshop	HBs, Trusts, NIAW, DHCW
07/04/2021	Admin Secretarial Users Part 1	HBs, NIAW, Trusts,
14/04/2021	Health Boards Roadshow	HBs, Trusts, Primary Care
16/04/2021	Health Boards Roadshow	HBs, Trusts, NIAW
21/04/2021	Health Boards Roadshow	HBs, Trusts, WG
23/04/2021	Health Boards Roadshow	HBs, Trusts, DHCW, Primary Care
05/05/2021	Admin Secretarial Users Part 2	HBs, Trusts
13/05/2021	Admin Obstetrics Users	HBs, Trusts, NIAW

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Appendix S2: Business Strategies & Reports

A Healthier Wales: Our plan for health and social care (2018)



S2.1
a-healthier-wales-acti

The Imaging Statement of Intent (2018)



S2.2
imaging-statement-of

Wales Audit Office Radiology Services Report (2018)



S2.3 Auditor General
for Wales Report - Ra

Digital Architecture Review (2019)



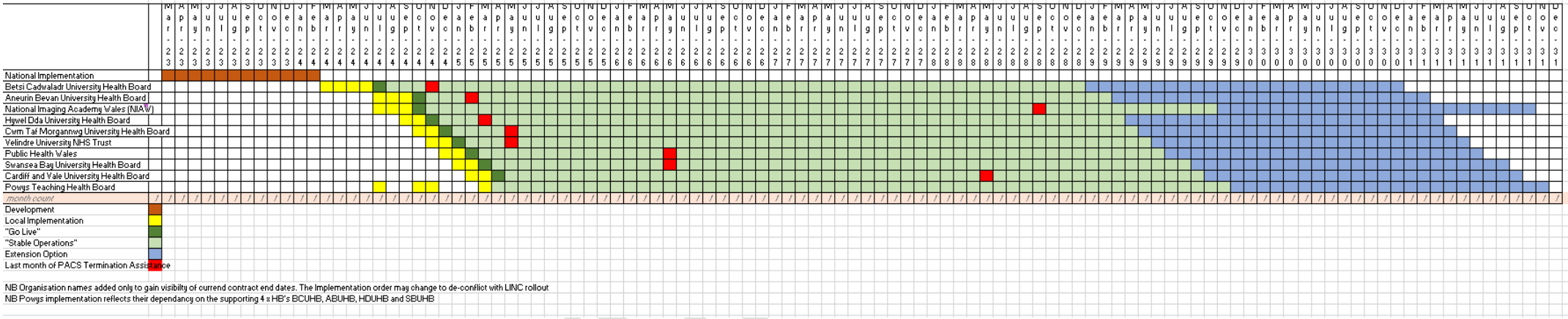
S2.4 Digital
Architecture Review R

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Appendix C1: Draft Implementation Plan

This implementation plan is provided for indicative purposes only. As the RISP Functional and Technical Project Teams are established the plan will be refined and further developed for approval by the RISP Programme Board.



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Appendix C2: Procurement Route Evaluation

The Public Contracts Regulations 2015:

https://www.legislation.gov.uk/uksi/2015/102/contents/made

https://www.legislation.gov.uk/uksi/2015/102/regulation/29/made

https://www.legislation.gov.uk/uksi/2015/102/regulation/30/made

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Appendix E1: Options Framework



E1 Options Framework.docx

Appendix E2: Economic Appraisal Model



E2_RISP OBC Economic Model v2.xl

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Appendix F1: Financial Model

App F1_RISP OBC
Financial Model Final..

Appendix F2: Resource Plan

App F2_RISP
Programme Financial

Appendix F3: Cost Assumptions

App F3_RISP OBC
Costing Assumptions..

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Appendix M1: Programme Board Terms of Reference

M1 RISP Programme Board ToRs 29.09.21 V

Appendix M2: Project Dossier

M2 RISP Projects Dossier Tranche 2 V1.

Appendix M3: Benefits Management Strategy

M3 RISP Benefits Management Strategy

Appendix M4: Benefits Register

RISP OBC Benefits Tracker v3.xlsx

Appendix M5: Programme Risk Register

Issue Risk Register MASTER 30.09.21.xlsm

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Glossary

Term	Definition
AI	Artificial Intelligence
BCR	Benefit Cost Ratio
BCUHB	Betsi Cadwaladr University Health Board
BI	Business Intelligence
CCS	Crown Commercial Service
CEG	Collaborative Executive Group
CIA	Comprehensive Investment Appraisal
CTMUHB	Cwm Taff Morgannwg University Health Board
COS	Contracted Out Services
CSFs	Critical Success Factors
CT	Computerised Tomography
DHCW	Digital Health and Care Wales
DI	Diagnostic Imaging
DRLs	Diagnostic Reference Levels
ETR	Electronic Test Requesting
FBC	Full Business Case
FCA	Financial Conduct Authority
HMRC	Her Majesty's Revenue and Customs
IAS	Intangible Assets
IFRS	International Financial Reporting Standards
IM&T	Information Management & Technology
IPR	Intellectual Property Rights

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(IR(ME)R 2017)	Ionising Radiation (Medical Exposures) Regulations 2017
ISFT	Invitation to Submit Final Tender
ITPD	Invitation to Participate in Dialogue
LLP	Limited Liability Partnership
MEAT	Most Economically Advantageous Tender
MISC	Medical Imaging Scientific Committee
MRI	Magnetic Resonance Imaging
NHSWHC	NHS Wales Health Collaborative
NPC	Net Present Cost
NPSA SPN 16	National Patient Safety Association Safer Practice Notice 16
NPSV	Net Present Social Value
NWSSP	NHS Wales Shared Services Partnership
OBC	Outline Business Case
PACS	Picture Archiving Communications System
PCR2015	Public Contracts Regulations 2015
PDMS	Patient Dose Management System
PER	Project Evaluation Review
PIN	Prior Information Notice
PIR	Post Implementation Review
PMO	Programme Management Office
PQQ	Pre-Qualification Questionnaire
PRINCE2	PRojects IN Controlled Environments
PSBA	Public Sector Broadband Aggregation

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RCR	Royal College of Radiologists
RIS	Radiology Information System
RISP	Radiology Informatics System Procurement
SaaS	Software as a Service
SBUHB	Swansea Bay University Health Board
SFIs	Standing Financial Instructions
SMB	Service Management Board
SMEs	Subject Matter Experts
SOC	Strategic Outline Case
SPD	Single Procurement Document
SRO	Senior Responsible Owner
SWOT	Strengths Weaknesses Opportunities and Threats
TUPE	Transfer of Undertakings (Protection of Employment)
UHBs	University Health Boards
VAT	Value Added Tax
VFM	Value For Money
WAO	Wales Audit Office
WCP	Welsh Clinical Portal

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Powys Teaching Health Board

Agenda item: 2.3

BOARD MEETING	**24TH NOVEMBER 2021:**
Subject :	**Llanfair Caereinion Primary Care Centre Development Full Business Case**
Approved and Presented by:	Jamie Marchant, Executive Director of Primary, Community & Mental Health Service/Hayley Thomas, Executive Director of Planning
Prepared by:	Jayne Lawrence, Assistant Director of Primary Care/ Wayne Tannahill Assistant Director of Estates
Other Committees and meetings considered at:	Executive Committee, 3rd November 2021

PURPOSE:

The purpose of this paper is to share a synopsis of the proposed Full Business Case for the Llanfair Caereinion Primary Care Centre 3rd party development.

This paper provides a synopsis of the Outline Business Case; however, more detailed information is available within the main body of the document which has been shared with Board Members as part of In-Committee Board papers due to its commercially sensitive nature.

RECOMMENDATION(S):

The Board is asked to approve the Full Business Case of the Llanfair Caereinion Primary Care Centre 3rd party development for presentation to Welsh Government.

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:

PTHB committed to the development of a new Primary Care Centre at Llanfair Caereinion following an announcement in November 2017, when the Cabinet Secretary for Health & Social Services as part of the national Premises Pipeline development committed to revenue fund a new build scheme for Llanfair Caereinion Primary Care Centre.

This paper follows on from the update paper presented to PTHB Board on 27th January 2021 (In-Committee) regarding the development where Board agreed for PTHB to hold the head lease on the new premises and to sub-let part of the building to Llanfair Caereinion Medical Practice on a flexible lease which mirrors the length of the head lease.

The Welsh Government pipeline funding commitment is a net revenue increase in General Medical Services (GMS) revenue reimbursement up to a value of £0.250m per annum, specifically to deliver a new health and care centre at Llanfair Caereinon via a 3rd party development (3PD) route.

The proposed development will include provision for general medical services, PTHB community services and a new provision for general dental services, with a net internal area of 966.9 m2 split as follows

- Llanfair Caereinion Medical Centre 797.49m^2
- Powys Teaching Health Board (including new GDS provision) 169.41 m^2

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Revenue expenditure has been determined with input from the District Valuer and inflated slightly due to local circumstance (i.e. dental suite ventilation requirements) to achieve a market rent which reflects value for money. This is a development specific top up to allow the scheme to be built.

It is proposed the revenue payment mechanism will be via a 25 year tenant internal repairing lease in accordance with the agreed format which has been significantly used across Wales.

There will be some PTHB Capital & Revenue Expenditure requirements outside of the Welsh Government pipeline revenue funding and these are identified on the project risk register, however the majority of financial and practical risk is passed to the Developer.

In summary, benefits of the proposed facility to the local population are:

- Increased availability and sustainability of primary care services provided to the Llanfair Caereinion area.
- Greater coordination between services.

Following approval of the Full Business Case (FBC) it will be submitted to Welsh Government. This is not for approval, but to provide assurance around the scheme and the committed investment.

DETAILED BACKGROUND AND ASSESSMENT:

The Executive Summary in the FBC provides an extensive summary of the FBC detail. Pertinent points to highlight from the FBC include:

Existing Premises

The current Llanfair Caereinion Health Centre premises are sub-standard and have previously been identified as an approved priority for investment by PTHB.

The current premises have significant limitations and include:

- Accommodation restriction to manage patient list size expansion (increasing due to the sustainability of a neighbouring practice)
- Administration and reception area very cramped in including dispensary (practice dispense to over 90% of patients)
- Poor disabled access
- Extremely limited patient parking
- no dedicated areas for confidential discussion or patient interviews.
- Clinical rooms but do not meet current size regulations.
- Poor staff facilities

Various options to improve the GMS provision in the area have been scoped over the years with a new build for GMS and community service provision being the preferred option.

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Scheme Affordability

PTHB committed to the development of a new Primary Care Centre at Llanfair Caereinion following an announcement in November 2017, when the Cabinet Secretary for Health & Social Services as part of the national Premises Pipeline development committed to revenue fund a new build scheme for Llanfair Caereinion Primary Care Centre.

The WG pipeline funding commitment is a net revenue increase in GMS revenue reimbursement up to a value of £0.250m per annum specifically to deliver a new health and care centre at Llanfair Caereinon via a 3rd party development (3PD) route.

The associated funding was initially time limited for completion in 2020 – 2021, however due to COVID-19 NHS Wales Shares Services Partnership Specialist Estate Services have confirmed the ongoing financial commitment from Welsh Government to continue with the development and monthly updates on the scheme are shared with Welsh Government.

Advice has been sought from the District Valuer with regards to value for money relating to the revenue reimbursement to the developer upon completion of the scheme. It is proposed the payment mechanism will be via a 25 year tenant internal repairing lease in accordance with the agreed format which has been significantly used across Wales.

3rd party development (3PD) route

The advantages to PTHB regarding a 3PD route are, the majority of the financial, managerial and practical risk sits with the Developer so avoiding the need to raise capital finance.

The required output from the Developer, is handover and practical completion of the new facility. The completion of the facility is only when PTHB rental reimbursement commences. PTHB are not required to provide the Developer with any income revenue until the point of completion/signing the lease.

Development progress to date

The proposed development is a bespoke design two story primary care building of traditional construction providing dedicated accommodation with a net internal area of 966.9m split as follows

- Llanfair Caereinion Medical Centre 797.49m^2
- Powys Teaching Health Board (including new GDS provision) 169.41 m^2

In terms of progress to date the 3PD has purchased a suitable site in Llanfair Caereinion. The distance from the current medical practice to the site for the new development is approximately 1 mile and a 4 minute drive time.

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A design has been agreed to meet the needs of the practice, PTHB community services and dental services. The Developer has taken a 'fabric first' design approach in order to minimise the energy consumption and carbon emissions of the development, resulting in 5 credits being achieved for BREEAM. This is 1 credit over the mandatory 4 credits required to achieve a BREEAM Excellent rating. Further detail is provided in 7.3.2 of the FBC

The public have been and continue to be offered to engage in the development and design of the building.

Further adaptations to the design have been made from lessons learned from general practice working in a pandemic. The final proposed design plan has been agreed by all relevant stake holders.

The Developer has appointed a contractor via the 3PD procurement tender process.

Project Management Arrangements

Project management is overseen by a Project Board and a Project Implementation Team and includes ensuring the facility delivers PTHBs strategic priorities in terms of healthcare provision and service transformation and it is also critical that the end product meets the needs of Llanfair Caereinion Medical Practice and their patients. Both the Project Board and the Project Implementation Team meet on a regular basis and will continue to do so during the life of the project.

Project Risks

In order to monitor risk, a risk register has been developed and is reviewed regularly by the Project Board.

Benefits Realisation

A detailed benefits realisation plan is included in the FBC and has been streamlined into the following six statements. The post project evaluation programme will be a critical element within the overall project management approach to assess the key aims and intended benefits of this project. This will include patient and user feedback; recruitment and retention levels; and carbon reduction and biodiversity improvements will be reviewed.

1	Increased availability and sustainability of services provided in the Llanfair Caereinion area.
2	Increased co-location and integration of services.
3	The development of a Primary Care resource that will improve the social economic and environmental wellbeing of the local area.
4	Enhanced relationships between community care professionals.

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5	Greater scope for managing cohorts of patients within the community.
6	Alleviation of specific risks in relation to a lack of accommodation and poor access in the current health centre, which in turn negatively impacts upon the ability to meet expected standards.
7	Digital efficiencies enabling agile working
8	Achieve decarbonisation improvements to support sustainability of the environment

The post-project evaluation process and benefits realisation will feed into existing structures, with reports going to the PTHB Executive as appropriate. Existing processes within PTHB which focus upon Primary Care for example the GP Primary Care Commissioning Assurance Framework and other group and committee structures will also be used for reports and updates to be presented.

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Powys Teaching Health Board

AGENDA ITEM: 2.4

BOARD MEETING	**Date of Meeting: 24th November 2021**
Subject:	**SOUTH POWYS PROGRAMME: CONSULTANT-LED MATERNITY & NEONATAL CARE**
Approved and Presented by:	Director of Nursing and Midwifery
Prepared by:	Director of Nursing and Midwifery Assistant Director Transformation and Value PTHB Head of Midwifery Transformation Service Manager
Other Committees and meetings considered at:	Executive Committee 3 November 2021

PURPOSE:

The purpose of this paper is to provide an update to Board related to the focus of the Maternity and Neonatal Workstream of the South Powys Pathways Programme and to highlight the further consideration of the planned strategic change in pathway of Consultant-led Maternity & Neonatal Care, to later this financial year.

RECOMMENDATION(S):

The Board is asked to ratify the decision to maintain current pathways in relation to Consultant-led Maternity & Neonatal Care, noting the intention to review the date for strategic change, as per the South Powys Pathways Programme, during quarter 4, 2021-2022.

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

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

Strategic Objectives:	1. Focus on Wellbeing	✖
	2. Provide Early Help and Support	✖

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

EXECUTIVE SUMMARY

This paper provides an update in relation to the Maternity and Neonatal Workstream of the South Powys Pathways Programme. It explains that due to further work expected in relation to neonatal services current pathways will remain in place and are being monitored. The situation will be reviewed during quarter 4, 2021-2022, to help inform recommendations to the Board about the timing of a future strategic change in pathway.

DETAILED BACKGROUND AND ASSESSMENT:

1. Background

Following extensive public consultation, the South Wales Programme was approved by the health board, other South Wales Health Boards and the Welsh Ambulances Services Trust.

Before the COVID-19 pandemic, the South Powys Programme Board was established, involving the health board and partners, it was convened to prepare for changes anticipated under the South Wales Programme, in response to the opening of The Grange University Hospital in Spring 2021 and in accordance with the Powys Health and Care Strategy.
The outcome was an approved five site model for consultant led emergency medicine, maternity, neonatal and inpatient children's care, and the creation of three acute care alliances. Prince Charles Hospital in Merthyr Tydfil was recognised as being of strategic importance offering the nearest District General Hospital for the majority of the South Powys population, noting that women's choice would play a key role in service preference. Additionally, women requiring intra-partum transfer from home or a Midwifery Led Unit (MLU) would attend an obstetric unit associated with their booking, and in a category 1 emergency (0.03%), to the nearest hospital.

In response to the unprecedented challenges of the COVID 19 pandemic, the opening of the Grange University Hospital in Aneurin Bevan University Health Board (ABUHB) was

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brought forward to 17th November 2020 and the health board co-ordinated work with Cwm Taf Morgannwg University Health Board (CTMUHB), ABUHB and the Welsh Ambulance Services NHS Trust (WAST) to implement the changes needed in emergency pathways for South Powys population. When Nevill Hall Hospital ceased to provide a consultant led Emergency Department, Prince Charles Hospital (PCH) in Merthyr became the District General Hospital (DGH) of strategic importance for the majority of South Powys for consultant led Emergency Medicine and emergency and urgent admissions (including paediatrics), in line with the outcome of public consultation under the South Wales Programme. This was Phase 1 of the South Programme, which has since been audited with reasonable assurance identified.

Although obstetric services moved from Nevill Hall Hospital to the Grange during November 2020, a strategic transfer to consultant led maternity and neonatal services provided by CTMUHB was not activated at this stage. ABUHB undertook to continue to provide the obstetric pathway for the majority of South Powys, whilst further work on the strategic change in pathway for the South Powys population was undertaken as part of Phase 2.

The South Powys Programme Maternity and Neonatal Workstream, led by the health board's Director of Nursing and Midwifery, includes membership from PTHB, CTMUHB and ABUHB. There has also been involvement of WAST. It is acknowledged that there are pre-existing maternity and neonatal flows to CTMUHB, hence the focus has been to further develop and strengthen arrangements ahead of a Board decision about the timing of the strategic pathway change.

2. Assessment

The COVID-19 pandemic resulted in significant challenge for maternity and neonatal services in Wales and more widely across the UK. As with most other health and care services, maternity services have been, and remain, subject to changes in the model of service provision. The need to fully engage with pregnant women and their families, the impact upon staff wellbeing, managing increased levels of absence along with increasing demand, and responding to new needs (for example, mass vaccination) have had a cumulative effect.

At a system level, the Maternity and Neonatal Network in Wales has coordinated an all Wales overview of immediate and medium-term actions to ensure the safe care of pregnant women who have tested positive for COVID-19, and the management of current pressures on maternity and neonatal services. Commissioned maternity and neonatal services in England are experiencing similar challenge. The national picture is particularly important for women in Powys who may access maternity and neonatal services from up to 7 providers in Wales and England. Further challenge is anticipated given the significant turnover of senior midwifery leaders in commissioned services which has either occurred, or anticipated within the next quarter. The need to establish constructive working relationships, maintain continuity, generate meaningful data and intelligence, as well as

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enable organisational memory to maximise stability in these areas is significant, especially at a time of great challenge.

During this period, a maternity and neonatal workstream was commenced, bringing together key stakeholders to oversee preparations for strategic change.

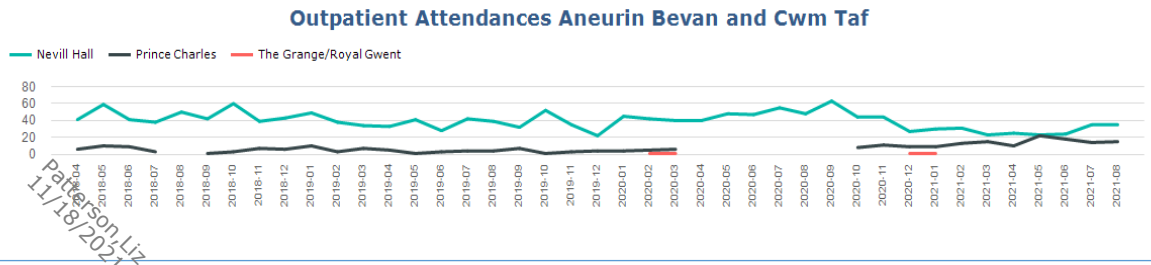
Maternity and Neonatal Workstream

The Maternity and Neonatal workstream scope was approved by the Programme Board in January 2021, to inform Board's decision about the timing of the strategic pathway change in relation to obstetric and neonatal care in line with the South Wales Programme (SWP). The workstream will produce a readiness assessment, underpinned by robust assurance arrangements and an implementation plan. The initial focus is the recommended timing of a strategic transfer of services in line with the approved outcome of the South Wales Programme, recognising this may create the platform for the future delivery of services closer to home in Powys, for example, Early Pregnancy Assessment.

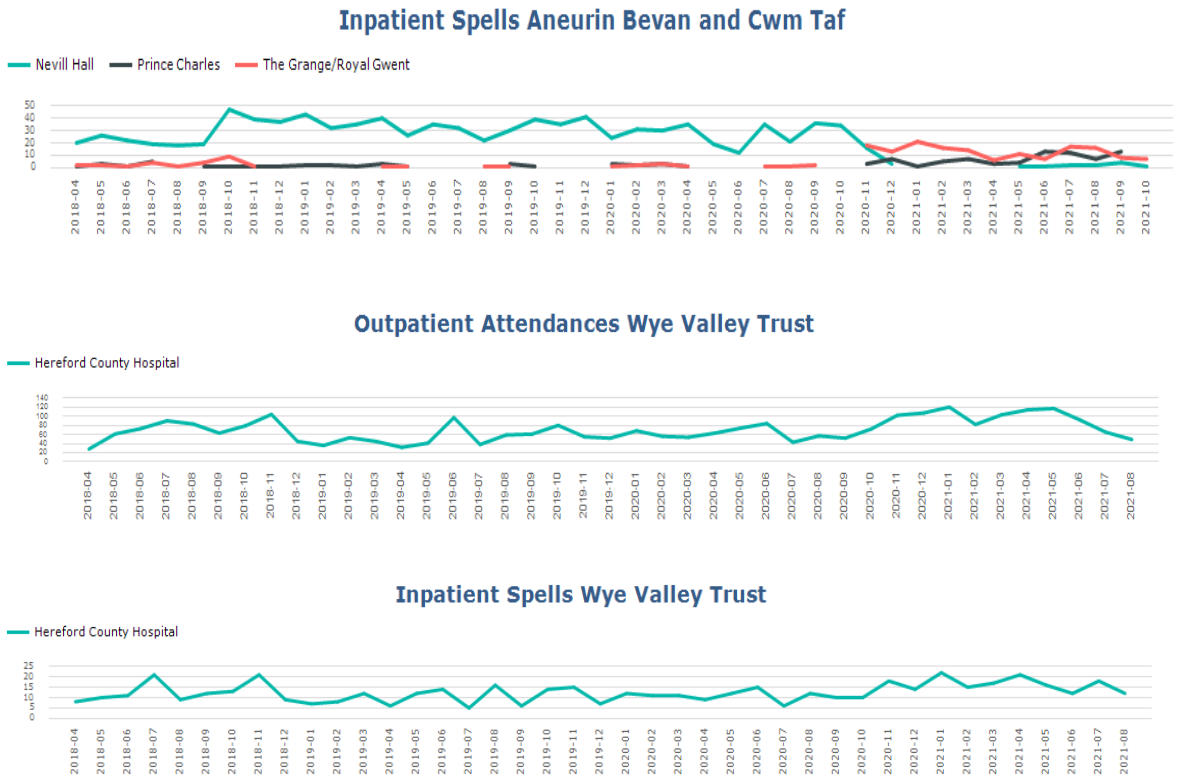
Preparations for transfer (subject to Board approval of the timing of strategic pathway change) have included:

- Mapping of current and predicted service use and pathway changes for obstetric and neonatal services
- Monitoring unplanned changes in service use for CTMUHB, ABUHB along with obstetric services in SATH and Wye Valley, including development of interim clinical pathways Whilst attendance at CTMUHB and Wye Valley has increased slightly, it is well within manageable parameters
- Consideration of contractual arrangements already in place with ABUHB
- Working with WHSCC regarding fetal medicine arrangements
- A readiness assessment which will confirm when the strategic change can be made. This covers the services within the scope of the approved SWP model, revised and agreed clinical pathways, IT compatibility/accessibility, operational capacity and capability
- Quality criteria which will provide assurance, rooted in the PTHB maternity assurance framework (appendix 1), covering safety, outcomes, women's experience and governance arrangements.
- CTMUHB is a signatory of the PTHB Commissioning Assurance Framework (CAF) through the Long-Term Agreement (LTA) between the organisations. Further development work will be undertaken to extend the Maternity Assurance Framework to include neonatal care.

Monitoring of patient activity has been ongoing since the changes took place. This has included ensuring an unplanned strategic change in pathway is not taking place.



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The PTHB Maternity Assurance Framework (MAF) has closely reviewed the domains in **appendix 1**, with a verbal update provided to the Internal Commissioning Assurance Meeting (ICAM) on a monthly basis and formal quarterly reporting. The Quarter 2 (Q2) MAF records that there have been no incident reports or MBRACCE reports for Perinatal or Maternity Morbidity for 2021. In regard to Patient Experience, Powys women have been reporting positively on their experience of the environment within the Grange and equally those women accessing care through CTMUHB have reported positive experiences with Obstetric Care planning. Q2 has seen pressure across all Maternity and Neonatal services involving both health boards and cross border NHS Trusts. However, there have been no access issues with ABUHB or CTMUHB. Consideration of the MAF governance domain has highlighted forthcoming senior midwifery leadership changes in both organisations and the importance of maintaining DGH engagement relationships with future postholders. The neonatal aspect of the CAF framework is to be developed in readiness for 2022-2023 Long Term Agreement.

CTMUHB internal assurance arrangements

To support improvement CTMUHB has a Maternity and Neonatal Improvement Board to oversee improvement and to provide assurance, which is attended by the PTHB Head of Midwifery. During 2020/21 the Improvement Board expanded its remit to include neonatal services, mirroring the expanded focus of the IMSOP. Neonatal services must work closely with midwifery, obstetric and anaesthetic services. The Improvement Board reports through CTMUHBs internal governance structure.

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Independent Maternity Services Oversight Panel (IMSOP)

IMSOP provides the independent oversight arrangements of maternity and neonatal services at CTMUHB. The maternity service at CTMUHB identified, in the summer of 2018, a low rate of reporting of incidents of potential harm. A "look back" exercise from 1 January 2016 to end September 2018 indicated that a number of clinical incidents had gone unreported. On 30 April 2019, following the publication of a review conducted jointly by the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM), the Minister for Health and Social Services announced that he was placing maternity services in Cwm Taf University Health Board in 'Special Measures'. An Independent Maternity Services Oversight Panel was appointed, reporting to the Minister on a quarterly basis.

When the Panel reported in September 2020, it concluded that the health board had done remarkably well to maintain the focus and momentum of its Maternity and Neonatal Improvement Programme (MNIP) during the first wave of the COVID-19 pandemic. In the circumstances which have prevailed over the past twelve months and the last six months in particular, the Panel has advised that the current pace of progress is entirely understandable in their view.

An IMSOP report was published on 25 January 2021 (which was the first report of the Clinical Review Programme and the first of three thematic reports). Key factors in the Clinical Review Report were the diagnosis and the recognition of the high-risk status of the woman, the treatment provided and clinical leadership. Poor communication with women or between health professionals was also a common theme. The Panel recognised that CTMUHB had been open, transparent and compassionate, also identifying that over the past two years significant improvements have been achieved and progress made against the 70 recommendations of the RCOG and RCM report. (Although it is recognised some progress slowed due to the second COVID-19 peak.)

A Programme Director for Neonatal Services in CTMUHB is in place and a high-level neonatal improvement plan was submitted to the January 2021 CTMUHB Improvement Board. A further update about the independent oversight arrangements of maternity and neonatal services at CTMUHB was provided by the Minister for Health and Social Services on the 22nd March 2021. Whilst there has been neonatal expertise as part of the Independent Maternity Oversight Panel's work in relation to the Clinical Review Programme and within the Quality Assurance Panel, there is now also neonatal expertise within the full Panel.
It is important to ensure that as the learning emerges it is fed into the wider improvement programme. Alongside this the panel is undertaking a deep dive to take stock of the current neonatal service and its improvement plan to provide assurance that services are safe, effective, well led and importantly integrated with the maternity service to provide a seamless service for women and babies. This should help inform improvements CTMUHB is making on their journey to provide exemplar maternity and neonatal services.

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A written statement released by the Health Minister on 7 September 2021 presented the interim findings from the deep-dive into neonatal care, which was subsequently published on 5 October 2021. The Ministers Statement made on that date noted that: *'overall, the findings from the stillbirth review category closely mirror the areas of concern identified by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives following their review of maternity services in 2019. They also reflect those identified in the panel's first review category, which involved the care of mothers who needed emergency care and treatment. While these findings are therefore not wholly unexpected, they will undoubtedly be deeply upsetting and, in some cases, devastating, for the women and families involved'.* Written Statement: Cwm Taf Morgannwg University Health Board – Publication of the Independent Maternity Services Oversight Panel's Thematic Stillbirth Category Report and September 2021 Progress Report (5 October 2021) | GOV.WALES

The Thematic Stillbirth Category Report (**appendix 2**), the second report in the series focuses on the care of mothers and their babies who sadly, were stillborn. It identifies the key themes and issues which emerged from the clinical review of 63 individual episodes of care which were provided by the Health Board between 01 January 2016 and 30 September 2018. A further thematic report will be published once the reviews relating to the care of babies who sadly died or required specialist neonatal care following their birth are complete. Once the three individual reports have been produced, the Panel will develop an overarching report which draws together the cumulative learning from the programme.

CTMUHB responded to the report (**appendix 3**) acknowledging the tragedies suffered by women, their families and staff, and identifying the learning as the foundation on which improvement plans were being built. Improvements listed included a new approach to smoking cessation in pregnancy, more robust reviews of stillbirth cases, instigation of routine Perinatal Mortality Review Tool meetings, enhanced staff training, better support for grieving families and shared learning.

Progress made in relation to implementing the revised improvement plan for neonatal services within CTMUHB will help inform the timing of the strategic change of maternity and neonatal services to Prince Charles Hospital; along with the findings of the deep dive, expected early in 2022. It is expected that the neonatal improvement plan will be shared with PTHB in the near future.

Monitoring maternity and neonatal care across complex systems is a significant challenge. PTHB has complex pathways involving multiple commissioned services in other Welsh health boards and in English trusts, as well as being a provider of local services.

PTHB is seeking to ensure it has:
a) the right data feeding into the process
b) the best available methods for this kind of analysis
c) automation where possible
d) appropriate scrutiny of outputs

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PTHB has been working to ensure the use of funnel plots and statistical process control (SPC) charts following the work of Sir David Spiegelhalter, so that unacceptable variation and outliers can be highlighted. Whilst progress was disrupted by the pandemic, and there is further work to do, the Clinical Health Knowledge System (CHKS) has been asked to provide PTHB with a bespoke extract of data that is suitable for the preparation of funnel plots for key maternity indicators. An automated routine using the bespoke CHKS extract has been developed to create a set of funnel plots for each of the maternity indicators for each available year.

This is because accurate data and intelligence are absolutely key in informing decision making in terms of identifying the optimum time to implement strategic change in obstetric and neonatal pathways, along with continuing development of the maternity and neonatal assurance framework. Maximising the use of available information to more accurately understand clinical outcomes is essential, so that quality of care is articulated.

Conclusion

A Maternity and Neonatal Workstream is in place under the South Powys Programme chaired by the PTHB Director of Nursing and Midwifery, involving clinicians from PTHB, ABUHB and CTMUHB. The right timing for a future strategic change in obstetric pathway for South Powys is influenced by the stability of maternity and neonatal services commissioned in Wales and England, continued externally validated evidence of improvement within CTMUHB's maternity and neonatal services and the accessibility of data to help inform decision making.

The timing of the strategic change will be subject to PTHB Board approval based on quality, safety, patient experience and governance and an assessment of readiness including factors such as capacity and capability.

NEXT STEPS:

Continue to develop assurance monitoring and the readiness assessment. Review the situation during quarter 4, 2021-2022, to help inform recommendations to the Board about the timing of a future strategic change in pathway

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Appendix 1:Materntiy Assurance Framework

MATERNITY COMMISSIONING ASSURANCE FRAMEWORK							
Quality and Safety				Patient Experience	Access	Finance & Activity	Governance & Strategic Change
CHKS	Workforce RCOG & BR+	SIs/Concerns/ Never Events	MBRRACE UK				
- % & number vaginal deliveries (L) - % & number C Section (L) - % Elective - % Emergency - Antepartum complication rate (define) - Intrapartum complication rate (define) - Postpartum complication rate (define) - Puerperium complication rate - % Obstetric trauma (3rd/4th degree) vaginal delivery without instrument - % Obstetric trauma (3rd/4th degree) vaginal delivery with instrument - Labour and delivery complicated by foetal distress - Postpartum haemorrhage	- Compliance with "Providing Quality Care for Women" Framework for Maternity Service Standards – Workforce levels - Birth rate plus required establishment WTE* - Midwifery funded establishment WTE* - Current midwifery staffing - WTE1 : 1 midwifery care in labour %* - Weekly hours of consultant presence on Labour Ward %* - Sickness Medical %* - Sickness Midwifery % - Hours of midwifery bank usage (Total hours) - Hours of locum use (Total Hours)* - % i) midwives ii) doctors compliant with CTG, GAP/Grow & PROMPT*	- SIs (number and category)* - Number of informal concerns* - Number of formal concerns (themes and actions) * - Number of compliments* - Number of Datix submitted* - Datix exception reporting harm/staff behaviour* - Never Events - Legal claims	- Still births - Neonatal - Extended perinatal mortality	- Patient Experience - CHC reports/visits - MLSC – Maternity Partnership Voices - Inspectorate /other reports about culture - Friends and Family/ Equivalent - Bereavement support	- Maternity unit closures/Diverts* - Closure of neonatal unit* - MLU access - Day assessment	- Births* (Rosetta) - Total births by health board/provider Trust (L) - Births: home, MLU, Obs Unit - Total births &% CU/MLU (L) - Total Funded establishment/s	- Inspectorate rating - Government escalation and intervention level - Strategic Change - External reports/WAO etc - Closure or suspension of units

Appendix 2:Thematic Stillbirth Category Report

Independent Maternity Services Oversight Panel: thematic stillbirth category report | GOV.WALES

Appendix 3:Thematic Stillbirth Category Report

CTM responds to IMSOP thematic review and progress report - Cwm Taf Morgannwg University Health Board (nhs.wales)

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

<table>
<tr><th colspan="6">IMPACT ASSESSMENT</th></tr>
<tr><td colspan="6">Equality Act 2010, Protected Characteristics:</td></tr>
<tr><td></td><td>No impact</td><td>Adverse</td><td>Differential</td><td>Positive</td><td rowspan="11">This paper has explained the work underway, under the South Powys Programme, to prevent an unintended adverse impact in transferring consultant led maternity and neonatal services.</td></tr>
<tr><td>Age</td><td>√</td><td></td><td></td><td></td></tr>
<tr><td>Disability</td><td>√</td><td></td><td></td><td></td></tr>
<tr><td>Gender reassignment</td><td>√</td><td></td><td></td><td></td></tr>
<tr><td>Pregnancy and maternity</td><td>√</td><td></td><td></td><td></td></tr>
<tr><td>Race</td><td>√</td><td></td><td></td><td></td></tr>
<tr><td>Religion/ Belief</td><td>√</td><td></td><td></td><td></td></tr>
<tr><td>Sex</td><td>√</td><td></td><td></td><td></td></tr>
<tr><td>Sexual Orientation</td><td>√</td><td></td><td></td><td></td></tr>
<tr><td>Marriage and civil partnership</td><td>√</td><td></td><td></td><td></td></tr>
<tr><td>Welsh Language</td><td>√</td><td></td><td></td><td></td></tr>
<tr><td colspan="6">Risk Assessment:</td></tr>
<tr><td></td><td colspan="4">Level of risk identified</td><td rowspan="6">This paper has explained the work underway, under the South Powys Programme, to manage risk and to ensure system readiness ahead of the transfer of consultant led maternity services and neonatal services.</td></tr>
<tr><td></td><td>None</td><td>Low</td><td>Moderate</td><td>High</td></tr>
<tr><td>Clinical</td><td></td><td></td><td>√</td><td></td></tr>
<tr><td>Financial</td><td></td><td></td><td>√</td><td></td></tr>
<tr><td>Corporate</td><td></td><td></td><td>√</td><td></td></tr>
<tr><td>Operational</td><td></td><td></td><td>√</td><td></td></tr>
<tr><td>Reputational</td><td></td><td></td><td>√</td><td></td></tr>
</table>

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.5

BOARD MEETING	**Date of Meeting: 24th November 2021**
Subject:	**Revised and updated Health & Safety Policy**
Approved and Presented by:	Julie Rowles, Director of Workforce, OD & Support Services
Prepared by:	Paul Tranter, Senior Health & Safety Officer Andrew Cresswell, Assistant Director: Support Services
Other Committees and meetings considered at:	Health & Safety Group – 16th August 2021 Executive Committee – 25th August 2021 Executive Committee – 3rd November 2021

PURPOSE:

The purpose of this paper is to update the Board of revisions and updates to the Health & Safety policy, to reflect organisational changes and changes to Health & Safety governance.

RECOMMENDATION(S):

The Board is requested to:

- CONSIDER AND APPROVE the updated Health & Safety Policy.

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:

The Health & Safety policy has been reviewed, revised and strengthened in accordance with organisational requirements and the new site roles and responsibilities. The policy has been shared across the organisation and was discussed at the Health & Safety Group meeting on 16th August 2021. The policy reflects any changes received from the organisation. The policy has been cross referenced to the Fire Safety Policy to ensure alignment where appropriate.

There have been no changes in legislation and the policy is written in accordance with the requirements of the Health & Safety at Work etc Act 1974 and the Management of Health & Safety at Work Regulations 1999.

A training package will be required at a number of levels within the organisation, to ensure that the policy implementation is embedded and a health & safety culture is developed. The training package is detailed in an appendix to the Policy.

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DETAILED BACKGROUND AND ASSESSMENT:

The overall aim of this policy is to promote a continual positive safety culture, and encourage ownership at every level. To develop sustainable high-quality support services and systems that, as a minimum comply with the Health and safety at Work etc Act 1974, and other relevant legislation. This will be achieved through a strong, visible and consistent leadership, delivering safety management in a timely, efficient, effective and consistent manner. It will ensure that the PTHB meets its legislative obligation to the health and safety of all on our sites, as well as to the reputation of PTHB.

The Health & Safety policy has been reviewed and updated in line with the new organisational changes relating to site management. This revised policy seeks to strengthen health and safety governance arrangements, and to develop a systemic approach to health and safety at all management levels through training, advice, and audit cycles.

The Health and Safety policy sits as an enabling policy, providing an overarching governance structure for the delivery of a range of Health and Safety policies relating to specific risks. These policies are listed in the Health and Safety Policy.

NEXT STEPS:

Following approval of the policy, the implementation plan will be actioned, supported by the Forward Work Programme of the Health and Safety team. The Programme was approved by PTHB's Executive Committee on 3rd November 2021.

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HEALTH & SAFETY POLICY

Document Reference No:	PTHB / HSP 001
Version No:	10
Issue Date:	November 2021
Review Date:	November 2024
Author:	Mr. Paul Tranter, Senior Health and Safety Officer
Document Owner:	Director of Workforce, Organisational Development and Support Services
Accountable Executive:	Director of Workforce, Organisational Development and Support Services
Approved By:	
Approval Date:	
Document Type:	Policy Non-clinical
Scope:	Powys Teaching Health Board wide

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

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Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	March 2004
2	Minor update to include Business Services Centre and Radiation Protection Committee	September 2004
3	Reviewed and updated	January 2006
4	Reviewed and updated	April 2007
5	Update of existing policy to reflect changes in legislation, guidance and new organisational name	December 2009
6	Updated to reflect changes to organisational structures and responsibilities	November 2011
7	Updated to reflect organisational changes and best practice	August 2014
8	Reviewed and updated to clarify responsibilities and to assure more robust accountability Approved by Board 29th November 2017 subject to amendments	November 2017
9	Policy updated to incorporate amendments requested at Board. Chair's Action taken to approve the policy on 20th August 2018	August 2018
10	Policy rewritten in order to reflect organisational changes, legislation and best practice	October 2021
11	Updated to reflect amendments requested by Executive Group.	November 2021

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Director of Workforce, Organisational Development and Support Services
Board Secretary
Assistant Director: Support Services
Health and Safety Senior Officer

Circulated to the following for Consultation

Date	Role / Designation
16/08/2021	Health and Safety Group
25/08/2021	Executive Team
15/10/2021	Director of Primary, Community and Mental Health Services

Evidence Base
"Health & Safety at Work etc Act 1974" "The Management of Health & Safety at Work Regulations 1999" "HSG65 Managing for Health & Safety 2013" "HSE INDG 343 Directors' Responsibilities for Health & Safety" "Health & Safety (Consultation with Employees) Regulations 1996 as amended. "Safety Representatives and Safety Committee Regulations 1977 as amended. "Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013" "Health Inspectorate Wales Standard 22 – Managing Risk and Health & Safety"

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IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement**
Age	√				An Equality Impact Assessment has been undertaken. A summary can be found in the table on the left.
Disability	√				
Gender	√				
Race	√				
Religion/ Belief	√				
Sexual Orientation	√				
Welsh Language	√				
Human Rights	√				

Risk Assessment Summary
Have you identified any risks arising from the implementation of this policy / procedure / written control document? No additional risks identified over and above those identified as part of the departmental Health and Safety risk assessment process.
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? As above
Have you identified any training and/ or resource implications as a result of implementing this? Arrangements for mandatory Health and Safety training addressing those Health and Safety at Work Act Regulations pertinent to PTHB is in place. IOSH training in Health and Safety Risk Assessments is recommended for PTHB managers.

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1. Health & Safety Policy Statement of Intent

Powys Teaching Health Board (PTHB) is committed to ensuring the health, safety and welfare of all our employees, and those who may be affected by our work activities or undertakings. Furthermore, ensuring that those who are engaged to carry out work on our premises, and/or on our behalf are also committed to ensuring the health and safety of their employees and others.

The Board will, so far as is reasonably practicable, identify adequate financial and physical resources in support of the implementation of this policy. Thereby ensuring a competent workforce with the provision of necessary expert advice.

The Health Board recognises the legal and moral duty placed on it, under the Health and Safety at Work etc Act 1974, to provide a safe and healthy environment for all employees, patients, visitors, contractors and other members of the public who have contact with the organisation. PTHB places great importance on the identification of hazards, assessment of risks and the implementation of suitable and sufficient controls for the health, safety and welfare of everyone. We will endeavour to continuously improve health and safety across the organisation in partnership and consultation with employees and/or their representatives. It is also identified how important health and safety management is throughout the organisation and the key role this plays.

A positive Health and Safety culture is a key part of the health and safety management system, the safety culture being defined as the product of individual and group values, attitudes, perception, competencies and patterns of behaviour that determine commitment to, style and proficiency of an organisation's health and safety management. Core principles supporting the culture provide strong and visible leadership, along with PTHB's values and behaviour framework to which Directors, Managers and Staff throughout the organisation have key roles to play.

All employees are responsible for maintaining compliance with statutory and mandatory regulations. Employees at all levels have a role within this policy, therefore they must comply with all health and safety instructions and systems that are in place. Health and Safety is a key line management responsibility and employees who wilfully disregard the Health Board's health and safety policies and/or procedures could be subject to performance and conduct procedures.

Hosted Services within the organisation, are expected to have an equally high standard of health and safety, and to work proactively with the health board, in order that all organisations can discharge their legal duties.

In recognition of the obligations imposed on the health board by current legislation, this policy will be reviewed regularly in order to ensure legal compliance.

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Signed……..……..… Date ……

Carol Shillabeer
Chief Executive Officer

2. Introduction

The Health and Safety at Work etc Act 1974, was introduced to protect persons whilst at work, and also to protect others affected by our work activities. This includes patients, visitors, contractors and volunteers.

The management of Health and Safety at Work regulations places specific emphasis on making risk assessment a legal requirement, which is key to a robust health and safety management system.

This policy is supported by Health and Safety legislation. A number of subject specific policies have been drawn up, which are referenced in this policy in support of specific Health and Safety regulations.

Directors, all managers, team leaders and supervisors are responsible for implementing this policy; for ensuring that their teams make adequate arrangements to comply with this policy, and associated Health and Safety policies.

Employees at all levels must take reasonable care of themselves and others who may be affected by what they do, or do not do. They must also co-operate with PTHB, in order to enable the organisation to comply with all health and safety duties placed upon it.

PTHB recognises the importance of ensuring the effective management of health and safety and the identification and control of risks. Continual health and safety risk assessment is acknowledged as the key driver in Health and Safety management. This forms the basis of this policy and other supporting Health & Safety policies which are intended to provide and maintain a positive health and safety culture.

This policy will be reviewed and approved by the Board every three years. If there are changes in Health and Safety legislation in the meantime, any necessary Policy revisions will be developed by the Health & Safety Group, agreed by PTHB Executive Team and approved by the Board of PTHB.

PTHB's Health and Safety team will produce an annual review of health and safety management performance.

2.1 Scope

This policy applies to all PTHB staff, including temporary and agency staff.

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This policy applies to all premises owned or leased by PTHB. It will further apply to commissioned services (for example, visiting consultants, or renal services provided by Fresenius Medical Care), volunteers, patients, contractors and visitors to our premises.

Where workplaces are shared, or PTHB staff work in buildings other than those owned by PTHB, and likewise where PTHB buildings have tenants e.g. Public Health Wales Staff, there must be

communication between managers across all agencies and/or departments regarding Health and Safety management arrangements. All parties have a legal duty to co-operate under the Management of Health & Safety at Work Regulations (MHASAW) 1999. While it is recognised that each employer will have their own policies and procedures, these must be shared in order to ensure consistency and the safety of everybody.

2.2 Patient Safety

Section 3 of the Health and Safety at Work etc Act 1974 includes a duty of care to persons who may be affected by the Health Board's activities.

For patients, the Health and Safety at Work etc Act 1974 may not directly apply to many clinical risk situations, such as decisions on a method of treatment. It can apply where there may be a system failure such as the failure to ensure the servicing and maintenance of equipment used in a clinical procedure and/or the use of bedrails and other patient safety devices.

2.3 Definitions

The following definitions and abbreviations are used throughout this policy: -

- The Health and Safety at Work etc. Act 1974 (HASAWA)
- The "Health Board" means Powys Teaching Health Board
- "Directors" means Executive Directors of PTHB
- The "HSE" means the Health and Safety Executive
- "IOSH" means the Institution of Occupational Safety and Health"

Those who use and provide services for and within PTHB are defined as:

- All PTHB staff, including locum, part-time, temporary and bank
- Visiting clinicians from other NHS organisations
- Agency staff
- Contractors
- Visitors
- Clients
- Patients
- Members of the public
- Students on placement
- Apprentices
- Volunteers
- NHS organisations hosted by PTHB
- Tenants, for example Public Health Wales and the Welsh Ambulance Service Trust

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2.4 Aim

This Policy is a requirement of the Health and Safety at Work Act 1974.

This Policy sets out the roles, responsibilities and arrangements as to how Health and Safety will be managed in the Health Board. Its aim is to promote and ensure high standards of health, safety and welfare at work. This Policy sets out to achieve this aim through:

- continuous promotion of a positive safety culture
- supporting 'ownership' of Health and Safety at all staff levels
- developing sustainable high-quality Health and Safety advisory and training services
- developing strong, visible and consistent Health and Safety leadership at departmental, site and Director levels
- developing comprehensive Health & Safety risk assessment and management systems that read across from department to Board levels.

3. Arrangements

3.1 Policies and Procedures

The Health Board provides a written statement of intent, describing the broad approach or action that the Health Board is taking with a particular issue. Policies may be underpinned by evidence-based procedures and guidelines, and are mandatory. The formulation of policies allows the Health Board to produce formal agreements, which clearly define the commitment of the organisation and the obligations of individual staff to meet the organisation's strategic goals.

A range of policies have been developed to support the safety management system, and can be audited against. This provides a measure of assurance and where gaps in compliance exist, action can be taken in order to rectify any identified shortfalls. Supporting policies, procedures and safe systems of work under this Health and Safety Policy are detailed at **Appendix 1**.

3.2 Risk Assessment

The Health Board has a system for risk assessment that includes the assessment and control of health and safety risks. Identification of hazards and risk mitigation measures form the basis of our health and safety management processes.

The responsibility for the completion of comprehensive risk assessments sits within the operational managers' core duties. The escalation of risks that cannot be managed locally will be through departmental, directorate and ultimately the Board risk register.

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This policy should be read in conjunction with the Health Board's Risk Management Framework, which details the agreed Risk Management Approach.

The safety management system is based on HSG 65 "Managing for Health and Safety. This guidance sets out a process of "plan, do, check and act" the approach is detailed in **Appendix 2**.

To support the development of a comprehensive approach to the identification of health and safety risks, all managers should use the agreed template as detailed in **Appendix 3**.

Where local risks cannot be mitigated to an acceptable level, health and safety risks will be escalated in line with the Health Board's risk management framework.

3.3 Competent Persons

The safe management of Health and Safety requires the Health Board to ensure that all roles which have delegated health and safety responsibility, for example managers and supervisory staff at all levels are competent to discharge their duties. In order to support the Health and Safety management system and risk assessment process. Competency can broadly be defined as a combination of training, knowledge, experience, and personal attitude necessary to work safely. Given the variety of services and settings staff work within across the Health Board, we will adopt an approach to developing competency to the roles that managers and staff are required to undertake. This will include the use of formal training sessions, competency assessments, provision of information, supervision and mentorship.

The mandatory training requirements relevant to the roles that managers fulfil are identified in **Appendix 4**.

4. Assurance

PTHB will gain its assurance in terms of the management of health and safety within the organisation through a number of roles and processes to the Health & Safety Group, as shown below:

- The Internal Audit annual plan.
- External reviews of topic specific Health and Safety Services.
- PTHB Health and Safety Team forward work plan and proactive monitoring.
- The leadership and oversight of the co-ordination group, lead by the Director of Primary Care Community and Mental Health.
- Internal review including:
    - Audits of departmental health and safety systems and safe working procedures.
    - Reviews of departmental health and safety risk registers
    - Reviews of departmental health and safety procedures and safe systems of work.
- Assistant and Deputy Directors' Health & Safety reports to the Health & Safety Group.
- HSE Health and Safety inspection reports.

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Reactive monitoring will take place; reviewing accident and incident reports for trends etc and in collaboration with Occupational Health, monitoring rates and trends in sickness absence.

Reports and issues will be discussed at the Health and Safety Group, who will detail any required actions, and monitor reports. The Health and Safety Group will provide assurance to the Executive Team, the Board and its relevant Committees.

5. Statutory Compliance

Statutory Compliance requirements are managed through a suite of policies, procedural documents and safe systems of work owned by the relevant Directors with Board delegated responsibility. The Director with delegated responsibility for these areas and policy framework sit outside this Policy. These include, but are not limited to, individual policies for:

- Water Safety
- Piped Medical Gases
- Asbestos
- Fire Safety
- Electrical Safety
- Gas Safety
- Lifts, Lifting Equipment and component parts
- Medical Devices
- Radiation
- Work Equipment

6. Organisational Responsibilities

In order to ensure the effective implementation of this Health and Safety Policy responsibilities are given within this section.

6.1 The Board of Powys Teaching Health Board

It is the responsibility of the Board to approve this Policy and to ensure the Health Board meets its legal obligations under current statutory and mandatory requirements. Discharging this responsibility entails ensuring sufficient resources are available and deployed to meet those requirements.

The Board may delegate responsibility for approving Health and Safety Policies and Procedures to other appropriate Committees and Directors.

The Board is also responsible for delegating responsibilities for Health and Safety to an Executive Director who will be accountable for Health and Safety.

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6.2 Chief Executive

The Chief Executive has responsibility for:

- Ensuring that the Health and Safety Policies are implemented and reviewed as necessary, and for advising the Board accordingly.
- Ensuring that sufficient resources are available to implement all measures needed to comply with Health and Safety legislation, and associated guidance.
- Identifying the Board's Health and Safety plans and performance requirements and ensuring the necessary resources to implement the Health and Safety Policy.
- Ensuring that all Directors and appointed lead Directors are aware of their individual responsibilities, as well as their nominated responsibilities for the management of health and safety matters across the Health Board.
- Ensuring that the Board is regularly informed regarding Health and Safety matters.
- Monitoring Health and Safety performance.

6.3 Director of Workforce, Organisational Development and Support Services

On behalf of the Chief Executive, the Director of Workforce, Organisational Development and Support Services takes executive responsibility for the strategic oversight and implementation of Health & Safety arrangements within the health board.

These responsibilities include:

- Ensuring the Health and Safety policy is kept under review and updated in accordance with changes in legislation.
- Ensuring that any legal requirements due to changes in legislation are disseminated as appropriate throughout the Health Board.
- Monitoring the implementation of the Health and Safety Policy.
- Ensuring an appropriate infrastructure is in place, for effective and specialist health and safety knowledge.
- Producing an annual health & safety report to the Executive Team and through to the Board.
- Reporting on urgent/ongoing health & safety matters to the Executive Team meetings where these are escalated directly or via the Health and Safety Group. This includes a requirement to ensure that resources are prioritised to high risk areas.
- Ensuring the provision of statutory and mandatory Health and Safety training across the organisation.
- Chairing the Health & Safety Group.
- Supporting Executive Directors in attending, where required, an accredited and suitable health & safety awareness course.
- Identify the Board's Health and Safety plans and performance requirements and ensuring the necessary resources to implement the Health and Safety Policy.
- To visibly support the development of a positive health and safety culture within the health board.

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6.4 Nominated Lead Directors

All Board Directors have responsibility for ensuring the delivery of a robust Health and Safety approach and supporting the delivery of the policy and work programmes that deliver this.

Board Directors may also have delegated lead roles for particular Health and Safety matters. Their general responsibilities are:

- Developing health board wide safety arrangements for the particular health and safety matters under their control.
- Advising on the necessary resources for the effective management of health and safety risk.
- Reporting to the Health Board on performance for his or her area of health and safety risk.
- Monitoring the implementation of various policies.
- Ensuring that any legal requirements due to changes in legislation are disseminated throughout the health board as necessary.
- Reporting to the Chief Executive on the standards being achieved.

It is the responsibility of the nominated Director to ensure all Health and Safety law as it pertains to their area of responsibility is adhered to. It is also the responsibility of the respective Director to ensure that safe systems of working are developed and deployed across the Health Board. Management of these areas sits out of the work of the Health and Safety Group. Each area will have a policy specific to the relevant area. The general principles identified within this policy will apply to the specific areas.

The Health and Safety team will provide specialist advice to relevant Directors as requested. Where appropriate the Health and Safety team will participate in respective Specialist groups to provide advice to the relevant Director.

Nominated Lead Directors are as follows:

- Fire Safety - Director of Workforce, Organisational Development and Support Services
- Medical Gases - Director of Primary Care, Community & Mental Health Services
- Asbestos – Director of Planning & Performance
- Electrical Safety - Director of Planning and Performance
- Water Safety – Director of Planning & Performance
- Radiation – Director of Therapies & Health Sciences
- Civil Contingency & Emergency Planning – Director of Public Health
- Corporate Risk – Board Secretary
- Site Co-ordinators - Director of Primary Care, Community & Mental Health Services
- Infection Control and Prevention - Nurse Director
- ICT equipment, Infrastructure and Maintenance, ensuring that all the equipment meets the current requirements for Health and Safety – Finance Director.

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6.5 Senior Health & Safety Officers

The Senior Health and Safety Officers are responsible for

- Providing expert and specialist advice on all health and safety matters across the
- Health Board.

- Provide guidance and advice on health & safety management, professional and technical
- advice along with support at all levels within the organisation, to ensure systems are in
- place to enable compliance with health & safety legislation. This will include training and
- policy development.
- Advising the designated Director on the management of health & safety.
- Providing the designated Director along with other Executive Directors with statistics, reviews and reports on health & safety matters on a quarterly basis.
- Providing professional guidance and technical support to assist managers in their duties of implementing PTHB's health & safety policies at a directorate level. This will include advice and support in relation to risk assessments.
- Planning and conducting audits and inspections, ensuring managers are implementing actions. As agreed and detailed in the health and safety forward work programme.
- Conducting and assisting in incident/accident investigations, where appropriate, and producing an incident summary report on every RIDDOR reportable incident for the HSE and the Director of Workforce, Organisational Development and Support Services.
- Provide information and reports to the Health & Safety Group, Audit Committee, and other PTHB groups as required.
- Representing PTHB at the All Wales NHS Health & Safety Advisor group and subgroups.
- Consulting and liaising directly with the enforcement authorities on behalf of PTHB.
- Contributing to the development of a health and safety culture for the organisation.
- Where work practices have been identified as dangerous and placing persons at risk of harm, to intervene and control the risk to ensure persons are protected; and then to report and escalate the issue to the relevant Manager or Director.

6.6 Occupational Health Physicians

PTHB's Occupational Health physicians report professionally to the
Medical Director and are managed by the Assistant Director of Organisational Development. The activities undertaken by the Occupational Health physicians in the context of this policy include:

- Pre-employment health assessment and screening
- Health assessment of employees.
- Periodic health surveillance of at-risk personnel.
- Immunisation as appropriate to occupation.

6.7 The Occupational Health Service

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The Occupational Health Clinical Nurse team reports professionally to the
Director of Nursing and Midwifery, and is responsible to the Assistant Director of Organisational Development for the management of the Occupational Health service in the context of this policy, the Occupational Health Team (OHT) will undertake the following in addition to participating in activities listed above.

- Institution and support of preventative health programmes, health education and health promotion.
- Implementing health and/or medical surveillance as and where required.
- Advice on Health and Safety legislation pertaining to occupational health.
- Where a health and safety concern has been identified, liaise with the Health & Safety Team on matters of health, safety and the work environment.
- Liaise with the health and safety team on matters of wellbeing within the organisation.
- Undertake health assessments in relation to the individual employee and the job to be performed.
- Ensuring employees are medically fit to undertake their assigned roles, also where required fitness to attend physical training eg PMVA.
- Where applicable ensure that health surveillance is in place.
- Refer to the Occupational Health Physicians such cases that require further investigation and medical intervention.
- Offer advice, guidance and education where appropriate to support preventative health programmes, health education and health promotion, to improve the general health and wellbeing of employees.
- Advise managers within PTHB with responsibility for health, safety and welfare of employees.
- Undertake occupational health pre-employment health checks, to ensure that applicants are suitably fit to undertake the role applied for.
- To assist and provide specialist confidential advice to supervisors and managers in the consideration of reasonable adjustments for employees to continue working where ill health and/or injury could preclude this.
- Provide a report to the Health & Safety Group, on work related health issues, and any concerns or impacts.
- Provide advice and guidance for managers on risk assessments when an employee is returning to work, following sickness absence and/or declares a health condition e.g. supporting staff and managers in the rehabilitation of employees who have been away from work due to illness or accident.
- Provision of a counselling service to support staff dealing with stress at work.

Full details are contained within the Occupational Health Policy.

6.8 Deputy and Assistant Directors

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Deputy and Assistant Directors are responsible and accountable to the relevant Executive Director for ensuring that all health & safety risks, in their respective departments are adequately assessed, controlled, managed ensuring that all incidents and accidents are reported and investigated in line with PTHB policies.

Deputy and Assistant Directors will work closely with all of their senior managers, this will include ensuring that all risk assessments and action plans are adequately monitored, and that incident

investigations are fully completed in line with the organisation's Incident Reporting Policy in her or his respective areas of responsibility.

Deputy and Assistant Directors will attend the bi-monthly health & safety group, providing verbal and/or written updates on health and safety matters relating to their service areas.

Deputy and Assistant Directors are required to attend an approved and suitable health and safety training course, which meets the requirements within the job description and essential skills. e.g. IOSH Managing Safely or equivalent.

To visibly support the development of a positive health and safety culture within the health board.

Directors will identify and agree individual site leads, or co-ordinators, for health & safety and fire safety. These roles will normally be at Deputy Director, Assistant Director or Community Service Manager level. Site leads will ensure regular meetings are held where health and safety is a standing agenda item. Issues from these meetings should be raised through the site co-ordinators forum and then reported through to the Health and Safety Group.

6.9 Service Managers and Heads of Departments

Service Managers and Heads of Departments have responsibility for the day-to-day management of health & safety for activities and staff within their control.

For each service or department, she or he is responsible for;

- An up to date Health & Safety Local Implementation Procedure[1].
- Setting targets for completion of health and safety risk assessments and training on an annual basis.
- All health & safety risks and hazards associated with the work of their department/service are identified and steps taken to eliminate or mitigate risk, as far as is reasonably practicable.
- Ensure that where a risk is identified that cannot be eliminated, a formal risk assessment is carried out and that this is then entered onto the risk register for their area, in line with the Health Board's Risk Management Framework. That any resulting action plans are monitored and control measures implemented.
- Be responsible for analysing and actioning recommendations arising from the risk assessment process and ensure that systems to monitor safe practice are in place and followed. This will be monitored by health & safety inspections.
- Ensure that staff are able to attend training sessions run by the organisation.
- Ensure the development of a comprehensive inspection process in liaison with the health & safety team and that any findings are acted upon.

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[1] HSP 002 Health & Safety Policy Local Implementation Procedure

- To visibly support the development of a positive health and safety culture within the health board. To lead by example in helping to establish the health board as an exemplar in health and safety management.
- Attend an approved and suitable health and safety training course, which meets the
- requirements within the job description and essential skills. e.g. IOSH Managing Safely or
- equivalent.
- Ensure that agency staff, clinical students and bank staff have received an appropriate level of training commensurate with PTHB standards prior to employment.
- Assisting and ensuring common agreed standards are developed and implemented throughout the organisation.
- Liaising with the Senior Health and Safety Officers on all matters relating to health and safety, as and where required, matters may also be taken to the site co-ordinators meetings and forums, including the bi-monthly update reports to Health and Safety Group and escalation of concerns.
- Include clearly stated health and safety responsibilities in job descriptions.
- Ensuring that all adverse incidents, hazards and near misses that are reported are fully investigated and any remedial action has been implemented in line with PTHB incident and accident reporting policy.

6.10 Line Managers with day-to-day responsibility for staff, Ward Managers, Team Leaders and Supervisors etc.

These groups of staff are directly accountable and responsible to their immediate line manager for the health & safety of all staff, patients, clients, visitors, contractors and members of the public within their area of responsibility.

Their responsibilities are:

- Continuous reporting and monitoring of risks and incidents in accordance with the Risk Assessment Toolkit & Incident Reporting Policy within their area of responsibility, also to ensure that a local investigation is undertaken of incidents and accidents.
- Ensure that PTHB Health and Safety Policies, safe systems of work and practices and procedures are followed within their area of control.
- Ensure that health & safety is a standard agenda item at team meetings and that, where required, workplace/toolbox talks are delivered and recorded.
- Ensure that health and safety risk assessments are completed within their area of responsibility and, where required, ensure that control measures are implemented.
- Implement corrective actions arising from inquiries and investigations and/or when deficiencies are detected.
- Ensure that employees, both permanent and temporary, are competent to perform their duties under the organisation's health & safety policies and procedures.
- Effectively manage health, safety and welfare of the staff under their control.
- Ensure that employees attend mandatory and statutory training as required.

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- Monitor records of mandatory and statutory training for employees in their area of responsibility via the electronic staff record training module.
- Ensure that all staff have access to all health and safety documentation, for example but not limited to: risk assessments and safe systems of work.
- To visibly support the development of a positive health and safety culture within the health board and to lead by example in helping to establish the health board as an exemplar in health and safety management. This will be through effective leadership and direction; by monitoring health and safety performance and by integrating safety in to the day-to-day management process.
- Attend an approved health and safety course, which meets the requirements within the job description and essential skills. e.g. IOSH Managing Safely or equivalent.
- To identify those staff requiring health surveillance, through a risk assessment, and to ensure the health surveillance of employees exposed to specific hazards is carried out. Details of the types of health surveillance can be obtained from the occupational health team.

6.11 Infection, Prevention & Control

Based within the Quality & Safety Unit, the Senior Nurse: Infection Prevention & Control (IP&C) has an organisation wide remit to provide infection prevention and control advice through the normal range of primary and secondary care to all professional and non-professional groups within Powys. Comprehensive information and guidance for all staff is contained within the IP&C infection control policy, to which the health and safety team provide support and further expert advice.

6.12 Employees' Duties

Every employee must:

- Take reasonable care in regard to the health and safety of themselves and persons who could be affected by their actions/ omissions.
- Co-operate with Managers/Team Leaders/ Supervisors and senior management on all health and safety matters.
- Know the local emergency arrangements/ procedures for the premises/ area of work.
- Attend and complete training courses as detailed within the training plan and also those courses that may be job specific.
- Follow all safety procedures contained within risk assessments; safe systems of work and/or method statements which relate to work activities.
- Not intentionally or recklessly interfere with or misuse anything that has been provided for the purpose of health and safety legislation.
- Report to the supervisor or manager any defects to work equipment or other hazards that could cause injury or damage to property.

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- Use any personal protective equipment (PPE) that has been supplied and keep it in good order and request replacements or repair when necessary.
- Contribute as required to the management of health and safety for example in task specific risk assessments.
- Through the RLDatix reporting system report any incident or near miss within 24 hours, in
- accordance with PTHB incident and accident reporting policy.
- Use all equipment as instructed and trained, also complying with control measures that are included within risk assessments and/or safe systems of work.
- To co-operate fully with the Health Board on all health and safety matters.
- To attend health and safety meetings as may be required from time to time.

7. Communication and Consultation of Health and Safety Issues

In order to comply with The Health and Safety (Consultation with Employee) Regulations 1996 and The Safety Representatives and Safety Committees Regulations 1977 (as amended) to create a supportive and positive health and safety culture, PTHB encourages active participation through communication and involvement. For this communication to be effective the following groups have responsibilities as listed:

7.1 Health & Safety Group (HSG)

The Health and Safety Group is responsible and accountable to the Executive Committee of PTHB for the development, planning, promotion and effective monitoring of the organisation's health and safety objectives. The Director of Workforce, Organisational Development and Support Services will chair the group. The group will meet bi-monthly, or more frequently should need arise. It is a requirement that management members attend every meeting or send a nominated deputy in their stead.

The following will be standing members of the Health & Safety Group:

- The Director of Workforce, Organisational Development and Support Services (Chair)
- Senior Health & Safety Officers
- Assistant Director: Support Services
- Assistant Director: Quality & Safety
- Assistant Director: Community Services
- Assistant Director: Women & Children's Services
- Assistant Director: Mental Health & Learning Disability Services
- Assistant Director: Capital and Estates
- Assistant Director: Primary Care
- Assistant Director: Organisational Development
- Senior Nurse: Infection & Prevention & Control
- Representatives from organisations hosted by PTHB

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- Professional Bodies and Trade Unions will be represented via Health & Safety Representatives; this representation should reflect the membership of the different bodies within the organisation

From time to time specific disciplines or Community Services Managers may be invited to give representation and opinion on certain, relevant issues.

The terms of reference of the Group are as follows:

1. To develop health and safety policy for the organisation and monitor its implementation.
2. On behalf of the Board of PTHB to develop and oversee the Health & Safety Plan and effectively monitor the organisation's health & safety objectives.
3. To analyse information and reports provided by enforcing authority inspectors, e.g. HSE and local authority inspectors and to oversee action plans for compliance.
4. To receive action plans and reports arising from the Health & Safety Audits and inspections.
5. To receive action plans and reports arising from trade union/ professional body health & safety inspections, undertaken by accredited health & safety representatives.
6. To discuss issues of health & safety and risk raised by members and report those that cannot be resolved to the Executive Committee, Risk Management Group. The Patient Experience, Quality and Safety Group will receive reports for assurance purposes.
7. To receive reports on the monitoring of the activity and effectiveness of health and safety training.
8. To monitor accident and incident statistics and trends, so that reports can be made to management on unsafe or unhealthy conditions and practices, along with recommendations for remedial action.
9. To observe the adequacy of safety and health communication and awareness in the workplace.
10. To consider any other relevant health and safety risk issues and to forward items on to the Executive Committee.

7.3 Partnership Meetings

The Partnership Meetings have health & safety and risk management as an integral part of the local management process. Full details can be found within the forum guidelines drawn up by the PTHB Partnership Board and partnership meetings terms of reference.

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7.4 Local and Premises Site Co-ordinating Meetings

Health and safety must be managed at local/premises level, this is a critical part of the safety management system; that operational teams and teams within shared premises manage their work place activities and have a mechanism in place to discuss health and safety issues, and

furthermore a mechanism to raise concerns, where they cannot be adequately controlled by local/premises means.

Minutes must be kept of all such meetings, as per their terms of reference, and decisions taken, and/or issues that are passed up the management chain for action, accordingly.

Table 1 on the following page, illustrates the way in which health & safety information and support is communicated around the organisation. It shows all the links between the different groups as
outlined above.

The site management model approach will ensure there is robust communication for health and safety on each of our sites. A site co-ordinator will be appointed for each site, meetings will be held monthly with site co-ordinators. The meetings will be chaired by the Executive Director Primary Care, Community and Mental Health (DPCCMH). Services and teams on each site will communicate with the respective health and safety lead for the site, in order to ensure that information is cited at the site leads meetings.

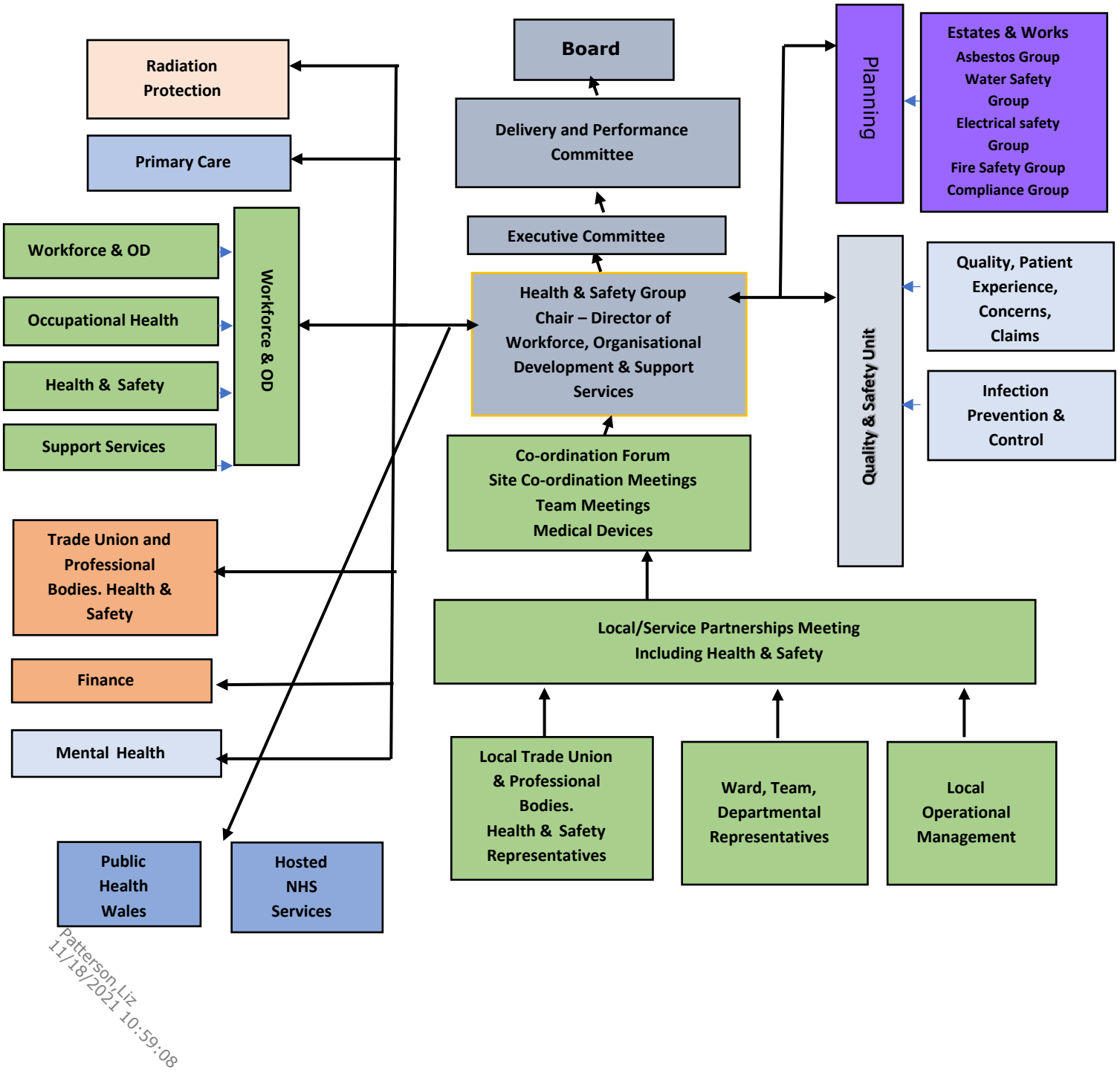
The site co-ordinator role will act as the point of contact for services and teams on the site as escalation point for issues which do not sit naturally or solely within a department. They will provide communication and co-ordination across the site. The role will also provide a view of the site as a whole and seek resolution of issues which individual departments cannot address. The co-ordinator will escalate matters accordingly to relevant department heads or more senior Assistant Directors, if the matter has not been addressed. The co-ordinator will also provide a routine report to the Site Coordination Forum and also take actions forward as directed by the DPCCMH accordingly. The co-ordination forum will have a terms of reference, agenda and minutes. The site co-ordination will report to the Executive Committee; however, updates will be provided to the Health and Safety Group, Risk and Assurance Group and the Fire Safety Group.

Teams and departments will have their own meetings, where health and safety will be a standard agenda item, health and safety items from this meeting will need to be communicated to the site Co-Ordinator and vice versa.

Where staff are not located on one of our sites, Team managers and supervisors must ensure that all staff and conversant with the health and safety practices and fire safety measures that are in place for those premises. Where there are any identified shortfalls or issues, these should be escalated up through line management.

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Table 1: Health & Safety Communication & Support Structure



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8. Audits & Inspections

Managers need to understand their local Health & Safety performance so improvements can be made. Active monitoring will involve regular review, through an audit process, which will ensure that standards are met and management controls are working effectively and meet the requirements of current legislation and current policies. Following on from the audit process, a report will be issued to the senior manager, giving corrective actions, if required. The report will need to be actioned and the returns sheet returning to the health and safety team.

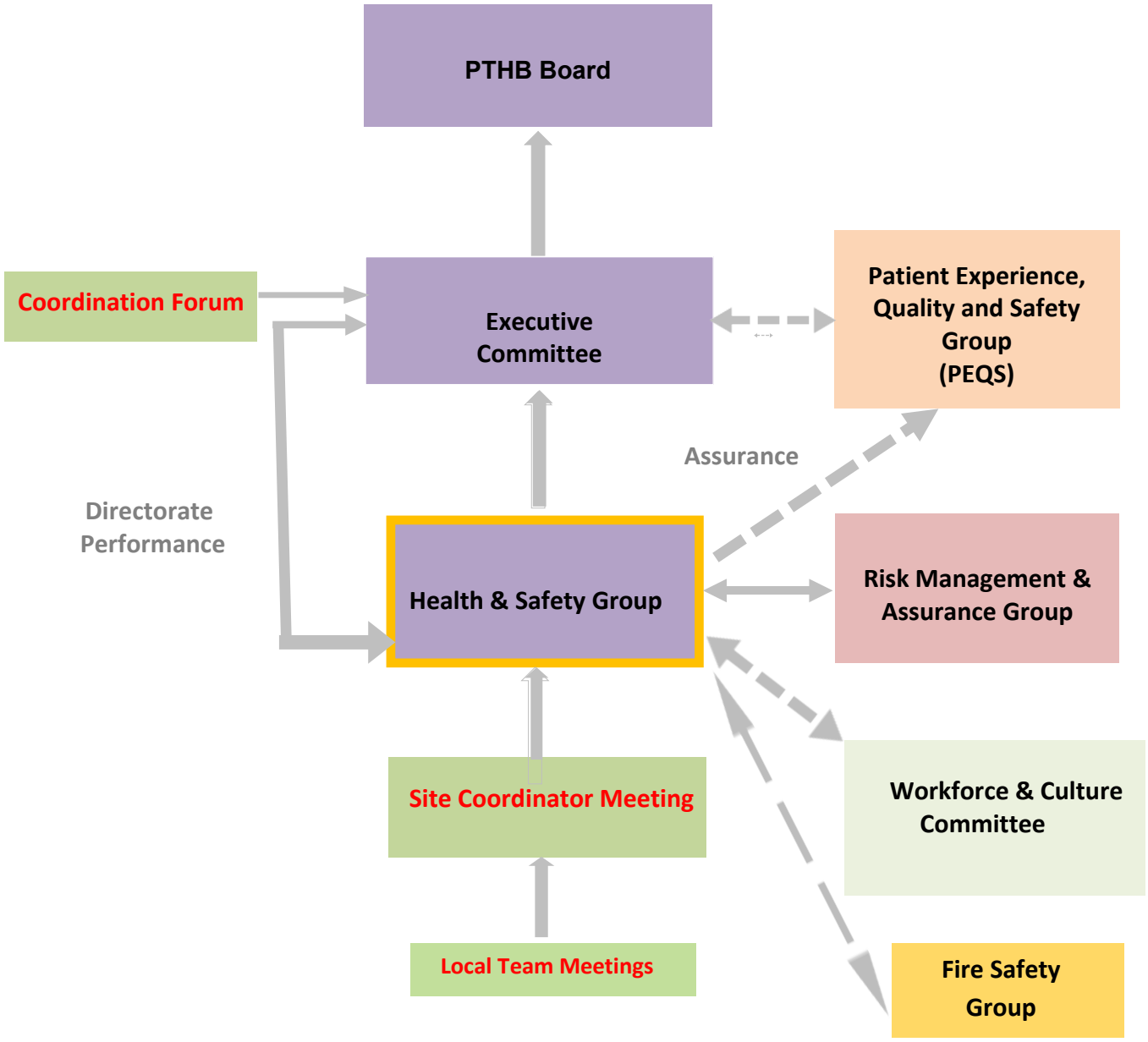
Regular inspections of the workplace will be carried out by the health and safety team and staff side, also by departments. Workplace inspections will provide an opportunity to review the continuing effectiveness of the policy and to identify areas where revision of the policy and/or work procedures may be necessary. Following on from an inspection, a report will be issued to the senior manager, giving corrective actions, if required. The report will need to be actioned and the returns sheet returning to the health and safety team.

Both audits and inspections are part of the requirements, in order to assure the health board on the effectiveness of the health and safety management system.

See table 2 flow chart, which demonstrates how health and safety monitoring assurance will be escalated within the organisational structure, and expands on the roles and responsibilities of individuals, as documented above.

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Table 2: Monitoring Health & Safety Performance



9. Risk Assessment

PTHB as an employer, is required by law to protect employees, and others, from harm.

Under the Management of Health and Safety at Work Regulations 1999, the minimum an employer must do is:

- identify what could cause injury or illness in your business (hazards)
- decide how likely it is that someone could be harmed and how seriously (the risk)

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- act to eliminate the hazard, or if this isn't possible, control the risk

PTHB will continue to support and train the appropriate personnel who undertake risk assessments, in order to ensure they remain competent. This will enable staff to effectively plan, implement and review programmes of risk assessments in their workplace. The health and safety team will assist in reviewing the effectiveness of this process.

The risk assessments will relate to tasks and/or activities, examples of which, could be manual handling, legionella, violence and aggression etc. some key elements which may be included in the risk assessments, but not limited to the use of latex, bedrails and electric profiling beds etc.

Teams are responsible for escalating high level health and safety risks, through their line management, in order to control risks at a local level. Should there be a corporate risk or a risk that cannot be controlled locally, it should be forwarded to the health and safety group.

Information on the risk assessment process and templates, can be found in the risk assessment toolkit on the health and safety website.

10. Health Surveillance

Health Surveillance is a scheme of repeated health checks which are used to identify ill health caused by work. Health and Safety law requires health surveillance when workers remain exposed to health risks after controls have been put in place.

The law requires that health surveillance includes medical surveillance for certain hazards such as asbestos, lead, and ionising radiation.

The occupational health department aims to ensure that, as far as reasonably practicable, appropriately and timely health surveillance is undertaken to avoid occupationally related ill health. The successful implementation of health surveillance is only possible when managers take effective steps to risk assess and control health risks at work. It is the responsibility of managers to identify those staff requiring health surveillance, and to ensure health surveillance of workers exposed to specific hazards is carried out.

In order to identify when health surveillance is required, the task risk assessment must be used, this should not only identify that health surveillance is required, but also the type of surveillance and what products or by products persons may be exposed to.

Managers may need to seek assistance from either the health and safety team and/or the occupational health department, in order to identify hazards and risks to the health of employees, and incorporate any action that may be required. Examples of some substances hazardous to health can include, but are not limited to, dusts, vapours, fumes, lead & lead based paints, fibres, bio hazards and organisms.

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11. Safety Representatives

Workplaces where employees are involved in taking decisions about health and safety are safer and healthier. Collaboration with employees helps to manage health and safety in a practical way by:

- helping to spot workplace risks;
- making sure health and safety controls are practical;
- increasing the level of commitment to working in a safe and healthy way;
- providing feedback on the effectiveness of the health and safety arrangements and control measures.

PTHB must consult all employees, in good time, on health and safety matters. In workplaces where a trade union is recognised, this will be through union health and safety representatives.

The appointment of safety representatives will be supported to represent employee interests on health and safety matters.

Safety representatives will work collaboratively with the health and safety team, on inspections, audits and delivering policy and safety strategies.

12. Policy Implementation Plan

All Powys Teaching Health Board Health & Safety policies will be implemented and communicated in the following ways:

- Through Powys Announcements
- The Health & Safety pages on the PTHB intranet site
- Site and Departmental Management Team meetings
- Through delivery at Assistant Director Development Sessions and On-line Workshops.
- Implementation and compliance will be monitored through audits that form the Health and Safety Team forward work programme.

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13. Appendix 1: Health and Safety Policies

Number	Policy Title
PTHB HSP001	Health & Safety Policy
PTHB HSP003	Manual Handling Policy
PTHB HSP004	Hand Arm Vibration
PTHB HSP005	Violence and Aggression Policy
PTHB HSP006	Lone Working Policy & Procedure
PTHB HSP007	Display Screen Equipment Policy (DSE)
PTHB HSP008	Management of Contractors
PTHB HSP010	New and Expectant Mothers Policy and Procedure
PTHB HSP011	Stress Management Policy (Wellbeing in the Workplace)
PTHB HSP012	The Control of Risks at Work to Young Persons Policy and Procedure
PTHB HSP013	Control of Substances Hazardous to Health (COSHH) Policy & Procedure
PTHB HSP019	First Aid at Work Policy
PTHB HSP021	Reducing False Alarms Procedure & Guidance
PTHB HSP022	Fire Risk Assessment Procedures and Guidance
PTHB HSP023	Arson Prevention Procedures
PTHB HSP024	Emergency Evacuation of Disabled Persons
PTHB FTP 005	Security Protective Measures Policy

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14. Appendix 2: Health & Safety Guidance Documents and References

HSG 65 Plan, Do, Check, Act

The safety management system is based on the HSE HSG65 process of plan, do, check and act. This approach is detailed below.

Plan

This element is the starting point, building effective foundations required for the safety management system. Therefore, it is critical that time is allocated on the planning phase of any project.

A critical part of the planning process is to develop clear policies, guidance and safe working practices that covers all aspects of the safety management system.

A range of policies have been designed to support the safety management system, and can be audited against. This provides a measure of assurance and where gaps in compliance exist, action can be taken in order to rectify any identified shortfalls.

Planning work is critical, for example construction and refurbishment projects must be planned and designed in such a way that many hazards are designed out, as far as is reasonably practicable. Where hazards exist control measures must be put in place to protect the workforce and others who may be exposed to the risk.

When accidents and incidents occur, they must be reported in a timely manner, through the Datix system. A local investigation should also be undertaken in order to establish the facts, and where required obtain evidence to support the investigation and the Datix report should be updated accordingly. This will allow for learning to take place, and remedial action to be taken locally and if required across PTHB. In some instances, incidents and accidents may be required to be reported to the Health and Safety Executive (HSE). This will be carried out by the health and safety team.

An effective health and safety intranet site will be developed with up to date information and guidance for staff to access at all levels of the organisation. The site will also contain policy documents and links to find further information, especially on complex health and safety topic areas.

Co-operation is required with anyone who shares our workplaces, who is working on or around our sites, for example contractors and sub-contractors. PTHB will co-ordinate plans with them, in order to make it clear who has responsibility for health and safety and how it is to be monitored. The plans must clearly indicate who is responsible at each site for health and safety.

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Do

The do element requires specific pieces of legislation to be adhered to that apply to PTHB. Examples of this include, but are not limited to bio hazards, HAV, Radiation, Legionella, asbestos, COSHH and Fire. Audits will be undertaken in a planned approach in order to establish assurance of compliance in areas across PTHB. Any gaps in compliance will be identified and corrective actions incorporated in to reports. Any residual risk that prevents the report being closed off will be placed on the risk register, until such time that the element can be fully addressed or the risk reduced to an acceptable level.

All senior staff have the ability to influence the safety culture, decide on the preventative and protective measures needed and to put them in place. Arrangements must be in place at all times to manage health and safety, this policy provides a clear framework for what staff are required to do.

All employees agree, as a term of their contract of employment, to comply with the Health and Safety at Work, etc. Act 1974 and various duties imposed by that Act. Deliberate and culpable failure to comply with known and agreed health and safety duties could lead to disciplinary action in accordance with PTHB's Disciplinary Procedure.

Check

This element places an emphasis on a shift from reactive to pro-active measuring of performance. As mentioned previously audit and inspections play a significant role in measuring if appropriate plans are in place in order to manage risk, to measure how effective these are in practice. Paperwork on its own cannot give an accurate measure of performance, a measure will be taken against current legislation and also PTHB compliance against policies. Various pieces of data will be used to inform the audit and inspection process, reports of such actions will be formulated and released for action to the management team of the department, for action based on the findings.

Root cause analysis may also be carried out on accidents and incidents, especially where these are serious, for example where considerable harm has, or could have occurred and/or significant damage to property. Incidents and accidents that have been reported to the HSE may also be subjected to an investigation, depending on their nature. Accident and incident trends will also be monitored, in order to identify and significant areas of concern, especially around systems and procedures.

Staff at every level must be suitably competent for their roles, and be fully aware of their responsibilities, for the roles they have been given.

Act

PTHB will identify if what was planned to happen actually happened in reality, furthermore how effective this was. PTHB will learn from incidents and accident data to support findings and experience.

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The sharing of best practice from other organisations will ensure that PTHB follows up to date best practice.

The act part of the process will be revisiting plans, training, policy documents, risk assessments and safe systems of work etc, in order to see if they are adequate and relevant in controlling hazards at source.

14.1 Guidance Documents

Guidance documents can be found on the health and safety intranet site at http://nww.powysthb.wales.nhs.uk/health-and-safety-1

14.2 References

- H.M. Government, 1974: "Health & Safety at Work etc Act 1974" H.M. Stationary Office, London.
  Accessed at:
  http://www.legislation.gov.uk/ukpga/1974/37

- H.M. Government, 1999: "The Management of Health & Safety at Work Regulations 1999 (SI 1999 No: 3242)" H.M. Stationary Office, London.
  Accessed at:
  http://www.legislation.gov.uk/uksi/1999/3242/contents/made

- Health & Safety Executive, 2013: "HSG65 Managing for Health & Safety" HSE Books, Norwich, England.
  Accessed at: http://www.hse.gov.uk/pubns/priced/hsg65.pdf

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Appendix 3 – Health & Safety Risk Assessment Proforma

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Site/Department: Location – Department –		Activity to be assessed: Environmental Assessment for working areas and locations.										
Assessor(s):		**Date:**						**Review Date:**				
Significant Hazards	**Who might be harmed & how?**	**How is the risk currently being controlled?**	**Initial Risk Rating**			**Is the level of risk Acceptable**		**What action is required to further reduce the risk?**	**Expected risk Rating after controls**			
			Likelihood	**Severity**	**Risk Level**	**YES**	**NO**		**Likelihood**	**Severity**	**Risk Level**	
1. Car Parking. **Examples of Hazards** Large numbers of vehicles accessing the site. Limited parking. Poor lighting. Patterson,Liz 11/18/2021 10:59:08	**Examples of who might be harmed andhow** Visitors, contractors, staff and patients. Poor parking leading to obstruction of footways and visibility splays, pedestrians having to walk in the road. Impact with vehicle traffic. Slip trip and falls due to road and footway surfaces, also poor lighting and severe weather.	**Examples of control measures** Ensure employees and visitors are aware of site parking infrastructure, allocated parking areas and alternative parking facilities. Ensure employees Adhere to the parking protocols on site. Reduce parking though information to employees and visit where there is limited parking. Check lighting on a regular basis and escalate defects to works and estates. Escalate issues where poor lighting provision is identified, so this can be addressed y works and estates. Request temporary lighting or identify alternative routes for use at where there is poor lighting.										

Failure to comply with the site speed restrictions. **Legislation:** **Workplace Health, Safety & Welfare Regulations 1992.**	Leading to persons being struck by vehicle and serious injury.	The installation of speed restriction measures. Monitoring of vehicle movements and speeds onsite. Installation of extra speed signage and communications to staff, visitors, contractors and suppliers who are driving on-site. Escalation to the works and estates department									
2. <u>Lone Working.</u>											
Isolated locations. Adverse Weather & Driving Travel. Out of Hours. Mobile phone coverage. People. **Legislation:** **The Health and safety at Work etc Act 1974.** **The Management of Health and Safety at**	Staff. Working in isolated areas and out of normal office hours. Driving at night and in winter/severe weather conditions. Road traffic collisions and personal injury. The signal reception is poor in some isolated parts of the county, therefore summoning assistance on occasions may be difficult and/or impossible. Violence and aggression against staff,	Use the Lone Worker Tool Kit and where required carry out a lone worker specific or site-specific risk assessment. Ensure appropriate vehicles are available and used during adverse weather conditions. Ensure robust lone-worker procedures are implemented and monitored for both core time and out of hours working lone working. Ensure appropriate equipment and means of communication in an emergency are available for use and as identified in the lone worker/site specific risk assessments. Ensure suitable pre-visit checks are undertaken to identify any issues with either the location, route or those being visited. Where identified do not visit alone.								

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Work Regulations 1999 (Amendment) 2006. **For further information see the lone working policy HSP006.**	causing personal injury and /or trauma.										
3. <u>Violence & Aggression.</u> Verbal abuse / Physical abuse. Intimidation/threatening behaviour. **Legislation:** **The Health and safety at Work etc Act 1974.** **The Management of Health and Safety at Work Regulations 1999 (Amendment) 2006** **For further information see the Violence and Aggression policy HSP005.**	Verbal abuse to staff either in person or over the phone. Potential in some circumstances for physical abuse. Intimidation by persons and threatening behaviour both over the phone and in person	An additional specific risk assessment may be required for violence and aggression. Ensure staff are appropriately trained in de-escalation and breakaway training as their role dictates. Escalation Policy to be implemented including: Summon assistance on-site from Supervisors/Managers to assist with dealing with inappropriate behaviour. Where necessary ensure the Police are called to attend to deal with incidents. Ensure building security provisions are implemented, closing entrance and exit points to limit unauthorised access to areas. Secure confidential information Checking IDs before entry									
4. <u>Driving for Work.</u> The driver.	Employees driving vehicles, not being familiar with the vehicle and or the road/location.	The driver' is responsible for pre-checking the road worthiness of the car, fuel before use.									

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The vehicle. The route/journey. **Legislation:** **The Health and safety at Work etc Act 1974.** **The Management of Health and Safety at Work Regulations 1999 (Amendment) 2006.** **Workplace Health, Safety & Welfare Regulations 1992.** **Provision and Use of Workplace Equipment Regulations 1992 PUWER.**	Training for the driver. Vehicle suitability for the road that it is expected to travel on, and the route. Equipment carried in the vehicle may not be suitable for the time of year. Carrying of compressed medical gases. The route and time of year for the journey. Road types, for example metalled surface and/or tracks. Time of day, for example daylight and/or night. Road traffic collisions causing personal injury.	Driver competency and licence classification checks to take place to ensure they hole the correct license for the vehicle. Divers to receive familiarisation training on PTHB owned or leased vehicles (i.e. those with 4x4 capabilities or larger than the vehicles normally driven by the employees or those with special considerations, heavy payload, lack of vision or size.) Routes should be pre-planned and sufficient time allowed to travel that route within the national speed limits, without putting the driver under unachievable time bound pressures.									

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5. <u>Manual Handling.</u> Task. Individual. Load. Environment. Training. **Legislation:** **The Health and safety at Work etc Act 1974.** **The Manual Handling Operations Regulations 1992.** **For further information see the Manual Handling policy HSP003.**	Personal injury to staff and/or patients. The nature of the task, what is to be lifted, where, type of load, unbalanced load, difficulty in holding. Limited capability of the individual. What is the load, a person and/or an object. unstable, poor upper body strength. Injury from equipment that will be used to move the load. No space, poor and/or loose floor coverings, trailing cables. Staff who are not up to date with their training. Injuries causing MSD's, upper limb and back injuries, Injuries to muscles, bones and joints and joints.	Additional lifting and handling risk assessment may be required for the task or use of specific equipment. Check the load to be moved, its weight distribution, and whether it is in the capabilities of the person moving it. Where possible use equipment to lift and move the load reducing the lifting and handling to a minimum. Ensure all equipment being used is in good condition and working order, and inspected and tested as required Ensure those using equipment have been suitably trained to do so Where possible make space around the objects to be moved so they can be easily accessed. Check and plan the safest route prior to moving objects, removing all obstructions and hazards. Avoid areas with poor floor coverings or make temporary repairs/cover them to prevent slips, trips and falls. Employees must undertake manual handling and refresher training as required.									

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6. <u>Control of Substances Hazardous to Health (COSHH)</u> Inhalation. Skin absorption. Ingestion. Corrosive. Patterson,Liz 11/18/2021 10:59:08 **Legislation:** **The Health and safety at Work etc Act 1974.**	Staff and/or patients, visitors and contractors. Contact with a harmful substance, inhalation. Substances may cause breathing difficulties. Corrosive substances can cause burns. In sever cases persons may become un responsive.	Undertake a specific COSHH risk assessment using the product data sheet for information. Employees using chemicals must be trained in its safe use and storage. Appropriate security and locked storage must be provided. Storage areas must be suitably signed with appropriate warning signage. Where flammable substances are stored, these should where required not be subjected to high temperatures. Chemicals should be segregated where required and as stipulated on the COSHH safety data sheets to prevent any leakages mixing.									

The Control of Substances Hazardous to Health Regulations 2002. COSHH. **For further information see the Control of Substances Hazardous to Health policy HSP013.**		Where large quantities of chemicals are stored these need to be over bunds to capture any spillages. Appropriate PPE to be used when handling using chemicals as identified in the specific risk assessment and chemical data sheets.									
7. <u>Welfare</u> Lack of suitable facilities to consume food away from the work area. Poor access to drinking water Ventilation Lack of social distancing.	Employees suffering from the effects of adverse weather and lack of welfare provision. Leading to food being consumed in inappropriate areas and contamination. Leading to de-hydration & confusion Leading to the spread of the COVID-19 virus.	Provision must be made so those working in adverse weather, or dirty conditions can shelter (both shelter from excessive heat and cold), wash and toilet. Provision must be made to facilitate areas for welfare purposes, so food can be consumed away from work areas that pose a risk of contamination. Access to fresh drinking water to be provided. Where mechanical ventilation is not provided, then rooms need to be ventilated by opening windows. Ensure compliance with IPC. Appropriate use of ventilation devices e.g. fans and portable air conditioning systems. Ensure social distancing is adhered to in accordance with PTHB agreed practice and Government guidelines.									

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Legislation: **The Health and safety at Work etc Act 1974.** **Workplace Health, Safety & Welfare Regulations 1992.**		Ensure social distancing signage is in place and can be clearly seen. Ensure work spaces are set up to maintain and promote social distancing. Ensure face masks are worn in circulatory spaces and designated areas.									
8. <u>Slips, Trips and Falls.</u> Trailing cables to computers or spillages of liquids. Defective floor covering. Wet floors Snow and Ice.	Employees, contractors and visitors through slips trip and falls. Personal injury due to falls. Trip incidents. Slip and falls on untreated areas of snow and ice.	Electrical flexis for equipment will be plugged directly in to provided electrical outlets. This will negate the need for extension leads and trailing cables. Spills to be cleaned up immediately and wet surfaces signed until dry, hazard cones are provided in the staff exit area. Any identified defective areas of floor coverings are to be highlighted by means of signs and a method used to section off the area, until repair works can be carried out. Datix and urgently escalate to the Estates Department. Appropriate signage. Where repair works will be extensive it maybe more practical to replace the floor covering. If possible prior to winter showers and freezing temperatures access and egress routes from building should be treated with rock salt. If treatment cannot be undertaken prior to winter weather, as soon as possible after snow fall and/or									

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Poor external pedestrian surfaces. **Legislation:** **The Health and safety at Work etc Act 1974.** **Workplace Health, Safety & Welfare Regulations 1992.**	Poor pedestrian external footways, or no footways, possibly also blocked footways by parked vehicles.	ice areas must be treated accordingly. Good, strong and suitable footwear must be worn by staff. Lobby and entrance areas may need additional cleaning due to excess water and debris been brought in to buildings. Ensure that footways are kept in good repair. Provide footways where the need has identified the requirement. Advise persons who park and obstruct footways that these must be kept clear. Following the highway code. Datix and urgently escalate to the Estates Department.									
9. <u>Display Screen Equipment (DSE)</u> Use of display screens for long periods Poor seating and posture Poorly set up workstations. Insufficient room/space for the tasks. Pre-existing health conditions. Work related upper limb disorders (WRULD" s) Poor ergonomics between the task and the person. **Legislation:**	Staff. Work Related Upper Limb Disorders, RSI, eye strain causing vison problems and headaches.	Staff to complete a yearly DSE assessment and pass to line manager (this applies to both office and home settings) Ensure all actions identified in the individual DSE assessments are completed. Mangers to ensure where identified specialist ergonomic equipment is provided to the user. Where specific health issues are identified relating to workstations consideration to be given for a referral to occupational health. DSE users to have regular eye checks.									

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The Health and safety at Work etc Act 1974. **The Health and safety (Display Screen Equipment) Regulations 1992.** **For further information see the Display Screen Equipment policy HSP007.**											
10. <u>Work equipment.</u> Failure of equipment. Condition of the equipment. Suitability of such equipment. **Legislation:** **The Health and safety at Work etc Act 1974.** **Provision and Use of Workplace Equipment Regulations 1992** **PUWER.**	Staff and/or patients. Failure of equipment causing personal injury.	All equipment to be checked, services and inspected in accordance with the manufacturers recommendations. Equipment used heavily or in poor conditions (i.e. construction equipment or equipment used in adverse weather) may need to be checked more frequently. All checks to be recorded. Pre- use checks to be undertaken by the user. Quarantining of defective equipment and escalation to line manager. All portable electrical equipment to be Portable Appliance Tested (PAT) Before commencing work correct tool/equipment selection to ensure it is fit for the intended purpose.									

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11. <u>Disposal of Waste.</u> **Contaminated waste.** **Sharps.** **Identification of waste.** **Legislation:** **The Health and safety at Work etc Act 1974.** **The Control of Substances Hazardous to Health Regulations 2002. COSHH.** **For further information see the Control of Substances Hazardous to Health policy HSP013.**	Staff and contractors. Sharps not disposed of correctly, causing personal needlestick injuries Contact with hazardous and/or harmful waste.	All contaminated waste must be handled correctly, with employees wearing the appropriate Personal Protective Equipment (PPE). All sharps must be handled and disposed of in the yellow sharp's containers provided and sealed before removal. Where clinical waste has to be transported from the community to a PTHB facility for disposal. This must be done carefully and safely in the clinical waste receptacles provided, this waste must then be disposed of correctly to a secure location/skip to await disposal. All contaminated waste must be disposed of in the appropriately identified and coloured receptacle, which must be kept locked and secure. Contaminated waste removal from the main sites must be by specialist company, the removal must be recorded and consignment notes provided.								

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12. <u>First Aid Provision.</u> Number of qualified and recognised persons available during working hours. No access to first aid equipment. Delays in the treatment of ill or injured persons. **Legislation:** **The Health and safety at Work etc Act 1974.** **Health & Safety (First Aid) Regulations 1981 (as amended)** **For further information see the First Aid policy HSP019.**	Visitors, contractors, staff and patients. None and/or poor lack of first aid provision would lead to a failure to be able to treat injured and/or persons who fell ill in work. Possibly allowing their presenting conditions, to become worse. This could result in injuries becoming serious, possibly leading to death and/or life changing circumstances.	A First Aid needs risk assessment must be carried out specific to the department, using the managers check list on the H&S web pages. As identified in the First Aid Needs RA First Aid appointed persons or First Aiders need to be appointed to ensure suitable first aid provision at all times within the department when operational. First aid kits need to be provided, these need to be suited to the levels and types of risks identified. First aid kits need to be checked monthly and this needs to be recorded. First Aiders need to be trained accordingly, either in emergency First Aid or First Aid at Work as identified in the First Aid need assessment.									

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13. <u>Contractors.</u> Changes to access and egress points. Works and equipment. Injury to others by processes and working practices. **Legislation:** **The Health and safety at Work etc Act 1974.** **The Management of Health and Safety at Work Regulations 1999 (Amendment) 2006.** **Construction (Design and Management) Regulation 2005** **For further information see the Management of Contractors policy HSP008.**	Visitors, staff and patients. Injuries sustained due to a lack of control of contractors, and/or contact with work traffic and/or equipment. Possible exposure to noise, dusts and fumes. Works may also create unsafe conditions, for example, but not limited to blocked exits and entrances etc.	All contractors to receive appropriate induction training from the appointing manager/officer. Site limitations, restrictions and emergency procedures must be communicated to the contractors. Contractors must sign in and out of site. All contractors to provide risk assessments and method statements (RAMS) for the work being undertaken, these must be checked and approved by the appointing manager/officer. Any work that effects the day to day running of the facility or effects the emergency procedure must be communicated to the occupants and suitable alternatives provided. All work areas must be suitably cordoned off by appropriate means commensurate with the risk. Where there is the potential for exposure to noise, dust or fumes this must be suitably controlled and detailed within the RAMS. All accidents and incidents need to be suitably reported back to the appointing manager/officer.									

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14. <u>Stress at Work.</u> Exposure to work related stress. Exposure to stressors in the workplace. The adverse reaction people have to excessive pressure or other types of demand placed on them. Stress which can occur when the pressure becomes excessive. **Legislation:** **The Health and safety at Work etc Act 1974.** **The Management of Health and Safety at Work Regulations 1999 (Amendment) 2006.** **For further information see the Stress Management policy HSP011.**	Staff. Personal adverse effects. Physical effects such as heart disease, headaches, gastrointestinal disturbances. Psychological effects such as anxiety, depression, loss of concentration and poor decision making.	Where individuals display stress at work complete individual stress risk assessments to ensure the cause is identified and implement appropriate control measures. Carry out group or department stress risk assessment to identify situations that could cause stress in the workplace. Ensure work demands match individual abilities, skills and knowledge, so not to place them under excessive pressure. Ensure boundaries an expectations are set, discussed and agreed and provide continued support. Ensure employees are supported in their roles along with any changes that are happening. Ensure good communications with individuals and departments and regular meetings to ensure good communications relating to change, expectation and help identify issues in the early stages and before the cause workplace stress.									

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Risk Assessment Guidance Notes: You must assess each risk against the likelihood of an incident occurring and should it happen the severity of the consequences.

Likelihood:
Taking into account the controls in place and their adequacy, how likely is it that such an incident could occur? Apply a score according to the following scale:

Level	Descriptor	Description
5	Almost certain	Likely to occur on many occasions, a persistent issue
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

Severity:
Taking into account the controls in place and their adequacy, how severe would the consequences be of such an incident? Apply a score according to the following scale:

Level	Descriptor	Actual or Potential Impact	Actual or Potential Impact on PTHB
5	Catastrophic	➢ Incident leading to death. ➢ Multiple permanent injuries or irreversible health effects. ➢ An event which impacts on a large number of patients. ➢ Significant loss (equipment, buildings or services)	National adverse publicity. HSE, Police Investigation – Prosecution and civil claims expected/certain
4	Major	➢ Major injury leading to long-term incapacity/disability. ➢ Requiring time off work for >14 days ➢ Increase in length of hospital stay by >15 days. ➢ Mismanagement of patient care with long-term effects. ➢ Major damage to equipment, buildings or disruption of services, that requires considerable funding.	RIDDOR reportable, long term sickness. HSE Investigation – Prosecution and civil claims expected/certain
3	Moderate	➢ Moderate injury requiring professional intervention. ➢ Requiring time off work for 4-14 days. ➢ Increase in length of hospital stay by 4-15 days. ➢ RIDDOR/agency reportable incident. ➢ An event which impacts on a small number of patients. ➢ Moderate damage to equipment, buildings or disruption to services.	RIDDOR reportable, Long term sickness. HSE Investigation – Prosecution and civil claims expected/certain & high potential for a complaint.
2	Minor	➢ Minor injury or illness, requiring minor intervention. ➢ Requiring time off work for >3 days. ➢ Increase in length of hospital stay by 1-3 days. ➢ Minor damage to equipment, buildings or disruption to services.	Minimal risk to PTHB, Short term sickness, civil claim unlikely but possible, Complaint possible.
1	Insignificant	➢ Minimal injury requiring no/minimal intervention or treatment. ➢ No time off work ➢ No damage to equipment, buildings or disruption to services.	Limited risk to PTHB, unlikely to cause complaint, the potential for a civil claim remote.

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RISK SCORE:

Severi		Likelihood				
		1 **Rare**	**2** **Unlikely**	**3** **Possible**	**4** **Likely**	**5** **Almost Certain**

	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

ACTION TO BE TAKEN:

Risk Rating = Likelihood x Severity			
	Low	**1- 3**	**Action if controls are easy to implement and are cost effective, monitor and review**
	Medium	**4 – 6**	**Take cost effective action within a reasonable timescale to reduce the level or risk to an acceptable level, monitor and review.**
	High	**8-12**	**Urgent Action Required to Reduce the Risk – Consider stopping the work until the level of risk has been reduced. Escalate to Senior Management, change the process/method of working, or ensure a robust Safe System of Work or Method Statement are implemented.**
	Extreme	**15 – 25**	**Immediate Action Required – Stop work and escalate to Senior Management for immediate review and implement corrective action to reduce or control the risk.**

Review of Risk Assessments – you must review your risk assessments in the following circumstances:

- Every 12 months or before as
- The result of any change in circumstance or process, and/or
- Following an accident, near miss or work related ill health (physical or mental

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Risk Assessment Remedial Action Plan			
Locality/ Department Women & Children	**Date:**	**Input to Datix:** **Yes** ☐ **No** ☒	
Prepared By: Paul Tranter, Senior Health and Safety Officer	**Agreed By:**		
Recommended additional control measures	**Date action to be taken by**	**By Whom**	**Date completed**

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Appendix 4 **Health and Safety Management Training Matrix**

Role	**H&S Training**
Chief Executive & Executive Directors	IOSH Leading Safely or Equivalent (½ Day Course) Those delegated with H&S Responsibilities - NEBOSH General Certificate in Occupational Health and Safety
Assistant Directors	IOSH Managing Safely (3-day) Those delegated with specific H&S Responsibilities - NEBOSH General Certificate in Occupational Health and Safety
Managers/Supervisors & Team Leaders	IOSH Managing Safely (3 -day)
All Employees	IOSH Working Safely – (1-day)
Other – Those who over-see and manage construction work/projects.	NEBOSH Construction Certificate and an accredited CDM course.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.6

BOARD MEETING	**Date of Meeting: 24 November 2021**
Subject:	**RISK MANAGEMENT FRAMEWORK, INCLUDING RISK APPETITE STATEMENT**
Approved and Presented by:	Board Secretary
Prepared by:	Head of Risk & Assurance
Other Committees and meetings considered at:	Executive Committee, 3 November 2021 Audit, Risk & Assurance Committee, 16 November 2021 Risk & Assurance Group, Virtually

PURPOSE:

The purpose of this paper is to provide the Board with the Revised Risk Management Framework, inclusive of the Risk Appetite Statement, for approval following annual review.

RECOMMENDATION(S):

It is recommended that the Board APPROVES the Risk Management Framework, inclusive of its Risk Appetite Statement, included at **Appendix 1**, ensuring that it provides a true reflection of the organisation's risk management arrangements.

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	✓

BACKGROUND AND ASSESSMENT:

The Board is committed to using a systematic and holistic approach to risk management, and ensuring that effective risk management is an integral part of everyday management practices across the organisation.

The Board approved its Risk Management Framework (RMF) in September 2019, which sets out the components that provide the foundation and organisational arrangements for supporting risk management processes across the organisation. The RMF identifies those individuals with responsibilities for the management of risk, and sets out the health board's key risk management structures and processes.

The RMF has been subject to review, to ensure it fully reflects current arrangements for risk management processes across the organisation. A Risk Management Toolkit has been developed, which provides guidance and templates to support services to actively manage their risks. The Toolkit is appended to the RMF, as Appendix B.

The revised RMF and supporting Toolkit will support a robust risk management culture across the health board, by setting out the approach and mechanisms by which the health board will: -

- Ensure that the principles, processes and procedures for risk management are consistent across the health board, and are fit for purpose;
- Ensure risks are identified and managed through robust risk management processes;

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- Establish local risk reporting procedures to ensure an effective integrated risk management process across the health board's activities;
- Ensure strategic and operational decisions are informed by an understanding of risks and their likely impact;
- Ensure risks to the delivery of the health board's strategic objectives are eliminated, transferred or proactively managed;
- Manage the clinical and non-clinical risks facing the health board in a co-ordinated way; and
- Ensure the Board and its Committees are suitably informed of the significant risks facing the health board, and the associated plans in place to treat those risks.

The RMF will help build and sustain an organisational culture that encourages appropriate risk taking, to continuously improve the quality of the services provided and commissioned by the health board.

Following review, the following changes are proposed within the Risk Management Framework:

Item Amended	**Page Number**	**Detail of Proposed Amendment**
Hierarchy of risk registers	9	Inclusion of Programme Risk Register
		Local and Project Risk escalation amended to specify that risks scored 9 and above are not automatically escalated, but are **to be considered** for escalation.
The Risk and Assurance Group	17	Level of risks considered by the Risk and Assurance Group revised from 9 to 12.
Risk Management Training	18	Training for all staff amended from *'Once only, as part of the induction process'* to *'Every 2 Years'*.
		Delivery of bespoke training delivered on a needs-based approach clarified and amended from *'Existing Staff/Services & Teams'* to *'Service Managers / Risk Owners'.*

The revised Risk Management Framework is attached to this report as **Appendix 1**. For ease of reference, updates to the previous version are included within the document in red font.

Risk Appetite Statement

The Risk Appetite Statement, included within the Risk Management Framework, sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a 'live' document that will be regularly reviewed and modified, so that any changes to the organisation's strategy, objectives or its capacity to manage risk are properly reflected. The Risk Appetite Statement is composed of two parts: a general written statement,

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supported by the cumulative risk appetite scores across the risk categories, in line with the Risk Management Framework.

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

The Risk Appetite Statement for 2019/20 was developed to reflect an increased appetite in relation to innovative and financial risks, which may be necessary to support achievement of the Board's ten-year strategy, 'A Healthy, Caring Powys'. In recognising the risks inherent in healthcare services, the proposed risk appetite statement starts at the basis of a low appetite. The Board's previous Statement stated that the Board had no appetite in a number of areas.

Following review, there are no changes suggested to the Risk Appetite Statement, previously approved by the Board in July 2019. However, it is recognised that given the impact of the pandemic, the Health Board will need to take informed decision making at the most appropriate time and so there may be circumstances where decisions are not made in-line with the Board's Risk Appetite.

NEXT STEPS:

Directorates, Risk and Assurance Group and Executive Committee will continue to monitor organisational risks, proposing risks for escalation to the CRR where appropriate, to ensure that the CRR articulates the strategic risks that are deemed to impact delivery of the organisation's strategic objectives as outlined in the Health Board's Annual Plan 2021/22.

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RISK MANAGEMENT FRAMEWORK NOVEMBER 2021

Document Number:	CGP005	Classification	Corporate

Version No:	Approved by:	Date of Approval:	Date of Issue:	Review Date:
V3.0	Board			November 2022

Brief Summary of Document:	This document aims to set out the components that provide the foundation and organisational arrangements for supporting risk management processes in Powys Teaching Health Board.
Scope:	This framework applies to Board members; all employees of the health board; agency staff; contractors brought in to undertake work on behalf of the health board, for example capital and estates works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Powys Teaching Health Board business. It applies to all activities of the health board, including those related to the commissioning of services. Managers at all levels within the health board must take an active lead to ensure that risks are managed effectively and to support the development of a risk aware culture within the health board.
To be read in conjunction with:	• PTHB Assurance Principles • PTHB Strategic Commissioning Framework & Commissioning Assurance Framework • PTHB Health & Safety Policy and supporting documents
Owning Committee	Audit, Risk & Assurance Committee

Document Owner:	Board Secretary	Document Author:	Head of Risk & Assurance

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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
2.2	2017 Version Updated to reflect changes in risk management arrangements and organisational realignment	September 2019
3.0	2019 Version Updated to reflect changes in risk management arrangements and organisational realignment	

Glossary of terms	
Term	**Definition**
Risk	The effect of uncertainty on objectives. An effect may be positive, negative, or a deviation from the expected. In addition, a risk is often described as an event; a change in circumstance; or, a consequence.
Risk management	The process which aims to help organisations understand, evaluate and take action on all their risks, with a view to increasing the probability of success and reducing the likelihood of failure.
Risk management framework	Set of components that provide the foundations and organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management processes throughout the organisation.
Risk assessment	A systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).
Risk treatment	The development, selection and implementation of risk treatment strategies and controls.
Risk appetite	The amount of risk that an organisation is willing to pursue or retain.
Risk tolerance	The organisation's readiness to bear a risk after risk treatment, in order to achieve its objectives.
Risk owner	The person with the authority and accountability to make the decision to treat, or not to treat the risk.
Strategic risks	Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence. Strategic risks also include risks that are widespread beyond the local area and risks for which the cost of control is significantly beyond the scope of the local budget holder.
Operational risks	Risks that are by-products of the day-to-day running of the Health Board and include a broad spectrum of risks including clinical risk; financial risk (including fraud); legal risks (arising from employment law or health and safety regulation); regulatory risk; risk of loss or damage to assets or system failures; etc. Operational risks are managed by the department or directorate which is responsible for delivering services.

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1. The Board's Statement

The Board is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the health board's governance framework and system of internal controls.

The Board is committed to having a risk management culture that underpins and supports the business of the health board; providing and securing high quality care in a safe environment; that is: complying with legal and regulatory requirements; meeting objectives; and, promoting its values.

The Board intends to demonstrate an ongoing commitment to improving the management of risk throughout the organisation by:

- Ensuring a dynamic approach to strategic risk management to support achievement of the health board's vision, aims, and strategic objectives;
- Promoting considered risk taking, within authorised and defined limits in-line with the Board's Appetite for Risk (see Risk Appetite Statement at Appendix A);
- Adopting an integrated and systemic approach to risk management that includes risks related to clinical care, health and safety, staff wellbeing, financial and business planning, workforce planning, corporate and information governance, performance management, project / programme management, research and development;
- Embedding effective risk management systems and processes within the organisation and promoting the ethos that risk management is everyone's business, with clearly defined roles and responsibilities;
- Creating an environment that is as safe as is reasonably practicable, by ensuring that risks are continuously identified, assessed and appropriately managed, i.e. where possible eliminate, transfer or treat risks to an acceptable level;
- Fostering an organisational culture of openness and willingness to report risks, incidents and near misses that is used for organisation-wide learning;
- Establishing clear and effective communication mechanisms that enable a comprehensive understanding of risks at all levels of the organisation by the use of directorate, specialist and organisational-wide risk registers; and
- Providing appropriate training to staff to ensure effective implementation of risk management arrangements.

2. Purpose of the Risk Management Framework

This document sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities.

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The Framework seeks to ensure:

- that the Health Board's risks in relation to the delivery of services (provided and commissioned) and care to patients are minimised;

- that the wellbeing of patients, staff and visitors is optimised;
- that the assets, business systems and finances of the Health Board are protected; and
- the implementation and ongoing management of a comprehensive, integrated (clinical and non-clinical) approach to the management of risk across the organisation.

3. Scope of the Risk Management Framework

This Framework applies to Board members; all employees of the health board; agency staff; contractors brought in to undertake work on behalf of the health board, for example capital and estates works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Powys Teaching Health Board business. It applies to all activities of the health board, including those related to the commissioning of both clinical and non-clinical services.

Managers at all levels within the health board must take an active lead to ensure that risks are managed effectively and to support the development of a risk aware culture within the health board.

4. The Board's Appetite for Risk

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

Risks throughout the organisation will be managed within the Board's risk appetite, or where this is exceeded, action will be taken to reduce the risk.

The Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which the health board operates.

The Board has greatest appetite to pursue innovation, and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The Board's Risk Appetite Statement, which is included at Appendix A, sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a live document that will be regularly reviewed and modified, so that any changes to the organisation's strategy, objectives, or, its capacity to manage risk, are properly reflected.

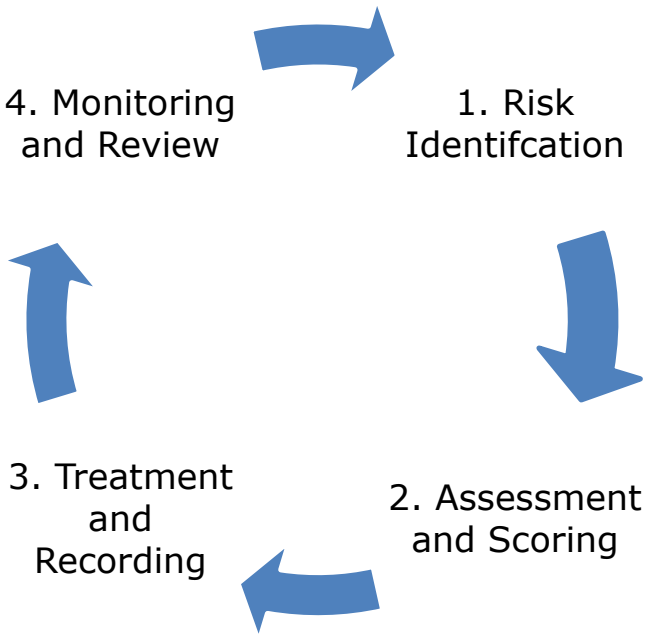
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5. The Risk Management Process

Risk Management is the systematic application of management policies, practices and procedures to the task of identifying, analysing, assessing, treating and monitoring risk in a way that will enable organisations to minimise losses and maximise opportunities.

The aim of risk management is not to remove risk altogether, but to manage risk to an acceptable level, considering the cost of minimising the risk and reducing risk exposure (the level of risk that the organisation is exposed to, either in regard to an individual risk or the cumulative exposure to the risks faced by the organisation).

The Board has adopted a structured approach to risk management, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation. The process is defined in four key steps:



1. Risk Identification

The health board cannot manage risk effectively unless it knows what the risks are. Risk identification is therefore vital to the success of the organisation's risk management process, and ultimately the safe delivery of care.

2. Assessment and Scoring

Assessment and scoring of risk are used to determine the level of risk, using the health board's risk matrix to ensure a consistent approach is adopted across the organisation.

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3. Treatment and Recording

Treatment is how the risk will be managed, and what the required actions are to achieve an acceptable level of risk. All risks are recorded on a risk

register, which is a formal record of the risks that the health board has identified.

4. Monitoring and Review

Part of managing risk is to continually review and update, and to capture the changes and progress of mitigation.

The health board's detailed guidance in support of the risk management process is included in the risk management toolkit on the staff intranet and includes guidelines to Identify, Assess, Treat and Monitor risks.

6. Levels of Risk

The Risk Management Framework defines three levels of risk:

1. **Strategic Risks** – Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence. Strategic risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder.

2. **Operational Risks** – Risks that arise as a result of the day-to-day running of the health board and include a broad spectrum of risks comprising clinical risk (e.g. arising from incidents and complaints), financial risk (including fraud); legal risks (e.g. arising from employment law or health and safety regulation); regulatory risk; risk of loss or damage to assets or system failures; etc.

3. **Project Risks** – Risks that may impact on the delivery of a programme of work or project. All significant projects must be risk assessed before they are progressed, with each project required to have a separate risk register.

Powys Teaching Health Board is predominantly a commissioning organisation, buying services on behalf of the population from a wide range of providers including primary care contractors; independent sector care homes; ambulance services; district general hospitals; and, other specialist hospitals. The health board's **Commissioning Assurance Framework** helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients. Through this process, risks may be identified for recording in local or directorate risk registers or the Corporate Risk Register, dependent upon the level and type of risk. This approach would also apply to those risks identified through the health board's **Improving Performance Framework** for the services directly provided by the organisation.

The Health Board also contracts out for many non-clinical services such as construction, waste management, health courier services, hospital laundry and pest control. These services are managed through the Management of Contractors Policy, and procurement for PTHB is supported by NHS Shared Services.

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7. Risk Recording and Escalation

A risk register is a management tool that provides a comprehensive and dynamic understanding of an organisation's risk profile. Effectively used, a risk register will not only drive risk management but should be used to inform decision-making processes. Risk registers are also used to provide assurance that risks are being managed appropriately and effectively.

Recording of Strategic Risk

Strategic risks are recorded in the Board's Corporate Risk Register. The Corporate Risk Register provides an organisational-wide summary of significant risks that have been in the main escalated from Directorate Risk Registers. The criteria for a risk to be included in the Corporate Risk register is:

- The risk must represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- The risk cannot be addressed at directorate level;
- Further control measures are needed to reduce or eliminate the risk;
- A considerable input of resource is needed to treat the risk (finance, people, time, etc).

The risks contained in the Corporate Risk Register are aligned to the Board Assurance Framework. The Board Assurance Framework provides a structure and process that enables the health board to focus on the key control gaps, assurance gaps and risks that may compromise the delivery of its strategic and annual objectives. It ensures that the assurance mechanisms operating across the health board are fully aligned to support the Chief Executive as the Accountable Officer, and the Board, to deliver the organisation's objectives. Further detail on the Board Assurance Framework is provided in the **Assurance Principles Document**.

The Corporate Risk register and Board Assurance Framework are reviewed by the Executive Committee in advance of presentation to the Board at each of its meetings.

Recording of Operational Risk

Operational risks, including health and safety risks, where they cannot be immediately addressed, are managed by the department or directorate that is responsible for delivering services, and are captured in local risk registers. If risks cannot be managed to a level that is acceptable at a local level, they are escalated to the relevant Directorate Risk Register. Each Directorate will maintain a comprehensive Directorate Risk Register, which will be informed by relevant local Risk Registers, and is formally reviewed at an appropriate Directorate meeting.

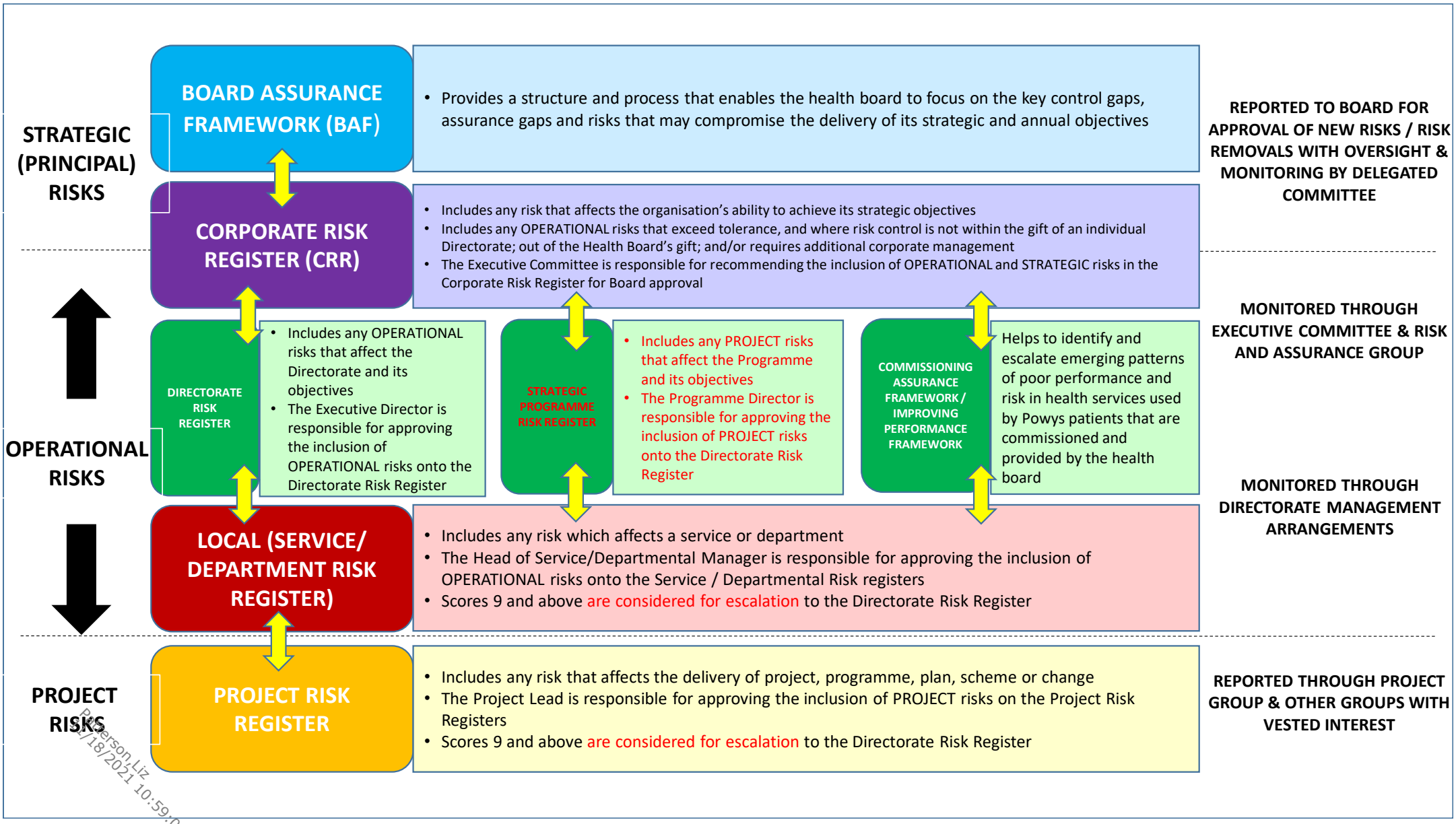
The Risk and Assurance Group will review Directorate Risk Registers bi-monthly to: consider risks that remain at a score of 12 or above after action to treat the risk is taken; and, highlight any new and emerging risks and present action plans for minimising and managing these risks. The Risk and Assurance Group will make recommendations to the Executive Committee on

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any risks that should be considered for inclusion in the Corporate Risk Register.

The hierarchy of risk registers used in the health board and the relationship between strategic and operational risks is provided below:

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8. Accountabilities and Responsibilities

8.1 The Board

The Board (Executive Directors and Independent Members) have collective responsibility for the setting and ensuring delivery of strategic objectives. Key strategic risks are identified and monitored by the Board. The BAF and CRR provide a central record of risks to the delivery of its strategic objectives. It is the duty of the Board to discuss and advise on the format and content of the BAF. It is also the duty of the Board to appropriately monitor Powys THB's significant risks, associated controls and assurances.

The Board is also responsible for ensuring that the health board consistently follows the principles of good governance; ensuring that the systems, policies and people in place to manage risk are operating effectively, focused on key risks and driving the delivery of the health board's strategic objectives. This is the meaning of 'assurance' and is a fundamental principle of good management and accountability.

The workplans for the Board and each of its Committees will be aligned to the BAF and CRR, ensuring appropriate focus on areas of risk.

In the context of this Framework the Board will:

- demonstrate its continuing commitment to risk management through the endorsement of this Framework;
- ensure, through the Chief Executive, that the responsibilities for risk management outlined in this document are communicated, understood and maintained;
- take a lead role in 'horizon scanning' for emerging threats/risks to the delivery of the health board's strategic objectives, and ensuring that controls put in place in response, manage risks to an acceptable level;
- oversee and participate in the risk assurance process;
- ensure communication with partner organisations on problems of mutual concern including risks;
- ensure that appropriate structures are in place to implement effective risk management;
- commit financial, managerial, technological and educational resources necessary to adequately control identified risks;
- ensure that lessons are learned and disseminated into practice from complaints, claims and incidents, and other patient experience data; and
- receive reports from the committees of the Board in line with terms of reference and workplans of those committees.

The Terms of Reference for the Committees that report to the Board are included on the health board's website: https://pthb.nhs.wales/about-us/the-board/committees-partnerships-and-advisory-groups/powys-teaching-health-board-committees/committee-meeting-calendar/

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8.2 Individual Responsibilities

All members of staff, and those working on behalf of the health board, have an individual responsibility for managing risk. They must understand and adhere to this Risk Management Framework.

The following individuals have specific responsibility, accountability and authority for risk management, as part of their existing roles:

Chief Executive Officer (CEO)

The CEO is the Accountable Officer of the health board and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements, and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management; health and safety; financial and organisational controls; and, governance. The CEO has overall accountability and responsibility for:

- ensuring the health board maintains an up-to-date Risk Management Framework endorsed by the Board;
- promoting a risk management culture throughout the health board;
- ensuring that there is a framework in place, which provides assurance to the Board in relation to the management of risk and internal control;
- ensuring that risk issues are considered at each level of business planning, from the corporate process to the setting of staff objectives;
- setting out their commitment to the risk management principles, which is a legal requirement under the Health and Safety at Work Act 1974.

The Welsh Government requires the Chief Executive to sign a Governance Statement annually on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.

Board Secretary

The Board Secretary is the delegated lead for risk management in the health board, and is accountable for leading on the design, development and implementation of the integrated Board Assurance Framework and Risk Management Framework. The Board Secretary will:

- lead the embedding of an effective risk management culture throughout the health board;
- work closely with the Chair; Chief Executive; Chair of the Audit, Risk and Assurance Committee; and, Executive Directors, to implement and maintain an appropriate Risk Management Framework and related processes, ensuring that effective governance systems are in place;
- develop and communicate the Board's risk awareness, appetite and tolerance;
- lead and participate in risk management oversight at the highest level, covering all risks across the organisation on a health board basis;
- lead the development of, and Chair, the Risk and Assurance Group (established by the Executive Committee);
- work closely with the Chief Executive and Executive Directors to support the development and maintenance of Corporate and Directorate level risk registers;

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- develop and oversee the effective execution of the health board's Assurance Framework;
- develop and implement the health board's Risk Management Framework; and
- produce the health board's Annual Governance Statement.

Head of Risk and Assurance

The Head of Risk and Assurance is accountable to the Board Secretary, and in relation to risk management will specifically:

- provide specialist advice in relation to controls and assurances for a range of functions at all levels in the organisation to support the effective management of clinical and non-clinical risk and governance;
- ensure a central system is in place to collate risk registers across the health board, which link to the health board's Assurance Framework;
- support the management and development of the health board's Assurance Framework and Risk Management Framework;
- work with directorates and Heads of Service to ensure risks are escalated in accordance with the Risk Management Framework;
- compile the Corporate Risk Register and Board Assurance Framework, for Executive Committee and Board;
- support the development and functioning of the Risk and Assurance Group; and
- provide training, information and advice to operational staff and corporate functions on risk management and risk registers, ensuring linkage to the Assurance Framework of the organisation.

Executive Directors

Executive Directors are accountable and responsible for ensuring that their respective directorates are implementing this Framework, and related policies/procedures. Each Director is accountable for the delivery of their particular area of responsibility, and will therefore ensure that the systems, policies and people are in place to manage, eliminate or transfer the key risks related to the health board's strategic objectives.

Specifically, they will:

- lead the embedding of an effective risk management culture throughout the health board;
- communicate to their directorate, the Board's strategic objectives; and, ensure that directorate, service and individual objectives and risk reporting are aligned to these;
- ensure that a forum for discussing risk and risk management is maintained within their area, which will encourage integration of risk management;
- co-ordinate the risk management processes which include: risk assessments; incident reporting; the investigation of incidents/near misses; and, the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area, and that risks are treated as required;

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- provide reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of reporting; and
- ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post, and that those key objectives are reflected in the individual performance review/staff appraisal process.

In addition, **Clinical Executive Directors** (Medical Director, Director of Nursing & Midwifery, Director of Therapies & Health Sciences, and the Director of Public Health) have collective responsibility for clinical quality governance, which will include patient safety, incident management and patient experience, and will therefore have a responsibility to ensure that clinical risks are appropriately managed in-line with this Framework.

Independent Members

Independent Members have an important role in risk management. This role is restricted to seeking assurance on the robustness of processes and the effectiveness of controls through constructive, robust and effective challenge to Executive Directors and senior management. The role of Independent Members is not to manage individual risks, but to understand and question risk on an informed and ongoing basis.

Additionally, Independent Members chair Board level committees, and in line with the relevant committee Terms of Reference, should provide assurance to the Board that risks within its remit (determined by the CRR and BAF), are being managed effectively by the risk owners, and report any areas of concern to the Board.

Clinical Directors, Assistant Directors and Heads of Service

Clinical Directors, Assistant Directors and Heads of Service are responsible for implementation of the Risk Management Framework and relevant policies and procedures, which support the health board's risk management approach.

As Senior Managers of the organisation, Clinical Directors, Assistant Directors and Heads of Service take the lead on risk management, and set an example through visible leadership of their staff. These responsibilities include:

- Taking responsibility for managing risk;
- Ensuring that risks are assessed where they are:
  - Identified within the working activities carried out within their management control;
  - Identified within the environment within their control;
  - Reported from the staff within their management control.
- Identifying and managing risks that cut across delivery areas;
- Ensuring all incidents/accidents and near misses are reported;
- Monitoring mitigating actions and ensuring action owners are clear about

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their roles, and what they need to achieve;
- Discussing risks on a regular basis with staff, and through discussions at meetings to help improve knowledge about the risks faced; increasing the visibility of risk management and moving towards an action focussed approach;
- Ensuring risks are updated regularly and acted upon;
- Communicating downwards what the health board's strategic risks are;
- Using the risk management process to support prioritisation and decision making;
- Ensuring staff are suitably trained in risk management;
- Promoting a risk aware culture in which staff are encouraged to identify and escalate risk;
- Ensuring that risk management is included in appraisals and development plans where appropriate;
- Ensuring the adoption and operation of the risk management framework across their work area.

Line Managers

The identification and management of risk requires the active engagement and involvement of staff at all levels, as staff are best placed to understand the risks relevant to their areas of responsibility, and must be supported and enabled to manage these risks within a structured risk management framework. Managers at all levels of the organisation are therefore expected to take an active lead to ensure that risk management is embedded into the way their service/team/ward operates. Managers must ensure that their staff understand and implement this Framework and supporting processes, ensuring that staff are provided with the education and training to enable them to do so.

Managers must be fully conversant with the health board's approach to risk management and governance. They will support the application of this Framework and its related processes, and participate in the monitoring and auditing process.

All Staff

All staff will:

- accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety, and all others that may be affected by the health board's business;
- report all incidents/accidents and near misses;
- comply with the health board's incident and near miss reporting procedures;
- be responsible for attending mandatory and relevant education and training events;
- participate in the risk management system, including the risk assessments within their area of work, and the notification to their line manager of any perceived risk that may not have been assessed; and
- be aware of the health board's Risk Management Framework and processes, and the local strategy and procedures, and comply with them.

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Contractors employed by the health board e.g. capital and estates specialists
It is the responsibility of each contractor employed by the health board to ensure that any staff working on their behalf is fully conversant with the risk management requirements for the activity for which they are engaged.

8.3 Internal Audit

The relationship between risk management and Internal Audit is critically important. Risk management is concerned with the assessment of risk and the identification of existing and additional controls, whereas Internal Audit's role is to evaluate these controls and test their efficiency and effectiveness. This is undertaken through the Internal Audit programme of work. Accordingly, the Head of Internal Audit will:

a. Provide an overall opinion each year to the Accountable Officer of the organisation's risk management, control and governance; to support the preparation of the Annual Governance Statement;
b. Focus the internal audit work on the significant risks as identified by management, and audit the risk management processes across the organisation;
c. Audit the organisation's risk management, control and governance through operational audit plans, in a way that affords suitable priority to the organisation's objectives and risks;
d. Provide assurance on the management of risk and improvement of the organisation's risk management, control and governance; by providing line management with recommendations arising from audit work.

8.4 Local Counter Fraud Services

The health board's nominated Local Counter Fraud Specialist (LCFS) provides assurance to the Board regarding risks relating to fraud and/or corruption. The health board's Annual Counter Fraud Work Plan, as agreed by the Audit, Risk and Assurance Committee, identifies the arrangements for managing and mitigating risks as a result of fraud and/or corruption. Where such issues are identified they are investigated by the LCFS, and then reported to the Audit, Risk and Assurance Committee as appropriate.
The LCFS works with the Chief Executive, Executive Directors and Board Secretary to review any fraud or corruption risks. Such risks are referred to the relevant risk register for the Directorate concerned, and are then escalated through the health board's escalation process.

8.5 Committee Duties & Responsibilities

Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

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The Audit, Risk and Assurance Committee

The Audit, Risk and Assurance Committee is responsible for overseeing risk management processes across the organisation, and will have a particular focus on seeking assurance that effective systems are in place to manage risk; that the organisation has an effective framework of internal controls to address strategic (principal) risks (those likely to directly impact on achieving strategic objectives); and, that the effectiveness of that framework is regularly reviewed.

The Committee is responsible for monitoring the assurance environment and challenging the levels of assurance in respect of key risks across the year, ensuring that the Internal Audit Plan is based on providing assurance that controls are in place and can be relied upon, and reviewing the internal audit plan in-year as the risk profiles change.

The Executive Committee

The Executive Committee has responsibility for ensuring implementation of the risk management process, and has responsibility for agreeing the risks on the CRR and the BAF, prior to consideration and approval by the Board.

The Executive Committee has the responsibility to discuss the BAF and any amendments, to ensure there is appropriate scrutiny and challenge of principal risks, the current controls and assurances in place and the actions to address any gaps in these, prior to the BAF being submitted to the Board for consideration and approval.

It is also the role of the Executive Committee to agree that risks are being managed to an acceptable level, balancing priorities, resources and the risk to the health board, and recommending the best course of action to manage the risks, to the Board. The Board must be provided with assurance that everything that can be done is being done to reduce the risk, and that there are effective plans and controls in place to manage the situation should the risk materialise. This will help limit damage, control loss and contain costs for the health board. Whilst a risk may be accepted by the Board, the risk owner must ensure that the current control measures will be regularly reviewed to ensure that they remain effective.

The Risk and Assurance Group

The Risk and Assurance Group is a management group of the Executive Committee. The Group reports to the Executive Committee and advises on any risk management issues, including all significant risks arising from activities within the organisation.

The Group is responsible for leading the implementation of the risk, control and assurance processes established within the organisation. The Group will review the processes and report on any weaknesses identified to ensure that the Board has in place effective systems for the reporting of risk, and the management of risk registers (local, directorate and corporate) and the Board's Assurance Framework.

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Specifically, the Group is responsible for:

- Coordinating the achievement of the objectives of the Risk Management Framework through the organisation's directorates, by embedding risk management and establishing local risk reporting procedures to ensure the effective integrated management of risk and assurance;
- Coordinating all clinical and non-clinical risk management issues affecting the health board (scored ~~9~~ 12 and above), making recommendations to, and advising the Executive Committee and Board accordingly;
- Reviewing, updating and monitoring the Corporate Risk Register (CRR), and maintaining clear links with the Assurance Framework;
- Recommending the escalation and de-escalation of risks from/to the CRR for Executive Committee approval, ensuring significant risks are appropriately prioritised;
- Reviewing proposed significant risks from risk leads, escalating to the Executive Committee for inclusion in the CRR where appropriate;
- Reviewing risks arising from the results of investigations into losses, untoward incidents, near misses and accidents;
- Reviewing high risk recommendations made by the Internal Audit Service, ensuring that where appropriate they are acted upon and recorded through risk registers and the assurance framework appropriately.

Directorate Risk Management Arrangements

All directorates must have the necessary arrangements in place for good governance, quality, safety and risk management.

Directorates, through management, have responsibility for risks to their services and for putting in place appropriate arrangements for the identification, assessment and management of risks. Directorates are also responsible for developing local arrangements for monitoring risk registers and communicating risk information.

9. Risk Management Toolkit

To support delivery of the Risk Management Framework, a toolkit is available for staff on the intranet. The toolkit is a means by which the Risk Management Framework is operationalised to put into effect the full range of activities outlined. The toolkit includes:

- Risk Management Process
- Risk Assessment Procedure
- Risk Scoring Matrix
- Risk Register Procedure
- Risk Register Template & Guidance

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10. Risk Management Training

Knowledge of how to manage risk is essential to the successful embedding and maintenance of effective risk management. To support this, a programme of training will be delivered as follows:

Staff Group	Training Need	Frequency
Board Members	Risk Awareness Training & Review of Risk Appetite	Annual
Risk & Assurance Group / Senior Managers	Risk Awareness Training, including Risk Assessment and Risk Register Training	Every 3 Years
All ~~New~~ Staff	Risk awareness training and an understanding of the role of risk management in the organisation	~~Once only, as part of the induction process~~ Every 2 Years
~~Existing Staff/Services & Teams~~ Service Managers / Risk Owners	Bespoke training delivered on a needs-based approach	Ad hoc / as required

11. Monitoring the Effectiveness of the Risk Management Framework

Compliance with this Framework is monitored by the Executive Committee and the Audit, Risk & Assurance Committee.

The Annual Governance Statement is signed by the CEO and sets out the organisational approach to internal control. This is produced at the end of the financial year and is scrutinised as part of the annual accounts process and presented to the Board with the accounts, as part of the Annual Accountability Report.

The Head of Internal Audit will also provide an opinion together with the summarised results of the internal audit work performed during the year. The health board's risk management arrangements are also subject to review annually, as part of the Audit Wales Structured Assessment process.

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12. References

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

RISK APPETITE STATEMENT – NOVEMBER 2021

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

The Board places fundamental importance on the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners in achieving delivery of the ten-year Health and Care Strategy: '*A Healthy, Caring Powys*'.
The Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which we operate.
The Board has greatest appetite to pursue innovation and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

Risk Category	Description
APPETITE FOR RISK: Low (Risk Score 1-6)	
Quality & Safety of Services	The provision of high quality services is of the utmost importance to the Health Board, and we have a cautious appetite to risks that impact adversely on quality of care. We consider the safety of patients and staff to be paramount and core to our ability to operate and carry out the day-to-day activities of the organisation. We have a low appetite to risks that result in, or are the cause of incidents of avoidable harm to our patients or staff. This means we are not open to risks that could result in poor quality care or clinical risk assessment, non-compliance with standards of clinical or professional practice, unintended outcomes or poor clinical interventions. We will not accept risks associated with unprofessional conduct, underperformance, bullying, or an individual's competence to perform roles or tasks safely and, nor any incidents or circumstances which may compromise the safety of any staff member or group.
Regulation & Compliance	We will not accept risks that could result in the organisation being non-compliant with UK law or healthcare legislation, or any of the applicable regulatory frameworks in which we operate.
APPETITE FOR RISK: Moderate (Risk Score 8-10)	

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Reputation & Public Confidence	We will maintain high standards of conduct, ethics and professionalism at all times, espousing our Values and Behaviours Framework, and will not accept risks or circumstances that could damage the public's confidence in the organisation. Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government. We have a moderate appetite for risks that may impact on the reputation of the health board when these arise as a result of the health board taking opportunities to improve the quality and safety of services, within the constraints of the regulatory environment.
Finance	We have been entrusted with public funds and must remain financially viable. We will make the best use of our resources for patients and staff. Risks associated with investment or increased expenditure will only be considered when linked to supporting innovation and strategic change. We will not accept risks that leave us open to fraud or breaches of our Standing Financial Instructions.
APPETITE FOR RISK: High (Risk Score 12-15)	
Innovation & Strategic Change	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity and by being creative and pro-active in seeking new initiatives, consistent with the strategic direction set out in the Integrated Medium Term Plan, whilst respecting and abiding by our statutory obligations. We will consider risks associated with innovation, research and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient centred values and approach. We will only take risks when we have the capacity and capability to manage them, and are confident that there will be no adverse impact on the safety and quality of the services we provide or commission.

This Statement will be regularly reviewed and modified so that any changes to the organisation's strategy, objectives or our capacity to manage risk are properly reflected. It will be communicated throughout the organisation in order to embed sound risk management and to ensure risks are properly identified and managed.

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Powys Teaching Health Board

Risk Management Toolkit

Version 1.0
November 2021

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Introduction

Risk management in healthcare includes the whole spectrum of things that have the **potential** to go wrong. This includes slips, trips and falls involving staff, patients and the public; administrative errors that could impact on patient care; and, clinical incidents that could have a direct effect on the outcome of patient care. It also includes the management of the business risks associated with the running of the organisation including financial, ethical and information technology risks; as well as delivery of organisational and service plans.

Risk assessment is the method whereby hazards in the workplace are identified, quantified and managed, and is a proactive process focused on the risks that really Matter, the ones with the **potential to cause harm**.

This document has been produced to provide practical guidance for staff on risk assessment techniques and the compilation of risk registers. In addition to using this guidance, all staff with the responsibility for managing risks should also attend risk management training. Further information on risk management training is available on the health board's website.

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Why is Risk Management Important?

Risk management consists of defined steps which help us to understand risks and their impact. Good risk management awareness and practice at all levels is a critical success factor for any organisation, and needs to be seen as integral to effective management practice. It is recognised that risk is present in any organisation, and therefore needs to be continuously managed in a systematic and consistent manner in all areas: patient; staff; health and safety; environmental; organisational; financial; and, commercial.

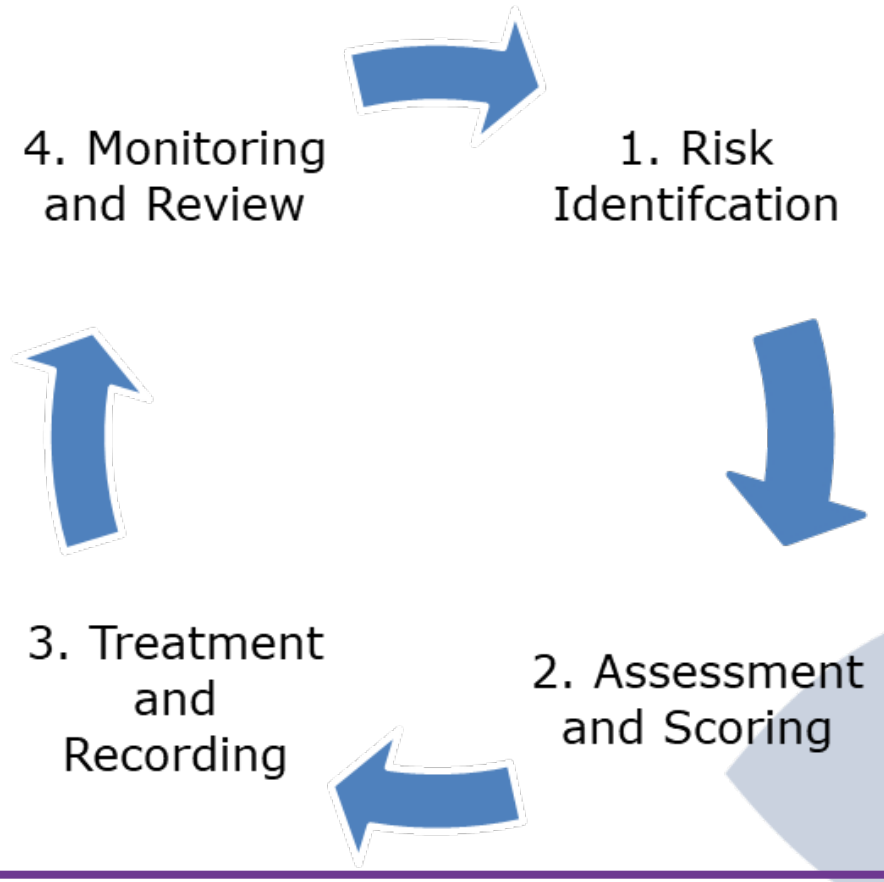
The risk management process can be applied to any situation where an undesired or unexpected outcome could be significant or where opportunities are identified.

Significant benefit from good risk management practice will come via ownership of risk management throughout the organisation. T his is where the importance of promoting a culture of openness within a learning environment is paramount. Staff must be trained, encouraged and supported through strong leadership to take a proactive role in identifying and reporting risks and "near misses", and taking appropriate actions to resolve problems at source, wherever possible.

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The Risk Management Process

The Risk Management Process is a continuous cycle, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation. The process is defined in four key steps:



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STEP 1:
Risk Identification

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Step 1: Risk Identification

It is important that all staff are aware of the difference between a risk and an issue. All staff, with the support of their manager must determine if the situation is an:

a) **Issue**: An actual event that has **already** occurred or is still occurring, that may affect achievement of strategic or local objectives, or generate other risks; or a

b) **Risk**: The **potential** of an event occurring with the combined likelihood and consequence of harm, injury, damage or loss occurring, or impacting the achievement of the health board's objectives or strategic goals.

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Step 1: Risk Identification

The following are examples to be considered when assessing potential risks to your Directorate/Team/Service/Location/etc.:		
Safety	**Reputational**	**Resource**
• Risks that could result in accidental death, disability or severe distress to patients and/or staff; • Risks that could result in unintentional harm; • Risks that may be less serious but are more frequent or could affect a large number of patients/staff.	• Risks that could lead to adverse publicity or affect the reputation of the Organisation; • Risks that could lead to litigation or may be the cause of a formal complaint; • Risks that could affect the Directorate / Department or Organisation in meeting corporate objectives.	• Risks that could result in financial loss to the Organisation; • Risks to service provision; • Risks to equipment / buildings.

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Step 1: Risk Identification

Identification of risks occurs via a number of mechanisms and may be both proactive and reactive from a number of sources, including, but not limited to:

Proactive		Reactive	
Internal Sources	**External Sources**	**Internal Sources**	**External Sources**
• Risk Assessments • Annual Planning • Programme and Project Activities • Patient and Staff Surveys • Training Needs Analysis • Self-assessments • Clinical Audit	• National Recommendations • Partnership Risk Registers • External Engagement & Consultation	• Incidents, Complaints, Claims • Internal Audit • Performance Processes • Discussion at internal meetings	• Safety Alerts • Changes to legislation • Regulatory Inspections • External Audit

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Step 1: Risk Identification

Risks should be articulated clearly and concisely. A clear risk description is important to ensure corresponding actions for treatment are effective. A simple tip is to consider describing the risk in terms of cause and effect, as set out in the following steps:

1. **What could go wrong?**
   In risk language this is called the "event"
2. **Work out Why**
   In risk language this is called the "cause"
3. **Work out what this means for you**
   In risk language this is called the "effect" or "impact" or "harm"
4. **Write the Risk Statement (Description)**
   This is a statement putting together the event, cause and effect

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Step 1: Risk Identification

RISK STATEMENT EXAMPLES			
1. What could go wrong?	**2. What could be the cause of this?**	**3. What would be the effect/impact?**	**4. Risk Statement (Description)**
Poor quality care provided to patients	• High staff sickness rate • Inability to recruit sufficient staff • Inability to release staff for statutory and mandatory training	• Adverse harm to patients • Loss of public confidence in services • Breach of Staffing Levels Act	There is a risk that safe staffing levels are not maintained, compromising patient safety and care
Staff could fall over storage boxes	• Medical records stored in boxes unsafely in office accommodation	• Staff absence due to injury • Breach of Health & Safety At Work Legislation • Litigation Claims for Injury	There is a risk that the unsafe storage of medical records could cause potential harm to staff and loss to the organisation

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STEP 2:
Assessment and Scoring

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Step 2: Assessment and Scoring

Before considering how to manage a risk, you need to assess its seriousness. This is done by measuring the risk's **IMPACT** and its **LIKELIHOOD**.

Potential impacts are ranked by their severity. Each impact is given a ranking from 1 (Negligible) to 5 (Catastrophic). Using the matrix to score your risks helps to ensure the consistent scoring of risks across the organisation.

By rating your risks, you can indicate which are the most serious and reflect this in your range of proposed responses. Rating also helps you prioritise your risks.

The matrix is available on the following pages.

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Step 2: Assessment and Scoring

Measures of Likelihood:

Descriptor	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Frequency How often might it / does it happen	This will probably never happen / recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen / recur, but it is not a persisting issue / circumstances	Will undoubtedly happen / recur, possibly frequently

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Step 2: Assessment and Scoring

Measures of Impact:

Descriptor	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no / minimal intervention or treatment No time off work required	Minor injury or illness requiring minor intervention Requiring time off work for <3 days Increase in length of hospital stay by 1–3 days	Moderate injury requiring professional intervention Requiring time off work for 4–14 days Increase in length of hospital stay by 4–15 days RIDDOR / agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality / complaints / audit	Peripheral element of treatment or service sub-optimal Informal complaint / inquiry	Overall treatment or service sub-optimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints / independent review Low performance rating Critical report	Incident leading to totally unacceptable level or quality of treatment / service Gross failure of patient safety if findings not acted on Inquest / ombudsman inquiry Gross failure to meet national standards
Human resources / organisational development / staffing / competence	Short-term low staffing level that temporarily reduces service quality (<1 day)	Low staffing level that reduces service quality	Late delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>1day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attendance for mandatory / key training	Non-delivery of key objective / service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training / key training on an ongoing basis

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Step 2: Assessment and Scoring

Descriptor	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Statutory duty / inspections	No or minimal impact or breech of guidance / statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating 4 Severely critical report
Adverse publicity / reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives / projects	Insignificant cost increase / schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective / Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective / loss of >1 per cent of budget Failure to meet specification / slippage Loss of contract / payment by results Claim(s) >£1 million
Service / business interruption **Environmental impact**	Loss / interruption of >1 hour Minimal or no impact on the environment	Loss / interruption of >8 hours Minor impact on environment	Loss / interruption of >1 day Moderate impact on environment	Loss / interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

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Step 2: Assessment and Scoring

Likelihood x Impact = Risk Score

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

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Step 2: Assessment and Scoring

Be aware that more than one measure of impact may apply to a risk, for example: -

Risk: *There is a risk that safe staffing levels are not maintained, compromising patient safety and care*		
Impact: Adverse harm to patients **MAJOR**	Impact: Loss of public confidence in services **MODERATE**	Impact: Breach of Staffing Levels Act **MODERATE**

In this instance, the score would reflect the highest rating; in this case, **MAJOR**

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Step 2: Assessment and Scoring

Risks are measured according to their **IMPACT** should the risk materialise, and the **LIKELIHOOD** of the risk materialising.

IMPACT x LIKELIHOOD = RISK SCORE

Risks should be measured at the following **three** stages: -

1. **INITIAL Risk Score**
   The risk score when the risk is first identified – this will not change
2. **CURRENT Risk Score**
   The latest risk score – this should reflect the latest level of risk each time that the risk is reviewed
3. **TARGET Risk Score**
   The desired level of risk that we are working to reduce the risk to, with the effective implementation of controls and mitigating actions

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Step 2: Assessment and Scoring

Risk Appetite is known as the amount and type of risk that an organisation is willing to take in order to meet its strategic objectives. The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

The Board places fundamental importance on the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners in achieving delivery of the ten-year Health and Care Strategy, 'A Healthy, Caring Powys'.

The Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which we operate.

The Board has greatest appetite to pursue innovation and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The Health Board's Risk Appetite Statement is available on the following pages.

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Step 2: Assessment and Scoring

Risk Category	Description
APPETITE FOR RISK: Low (Risk Score 1-6)	
Quality & Safety of Services	The provision of high quality services is of the utmost importance to the Health Board and we have a cautious appetite to risks that impact adversely on quality of care. We consider the safety of patients and staff to be paramount and core to our ability to operate and carry out the day-to-day activities of the organisation. We have a low appetite to risks that result in, or are the cause of incidents of avoidable harm to our patients or staff. This means we are not open to risks that could result in poor quality care or clinical risk assessment, non-compliance with standards of clinical or professional practice, unintended outcomes or poor clinical interventions. We will not accept risks associated with unprofessional conduct, underperformance, bullying, or an individual's competence to perform roles or tasks safely and, nor any incidents or circumstances which may compromise the safety of any staff member or group.
Regulation & Compliance	We will not accept risks that could result in the organisation being non-compliant with UK law or healthcare legislation, or any of the applicable regulatory frameworks in which we operate.

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Step 2: Assessment and Scoring

Risk Category	Description
APPETITE FOR RISK: Moderate (Risk Score 8-10)	
Reputation & Public Confidence	We will maintain high standards of conduct, ethics and professionalism at all times, espousing our Values and Behaviours Framework, and will not accept risks or circumstances that could damage the public's confidence in the organisation. Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government. We have a moderate appetite for risks that may impact on the reputation of the health board when these arise as a result of the health board taking opportunities to improve the quality and safety of services, within the constraints of the regulatory environment.
Finance	We have been entrusted with public funds and must remain financially viable. We will make the best use of our resources for patients and staff. Risks associated with investment or increased expenditure will only be considered when linked to supporting innovation and strategic change. We will not accept risks that leave us open to fraud or breaches of our Standing Financial Instructions.

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Step 2: Assessment and Scoring

Risk Category	Description
APPETITE FOR RISK: High (Risk Score 12-15)	
Innovation & Strategic Change	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity and by being creative and pro-active in seeking new initiatives, consistent with the strategic direction set out in the Integrated Medium Term Plan, whilst respecting and abiding by our statutory obligations. We will consider risks associated with innovation, research and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient centred values and approach. We will only take risks when we have the capacity and capability to manage them, and are confident that there will be no adverse impact on the safety and quality of the services we provide or commission.

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STEP 3:
Treatment and Recording

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Step 3: Treatment and Recording

When you have identified, assessed and scored your risk, the next stage is to decide and document an appropriate response. The response should describe how the Target Risk Score will be achieved. In general, there are four potential responses to address a risk once it has been identified and assessed – commonly known as the 4 T's: -

1. **Tolerate** – the risk may be considered tolerable without the need for further mitigating action, for example if the risk is rated LOW, or if the health board's ability to mitigate the risk is constrained, or if taking action is disproportionately costly. If the decision is to tolerate the risk, consideration should be given to develop and agree contingency arrangements for managing the consequences if the risk is realised.
2. **Transfer** – risks may be transferred for example by conventional insurance or by sub-contracting a third party to take the risk, e.g. Welsh Risk Pool. This option is particularly suited to mitigating financial risks or risks to assets. It is important to note that reputational risk cannot be fully transferred.

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Step 3: Treatment and Recording

3. **Terminate** – the only response to some risks is to terminate the activity, giving rise to the risk or by doing things differently. However, this option is limited in the NHS (compared to the private sector) where many activities with significant associated risks are deemed necessary for the public benefit.
4. **Treat** – this is the most common response to managing a risk. It allows the organisation to continue with the activity, giving rise to the risk while taking mitigating action to reduce the risk to an acceptable level i.e. as low as reasonably practicable. In general, action plans will reduce the risk over time but not eliminate it. It is important to ensure that mitigating actions are proportionate to the identified risk and give reasonable assurance that the risk will be reduced to an acceptable level. Action plans must be documented on the risk register, have a nominated owner and progress monitored by the appropriate risk forum.

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Step 3: Treatment and Recording

There are two types of risk treatment: -

1. **Controls** – what are we currently doing about the risk?
2. **Mitigating actions** – what more do we need to do?

Mitigating actions must: -

- Be clearly defined, to enable ongoing monitoring
- Have an owner assigned to deliver the action, and the owner should be notified of the action they are responsible for
- Have an agreed deadline for implementation, to enable ongoing monitoring
- Be incorporated into service plans, to enable ongoing monitoring, and to ensure the work is prioritised

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Step 3: Treatment and Recording

All risks should be recorded on a risk register, which is documented in an Excel spreadsheet.

Risk Ref	Date risk added to the Register	Step 1	Step 2	Step 3	Step 4			Step 5		Step 6	Step 7			Step 8	Step 9			Step 10	Step 11	Step 12
		Risk: Description of the Risk [insert a short description of the risk and where relevant, the incident that highlighted it]	Cause: This is caused by...	Effect: So what? What are the consequences for the Service or Health Board, should the risk materialise?	Initial Risk Score			Risk Owner (Executive Director)	Risk Manager (Assistant Director / Service Manager)	What has been done to manage the risk to date? [Steps already taken]	Current Risk Score [What is the residual risk now that these actions have been completed?]			What more can we do? When will it be done by? [Assess whether more can be done to manage the risk at your level – what will be done? Who will take it forward? Date for completion]	Target Risk Score [What is the desired level of risk, based upon the PTHB Risk Appetite?]			Will we be able to manage the risk to an agreed level, or does it need to be escalated?	When will we review the actions (step 8) to ensure they are working?	Monthly Review: Date reviewed and rationale behind re-rating or score remaining as is
					Likelihood (1 - 5)	Impact (1 - 5)	Risk Rating				Likelihood (1 - 5)	Impact (1 - 5)	Risk Rating		Likelihood (1 - 5)	Impact (1 - 5)	Risk Rating			
							0						0				0			
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The risk register should be held in a central location, with version control to provide an audit trail and access to historical information.

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A risk register template is available on the Health Board's website.

Step 3: Treatment and Recording

A risk register is a log of all risks that threaten the Health Board's success in achieving declared aims and objectives. It is a dynamic living document, populated through the Health Board's risk assessment and evaluation process. The risk register needs to be regularly updated, to provide a structure for collating and categorising the following information: -

- Rank and report key risks
- Inform the decision making process
- Track mitigating actions – progress and effectiveness
- Keep risks visible
- Escalate risks that cannot be managed at the current level

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STEP 4:
Monitoring and Review

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Step 4: Monitoring and Review

Monitoring and review is an important part of the risk management process, and involves regular checking or re-evaluation. The results should be recorded and reported within the risk register. Effective monitoring and review supports the risk management process by: -

- Ensuring that mitigating controls are effective and efficient in both design and operation;
- Obtaining further information to improve risk assessment;
- Analysing and learning lessons from risk events, including near-misses, changes, trends, successes and failures;
- Detecting changes in the external and internal context, including changes to risk criteria and to the risks, which may require revision of risk treatments and priorities;
- Identifying changes to a risk score as a result of a change in controls;
- Identifying interim measures for risk treatments that have long lead times, e.g. where a high risk has a resolution timeframe of two years;
- Horizon scanning to identify new emerging risks.

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Step 4: Monitoring and Review

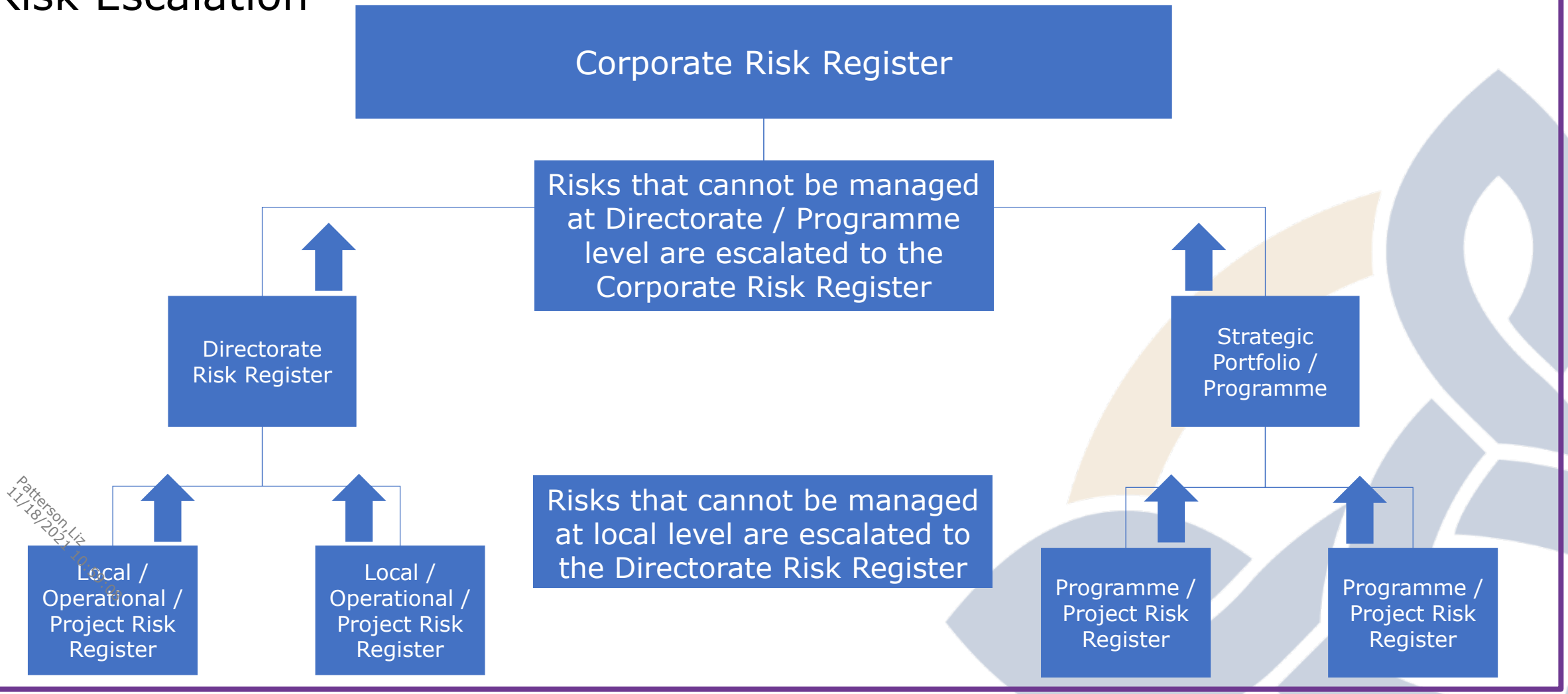
Risk monitoring should be undertaken on a regular basis, and incorporated into management team meetings as a standing agenda item for regular discussion and review of the risk information.

This discussion may identify that the consequences of some risks, or the action needed to mitigate them, can be such that it is necessary to escalate the risk to a higher management level. The health board uses hierarchical risk registers to ensure that risks are managed, escalated and reported at the appropriate organisational level. The following pages provide the process for escalating risks, and the risk management hierarchy as outlined in the Risk Management Framework.

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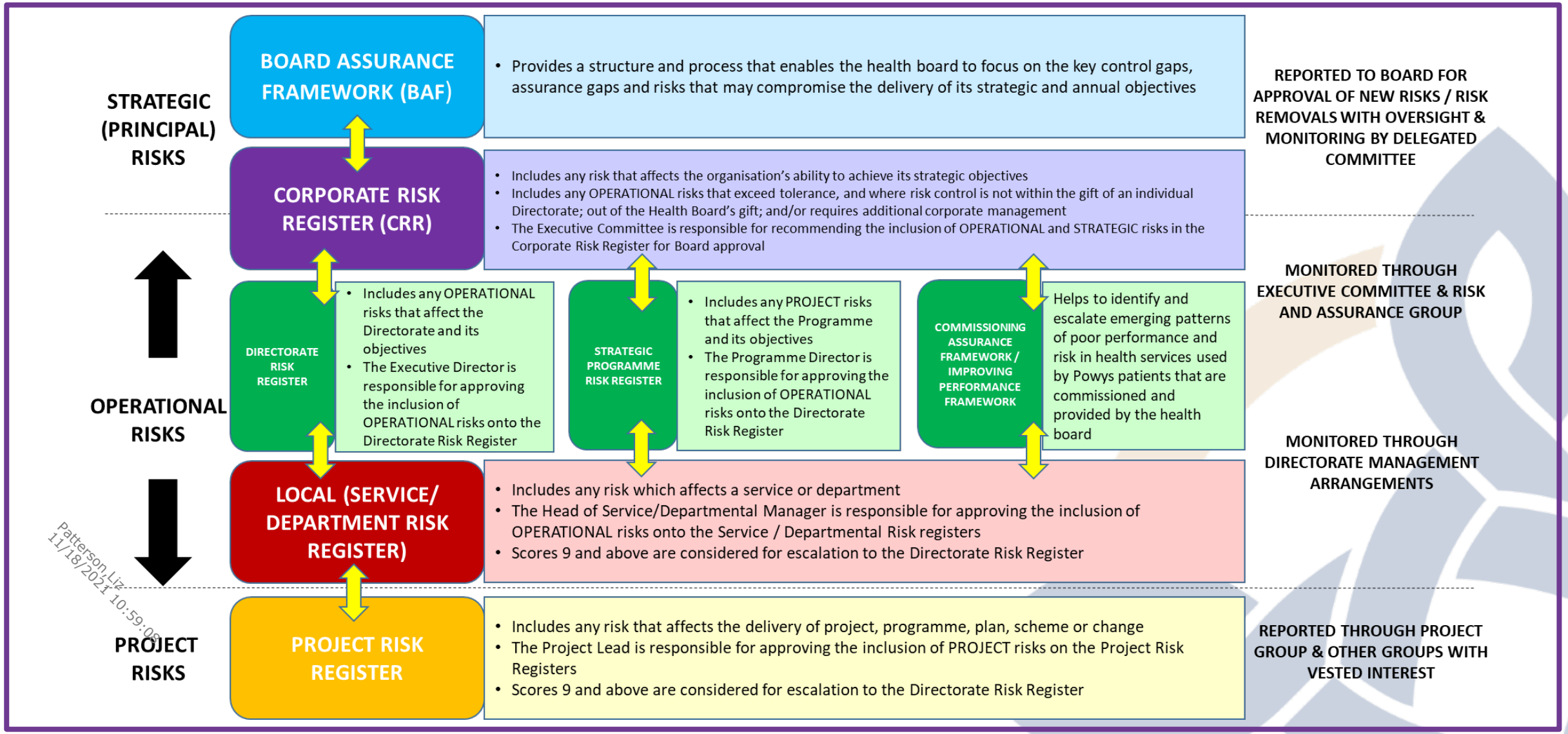
Step 4: Monitoring and Review

Risk Escalation



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Step 4: Monitoring and Review



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Step 4: Monitoring and Review

Risks that are proposed for consideration for escalation to the Corporate Risk Register are subject to a risk assessment. The corporate risk assessment is a more comprehensive risk assessment, to provide the Board with detailed information including the risk impact; evidence to support the risk and the current score; controls in place to manage the risk; and, further mitigating actions required to manage the risk to target level. The corporate risk assessment is outlined on the next page, and is available on the health board's website.

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Step 4: Monitoring and Review

Risk that:			**Lead Director:** **Assuring Committee:**	
Risk Impacts on: Organisational Priorities underpinning XXXX			**Date last reviewed:**	
Risk Rating (likelihood x impact): Initial: Current: Target:			**Rationale for current score:**	
Date added to the risk register XXXX				
Controls (What are we currently doing about the risk?)			**Mitigating actions (What more should we do?)**	
•			**Action**	**Lead** / **Deadline**
Assurances **(How do we know if the things we are doing are having an impact?)**			**Gaps in assurance** **(What additional assurances should we seek?)**	
•			•	
Current Risk Rating			**Additional Comments**	

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For further information in respect of Risk Management, please visit the health board's website, or email the Head of Risk & Assurance.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2a

BOARD MEETING	**Date of Meeting: 24 November 2021**
Subject:	**FRAILTY AND INTEGRATED COMMUNITY MODEL**
Approved and Presented by:	Medical Director
Prepared by:	Assistant Director of Transformation & Value
Other Committees and meetings considered at:	Renewal Strategic Portfolio Board 3rd November 2021

PURPOSE:
The purpose of this paper is to update the Board about the Frailty and Community Model Programme.
RECOMMENDATION(S):
The Board is asked to NOTE and DISCUSS the update report.

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	✓

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	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:

Ensuring a robust frailty and the community model for the people of Powys has been identified as one of the major renewal priorities for Powys Teaching Health Board, following an assessment of learning and evidence including the impact of the pandemic.

This paper updates the Board about the Frailty and Integrated Community Model Programme. A Programme Initiation Document was approved by the Renewal Strategic Portfolio Board on the 10th September, 2021. Whilst it is a longer term renewal programme involving a major phased transformation over a number of years, the immediate focus has been the actions which most contribute to building resilience this winter. The programme will also contribute to the recovery of services affected by the pandemic and has an important interface with the North Powys Programme.

The purpose of the Programme is to learn from the modified approaches implemented during the pandemic in order to successfully maintain many more people within their own homes; to develop a revised frailty and community model to improve outcomes for people through more intensive community and home based care; to develop and implement a renewed frailty pathway, including for those at risk of falls. With a clear prevention and home first ethos, it will work to ensure equity of access across Powys and will work across boundaries with system partners to help people live as independently as possible and to prevent avoidable secondary care admissions.

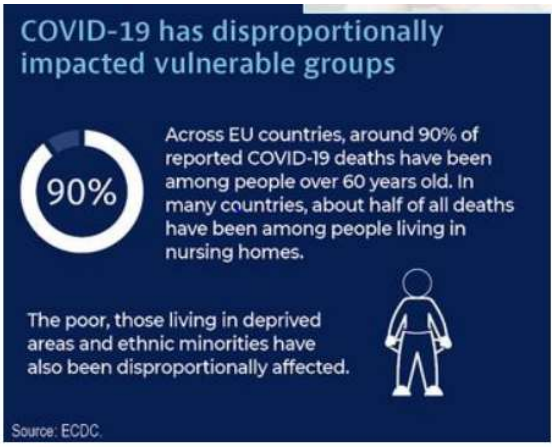
DETAILED BACKGROUND AND ASSESSMENT:

Frailty is a loss of resilience that means people do not bounce back quickly after a physical or mental illness, an accident or other stressful event.

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In practice being frail means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long term impact on someone's health and wellbeing.

Approximately 10 percent of people aged over 65, 30 percent of those over 85 and 60 percent of those aged over 90 are living with frailty. In the UK, Wales has the highest proportion of centenarians. The evidence base identifies that the wellbeing of frail older people has been adversely affected by the impact of the pandemic further compounded by the reduction in non-COVID NHS provision.



https://www.oecd-ilibrary.org/

The OECD report that the virus has disproportionately hit older people and those with underlying health conditions. In nearly all countries, at least 90% of Covid-19 deaths were amongst people aged 60 and over. In many, about half or more were amongst residents in long-term care facilities. There has been a clear social gradient in Covid-19 deaths Poor people, people living in deprived areas and ethnic minorities have also been disproportionately affected.



Effective frailty models of care are based upon early recognition and prevention – proactive rather than reactive care. Intervention is aimed at improving physical, mental and social functioning to avoid adverse events, for example, injury, hospitalisation or institutionalisation. This contrasts with the strictly disease-orientated biomedical approach taken to many other long-term conditions.

PTHB has an established frailty model with many areas of good practice and engagement and ambition to develop the service. However there is complexity, variable practice and some poorly defined models with perceived duplication and fragility of services.

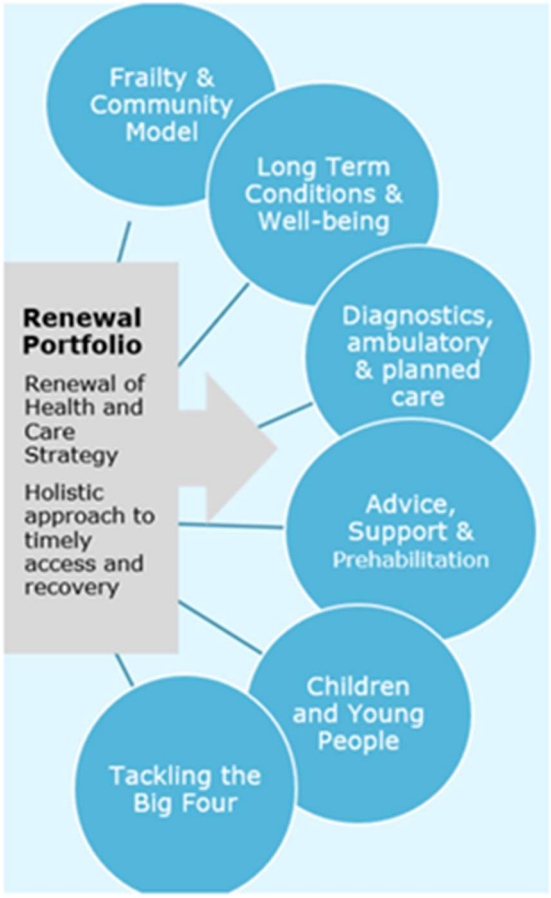
New ways of working during the pandemic have presented opportunities to refine the model by delivering more intensive community and home-based care. A refined model will be built on a culture of providing care closer to home and existing models of virtual wards, community hospitals, Discharge to Recover and Assess and Home First. Using a value-based approach with clear outcome measures, the system will be described by an overarching model with clear definition, leadership and an ethos of prevention.

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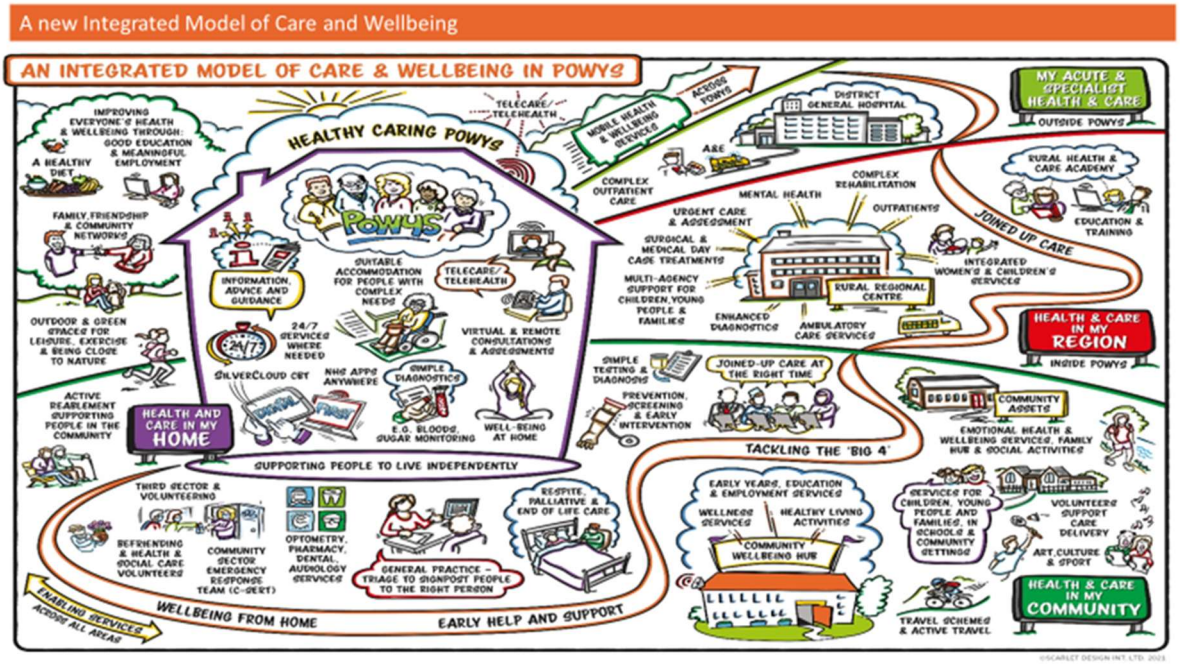


The Frailty and the Community Model Programme is part of the Renewal Portfolio, built around the principles of A Healthy Caring Powys and the PTHB plan to ensure a focus on those things that matter most to the well-being of the population of Powys and those things which will work best to address the critical challenges ahead. The scale of the challenge will require new, radical solutions bounded in a value-based healthcare to help people age well.

The programme will be phased, focusing on the actions which will have the greatest impact on achieving system resilience in the short term, whilst moving towards recovery and renewal.



Partnership with other agencies within Powys and with cross-border system partners is crucial for this programme. It will be developed under the high level Integrated Model of Care and Wellbeing for Powys.



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Scope
The revised frailty model will define the overarching model for frailty and community care by assessing best evidence and its application to the Powys population.
The culture of proactive care will be further developed with an emphasis on a clear care plan for each patient based upon patient choice, advanced planning and escalation planning.

Existing models will be evaluated and refined with a value-based approach

- Virtual ward / hospital at home
- D2RA
- Community hospital care will be defined with clear purpose
- An integrated system will be further developed with the care sector and support for carers and care homes will be boosted by promotion of the MDT approach

In addition

- Early detection will be key with early frailty screening and scoring
- A Complex Geriatric Assessment will be carried out for those with a frailty score of 6 or above (Outcomes Cochrane review 2011). The evidence is that this has the potential for:

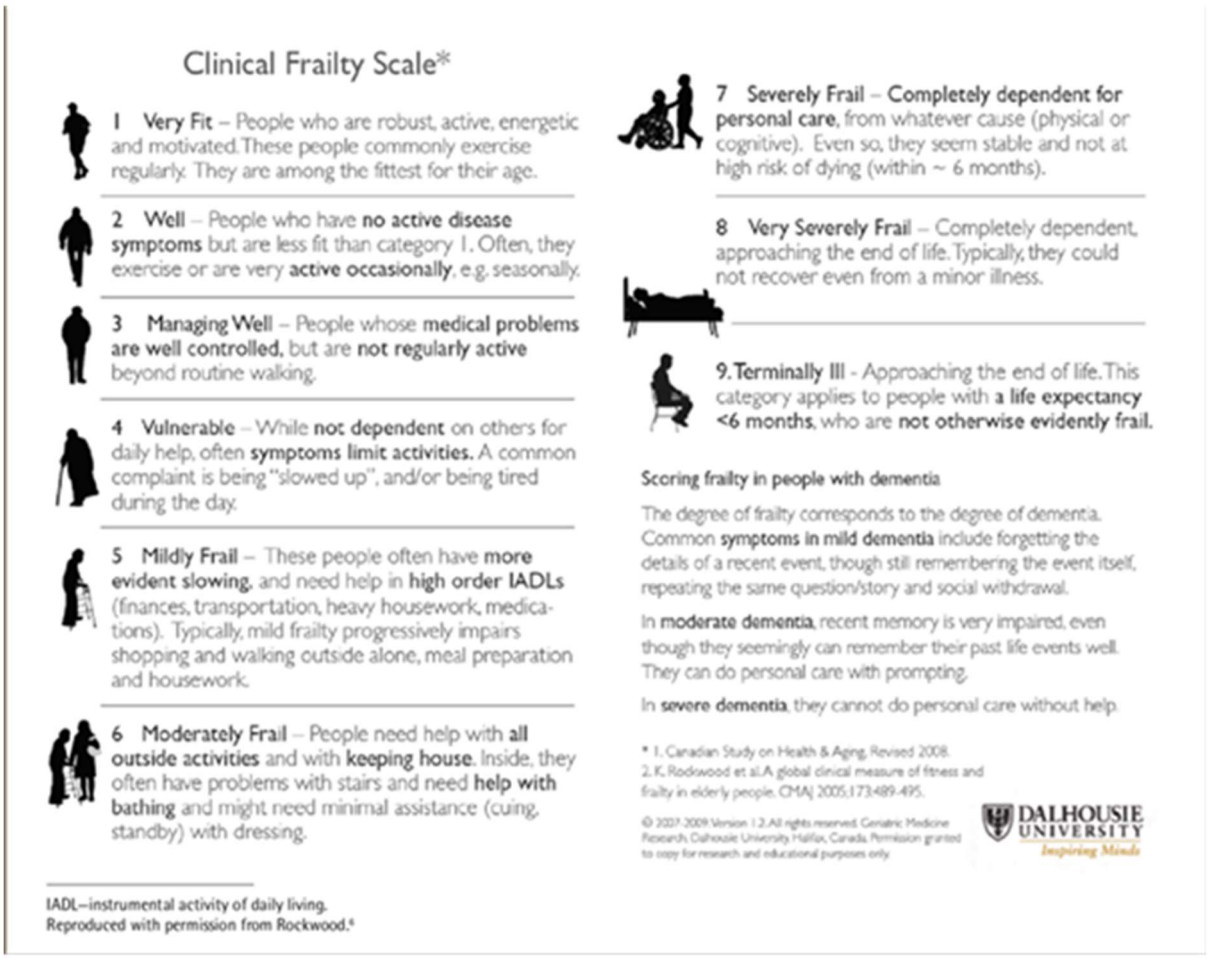
  -24% risk reduction in death or functional decline at 6 months
  -31% more likely to be alive and in own home at 6 months
  -Number needed to treat 13-24

- Each patient will have clear and accurate documentation – visible across the whole health and care system including Out of Hours
- E-documents will be scoped
- Use of digital technology will be explored
- Stronger links between primary and secondary care will be developed
- A renewed approach to emergency care will be developed with an emphasis on early planning and decision making, community diagnostics and local review, with the goal of delivering more care closer to home
- The staffing model and the functions of the MDT will be evaluated to ensure that a value based model is delivered
- Clinical leadership will be recruited to provide clinical guidance and to help deliver the best possible model.

The working definitions being used for frailty in the programme are those used in the Rockwood Frailty scale overleaf.

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Rockwood Frailty Scale



Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging. Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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DALHOUSIE UNIVERSITY Inspiring Minds

IADL—instrumental activity of daily living.
Reproduced with permission from Rockwood.[4]

Key sources of evidence to support this work in relation to frailty also include: the British Geriatrics Society – Integrated Care for Older People with Frailty (Kings fund 2013); Cochrane Review 2011; and due to the cross border flows of the Powys population learning from the NHS England Right Care Frailty toolkit.

The programme will learn from the modified approaches implemented during the pandemic in order to successfully maintain many more people within their own homes. The programme will be based on a population and whole system value based health care approach. The priorities of the programme are summarised overleaf.

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FRAILTY AND COMMUNITY MODEL PRIORITIES

Frailty assessment
Frailty scoring
(First tranche: domiciliary care virtual ward, triggers, age)
(Implementation: capacity, training; format, IT)
Complex Geriatric Assessment

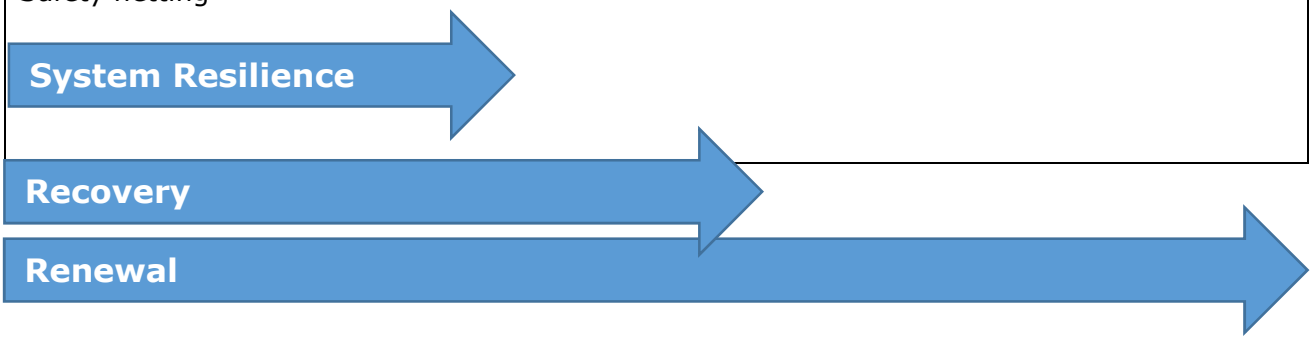
Treatment Escalation Plan
(First tranche: care homes, nursing homes)

Services responses
Understand current state
Support overnight and out of hours
Virtual ward
Reablement
Discharge to Assess
Care home in-reach
Care home out-reach
Outreach to supported living
2hr response in the community
Integrated hub

Streamline assessment process for people in hospital (health and social care)
Understand current processes, including discharge to recover and assess
Review process for DGH social services assessment
Community hospital in-put
Care Transfer Co-ordination
DGH understanding of Powys arrangements

System Intelligence
Understand the current state
Dashboard
Review
Escalation
Focus on patient outcomes (including developing measures for frail people "deconditioning" whilst delayed in hospital- e.g. frailty scoring)

Culture and Champions
Clinical decision making
Understanding of risk and support in decision making
Shared goals, systems and decision making (transferable skills)
Goals focused on keeping people at home
Safety netting



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Programme Structure, Governance and Reporting
The Medical Director is the lead Executive Director for the Programme. The programme reports to the Chief Executive-led Renewal Services Portfolio Board which has been established, as a formal part of Powys Teaching Health Board's Executive Committee. This will be used as the mechanism to drive, govern and co-ordinate the work required.

The approved PID recognised that due to pace and co-ordination needed in relation to system resilience involving this priority area the CEO would establish a System Resilience Group focusing on actions by the end of November 2021 and March 2022.
Due to the immediate work which was on needed on resilience the first formal programme Board meeting is now due to take place on the 30th November. The approved PID includes membership spanning Medicine - Care of the Elderly consultant/s – including secondary care, Therapies, Nursing, Workforce and Organisational Development, Clusters, Social Care, Community Services Group, the Welsh Ambulance Service Trust and Transformation. Third sector and patient voice arrangements will be confirmed. There will be representation from the North Powys Programme. The longer term support arrangements for the programme are to be finalised.
The approved PID has listed the issues this programme will lead on. It has also identified key links with the North Powys Programme, "Age Well", the Regional Partnership Board and the South Powys Programme.
The Programme will:

- Take forward the objectives set out in the PTHB Integrated Medium Term Plan and Annual Plan;

- Design and recommend the overarching frailty and community model (based on an analysis of need, the evidence base and gap analysis);
- Map key systems from prevention to specialised services;
- Utilise a value-based approach;
- Bring together intelligence on cost, quality and outcomes, including analysis of variation;
- Identify opportunities to shift from low value interventions to high value interventions;
- Reduce inequities in treatment outcomes for the Powys population;
- Identify and develop an implementation plan following the appropriate prioritisation, approval and change processes including appropriate engagement, consultation and notice;

- Lead a cultural change to proactive approaches based on early detection with an emphasis on a clear care plan for each patient based upon patient choice, advanced planning and escalation planning.

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- Improve clinical outcomes, symptom management and experience for people suffering frailty and using community services in Powys.

The programme will embrace a co-design approach drawing on the insight of patients, carers and parents. There will be a multiagency approach including local authority, third sector and independent sector partners. It will also involve professional staff from "enabling" areas such as information technology, planning, commissioning, finance and management.
Recovery and renewal will involve whole-pathway transformation. PTHB will need to link into the recovery planning of two main neighbouring English systems (Shropshire, Telford and Wrekin and Hereford and Worcester). It will also work through regional and national arrangements within Wales. The multiagency interface will be via membership at the Programme level.

A priority of the PTHB Value Based Health Care Programme is supporting the work on Frailty and the integrated community model. Other health boards have signalled that they would be interested in working with PTHB on ensuring improved outcomes for people with frailty, including reducing the adverse impact of "**deconditioning**" in hospital.

There will be support from enabling programmes as set out in the annual plan and effective communication and engagement will be important.

PTHB ANNUAL PLAN MILESTONES 2021/22

Progress against the quarter 2 milestones for this priority area (summarised below).

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

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

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

There has been some slippage against the in-year milestones. However, the revision of the frailty and community model has been initiated. The approved Value Based Health Care programme has a specific priority of supporting the frailty and community model work. Work on demand and capacity modelling is being supported though the North Powys Programme, which is in train but not yet complete. This will inform the work on the model (including workforce). The Medical Director is leading work on the medical staffing solution. The frailty scoring tool and e-learning module have been identified, but the roll out is not yet complete. The use of the Complex Geriatric Assessment has a co-dependency with the medical and workforce model.

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Risks

The key risks the programme is seeking to address are:

- Harm as frailty is not recognised early enough;
- Deconditioning in hospital due to inappropriate admissions and delayed transfer of care.
- Resources are spent on inappropriate or low value activity, including inappropriate admission; delayed discharge and use of out of county community hospitals for frail older people
- Insufficient capacity to lead and manage the frailty and community transformation effectively.
- Insufficient progress addressing potential harm due to conflicting priorities and lack of co-ordination, clarity and ownership across N Powys/RSPB/Age Well;
- Insufficient estates capacity for the service model;
- Services for frail people cannot be staffed safely and sustainably;
- Delayed secondary and tertiary care for frail people;
- Fragmented frailty and community services;
- Health inequalities in relation to frail people are not identified and addressed leading to poorer outcomes for some patients;
- There are delays in accessing primary and community services for frail people;
- Risk to the continuity of delivery of services for frail people

Benefits

Key benefits to be realised are:

- A consistent service model across Powys, with reduced complexity
- Equitable access to services
- Reduction in inappropriate variation
- Greater proportion of care within Powys
- More timely access to diagnosis and treatment
- A relative reduction in emergency activity
- Patient expressed outcomes collected and achieved
- Evidence of improved clinical outcomes
- Optimisation of medication
- Reduced avoidable admissions, delayed transfers of care and use of distant out of county community beds.
- Better value
- Decision making informed by accurate and timely information
- A sustainable workforce
- Strategic evidence of harms from COVID reduced.

NEXT STEPS:

The Frailty and Integrated Community Model Renewal Programme will be implemented. The initial focus are the priorities for action which help to build resilience this winter. There will be reports to the Board about progress.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2b

BOARD MEETING	**Date of Meeting: 24th November 2021**
Subject:	**Diagnostics, Ambulatory and Planned Care Renewal Programme**
Approved and presented by:	Director of Primary and Community Care and Mental Health
Prepared by:	Transformation Programme Manager Assistant Director Transformation and Value
Other Committees and meetings considered at:	Diagnostics, Ambulatory and Planned Care Programme Board 03.10.21 Renewal Strategic Portfolio Board 03.11.21

PURPOSE:

The purpose of this paper is to provide the Board with an update on the establishment of the Diagnostics, Ambulatory and Planned Care renewal programme, progress made to date and priorities.

RECOMMENDATION(S):

The Board is asked to NOTE the content of this report.

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	✓

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	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 Diagnostics, Ambulatory and Planned Care renewal programme has been established at pace. There has been progress delivering actions to address the planned care backlog priority despite considerable recruitment challenges.

Work is commencing on the development of a diagnostic strategy for Powys which will set the ambition for truly transformational diagnostics development for the Powys population over the next 3 years.

DETAILED BACKGROUND AND ASSESSMENT:

Purpose and scope of the programme

The purpose of this programme is to ensure the recovery and renewal of Planned Care, Diagnostics and Ambulatory Care services within Powys. As articulated in health board plans the programme will: establish increased diagnostic capability at home, within primary care and diagnostic hubs; establish ambulatory care centres supporting care such as medical day case interventions; and establish priority repatriation and expansion in directly provided services.

Recovery must be based on creating the sustainable services needed for the future alongside dealing with the backlog of patients already in the system. The programme scope will focus on activity undertaken within Powys by PTHB, primary care and in-reach providers.

The July 2021 data showed the waiting list for elective treatment was over 19,000, for services needed in and out of county, (equating to about 14% of the Powys population). Over 2,800 of these waits were already longer than a year.

The waiting times for service provided in Powys are shown in the table below:

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Row Labels	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
Cardiology	108	9	4				121
Dermatology	46						46
ENT	402	18	7	7			434
General Medicine	89	15	4				108
General Surgery	403	60	34	11	17	2	527
Geriatric Medicine	29						29
Gynaecology	313	28	2				343
Ophthalmology	725	124	18				867
Oral Surgery	206	48	59	28	60		401
Orthodontics	5	3					8
Orthopaedics	537	63	37	35	19		691
Paediatrics	24						24
Pain Management	61						61
Rheumatology	113	8	6	2			129
Urology	127	19	16	7			169
Grand Total	**3188**	**395**	**187**	**90**	**96**	**2**	**3958**

Progress to date

Establishing the programme

A Transformation Programme Manager was appointed to support the Diagnostic, Ambulatory and Planned Care Programme but was unable to be released full time until 1st November due to conflicting organisational needs during the pandemic. In the interim, the Assistant Director of Transformation & Value and a Transformation Programme Manager covering other aspects of the Renewal portfolio supported securing additional planned care capacity and initiating the Programme.

The Programme Initiation Document was approved at the September meeting of the Renewal Strategic Portfolio Board (RSPB), setting out the programme scope with a key focus on activity undertaken within Powys by PTHB, primary care and in-reach providers. This priority programme also links to the national Planned Care Programme.

The Planned Care element of the programme will include:

- Powys residents(accessing services in Powys)
- Effective Referral (evidence base, alternatives)
- Advice and Guidance (Consultant Connect)
- Regional Solutions

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- Outpatient Modernisation
- Attend Anywhere
- Risk Stratification
- Evidenced Based Interventions
- Capacity (including recruitment and incentivisation)
- Insourcing & Outsourcing
- Pathway redesign
- Follow Ups (See on Symptoms/Patient Initiated Follow Up)
- Orthopaedics/Ophthalmology/ENT/Urology/Dermatology

The Diagnostics Modernisation element of the programme will include:

- Overarching Model for Powys
- Phlebotomy & Pathology
- Physiological Measures
- Imaging
- Endoscopy
- Genomics

The Ambulatory Care elements of the programme will include:

- Overarching Strategy and Model for Powys
- Potentially include diagnosis, observation, consultation, treatment, intervention, and rehabilitation services that reduce the need for hospital admission

(The Ambulatory Care element of the Programme requires further work and scope and has key interdependencies with the Frailty and Community Model Programme.)

High level transformation priorities have been identified and approved by the RSPB and two tranches of non-recurrent funding has been secured from Welsh Government.

The Diagnostics, Ambulatory and Planned Care Programme Board has been established, with the first meeting held on the 3rd October 2021, and monthly meetings scheduled. Following the establishment of the Programme Board the Planned Care work stream lead has been identified and planned care work stream meetings are underway, with an initial focus on addressing the provider waiting list.

A detailed programme plan and risk register has been drafted was discussed and approved by the November Programme Board meeting. The agreed portfolio highlight report template has been developed and will be used by the programme to provide assurance to the RSPB on the progress against the agreed plan, achievements, high scoring risks and performance trajectory. The development of the Diagnostics Strategy at pace is also a priority and a Diagnostics strategy meeting has been scheduled.

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The work required to maintain links with regional or national programmes and capitalise on opportunities presented through those channels to align with the renewal programme approach will continue to be key.

A detailed risk register has been developed and will be reviewed monthly by the programme board. All risks with a current risk score of 15 and above will be escalated to the RSPB, in line with the agreed portfolio risk management approach. A summary of the key programme risks is provided below:

- Recruitment within Powys;
- Ability to manage backlog of planned care activity in a timely manner due to recruitment challenges, procurement expertise and capacity and availability of suitable alternative clinical capacity;
- Managing this renewal priority alongside a challenging "business as usual" context;
- The COVID pandemic remains a live situation. Further waves or future uncertainty, especially in winter, may affect the delivery of the programme.

<u>Progress made planned care backlog in the PTHB provider</u>

PTHB was successful in securing non-recurrent revenue and capital funding from Welsh Government in April 2021 to accelerate recovery (£1.2M revenue plus £476,600 capital for endoscopy and ophthalmology equipment). Alongside this, PTHB has emphasised the importance of the Welsh Government aiding in relation to the recovery of cross-border flows within Wales and England. Where Welsh Government is funding directly accelerated recovery in other health boards and NHS Trusts in Wales, PTHB residents will need to be able to access such services and a mechanism will need to be in place to ensure that PTHB is not recharged for the added accelerated recovery activity. Recently, there has been confirmation PTHB will be able to fund the cost of recovery for its patients in English providers, which are approximately half of the external flows, via a further tranche of funding provided by the Welsh Government. The second tranche of non-funding secured in November 2021 was, in terms of this programme, focused on eye care and dermatology.

Positive progress has been made in addressing the waiting list. PTHB has performed better than expected in Q1 and Q2 in most areas as shown in the table below, with the funding secured from Welsh Government critical to the delivery of Q3 and Q4 trajectories.

	Q1 projected	**Q1 actual**	**Q2 projected**	**Q2 actual**
Elective day case activity	268	329	366	323
New outpatients face to face	2,666	3,203	2,880	3,397
New outpatients virtual*	1,054	1,068	1,087	846

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Follow up outpatients face to face	6,025	6,986	6,007	7,101
Follow up outpatients virtual*	5,227	5,736	5,168	4,708
Diagnostics – Non Obstetric Ultrasound	1,028	1,022	960	1,053
Diagnostics - endoscopy	229	232	187	219

*the number of virtual consultations is decreasing across NHS providers as clinicians wish to see patients face to face due to longer waiting times.

The planned care revenue element of the first £1.2M non-recurrent funding was intended to bolster directly employed theatre staff numbers to enable more theatre and endoscopy sessions to take place in Powys to address the waiting list position. Despite extensive efforts, it was not possible to recruit to roles and a decision was made, endorsed by the RSPB, to pivot to a procurement strategy. An insourcing solution has been agreed subject to a Chair's Action on the 12th November 2021. There has been close working with clinical and professional colleagues involved in the process. Work is underway on a detailed mobilisation plan involving relevant leads from across PTHB on a task and finish basis. Insourcing will be a short-term temporary solution whilst other local, regional and national NHS solutions are put in place.

Learning to date has indicated there will be a need to adopt creative workforce solutions as part of the programme.

The short term nature of the initial funding and immediate pressures have focussed efforts on the planned care backlog in Q1 and Q2. In Q3 exciting work to develop a transformational 3 year diagnostic strategy is being initiated. A renewed approach to diagnostics has the potential to radically transform patient pathways and to drive improved outcomes in relation to cancer, stroke, heart disease, respiratory disease, dementia and many more conditions.

Learning from the pandemic has shown the need to expand diagnostics provision outside district general hospitals including:

- Imaging: CT, MRI, ultrasound, plain X-ray;
- Cardiorespiratory: echocardiography, ECG and rhythm monitoring, spirometry and some lung function tests, support for sleep studies, blood pressure monitoring, oximetry, blood gas analysis;
- Pathology: phlebotomy;
- Endoscopy.

This presents significant opportunities for PTHB and will build on work underway on diagnostics across its renewal priority areas such as the development of sleep studies through the Breathe Well Programme; Faecal Immunochemical Testing (FIT) in relation to suspected bowel cancer; and the development of community cardiology.

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In line with agreed organisational processes and best practice, the "Analyse, Plan, Do, Review" approach will be adopted focusing on what the evidence base and "horizon scanning" indicates will be possible. The diagnostics strategy will cover the whole system and all ages. Priorities will emerge from the analyse stage, including what it should be possible to provide within Powys in the short, medium and longer term and those areas which will require regional and national collaboration. This will enable PTHB to understand the landscape and potential early wins whilst developing further work. The prioritisation and timing of elements that emerge from the analyse stage will be taken forward through a phased implementation plan.

The interdependencies with other programmes within the renewal portfolio (particularly frailty and community model; cancer; respiratory; circulatory; mental health) will be managed carefully. The diagnostic strategy will set the overall ambition and define priorities, some of which will be progressed and implemented through other programmes within the renewal portfolio.

NEXT STEPS:

Programme arrangements will continue to be established and embedded at pace. Focussed attention will be given to addressing the planned care backlog. A transformational diagnostics strategy will be developed. The programme will continue to maximise opportunities presented through regional and national work.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3a

BOARD MEETING	**Date of Meeting: 24/11/2021**
Subject:	**Performance Overview against National Outcome Framework – October update, 2021/22**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Performance Manager
Other Committees and meetings considered at:	Delivery and Performance Group held on 21st October 2021. Delivery and Performance Committee held on 1st November Executive Team held on 3rd November 2021.

PURPOSE:
This report provides a brief update on the changes to the latest performance position for Powys Teaching Health Board up until October 2021 with the latest availability of data, including a high-level overview of COVID, Test, Trace and Protect and mass vaccination performance.
RECOMMENDATION(S):
The Board are 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 Board with a performance update against the 2021/22 NHS Delivery Framework, and limited local measures.

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 contains a high-level summary of COVID e.g. infection rates, mortality and vaccination progress and a brief update on Powys Teaching Health Board's (PTHB) performance, set against the revised 2021/22 National Outcome and Delivery Frameworks four aims, and their measures. The document contains relevant dashboards and extra analysis data showing the levels of compliance against the National Framework, and Powys Teaching Health Board local measures.

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

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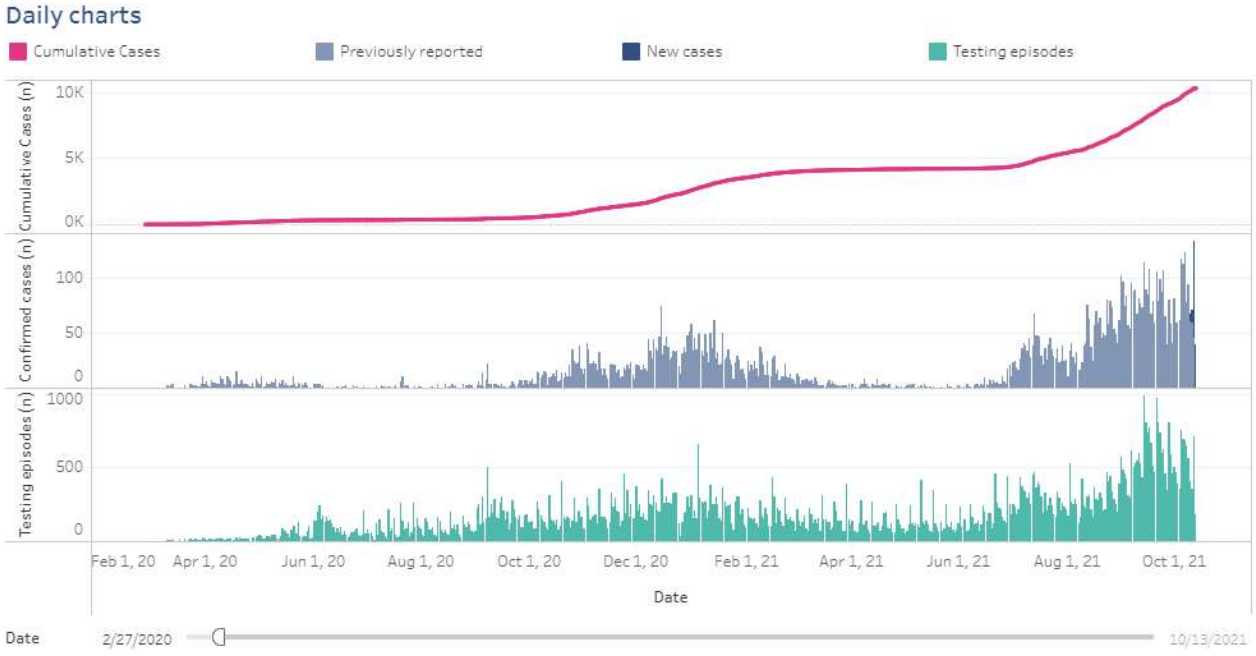
DETAILED BACKGROUND AND ASSESSMENT:

COVID-19 Update

Powys Resident Positive Cases – Source Public Health Wales

Cumulatively **10,278** cases for Powys local authority residents have been reported up until the 13/10/2021 since the start of the pandemic.

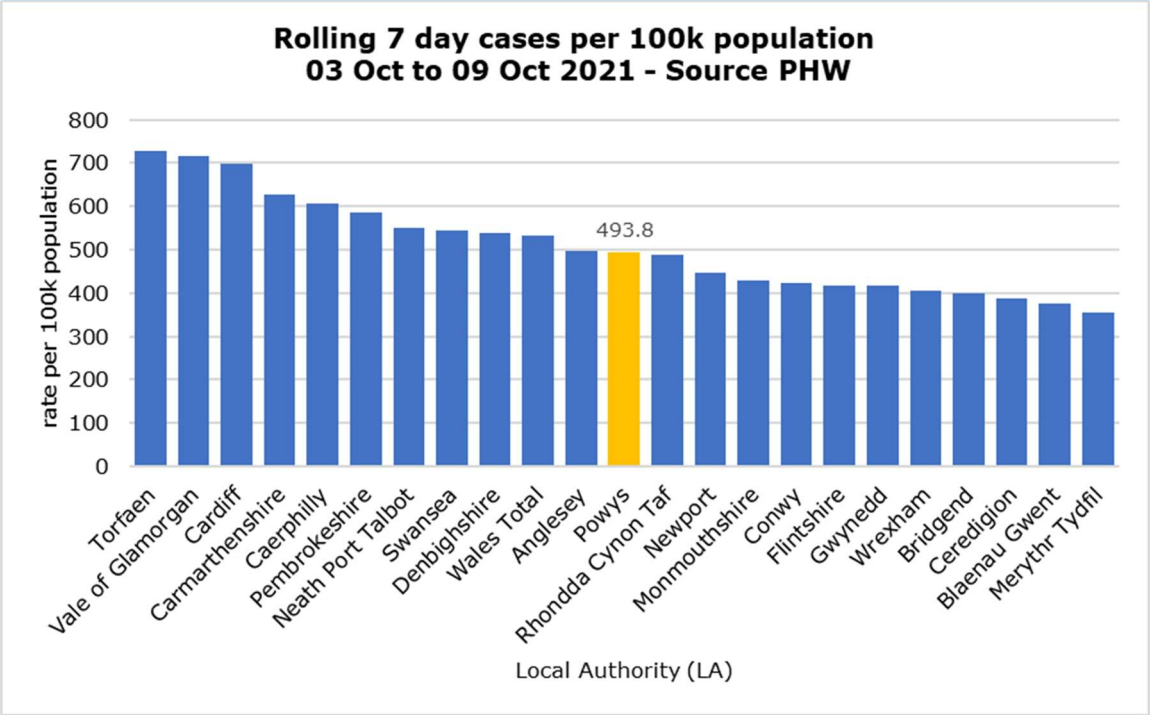
The latest Powys rolling 7-day position for COVID infection rates by local authority of residence (3rd to 9th October 2021 source PHW) shows that the number of reported positive cases has increased in line with the third wave of COVID-19 infections. During this period **654** cases have been reported from **4,130** testing episodes, resulting in a 7-day rolling rate of **493.8** cases per 100k, and a test positive proportion of **15.8%**.



Source PHW Daily Charts 14/10/2021

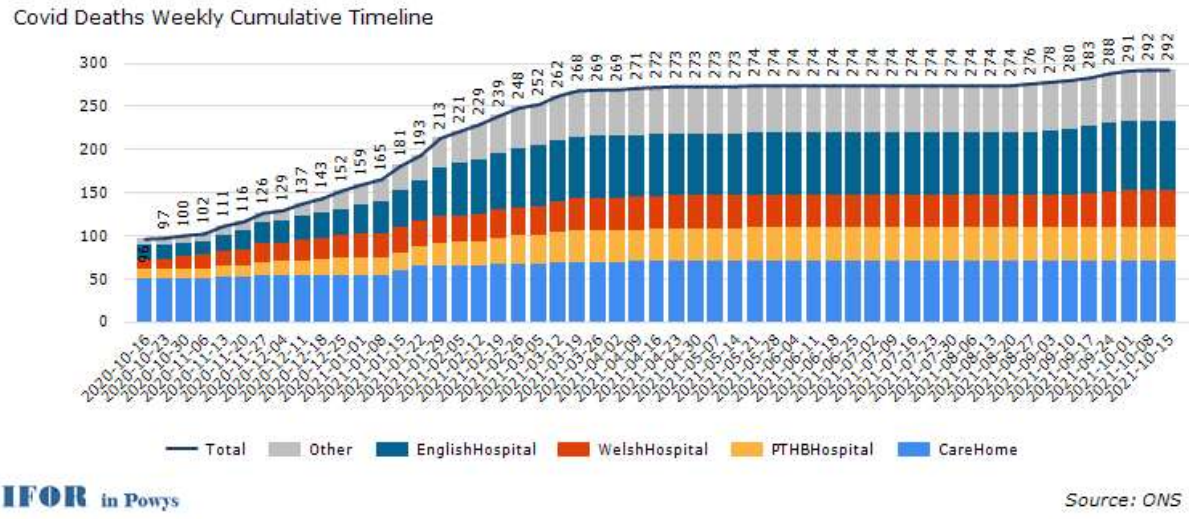
Powys as a local authority area over the last 7 rolling days (3rd to 9th October 2021) has a reported rate of **493.8** infected cases, placing the local area mid-level for infection rates in Wales (graph below).

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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.



**N.B Incomplete data for week 15/10/2021.*

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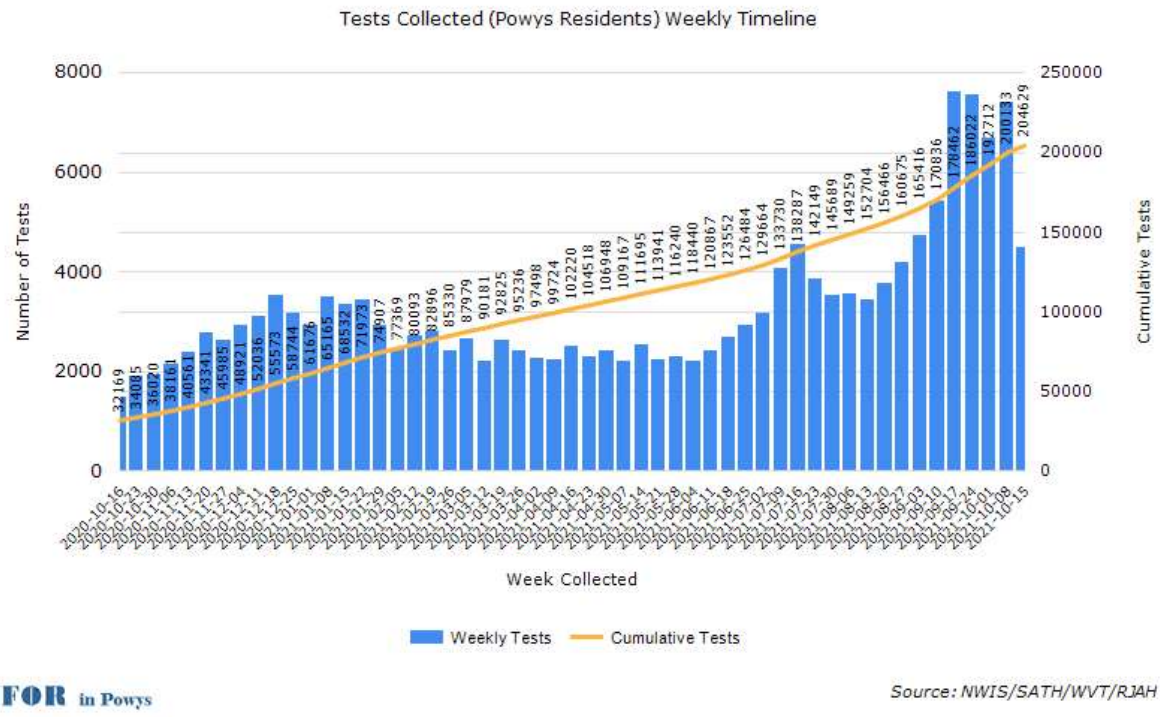
In Powys the cumulative total deaths from COVID is **292** since the pandemic started, this is the latest snapshot (14/10/2021). A small increase in COVID linked deaths has started over the last 7-week period.

TEST, TRACE, PROTECT – Source TTP dashboard, PTHB Information Team

The test positivity rate for the period 05/10/21 to 11/10/21 was **9.1%.**

Approximately **7472** tests were performed on Powys residents during the week ending 11th of October. A timeline of weekly testing is shown below.

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



**N.B Incomplete data for week 15/10/2021.*

Between the 5th and 11th October, **788 new positive cases** were identified for contact tracing, of the **788** cases **750** were eligible for follow up, of which **34.3%** were followed up within 24 hours and **55.6%** were contacted within 48hrs. Contact tracing identified **2553 total** contacts but only **2490** were eligible to contact, of which **28.1%** were followed up within 24 hours and **43.8%** contacted within 48hrs.

Data source: PTHB Information Team

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MASS VACCINATION PROGRESS

Please find below a brief summary of the vaccination progress for Powys responsible patients.

- 91% of the adult population has received their 1st dose (All Wales uptake 87.0%)
- 88.6% have received their 2nd dose (All Wales uptake 83.6%)

Data as of 26/09/2021
Source Public Health Wales (PHW)

- 82.4% of 16 to 17 year olds have received a first dose (All Wales uptake 73.8%)
- 37.3% of 12 to 15 year olds have received a first dose (All Wales uptake 30.3%)

Data as of 17/10/2021
Source Public Health Wales (PHW)

- The uptake of booster dose delivered in Powys is 17,736.

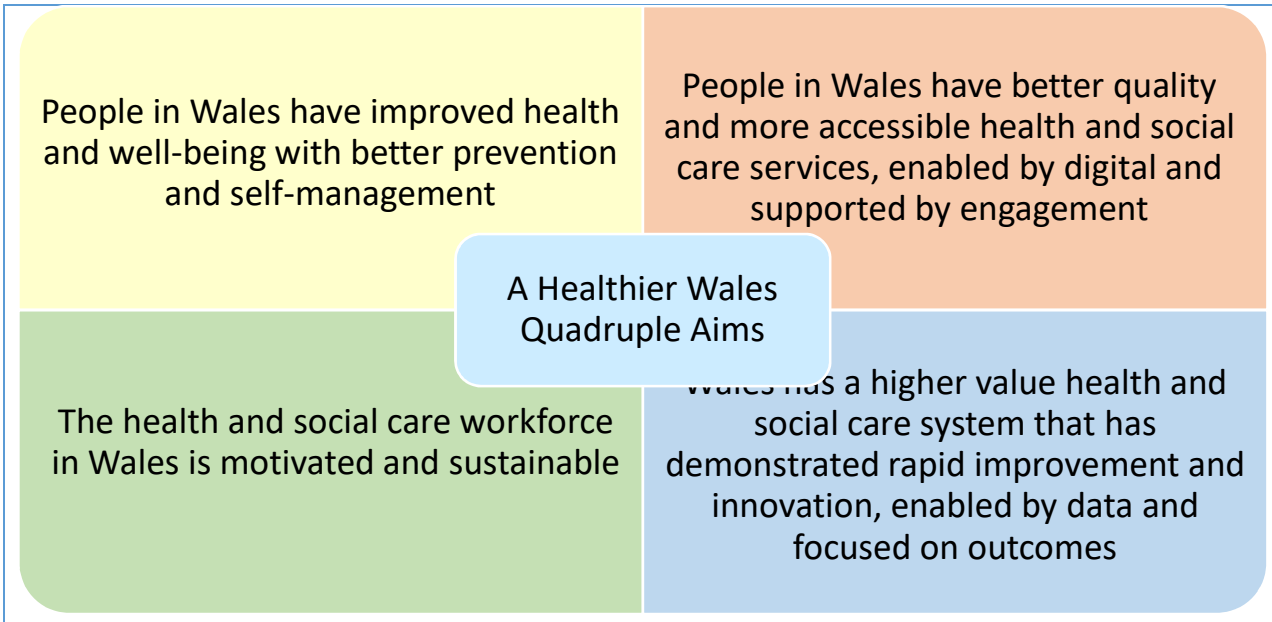
Data as of 22/10/2021
Source WIS/IFOR

NHS DELIVERY FRAMEWORK PERFORMANCE

The NHS Delivery framework has been updated for 2021/22. The challenge for the health board relates to new, revised or retired measures, their relevance for the organisation, and the data source, reporting schedule, and officer lead requirements to support national reporting and benchmarking. As this update has been finalised at the start of Q3 the health board is several months behind, and must now catch-up in a capacity challenged environment to integrate those changes into the overarching plan.

The new 2021/22 framework reports against **73** delivery measures mapped to the Healthier Wales quadruple aims.

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Summary revisions to the delivery framework when compared to 2020/21 include:

- **10** new measures reflecting priority work areas including urgent access, median waits, planned care priority waits, NHS dental access, antibiotic usage and stroke. Some of the new measures although affecting Powys residents will not be reportable for a community provider e.g. acute care setting only.

- **14** measures have been removed, including Smoking CO-validation, delayed transfers of care (DTOC), procedure postponement etc. Although these are now nationally non-reportable, local process will continue with further review.

- **18** measures have been revised, predominately around measure wording changes, target updates, and other minor tweaks.

For further detail the full 2021/22 Delivery Framework is attached for review as appendix document 1.

Updated Framework 2122.xlsx

For this performance narrative every effort has been made to report against relevant new measures, however some data sources remain unavailable or requiring setup/methodology.

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Performance document notes

This section contains performance figures, and narrative against recent data. Some information and narrative will not change between reports, this is a result of the frequency of update for that specific measure e.g. monthly, quarterly, bi-annual or annual. If the data has not changed for a significant period a narrative or analysis may not be included.

Work continues with the "Making Data Count Approach" ethos, and continual rollout of new statistical information, and further data detail will be made where appropriate.

Most access measures now have statistical process control charts (SPC) to help support performance discussions, but may not be included within this document due to size.

Please note that when reporting data in some metrics an <5 symbol may replace the actual due to low number identifiability.

And Icons may be used to explain targets etc.

- < less than
- = equal to
- > Greater than

A brief introduction to statistical process control charts (SPC)

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

SPC charts

The charts used will contain a variation of icons and coloured dots, these do not link directly to the existing RAG based measurement currently used within the outcome framework but provide a guide. SPC charts provide an excellent view of trends, highlighting areas of improvement, or concern over a significant time period (e.g. common or special cause variation). The

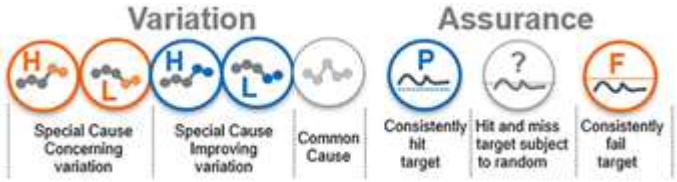
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graphs also contain a mean (average) value, and two process control limits UCL & LCL (expected maximum & minimum performance).

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

For further information on the process please go to the below weblink **https://www.england.nhs.uk/a-focus-on-staff-health-and-wellbeing/publications-and-resources/making-data-count/**

Key of SPC chart icons



Key of SPC chart dots

- **orange = area of concern**
- **grey = within expected limits**
- **blue = area of improvement**

Further information will be provided in the narrative to provide context.

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:

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2021/22 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
1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	51.9%		52.0%	1st	36.8%
2	'6 in 1' vaccine by age 1	95%	Q1 21/22	96.6%	95.8%	97.3%	1st	95.3%
3	2 doses of the MMR vaccine by age 5	95%	Q1 21/22	94.2%	90.3%	91.7%	3rd	91.7%
4	Attempted to quit smoking - Cum	5%	Q1 21/22	0.82%		0.88%	6th	1.07%
5	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q4 20/21	451.6	354.9	381.7	6th	356.6
6	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q1 21/22	58.6%	75.0%	61.3%	5th	76.4%
7a	Flu Vaccines - 65+	75%	2020/21	67.1%		73.5%	7th	76.5%
7b	Flu Vaccines - under 65 in risk groups	55%	2020/21	44.3%		52.2%	3rd	51.0%
7c	Flu Vaccines - Pregnant Women	75%	2020/21	93.3%		92.3%	2nd	81.5%
7d	Flu Vaccines - Health Care Workers	60%	2020/21	64.3%		56.5%	8th	65.6%
8a	Coverage of cancer screening for: bowel	60%	2018/19	54.1%		56.4%	1st	55.7%
8b	Coverage of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
8c	Coverage of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
9a	MH Part 2 - % residents with CTP <18	90%	Aug-21	63.6%	85.7%	95.0%	4th	87.9%
9b	MH Part 2 - % residents with CTP 18+	90%	Aug-21	92.9%	89.2%	87.8%	4th	87.2%
10	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

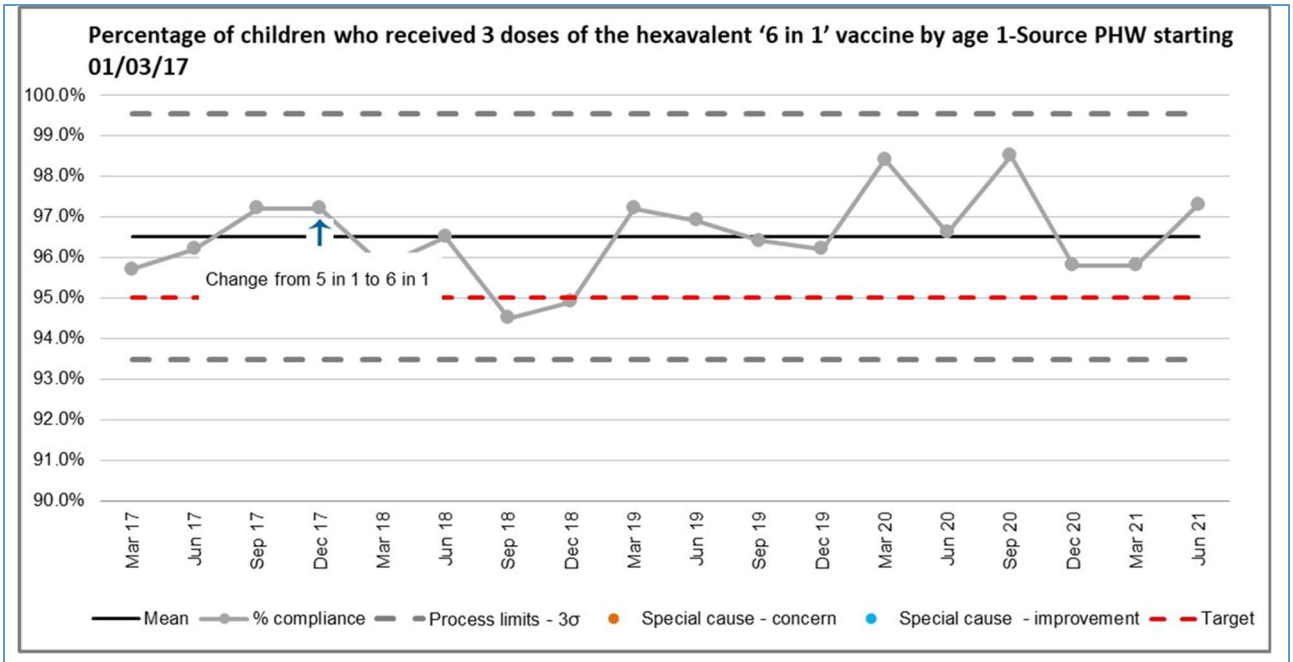
Breastfeeding

Powys data for 2020/21 financial year is now available, and performance has improved from 51.9% to 52% for the measure percentage of babies who are exclusively breast fed at 10 days old. As a provider Powys Teaching Health Board (PTHB) ranks 1st against an All Wales average of 36.8%.

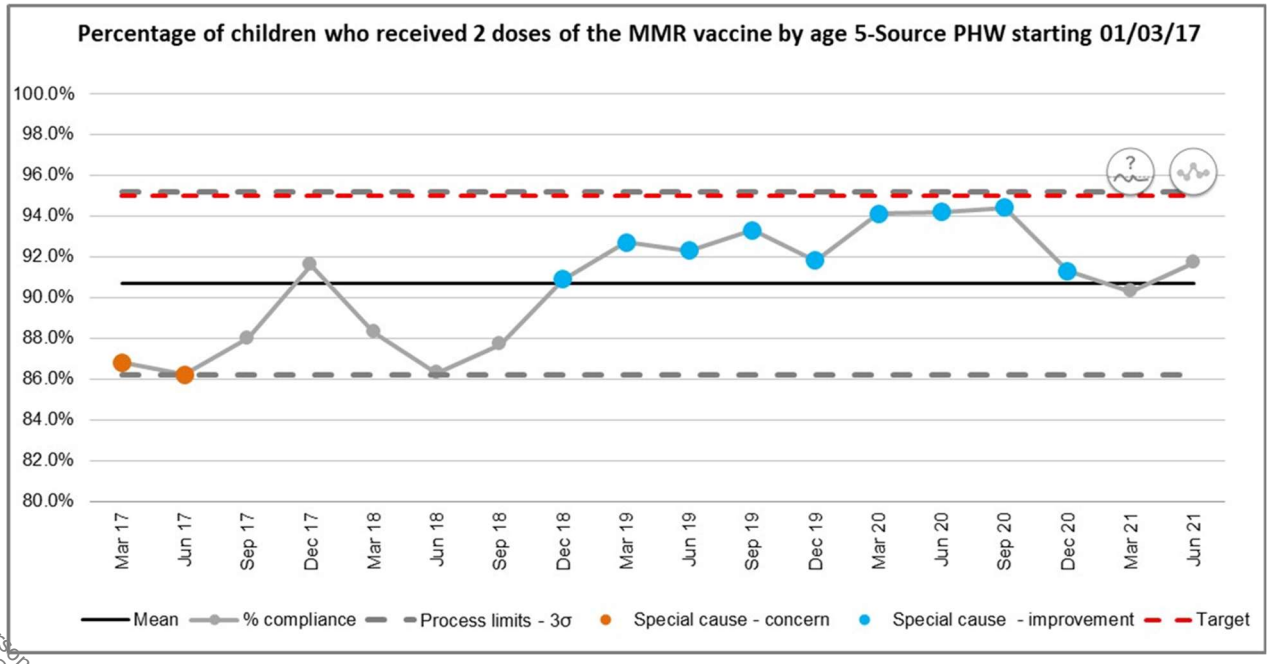
Childhood immunisations

The percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 met the nationally set target in Q1 2021/22. Performance has remained stable even with the COVID-19 challenge, this measure consistently meets the national target. The SPC chart below shows the performance from Q4 2016/17 to Q1 2021/22, and the variation is common cause .

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For the second measure, which is percentage of children who received 2 doses of the measles mumps & rubella (MMR) vaccine by age 5, PTHB did not meet the national target of 95% achieving 91.7% in Q1. Performance is now slightly above the mean value, and the current rate meets the Wales average (PTHB ranks 3rd). The SPC chart below shows common cause variation, however without system change it is unlikely that this measure will reach target. The key impacts that challenge MMR2 are multifactorial, these include COVID impact in general practice (children not able to access vaccination), and health visitor & school nurse capacity/access for following up missed doses during the pandemic.



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Smoking cessation

During 2020/21 PTHB recorded 2.79% of eligible residents attempting to quit via smoking cessation services (target 5%). The latest data for Q1 2021/22 shows that 0.88% attempted to quit, comparatively this is slightly higher than the same period last financial year (0.82%). As a health board we rank poorly at 6th , the All Wales average for Q1 is 1.07%.

**Please note the data has been updated, previously reported as 2.41% compliance 2020/21.*

Alcohol Misuse Treatment

Performance against the metric "*Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse*" shows compliance against the four-quarter improvement trend target with 61.5% compliance reported in Q1 2021/22. It should be noted that the performance data for the year has been re-validated following earlier data quality checks, as a result Q4 performance has been reduced from 92% to 75% although this still met target. This has been confirmed by the source Digital Health and Care Wales (DHCW) as a regular end of year process, and retrospectively adjusted the health boards prior quarterly performance.

Influenza Vaccinations

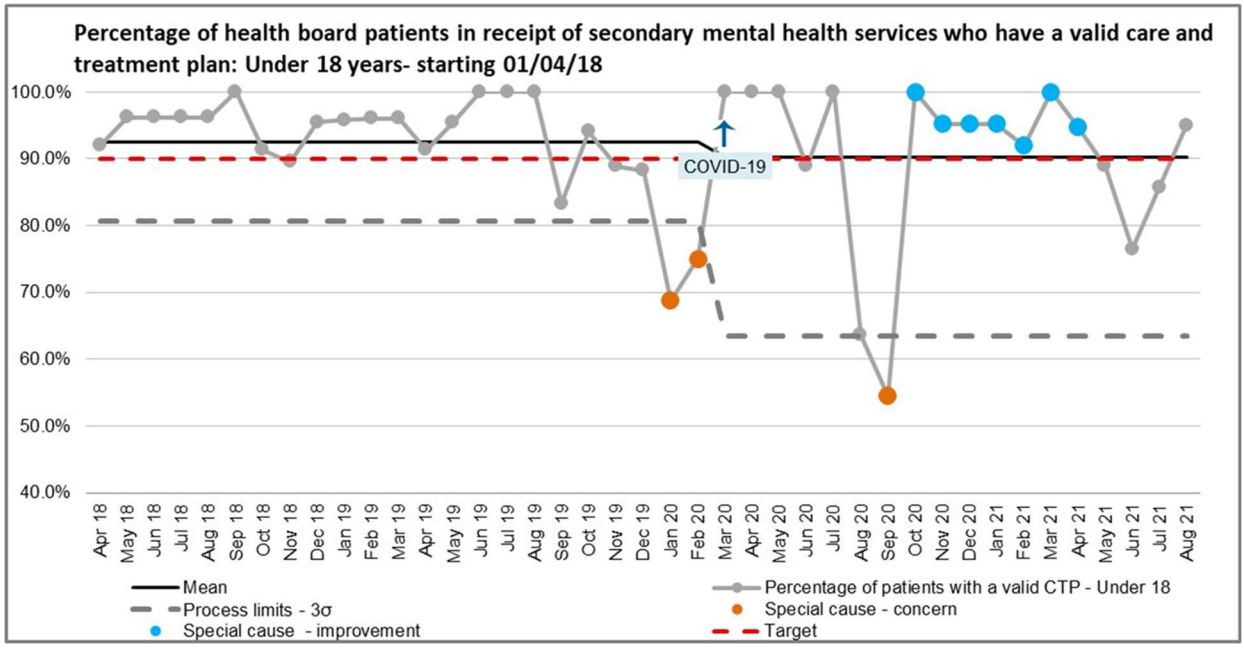
The latest performance for uptake of influenza vaccination in Powys is now available for 2020/21 financial year. Of the measures, uptake in 65+ cohort improved to 73.5%, an increase of 6.4% when compared to 2019/20. This performance however fell below the All Wales average of 76.5% with the health board ranked 7th. For residents aged <65 at risk performance improved to 52.2%, this increased by 8% from 2019/20 ranking 3rd in Wales against the All Wales average of 51.0%. Uptake in pregnant women reported at 92.3% fell 1% compared to 2019/20, but exceeded the 75% target, and All Wales average of 81.5% (ranked 3rd). Vaccination of health care workers showed a large reduction when compared to the previous period down 7.8% to 56.5%. When compared nationally the health board ranks 7th against an All Wales average of 65.6%. A detailed Influenza delivery plan is in place to deliver the increased uptake during the next months.

Mental Health Part 2

Monthly <18 performance for CTP's has met the national target improving to 95% compliance in August. The below SPC shows common cause variation and "hit and miss" assurance . The driving factor for compliance

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variance is linked to low numbers e.g. 19 out of 20 patients having a CTP when compared to the cohort of more than a thousand patients for +18 CTP.



The +18 metric category performance has not met the target during July (89.2%) and August (87.8%). The SPC chart below demonstrates how performance has deteriorated over the time period as compliance drops below the 80% Welsh Government target. Fragility in staffing and increased demand have both impacted compliance during the summer period. In addition, PTHB CMHT workers have provided a significant number of additional 'duty desk' (triage, telephone/VC and in person emergency assessments), since Powys County Council have been unable to deliver this function due to loss of staffing. This then impacts upon the ability of PTHB Mental Health Practitioners to review and update patients Care and Treatment Plans. This issue is being escalated with Powys County Council. PTHB ranks 4th in Wales with national compliance of 87.9% and 87.2% respectively.

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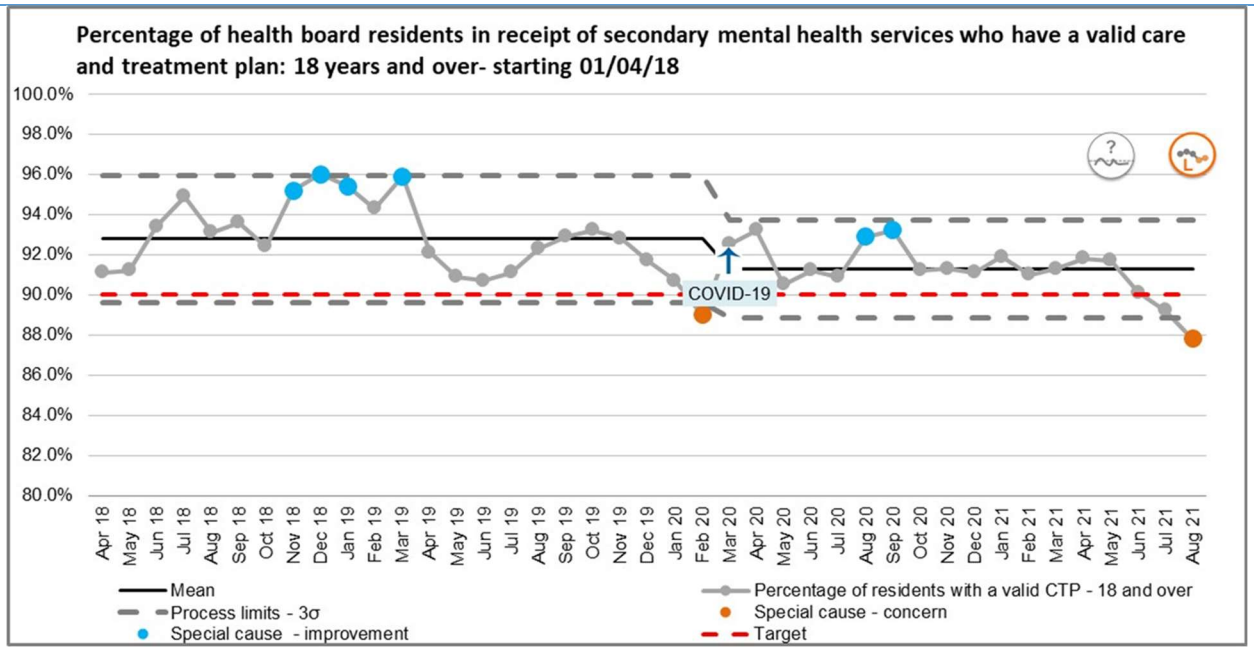


Table of part 2 performance 2021/22

Measure		Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Part 2: Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years	Percentage Compliance	90%	94.7%	88.9%	76.5%	85.7%	95.0%
	Number of patients with a valid CTP		18	16	13	12	19
	Total number of patients		19	18	17	14	20
Part 2: Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: 18 years and over	Percentage Compliance	90%	91.6%	91.5%	90.1%	89.2%	87.8%
	Number of patients with a valid CTP		1194	1201	1168	1150	1097
	Total number of patients		1304	1313	1297	1289	1250

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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:

2021/22 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
15	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	56.3%		93.8%	2nd	75.9%
16	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q4 2020/21	63.2%	55.7%	52.8%	7th	59.3%
17	Percentage of adults regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q4 2020/21	51.4%	47.0%	45.3%	4th	41.2%
18	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	Jun-21	92.3%	89.8%	96.3%		
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Sep-21	62.1%	47.5%	56.5%	2nd	52.3%
21	MIU % patients who waited <4hr	95%	Aug-21	100.0%	99.9%	100.0%	1st	68.7%
22	MIU patients who waited +12hrs	0	Aug-21	0	0	0	1st	7,982
23	Median time from arrival at an ED to triage by a clinician	12 month reduction trend	No data locally available due to metric revision					
24	Median time from arrival at an ED to assessment by a senior clinical decision maker	12 month reduction trend						
32	Number of diagnostic breaches 8+ weeks	0	Sep-21	221	302	242	1st*	47,776
33	Number of therapy breaches 14+ weeks	0	Sep-21	704	14	30	1st*	4,358
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Aug-21	48.6%	80.7%	80.9%	1st*	55.0%
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Aug-21	867	453	433	1st*	239,195
38	Number of patients waiting for a follow-up outpatient appointment	<= 3,864	Sep-21	6503	6577	6515	1st*	770,282
39	Number of patient follow-up outpatient appointment delayed by over 100%	<= 201	Sep-21	589	514	494	1st*	196,987
40	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Sep-21	81.9%	57.4%	55.0%	2nd*	47.3%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Sep-21	1.9%	0.9%	0.9%		
41	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2020/21	5.06		2.42	2nd	3.54
42	CAMHS % waiting <28 days for first appointment	80%	Sep-21	88.9%	51.1%	80.5%	4th*	34.6%
43a	MH Part 1 - Assessments <28 days <18	80%	Aug-21	100.0%	61.3%	55.9%	2nd	40.9%
43b	MH Part 1 - Assessments <28 days 18+	80%	Aug-21	94.7%	91.4%	98.1%	2nd	70.4%
44a	MH Part 1 - Interventions <28 days <18	80%	Aug-21	100.0%	52.6%	59.1%	5th	57.9%
44b	MH Part 1 - Interventions <28 days 18+	80%	Aug-21	84.6%	70.1%	76.3%	6th	77.1%
43	Children/Young People neurodevelopmental waits	80%	Sep-21	23.0%	51.7%	48.1%	2nd*	36.7%
44	Adult psychological therapy waiting < 26 weeks	80%	Sep-21	88.2%	96.2%	96.2%	2nd*	71.9%
47a	HCAI - E.coli per 100k pop cum	TBC	Sep-21			1.51	PTHB is not nationally benchmarked for infection rates	
47b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Sep-21			0.00		
47c	HCAI - C.difficile per 100k pop cum	TBC	Sep-21			7.53		
48a	HCAI - Klebsiella sp cumulative number	TBC	Sep-21			0		
48b	HCAI - Aeruginosa per 100k cumulative number	TBC	Sep-21			0		
* Benchmark provided from previous period (national benchmark outdated)								
**Ranking for RTT nationally includes D&T Specialties								

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Primary Care

Of the recently updated measures within the primary care domain:

GP Access

The percentage of GP practices achieving all standards of the National Access Standards for 2020/21 increased significantly to 93.8% when compared to only 56.3% in 2019/20. This however does not meet the 100% national target. The All Wales figure is 75.9% and Powys ranks 2nd of all health board areas.

Dental

Dental Access has been reviewed by Welsh Government for 2021/22 and performance for adult access is now nationally reported.

Powys does not meet the required national target of 4 quarter improvement for both measures. Children's access performance fell to 52.8% ranking 7th against an All Wales average of 59.3%. Adult access also fell to 45.3% ranked 4th against an All Wales average of 41.2%.

The impact of COVID on the service is yet unclear as noted by the data source. **"***As the number of patients treated is based on a 24 month period, the figures for the 24 month period ending March 2021 would not reflect the full impact from COVID-19; as out of the eight quarters of data, just over four quarters would have been affected for the period ending March 2021."*

Further local challenge on data has been linked to contractors not providing their information in a timely manner, this has been raised directly by the health board for resolution.

Operationally reported, the impact of COVID access was disrupted, and the national and local process is access on a basis of clinical need, rather than regular access. Another challenge is that with COVID-19 operating restrictions dental capacity is 40 – 60% of pre-covid levels.

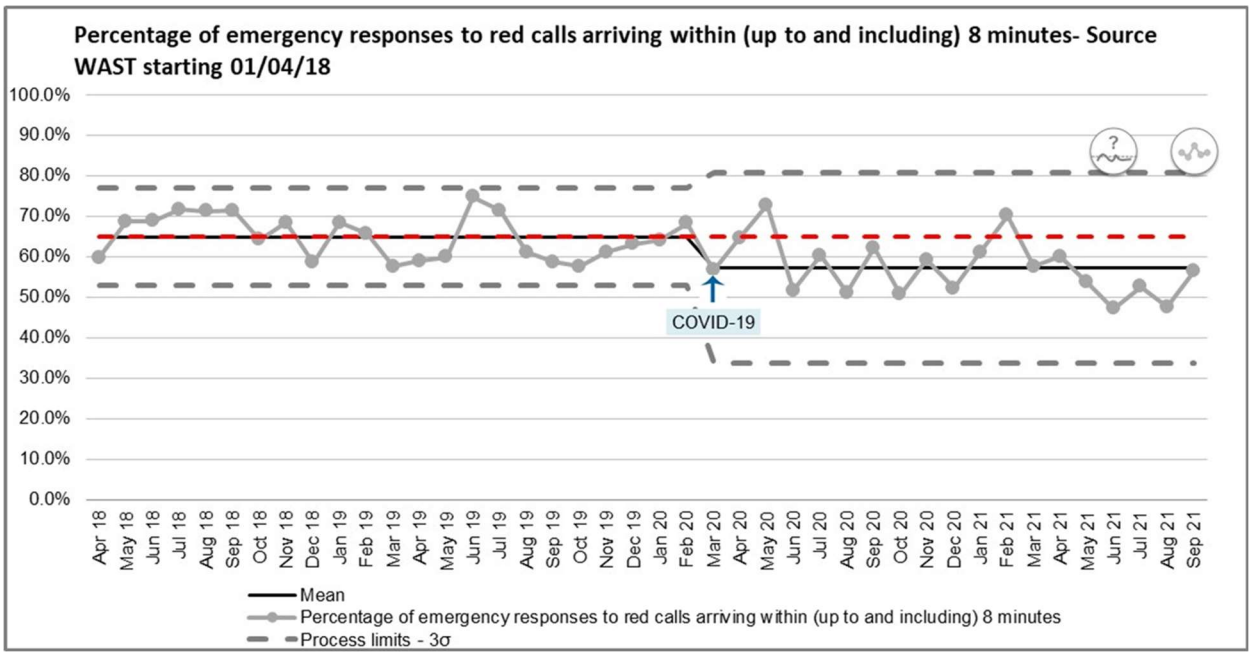
Out of Hours Access

Powys is compliant (96.3%) against the revised measure of OOH/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1hr of their initial call being completed. No national ranking is available due to submission delays for July including PTHB.

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Unscheduled Care

Welsh Ambulance Services NHS Trust (WAST) Red <=8-minute ambulance response time performance did not meet the target during Sep-21 (56.5%), ranking 2nd against 52.3% national average. This measure has only exceeded the 65% target twice during 2020/21. The impact of COVID has adversely affected compliance with mean performance falling to 52.7%, this measure continues to have common cause variation. In response to this challenge of timely access the health board is continuing escalated dialogue with WAST, and the Chief Ambulance Service Commissioner. Further, the Emergency Ambulances Services Committee will be attending health board led Committee meetings during October with further detailed report information.



Minor injury units (MIU)

Unscheduled care performance for Powys provided services e.g. minor injury units (MIU) has remained consistently good throughout 2020/21, the health boards assurance is that MIU's exceeded the required target every month for patients waiting less that 4 hrs, and zero patients waited 12+ hours during the 2020/21 financial year. For Powys residents the health board MIU's have accounted for 32% of all new resident attendances during the 2021/22 financial year.

With the inclusion of two new median wait time measures for 2021/22 locally reporting will need to be scoped. From a national perspective, Powys units (MIU's) will not be reported via the Emergency Department Quality Framework (EDQF).

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Non-Powys Teaching Health Board Unscheduled Care Access (Powys residents)

For patients attending non-Powys MIU's the wait time performance for the < 4hr (target 95%) and no patients waiting 12 hours metrics can vary significantly by hospital site and unit type. The below table with data sourced from DHCW EDDS dataset shows September compliance for Welsh providers only. Powys resident breakdown in English units is not currently available, but performance during August for both Shrewsbury and Telford NHS Trust, and Wye Valley NHS Trust was 60.7% seen within 4hrs.

Source: WPAS (EDDS DS)	Powys Patients				
Non Powys Major Sites	Number of patients attending	% seen within 4 hrs	Number of patients waiting over 4 hrs	% seen within 12 hrs	Number of patients waiting over 12 hrs
Bronglais General Hospital	356	64.33%	127	91.57%	30
Prince Charles Hospital	227	42.73%	130	79.74%	46
Morriston Hospital	173	53.76%	80	80.92%	33
Nevill Hall Hospital	99	85.86%	14	100.00%	0
Neath Port Talbot Hospital	81	100.00%	0	100.00%	0
The Grange University Hospital	49	32.65%	33	87.76%	6
Wrexham Maelor Hospital	26	76.92%	6	100.00%	0
Glangwili General Hospital	20	60.00%	8	85.00%	3
University Hospital Of Wales	14	78.57%	3	100.00%	0
Withybush General Hospital	7	85.71%	1	85.71%	1
Princess Of Wales Hospital	3	33.33%	2	66.67%	1
Royal Gwent Hospital	2	100.00%	0	100.00%	0
Ysbyty Gwynedd	2	50.00%	1	100.00%	0
Ysbyty Glan Clwyd			0		0
Total	**1059**	**61.76%**	**405**	**88.67%**	**120**

Key challenges for Powys residents attending A&E, especially in the South is the poor performance of the regular access sites e.g. Prince Charles hospital, the Grange hospital, and Morriston hospital. These sites including Royal Shrewsbury and Telford NHS Trust all have challenges with ambulance handover times.

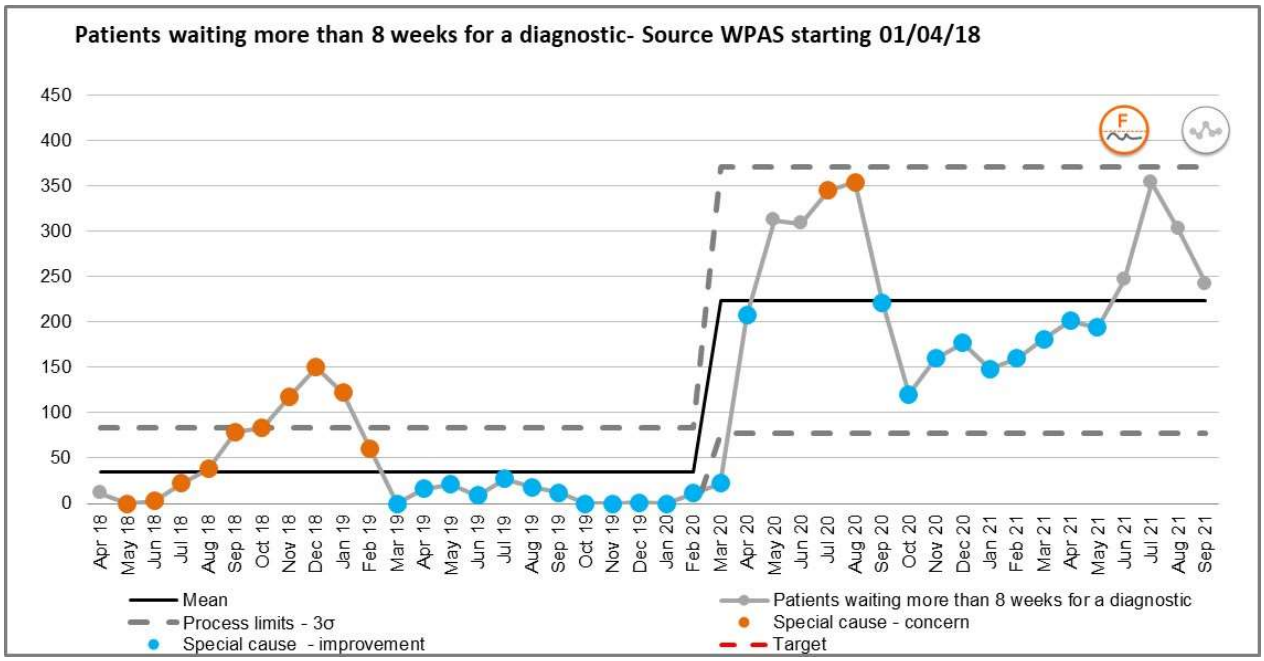
Planned Care

Diagnostics

The September position shows a reduction in total patients breaching the 8 weeks wait target to 242. Key specialties breaching the target include diagnostic endoscopy (120 breaches), non-obstetric ultrasound (NOUS) (81 breaches), and echo cardiogram (38 breaches). The provider breaches have

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shifted above mean with common cause variation . As a result of the pandemic initial impact, backlog, and remaining capacity pressures the health board has not hit the target of zero patients waiting longer than 8 weeks. At present without a system change current performance will not return to pre-covid compliance levels.



The challenge for Echo Cardiogram diagnostics is multifaceted, a significant increase in referrals has been reported, combined with fragility of in-reach service from Aneurin Bevan University health board technicians e.g. clinical delivery model is 1 – 2 sessions per week maximum. Further to these existing challenges a backlog has been created as a result of clinical equipment failure during the summer.

Following the restarting of service in June 2020 the Endoscopy service in Powys has continued to focus on urgent suspected cancers, urgent and overdue surveillance patients. That COVID backlog cohort were recovered before Q1 2021/22 and excellent progress was maintained until mid-June albeit at reduced COVID capacity list size. From mid-June significant clinical absence and work fragility due to sickness impacted on capacity with a reduction overall to 20% total capacity, this remained during July especially impacting colonoscopies. Annual leave during August further compounded the challenge although session availability improved slightly raising capacity to 44% of total capacity. This severe ongoing capacity pressure has impacted the management of a small number of urgent suspected cancer (USC) pathways. The longest routine waits at the end of September was 54 weeks (colon), 41 weeks (gastro), and 34 weeks (sigi) against the less than 8-week target. Current management processes include weekly RTT meetings, daily list reviews, and fortnightly endoscopy scheduling meetings. Some locum cover had been provided by Cwm Taf Morgannwg University Health board but

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this has been limited due to pressures within the district general hospitals. The Covid 19 protocols have also been updated in line with national guidance increasing clinical templates from 3 to 5 patients, but it is expected that the waiting list position will continue to deteriorate into Q3. The health board continues to work on its service transformation aligned to the National Endoscopy plan (NEP) which will modernise the service increasing capacity, and with recent confirmation by the NEP of regional centre development. The All Wales picture is also similarly challenged with main Welsh health providers investigating in-reach solutions to help with capacity backlog.

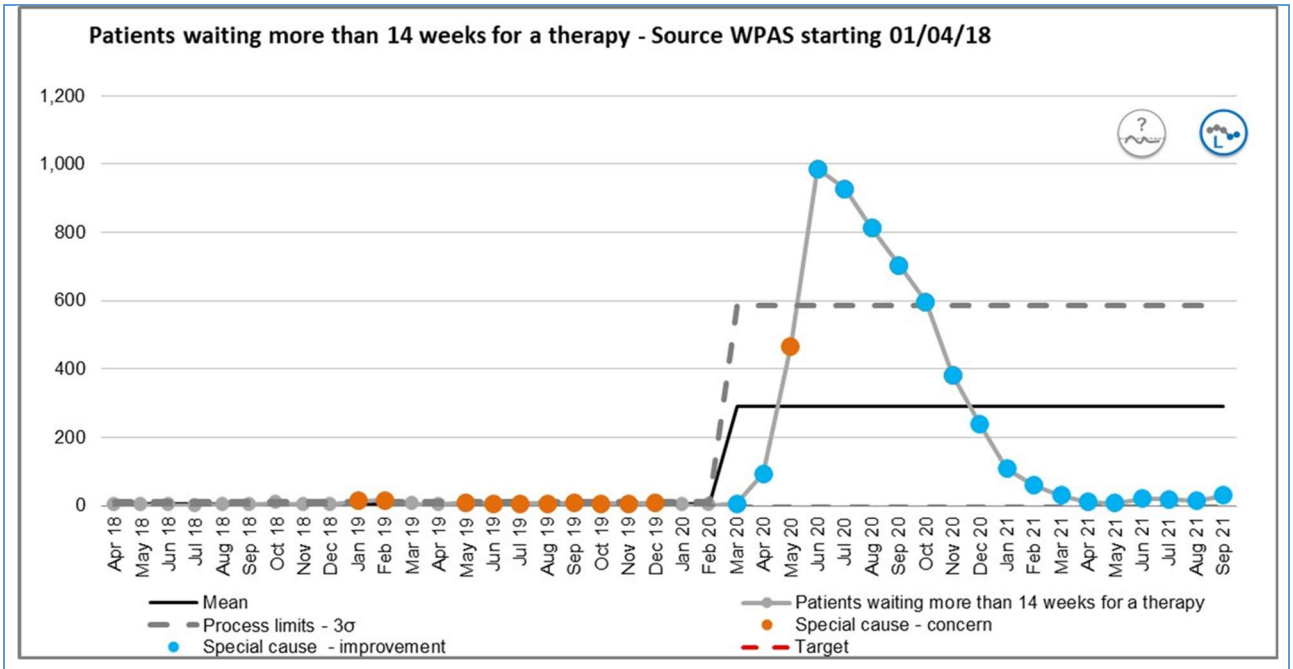
The other key breaching specialty is non-obstetric ultrasound (NOUS), this service has challenges linked to staff sickness, and in-reach service availability. Locum sessions have been provided to cover staffing fragility, and in the north of Powys work with Betsi Cadwaladr University health board to resolve in-reach fragility of radiology support. The service planned to recover its position by Q3 2021/22, however long waiting routine patients remain at the end of September, it should be acknowledged that the number of breaches is roughly half of the August position.

Nationally Powys as a provider ranks 1st and continues to have the least breaches in Wales, the All Wales position is 47,776 total patients waiting over 8 weeks in August. Diagnostics across Wales remains one of the biggest NHS growing challenges, with a worsening position monthly.

Therapies

The latest September position for therapies shows an increase to 30 breaches predominately in adult physiotherapy (18 breaches) and adult audiology (10 breaches) of the <14 week wait target. Even with the slight increase the SPC continues to show an improving trend  ,but the service as expected has not met the target of zero.

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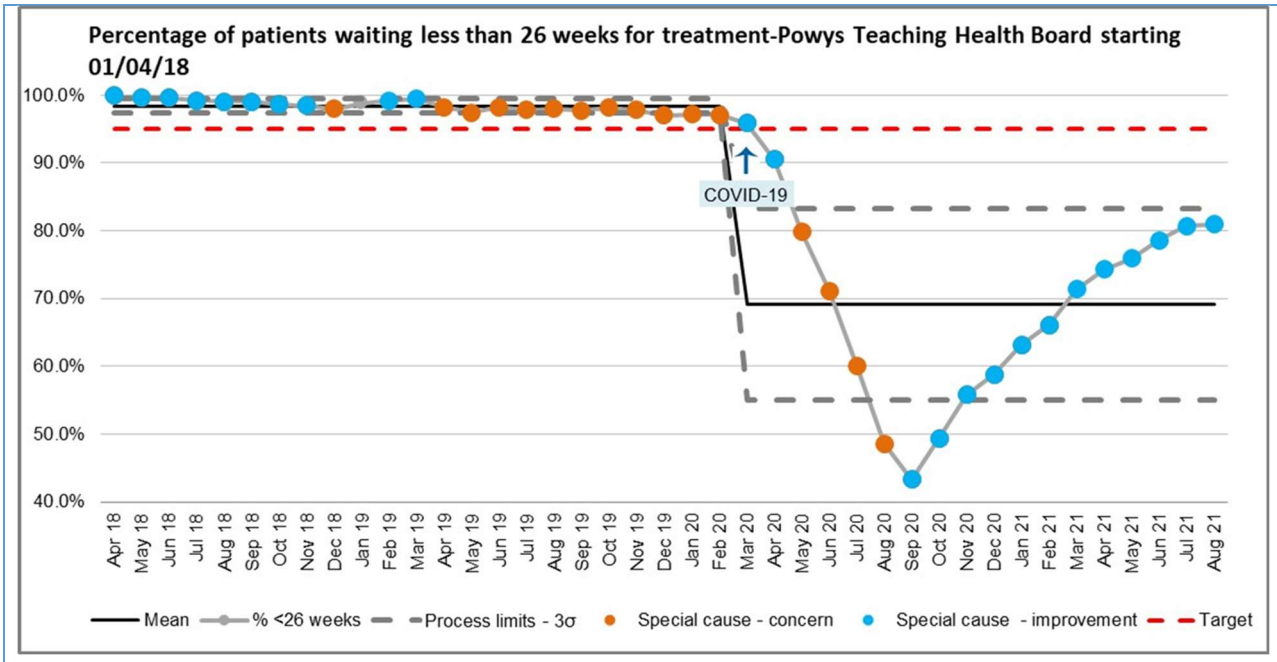


Powys Provider Referral to Treatment (RTT)

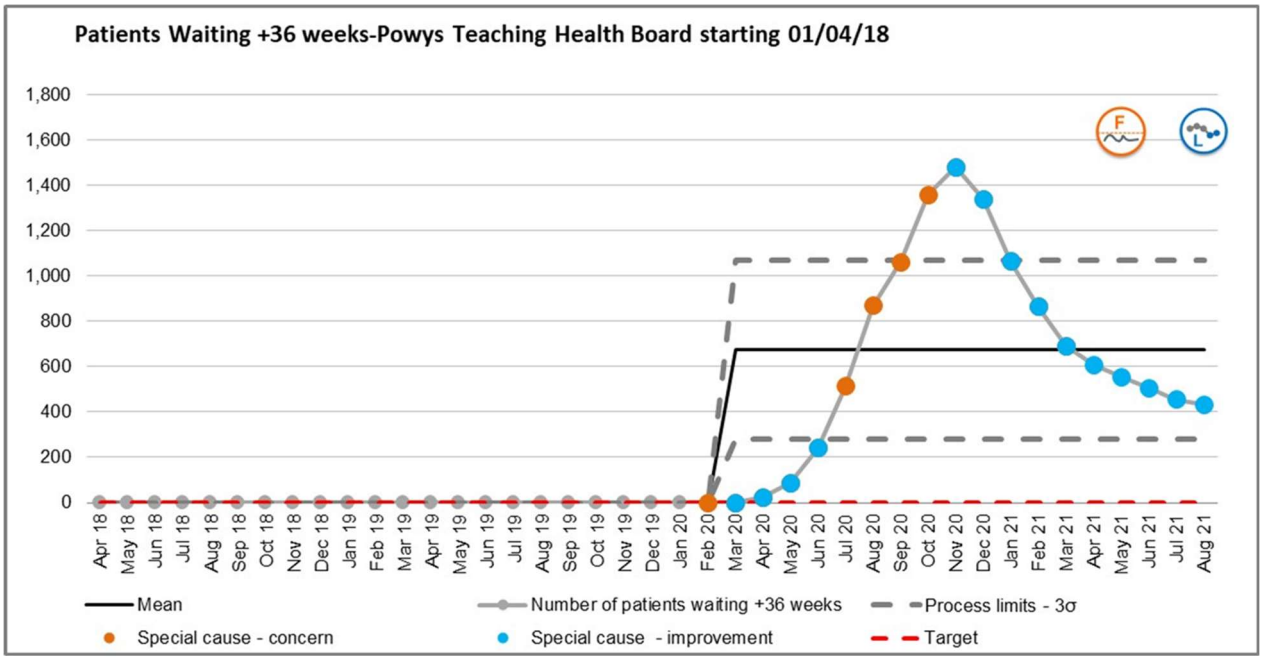
The Powys provided RTT waits position for August reported that 80.9% of 3817 patients are waiting under 26 weeks (excluding diagnostics and therapies). PTHB is the only health board in Wales to recover to this level for RTT waits, and since September 2020 has improved steadily reducing wait times. The number of patients waiting over 36 weeks has decreased to 433, of those 227 are waiting longer than 52 weeks (part of the original suspension cohort).

The SPC chart below shows improving special cause variation . Although continuing to miss the target Powys has the best recovery of all Welsh providers where the national average was 55% in August.

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The next SPC chart is for those patients waiting over 36+ weeks and shows that although the health board continues to consistently not meet the target there is assured improvement for this cohort of long waiters.



In the below summary table of the complete waiting list by bands, the challenge can be seen within 53-104 week wait bands, and consists predominantly of routine patients who were waiting during the suspension period.

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As a provider the services continue to minimise patient harm using risk stratification, clinical triage and use of new national drivers e.g. outpatient transformation work. The health board is targeting specific areas utilising the funds provided by Welsh Government to tackle planned care access in the provider and commissioner services by looking to in-reach and out-reach solutions.

Tables summarising RTT performance as a provider – source DHCW:

RTT waits by specialty and bar	Weeks wait band						
Main Specialty	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	Grand Total
100 - GENERAL SURGERY	411	39	15	11	17	1	**494**
101 - UROLOGY	135	14	21	4	0	0	**174**
110 - TRAUMA & ORTHOPAEDICS	517	48	52	44	45	0	**706**
120 - ENT	395	20	11	2	0	0	**428**
130 - OPHTHALMOLOGY	724	95	44	3	1	0	**867**
140 - ORAL SURGERY	154	49	52	27	72	0	**354**
143 - ORTHODONTICS	10	0	0	0	0	0	**10**
191 - PAIN MANAGEMENT	57	0	0	0	0	0	**57**
300 - GENERAL MEDICINE	40	6	0	0	0	0	**46**
320 - CARDIOLOGY	113	9	1	0	0	0	**123**
330 - DERMATOLOGY	32	0	0	0	0	0	**32**
410 - RHEUMATOLOGY	109	11	7	0	0	0	**127**
420 - PAEDIATRICS	36	0	0	0	0	0	**36**
430 - GERIATRIC MEDICINE	21	0	0	0	0	0	**21**
502 - GYNAECOLOGY	335	4	3	0	0	0	**342**
Grand Total	**3089**	**295**	**206**	**91**	**135**	**1**	**3817**

In summary, the service challenges for the provider are predominately caused by two key issues.

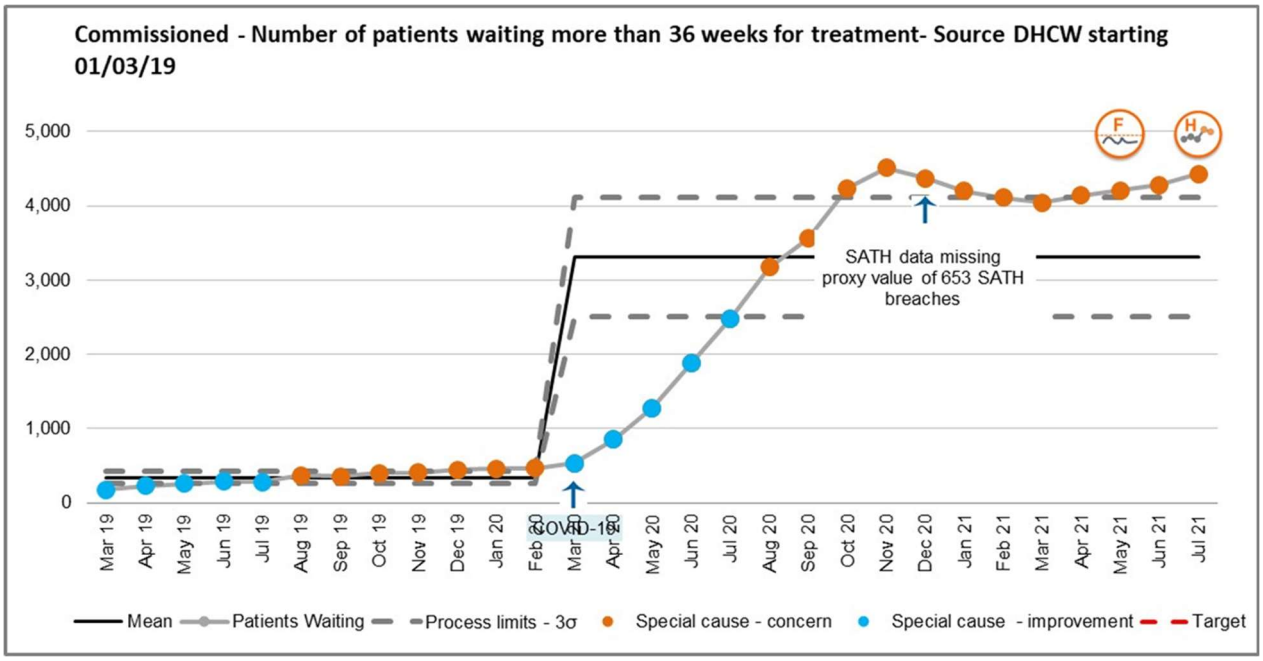
1. Fragility of in reach providers, Powys is reliant on in-reach clinical services, and both in, and outreach diagnostics. During 2020/21 and into 2021/22 service level agreements (SLA's) have continued to underperform due to the COVID challenge for main providers. Further the challenge for diagnostics is system wide, and until capacity can be grown, or procured from other sources this will impact waiting times.

2. Shortfall of staff in key areas e.g. theatre and diagnostics which in turn slow RTT pathway flow. In regards to staffing, a recruitment campaign has been run during the summer with a limited number of appointments made, unfortunately the clinical staff market remains highly competitive with all health boards currently recruiting.

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NHS Commissioned Service Provider Referral to Treatment (RTT)

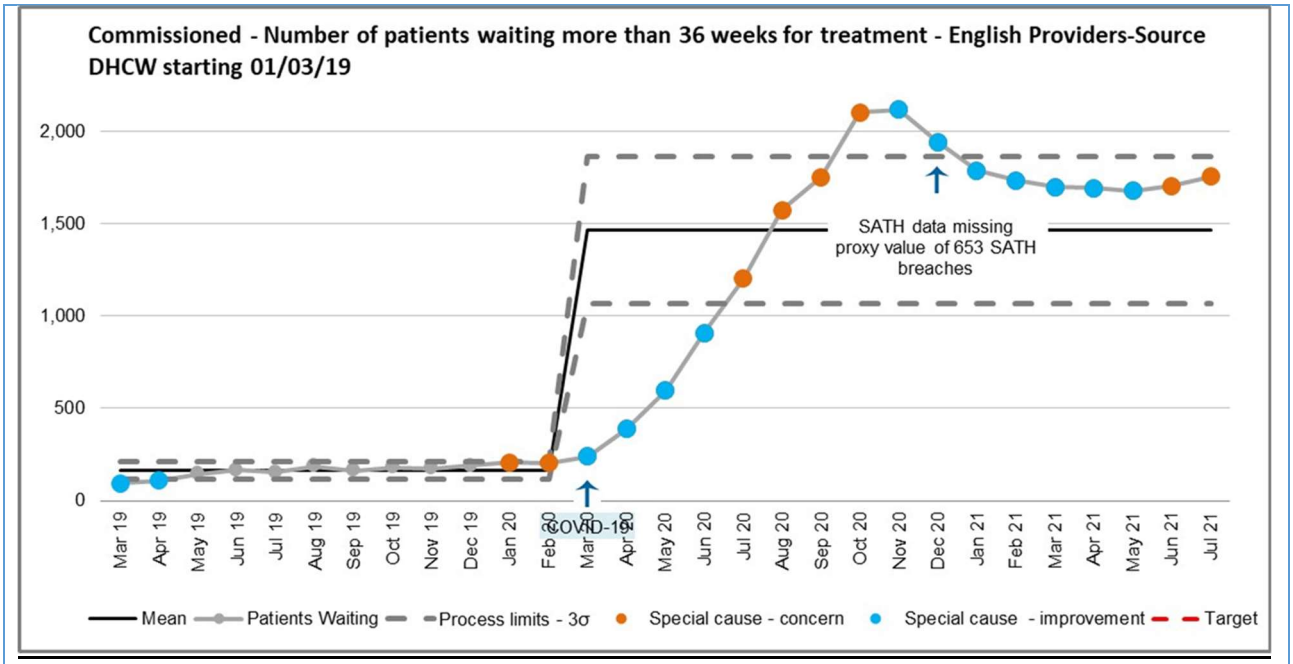
The position of NHS commissioned service provider RTT waits for Powys residents does not show the same improvement levels as the provider. The latest combined position in July exc. D&T, and for open pathways displays that 62% of 15,460 patients wait under 26 weeks on an RTT pathway, and 4428 patients wait 36 weeks and over. This is the latest combined snapshot to include both English and Welsh providers.



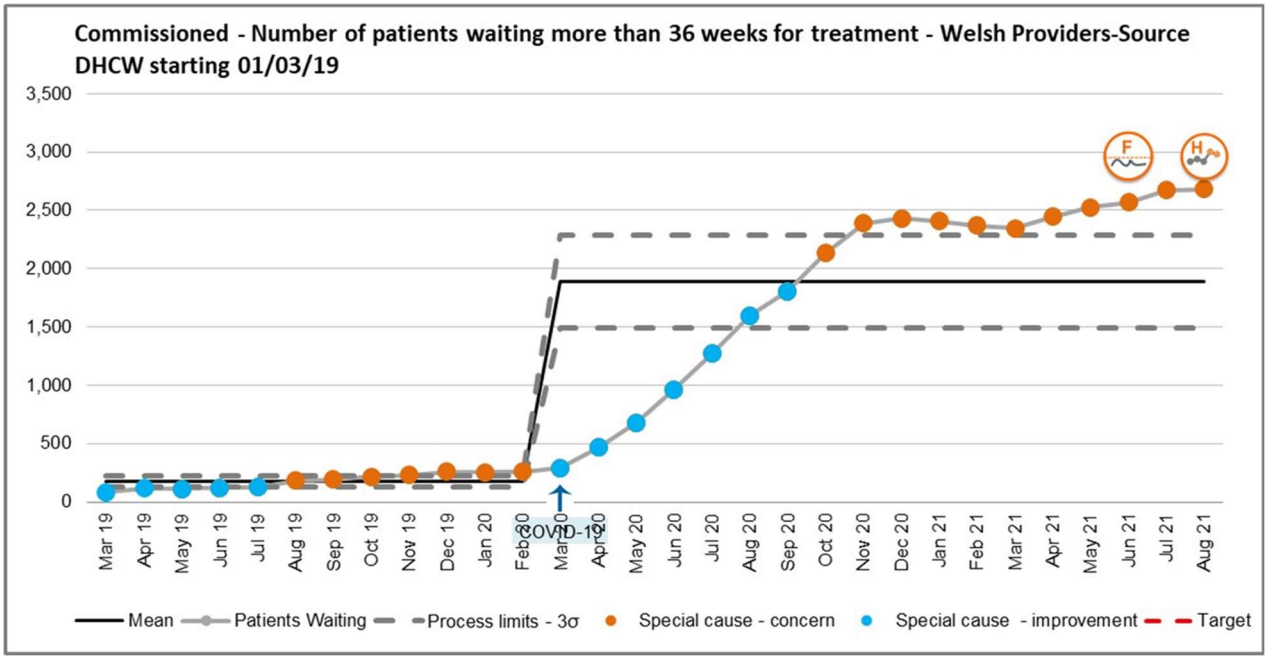
The above SPC chart clearly shows the impact of service suspensions on Powys residents which started at the end of March 2020. The impact of this suspension and further backlog is universal across the commissioned system affecting most specialties and providers. At a high-level health care is not meeting the target with ongoing special cause variation, as the number of breaches remain close to the upper control limit.

Recovery of services at a country comparison level shows that England's recovery has stopped for long waiters with a slight increasing level of +36-week waiters for the last 2 reported months.

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The Welsh provider situation for August available shows the number of Powys residents waiting over 36 weeks continues to grow although plateauing slightly during the summer months. The providers with the highest levels of long waits by quantity are Swansea Bay, Hywel Dda, and Aneurin Bevan University Health Boards. The Welsh provider with the highest waits as a percentage of the total list is Cwm Taf where 48% of the total Powys resident waiting list are 36+ weeks.



Non-NHS Private Independent Provider waits

Powys Teaching Health Board has a long-standing contract with a Dermatology independent service provider, who continues to supply high

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quality skin specific pathways for the North Locality. This service provides the single largest quantity of dermatology pathways (circa 30%) for Powys residents by waiting list size, and is accessed via GP's direct referral. Previously this private activity has not been reported via the Performance dashboard but reviewed via the Commissioning Assurance Process and contracted data sets. With the pandemic affecting all care waiting times this service will now be reported going forward, although held separately from the NHS Commissioned services for clarity initially.

Dermatology Private Service Provider	Wait bands						
	0-25 Weeks	26-35 Weeks	36-52 Weeks	53-76 Weeks	77-104 Weeks	Over 104 Weeks	Total
Snapshot 30th September 2021	343	18	8	0	0	0	369

The provider continues to deliver robust performance of 93% against the Welsh RTT target of 95% for patients waiting under 26 weeks, especially when compared to comparative NHS pathways. This service ensures that patients including suspicion of cancer receive a rapid turnaround for treatment.

Commissioned Provider wait details by week bands

The below summary tables show the position of Powys main commissioned care providers. Please note that DHCW individual weeks waits reporting stops at 104 weeks, patients waiting over this are amalgamated into an over 104 weeks band. The latest snapshot for Welsh Providers is Aug 2021, and July for English providers.

The commissioned RTT position for our residents in Welsh providers is significantly challenging, two of our three main providers Aneurin Bevan UHB and Swansea Bay LHB reporting a considerable over 52-week backlog. The position of the English providers is improved with RJAH capacity at near pre-covid levels. Key drivers to English recovery include NHSEI improvement targets using 2019/20 as a baseline e.g. expecting RTT improvement of 5% per month, and the utilisation of an elective recovery fund to financially support provider recovery activity above normally funded levels.

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Table of Providers

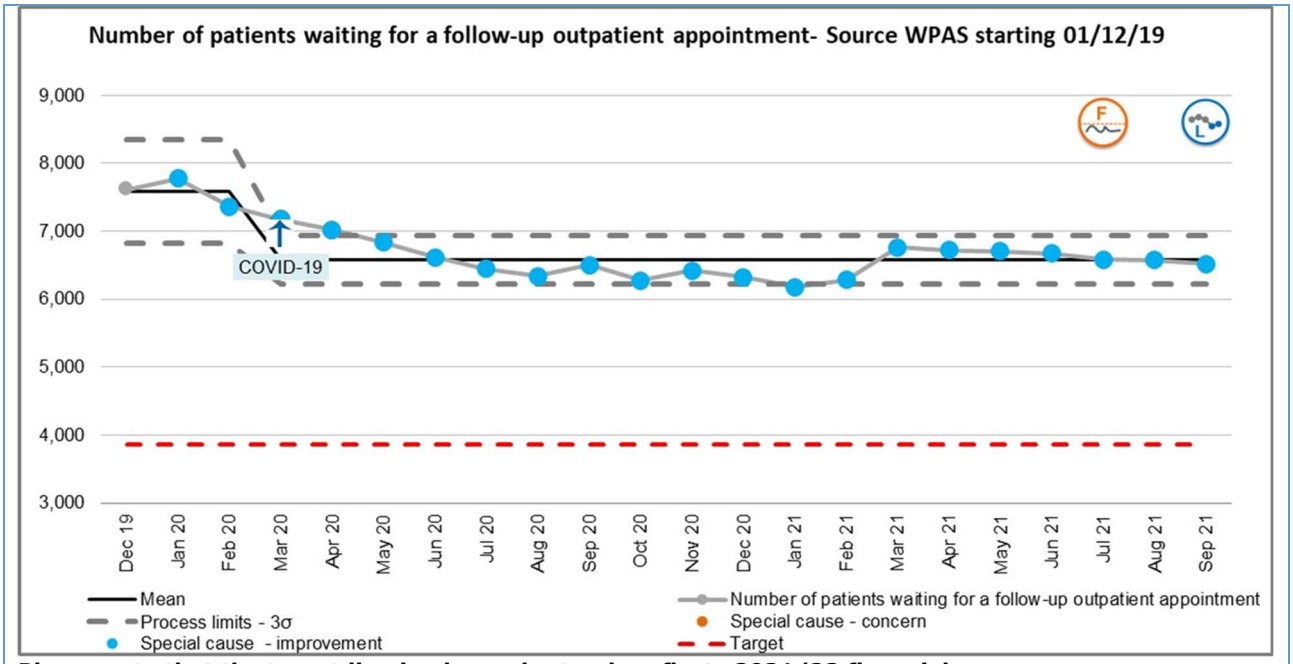
	Aug 2021	Patients Waiting						
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health	56.2%	1192	186	231	179	292	41	2121
Betsi Cadwaladr University Local Health Board	42.2%	216	57	42	55	113	29	512
Cardiff & Vale University Local Health Board	52.7%	213	41	42	34	64	10	404
Cwm Taf Morgannwg University Local Health Board	45.5%	216	33	57	47	103	19	475
Hywel Dda Local Health Board	54.9%	767	112	220	106	179	13	1397
Swansea Bay University Local Health Board	46.4%	825	146	237	125	317	127	1777
Totals		3429	575	829	546	1068	239	6686

	Jul 2021	Patients Waiting						
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	76.4%	133	11	11	8	10	1	174
Robert Jones & Agnes Hunt Orthopaedic & District Trust	66.3%	1592	263	277	155	106	7	2400
Shrewsbury & Telford Hospital NHS Trust	71.3%	2328	322	351	120	142	0	3263
*Wye Valley NHS Trust - **data from submission file**	71.3%	2140	290	340	108	112	10	3000
Total		6193	886	979	391	370	18	8837

Follow-ups

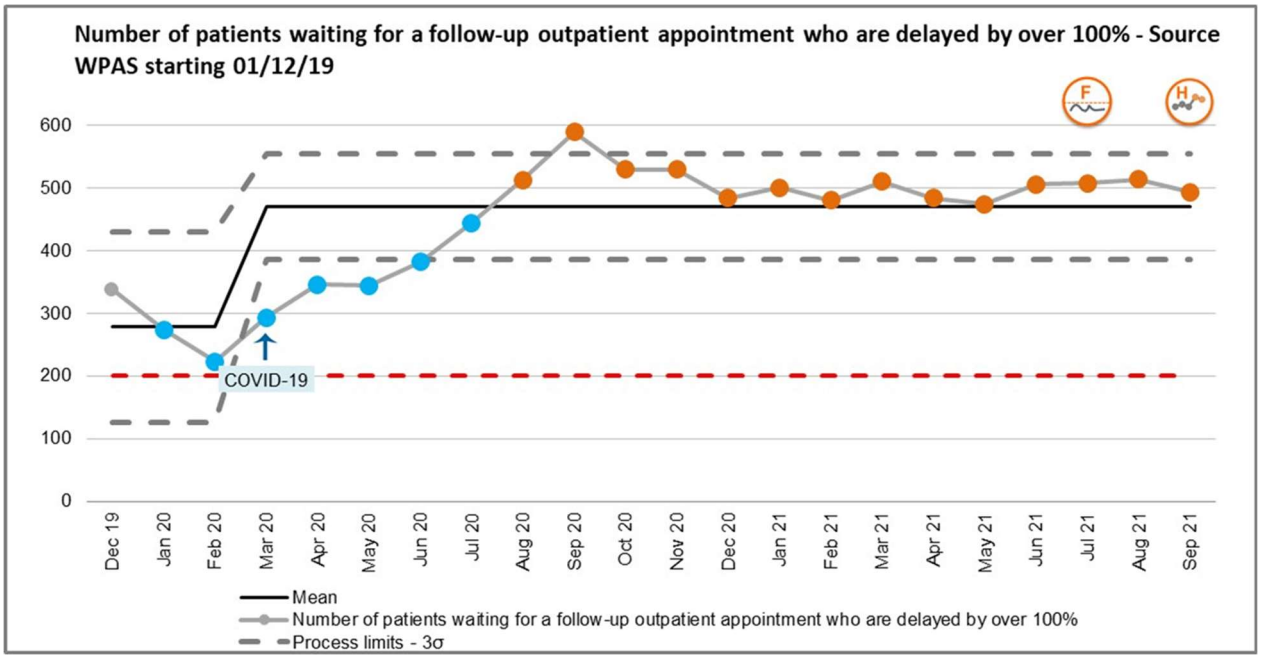
Follow-up (FUP) outpatient measure for total waiting is not meeting the 2021/22 reduction target of 55% from the March 19 baseline (3,864 or less total waiters), in September 6515 patients required a FUP, it has been noted that the existing target is not compatible with the current service position and this has been raised with the outpatient transformation workstream and Welsh Government. PTHB has managed its total patients waiting FUP position well during COVID with relatively good levels of activity via non-face to face contact, further work included list validation all working towards reducing the total waiters. September has seen a slight decrease again of patients on a FUP pathway this is now a 7-month trend of decrease. Challenges remain with service overall capacity, and clinic slots prioritising clinically at-risk patients, the health board will not meet its target of total FUP reduction without a system or national target change.

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Please note that the target line in above chart only reflects 2021/22 financial year.

For long waiting FUP's e.g. patients waiting beyond 100% performance is consistently not meeting the target of 201 or less, in September 494 patients were overdue, this target is again set prior to the COVID pandemic, and will be unattainable with current service pressures. As above the challenge is around capacity and in-reach fragility across key specialties, general surgery and medicine, T&O, ophthalmology and mental health e.g. adult mental health and old age psychiatry.

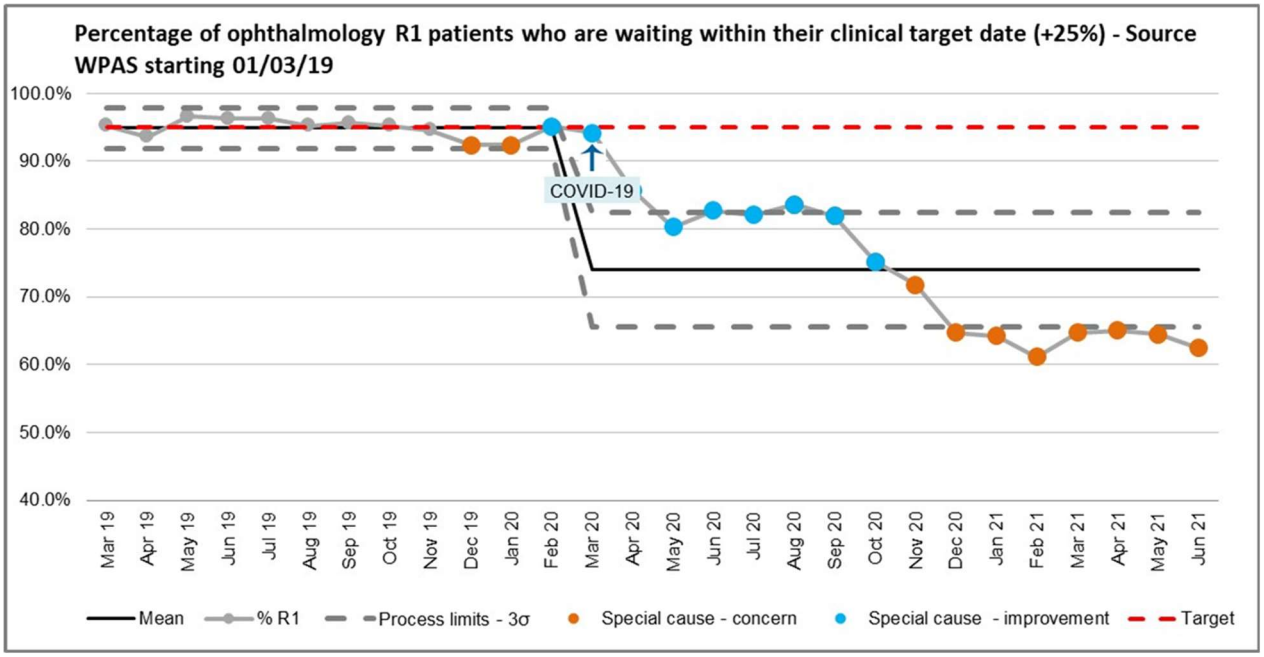


Please note that the target line in above chart only reflects 2021/22 financial year.

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Eye Care

As an essential service the Eye Care provision in Powys has remained robust when compared to the All Wales performance this year. Maintaining performance however has been challenging and remains a special cause for concern consistently does not meet the target. Challenges include in reach services (across all areas of eye care) provided by Wye Valley NHS and Shrewsbury and Telford NHS Trust (SaTH) which remains fragile with consultant/clinical fellow vacancies, sickness absence and leave carry over due to Covid-19. In addition, increasing referral demand has meant late conversion from outpatient to treatment. Due to the national significant challenge of capacity and sustainability across Wales the Royal College of Ophthalmologists is to undertake a review of welsh eye care, these findings are due to be shared by Welsh Government during Q3 2021/22.



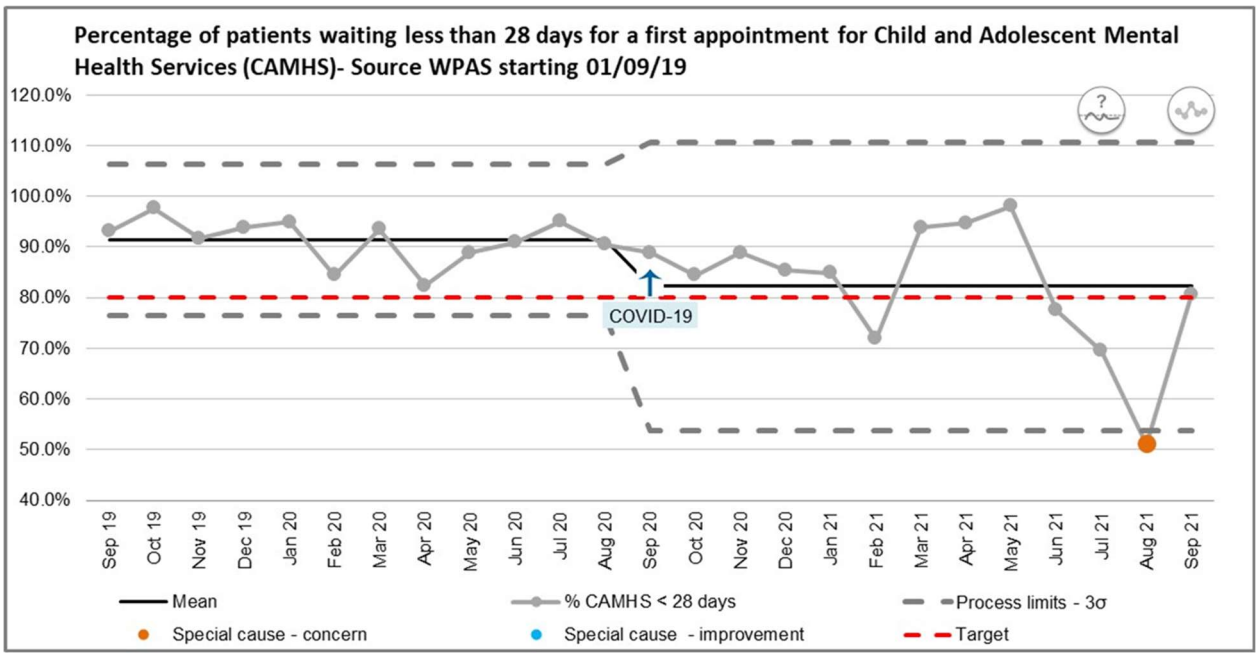
For the local HRF measure "Percentage of patient pathways without an HRF factor" performance has remained strong meeting the <2% target, reporting 0.9% for September.

CAMHS

Provider CAMHS measure performance has met the target in September (80.5%). The service was impacted by COVID and has had capacity challenge through the summer, but performance remains within expected limits with common cause variation, and random hit and miss assurance of

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target. Further support for young people is now available via the SilverCloud online mental health interactive tool.



Measure			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)	Percentage Compliance	80%	94.7%	98.0%	77.5%	69.5%	51.1%	80.5%
	Number of patients waiting <28 days		36	49	31	41	24	33
	Total Number of patients		38	50	40	59	47	41

Mental Health Part 1

The latest performance in August shows that part 1 measures for assessments, and interventions have been challenged.

Of the four metrics only +18 assessments met the national target with a 98.1% compliance against 80% target. Under 18 assessments dropped to 55.9%, Under 18s interventions improved slightly to 59.1% and finally +18 interventions improved to 76.3%.

Service challenges include, fragility of workforce as a result of sickness, Covid-19 isolation and vacancies, increased acuity of patients referred, and increased referrals. The service is currently seeking to understand whether the increase in patients refereed to Part 1 services is a temporary effect of Covid-19 or a likely to become a sustained pressure on primary care Mental Health services.

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Table of 2021/22 part 1 performance

Measure			Apr-21	May-21	Jun-21	Jul-21	Aug-21
Part 1: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years	Percentage Compliance	80%	100.0%	97.5%	83.0%	61.3%	55.9%
	Number of patients waiting up to and including 28 days		37	39	39	19	19
	Total number of assessments		37	40	47	31	34
Part 1: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: 18 years and over	Percentage Compliance	80%	99.1%	94.0%	97.3%	91.4%	98.1%
	Number of patients waiting up to and including 28 days		109	126	145	117	104
	Total number of assessments		110	134	149	128	106
Part 1: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years	Percentage Compliance	80%	100.0%	96.0%	85.7%	52.6%	59.1%
	Number of patients waiting up to and including 28 days		22	24	24	10	13
	Total number of therapeutic interventions		22	25	28	19	22
Part 1: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over	Percentage Compliance	80%	83.0%	71.8%	85.6%	70.1%	76.3%
	Number of patients waiting up to and including 28 days		141	117	155	110	106
	Total number of therapeutic interventions		172	163	181	157	139

Neurodevelopmental waits (ND) - children and young people

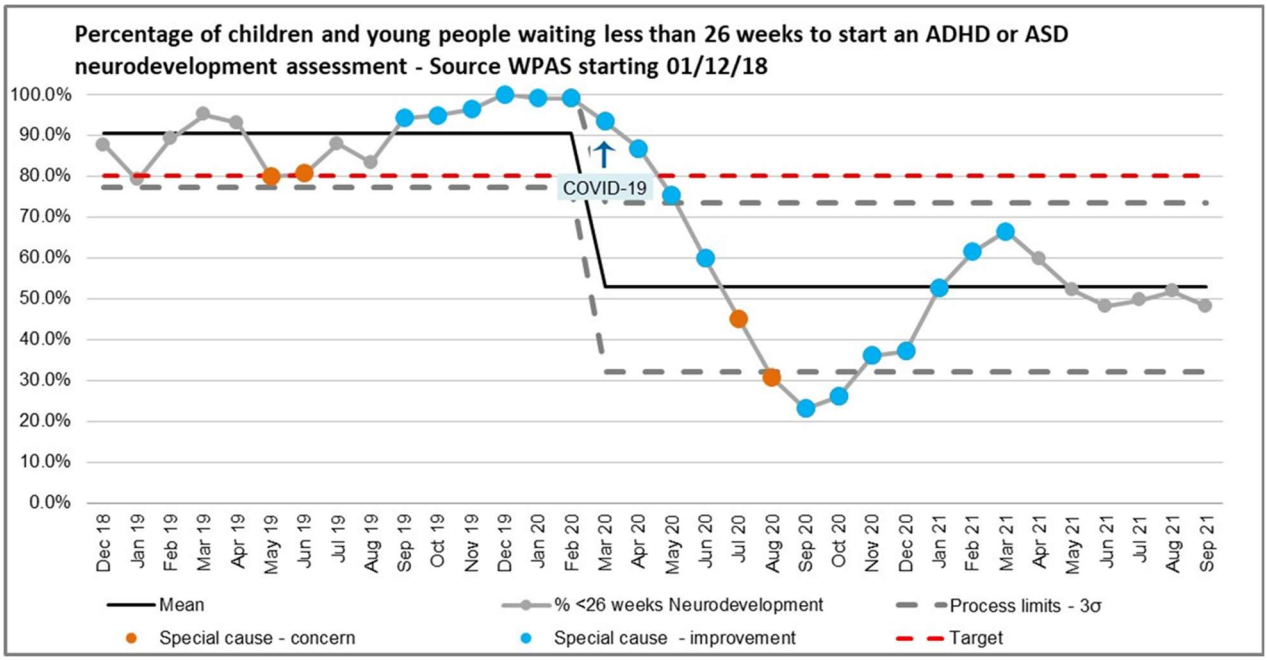
Due to the impact of COVID the service was suspended from March to September 2020, and performance compliance has been significantly affected (48.1% September-21). At present the demand on the service has increased month on month. ND services are a priority under the PTHB renewal portfolio for 2021/22, and an in-depth review of the service has been undertaken, actions to recover include;

- Fortnightly project group, including comprehensive plan development/progress work.
- Recruitment to all renewal funded posts (full capacity not available until staff start)

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- Current prioritisation of backlog (reduced from 294 to 78)
- Pathway redesign currently being undertaken

The next phase is to utilise the additional staff capacity, this will enable focus on the waiting lists and their compliance.

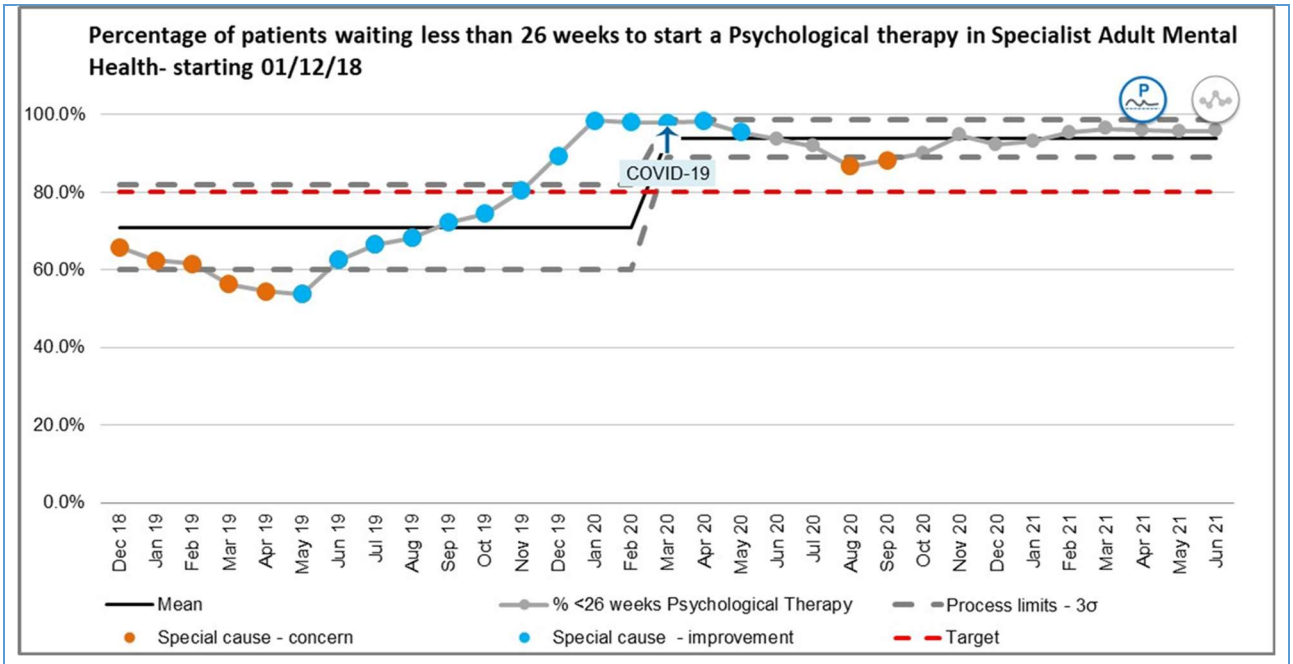


Measure			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Percentage compliance	80%	59.6%	52.0%	48.1%	49.5%	51.7%	48.1%
	Number of patients waiting < 26 weeks		112	102	91	93	105	100
	Total number of patients		188	196	189	188	203	208

Adult psychological therapy waiting < 26 weeks

Powys continues to have robust performance against this measure with 96.2% compliance in September. The health board has consistently exceeded the 80% target for the 2020/21 financial year.

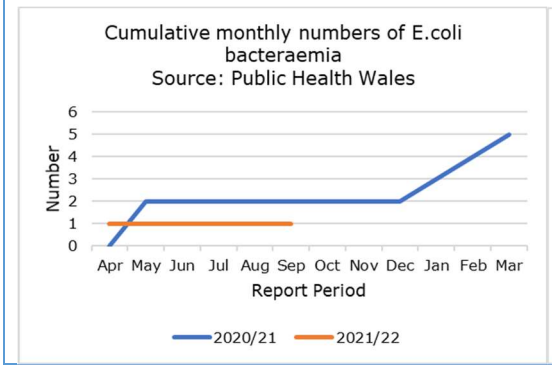
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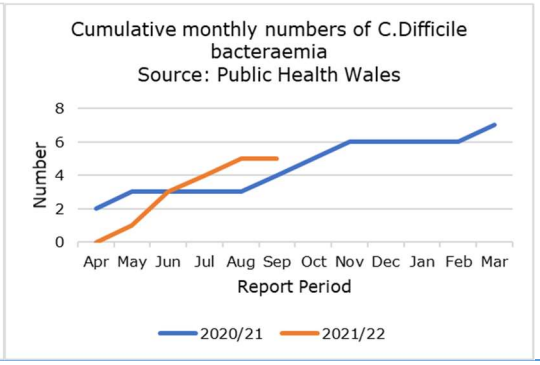


Measure			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Percentage compliance	80%	95.9%	95.7%	95.8%	95.2%	96.2%	96.2%
	Number of patients waiting < 26 weeks		140	132	136	140	125	153
	Total number of patients		146	138	142	147	130	159

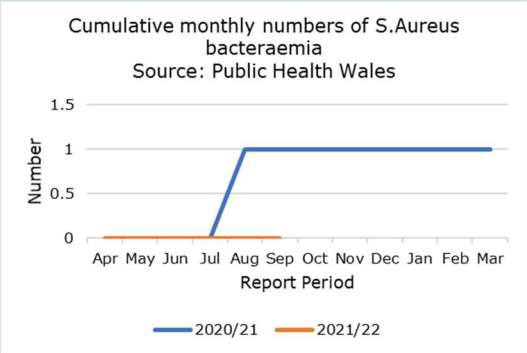
Health Care Acquired Infections

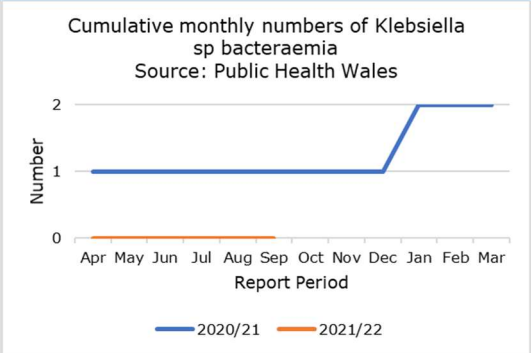
For the safety and quality measures around infections PTHB continues to report low levels of incidence, and the health board is not nationally benchmarked although targets have been requested. Although the national measure looks at per 100k infection rates, below are graphs comparing actual reported infection numbers 2020/21 and 2021/22 by infection type.

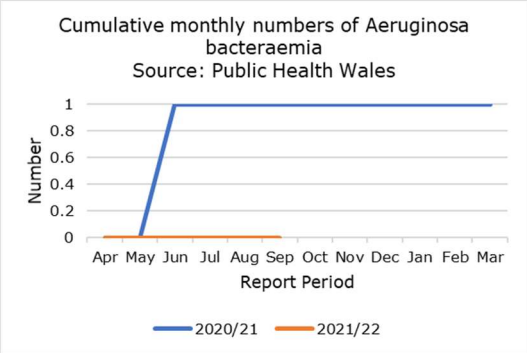




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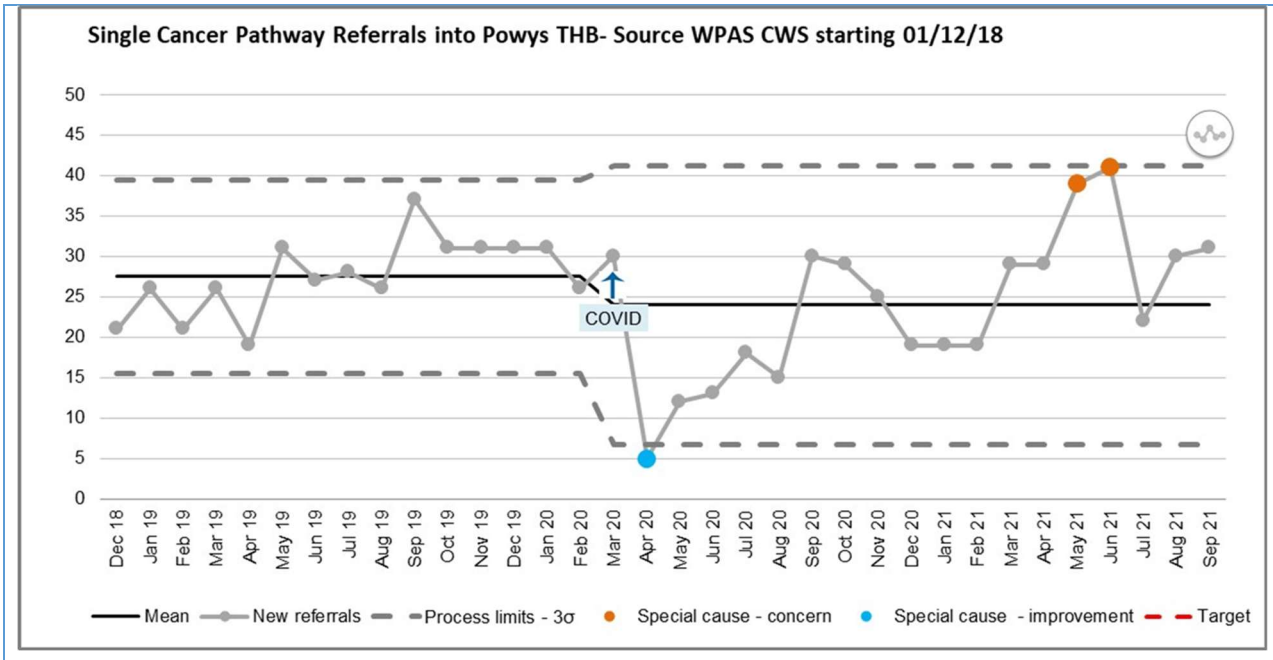




Cancer

The COVID pandemic continues to significantly challenge cancer services across Wales, this disruption impacts outpatients, diagnostics, surgery and treatments. Significant work both nationally and locally has been undertaken to minimise patient harm including risk stratification, regular national operational group meetings and waiting list assurance. Although PTHB does not carry out acute care e.g. treatment we are still responsible for reporting our part of the cancer pathway as agreed with Welsh Government. The below SPC chart shows the number of USC referrals into Powys as a provider since the health board started reporting the evolved cancer measure.

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During September **31** Urgent Suspected Cancer (USC) referrals were recorded on the tracking system, and during the same period **14** patients were downgraded following a cancer referral. The compliance for downgrade within the recommended 28-day period was reported as **64.2%.**

The health board is currently reporting a significant challenge on maintaining endoscopy diagnostics within best practice for cancer pathways due to the challenges covered earlier within the document around endoscopy capacity pressures.

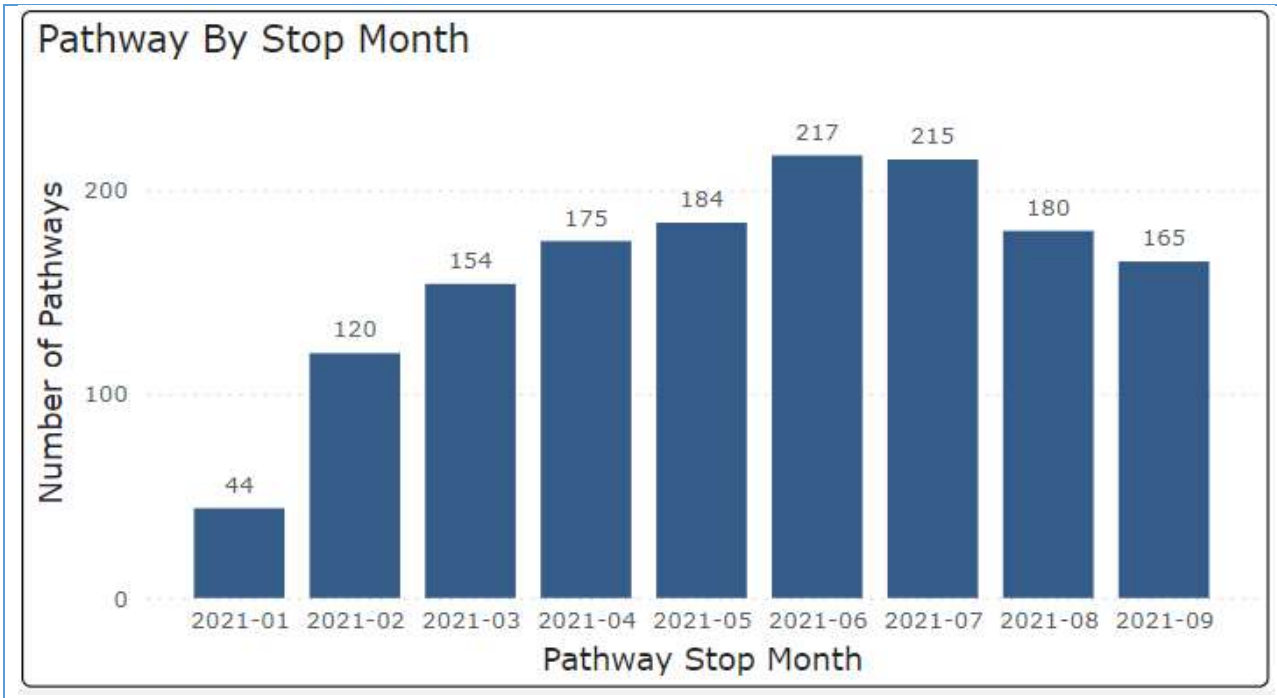
Please note that Powys residents that require treatment have their care pathway compliance reported by that acute provider.

Cancer - Welsh provider performance

PTHB now has access to the All Wales Single Cancer Pathway (SCP) minimum data set for *closed pathways via the DHCW warehouse, this required an extensive escalation process by the Powys Performance team with Executive, Welsh Government, and Delivery Unit support to achieve. This information provides a new level of access to Powys residents waiting in Commissioned Welsh providers only e.g. does not support cross border patient flows into England and their data. The SCP target is 75% of patients starting treatment within 62 days of first suspicion and is now reported by Welsh Government.

As high-level information, since January 2021 **1,454** Powys residents have been reported on the SCP tracker across Welsh providers (closed pathway), of these 84.3% had a closed pathway clock stop recorded as downgrade with 228 patients requiring treatment. The graph below shows the volumes of closed pathway by month

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(please note January was the first reported month e.g. potential DQ challenge)

Table of pathways, that breached their SCP target date (62 days) by Provider

ProviderOrgDesc	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	Total
Aneurin Bevan Local Health Board	8	2	4	3	3	6	**26**
Betsi Cadwaladr University Local Health Board				1	1		**2**
Cwm Taf Morgannwg University Local Health Board	3		3	2	3	1	**12**
Hywel Dda Local Health Board	5	2	4	4	1	2	**18**
Swansea Bay University Local Health Board	2	3	2	7	2	3	**19**
Total	**18**	**7**	**13**	**17**	**10**	**12**	**77**

During September 12 patients waited longer than 62 days to receive their treatment. This is monitored via the Commissioning Assurance process but a new harm review process for patients waiting 104+ days is being setup nationally and should soon be running across all providers.

Cancer - English provider performance

For our main providers via direct breach reporting, six breaches were reported in Wye Valley NHS Trust during July 2021. Within SATH four 62-day breaches were reported to the health board in their September update 2021 (covering August performance). All English breaches had a root cause analysis carried out to provide quality and safety assurance.

There is a risk that all cancer breaches are reported from a closed pathway position e.g. patients will be currently breaching but not yet reported. All cancer breaches reported are reviewed via the Commissioning Assurance process.

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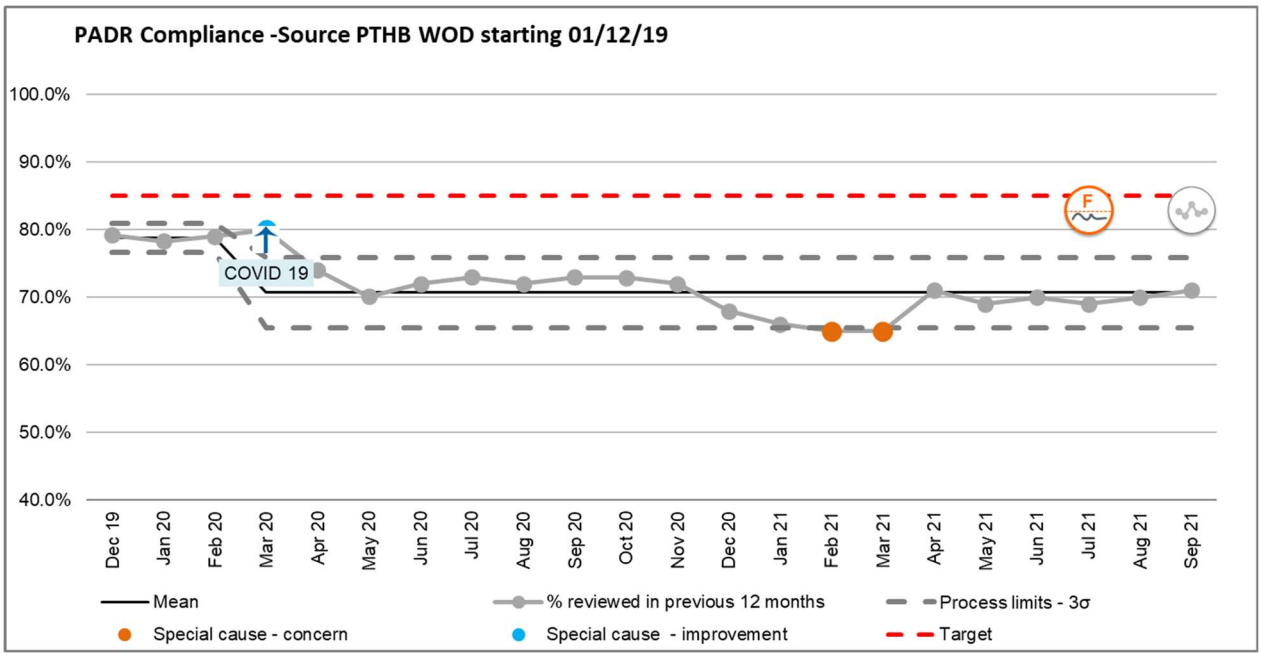
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable.

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

2021/22 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
52	Performance Appraisals (PADR)	85%	Sep-21	73.0%	70.0%	71.0%	5th (Mar-21)	57.7% (Mar-21)
53	Core Skills Mandatory Training	85%	Sep-21	78.0%	81.0%	82.0%	2nd (Mar-21)	78.9% (Mar-21)
55	(R12) Sickness Absence	12m↓	Sep-21	5.13%	5.18%	5.22%	3rd (Mar-21)	5.94% (Mar-21)
56	Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing	Annual Improvement	No data locally available due to metric revision					
59	Concerns & Complaints	75%	Q1 2021/22	43.8%	44.9%	47.0%	10th*	67.2%

Personal appraisal and development reviews (PADR)

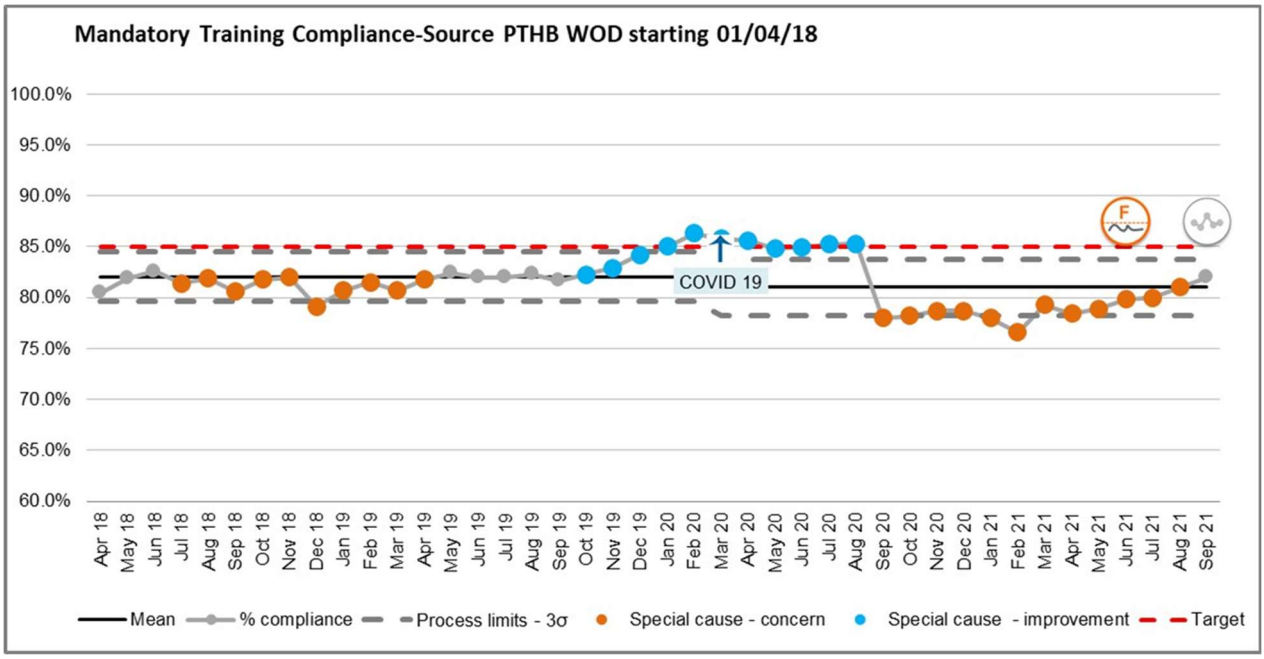
The health board has improved to 71% compliance in September for staff to have a personal appraisal, and development review in the previous 12 months. Business partners continue to fully engage with the services, and the health board continues to benchmark positively against the All Wales average.



Mandatory core skills training

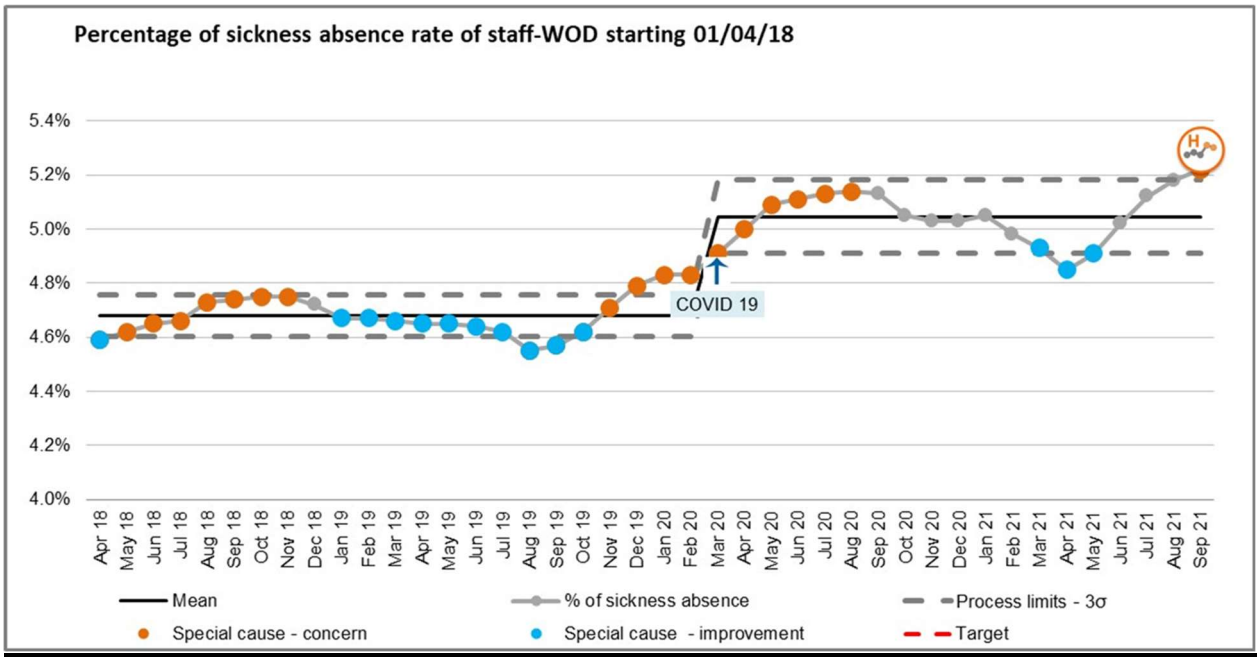
During September the health board has missed the 85% target, it should be noted that performance has improved slightly to 82% (above mean) as a result of proactive work with managers to improve compliance. The health board continues to positively benchmark against All Wales performance levels.

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Sickness

The rolling 12 figure for sickness is reported at 5.22% in September showing special cause for concern. Actual monthly sickness has decreased slightly to a reported rate of 5.16% (1.42% short term and 3.74% long term). There is a continued focus by the Business Partners and HR Advisors in monitoring and reviewing long term sickness cases. These are highlighted through a fortnightly caseload tracker.



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Concerns & Complaints

The health board's compliance to complaints that receive a final reply within 31 days has remained non-compliant against target. In Q1 we have seen improvement and the health board was 47% compliant against the 75% national target (data source PTHB Q&S). In comparison to other health boards in Wales, PTHB ranks 10th below the national average of 67.2%.

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

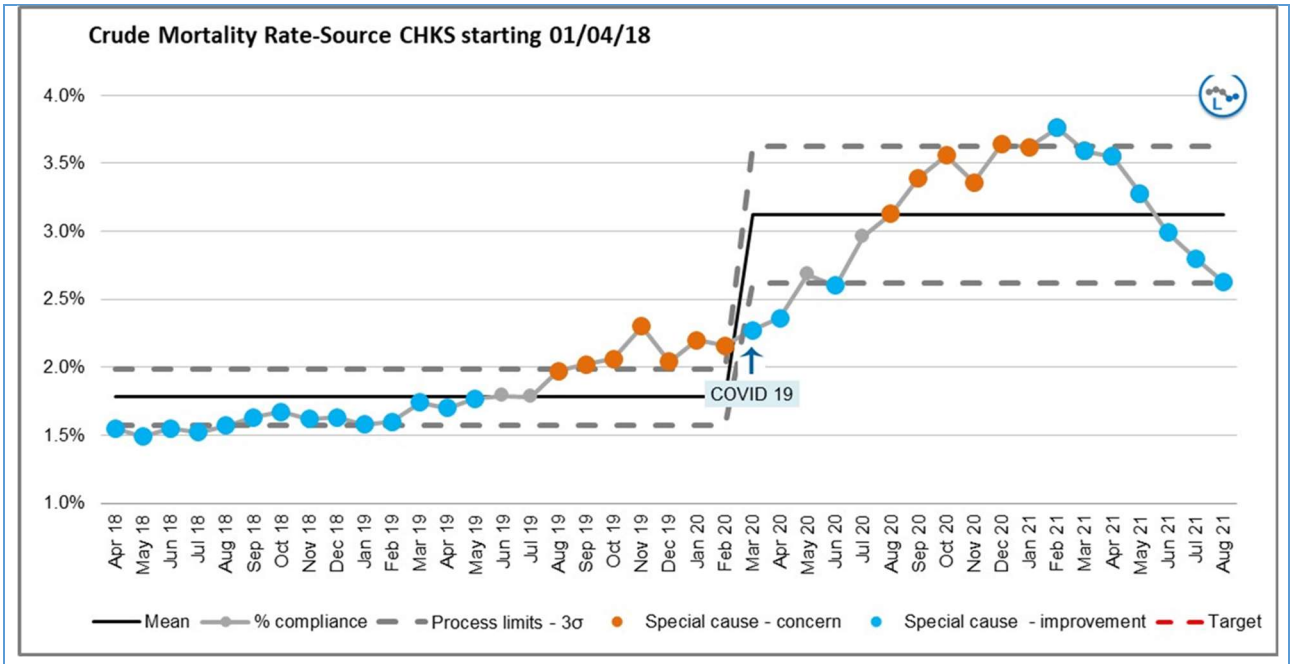
Please find below a table of the Powys applicable and timely outcome measures for aim 4:

2021/22 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
60	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	No data locally available due to metric revision					
61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies						
62	Crude hospital mortality rate (74 years of age or less)	12m↓	Aug-21	3.13%	2.80%	2.63%	Not applicable	1.44%
66	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q4 20/21	96.0%	97.0%	97.2%	6th	98.5%
67	Total antibacterial items per 1,000 STAR-PUs	240.4	Q4 20/21	260.6	206.7	195.6	1st	222.5
68	Percentage of secondary care antibiotic usage within the WHO access category	55%						
69	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q4 20/21	483	491	487	1st	10,033
70	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q4 20/21	Not reported for this period	0.128%	0.109%	2nd	0.15%
71	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q4 20/21	3926.2	4251.5	4068	2nd	4404
74	Agency spend as a percentage of the total pay bill	12m↓	Sep-21	7.2%	19.0%	0.9%	10th (Mar-21)	6.5% (Mar-21)
75	Percentage of episodes clincally coded within one reporting month post episode discharge end date	12m improvement trend towards achieving the 95% target	Jul-21	97.5%	99.4%	100.0%	Not available	Not available
*Benchmark provided from previous period (national benchmark outdated)								

Mortality

Crude Mortality rate in the health board has decreased slightly during August (2.63%). This is the highest reported position of any health board in Wales although PTHB is not benchmarked by Welsh Government as a non-acute care provider. Powys has maintained a reducing trend for crude mortality for the last 6 months which is allowing us to meet the national target. Predominately the deaths of this under 75-year age group are linked to cancer diagnosis, and our services are used to support palliative care pathways. Detailed Mortality reporting is undertaken through the Experience, Quality and Safety Committee.

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Medicines and prescribing

- Powys performance in relation to new medicines availability has improved slightly to 97.2% (Q4 2020/21). 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 it is an improvement when compared to the equivalent time period 12 months prior (96%).

- For antibacterial prescribing, a rate of 195.6 in Q4 2020/21 meets the new quarterly adjusted national target for Powys (<=247.7), the health board is ranked 1st in Wales.

- Prescriptions for antipsychotics in the 65+ patient age group have met the quarterly reduction target in Q4 2020/21 to 487, this is a slight increase from the equivalent period in 2019/20. It should be noted that although we have prescribed the least in Wales and rank 1st, our resident population is smaller.

- Number of women of child bearing aged prescribed valproate as a percentage of all women of child bearing age has now been updated with reportable information. Powys meets the quarterly reduction target reporting 0.11% during Q4 2020/21 and benchmarks 2nd in Wales, the All Wales average is 0.15%.

- PTHB are not compliant against the new Opioid measure with 4068 per 1000 patients in Q4 2020/21, the national target is to achieve a 4-

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quarter reduction, the health board is ranked 2nd in Wales, All Wales average 4404.

Agency Spend

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 during September-21. It has been noted by the finance team that the agency spend figure 0.9% for September is significantly lower, this is due to the Month 6 return being used for correction purposes to avoid prior monthly adjustment. This has not affected the overall pay position or forecast.

Clinical Coding

Powys Teaching Health Board normally provides excellent compliance to coding requirements e.g. 99+%, the latest reported performance for July-21 was 100% of 302 record requiring coding.

NEXT STEPS:

Service recovery and restoration

Significant challenge remains with the ongoing impact of service suspension last year. Restoration and recovery of service will be a lengthy process, and to make a significant impact both short and long-term service change is required at both national, regional and health board level. COVID-19 wave three at present has had limited impact on the provider in regards to admissions, it has however caused increased fragility with the workforce due to increased infection or isolation procedures.

The ongoing backlog of patients in Wales and the UK remains the largest challenge coupled with an increase in new patients entering the system. Powys has shown to be leading the improvement in Wales around access, but this has significant risk as a result of in-reach fragility and a small specialised workforce.

Ongoing work from the Recovery Portfolio Strategic Board is working to focus on accelerating local recovery priorities, service restoration, innovation and work to help address waiting list pressures.

Commissioning assurance also remains a key workflow in helping manage and risk assess care pathways in external providers.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3b

BOARD MEETING	**Date of Meeting: 24th November 2021**
Subject :	**PTHB Annual Plan 2021/22 Quarter 2 Delivery Plan Report**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Collated by Planning Team - returns have been provided by each Lead Executive for their respective areas of responsibility.
Other Committees and meetings considered at:	Delivery and Performance Group; Delivery and Performance Committee, Executive Committee

PURPOSE:

This report provides the Board with an update of the progress made against the milestones and actions in the PTHB Annual Delivery Plan for the quarter 2 period (July 2021 to September 2021).

The content for the report has been provided by each Lead Executive for their respective areas and reviewed at Delivery and Performance Group, Delivery and Performance Committee and Executive Committee.

Additional commentaries were included following a request for an overarching statement from Lead Executives, made at Delivery and Performance Group on 21st October.

These are included at the front of each section to provide a summary of progress, achievements and any challenges or risks to delivery with a note on mitigations for these.

RECOMMENDATION(S):

The Board is asked to DISCUSS and NOTE the 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 Board with an update of the progress made against the milestones and actions in the PTHB Annual Delivery Plan for the quarter 2 period (July 2021 to September 2021).

The content for the report has been provided by each Lead Executive for their respective areas and reviewed at Delivery and Performance Group, Delivery and Performance Committee and had final review and sign off at Executive Committee.

As noted in previous reports, the IMTP (Integrated Medium Term Plan) was suspended in March 2020 in response to the Covid-19 Pandemic and the requirement for Quarterly Operational Plans was introduced by Welsh Government for the period 2021 – 2022.

Due to the ongoing uncertainty Welsh Government determined that it was not feasible to return immediately to the three year planning cycle and instead required that an Annual Plan was submitted for the period April 2021 to March 2022, building on the Quarterly Plans developed during 2020/1.

The Annual Plan sets out the PTHB Priorities for the year ahead, and the accompanying Delivery Plan includes the detailed objectives, milestones and timescales for delivery in order to achieve these priorities. These plans were agreed by the Board on the 29th June 2021 and submitted to Welsh Government on the 30th June 2021.

This report sets out progress against the Delivery Plan for Quarter 2.

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Additional commentaries from Lead Executives were included following a request for an overarching summary statement, made at Delivery and Performance Group on 21st October. These are included at the front of each area of responsibility, providing a summary of progress, achievements and any challenges or risks to delivery with a note on mitigations for these.

DETAILED BACKGROUND AND ASSESSMENT:

Progress Towards Quarter 2 Milestones and Actions

COVID Response
Covid-19 Prevention and Response Plan

Commentary from Lead Executive: Director of Public Health
The Health Board continues to work with partners including Public Health Wales and Powys County Council to deliver a robust Test, Trace, Protect (TTP) programme in 2021/22. All delivery and co-ordination arrangements remain in place including regular Incident Management Team meetings, Regional Response Cell and Strategic Oversight Group. Across the UK there has been a significant increase in COVID-19 confirmed cases towards the end of Q2 leading to significantly increased workload for testing teams, contact tracing and the wider prevention and response mechanisms. Management changes have seen the appointment of a new Programme Director (Adrian Osborne) and new Service Manager and Clinical Lead PTHB TTP (Catherine Watts) until March 2022. Shortly after the end of Q2, Welsh Government published their updated Coronavirus Control Plan outlining the COVID stable and COVID urgent scenarios for Q3/Q4. This includes the national expectation to maintain our current approach to testing through to year end, and further guidance is expected shortly on the long term plans for testing as well as for updating regional Prevention & Response Plans. More information about TTP performance and activity is included in the Q2 performance report.

Action	Q2 Milestone	Progress to Date
Delivery of the Powys Prevention and Response Plan. To include: - Delivery of the local Testing Plan encompassing symptomatic testing, asymptomatic screening and antibody testing using PCR (polymerase chain reaction), Lateral Flow Devices (LFD) and new technologies. - Delivery of Contact Tracing - Provide regional co-ordination to the Powys	Local Incident Management Team (IMT) arrangements escalated to respond to rising case incidence (if required)	IMT currently taking place three times a week. Reviewed on regular basis depending on prevalence rates and outbreaks. Ad hoc IMT's held in order to respond to clusters/ outbreaks.
	Local governance and leadership arrangements in place and operating. To include Dyfed-Powys SCG (Strategic Coordinating Group) / RCG (Recovery Coordination Group), Powys Prevention and Response Group, Powys Incident Management Team	All groups operating.

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Test, Trace and Protect service		
Influence public to follow public health guidance and requirements.	Government pandemic messaging reinforced via PTHB communication channels.	Communication programme continues to be delivered, reviewed weekly through Prevention & Response SOG (Strategic Oversight Group). Key headlines of the communication programme are set out in regular exception and highlight reports.
	Reactive local communications discussed and agreed via Incident Management Team.	Communications routinely discussed at IMT. Reactive communications issues if required following discussion at IMT.
	Cases and contacts followed up in a timely way via TTP.	Timeliness of contact tracing reported weekly to P&R SOG.
Review and update relevant civil contingencies and business continuity plans in light of learning from the Covid-19 response.	Review of learning identified from Covid-19, organisational changes and any changes in national guidance, to inform revised Emergency Response Plans - Civil Contingencies Plan, Corporate Business Continuity Plan, PTHB Civil Contingencies Training and Exercise Programme.	Timetable agreed for review of plans in 2021/22.

Covid-19 Vaccination Programme

Commentary from Lead Executive: Director of Planning and Performance

Phase 2 delivery has been closed with Phase 2 closure report received by Executive Committee on 18 October. All milestones were met during phase 2 delivery. The Welsh Government Phase 3 COVID-19 Vaccination Strategy for Autumn/Winter 2021 was published in October and sets out the national priorities for the delivery of COVID-19 vaccination in Wales in Q3 and into Q4. The PTHB Phase 3 Delivery Plan has been developed based on learning from Phase 1/2 and to deliver the national aims:

- Vaccinating the most vulnerable
- Vaccinating children and young people
- Booster vaccination
- Nobody left behind

Vaccine type (booster programme and under 18 vaccination uses Pfizer/BioNTech in Powys) and workforce remain key constraints (and have meant that 3 of 16 GP practices are participating in the booster programme, offering boosters to over 80s) but a positive start has been made and in M7 first offer appointments had already taken place for all 12-15 year olds. Planning and delivery will need to continue to evolve to reflect any new national requirements (e.g. extension to booster eligibility, changes to booster interval).

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Delivery will continue to be monitored through our COVID-19 Vaccination Strategic Oversight Group chaired by the Deputy Chief Executive who is SRO for the programme. Key monitoring mechanisms include including daily Pulse meetings, weekly Operational Delivery Group, Strategic Oversight Group at least monthly, vaccination delivery & quality dashboards, COVID-19 Vaccination Implementation Plan and COVID-19 Vaccination Risk Register.

Action	Q2 Milestone	Progress to Date
Delivery of the Covid Vaccination Programme. This will encompass strategy & governance, clinical model & delivery, venues & site logistics, supply, waste & transport, booking & documentation, primary care, workforce and leaving no one behind.	Vaccination offered to all eligible adults by 31 July 2021 and agree delivery model for re-vaccination programme.	Completed ahead of deadline. Current uptake for adults age 18+ remains the highest of all Health Boards in Wales with 90.9% first dose uptake and 88.5% second dose uptake. Vaccination in place for additional cohorts announced during Q2 (16-17 year olds, 12-15 year olds). Booster programme now under way with first booster dose delivered on 18 September.

Essential Healthcare
Well-being, Prevention and Tackling Inequalities

Commentary from Lead Executive: Director of Public Health

Level 3 weight management service for adults on track to start in Q3. This is an important development and means that for the first time Powys has a complete weight management pathway in place for adults. Work will continue to develop the pathway and also to develop proposals for a similar pathway for children, young people and families. Recruitment to the obesity system posts is also progressing and will mean work can be taken forward developing a partnership approach to healthy weight in Powys.

The impact of the COVID-19 pandemic on routine childhood immunisation has been assessed and will lead to further work to assessing the feasibility of a catch-up programme for some school-age vaccinations. Seasonal flu vaccination oversight arrangements commenced at the end of Q2 as part of the build up to the winter vaccination programme.

Action	Q2 Milestone	Progress to Date
Implement the key components of the smoking cessation system framework, including a review of the current model of stop smoking support in Powys.	Identify where the smoking cessation service could sit and how the service could function going forwards.	Still under discussion. Progress delayed due to COVID-19 response. To continue into Q3.
Implementation of the Smoke free Premises	Embed the Smoke Free Premises & Vehicles (Wales)	Complete

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and Vehicles (Wales) Regulations 2018, especially the requirements for non-smoking mental health units and smoke free hospital sites.	Regulations and PTHB Smoke Free Policy	
Produce and deliver a pathway plan for the Powys population that secures access to weight management (WM) services across a pathway from levels 1 to 4.	Level 3 Adult Service - scope delivery of Level 3 adult service pilot	On track
	Level 2 Adult Service/s - Review need and demand, map existing services and identify gaps	On track
	Level 2 and Level 3 CYPF (Children, Young People and Families) Services - review need and demand, map existing services and identify gaps, review evidence-base, design services.	On track
Review and update actions in the Healthy Weights Action Plan in the context of Healthy Weights: Healthy Wales Delivery Plan 2021/22.	Complete recruitment of new Obesity System posts	Not due but partially complete. Potential risk to recruitment to Band 7. Successful recruitment to 1 x Band 8a Post - start date TBC. Interviews for 1 x Band 7 held in June 2021 – did not recruit. Public Health Wales to go out to advert again. Currently out to advert for 1 x Band 3 (local Public Health team leading recruitment).
Implement immunisation plans for vaccine preventable communicable diseases including flu vaccination, Human-papillomavirus vaccination, MenAWCY booster and MMR (measles, mumps, rubella) (excluding Covid-19 vaccination).	Review changes and variation in uptake of vaccine preventable communicable disease in Powys post Covid. Update Powys Vaccination Group Action Plan following review.	Paper to Delivery & Performance Group in September. Further work in development for Q3/4 regarding future approach to health board vaccinations.
	2021/22 seasonal flu vaccination programme management arrangements in place.	Influenza Oversight Group meeting fortnightly.
Coordinate system working to support monitoring and delivery of Building a Healthy Wales (BaHW) funded programmes.	Establish monitoring requirements, agree and implement plan for monitoring BaHW-funded programmes in 2021/22	On track
Implementation of the Strategic Equality Plan (SEP)	Achieve the aims and objectives as stated in the SEP	Equality Annual Monitoring Report 2020-2021 approved and demonstrated steps taken to implement the SEP Objectives.

Primary and Community Care

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Commentary from Lead Executive: Director of Primary Care, Community & Mental Health: Primary care contractors have continued to face challenging demands for services which are at times limited by the covid pandemic. Each contractor profession is in a slightly different position with general dental services most impacted on issues associated with managing covid risk including ventilation and capacity in clinics. General Medical Services (GMS) delivered through GP surgeries have embraced new avenues of service provision during the pandemic with levels of phone triage (by multiple professionals) and virtual appointments being in place. As the pandemic has moved through the year this has also seen an increase in face to face activities.
A detailed report updating on the eye care elements of this plan is being developed for Delivery and Performance Committee in December.

Provider essential services have been maintained, albeit with reduced physical capacity for delivery of around 30%. Face to face contact has been maintained where appropriate and with appropriate measures for social distancing and infection prevention and control, and through alternative means of delivery including digital and telephony.

Action	Q2 Milestone	Progress to Date
Commissioning of any ongoing vaccination programmes with GPs and Community Pharmacies	GP practices to complete 2nd dose programme for their agreed cohorts/groups.	Practices have completed their work on second doses.
Work with the four contractor professions to stabilise service provision into the recovery phase, to reinstate contract management in line with the reset of services in line with the National Contract Reform Programme.	Specific reviews, based on national guidance and information on the scale of any primary care backlog.	National guidance and agreed data being clarified. Linked to renewal areas of Long Term Conditions and Frailty. Engagement with clusters has commenced (via leads).
	Implement any plans for backlog management in primary care.	Linked to the action above.
Expand the offer and use of digital solutions to improve timely access to care across provided services. Evaluation led by the IT function under Director of Finance (and national colleagues).	Promote the opportunities and link with national messaging on alternative methods.	PTHB Attend Anywhere webpage developed and live. Case studies provided. Develop a local patient feedback form. Promoting the benefits of Attend Anywhere will be the focus over the next few months and working with services and PAVO (Powys Association of Voluntary Organisations) volunteers to provide appointments in a community hub.
Review governance arrangements and wider strategic context of Enhanced Service delivery.	In line with any emerging national guidance and contract reform, review existing enhanced services in partnership with contractors and respective	Ongoing work linked to Welsh Government relaxation of Enhanced Services status and contract reform. Dialogue with LMC is in place on existing enhanced services to inform ongoing review. There may be potential need for

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	bodies such as Local Medical Committee (LMC).	more enhanced services to support renewal of secondary and primary care backlog.
Complete the Innovative Environments Strategic Framework to encompass the primary care estates strategy requirements.	Subject to timeline and content of the Archus study to contribute to the Innovative Environments Strategic Framework.	Review of it will be undertaken once received. Expected to be received in Q2 but delayed nationally.
Publish the Pharmaceutical Needs Assessment (PNA)	Undertake consultation process and publish the Pharmaceutical Needs Assessment.	Consultation completed, and assessment approved by Board (and published) in September.
Focus on patient safety, optimising the use of medicines, promoting prevention and self-care.	Identify any specific areas/priorities & appoint an anti-microbial steward.	Work is ongoing, pending further discussion.
	Use the revised Drug and Therapeutics Group to monitor and progress.	SBAR (situation, background, assessment, recommendation) approved by Executives.
Working with contractors and clusters to further increase the number of independent prescriber community pharmacists active in Powys workforce to improve safe access.	Assess potential for additional support from medical practices for interested pharmacists.	Will assess potential once more clarity on any contract reform levers in this. Currently, due to service pressures, GP practices focus remains the management of patient service pressures.
Maximise the benefits of the new contract reform for dental services.	Work with contractors on restoration of core services in line with national guidance.	Assessment to be carried out pending clarification of contract conditions
	Onwards Monitor the national contract reform work to identify actions for Powys.	Contract reform commencement for General Dental Practices (GDPs) is now expected in April 2022 but will be continual dialogue with Welsh Government and GDPs accordingly.
	Seek every opportunity to increase provision of dental service provision.	Will be continual and ongoing. Recent papers to Executive Committee and also Performance & Resources Committee, as well as Community Health Council.
Implement the Electronic Patient Record for eye care as a key enabler for moving services from hospital sites to other appropriate locations closer to local communities.	Implement e-Referral service trials	Open E Referral Service has been delayed nationally. Live trials will begin in Cardiff & Vale University Health Board in October. The system is expected to be available in Powys from April 2022.
Focus on renewal of ophthalmology provision and planning for a future wet Age-related	Finalise vision and strategy for eyecare following engagement with consultant ophthalmologists and Eye Care Collaborative Group.	Vision document developed and discussed with Wye Valley Trust clinicians on 16th July. National work on recovery of eye care has supported investment in eye care

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macular degeneration service in the North of the county & solidify a sustainable model for secondary care ophthalmology.		and this is being scoped under the renewal programme.
	Establish a North Powys MDT (multi-disciplinary team) – move away from in-reach only service	Ophthalmic Healthcare Scientist in post. Issues with recruitment to Eye Nurse and Optometrist post. Options considered and agreed to advertise as permanent.
	Agree job description and work plans for further MDT members	Job descriptions developed and agreed for eye care nurse & optometrist
Work towards a primary care optometric system and work force that is resilient and fit for the future.	Engage with primary care to establish a network of data capture Ophthalmic & Diagnostic Treatment Centres locations which will contribute to the patient's hospital medical record.	Primary care optometry has been engaged with the development of OpenEyes. Each practitioner in the county has been requested to complete information governance training as directed by the national project. Information sharing will be challenging until the implementation of OpenEyes. Optometry contract reform and the Future Approach to Optometry Services will facilitate involvement of all practices in shared care & data capture and will provide a payment and governance mechanism for locally designed pathways.
	Work with Electronic Patient Record group to establish equipment requirements for information sharing.	Optometry practice equipment requirements have been established. Communication requirements have been established and identified as a risk to the project due to cost for Public Sector Broadband Aggregation lines required for large file transfer. Funding may be available as part of the National Eye Care Recovery Fund.
	Low Vision Service Wales (LVSW) – ensure full coverage of the county to alleviate low service uptake.	One practitioner in North Powys is now providing LVSW, covering two practices.
	Powys Pre Registration Optometrist – to bring further professionals to the area for added resilience (&Q1 2022/23). Agree placement locations and job plan & advertise post.	Uptake from primary care optometry practices was lower than expected at first request. This project is ongoing.
Review and audit the implementation of the Healthy Child Wales Programme school aged screening pathway recommending means to increase uptake where required.	Design, plan & implement audit tool	• Vision screening is re-commencing in schools and will be offered to the 2020-2021 and 2021-2022 eligible cohort to catch up. • Audiology screening offer is still being discussed with audiology services. • Child Measurement Programme has not been agreed at national level yet regarding plans for re-commencement.

Unscheduled Care and Out of Hours

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Commentary from Lead Executive: Director of Primary Care, Community & Mental Health: This area of work is a central part of the system resilience work and the milestones within the Annual Plan are informing that work and are supplemented by additional actions. This area of work also relies upon continued strong relationships and partnership working with primary care in Powys, in particular the GP practices, who provide medical support for the wards. Key items to highlight include the implementation of the 7 day working for therapist led discharge to recover and assess pathways and to note the fact that the important area of ambulance performance targets continues to be an escalated area of focus and has been considered in detail at the Delivery and Performance Committee in November 2021.

The health board has an important role in supporting patient flow for Powys residents and the wider system, across multiple healthcare providers in England and Wales. The primary and community model is fundamental in supporting regional emergency care flows for residents in and out of hours.

Action	Q2 Milestone	Progress to Date
Discharge to Recover and Assess (D2RA): take a proactive approach to community led discharge planning, implementing a 'Home First' culture and fully implementing the range of D2RA pathways.	Deliver D2RA model and home first, supported by the implementation of 7 day therapy working (timelines elsewhere in this plan)	Model well developed and services in place. Expansion to 7 day working in place from November.
Review the further potential of the Virtual Wards working jointly with primary care, local authority for home based, intermediate & reablement services.	Consider the view of the Frailty and LTC (long term care) renewal priorities and align the work to the potential for Point of Care Testing (POCT).	Welsh Government funding for urgent primary care will support scoping of potential for additional POCT in both the virtual ward and Minor Injuries Units. Assistant Director of Therapies leading this work in conjunction with Life Sciences Hub Wales. This will continue into quarter 3.
	Consider a proposal for investment for the WG funding stream for an expansion of the virtual ward under Urgent Primary Care.	Further discussions relating to same day emergency care funding and the potential for expansion of virtual ward ongoing.
Deliver an effective Out of Hours (OOH) Service working in partnership with Shropdoc.	Monitoring of the current service through the OOH Monitoring Group.	Ongoing and in place with both Shropdoc and also Swansea Bay University Health Board who provide the service in Ystradgynlais.
	Develop a process to review needs for future contract in order to be ready to procure a service in the following financial year.	Work to consider specification for contract tender and process will be developed during Quarter 3 in conjunction with Director of Finance and IT.
Link with national partner health boards to consider their models of Contact First and identify any applicable	Engage PTHB officers/cluster leads in the national work on this and consider at all times any actions or learning for Powys to supplement	Engagement ongoing with national group.

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models for unscheduled care access within Powys.	messaging of DGH providers.	
Review the Joint Reablement Service and implement improvements aligned to Community Resource Teams and the Glan Irfon model.	Evaluation of current system.	This piece of work is ongoing.
Support operational performance in ambulance services as part of the National Collaborative Commissioning Unit and Emergency Ambulance Services Committee (EASC) commissioning intentions.	Work with WAST (Welsh Ambulance Service Trust) and also the Chief Ambulance Commissioner on options available to WAST to deliver the red performance in Powys.	Item at Board Development October 2021 and Delivery Performance Committee in November.

Planned Care

Commentary from Lead Executive: Director of Primary Care, Community & Mental Health: Detailed reports on Planned Care have been considered in the Delivery and Performance Committee in September 2021 and updates are consistently part of the Integrated Performance Reports at Board and relevant committees.

The health board has delivered essential healthcare throughout the pandemic, albeit with approximately 30% capacity reduction to enact Infection Prevention and Control measures.

Action	**Q2 Milestone**	**Progress to Date**
Neurology pathways including Multiple Sclerosis across Powys	Complete transfer of neuro services from Shrewsbury and Telford Hospital (SaTH) to Wolverhampton including recruitment of MS practitioner in Powys	Recruitment underway.
	Scope neurological services for Powys and recommend model.	Paper presented on options, to be developed in Quarter 3 for approval.
Orthopaedics (Musculoskeletal - MSK Pathway)	Workshop MSK pathway	Workshop meetings concluded and draft pathway vision with associated workplan produced.
	Proposal for MSK pathway	MSK pathway redesign will form a workstream under the Advice, Support and Prehabilitation Renewal Priority. Workstream set up meetings scheduled to provide forum for further review and approval of pathway proposal.

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Regional DGH and Specialist

Commentary from Lead Executive: Director of Planning and Performance:
The health board has a role to ensure that the needs of the Powys population for hospital and specialist care is incorporated into recovery and system plans for both the continuation of essential services and the restoration of non-essential planned and elective care across all providers. Plans with English providers to be refreshed for the remainder of 2021/2 as an output from their overall mid-year planning returns to NHSEI. Similarly, Contract Quality Performance Review (CQPR) meetings are used to quantify the additional activity Welsh providers are planning to deliver. NHS organisations have received additional funding to improve access. CQPRM now includes additional scrutiny in this area.

Action	Q2 Milestone	Progress to Date
Ensure the needs of Powys residents are factored into neighbouring plans and utilise system for tracking changes and recovery planning.	Cross reference to Enablers Performance and Commissioning section.	On track as part of IMTP process. Participating in System Silver meetings.
	Agree Service Level Agreements/Long Term Agreements	On track.
Risk management of Shrewsbury and Telford Hospitals NHS Trust (SaTH) in relation to special measures.	Range of immediate and longer term work: - Assurance on SaTH actions to improve against special measures - Assessment of any pathway or service implications for Powys residents and ongoing mitigation of these Q1 – Q4 - Longer term work to develop services closer to home (refer to Transformation / Renewal Priorities) -Development of maternity assurance and pathways (refer to Transformation / Renewal Priorities)	Cross reference to annual plan priorities and north Powys developments. Standard operating procedure being developed re quality and safety in commissioned services to compliment the commissioning assurance framework.
Working with Welsh Health Specialised Services Committee (Joint Committee and Management Group) to implement the agreed Specialised Services Integrated Commissioning Plan	Participation in Management Group and Joint Committee. Participate in learning and improvement of Clinical Impact Assessment Group (CIAG) process.	Assistant Director Transformation & Value regularly attends Management Group. Chief Executive Officer attends Joint Committee.
	Development and appointment of specialised pathway lead role.	This action is subject to work being restored in Q4.
	Restore joint work on MAIR data involving Public Health.	This action is subject to work being restored in Q4.

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Partnership work with PCC to implement the Section 33 agreements particularly in relation to care homes.	Strengthening assurance and identification of resource to support re-commissioning of council owned care homes	Partnership work in progress, subject to prioritisation of work in Q4.
	Review market stability	Partnership work in progress on market assessment work, and will report in Q4.
Work with Powys County Council to prevent out of county placements for children and young people with complex needs who require safe accommodation.	Rescope opportunity and potential risk-based delivery model for Powys, including sustainable resourcing and evaluation.	Opportunity rescoped, key areas requiring further national guidance identified with next steps pending. PTHB are stakeholders which provides PCC with opportunity to progress on a single agency basis in the interim
Participation in Welsh Health Specialised Services Committee (WHSSC) work to strengthen access to Tier 4 CAMHS.	National pathway redesign for children & young people needing alternatives to Tier 4.	Engagement in place between PTHB Mental Health service and National Group and via WHSSC mechanisms.
Working with the Welsh WAST and commissioning groups in Wye Valley and in Shropshire, Telford & Wrekin to ensure quality and compliance in Non-Emergency Patient Transport provision (NEPT).	Shropshire and Telford NEPTS contract operational from October 2021.	Contract with E-zec Medical Transport Services Ltd went live on 1st October 2021

Renewal Priorities

Commentary from Assistant Director of Transformation and Value (on behalf of Various Executive Leads):

The PTHB renewal priorities were identified following a review of the evidence base and learning from COVID. Health and wellbeing has been affected by the impact of the pandemic, including the reduction in non-COVID NHS activity. Central to PTHB's approach is reducing the potential for harm from this. The scale of the challenge will not be met by existing approaches and will require new, radical solutions bounded in a value-based healthcare approach locally, regionally and nationally. The renewal work is focusing on the things which will work best to address the critical challenges ahead.

A CEO-led Renewal Strategic Portfolio Board has been established. This has the membership of the Executive Committee and is meeting on a monthly basis. It is supported by a weekly "Core Group" involving the CEO, Deputy CEO and Director of Finance to help drive progress and for rapid decision making.

Lead Executive Directors are in place for each of the priority areas and a portfolio of Renewal programmes has been established, together with a programme board to embed Value Based Health Care.

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The portfolio and each programme has an approved Portfolio Initiation Document (PID). Most programme board meetings are underway. However, work on Long Term Conditions is featuring as workstreams under other programmes to ensure alignment. The Frailty PID has been approved, but some actions have been brought forward as part of the Resilience Plan and the interface with the North Powys Programme is being worked through to ensure alignment.

£2.5M non-recurrent revenue funding has been secured from Welsh Government, plus £550k capital for phase 1 (2021/22). Whilst the funding was non recurrent some recurrent expenditure has been agreed, for example in order to secure clinical posts or as the renewal activity will be needed for longer.

The Quarter 2 progress was considered by the Renewal Portfolio Board on the 6th October. Detailed commentaries about progress and risks are set out in the sections for each programme below. Whilst there are risk and highlight report processes for each programme, portfolio level risks have also been identified. Recruitment remains a key risk.

Recruitment has been an area of considerable difficulty despite significant support from the Workforce and Organisational Development Department. There has been a minimal response to adverts in relation to endoscopy and theatre staff and a procurement solution is also being developed to prevent delayed diagnosis and treatment.

The Strategic Renewal Portfolio Board is also seeking further work on the workforce model to ensure sustainability and the harnessing of new ways of working.
There have been particular difficulties in the support arrangements for the Cancer Programme, which has delayed progress. It is very pleasing that a GP clinical lead has been secured, but work will be needed to secure this on a permanent basis. A Programme Manager took up post on the 1st October. The Wales Cancer Network has appointed a dedicated project manager for Powys to work on the optimal pathways published in the Welsh Government Quality Statement. Together these posts will be working together to recover progress in Q3 and Q4.

Frailty & Community Model
This will enable better outcomes for people through more intensive community and home based care. Renewed pathways for planned and unscheduled care for frailty will build on successful models of Home First, Discharge to Recover and Assess, Virtual Wards and support for those at risk of falls. The project initiation document has been developed and milestones will be set for Quarter 3.

Long Term Conditions and Well-being
A fully integrated and scaled service to support people with long term conditions using bio-psycho-social and psycho-social approaches. Focus on psycho-social support, prevention, self-care and patient initiation.

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Action	Q2 Milestone	Progress to Date
Long Term Conditions and Well-being	Funding confirmed for advanced practitioner, medicines optimisation and community engagement. Recruitment.	Engagement capacity being sought via procurement. Advanced Practitioner funding agreed for 1 year via Core Group but the recruitment has not been successful. Pharmacy optimisation recruitment has not been successful and requests for longer term funding are being made to Core Group.
	Expand services to support weight management	Service Lead identified for the MDT. The Adult (Level 3) Weight Management Service is in development and accept referrals as of the 01/10/2021. Further rounds of recruitment are being attempted.
	Tracking service improvement and agreeing adjusted actions if progress is not sufficient. Ensuring longer term phased plans have been established – with second tranche implementation priorities agreed.	On track
	Additional support provided to patients; Implementation of second tranche priorities	On track

Diagnostics, Ambulatory and Planned Care

This will transform access to in-county care, including diagnostics, ambulatory/same day care and planned care and will maximise the capability for near-patient diagnostics.

Action	Q2 Milestone	Progress to Date
Diagnostics, Ambulatory and Planned Care	Implement Scheme agreed with Welsh Government to reduce Referral To Treatment (RTT) backlog; to support the National Endoscopy Programme; to improve performance against the eyecare measure; and ensure significant improvement and modernisation in Outpatient service specifically follow ups in line with National Planned Care Outpatient Strategy.	Minimal response to recruitment to endoscopy and theatre posts. A procurement solution has been put in place to secure insourcing support which will commence in Q4.
	Recruitment; additional capacity/Waiting List Initiatives; agree repatriation plan/formal Service Level Agreements/Long Term Agreement arrangements	Minimal response to recruitment to theatre posts. Continuing attempts to secure further activity via SLAs for in-reach. A paper has been prepared for the Executive Committee on the use of

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	reviewed; additional capacity in place to address backlog.	enhanced payments to secure additional capacity. The procurement solution has been extended more widely than general surgery and a mini competition held under the All Wales framework.

Advice, Support and Prehabilitation

This will achieve a transformed approach to support and treatment to ensure timely and equitable access to effective services focused on improving outcomes and experience. Citizens will be offered structured advice and support including 'prehabilitation' for those who are or may otherwise be waiting for treatment.

Action	Q2 Milestone	Progress to Date
Advice, Support and Prehabilitation; Implement scheme to establish Advice, Support & Prehabilitation Service; Patient Liaison Service; Clinical Referral Guidance service (including virtual MDT).	Patient liaison and patient tracking established across pathways spanning more than one organisation; Tracking of reduced waiting list; Tacking of harm reviews; Tracked reduction of patients waiting over 52 weeks; Access to Prehabilitation.	Recruitment has not yet been successful as described above and is continuing. Organisational monitoring of 52 weeks+ (total number of patients waiting for 52 weeks and above is 2853 compared to 3500 at the beginning of the renewal portfolio, although there has been growth in the total waiting list) PID approved, programme arrangements established, including work stream for redesign of orthopaedic pathway. Plan to develop the Investing in Your Health (IIYH) Programme, based on baseline of services already in place, expansion trajectories developed to include other conditions such as how to comes to terms with a new diagnosis and preparing for your operation.

Children and Young People

An organisational and partnership approach to prioritising recovery and renewal from the pandemic for children and young people.

Action	Q2 Milestone	Progress to Date
Healthy Growth and Development - Universal access to HCWP to reduce health inequality and promote and wellbeing. To ensure early detection of physical, metabolic, developmental or growth problems	Develop a comms strategy with PTHB & PCC targeting children and young people – wellbeing messages, signposting etc. Review national and local communications.	Link to action 3.5.08 regarding Children, Young People and Families (CYPF) Renewal Programme communications and engagement plan.
	Deliver the Healthy Child Wales Programme (HCWP).	Compliance reports to be used as evidence. Profile of delivery and gap analysis to be completed 31.7.21

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through an appropriate, universal screening programme	Work with dental to provide information, increase prevention and treatment uptake.	18.6.21 contact initiated, convened with dental colleagues 16th Sept. Progress as at Q2 to be reviewed Q3 and 4: • Design to smile - links to be established with HV to get a working plan of how to re- introduce promotion activities • Flying Start have historically had resources funded e.g. toothbrush kits and free flow cups. Dental to confirm whether these resources are still available • Design to smile - School based programme, not currently being delivered and under review. Dental colleagues to keep CYPF Renewal Prog abreast of developments. • Lift the lip training for Health Visitors (HV) and Nursery Nurses - dental to link with HV re outstanding training needs and review if trained staff have incorporated into practice • Community Dental Services accepting referrals for CYP when required.
	Work with opticians to provide information, increase prevention and treatment uptake.	18.6.21 contact initiated. Q2 - Vision Screening programme in school recommencing this academic year and will include 2 school years to catch up on missed cohort from last year.
	Work with families and schools to maximise Infection prevention and control processes.	18.6.21 SN service immunisation delivery. Q2 - flu immunisation programme commences Sept 21.
	Work with third sector partners to increase awareness, provide information and increase access to health services	Q2 - PAVO membership on Women & Children's forums including Start Well and respective work streams. Link to action 3.5.08. Link directly with PAVO Children Engagement Officer.
Emotional Health and Wellbeing	CAMHS staff will participate in Dialectal Behaviour Therapy (DBT) light and Regulate your Emotions training so that so that staff can develop skills to support those children and young people who are referred to CAMHS who require coping strategies to deal with difficulties with trauma self-harm and risk.	CAMHS staff have just completed two days DBT light. Another day training in October and we can start to develop a service/pathways for those CYP needing to regulate their emotions.
	Support the delivery of the Silver Cloud for Anxiety support for Children and their families and carers.	Silver Cloud Anxiety for children and families – up and running for all services working with children who may be experiencing anxiety. This is going really well.
	Expand the development of early episode psychosis team to include those children and young people	Recruited into the Team Leader post for Early Episode Psychosis service which will improve on the Integrated approach to care and treatment

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	up to the age of 25 have an Integrated approach to their care and treatment.	
Implementation of an all age Eating Disorder Service: 1. access to expert medical support (WG eating disorder review 2018) 2. to offer single family or multiple family therapy – identifying anything in a person family life that is making it difficult to change their behaviour (NICE Guidelines) 3. alternative strategies to help manage stress	Scope exiting services and new service needs	Commenced scoping for Eating Disorder provision in PTHB
	Mapping against NICE standards, Maudsley guidelines	Commenced mapping against Maudsley guidelines and NICE standards
	Link with Welsh Government Eating Disorder lead	Links established with WG ED lead.
	Analyse current base line data	Awaiting update.
	Recruitment of staff including medical staffing	Awaiting update.
Immunisation and Vaccination - Childhood Immunisation to remain one of the most effective interventions for providing protection against vaccine-preventable communicable disease.	Establish links with links with existing work stream/leads: - - PTHB Immunisation Operational Group - All Wales Heads of School Nursing - Public Health Wales rep - Anne McGowan - PTHB Immunisation Co-ordinator	• Representation at existing work steams in place. • PTHB Immunisations Co-ordinator appointed fixed term contract whilst substantive on secondment.
	Data - identify baseline data, new datasets and measures to demonstrate progression - Public Health Wales Immunisation Cover Reports - Localised data available re: School Nurse Nasal flu programme	• Work undertaken with Public Health re current cover data • Flu action plan reviewed and updated • School flu programme plan being developed • Public Health Nursing and Childrens Nursing services team priorities plan on page – update work initiated
	Scope existing and new programme requirements - National flu programme to be enhanced 2021 – workforce/funding in discussion by Welsh Government.	• Scope being undertaken • Brief for the expansion of school flu vaccination provided to Director of Public Health • Business case being finalised
	Scope existing workforce, learn from experience in mass vaccination and identify workforce requirements and potential new ways of working.	• Current workforce scoped • Staff seconded to MVC returned to substantive posts- phased during July-September
	Review resource and training requirements to undertake programme	Review being undertaken. Immunisation Co-ordinator to support when in post. Annual training programme in progress

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Neurodevelopment (ND) Service Remodel - Timely access to the ND service for Powys' CYPF thanks to the remodel of the service ensuring compliance with NICE Guidelines, Welsh Government ND standards and the 26 week RTT waiting time target.	Data - identify baseline data, new datasets and measures to demonstrate progression. • RTT statutory position • Stage End to End – review of time to complete diagnostic assessment • Volume and output data • Qualitative outcome measures	In progress but anticipated complete Q3.
	Draft Project Initiation Document (PID) regarding service remodel	Draft PID inclusive of project Plan drafted. PID subject to formal approval.
	Implement PID and project plan	Project plan in progress under workstreams: * ND Service Pathway Review; * WOD and Training; * Data collection and Reporting; * Communications and Engagement Working group being established to enable peer Supervision and ongoing training and development, new approach to appointment scheduling being reviewed and implemented, service literature to be updated, SOP to be developed, robust links with local and national partners including the Integrated Autism Service (IAS) Powys, financial proposal approved and being managed, WOD recruitment on target, training needs analysis Q3, data collection T&F group establishing to consider statutory reporting and data collection, comms and engagement commenced with core, virtual and wider ND players.
	WOD - draft job descriptions according to SBAR outcome, job evaluation and recruitment process.	Recruitment underway according to approved funding request. Recruitment tracker monitoring progress. On track.
Increased Access to Healthcare for Looked After Children (LAC)	Data - identify baseline data, new datasets and measures to demonstrate progression: • Data that already exists - No. of LAC children and care homes. • New datasets required - TBC. • Measures - a) No. of initial and review LAC health assessments undertaken (reported quarterly), b) national standard re all LAC to be registered with a GP (reported), c) MAAP - Multi Agency Approval Panel (any child to be placed out of county) – confirm data	Action complete.

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	sets/outcome measures/timeliness.	
	Progress readiness assessment for introduction of Liberty Protection Safeguarding (LPS), April 2021. Awareness raising. NB Applicable to all children but not specific to LAC.	• LPS working group established with representation from W&C • Raising awareness of LPS
	Scope legislative requirements including review and update of the current LAC policy.	• LAC Policy due to be updated Aug 2021 • Check National use of TSTBF
	Map out revised pathways clearly identifying lines of reporting and accountabilities	List of pathways identified as • Dental • CAMHS • Substance misuse • Neuro • GP • Sexual Health • Ed Psychology • Enuresis
	Service user engagement to help shape provision with robust links to the Start Well 'Voice of the Child' workstream - Cross Cutting Theme	LAC questionnaire in development and being shared with children in Care Homes. Anticipated response November 2021. Consider findings thereafter and recommendations to be presented to Safeguarding Operational Group in January 2022.
Children Receiving Complex Care and with Disabilities including Chronic Disease Management - Delivery Objectives re Complex Care and Disabilities; and Chronic Disease Management	Develop work stream project plan	In progress. Reliant on Start Well respective workstream tracker and work plan
	Maintain links with Start Well partnership 'Children with Complex Needs and Disabilities' work stream	Links being made with joint Chair (PCC Children's Services Senior Manager) of the Start Well workstream. • Partnership CHC and panel meetings being held. PTHB to Chair and provide admin support. Current delay in progressing funding decisions, awaiting PCC senior management 'sign off'. • Children's youth group being developed.
	Complex Care and Disabilities Data - identify baseline data, new datasets and measures to demonstrate progression. Please identify: • Use of communication / assessment tools that are age and developmentally appropriate • Scope existing data • Identify new datasets required • Audit of Special schools using ratified tool (South Coast)	Action complete to identify data baseline, new datasets and measures to demonstrate progression. (Treadwell audit Sept-Dec21 regarding need of special schools' children - added to plan Aug 21. • Audits in diary profiling special schools and considering complex children. Addition Learning Needs (ALN), safeguarding and therapies to be included)

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	• Audit of Children with Complex Needs (CCN) service – RCN Future proofing CCN services tool • Together for short lives • All Wales ND benchmarking tool • All Wales CYP benchmarking tool • Diabetes database • PT passports in place • Named Nurse • Transition plans for CYP with complex physical health care • CHC initial and review assessments • Incidents and risks • Outcomes from panels • Evidence of MDT / Interagency working • Joint care plans	
	Chronic Disease Management Data - identify baseline data, new datasets and measures to demonstrate progression. Please identify: • Audit of CCN service – RCN Future proofing CCN services tool • Pt passports in place • Named Nurse • Transition plans for CYP with chronic physical health care • Use of appropriate transition tool – e.g. 'Ready, steady, Go' • Benchmark using Nice Guidance • Understand commissioning arrangements with Tertiary centres & associated expectations of PTHB / Other HB's and English Trusts •Pts stories / how do care pathways work (do pathways work for CYP & Their families) • Incidents and risks	As above. Action complete to identify data baseline, new datasets and measures to demonstrate progression.
Healthy Weights Care Pathway for CYPF (Obesity) - A Healthy Weights Care Pathway	Data - identify baseline data, new datasets and measures to demonstrate progression. As defined in the Business	Delayed to Q3 in accordance with the PTHB All Weight Management CYPF element of its Action Plan. Review Q3.

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at Tier 2 & 3 in Powys to proactively support children, young people and their families to be enabled to manage their own health and wellbeing providing a tiered support to safely support a healthier future.	Case and to be further explored in PID	
	Draft CYPF Project Initiation Document (PID) according to PTHB Weight Management Strategic Development Plan 2021-24	Delayed commencing to Qtr3 in accordance with the PTHB All Weight Management Action Plan and subject to approval of the CYPF HW Business Case (anticipated Oct/Nov 21)
	Implement PID and project plan	Three year PTHB all age plan to include the following approach for CYPF 2021-24: Year 1 - Planning Year 2 - CYPF Healthy Weights Pathway pilot Planning to as at Q2 including establishment of project board, mapping and gapping of current provision, initial business case draft complete, Level 2 and Level 3 workshops held in Sept 2021 to further inform CYPF business case. Year 3 - Operational Delivery

Tackling the Big Four

The purpose of the cancer transformation programme is to improve the quality of services and outcomes for the people of Powys. Focusing on the different needs of children and adults, it will apply a whole system value-based approach to improve cancer pathways.

Improved mental health outcomes for the children and adults of Powys will be achieved by using evidence-based approaches to reduce inappropriate variation, improve outcomes and ensure value across the whole system for people using services, families and carers.

The Breathe Well Programme will transform the wellbeing, primary and community service model within a whole system approach, improve respiratory clinical outcomes, symptom management and patient experience, and improve outcomes for children and young people, through the implementation of the national model for the management of asthma.

The Circulatory Programme will work to improve outcomes in relation to cardiac conditions, diabetes and stroke by differentiating on the needs of adults and children. The programme will work with patients and clinicians to ensure evidence based transformative activities to reduce inappropriate variation, improve outcomes and ensure value across the whole system

Action	Q2 Milestone	Progress to Date
Tackling the Big Four - Delivery of Breathe Well Programme including options for outpatient activity; North West & Mid Powys MDT pilot	Complete recruitment, establish MDT arrangements, spirometry pilot evaluation and finalise longer term spirometry plans	Amber due to: • recruitment to MDT posts underway, some successfully appointed to, interviews scheduled for others, no applications for Occupational Therapy post (alternative plans being discussed).

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evaluation; sleep clinics; drive through spirometry evaluation and medium term solutions, prehabilitation, engagement and links with RHIG National programme.		• spirometry pilot evaluation being finalised as delivery of clinics was extended and analysis of data has taken longer than anticipated. Permanent Admin post appointed to support capacity. Following discussion with North & Mid Clusters, longer term spirometry plans finalised for discussion with Spirometry Task & Finish Group on 1 Oct (discussing with South Cluster in November due to availability but clinics can commence at PTHB sites in the interim in South Powys).
Tackling the Big Four - Redesign Cancer Programme incorporating WG Quality Statement, Optimal Pathways, Improving Cancer Journey & Single Cancer Pathway.	Transformation & Improvement Team in place, Information gathering underway, pathway tracking mechanism decided; development Vague Symptom pathway	Clinical Lead appointed and in place (Transformation Programme Manager in place from 01.10.21 and all Wales Cancer Network funded Optimal Pathway Lead for Powys also now in place). There has been a delay completing recruitment processes and revised timetable of completion by Q4 is needed. The harm review process will be particularly complex in the Powys context given most secondary and tertiary healthcare is provided beyond the border involving 15+ organisation and medical records are not held locally. There have been some improvements to the cancer information secured in relation to the SCJ in relation to Welsh providers, however there needs to be work with DCHW and NHS Digital in England to ensure a complete picture for the PTHB responsible population. Liaison through the cancer network has identified key contacts for the Vague Symptom Pathway which will be a priority of the Transformation Programme Manager and Clinical Lead.
Tackling the Big Four - Delivery of Circulatory Programme	Complete circulatory gap analysis reflecting the new cardiac quality statement(s). Recommendations to feed into Phase 2 Renewal Portfolio Board including the resourcing plan. Ensure a focus on outcomes in relation to diabetes and compliance with essential care processes. Community cardiology information gathering	Support from National Clinical Lead has been secured. Programme support arrangements were diverted to support the overall portfolio. Revised support arrangements were agreed late in Q1.
Tackling the Big Four - Refresh Powys Hearts and Minds: Together for Mental Health (T4MH) Strategy including	Stakeholder engagement on new T4MH Powys Strategy, completion of final draft.	The final draft iteration of delivery plan for the T4MH strategy was considered at the Sept Live Well MH Partnership meeting. It was reviewed through a workshop which has supplemented the version with additional comments.

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targeted pathway development		
Tackling the Big Four - Roll out of Silver Cloud Online CBT Service	Completion of evaluation of 2020-21 WG funded scheme and options appraisal for post Dec 21.	Completed
Tackling the Big Four	Service improvement projects funded by Welsh Government investment	Submitted and approved by WG in Q1
Tackling the Big Four – Crisis Care	Recruitment and training of staff and completion of Policy and Procedures	Licensing issues have delayed installation of Adastra software. Further funding conversations required with WG re expansion to 24/7 service, both of which impacts recruitment programme.
Tackling the Big Four - Eating Disorders	Recruitment to medical sessions to support the service	Job descriptions have been developed Awaiting approval from MD to progress to advertisement as a combined post for a GP specialist in MH.
Tackling the Big Four - Perinatal Mental Health	Recruitment to role of Perinatal Mental Health Midwife.	Job description being developed
Tackling the Big Four - Specialist CAMHS	Recruitment to 2 x FTE band 5 development posts that will lead to substantive band 6 Practitioner roles following satisfactory development, learning and performance of the post holder within 2 years.	In recruitment phase

Renewal

Action	Q2 Milestone	Progress to Date
Ensure that renewal is focused on improving outcomes by doing what matters and what works through embedding the use of value based health care (VBHC)	Wrap around value based health care support for exemplar pathways within the renewal programme. Work with all Wales bodies to improve access to outcome information	Recruitment to VBHC Optimisation Pharmacist, Advanced Information Analyst and Costing Accountant posts underway, limited interest due to short term funding for posts. Execs approved the VBHC approach and Strategy and Direction - 22.07.2021 VBHC Programme Board established - first meeting held 05.10.2021 The exemplar pathways that will be supported have been identified and the support arrangements for other programme boards and work streams agreed.
Ensure understanding and focus on the scale and pace of renewal needed, including addressing inequalities	Portfolio Board ensuring sufficient progress on Phase 1 & forward planning	The RSPB and Core Group are meeting regularly. PIDs for all programmes have been approved. All Programme Boards have either been established or the dates booked [check dates of Frailty as supported through North Powys Wellbeing Programme arrangements. As reported to the RSPB progress has been affected by either not being able to appoint

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		to some posts or staff not being released (even after notice served) due to other priorities within the organisation.

Workforce Futures

Commentary from Lead Executive: Director of Workforce and OD
Progress against each area is set out with detailed updates for each Q2 milestone, in the four sections covering Wellbeing offer for staff; collaboration and partnership working; agile working and new ways of working and workforce planning. The achievements are highlighted against each action and key challenges are noted which include areas of particular challenge in recruitment for medical and clinical roles and the actions in mitigation.

Well-being offer for staff

Action	Q2 Milestone	Progress to Date
Introduce a structured, planned approach to the delivery of wellbeing support that is well governed and based on data and evidence.	Develop and implement high-level plan for staff wellbeing and refresh the Wellbeing at Work Group.	High level plan presented and discussed at the Executive Team on the 22nd September 2021 and further discussion is to be arranged with the Executive team. A staff survey on agile working and wellbeing has been undertaken (525 responses) and is currently being analysed.
	Develop the detailed action plan with the Wellbeing at Work Group and associated investment plan	Draft action plan included with outline approach presented and discussed at the Executive Team on the 22nd September 2021 and further discussion is to be arranged with the Executive team.
Put in place measures to support staff recovery, including emerging post-traumatic stress, exhaustion and episodes of long Covid.	Ensure referrals and ongoing discussions with managers take place in line with the managing attendance at work policy.	On-going: Support to manage long term absence continues to be provided to Managers where required. The Workforce & OD team will continue to signpost to Occupational Health where appropriate to do so.
Roll out the Respect and Resolution Policy and Approach to Healthier Working Relationships.	HR Business Partners/Advisors to begin to deliver awareness sessions to all staff and record on ESR (Electronic Staff Record)	On-going: Awareness session delivered to Board 150 staff have attended awareness sessions with more sessions planned, including local delivery through team meetings.
	Train Resolution Champions & create Resolution Facilitation Network	On-going: 14 Facilitators trained in the new approach. Ongoing national conversations are still taking place in relation to network facilitators.
Compliance with sickness absence, and all Wales targets for development: PADR (Personal Appraisal and Development Review) and Mandatory Training	Monitor PADR & training compliance and flag areas of concern to the Directors & Assistant Directors	On-going: Workforce and OD team continue to monitor PADR compliance and escalate issues to Senior Managers. This is regularly reviewed by the Executive Team and Delivery and Performance Committee.

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has suffered due to Covid. Work is in place to steadily return to pre Covid performance levels during Q1/2.		

Collaboration and partnership working

Further progress will be made through collaboration and partnership working through the Workforce Futures Strategic Framework and social partnership with trade Unions.

Action	Q2 Milestone	Progress to Date
Rebuild the role of Chat2Change and the Well-being at work group.	Engagement and development work	C2C meeting held to discuss the role of the group under the Healthier Working Relationships approach. The Group agreed that they would hold the role of Resolution Champions when training is rolled out. Further work to be undertaken with the group when the approach to developing Excellence in Leadership and Excellence in Team Environments is confirmed.
Further implement the Welsh Language Standards.	In line with the Welsh Language Action plan	Progress made throughout 2020-2021 to implement the Welsh Language Standards has been included in the Welsh Language Annual Monitoring Report which is published on the website. Actions have been identified for 2021-2022 in the annual work plan and meetings have been scheduled for the half year review with service leads to provide an update on progress made within their service area to ensure that they remain compliant and address any gaps in compliance. 2 additional members of staff have been recruited to the Welsh Language and Equality Team to support the implementation of the standards. A Translator and a Welsh Language and Equality Officer will take up post in October 2021.

Agile working and new ways of working

The agile working framework will be updated to understand how we can work differently along with digital solutions to support agile working and to prioritise space utilisation & embed new ways of working.

Action	Q2 Milestone	Progress to Date
Update the agile working framework to understand how we can work differently along with digital solutions to support agile working	Hold a series of staff focus groups to assist in shaping the framework.	Agile and Wellbeing staff survey undertaken to understand staff feedback on the approach to agile working and the impact on their productivity and wellbeing (525 respondents). 80+ staff have volunteered to from part of focus groups following the survey to enable greater feedback on the

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and to prioritise space utilisation.		results. These to be arranged in Quarter 3 once survey analysis completed.
	Review and update current Agile policy.	Draft developed and to be subject to consultation in Quarter 3.
Embed new ways of working, and consider the changing needs of our staff including how we deliver sustainable supportive home working arrangements.	Review existing agile home working related policies, terms and conditions and frameworks engaging in national discussions to review barriers in enabling agile home working	This work is delayed as still awaiting the development of national guidance and frameworks to inform the development of local approach. Assistant Director OD on both Wales and UK working groups.
	Develop a set of principles and approach / tools for manager to use to enable/ support agile working in line with policy	Meeting etiquette principles developed and included in the draft policy. This work delayed due to still awaiting conclusion of national guidance and frameworks.
	Support the Estates department in developing an accommodation / space utilisation plan.	Area of ongoing work, and subject to approval of the agile working framework.
	Ensure recruitment offers and JDs reflect our Agile approach.	This work will be embedded in future recruitment activity following the development of national guidance and frameworks and local implementation.

Workforce Planning

Workforce planning and mobilisation will be shaped by organisational priorities and modelling scenarios. Whilst recruitment has been positive it is an area of increasing challenge particularly in the areas of medical staffing, registered nursing, Health Care Support Workers and clinical support roles such as sonographers.

Action	**Q2 Milestone**	**Progress to Date**
Renew skill mix and establishment requirements to identify opportunities to maximise top of license working, multi-disciplinary teams and the introduction of new roles. This includes significant additional requirements for Covid-19 Prevention and Response.	Provide support to services in the delivery of recovery plans with a particular focus on support in relation to role development and recruitment.	On-going: Resourcing Manager currently engaged in overseeing the recruitment to recovery roles.
	In partnership with clinical directorates, review the Advanced Practice Framework and support services to identify and develop Advanced Practitioner Roles within services as required.	Early discussions have taken place with the Clinical Directorates.
Maximise opportunities to widen access to roles within Powys, including reviewing our apprenticeship and volunteer programmes and launch the kickstart programme.	Launch the first cohort of the Kickstart programme, across business and admin and support services	First Cohort of Kickstart programme launched and Project Manager appointed to lead the programme.
	Through the Arwain project deliver work ready modules to a range of groups	2 cohorts have been delivered with 5 participants to support application for Apprenticeship roles

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Health and Care Academy

This will be an exemplar provider of rural, professional and clinical health and care education.

Action	Q2 Milestone	Progress to Date
A recognisable 'brand' and offer from the Academy.	Scope the offer for the academy	Brand development options being considered in Q2.
A well-established partnership approach to working with a wide range of provider organisations, with effective governance.	Work closely with DWP to roll out the Kick start programme & PAVO and CREDU to develop the school of volunteers and carers.	The proposal for the School of Volunteers and Carers has been shared at workforce programme board. Work is currently being undertaken with CREDU to focus on young carers.
	Review WF Futures governance to ensure fit for purpose and meets legal requirements	Membership of the programme board reviewed. Reporting templates reviewed and agreed via Programme Board.

Digital First

Commentary from Lead Executive: Director of Finance and IT:
The Digital Strategic Framework development is underway with engagement sessions planned to provide valuable feedback to shape the draft Strategy, delayed to date due to Covid Pandemic response.

Digital Care

Acceleration of digital methods of service delivery provide a platform for development in 2021, with further rollout of Attend Anywhere and Consultant Connect, research and development for Application Programming and Interfaces, Chat bot development and Virtual Reality.

The O365 implementation programme sees the next phase commencing 'Sharepoint & One Drive' Migration. This will transform how we store and access files and documents, following best practice guidance in records management, ease of access and allowing costly legacy file stores to be decommissioned.

Action	Q2 Milestone	Progress to Date
Use consultancy to develop use of SharePoint/Teams for easier access to files/documents.	Discovery work and migration mapping	Discovery work commenced with staff engagement sessions to raise awareness, advise on file structures and file cleansing tasks in preparation for migration mapping, to SharePoint Document libraries.

Digital Access

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A huge acceleration in agile working was supported in 2020 and progresses into 2021, enabling new ways of working to be embedded to support sustainable delivery of care.

A joint business case between PTHB and DHCW has been approved by WG to address the Cross Border issues with data transfer, this is a key milestone and commences a 2 year programme of work.

The Eye Care programme is continuing to progress at pace.

Action	Q2 Milestone	Progress to Date
Develop Telehealth/ Telecare offering for health & social care	Research and Development towards the offering in partnership with the North Powys Programme	Delays due to issues with capacity in Digital teams to support work. Additional funding agreed to commission external support. Successfully bid for funding to secure resource needed to scope Telehealth/Telecare service offering.
Diagnostics results available in Welsh Results Reporting Service (WRRS)	Business Case completed with DHCW, awaiting approval to commence work	Joint PTHB/DHCW Cross Border Business case approved by WG. Recruitment for resource will now commence. Successful kick off meeting with NHSE/NHS Trusts (England) has taken place
Patient referrals to English NHS hospitals stored in Welsh Patient Referral Service (WPRS)	Business Case completed with DHCW, awaiting approval to commence work	Joint PTHB/DHCW Cross Border Business case approved by WG. Recruitment for resource will now commence. Successful kick off meeting with NHSE/NHS Trusts (England) has taken place
Discharges letters from English hospitals back to Wales, to be added to WCRS	Business Case completed with DHCW, awaiting approval to commence work	Joint PTHB/DHCW Cross Border Business case approved by WG. Recruitment for resource will now commence. Successful kick off meeting with NHSE/NHS Trusts (England) has taken place
Outpatient clinic letters from English hospitals back to Wales, to be added to WCRS	Business Case completed with DHCW, awaiting approval to commence work	Joint PTHB/DHCW Cross Border Business case approved by WG. Recruitment for resource will now commence. Successful kick off meeting with NHSE/NHS Trusts (England) has taken place
Images from English hospitals, to be stored in the Welsh Imaging Archive Service (WIAS)	Business Case completed with DHCW, awaiting approval to commence work	Joint PTHB/DHCW Cross Border Business case approved by WG. Recruitment for resource will now commence. Successful kick off meeting with NHSE/NHS Trusts (England) has taken place
The Welsh GP record to be available to NHS clinicians in England, treating Welsh patients	Business Case completed with DHCW, awaiting approval to commence work	Joint PTHB/DHCW Cross Border Business case approved by WG. Recruitment for resource will now commence. Successful kick off meeting with NHSE/NHS Trusts (England) has taken place
WNCR Implementation	Implementation and Roll Out	On Track - Roll out has begun with 2 X Go Lives i.e. Brecon and Llandrindod
Eye Digitalisation Programme Delivery	Implementation	On Track - H/W and S/W procured

Digital Infrastructure & Intelligence

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The acceleration of digital usage introduces challenges and opportunities for infrastructure.

A review of the Infrastructure continues through the O365 programme, as we move to cloud hosting, with internet links being strengthened further via a 'breakout' solution to maintain secure access to solutions hosted in Azure.

The O365 investment has seen the implementation of 'Teams Telephony' for the Sexual Health and Mass Vaccination services allowing staff to be flexible and agile in how they receive and make calls.

Digitisation of Health Records project management is awaiting release of resource due to mass vaccination programme.

Action	Q2 Milestone	Progress to Date
Telephony review - development of business case	Options appraisal and draft Business Case to be completed	On Track - Draft options appraisal complete
Secure and managed print solution - development of business case	Options appraisal and draft Business Case to be completed	On Track - With dependency on numbers of staff returning to the office and the frequency
Digitisation of Health Records review - options and business case	Review commenced to inform recommendations	On track
OFWCMS Once for Wales Concerns Management System - RLDatix	Delay with system functionality and testing – go live pushed back to Q2 in line with national programme.	Complete - Phase 1 complete and initiating Phase 2.

Innovative Environments

Innovative Environments Strategic Framework

Commentary from Lead Executive: Director of Planning and Performance

Delivery is in line with the overarching plan and timelines however these have been adapted due to challenges with operational pressures and additional factors requiring incorporation related to the pandemic response and new ways of working. This next period will see a focus on ensuring this important activity is on track or completion in Q4.

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Action	Q2 Milestone	Progress to Date
Development of the Innovative Environments Strategic Framework, incorporating learning from COVID-19 and anticipating outcomes from initiatives such as the implementation of agile working, and describing how innovative environments support recovery through a holistic integrated model of care.	Develop Innovative Environments Strategic Framework to outline the way in which services are delivered incorporating learning from COVID-19 and anticipating outcomes from initiatives such as agile working, etc.	Delivery in line with agreed plan and project timelines. Framework to be completed in Q4.

Capital Developments and Pipeline

Commentary from Lead Executive: Director of Planning and Performance:
8 of the projects are complete with 8 ongoing; delivery on track for whole programme this financial year but with challenges with regards to resource levels, a key appointment of Capital Programme Manager is due to start in December 2021.

The Discretionary Capital Programme in 2021/2022 will support IT and equipment and 25+ projects to enhance clinical space and compliance.

Action	Q2 Milestone	Progress to Date
Deliver the Discretionary Capital Programme to support IT and equipment purchases and over 25 projects across Powys to enhance clinical space and improve estates compliance.	Multiple project delivery to time and cost. Recruitment for additional Capital team posts.	8 of the projects are complete with 8 ongoing; remain confident that we will deliver programme in financial year but challenges around resource levels; Capital Programme Manager anticipated start in December.

Deliver the Major Capital Programme

Commentary from Lead Executive: Director of Planning and Performance: The Capital programme is a complex portfolio of schemes at varying stages and levels of risk to delivery, a commentary is provided against each specific item in the table below.

Major Capital Programme activity will include the Machynlleth Well-being Project, Bronllys Health and Care Academy, Brecon Car Park, North Powys Well-being Programme and Llandrindod Wells Hospital.

Action	Q2 Milestone	Progress to Date

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Machynlleth Well-being Project	Commence construction on site with a 77-week programme.	Week 26: with monthly reporting to Project Board and Welsh Government - currently on track but pressures experienced on contingency due to demolition phase on old building stock, unexpected discovery of well under structural wall, etc. Work is being undertaken to mitigate the extension of time potentially for 5-7 weeks in total.
Ligature Minimisation Project	Commence phase 2 projects on pan-Powys locations.	Work commenced with monthly reporting to Project Board and Welsh Government. Several elements to project at multiple sites pan-Powys. Some elements already complete with major door replacement project to commence in November in AMI Bronllys. Despite some material delays, etc. the project remains on programme and within budget at present.
Bronllys Health and Care Academy	Complete, commission and handover to client department to develop operational readiness arrangements. Progress bids for phase 2, to include external works and potential refurbishment of existing bungalow as practical learning space.	Handover completed in September 2021. Further bids to Integrated Care Fund with Welsh Government have secured an additional £500K+ to convert an existing derelict bungalow on Bronllys into an Assisted Living training facility along with an outdoor learning environment. Additional schemes to be delivered in 2021/22 financial year which will be challenging but deliverable.
Brecon Car Park	Progress discussions with Welsh Government to seek funding approval. Convene Project Board and put in place project governance arrangements.	Project Board and governance arrangements in place. Welsh Government approval of project funding secured in October which will enable contractor to be appointed and pre-construction activity to be undertaken. Start on site anticipated in early 2022 with 6 -7month construction period. Liaison with community groups related to charitable and legacy funding initiated. Electric Vehicle charge points will be part of scheme and will require protocols to be agreed.
North Powys Well-being Programme	Appoint business case writer. Draft Strategic Outline Cases for Infrastructure and for Health, Care and Assisted Living. Progress site survey investigation activity. Progress site feasibility study for site construction arrangements and site masterplan	Business case writers appointed. Strategic Outline Case work accelerated. Site surveys and masterplan in development. Timescales remain challenging to enable submission before March 22. Discussions underway around streamlining approval processes to complete prior to the pre-election period. Strategic Outline Case ongoing and scheduled for completion by January 2022 for both Infrastructure and the Health, Care and Assisted Living SOCs. Site Masterplan initial draft. Timescales and operational resource availability remain challenging. PBC will now be considered at WG Committee for Strategic Investment (CSI) on 17 November 2021, with potential for subsequent advice to Ministers.

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Llandrindod Wells Hospital	Seek Welsh Government endorsement of PBC. Initiate development of Business Justification Case 1 for infrastructure activity.	Phase 2 Scrutiny Grid submitted to Welsh Government (06/08/21), awaiting decision. Recommend progression, at risk, of Business Justification Case for infrastructure repairs as supported by Gateway Review Report – limiting factor is currently Capital Team resource, but recruitment underway.

Research & Development

Commentary from Lead Executive: Medical Director:

Powys R&D have made progress up to the end of Q2. A number of portfolio studies have been opened and recruited to. There are also a couple of studies due to commence shortly within the Women & Children's Directorate and within Primary Care. The R&D spending plan has been completed for 2022/3 and some research grant applications have been submitted to Welsh Government for funding. There are no exceptions within R&D that I am currently aware of within this period.

The Research, Innovation & Improvement Coordination Hub will provide facilitation, governance and measurement of improvement for innovation and research.

Action	Q2 Milestone	Progress to Date
Develop the Research, Innovation & Improvement Coordination (RIIC) Hub will provide facilitation, governance and measurement of improvement for innovation and research.	Business Support Manager recruited.	Candidate has been offered the RIIC Hub Business Support Manager role (internal secondment to 31/03/22). Despite an unsuccessful recruitment to the RIIC Hub Data Project Manager role, it has been agreed to transfer the funds to the Digital team which will provide the personnel/skills sets required from within that team.
	Ongoing support for many of the quality improvement projects in PTHB Annual plan.	Ongoing support provided for the Q1 work, and also for the innovation, evaluation and research work in the PTHB annual plan, the Clinical Effectiveness and Quality Improvement strategy and across the Reginal Partnership Board.

Estates and Facilities

Commentary from Lead Executive: Director of Planning and Performance: A commentary is provided against each item in the table below which notes the prioritisation of work based on risk assessment and the use of project management to schedule and track progress.

The health board has secured over £2.2M of funding in 2021/22 to enhance fire compartmentation, estate infrastructure and decarbonisation.

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Action	Q2 Milestone	Progress to Date
Drive down Backlog Maintenance across the built-estate.	Produce plan for Helpdesk refresh with suitable stakeholder engagement. Develop proposed work team structure based on risk / PPM & Helpdesk activity levels.	Estates Staff have prioritised and addressed a large number of the backlog items based on risk assessment from Reactive job list. Historical jobs have been assessed and duplicates removed in a controlled fashion to increase accuracy of data. Work continues in respect of the assessment of Works team resource to maintain Estates Compliance and address multiple audit and day to day Helpdesk activity on an aging estate. Significant support also required for Capital Projects with Permits to Work and design input and sign off, etc.
Enhance fire compartmentation, estate infrastructure and decarbonisation.	Progress design work and procurement processes.	Consultants appointed and design underway with majority of schemes currently being tendered or on site. All projects due for completion within Financial year. Ystradgynlais roof is most significant single project with complex decant arrangements and roofing work to be carried out though challenging Winter period. Latest indication from Estates Funding Advisory Board is that WG are anticipating a follow-on 4 year extension to the funding programme.
Delivery of the Support Services programme	Achieve milestones for quarters 1 to 4.	Detailed Directorate Plan in place.

Green Health and Decarbonisation

Commentary from Lead Executive: Director of Planning and Performance:

A Draft Decarbonisation Delivery Plan has been developed in this quarter and PTHB Board approved an Environment Policy Statement at its meeting on 29 September 2021.

The PTHB Environment and Decarbonisation Framework responds to the critical need to tackle climate change, carbon emissions, and biodiversity loss, aligned to the NHS Wales Decarbonisation Strategic Delivery Plan and Environment (Wales) Act 2016.

Action	Q2 Milestone	Progress to Date
Deliver PTHB Environment and Decarbonisation Framework, aligned to the recommendations in the NHS Wales Decarbonisation Strategic Delivery Plan.	Develop PTHB decarbonisation delivery plan objectives for approval.	Draft PTHB decarbonisation delivery plan developed and presented to Innovative Environments Group and Executive Committee. PTHB Board approved an Environment Policy Statement on 29 September 2021. Investment Benefits Group (26 October) supported the engagement of Welsh Government Energy Service / Re:fit Cymru to advise on a strategic decarbonisation review and programme of work activity. Carbon literacy training planned in Q3.
Maintain the organisation's ISO14001 certification.	Close out action items from surveillance visit. Develop plan for Q4 'full visit'.	All actions addressed and recorded in ISO 14001 Corrective Action Log. Plan for Q4 visit developed by Environment and Sustainability Manager.

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Transforming in Partnership

Delivery of Regional Partnership Programmes

Various Executive Leads - a separate report is provided to PTHB providing an update on the key statutory partnerships and progress against key areas are detailed in the tables below.

Action	Q2 Milestone	Progress to Date
Delivery of Regional Partnership Programmes - The North Powys Well-being Programme:	Service Scoping – High level demand, capacity & financial modelling. Development of service specifications for health, care & supported living.	Modelling work reconvened in Q2 to support with agreed priorities for Strategic Outline cases. Initial draft service specifications in place and to be aligned with modelling work.
	Strategic outline case – Sovereign bodies approve health, care & supported living and infrastructure business cases. WG Gateway Review.	Welsh Government - Programme Assessment Review undertaken and Amber rating given. Strategic Outline Cases deferred due to delays with modelling and issues with external resource. Timescales remain challenging to enable submission before March 22.
	All projects operational – Recruitment in place by June 21. Early learning shared by case studies. Integrated community model approved.	Majority of projects progressing well. Amber status due to capacity/recruitment issues. Case studies sourced.
Delivery of Regional Partnership Programmes - Delivery of the Regional Partnership Board programme (2021 /22 Actions driving the longer term Health and Care Strategy A Healthy Caring Powys)	Delivery of Start Well Programme	Start Well Programme on track and sub group structure revised and joint chairing arrangements established, agenda revised to reflect core deliverables.
	Delivery of Live Well Programme	September 2021 Live Well Partnership Board stood down due to operational pressures in Powys County Council. Next scheduled meeting October 2021.
	Delivery of Age Well Programme	Age Well Proramme on track. Director of Primary Care Mental Health and Community Services is chair of Age Well group under Reginal Partnership Board. Attendees from PTHB include Assistant Director for Community Services Group and also more recently Deputy Director of Nursing. Work will be directed by regional partnership board (RPB) and PTHB officers will need to deliver (or support delivery) accordingly.
	Delivery of Public Service Board Plan and Key Priorities	Regular reporting in place to Public Service Board and via Partnership Committee reports to PTHB Board
	Delivery of Mid Wales Joint Committee for Health & Care Plan and Key Priorities	Regular reporting in place to MWJC and via Partnership Committee reports to PTHB Board.
Delivery of Regional Partnership Programmes	RPB Population Assessment	Agreement between agencies to co-ordinate population assessments as one exercise;

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- Joint co-ordination of population and well-being assessments – Integrated Assessment Task Group established to progress work across three linked assessments		key challenge being the capacity to deliver information / data requirements across partners but remains on track for March 2022; DPH due to report in Q4 through Committee and onto Board on progress and draft findings.

Delivery of Communication and Engagement Programme

Commentary from Lead Executive: Director of Planning and Performance:
The COVID-19 vaccination and Test Trace and Protect programmes remain areas of significant priority and resource. Key priorities for the next quarterly will include winter and system resilience.

The Assistant Director (Engagement and Communication) is currently on secondment as Programme Director (COVID-19 Vaccination and TTP) and recruitment is under way for an interim Head of Communication and Engagement.

Action	**Q2 Milestone**	**Progress to Date**
Delivery of Communication and Engagement Programme	Continuous engagement: refresh & renew face-to-face engagement.	Programme/Issue-led engagement is beginning to resume (e.g. Pharmaceutical Needs Assessment, Knighton Hospital) as well as support for engagement on commissioned services (e.g. Hywel Dda, NHH radiotherapy outreach). AD (engagement and communication) on secondment until end March 2022 to Vaccination/TTP and recruitment for interim role secured and starting in December 2021.
	Continuous engagement: On-board teams and projects across the Health Board to Engagement HQ	Pharmaceutical Needs Assessment has been established on Engagement HQ; further work needed to confirm engagement capacity & resource to on-board other teams.
	Conclude website transition and associated benefits realisation, ensuring compliance with Welsh Language and accessibility requirements: Recruit Digital Communication Officer	Digital Communication Officer in post. Work on track.

Delivery of Planning requirements

Commentary from Lead Executive: Director of Planning and Performance:

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All core areas of the plan have been delivered and are on track, the team have prioritised business critical work in this quarter due to the reduction in the team capacity as result of internal promotion/secondments; recruitment is underway to replace vacancies in key posts and two posts have been successfully offered, a third post is being offered on secondment but will be delayed to Q4 or Q1 2022 due to internal prioritisation / business need.

Delivery against the plan is overseen internally by PTHB Board and Committees of the Board, informed by Directorate reporting against plan and key performance indicators.

This is supported by a 'golden thread' which ensures that individual and team performance objectives are clearly linked to the organisation's strategic objectives and milestones can be identified and tracked.

Action	Q2 Milestone	Progress to Date
Delivery of Planning requirements	Collation, Assessment and interpretation of policy, legislative requirements, NHS Wales requirements and feedback throughout the year and preparation of planning responses and returns	Completed as part of Annual Plan process; Draft Planning Framework developed October 2021 in readiness for IMTP development
	Assessment of performance position, strategic risk, strategy and priority setting, evidence base tracking and processing directorate returns as part of plan development and review	Completed as part of Annual Plan process, Draft Planning Framework developed October 2021 in readiness for IMTP development.
	Preparation and delivery of reports / presentations as part of plan development including PTHB Board, Committee and Executive cycle, partnership forums, staff side and Community Health Council	Completed as part of Annual Plan process, report on IMTP Approach developed October 2021 as part of Executive / Committee / Board reporting cycle.
	Planning input to key corporate developments including Investment Benefits Group; Environment and Sustainability Group; Risk and Assurance Group. Renewal Portfolio and North Powys	Ongoing, on track.
	Preparation and delivery of supporting material for JET sessions working with AD Commissioning.	Completed for June 2021 Session.
	Quarterly Update of Minimum Data Set.	June 2021 Submission completed, Q2 Update to be included in Q2 Performance Overview / Progress Report.
	Quarterly reporting on PTHB Annual Plan 2021-22.	Q1 Report completed July 2021; Q2 Report submission on track to Delivery &

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		Performance Group; Delivery & Performance Committee and Board.
	Regular review and assessment of emerging plan developments.	Joint Directors of Planning and Assistant Directors of Planning session held 1 October 2021 and follow up alignment meetings / Assistant Directors of Planning mechanisms in place.
	Intelligence sharing and collaboration via Directors of Planning and Assistant Directors of Planning peer networks.	Joint Directors of Planning and Assistant Directors of Planning session held 1 October 2021 and follow up alignment meetings / Assistant Directors of Planning mechanisms in place
	Commence Winter / Seasonal planning with local/ regional / national partners.	Strategic Framework presented to PTHB Board September 2021; Delivery Plan development October 2021.
	Delivery of associated corporate planning support including module within Managers Training Programme and development of further mechanism(s) where capacity allows.	Managers Training Module being refreshed in line with Annual Plan and delivery commenced.
	Support for corporate requirements as appropriate including evidence submissions.	Support provided to Renewal submissions in Q1, support provided to System Resilience planning Q2.
	Participation in NHS Confederation Policy Sub Group.	Participation via Assistant Directors of Planning in place.
	Increasingly recover partnership planning co-ordination and intelligence sharing mechanism(s).	Participation in Assistant Directors of Planning including facilitated development session; ADoPs channel increasingly providing sharing mechanism to support regional / national working, Board Development session held September 2021 and partnership report to Executive / Committee October 2021 including updated strategic change map.
	Support candidates within team and wider Directorate on NHS Wales Planning Diploma.	Supported recruitment process for 2021 cohort in Q1, two new students now commenced course, in addition to two existing members on previous cohorts.

Delivery of Commissioning and Performance Requirements

Commentary from Lead Executive: Director of Planning and Performance:

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Key frameworks for commissioning assurance and integrated performance reporting are being reviewed. Focus on delivering whole system oversight on Urgent Care and Planned care whilst also developing a stronger performance framework for all services delivered in Powys.

The health board has a role to ensure that the needs of the Powys population for hospital and specialist care is incorporated into recovery and system plans for both the continuation of essential services and the restoration of non-essential planned and elective care.

Action	Q2 Milestone	Progress to Date
Delivery of Commissioning and Performance Requirements	Audit information relating to Provider performance to prioritise risks within internal CAF.	Gaps in provider performance data reporting have been identified re Cancer patient activity relating to commissioned providers (Wales). It is understood that the Health Board is prioritising this data issue to resolve.
	Refresh of the Improving Performance Framework and Integrated Performance Reporting.	Assistant Director of Performance and Commissioning now in post and taking forward this work into Q3 for approval in Q4.

Finance

Commentary from Lead Executive: Director of Finance and IT:

Detailed reports are provided separately to Delivery & Performance Group, Delivery & Performance Committee and PTHB Board and Monthly Monitoring Returns are submitted to Welsh Government.

Mid year review with Welsh Government / Finance Delivery Unit to be held on 2nd November and presentation to be drafted on performance against plan, which will also be shared with Board/Executive Team.

Action	Q2 Milestone	Progress to Date
Delivery of Financial Strategy and Plan	Delivery, monitoring and reporting of Financial Strategy and Financial Plan in line with accountability requirements and Finance Delivery Unit of Welsh Government	Finance Department continues to report as required to Welsh Government and the Board to ensure there is a clear understanding on the financial position of PTHB.

Annual Governance Programme

Commentary from Lead Executive: Board Secretary:

The Annual Governance Programme is updated annually to reflect the priorities for delivery and is closely aligned to the Board's Organisational Development Framework and the Board's Development Plan.

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Ensure Clarity of Purpose, Roles and Responsibilities

The Annual Governance Programme set out milestones for Quarter 2 in respect of ensuring Standing Orders were updated and reflective of amendments issued by Welsh Government. Updated Standing Orders were approved by the Board in July 2021 and have been published to the Health Board's website.

Action	Q2 Milestone	Progress to Date
Ensure that key supporting documents of the Board's governance framework are fit for purpose at all levels, i.e. Standing Orders, Standing Financial Instructions, Scheme of Delegation and Reservation of Powers.	Adopt amendments to Standing Orders, as per nationally-led work	Complete - approved by Board 28th July
	Review the Board's Scheme of Delegation and Reservation of Powers to ensure it reflects Executive Director portfolios and Board Committee arrangements for 2021/22	To be considered by Board in November
	Board Scheme of Delegation and Reservation of Powers presented to Board for approval in September 2021/22	To be considered by Board in November
Establish a Deployment and Accountability Framework to enable appropriate decision making at all levels of the organisation, along with strengthened internal control.	Organisational Structures to be confirmed via Organisational Realignment Working Group	On track
	Levels of accountability, authority and autonomy to be confirmed and aligned to organisational policies and frameworks	On track
	Directorate Deployment and Accountability Frameworks to be developed, aligned to the Board's Scheme of Delegation and Reservation of Powers	On track
Develop a Partnership Governance Framework to support achievement of the Board's objectives, where the involvement of our key partners is critical.	Identify all existing partnerships and collaborations to inform development of a Framework	Overview of partnership governance arrangements to be considered at Board in September 2021 and the newly established Performance, Planning and Population Health Committee in October 2021
	Mapping of these partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	
Further strengthen	Embed Standards of	On track

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mechanisms for recording and reporting gifts, hospitality and sponsorship.	Behaviour Policy in a targeted phased approach, including communication, training and reporting to Audit, Risk & Assurance Committee H17	
	Fully implement an electronic system to support recording and reporting of declarations	On track

Ensure Board Effectiveness

The Annual Governance Programme set out milestones for Quarter 2 in respect of commencing work on: fully establishing the Board's Advisory Fora (Stakeholder Reference Group and Healthcare Professionals' Forum); and the development of a high-level Partnership Governance Framework. Actions in respect of both areas of work have been deferred to Quarters 3 and 4 due to capacity constraints and competing priorities.

In the absence of a Partnership Governance Framework, the Board has received a presentation on Partnership Arrangements with a summary report presented to the Planning, Partnerships and Population Health Committee.

Whilst the Board has yet to establish its Stakeholder Reference Group and Healthcare Professionals' Forum, engagement with stakeholders, partners and professional groups continues utilising existing mechanisms.

In addition, engagement activities established during the COVID-19 pandemic, such as Staff Engagement Events and Public Engagement Events have enhanced overall engagement.

Action	**Q2 Milestone**	**Progress to Date**
Fully establish the Board's Advisory Structure, i.e. the Healthcare Professionals' Forum (HPF) and the Stakeholder Reference Group (SRG)	Review Terms of Reference and membership of the Stakeholder Reference Group	Re-prioritised to Q4
	Meeting of the SRG to be held	Re-prioritised to Q4
	Appoint Chair of the SRG as an Associate Member of the Board	Re-prioritised to Q4
	Review current engagement mechanisms with professionals to inform approach to HPF	Re-prioritised to Q4
	Terms of Reference and Membership of HPF to be developed	Re-prioritised to Q4
	Inaugural meeting of HPF to be held	Re-prioritised to Q4

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	Appoint Chair of the HPF as an Associate Member of the Board	Re-prioritised to Q4
Ensure openness and transparency in the conduct of board and committee business	Review effectiveness of live streaming board meetings	On track
	Consider accessibility of those committee meetings required to be held in public	On track
	Ensure meeting agendas, papers and summary notes are published in a timely manner	On track
Further improve the quality of information to the Board and its Committees	Board & Committee report templates to be reviewed to ensure assurance reports are distinguished from reports for management	On track
	Report Writing and Presentation Masterclasses to be held for senior management team, via the Management Development Programme	On track
Implement an annual development programme for board members, focussing on awareness sessions as well as training and learning to support the development of individual roles and the board as a cohesive team	Board review of effectiveness to be undertaken in April 2021	Board review of effectiveness undertaken in Board Development session in April 2021, for period 2020-21. Period 2021-22 to be undertaken March 2022.
	Implement a programme of development and a programme of briefings for 2021/22	On track
	Ongoing implementation of an Executive Director Development Programme	On track
	Design and implement training and development for Independent Members	On track
Ensure a programme of comprehensive recruitment and induction for Independent Board Member appointments, where required	Work with Public Bodies Unit to prepare and deliver recruitment campaigns for vacancies	On track and ongoing
	Implement an Induction Programme for Board Member appointments when required	On track
Develop and implement a programme of board member visits around the County to promote visibility, openness and engagement	Design and implement a schedule of visits to a range of clinical and non-clinical services and county-wide health board sites	On track
Review and implement arrangements for the development, review, approval and publication	Policy Management Framework to be reviewed, confirming policy approval routes	Re-prioritised to Q4
	Policies section of	Re-prioritised to Q4

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of policies delegated by the Board	intranet/internet to be refreshed	
	Policy toolkit to be rolled out with awareness raising	Re-prioritised to Q4
Review Board Champion Roles, ensuring clarity on purpose and responsibility.	Review delegation of Champion roles to Board Members	Board Champions roles in the organisation are currently under consideration with three vacant roles. The outcome of the review will be reported to a future meeting of the Board.
	Adopt role specifications for Champion roles	Board Champions roles in the organisation are currently under consideration with three vacant roles. The outcome of the review will be reported to a future meeting of the Board.
	Establish reporting arrangements for Champions to Board	Board Champions roles in the organisation are currently under consideration with three vacant roles. The outcome of the review will be reported to a future meeting of the Board.

Embed an Effective System of Risk and Assurance

The Annual Governance Programme set out milestones for Quarter 2 in respect of: undertaking an annual review of the Risk Management Framework and Risk Appetite Statement; and publishing a Risk Management Toolkit.

A reviewed and updated Risk Management Framework, including Risk Appetite Statement, is scheduled for presentation to the Board in November 2021.

A Risk Management Toolkit has been developed and published to the Health Board's Intranet and will also be promoted through the Risk & Assurance Group, constituted by key leaders within the organisation.

Action	**Q2 Milestone**	**Progress to Date**
Ensure that the Risk Management Framework is fit for purpose and supports the organisation to navigate risk management processes in a simplified manner	Undertake an Annual Review of Risk Management Framework, ensuring alignment with the Board's Assurance Framework Principles	Re-prioritised to Q3
	Risk Management Framework to be updated to reflect Risk Appetite Statement	Re-prioritised to Q3
	Establish Committee Risk Registers	On track
Promote a Risk Management Toolkit to support staff in the identification, recording and management of risk	Publish a Toolkit including the process for escalation and de-escalation, examples of best practice to support moderation and consistency in measurement	To be considered by Board in November
	Toolkit to be updated in line with review of Risk	To be considered by Board in November

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	Management Framework, Risk Appetite Statement and Board Assurance Framework Principles.	
Review the Board's Risk Appetite Statement, ensuring it is reflective of the organisation's capacity and capability to manage risks	Risk Appetite Statement to be considered by Board in June 2021	To be considered by Board in November
	Revised Statement to be presented to Board in July 2021 for approval	To be considered by Board in November
	Corporate Risk Register, Risk Targets to be reviewed to ensure alignment with the Board's Risk Appetite	Corporate Risk Register review undertaken and approved by Board in July. Further work is ongoing to ensure that the CRR aligns with the Risk Appetite once this has been approved by Board.
	Risk Management Framework to be updated to reflect Risk Appetite Statement and communicated with the organisation	Re-prioritised to Q3
Prepare for implementation of a revised risk register reporting system to ensure it is comprehensive and aligned to the Corporate Risk Register (via Once for Wales Complaints System [DATIX])	Risk Management Module to be developed in-line with Once for Wales Management System Programme, in readiness for implementation in 2022	On track
	Maximise the role of the Risk and Assurance Group to drive forward improvements in risk reporting arrangements	On track
Embed the Board's Assurance Framework, aligned to the Corporate Risk Register and Organisational Risk, where appropriate	Undertake an Annual Review of Assurance Framework Principles, ensuring alignment with the Board's Risk Management Framework	On track
	Board and committee workplans aligned to Assurance Framework	On track
	Assurance Framework updated quarterly, in-line with integrated performance reporting and delivery of audit programmes	On track
Introduce a system of Organisational Assurance Mapping at a directorate and functional level to inform internal control arrangements.	Establish Assurance Maps to identify assurances in place and any gaps in place at 1st, 2nd and 3rd line of defence for those responsibilities delegated to Executive Directors	On track
	Gaps in assurance to inform the Board's Assurance Framework	On track

NEXT STEPS:

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Welsh Government has requested that reports on progress covering the Quarter 2 period are provided and this report will be forwarded onto them following presentation to PTHB Board.

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Powys THB Finance Department
Financial Performance Report
Board Meeting

Period 07 (October 2021)
FY 2021/22

Date Meeting: 24th November 2021
Agenda Item 3.4

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

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 7 OF FY 2021/22**
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Deputy Director of Finance
Other Committees and meetings considered at:	Delivery & Performance Group Delivery & Performance Committee

PURPOSE:

This paper provides the Board/Committee with an update on the October 2021 (Month 07) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.

RECOMMENDATION:

It is recommended that the Board/Committee:

- DISCUSS and NOTE the Month 7 2021/22 financial position.
- NOTE that actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery.
- NOTE and APPROVE Covid-19 Report position reported on page 8 and in the attachments detailed in appendix 1.
- NOTE additional risks on delivery of balanced position at 31st March 2022.
- NOTE underlying financial position and agree actions to deliver recurrent breakeven for 2022/23.

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

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

Approval/Ratification/Decision	Discussion	Information
	✓	

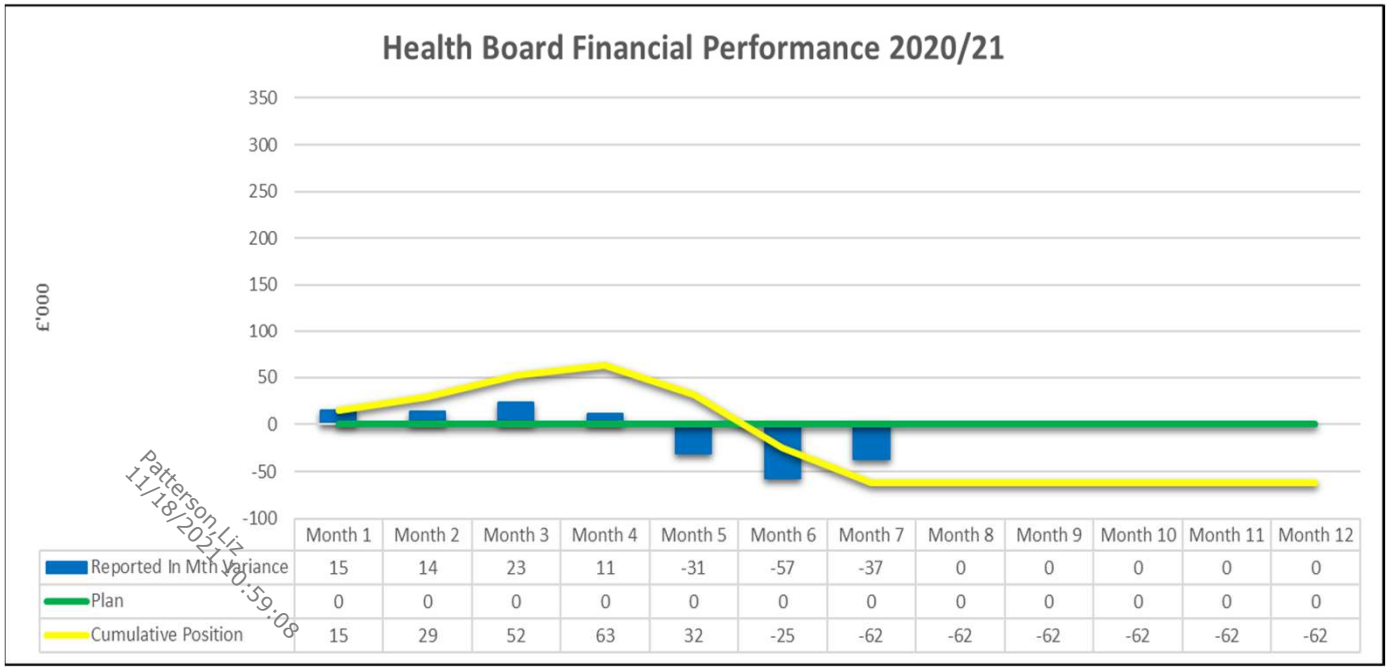
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Summary Health Board Position 2021/22

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	**Value £'000**	**Trend**
Reported in-month financial position – deficit/(surplus) – Green	**-37**	↑
Reported Year To Date financial position – deficit/(surplus) – Green	**-62**	↓
Year end – 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	**12,891**	↓
Reported Year to Date expenditure	**2,370**	↑
Reported year end – 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) @end Q2 -Red	**86.7%**	↓



	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	15	14	23	11	-31	-57	-37	0	0	0	0	0
Plan	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Position	15	29	52	63	32	-25	-62	-62	-62	-62	-62	-62

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

As per 2020/21 spend in relation to Covid is included in the overall positon but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £0.062m under spend at Mth 7.

Excluding Covid, the areas of overspend which are a concerning at this point in the year are the growth in CHC costs and ongoing increase above historic trend in variable pay, and the recurrent impact of this on the 2022/23 Plan.

The table on the next slide provides an overall summary. But this will include Covid spend.

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

PSPP figure shows a deterioration in the second quarter of 2021/22 compared to the final outturn for 2020/21, which is linked to the late payment of agency invoices.

Revenue Variance Position 2021/22

Overall Summary of Variances £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(213,572)	(213,572)	0
02 - Capital Donations	(76)	(76)	0
03 - Other Income	(3,817)	(3,468)	349
TOTAL INCOME	**(217,465)**	**(217,116)**	**349**
05 - Primary Care - (excluding Drugs)	24,458	24,318	(140)
06 - Primary care - Drugs & Appliances	17,806	18,115	309
07 - Provided services -Pay	51,785	52,347	562
08 - Provided Services - Non Pay	19,612	12,031	(7,581)
09 - Secondary care - Drugs	575	787	212
10 - Healthcare Services - Other NHS Bodies	81,674	85,299	3,625
12 - Continuing Care and FNC	8,842	11,231	2,389
13 - Other Private & Voluntary Sector	1,812	2,025	213
14 - Joint Financing & Other	8,598	8,598	0
15 - DEL Depreciation etc	2,470	2,470	0
16 - AME Depreciation etc	(167)	(167)	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	**217,465**	**217,054**	**(411)**
TOTAL	**0**	**(62)**	**(62)**

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

Health Board 2021/22 Savings

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

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

From Tables Above:

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

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Chart 1 Original Identification of Schemes against £1.7M Target

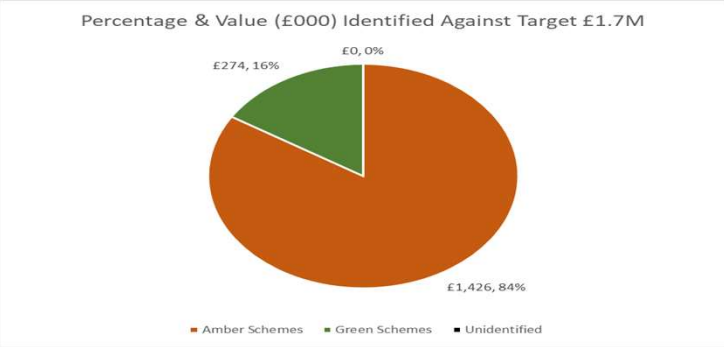


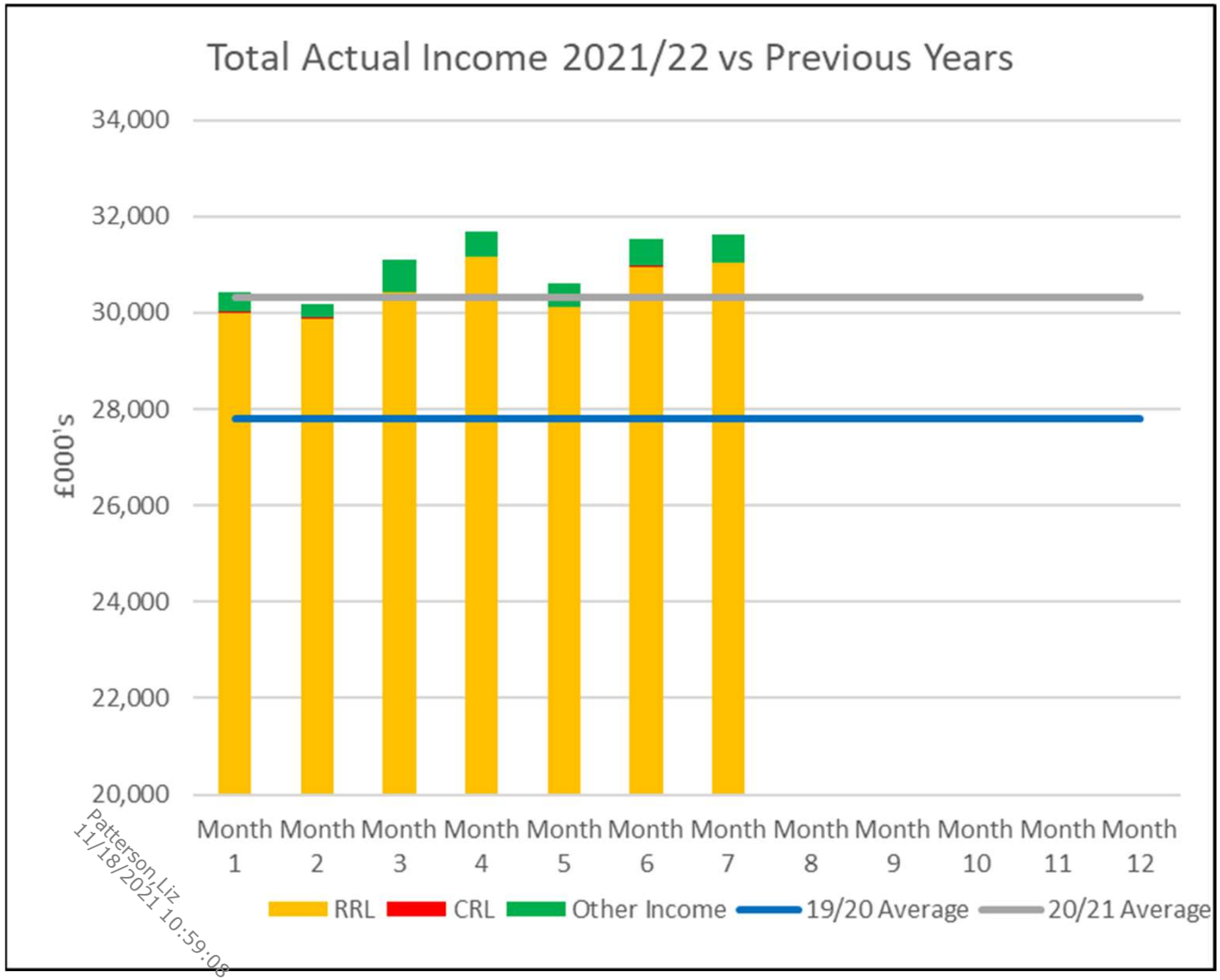
Chart 1 – originally the full £1.7m was identified as potential schemes in 2021/22, with £0.275m identified as green.

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

Chart 2 - Forecast Performance Against £1.7m Target

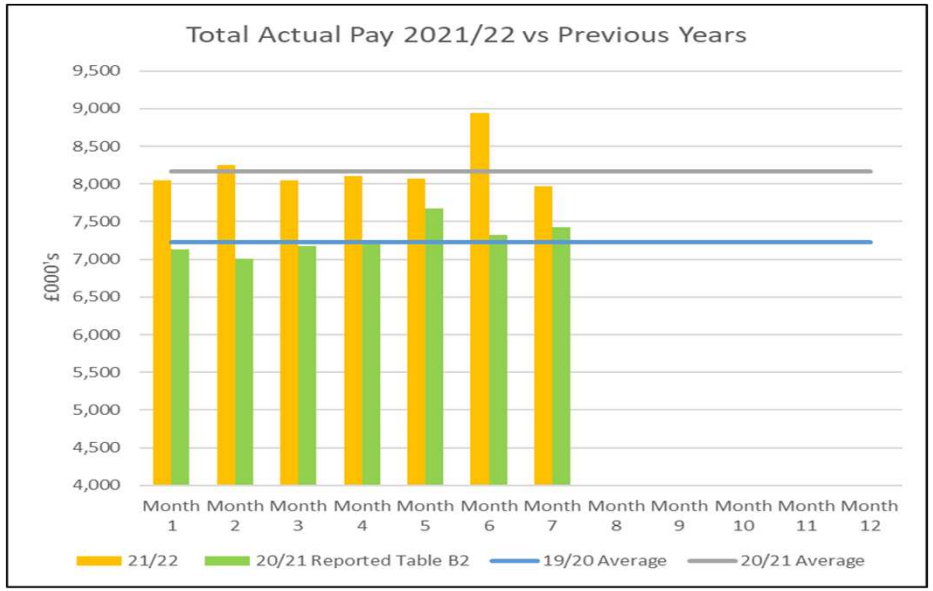
Category	Forecast Reported @ Mth 1 £'000	Forecast Reported @ Mth 6 £'000	Forecast @ 2nd Nov £'000	Variance to Plan £'000
CHC & FNC	- 255	- 255	-	255
Commissioned Services	- 353	-	-	353
Medicines Management	- 505	- 505	- 425	80
Non Pay	- 82	- 82	- 30	52
Pay - Variable	- 506	- 506	-	506
Total	**- 1,701**	**- 1,348**	**- 455**	**1,246**

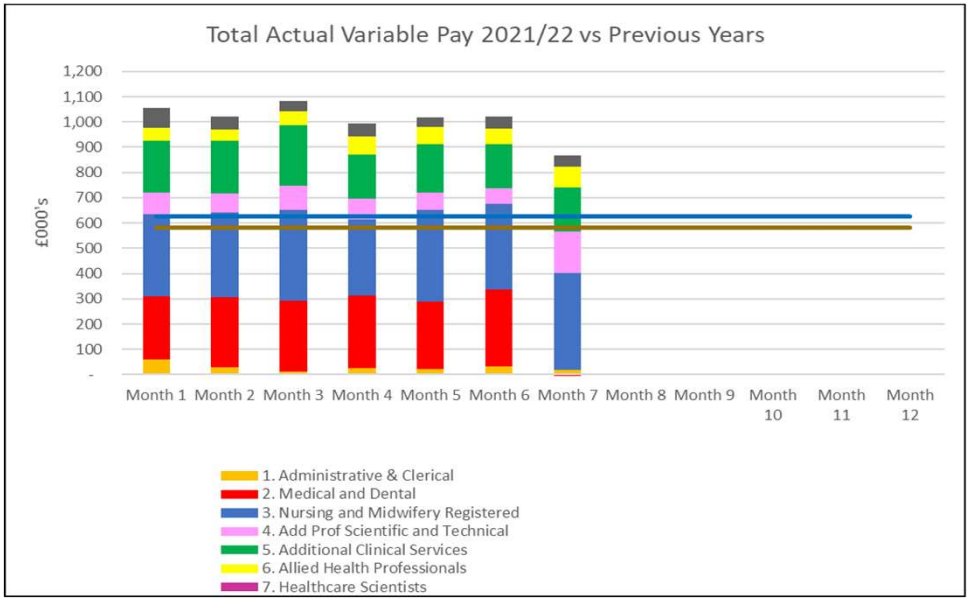
Health Board Actual 2021/22 vs Trend Previous Financial Years



- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2021/22 it is anticipated at this point in the financial year that the total funding for Covid as part of the RRL will be approximately £36M, and an element of this will be included in each month.

Health Board Actual 2021/22 vs Trend Previous Financial Years

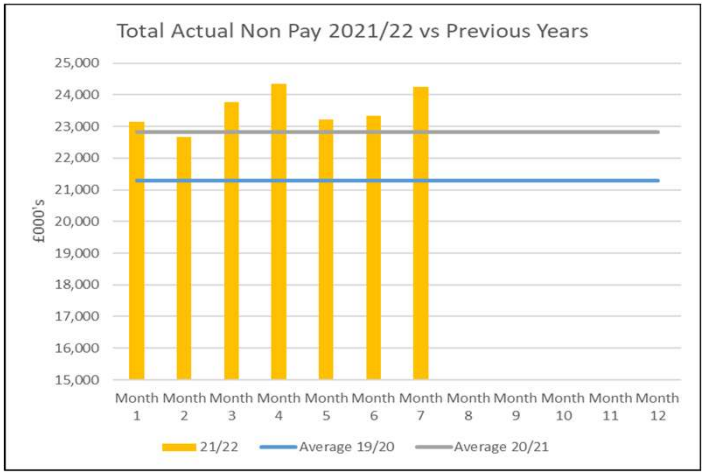


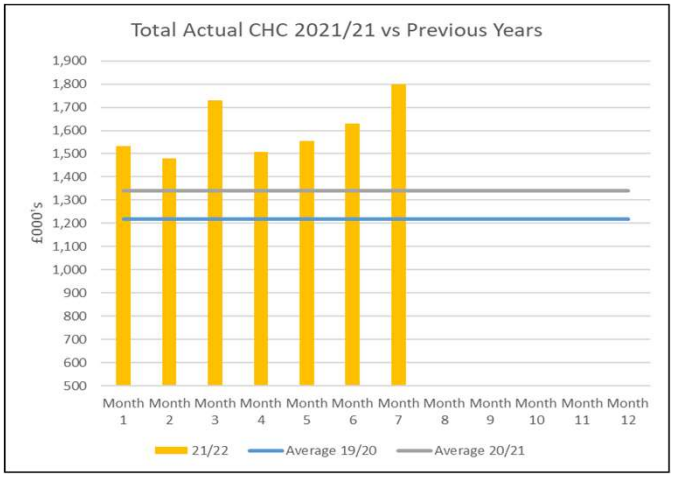


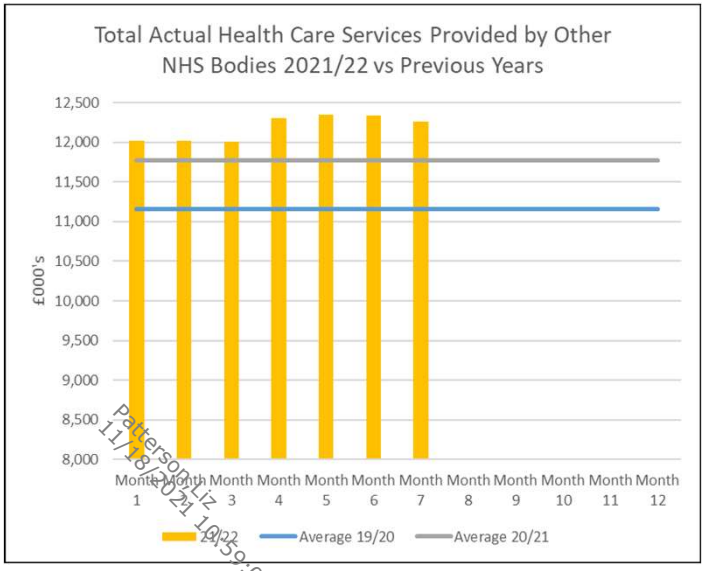
- The month 7 YTD pay is showing an over spend of £0.562M against the year to date plan.
- Chart 1 is comparing that the total pay position for 2021/22 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2020/21 and the yellow the position for 2021/22, which clearly shows a stepped increase. This increase is two-fold. (1) is the additional staff in post supporting Mass Vac and TPP which were not in place in Mth 1-6 of 2020/21. (2) The increase in the Variable Pay position as per Chart 2. ***NOTE – the Mth 6 position includes the pay arrears for the 2021/22 Pay Award of 3%. Therefore the increase in pay costs for Mth 6 is distorted by the impact of this.***
- In comparing the average from 2020/21 to the actuals in 2021/22 it should be noted that the 2020/21 figures include the bonus payment accrued at the end of 2020/21 along with the notional pension adjustment required by WG in March 2021 and the annual leave provision.
- Chart 2 on variable pay demonstrates there has been a significant increase in 2021/22 compared to the 2019/20 and 2020/21 average.
- ***All Wales position = at the time of writing this report only the Mth 6 position for Wales was published. Based on this data agency as a % of total pay in Wales was at 5%. For Powys the figure was 9.7% the highest in Wales. [Source: WG Health & Social Services Finance Update Mth 6].***

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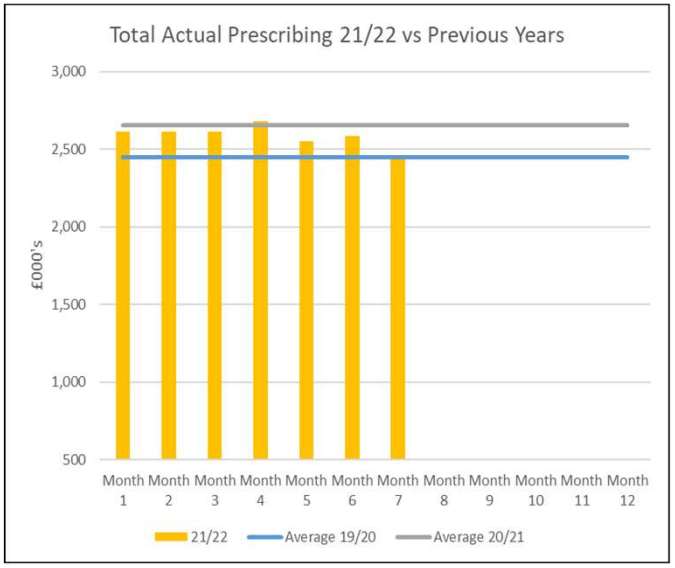
Health Board Actual 2021/22 vs Trend Previous Financial Years







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- Actual Non Pay spend in 2021/22 YTD is significantly higher than the average trend from 2019/20 and slightly higher than the average for 2020/21, which will contain Covid costs along with 2021/22 uplifts for some areas. There are 3 key areas of focus:

1. Commissioning – currently the LTAs are paid on a Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. This is based on the 2019/20 Mth 9 position for England and Year End Position for Wales plus relevant uplifts. These figures will also contain the growth in WHSSC and EASC, which are both outside the block arrangements.

2. ChC – there has been a significant increase in costs seen in Mth 1-7. CHC has been included as a risk in table 1 page 9 and Appendix 5 provides the forecast to 31st March 2022, which again shows the significant growth between 2020/21 and 2021/22.

3. Prescribing – the Mth 7 position is based on the latest PAR information (August Reports), which has provided a reduction in spend in-month compared to the average in 2020/21. This will be kept under close review and updates provided as necessary given the growth seen in previous years..

Covid Summary – Revenue Only

Table 1: Summary Table B3 (see Appendix 1)

Area	Mth 6 Actual £000	Forecast 2021/22 £000
Testing	626	1,226
Tracing	2,398	5,122
Mass Vaccination	4,873	8,788
Extended Flu	-	304
Field Hospitals	-	-
Cleaning Standards	329	564
General Covid	4,700	10,391
Recovery & Renwel Programme	363	4,332
WG Projects#	461	1,088
Total Table B3	**13,750**	**31,813**

Table 2: Breakdown of General Covid

General Covid	Mth 6 Actual £000	Forecast 2021/22 £000
Staffing	853	1,987
Loss Dental Income	479	821
Primary Care Prescribing	1,061	2,011
PPE	158	326
Block LTA	1,969	3,381
Adult Social Care (CHC/FNC)	-	903
Other Non Pay	180	962
Total General Covid	**4,700**	**10,391**

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

Additional Risk & Opportunities Above Financial Forecast

Table 1: Risk Reflected MMR

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	0	-
Continuing Healthcare	-500	High
Prescribing	-593	Medium
Pharmacy Contract	0	-
WHSSC Performance	0	-
Other Contract Performance	0	-
GMS Ring Fenced Allocation Underspend Potential Claw back	0	-
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
High Cost Case Feb/March	-200	Medium
South Powys Programme	0	-
Gas & Electric Engery Prices above Forward Buying Levels	-100	Low
Total	**-1,393**	

Table 2: Opportunities Reflected MMR

Opportuntity	£ '000	Likelihood
Additional Savings Above Plan	0	-
WRP Slippage	0	-
Slippage on Funding	841	Medium
WHSSC Net Underspend	0	-
Total	**841**	

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

Development of 2022/2023 Plan & Underlying Position

The formal Financial Planning process has commenced, with the 2022/23 Allocation Letter due to be issued in late December 2021. As in previous reports the table below starts to provide PtHB with a summary of the financial challenges to be faced. Please note this is a indicative figure which will change as the financial information and IMTP develops, but is in line with the information shared with WG on 2nd November at the Mid Year Review.

Underlying Deficit	£ M	£ M
2021/22 Opening Plan Deficit / (Surplus)		**5.600**
- Recurrent Impact from 2021/22 Financial Year		
- Non Delivery of Recurrent Savings against 2021/22 Target	1.246	
- Operational Growth Continuing Health Care	3.728	
- Operational Growth Safe Staffing Wards & Community	3.000	
		7.974
- FYE New Investments Agreed via Execs direct IBG Process		1.295
- FYE New Recurrent Investment Approved linked Renewal & Recovery		0.650
Forecast Gross Opening Plan Deficit / (Surplus) 2022/23		**15.519**
- FYE Benefits to be delivered via New Investments (IBG)		(1.376)
- Additional Non-Recurrent Benefits/Funding Slippage		(0.500)
-Recurrent Saving Required to offset opening Unmet b/f Savings		(4.649)
Forecast Net Opening Plan Deficit / (Surplus) 2022/23		**8.994**

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Summary & Key Messages

Summary

Key Numbers:

- ***YTD Position Revenue*** = PTHB is reporting a small under spend YTD at month 7 for FY 2021/22 of **£0.062M** (see page 2).
- ***Financial Forecast Revenue*** = to 31st March 2022 is to maintain a **balanced** plan based on plan summitted to WG and at the Mid Year Review 2nd November 2021, with key highlights included in this paper.
- ***Savings*** = Of the £1.7m target it is anticipated that the Health Board will deliver **£0.455m** by the 31st March.
- ***Capital Resource Limit (CRL)*** – the CRL is reported as **£12.9m .** This has reduced from the Mth 6 position as a consequence of the issues with the Machynlleth project for which the forecast spend reduced from £9.6m to £6.2m for 2021/22. All other schemes are anticipated to deliver in line with the CRL allocated (see appendix 1 for full breakdown).

Areas of Focus & Financial Pressures

- ***CHC*** – the table on Page 3 shows the reported variance for CHC. Appendix 5 demonstrates the increase since 31st March 2021 and a further £0.500m risk is included on the risk table on page 9. However between the Mth 6 and Mth 7 closedown the CHC forecast increased by £0.442m. Whilst the financial plan has offset this against other opportunities a continued increase at this same rate of growth to the year end would have a significant impact on the Health Boards ability to breakeven. Based on the Mth 6 WG Health & Social Services Finance Update Powys is a significant outlier to the rest of Wales in terms of growth reported.

- ***Variable Pay*** – across Wales the agency spend as a % of total pay across at Mth 6 was reported at 5% in the WG Health & Social Services Finance Update. As part of the WG report Powys' % is 9.7%, which shows Powys as the highest in Wales. This pressure is clearly demonstrated in the Graph on page 6.

- ***Savings Delivery*** – the Health Board is now facing an in year pressure of £1.246m due to the non delivery of the savings requirement for 2021/22 of £1.7m (see page 4). The 2021/22 plan discussed with WG at the mid year review outlined that opportunities in other areas will be used to mitigate this loss of savings.

- ***Underlying Position*** – whilst the Health Board had a balanced plan for 2021/22 it retained an underlying deficit of £5.6m. The recurrent impact of in year growth relating to CHC, variable pay and non-delivery of savings will increase the underlying deficit as detailed on page 10. Therefore actions will be required during the latter half of 2021/22 to minimise the impact on the 2022/23 plan.

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Powys THB Finance Department
Financial Performance Report - Appendices

Period 07 (October 2021)
FY 2021/22

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Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on Working Day 9.

MMR Narrative



Microsoft Word Document

MMR Tables



Microsoft Excel Worksheet

Mass Vac Tables



Microsoft Excel Worksheet

TTP Tables



Microsoft Excel Worksheet

Recovery Tables



Microsoft Excel Worksheet

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Capital 2021/22

Appendix 2

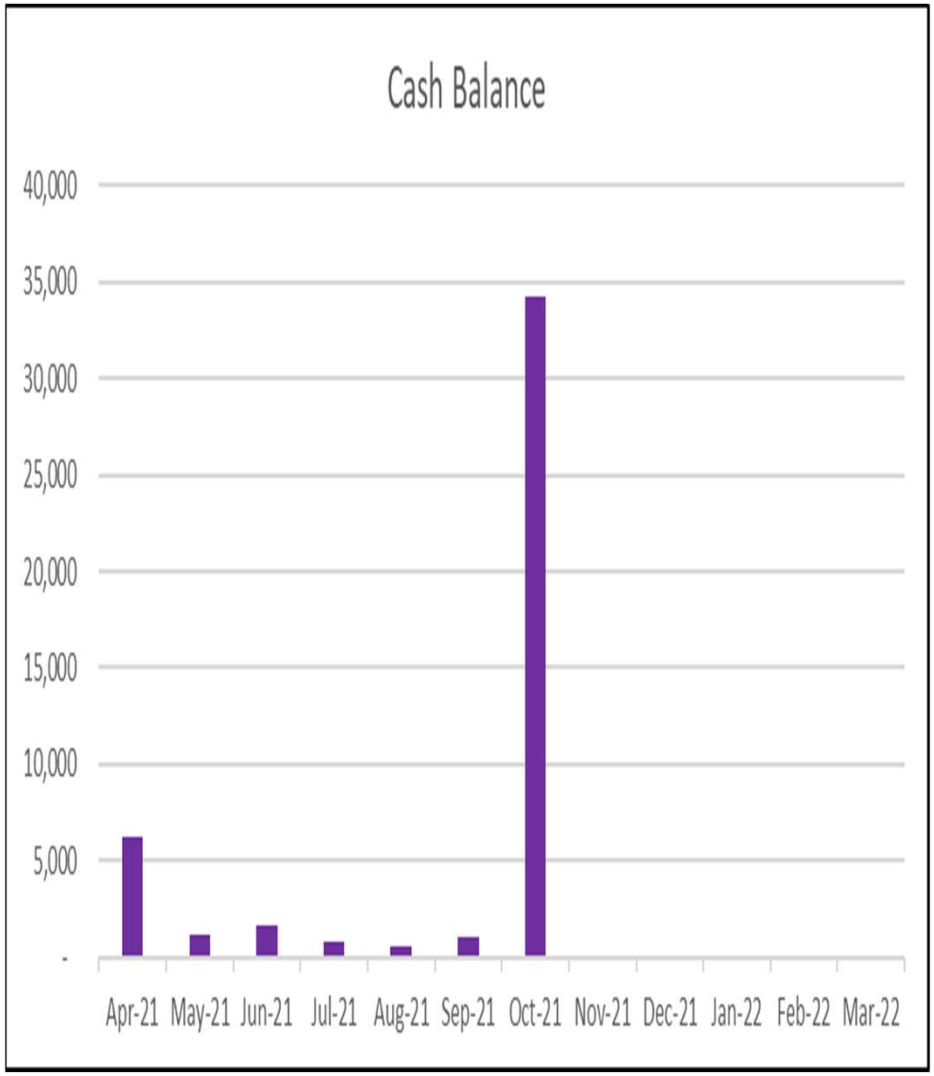
Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st October 2021
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	1.431	1.431	0.642
Anti Ligature	1.001	1.001	0.102
Machynlleth	6.152	6.152	1.575
National Programmes – Fire	0.557	0.557	0.008
National Programmes – Infrastructure	1.331	1.331	0.006
National Programmes – Decarbonisation	0.332	0.332	0.013
National Programmes – Imaging	0.352	0.352	0.000
Covid Recovery 2021-22	0.550	0.550	0.024
Covid Recovery 2021-22	0.960	0.960	0.000
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.225	0.225	0.000
TOTAL APPROVED FUNDING	**12.891**	**12.891**	**2.370**

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Cash Flow 2021/22

Appendix 3

Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	30,800	25,700	34,000	30,809	26,623	30,571	63,854	-	33,770	28,600	31,300	31,724
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	- 160	- 160	- 160	- 160	117	- 38	- 306	-	- 160	- 160	- 160	- 160
WG Revenue Funding - Other (e.g. invoices)	1,551	42	13	85	29	83	893	10	10	1,000	10	1,000
WG Capital Funding - Cash Limit - LHB & SHA only	-	-	200	200	2,600	1,477	935	-	1,000	3,481	1,929	1,069
Income from other Welsh NHS Organisations	473	281	944	427	399	307	474	400	400	400	400	400
Other	1,064	248	353	1,506	354	704	443	400	400	400	400	400
Total Receipts	33,728	26,111	35,350	32,867	30,122	33,104	66,293	810	35,420	33,721	33,879	34,433
Payments												
Primary Care Services : General Medical Services	2,588	2,262	2,970	2,864	2,135	2,362	2,451	2,400	3,000	3,000	2,400	2,400
Primary Care Services : Pharmacy Services	448	-	318	898	-	441	240	500	1,000	-	500	1,000
Primary Care Services : Prescribed Drugs & Appliances	1,201	-	1,372	2,516	-	1,361	1,342	1,300	2,600	-	1,300	2,600
Primary Care Services : General Dental Services	342	433	469	434	516	479	531	420	420	420	420	420
Non Cash Limited Payments	77	169	86	84	154	72	74	100	100	100	100	100
Salaries and Wages	7,443	8,866	8,415	7,396	7,413	7,918	8,068	8,000	8,000	8,000	8,000	8,000
Non Pay Expenditure	18,069	19,312	20,729	18,983	19,773	17,174	20,068	20,602	18,591	19,891	19,230	17,614
Capital Payment	3	130	456	528	460	2,788	301	1,208	1,709	2,310	1,929	3,495
Other items	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	30,171	31,172	34,815	33,703	30,451	32,595	33,075	34,530	35,420	33,721	33,879	35,629
NET CASH FLOW IN MONTH	**3,557**	**- 5,061**	**535**	**- 836**	**- 329**	**509**	**33,218**	**- 33,720**	**-**	**-**	**-**	**- 1,196**
Balance c/f	**6,184**	**1,123**	**1,658**	**822**	**493**	**1,002**	**34,220**	**500**	**500**	**500**	**500**	**- 696**



NOTES:

- The table above shows the cash position before the receipt of the anticipated £1.196M of working capital cash for 2020/21 Capital Creditors being discharged during 2021/22.
- Mth 7 increased cash balance at end of October was at the request of WG to take cash in advance.

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Balance Sheet 2021/22

Appendix 4

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Oct 21 £'000	Forecast Closing Balance End of Mar 22 £'000
Tanglible & Intangible Assets	78,394	80,824	91,094
Trade & Other Receivables	26,582	23,185	27,333
Inventories	159	159	159
Cash	2,627	34,220	- 696
Total Assets	**107,762**	**138,388**	**117,890**
Trade and other payables	45,831	41,816	41,667
Provisions	23,410	24,674	24,674
Total Liabilities	**69,241**	**66,490**	**66,341**
Total Assets Employed	**38,521**	**71,898**	**51,549**

Financed By			
General Fund	- 2,532	30,845	8,715
Revaluation Reserve	41,053	41,053	42,834
Total Taxpayers' Equity	**38,521**	**71,898**	**51,549**

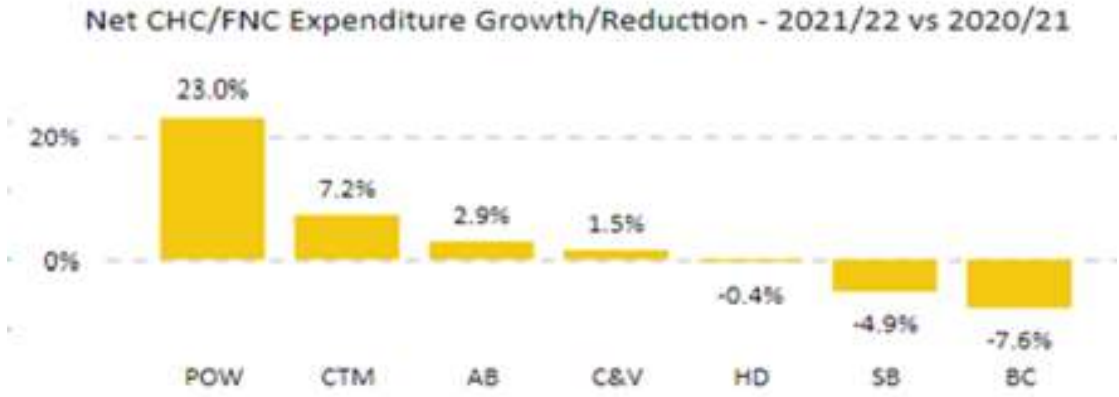
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CHC Forecast 2021/22 vs 2019/20 & 2020/21

Appendix 5

Area	19/20 Year end Position	20/21 Year end Position	21/22 Forecast @ Mth 1	21/22 Forecast @ Mth 2	21/22 Forecast @ Mth 3	21/22 Forecast @ Mth 4	21/22 Forecast @ Mth 5	21/22 Forecast @ Mth 6	21/22 Forecast @ Mth 7	Growth From 2020/21 YE to 2021/22 Forecast @ Mth 7
Children	£267,217	£151,234	£156,944	£156,944	£156,944	£156,944	£156,944	£156,944	£156,944	**£5,710**
Learning Disabilities	£957,455	£1,567,929	£1,058,879	£1,061,321	£1,251,771	£1,251,771	£1,251,771	£1,263,808	£1,294,343	**-£273,586**
Mental Health	£7,344,265	£7,800,642	£9,274,740	£9,405,034	£9,635,927	£9,727,500	£9,875,870	£9,972,709	£10,306,982	**£2,506,340**
Mid Locality	£981,064	£925,210	£1,250,038	£1,264,279	£1,315,651	£1,356,893	£1,321,058	£1,261,614	£1,447,057	**£521,847**
North Locality	£1,365,243	£1,537,343	£2,448,278	£2,060,785	£2,145,513	£1,751,465	£1,785,585	£1,918,715	£1,876,510	**£339,167**
South Locality	£1,494,868	£1,958,143	£1,825,436	£1,758,287	£2,100,826	£2,139,433	£1,975,850	£1,929,526	£1,863,650	**-£94,493**
Grand Total	**£12,410,112**	**£13,940,501**	**£16,014,315**	**£15,706,650**	**£16,606,632**	**£16,384,006**	**£16,367,076**	**£16,503,316**	**£16,945,486**	**£3,004,985**

All Wales position = at the time of writing this report only the Mth 6 position for Wales was published. Based on this data Powys had the highest growth in CHC/FNC compared to 2020/21. Summary of position for Wales is provided in the Chart below:



[Source: WG Health & Social Services Finance Update Mth 6].

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Powys Teaching Health Board

Agenda item 3.5

BOARD MEETING	**Date of Meeting: 24 November 2021**
Subject:	**CORPORATE RISK REGISTER (NOVEMBER 2021)**
Approved and Presented by:	Board Secretary
Prepared by:	Head of Risk & Assurance
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this paper is to provide the Board with the November 2021 version of the Corporate Risk Register for discussion and oversight.

RECOMMENDATION(S):

It is recommended that the Board:

- REVIEWS the November 2021 version of the Corporate Risk Register included at **Appendix 1**, ensuring that it is a complete and a true reflection of the health board's current high-level risks; and
- DISCUSS the appetite threshold and tolerance levels for each risk, ensuring that these are realistic and appropriate.

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	

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	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	✓

BACKGROUND AND ASSESSMENT:

The Corporate Risk Register provides a summary of the significant risks to the delivery of the health board's strategic objectives. To be included in the Corporate Risk Register a risk must:

- represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- be one that cannot be addressed at directorate level;
- further control measures are needed to reduce or eliminate the risk;
- a considerable input of resource is needed to treat the risk (finance, people, time, etc.).

At its meeting in July, the Board approved the revised Corporate Risk Register, which was reframed to reflect the priorities in the Annual Plan 2021-22. The Annual Plan sets out the PTHB Priorities for the year ahead, and reflects the ongoing need to respond to the Covid-19 pandemic, the delivery and recovery of healthcare and the ambition for renewal which has at its heart the well-being of our staff and our population.

The Head of Risk & Assurance has liaised with Executive Directors to review and update the Corporate Risk Register to ensure it reflects the latest position. **Following review, there have been no changes suggested to risk descriptions or scores for those risks included in the Risk Register since September 2021**. In addition, there have been no new risks escalated to the Corporate Risk Register during the current reporting period.

A summary of the Board's current risks is provided below:

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Corporate Risk	Risk Description	Current Score (Likelihood x Impact)
CRR 001	**There is a risk that:** Once accessed, residents in Powys may receive poor quality of care	**5 x 4 = 20**
CRR 002	**There is a risk that:** The health board does not meet its statutory duty to achieve a breakeven position in 2021/22	**2 x 4 = 8**
CRR 003	**There is a risk that:** The health board has insufficient capacity to lead and manage change effectively	**4 x 3 = 12**
CRR 004	**There is a risk that:** There is ineffective partnership working and partnership governance	**3 x 3 = 9**
CRR 005	**There is a risk that:** The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	**4 x 4 = 16**
CRR 006	**There is a risk that:** The health board is unable to sustain an adequate workforce	**3 x 4 = 12**
CRR 007	**There is a risk that:** There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks	**5 x 4 = 20**
CRR 008	**There is a risk that:** Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic	**4 x 4 = 16**
CRR 010	**There is a risk that:** The need to improve health equity is not adequately reflected in the priorities and resource allocation of the health board	**3 x 4 = 12**

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CRR 012	**There is a risk that:** The health board does not comply with the Welsh Language standards, as outlined in the compliance notice	**4 x 3 = 12**
CRR 013	**There is a risk that:** There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.	**4 x 4 = 16**
CRR 014	**There is a risk that:** Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	**3 x 4 = 12**
CRR 016	**There is a risk that:** The health board is non-compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation	**3 x 4 = 12**
CRR 017	**There is a risk that:** A fire incident occurring within health board premises is not effective managed	**4 x 4 = 16**

The full Corporate Risk Register is attached to this report as **Appendix 1**. For ease of reference, updates to mitigating actions and progress is included within the risk register and included in red font.

NEXT STEPS:

Directorates, Risk and Assurance Group and Executive Committee will continue to monitor organisational risks, proposing risks for escalation to the CRR where appropriate, to ensure that the CRR articulates the strategic risks that are deemed to impact delivery of the organisation's strategic objectives as outlined in the Health Board's Annual Plan 2021/22.

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CORPORATE RISK HEAT MAP: November 2021

There is a risk that…

Impact							
	Catastrophic	**5**					
	Major	**4**		▪ The health board does not meet its statutory duty to achieve a breakeven position in 2021/22	▪ The health board is unable to sustain an adequate workforce ▪ The need to improve health equity is not adequately reflected in the priorities and resource allocation of the health board ▪ Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	▪ The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose ▪ Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic ▪ There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract. ▪ A fire incident occurring within health board premises is not effectively managed	▪ Once accessed, residents in Powys may receive poor quality of care ▪ There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks
	Moderate	**3**			▪ There is ineffective partnership working and partnership governance	▪ The health board has insufficient capacity to lead and manage change effectively ▪ The health board does not comply to the Welsh Language standards, as outlined in the compliance notice ▪ The health board is non-compliant with legal obligations in respect of Health & Safety due to a lack of identification and management of health & safety related risks across the organisation	
	Minor	**2**					
	Negligible	**1**					
			1	**2**	**3**	**4**	**5**
			Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
			Likelihood				

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CORPORATE RISK DASHBOARD – November 2021

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DoN	CRR 001	**Quality & Safety of Services**	Once accessed, residents in Powys may receive poor quality of care	**5 x 4 = 20**	→	Low	6	✗	Patient Experience, Quality & Safety	Organisational Priorities underpinning WBO 1 to 4
DFIIT	CRR 002	**Finance**	The health board does not meet its statutory duty to achieve a breakeven position in 2021/22	**2 x 4 = 8**	→	Moderate	8	✓	Delivery and Performance	Organisational Priorities underpinning WBO 8.2
CEO	CRR 003	**Innovation & Strategic Change**	The health board has insufficient capacity to lead and manage change effectively	**4 x 3 = 12**	→	High	9	✗	Planning, Partnerships & Population Health	Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan / wellbeing objectives
DPP / BS	CRR 004	**Regulation & Compliance**	There is ineffective partnership working and partnership governance	**3 x 3 = 9**	→	Low	6	✗	Planning, Partnerships & Population Health	Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership

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DPP	CRR 005	**Quality & Safety of Services**	The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	**4 x 4 = 16**	→	Low	9	×	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DWOD	CRR 006	**Quality & Safety of Services**	The health board is unable to sustain an adequate workforce	**3 x 4 = 12**	→	Low	12	✓	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 8
DPP	CRR 007	**Quality & Safety of Services**	There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks	**5 x 4 = 20**	→	Low	12	×	Delivery and Performance	Organisational Priorities underpinning WBO 4 – specifically 4.3
DPP	CRR 008	**Innovation & Strategic Change**	Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic	**4 x 4 = 16**	→	High	12	×	Planning, Partnerships & Population Health	Organisational Priorities WBO 1 to 4
CEO	CRR 010	**Finance / Resources**	The need to improve health equity is not adequately reflected in the priorities and resource allocation of the health board	**3 x 4 = 12**	→	Low	8	×	Delivery and Performance	Organisational Priorities underpinning WBO 1 to 8
DTHS	CRR 012	**Regulation & Compliance**	The health board does not comply with the Welsh Language standards, as outlined in the compliance notice	**4 x 3 = 12**	→	Low	6	×	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 8

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DPCMH	CRR 013	**Quality & Safety of Services**	There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.	**4 x 4 = 16**	➔	Low	12	×	Delivery and Performance	Organisational Priorities underpinning WBO 1 to 4
DPH	CRR 014	**Quality & Safety of Services**	Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	**3 x 4 = 12**	➔	Low	12	✓	Executive	Organisational Priorities Underpinning WBO 1 to 8
DWOD	CRR 016	**Quality & Safety of Services**	The health board is non-compliant with legal obligations in respect of Health & Safety due to a lack of identification and management of health & safety related risks across the organisation	**3 x 4 = 12**	➔	Low	9	×	Executive	Organisational Priorities Underpinning WBO 1 to 4
DWOD	CRR 017	**Quality & Safety of Services**	A fire incident occurring within health board premises is not effective managed	**4 x 4 = 16**	➔	Low	9	×	Executive and Audit, Risk & Assurance	Organisational Priorities Underpinning WBO 1 to 8

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KEY:

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

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

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

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

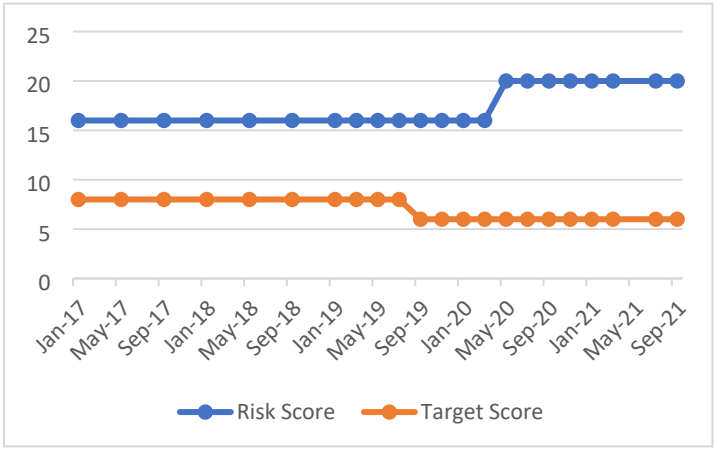
Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

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CRR 001 **Risk that:** Once accessed, residents in Powys may receive poor quality of care	**Executive Lead:** Director of Nursing & Midwifery **Assuring Committee:** Patient Experience, Quality and Safety
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4	**Date last reviewed:** September 2021

Risk Rating
(likelihood x impact):
Initial: 4 x 4 = 16
Current: 5 x 4 = 20
Target: 2 x 3 = 6

Date added to the risk register
January 2017



Rationale for current score:

- The impact of the Covid-19 pandemic, articulated via the 4 harms, on the ability of health boards and Trust to provide quality care and treatment, given the accumulative effect of successive waves of infection and its unequitable adverse impact.
- People presenting for treatment at a later stage resulting in greater acuity and complexity.
- UK wide prioritisation of recovery, opportunity predicated on a range of factors outwith of the health board's control.
- Pre and intra pandemic, Regulators and external bodies have identified poor quality of care in health boards and Trusts in Wales and England where residents of Powys access services
- Some services accessed by residents in Powys are in special measures, at level 4 escalation. have independent oversight and scrutiny mandated by government. The scope, pace and assurance available in terms of improvement varies.
- Some services accessed by residents in Powys have received internal audit reports which provided a limited level of assurance in relation to care and treatment, or services that impact upon it. dependent oversight and scrutiny mandated by government. The scope, pace and assurance available in terms of improvement varies.
- Potential short- and longer-term unplanned changes within the health and social care workforce, adversely affecting organisation's and wider systems opportunity to recover and renew
- Commissioning assurance processes have been less achievable as a result of the pandemic and may not identify risks for Powys residents across the whole system.
- The capacity, capability and processes for whole system quality and commissioning are finite.
- The strategic plan to repatriate services as appropriate into Powys has been impacted upon by the pandemic.
- Lack of clarity about pathways for Powys patients leading to sub-optimum care and potential for significant harm.

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		• Non-compliance with statutory requirements including joint commissioning with the local authority (including Section 33).

Controls (What are we currently doing about the risk?)	**Mitigating actions (What more should we do?)** Actions in relation to externally commissioned services including SaTH, the Big 4, the South Powys Programme and waiting times are set out in the organisation's 13 main priorities and revised quarterly plan (rather than the actions in the original annual plan below)		
▪ Cognisance and implementation of Welsh Government policy ▪ Recovery and renewal key focus of PTHB Annual Plan for 2021/22 overseen by CEO led Portfolio Board ▪ Non-recurrent revenue and capital secured for first phase of priorities ▪ Risk-based implementation of the plan in relation to support infrastructure required, including procurement capacity; operational recruitment, particularly in relation to theatre staff; the availability of additional external clinical capacity; and, unscheduled care pressures. ▪ Progression of the North Powys Programme. ▪ Continued implementation of the Strategic Commissioning Framework (for whole system commissioning) – partially restored at present ▪ Implementation of the Clinical Quality Governance Framework ▪ Implementation of the OD Framework ▪ Focus on whole patient pathway improvement inclusive of provided and commissioned services for maternity, neonates, CAMHs ▪ Refreshed approach to ensuring appropriate deployment of the workforce throughout the health board ▪ Embedding the Commissioning Assurance Framework (CAF) escalation process - partially restored at present ▪ Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services – currently replaced by the DGH Log mapping pathway changes across multiple providers across England and Wales due to the COVID-19 pandemic) ▪ Regular review at Delivery and Performance meetings ▪ Scrutiny by Performance and Resources Committee ▪ Scrutiny by Experience, Quality and Safety Committee ▪ Internal Audit ▪ Contract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers ▪ Individual Patient Funding Request Panel and Policy	**Action**	**Lead**	**Deadline**
	Embed whole system commissioning through the implementation of the Strategic Commissioning Framework	DPP / DoNM	In line with Annual Plan for 2021-22
	Embed and ensure implementation of the Commissioning Assurance Framework	DPP / DoNM	In line with Annual Plan for 2021-22
	Implement commissioning intentions for 2021-22	DPP / DoNM	In line with Annual Plan for 2021-22
	Robustly identify and articulate performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework	DPP / DoNM	In line with Annual Plan for 2021-22
	Programme of work to strengthen effective processes to develop and manage condition specific and service plans	DPP / DoNM	In line with Annual Plan for 2021-22
	Strengthening of commissioning intelligence in line with IMTP	DPP / DoNM	In line with Annual Plan for 2021-22
	Review Patient flows and activity into specialised services to ensure safe and appropriate pathways	DPP / DoNM	In line with IMTP/ICP
	Strengthen the organisation's capacity, capability and governance processes for commissioning – including interface with specialised services	DPP / DoNM	In line with IMTP/ICP
	As a member of the Powys Regional Partnership Board, support delivery of the Powys Area Plan which includes commissioning appropriate, effective and efficient accommodation options for older people, individual children and looked after children	DPP / DoNM	In line with Annual Plan for 2021-22

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▪ WHSCC Joint Committee and Management Group ▪ WHSSC ICP agreed within PTHB IMTP – and process underway for 21/22 ▪ Emergency Ambulances Services Committee ▪ Shared Services Framework Agreements ▪ Section 33 Agreements ▪ Responsible Commissioner Regulations for Vulnerable Children Placed away from Home ▪ Specific Organisational Delivery Objectives set out in health board's Annual Plan for 2021-22 ▪ Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales) ▪ Commissioning Intentions set out in IMTP (response to the pandemic currently being implemented not commissioning intentions) ▪ NHS LTA and SLA Overview submitted to the Executive Committee (and approval process) ▪ Executive Committee approved LTA and SLA narrative (updated each year) ▪ CEO signed LTAs and SLAs for healthcare ▪ CAF developed for General Dental Services ▪ CAF developed for General Medical Services ▪ Recruitment of Public Health Consultant to help strengthen commissioning intelligence (currently transferred to COVID-19 related duties) ▪ Prior approval policy in place (Following the EU exit the EEA policy has ceased to apply) ▪ INNU policy in place ▪ Pooled fund manager for Section 33 Residential Care ▪ SATH Improvement Alliance with UHB in place ▪ Respiratory and Circulatory Transformation leads in place (but circulatory support was temporarily diverted to help manage changes to emergency flows). Temporary cancer post to help ensure appropriate pathways for patients with cancer. ▪ DGH and Specialised Work-stream within PTHB's COVID-19 response plan ▪ PTHB CEO lead Programme Board involving 3 health boards and WAST ▪ Participation in cross-border command and control structures ▪ Essential Services Framework implementation underway ▪ PTHB Children's Home Group in response to the COVID-19 pandemic	Through the Joint Partnership Board, continue to develop opportunities for pooling Third Sector commissioning	DPP / DoNM	In line with Annual Plan for 2021-22
	Strengthen the whole system approach to the Big 4	DPP / DoNM	In line with IMTP
	Review of the health board's interface with SATH	DPP / DoNM	July 2021
	Receive the Wales Audit quality governance review and identify key areas for improvement	DONM	Aug 2021
	Agree and establish monitoring of the health boards provision of care and treatment using the principles of the commissioning assurance framework	DPCMH / DoNM	Sept 2021

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▪ Scheduled peer meetings with clinical teams in commissioned services focused on addressing concerns and sharing improvements in services where poor care has been identified ▪ Review of policy and protocols within the health board to consider the whole patient pathway ▪ CEO escalation where required			
Current Risk Rating	**Additional Comments**		
5 x 4 = 20 Patterson,Liz 11/18/2021 10:59:08	During the COVID-19 period the usual commissioning arrangements are not in place, nor the actions set out in the original Annual Plan. Health Boards and NHS Trusts providing services for Powys patients have made service changes in response to directions from respective governments in England and Wales through the different phases of the pandemic. Neighbouring English providers have moved into whole system Silver and Gold command arrangements. Whilst quality governance arrangements are developing within the health board, the pace of change has been stymied by the pandemic with service groups at varying stages of maturity. It is not possible to score the Commissioning Assurance Framework (CAF) in the first COVID-19 peak. It has been restored where possible, but not all domains can be scored or escalated in the usual way (for example Finance and NHS LTAs and SLAs remain in block arrangements and finance and activity patterns are different to anticipated due to the pandemic.) There are recognised extensive delays across the NHS for elective procedures with a growing number of patients waiting more than 52 weeks for treatment (capacity across providers is significantly reduced due to social distancing, PPE and the need to maintain surge capacity and due to the priority of the mass vaccination programme.) The peak in Q4 of 20/21 reduced the DGH capacity available for patients with other needs. Providers are using Royal College and Government guidance to risk stratify and prioritise patients and service provision). There are approximately 2,000+ Powys residents waiting more than a year for treatment. The **cumulative risk** in relation to commissioned services remains extremely challenging. Whilst, changes to emergency flows in South Powys in response to early opening of the Grange University Hospital have been managed; an Improvement Alliance with UHB is in place for SaTH; and the UK has exited the EU with a deal – the underlying		

	position for commissioned services is unprecedented in terms of the pressures arising from COVID-19 (in winter) and the impact this is having on capacity and waiting times for routine services. The need to prioritise accelerated changes in emergency flows in South Powys diverted strategic planning and commissioning resource from other areas including SaTH risks and circulatory services. SaTH remains in special measures and of concern. Transformational resource to address circulatory services is being rebalanced. Mitigating actions in place include: the priorities set out in the Q3&Q4 plan; South Powys Pathways Worksteam Phase 2; DGH & Specialised workstream; participation in the command and control arrangements for neighbouring English regions; monitoring Q&S and maternity information; a weekly DGH log of pathway changes; shared modelling assumptions with NHS partners; implementation of the Welsh Government Essential Services Framework; fast-tracking of elements of the Big 4 respiratory work to strengthen local resilience; Exec led meetings with the Ambulance Service; continued work with the Welsh Health Specialised Services Committee; restoration of the Section 33 Group for residential care; participation in system working in England; a renewed focus on SaTH and planning for 2021/22. There will need to be whole system work to renewal including to address waiting times.

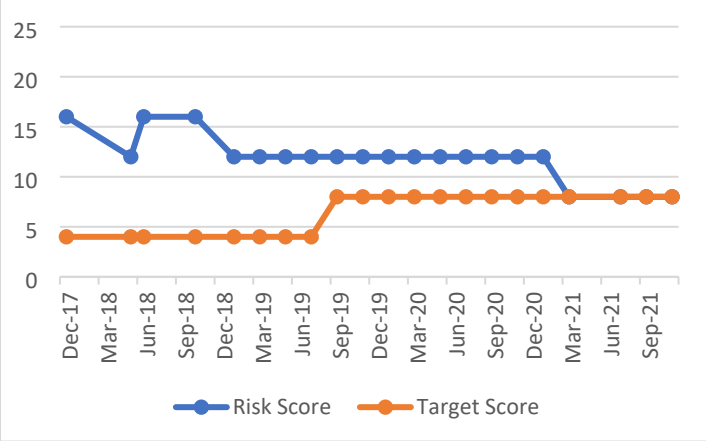
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CRR 002 **Risk that:** the health board does not meet its statutory duty to achieve a breakeven position in 2021/22	**Executive Lead:** Director of Finance, Information and IT **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational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

Risk Rating

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

Date added to the risk register
March 2017



Rationale for current score:

- As at Month 6 2021-22, the Health Board is £0.025m under spent
- Supported Annual Plan, including balanced financial position based on assumptions included (regarding funding, etc.)
- Plans identified to meet Financial Recovery Plan savings target included in plan of £5.6m, significant non-delivery forecast (linked to Covid-19) with slippage included in overall position forecast (including Covid-19 funding allocation)
- Breakeven forecast includes a number of risks and opportunities that need to be managed to deliver
- The impact of Covid-19 and the assumption that WG will fund the direct and indirect costs in full is key (and this has been confirmed of 2021/22) in relation to the breakeven forecast (risk in relation funding allocated and forecast
- On the assumption that Covid-19 funding levels to be allocated will be confirmed for the second 6 months as expected, the risk can be held in line with Board acceptable levels

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

- Annual Financial Plan supported
- Monthly Reporting via Governance Structure, includes progress / delivery
- Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework
- Contracting Framework and impact of Block arrangements in 2021/22 and going forward
- Savings Plans, new Efficiency Framework and Investment Benefits Group approved and now live
- Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks
- Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of Covid-19 and expectations regarding funding and impact on Financial Plan
- Discussions with Welsh Government regarding baseline budget now resolved

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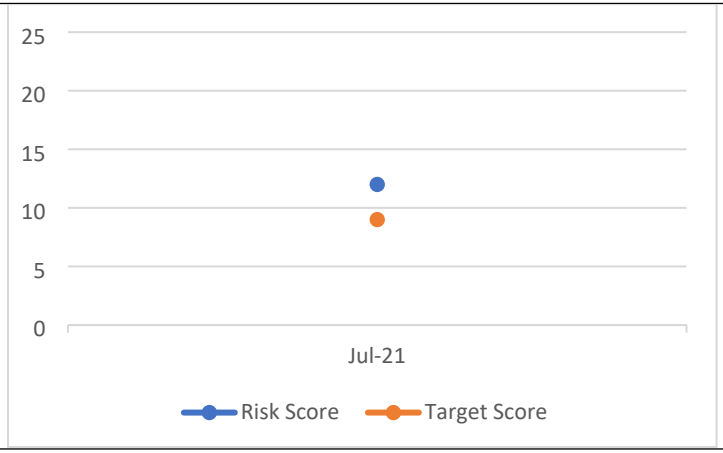
Mitigating actions (What more should we do?)

Action	Lead	Deadline
Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	In Progress Deputy Director of Finance in post and structure realignment in process of being implemented
Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board being established in year.	DFIIT	In Progress

Current Risk Rating	Additional Comments
2 x 4 = 8	Risk level held on assumption of funding at expected levels.

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CRR 003 **Risk that:** the health board has insufficient capacity to lead and manage change effectively	**Executive Lead:** Chief Executive **Assuring Committee:** Planning, Partnerships & Population Health
Risk Impacts on: Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan/wellbeing objectives	**Date last reviewed:** July 2021

Risk Rating (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 3 x 3 = 9		**Rationale for current score:** The Health Board will need to undertake significant recovery and renewal work as a result of the pandemic. This is wide ranging and will need to, in part, take place whilst the further action to manage the pandemic continues. There are other significant change programmes now being aligned to the recovery and renewal work that will also require capacity to progress. Additional Welsh Government funding is assisting the provision of capacity including Integrated Care Fund (ICF), Transformation Fund and the Recovery (planned care and mental health). Whilst these funds are clearly supporting capacity for change, it is important to note they are all non-recurrent.
Date added to the risk register July 2021		

Controls (What are we currently doing about the risk?)	**Mitigating actions (What more should we do?)**		
• The Annual Plan focuses on priorities which will be staged in implementation and thus that will extend beyond one year. • Successful applications for WG funding has secured specific funds within the ICF, Transformation Fund and Recovery (planned care and mental health). • Alignment of change programmes (Recovery and Renewal and the North Powys Wellbeing Programme) is helping to reduce duplication and waste of expertise/resources. • Further recruitment into project manager and programme manager posts for the Renewal Programme is underway. • The emerging approach on value-based healthcare will support increased capability in focusing on priorities for change that could also be cash-releasing. This could support further investment. • Clinical leadership posts (Heads of) are near full establishment, these roles play a pivotal part of clinical change. • Project management skills programmes/session are provided to support staff at all levels across the organisation.	**Action**	**Lead**	**Deadline**
	Carefully track the investments for change management that are non-recurrently funded; enabling opportunity to access any further funds to support capacity and capability building	DoF / DoP	Review mid-year 2021
	Support the work programme of the Research Improvement and Innovation Hub to deliver increased capacity and capability, including the potential for Improvement Cymru to provide additional support	MD	Review Q3
	Support the delivery of change management skills as part of the School of Leadership and Management	WOD	Review Q3

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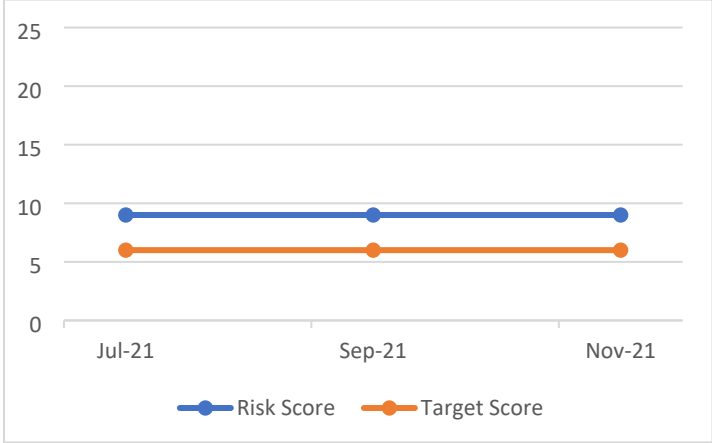
• Investment made in the Innovation and Improvement Hub – including on a multiagency basis – to support change management. • Development of the School of Leadership within the Health and Care Academy provides a platform for further capacity building for change.	Recruit to project and programme managers for the Renewal Portfolio	CEO via Transformation Team	Review monthly Q2 2021
	Pursue the value-based healthcare approach, enabling a focus on where outcomes improvement/lower unit cost can be achieved; to seek opportunity for re-investment where possible	CEO via Director of Clinical Strategy / Transformation Team	Review end Q2; end Q3.
Assurances **(How do we know if the things we are doing are having an impact?)**	**Gaps in assurance** **(What additional assurances should we seek?)**		
• Allocated resources are identifiable within major change programme arrangements, e.g. Renewal Portfolio, North Powys Wellbeing Programme. • Evidence of training and staff preparation • Dialogue with Trade Unions and other staff engagement mechanisms (e.g. surveys / staff Q & A sessions) to understand impacts • Management and oversight of change programmes by the Executive Committee and Renewal Portfolio Board with clear reporting into Board Committees / Board • Individual Executive Director 1 to 1 and performance review processes	• Development of clear status reports for major programmes to be further developed to assist reporting, visibility and oversight • Measurement approach – including PROMS and PREMS – to be developed to enable measurement of change		
Current Risk Rating	**Additional Comments**		
4 x 3 = 12	As this is a new risk and the development and implementation of the Renewal Portfolio is in its early stages, a comprehensive review of this risk will be undertaken within the next 90 days.		

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CRR 004 **Risk that:** there is ineffective partnership working and partnership governance arrangements in place	**Executive Lead:** Director of Planning & Performance / Board Secretary **Assuring Committee:** Planning, Partnerships & Population Health
Risk Impacts on: Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership	**Date last reviewed:** November 2021

Risk Rating
(likelihood x impact):
Initial: 3 x 4 = 12
Current: 3 x 3 = 9
Target: 2 x 3 = 6

Date added to the risk register
July 2021



Rationale for current score:
Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance. Further, achievement of the health board's Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.

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

- Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership Board
- High-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership Board
- Powys Health and Care Strategy in place with Powys County Council and PAVO
- Active engagement with Mid Wales Joint Committee
- Engaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit

Mitigating actions (What more should we do?)

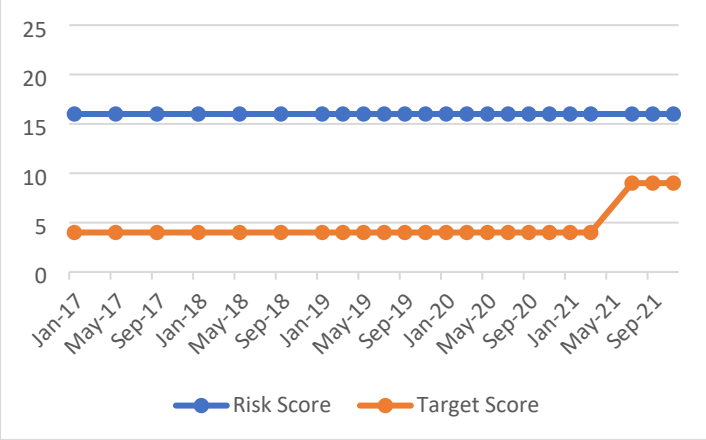
Action	Lead	Deadline
Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	30/09/2021
Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	30/09/2021
Development and population of a Partnership Register	BS	31/03/2022
Development of the Partnership Governance Framework for presentation to Board in December 2021	BS	31/03/2022

Current Risk Rating:
3 x 3 = 9

Additional Comments

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CRR 005 **Risk that:** the care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	**Executive Lead:** Director of Planning & Performance **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4	**Date last reviewed:** November 2021

Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 3 = 9		**Rationale for current score:** **Estates Compliance**: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required. **Capital:** the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk. Failure to secure funds could impact business continuity in terms of healthcare services. **Environment & Sustainability**: Welsh Government declared a Climate Crisis in April 2019 requiring escalated activity with ambitious targets in terms of decarbonisation of public sector by 2030 and zero waste to landfill by 2050.
Date added to the risk register January 2017		

Controls (What are we currently doing about the risk?)	**Mitigating actions (What more should we do?)**		
ESTATES ▪ Specialist sub-groups for each compliance discipline ▪ Risk-based improvement plans introduced ▪ Specialist leads identified ▪ Estates Compliance Group and Capital Control Group established ▪ Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up. ▪ Capital Programme developed for compliance and approved ▪ Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan ▪ Address (on an ongoing basis) maintenance and compliance issues	**Action**	**Lead**	**Deadline**
	Implement the Capital Programme and develop the long-term capital programme	DPP	In line with Annual Plan for 2020-21
	Continue to seek WG Capital pipeline programme funding continuity	DPP	In line with Annual Plan for 2020-21
	Develop capacity and efficiency of the Estates and Capital function	DPP	In line with Annual Plan for 2020-21
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in	DPP	August 2021

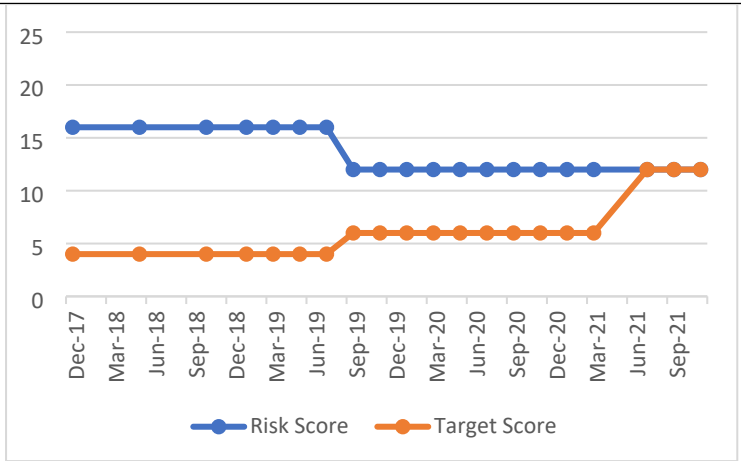
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▪ Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards **CAPITAL** ▪ Capital Procedures for project activity ▪ Routine oversight / meetings with NWSSP Procurement ▪ Specialist advice and support from NWSSP Specialist Estates Services ▪ Audit reviews by NWSSP Audit and Assurance ▪ Close liaison with Welsh Government, Capital Function ▪ Reporting routinely to P&R Committee ▪ Capital Programme developed and approved ▪ Detailed Strategic, Outline and Full Business Cases defining risk ▪ Capital and Estates set as a specific Organisational Priority **ENVIRONMENT** ▪ ISO 14001 routine external audit to retain accreditation ▪ Environment & Sustainability Group ▪ NWSSP Specialist Estates Services (Environment) support and oversight ▪ Welsh Government support and advice to identify and fund decarbonisation project initiatives	place. Second tier of structure review delayed due to operational pressures.		
Current Risk Rating	**Additional Comments**		
4 x 4 = 16 Patterson Liz 11/18/2021 10:59:08	**COVID-19** has introduced risk pressures in respect of the health board's estate and the ability of the Estates & Property team to manage and prioritise risk mitigation in a number of ways. **ESTATES:** Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. **CAPITAL:** impacts from COVID and BREXIT on cost and time to deliver Capital programme. Major step up in activity in financial year with resource pressure. **ENVIRONMENT & SUSTAINABILITY:** NHS Wales Decarbonisation Strategic Delivery Plan published in early 2021 with challenging targets with limited resource. **FIRE:** changes in use and staffing of space at short notice due to COVID social distancing. Pressure on support for Operational management structure training. **PROPERTY:** COVID moves of staff in uncontrolled manner will need to be addressed to step back up business as usual alongside implementation of new agile working approach.		

CRR 006 **Risk that:** the health board is unable to sustain an adequate workforce	**Executive Lead:** Director of Workforce & OD and Support Services **Assuring Committee:** Workforce & Culture
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8	**Date last reviewed:** November 2021

Risk Rating
(likelihood x impact):
Initial: 4 x 4 = 16
Current: 3 x 4 = 12
Target: 3 x 4 = 12

Date added to the risk register
January 2017



Rationale for current score:

The health board continues to have difficulties recruiting and retaining certain posts and areas of the health board. It is recognised that for some professions the workforce is ageing and so there is a need to have clear succession and recruitment plans in place.

Nursing

The Health Board continues to experience recruitment challenges in respect of the Nursing Workforce. In particular, there is a 33% vacancy deficit of registered nurses across the wards (as of 31 August 2021), which is a 13% increase since January 2021. However, due to successful recruitment activity, this deficit will fall to 28% when successful applicants commence their posts.
The temporary staffing unit is continuing to provide support to meet this demand and has filled on average **28.65WTE** of ward registered nursing requests and **32.62WTE** ward unregistered nursing requests (per month) with either bank or agency staffing between April and August 2021. However, there is an increasing reliance on agency staffing to meet this shortfall.

Theatres

There are also challenges at present in relation to recruitment to roles to support planned care renewal activity within Theatres. There are currently **3WTE** vacancies which have remained as open adverts since June 2021, with one candidate currently awaiting an interview. Difficulties in this service also extend to obtaining bank and agency cover with no cover available via bank, on contract or off contract agencies.

Medical

Following two recent appointments, the health board currently has 9 medical vacancies (8.8WTE). All **8.8WTE** vacancies are currently being covered via locums. To support the recruitment and retention of Medics within the health board a task and finish group is being arranged to capture views from medical staffing in relation to areas

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		which could be developed to support recruitment within this staffing group. **Clinical Pharmacist** There are significant recruitment challenges within the Medicines Management department due to the ongoing work as part of the renewal and recovery priorities. Currently there are **3.0WTE** Clinical Pharmacist vacancies within the service, and despite the posts being advertised, there has been no successful uptake. A review of the current model will take place on the 27th of September to understand how the service can function differently. **Therapies** There are also challenges within the therapies service with **16.15 WTE** vacancies across the Occupational Therapy and Physiotherapy services. Recruitment to these roles is particularly challenging and a review is needed to understand how the roles can be shaped differently to support recruitment to these vacancies.

Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
Bank and Agency ▪ Ongoing recruitment and monitoring of demand to support the identification of supply requirements for the temporary staffing unit. ▪ Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored. ▪ The health board temporarily implemented an enhanced rate for bank worker shifts which had been identified as hard to fill and cover was not obtained at standard rate. This will now be reviewed in order to establish its effectiveness. **Operational Delivery** ▪ Workforce Quality and Efficiency Group established, which monitors performance against rosters, bank and agency usage. ▪ Ensure that recruitment timescales are minimised and that issues of delay are appropriately and proactively managed to ensure recruitment performance indicators are consistent with national targets.	**Action**	**Lead**	**Deadline**
	Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board	DWODSS	Ongoing
	Advertise and recruit HCSW Cohort 3 apprenticeships in Nursing Directorate	DWODSS	September 2021
	Implement Standard Operating Procedures for internal operational workforce planning and work with directorates to develop their workforce plans	DWODSS	Yearly in line with Annual planning/ IMTP
	Implement an approach to succession planning: identify critical posts.	DWODSS	March 2022
	Invest to save proposal for a 4 year flexible route to nursing has been approved. Recruitment to these roles has commenced and indicated significant interest at this early stage.	DWODSS	End July 2021

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▪ Ensure that recruitment timescales are minimised and that issues of delay are appropriately and proactively managed to ensure recruitment performance indicators are consistent with national targets. ▪ Recruitment support has been identified for renewals post to provide input into all recruitment processes and support recruitment to the posts at pace. ▪ Streamlined recruitment processes are in place for registered nurse roles which includes, open ended adverts and automatic invite to interview for registered nurses if they provide NMC registration. ▪ Extensive recruitment activity is being managed internally to support the health board in managing vacancies related to mass vaccination and bank recruitment. ▪ Health Care Support Worker Apprenticeship Programme in place and recruitment to the next cohort is underway. ▪ The Health Board is acting as a gateway employer on behalf of Powys Social Services department, PAVO and PTHB to roll out the Kick Start Programme. A partnership lead has been appointed to lead the programme of work across the three partners. ▪ New volunteering approach has been developed including central coordination of all volunteering, acknowledgement of the memorandum of understanding between PAVO and PTHB and an introduction of an improved standard operating procedure for the deployment of volunteers in PTHB. ▪ Agile ways of working have been developed to mitigate impact on recruitment due to COVID-19 work restrictions; this includes virtual interviews and online pre-employment checks. ▪ Extensive recruitment activity is being managed internally to support the health board in managing vacancies related to mass vaccination and bank recruitment. **Strategic Activity** ▪ Developmental roles have been explored due to a difficulty in recruiting to posts. Discussions continue to take place with services where appropriate to do so, this has included developmental roles	Recruit and deploy the first group of 'Kickstart' Health and Social Care work placements.	DWODSS	End July 2021 then Quarterly
	Deep dive analysis of bank and agency usage and influencing factors will be undertaken to establish how best to respond to increased demands. This will include a review of bank incentive schemes.	DWODSS	Oct 2021
	To support temporary arrangements in response to the COVID-19 pandemic.	DWODSS	TBD

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under annex 21 of the agenda for change terms and conditions of service. ▪ Work is progressing to look at developing creative and redesigning roles to meet the changing health needs of the local population. This includes working with the National Nurse Staffing Group to maximise the development of band 4 roles to encourage opportunities for growing and retaining our own staff within the Powys area. However, nationally, this work has been delayed as organisations have been responding to the COVID 19 pandemic. ▪ Proposal to implement 4 year flexible route to Nursing has been approved and recruitment is underway.			
Current Risk Rating	**Additional Comments**		
3 x 4 = 12	Controls and mitigation are in place so far as reasonably possible to manage the risk at its current level, to inhibit escalation higher than the current score of 12. However, the health board continues to face a challenged position in respect of its ability to meet staffing requirements particularly within clinical roles, resulting in an increased reliance on agency staffing in particular to meet these demands.		

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CRR 007
Risk that: There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks

Executive Lead: Director of Planning & Performance

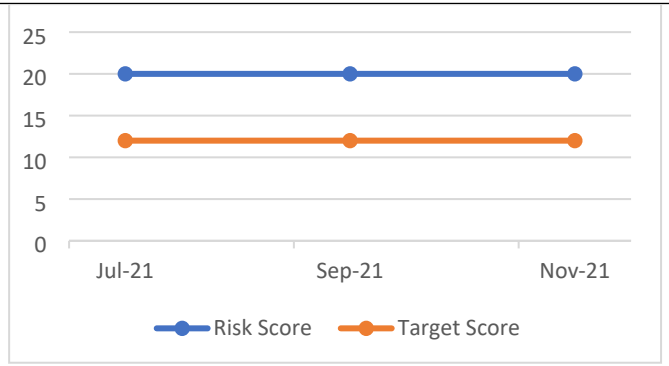
Assuring Committee: Delivery and Performance and Patient Experience, Quality & Safety

Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4

Date last reviewed: November 2021

Risk Rating
(likelihood x impact):
Initial: 5 x 4 = 20
Current: 5 x 4 = 20
Target: 3 x 4 = 12

Date added to the risk register
July 2021



Rationale for current score:
Baseline as at end of July 2021 indicates current waiting times excluding diagnostics and therapies as follows:
Aggregated Position (including PTHB provided services): 4,881 people waiting over 36 weeks and 2,853 waiting over 52 weeks.
Historical activity levels cannot currently be delivered due to ongoing Covid-19 related infection prevention and control measures including social distancing of patients and emergency admission pressures.
A key constraint currently is available workforce and physical 'green' capacity to operate additional activity.
Limitations on ability to both insource and outsource by English and Welsh providers.

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

- Key priorities identified to deliver elective treatments within 52 weeks
- Commissioning Assurance Framework (across 5 domains) incremental use with 15 NHS organisations, 2 private sector organisations, and embedded in third sector
- CAF escalation process
- Strategic Commissioning Framework
- Fragile services log
- Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers.
- Deliver the Renewal Portfolio to ensure planned care performance improvement improves, including establishing an Advice, Support and Prehabilitation service to actively support those awaiting treatment.
- Seeking to mobilise additional capacity through insourcing, outsourcing and exploring options via LTA & SLA agreements
- Developing better understanding of overall waiting list 'intelligence'.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Secure performance improvement trajectories from providers. English providers waiting for H2 planning guidance.	DPP	November 2021
Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity).	DPP/DOF	October 2021
Develop recovery relationships with revised CCGs & STPs	DPP	Ongoing
Establish Advice, Support and Prehabilitation Service	DPP	December 2021
Ensure Powys residents needs understood within Strategic Change Programmes	DPP	Ongoing

Assurances
(How do we know if the things we are doing are having an impact?)

- Monthly waiting time reporting at Delivery Performance Group
- Reporting at Delivery and Performance Committee and Board

Gaps in assurance
(What additional assurances should we seek?)

- All Directorates contributing to CAF

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• Bi-monthly meetings with Welsh Government at Quality and Delivery Meetings • More emphasis being place upon long waiting patients and risk management processes at commissioner / provider CQPRM meetings	
Current Risk Rating	**Additional Comments**
5 x 4 = 20	

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CRR 008
Risk that: fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic

Executive Lead: Director of Planning & Performance

Assuring Committee: Planning, Partnerships & Population Health

Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4

Date last reviewed: November 2021

Risk Rating
(likelihood x impact):
Initial: 3 x 3 = 9
Current: 4 x 4 = 16
Target: 3 x 4 = 12

Date added to the risk register
January 2017



Rationale for current score:
As a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England currently, strategic change programmes were paused or significantly changed. Programme management arrangements externally and internally were paused and progressively restored from Q2 2020/21. The Grange opening was accelerated by ABUHB in Q3 2020/21 as part of winter preparedness in the context of the response to Covid-19, changing pathways for South Powys patients sooner than originally planned, from November 2020.
The usual stocktake and pipeline processes to manage strategic change were ceased in March 2020 whilst programmes were suspended. Capacity to reset, articulate and respond to strategic change is variable across NHS Wales and is tracked through Annual / IMTP planning and commissioning assurance processes.

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

A number of critical controls remain in place however some were paused or no longer apply as a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England. These will be reconsidered and progressively restored or superseded dependent on the deployment priorities for the planning and commissioning teams and the North Powys Well-Being Programme Team and the changes in the external environment relating to strategic change programmes.
Critical controls remaining in place:
- DPP Briefings with CHC; CHC Services Planning Committee restored from July 2020, Local Committees and Full Committee restored
- All Wales Chief Executive and Directors of Planning meetings
- Annual Plan for 2021/2022 submitted in Draft as required to PTHB Board and Welsh Government 31 March 2021, and then as a final version approved by PTHB Board in June 2021. This provides a directional plan reflecting the significant complexity and uncertainty in the planning

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Provide robust management of and response to the system planning arrangements in Shrophire, Telford and Wrekin including the development of the ICS (Integrated Care System) and the Future Fit Programme / Shrewsbury and Telford Hospital NHS Trust	DPP	In line with Annual Plan for 2021-22
Continuous monitoring of impact as Hywel Dda UHB's strategic plans are refreshed and reframed – the programme formerly called Transforming Clinical Services is now incorporated into engagement plans for 'Building a healthier future after Covid-19' with engagement planned for 2021	DPP	In line with Annual Plan for 2021-22

environment and responding to the Welsh Government requirement for a more fluid and adaptive approach. - It included an appraisal of learning and evidence and a set of critical and renewal priorities for 21/22 in the context of continued prevention and response to Covid-19 and essential operational service delivery, as well as longer term renewal across the whole system to respond to Powys residents' needs in the light of the impact of the pandemic. - This is set in the context of partnership work for 'A Healthy Caring Powys', and ministerial priorities / legislation, policy and investment opportunities. - Annual Plan drafted in line with required timescales and built upon Winter Protection Plan for Q3/Q4; PTHB Strategic Priorities; Partnership priorities including Public Services Board (PSB), Mid Wales Joint Committee (MWJC) and Regional Partnership Board (RPB). - Process for development of IMTP commenced September 2021 although it should be noted that Welsh Government have indicated that the NHS Wales Planning Guidance is delayed and will not be published until end of October or beginning of November, therefore the work prior to this point will be based on planning assumptions in advance of the national requirements. - A comprehensive Planning Framework and Parameters has been produced to guide the first stage of the IMTP Development, this has been developed with input from Executive Committee and Planning, Performance and Population Health Committee in October 2021 and will be shared with PTHB Board in November 2021. It has also been shared with peers in NHS Wales through the ADoPs mechanism (Assistant Directors of Planning peer network). An Autumn Planning Event has also been held via the Directors of Planning Peer Network which included indicative Welsh Government priorities and requirements and these are reflected in the framework. - A Step by Step Directorate Guide has also been produced to support IMTP development and issued via the Executive Team to support sessions requested by the Chief Executive in early November on priority setting. The Planning Team has also offered Directorate support sessions commencing in October 2021. - Programme Business Case re-submitted to Welsh Government in Q2, addressing key scrutiny questions. Awaiting confirmation but WG Investment Board likely to be November 21 - Site survey work undertaken for pre-feasibility stage, concept site drawings developed to aid site master planning. Further work underway on-site partnership principles (Memorandum of understanding) to support	Provide robust management of engagement and response to the system planning arrangements in Herefordshire and Worcestershire including the development of the Integrated Care System (building on their Sustainability and Transformation Plan) and Stroke programme	DPP	In line with Annual Plan for 2021-22
	Provide robust management of engagement and response to the Clinical Futures programme in Aneurin Bevan UHB, building on the existing South Powys programme of work and focused pathway developments	DPP	In line with Annual Plan for 2021-22
	Robustly manage the response and engagement with external service change programmes and developments as they arise during the year	DPP	In line with Annual Plan for 2021-22
	As a member of the MWJC for Health and Care, support delivery of the agreed Action Plan	DPP	In line with Annual Plan for 2021-22
	Key focus for north Powys programme: - • Continue with delivery of short-term projects and development of sustainability plans post funding March 22. Work to support longer term integrated model of care and wellbeing: • Finalise and approve stage 1 demand, capacity and financial modelling to support new model of care – assessing sustainability and affordability. Commence Stage 2 modelling. • Finalise service specifications and agree narrative for areas of transformational change. • Strategic Outline Cases for Health, Care and Supported Living and Infrastructure agreed.	DPP	In line with Annual Plan for 2021-22
	Implement the second Phase of the South Powys Programme	DPP	By March 22

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commercial case. Strategic Outline Cases for Infrastructure and Health, Care and Supported Living progressing well with support from CPC. Critical path for campus scheme to be reviewed and confirmed as part of this work. - Internal Planning Framework for service design approved as working document. Strategic demand, capacity and financial modelling underway to support Strategic Outline Case. Service specifications drafted for key elements on the site i.e. Community Wellbeing Hub, Rural Regional Centre, Supported Living, Health and Care Academy, Library etc. - Majority of short-term projects progressing well and some are exceeding with some of their targets. Successful recruitment required for some posts to support with care closer to home for Ophthalmology and Respiratory services. - South Powys Programme Board already in place to implement the response to the South Wales Programme and the opening of the Grange University Hospital (GUH) in Spring 2021. Scope revised in response to the accelerated opening of GUH as part of the response to the COVID-19 winter. The first phase of the PTHB programme managed changes to South Powys emergency flows to Prince Charles Hospital; the second phase of the programme is in place in relation to maternity and neonatal flows, but no decision in relation to the timing of strategic pathway changes for existing flows has yet been made. - Partnership mechanisms are in place in key areas of work including joint oversight and leadership of Test, Trace and Protect; Care Homes; and, Unscheduled Care. The RPB and PSB are re-established and commenced recovery planning and a set of population assessments required during 2021/22 will be co-ordinated as one programme of work across partners. - Powys Consultation Plans and situation reports developed for each live consultation to ensure PTHB responses consider the impact on Powys residents. - Strategic Change Stocktake process superseded by the processes developed during 2020 as part of the Covid-19 response; tracking of strategic plans and renewal now transacted through the quarterly planning process and the ongoing logging of service changes as part of the revised Commissioning Assurance Framework process providing the updates and monitoring on neighbouring service change. - Impact Assessment process in place for detailed analysis of live strategic change programmes.	Implement the Renewal Portfolio	CEO and lead Directors	In line with Annual Plan 2021-22

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- Participation in external Programme mechanisms as appropriate for key live programmes either as watching brief / receipt of information or as programme participant in the case of NHS Future Fit.			
Current Risk Rating	**Additional Comments**		
4 x 4 = 16			

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CRR 010 **Risk that:** The need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board	**Executive Lead:** Chief Executive **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8	**Date last reviewed:** July 2021

Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8		**Rationale for current score:** The Annual Plan sets out the key priorities of the Health Board. The Renewal priorities in particular are based on evidence of impact of the pandemic on the population including as a key strand health inequity. Whilst the priorities achieve this focus, there is further, longer term work needed to redesign provision that fully takes account in practice of the health equity issues including the allocation of resources to specific service priorities, geographies, programmes based on greatest need / equity considerations.
Date added to the risk register May 2018		

Controls (What are we currently doing about the risk?)	**Mitigating actions (What more should we do?)**		
▪ Clear annual plan and evidence based priorities taking account of health equity issues. ▪ Renewal Portfolio with a golden thread of the principle of 'greatest need' running through each programme. ▪ Resources allocated to priority areas for taking forward supportive action in relation to annual plan priorities	**Action**	**Lead**	**Deadline**
	Consider the longer-term approach to service redesign that focuses on health inequalities; reviewing the Health Inequalities Strategic Assessment/Report undertaken in 2018	CEO with Pubic Health Director	Q3/4
	Undertake detailed exercise in understanding more visibly the resource allocation map against key elements of health inequity.	DFIT	Q3/4

Current Risk Rating	**Additional Comments**
3 x 4 = 12	

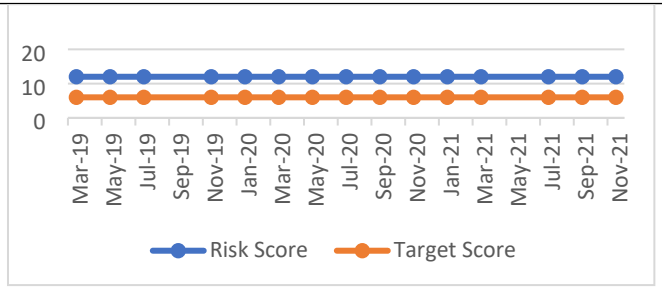
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CRR 012 **Risk that:** the health board does not comply to the Welsh Language standards, as outlined in the compliance notice	**Executive Lead:** Director of Therapies & Health Sciences **Assuring Committee:** Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 8	**Date last reviewed:** November 2021

Risk Rating –

(likelihood x impact):
Initial: 4 x 3 = 12
Current: 4 x 3 = 12
Target: 2 x 3 = 6

Date added to the risk register
March 2019



Rationale for current score

- Self-assessment indicates non-compliance with some Welsh Language Standards
- Evidence of non-compliance received via 3 complaints in 2020/2021

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

- Welsh Language Steering Group continues to monitor progress against the Standards and is sharing and encouraging best practice.
- Response to Internal Audit Report completed and recommendations implemented.
- Departmental Action Plans updated – compliance self-assessment completed and returned to WL Commissioner. Compliance levels have increased again during 2020-2021. End of year monitoring meetings held with WL Service Leads.
- Overarching Welsh Language and Equality action plan updated for 2021-2022 in line with WL Standards, MTJW Strategic Framework and SEP. This has been submitted as of October 2021.
- Review of resource and capacity to implement the Standards undertaken. Internal Translator appointed with expected start date October 2021. Officer post appointed with expected start date of September 2021.
- Welsh language awareness session developed and delivered to some key staff groups to promote the Standards and the Active Offer principle. Session also added to ESR to monitor attendance.
- Increased compliance with bilingual communication – patient leaflets, letter templates, website information. Additional cost implications included in approved budget for 2021-22.
- WL Annual Monitoring Reports completed and submitted on 30th September 2021.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Implement Welsh Language Improvement Plan	DOTHS	In line with Annual Plan for 2021-22
Prepare NHS Delivery Framework report on MTJW objectives	DOTHS	~~Sept~~ October 2021
Assess effectiveness of internal monitoring and auditing procedures within nursing and ALNET operations group before rolling out to other service areas	DOTHS	Dec 2021

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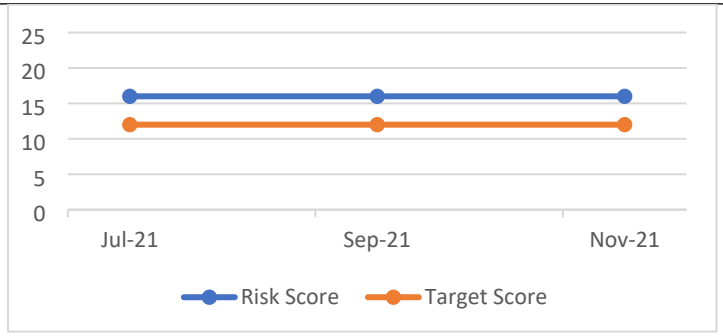
▪ Internal monitoring and auditing procedures developed for nursing and ALNET operational group. Plans are in place to roll out audit procedures to other service areas. ▪ Continue to monitor compliance levels within each service area and work with Service Leads to address any gaps in compliance			
Current Risk Rating	**Additional Comments**		
4 x 3 = 12	Due to COVID-19 pressures, staff have little capacity to move WL initiatives forward.		

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CRR 013 **Risk that:** There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.	**Executive Lead:** Director of Primary, Community & Mental Health Services **Assuring Committee:** Delivery and Performance and Patient Experience, Quality & Safety
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4	**Date last reviewed:** November 2021

Risk Rating
(likelihood x impact):
Initial: 4 x 4 = 16
Current: 4 x 4 = 16
Target: 3 x 4 = 12

Date added to the risk register
July 2021



Rationale for current score:

Baseline as at end of March 2021 indicates current waiting times excluding diagnostics and therapies as follows: Provider Position – 690 people waiting over 36 weeks and 536 waiting over 52 weeks.
Prior to the pandemic Powys provided services did not exceed waiting times albeit there was fragility in certain in-reach services
Whilst slow but steady progress has been made in the last 6 months, the referral rates will likely rise in future months which will increase future demand.
Historical activity levels cannot currently be delivered due to ongoing covid related infection prevention and control measures including social distancing of patients.
A key constraint currently is available workforce to operate additional activity with a specific risk relating to theatres staff.
In line with national relaxation for Directed Enhanced Services (DES) and local relaxation for Local/National Enhanced Services (LES/NES) General Practice has physically seen less patients under these contracts than at pre covid levels

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

- Key priorities identified to deliver elective treatments within 52 weeks
- Executive Committee Strategic Commissioning and Change Group
- A renewal priority including planned care has developed a proposal for funding to recover waiting times to previous levels as a provider. Funding has been provided and this programme of work will develop delivery plans accordingly.
- As part of the renewal priorities, scoping of the establishment and Advice, Support and Prehabilitation service to actively support those awaiting treatment.
- LES and NES activity levels increased to 50% of historical levels from April 1st 2021(75% activity threshold in place until 31st December 2021)

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Mitigating actions (What more should we do?)

Action	Lead	Deadline
Establish Advice, Support and Prehabilitation Service	DPP	October 2021
Market response to outsourcing provided no options. There remains potential for insourcing and this element of the market process is being progressed in line with procurement rules to confirm if this can be provided.	DPCMH	October 2021
Seeking support from NHS Wales Delivery Unit for specific demand and capacity tools which can be used operationally to project, implement and monitor activity on a weekly	DPCMH	~~September~~ October 2021

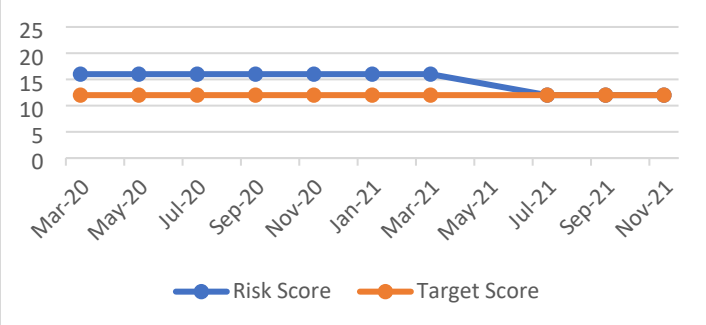
• LES specifications were temporarily amended to support delivery of enhanced services (in place until 31/12/2021) under the caveat of clinical judgement and responsibility of the clinician to prioritise and manage patient care. • GMS annual return used to gain assurance of continued performance in meeting contractual requirement. • Specific Enhanced Service audits (NPT, Anticoagulation and Diabetes). • Data provided by General Practice across a range of conditions and dialogue with practices and clusters active on next steps. • Renewal Priority "Diagnostics, Ambulatory and Planned Care" developing plan for waiting time recovery including recruitment. Programme Manager appointed to support this work, which is being monitored through the Renewal Programme Board. • Work is ongoing with clusters and practices to develop proposals for any recovery in line with national discussions	basis. Work ongoing with DU to ensure this model reflects the specific issues of Powys delivery locations.		
	Develop a paper summarizing the approach taken by General Practice throughout the pandemic in identifying and prioritizing patients for enhanced services.	MD / DOTHS / DPCMH	~~September~~ November 2021
	Review relaxation of LES and NES levels following national position on DES levels		31st December 2021
Assurances **(How do we know if the things we are doing are having an impact?)**	**Gaps in assurance** **(What additional assurances should we seek?)**		
• Monthly waiting time reporting at Delivery Performance Group • Reporting at Performance and Resources Committee and Board • Monthly meeting with Welsh Government at Quality and Delivery Meetings • QAIF clinical indicator achievement • Enhanced Service activity/claims • Review of Q1 Enhanced service activity/claims to monitor practice achievement towards 50% attainment			
Current Risk Rating	**Additional Comments**		
4 x 4 = 16			

Patterson,Liz
11/18/2021 10:59:08

CRR 014 **Risk that:** Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	**Executive Lead:** Director of Public Health **Assuring Committee:** Executive and Patient Experience, Quality & Safety
Risk Impacts on: Impact on the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.	**Date last reviewed:** November 2021

Risk Rating
(likelihood x impact):
Initial: 4 x 4 = 16
Current: 3 x 4 = 12
Target: 3 x 4 = 12

Date added to the risk register
February 2020



Rationale for current score:

Likelihood: 'Possible'. Vaccination appears to be weakening the link between cases and admissions to hospital. Recent estimates indicate that the risk of admission to hospital following infection has reduced from a pre-vaccination level of 10% to 2.8% currently. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has potentially reduced, the likelihood has been adjusted from 'likely' to 'possible' as at July 2021.

It should be noted there are still risks: estimates only need to be wrong by a small percentage and admissions will rise significantly, the NHS is already operating at near maximum capacity, and large numbers of staff isolating as contacts in a third wave may impact on some services. The risk score will therefore need to be kept under regular review.

Impact: 'Major'. COVID-19 presents four harms to the population: -

1. The direct harm arising from the disease itself;
2. The harm caused by an overwhelmed NHS;
3. The harm caused by stopping other non-COVID activity; and
4. The wider harm to wellbeing caused by population level measures in response to COVID-19.

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

1. Test Trace Protect programme in place:
   - RT-PCR testing available for the Powys population via the UK online portal;
   - Contact tracing service operating;
   - Regional response cell in place for escalated cases and clusters.
2. Joint management and oversight arrangements in place with Powys County Council including a joint Prevention and Response Group.
3. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements.
4. Powys Prevention and Response Plan in place.

Mitigating actions (What more should we do?)

Action	Lead	Deadline

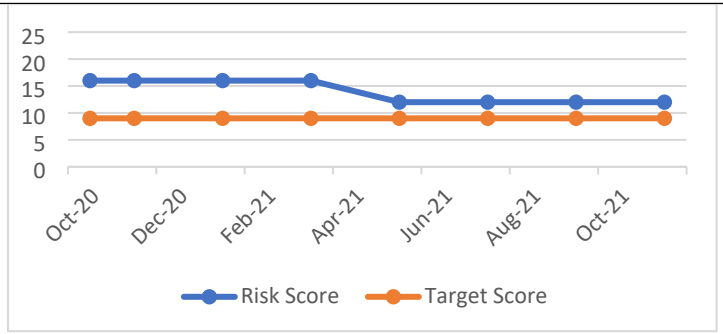
5. Mass vaccination programme started. 6. System resilience plan in place to respond to direct and indirect impact of COVID-19 during the second half of 2021/22.			
Current Risk Rating	**Additional Comments**		
3 x 4 = 12			

Patterson,Liz
11/18/2021 10:59:08

CRR 016 **Risk that:** the Health Board is non-compliant with legal obligations in respect of Health & Safety due to a lack of identification and management of health & safety related risks across the organisation	**Executive Lead:** Director of Workforce, OD and Support Services **Assuring Committee:** Executive
Risk Impacts on: Organisational Priorities underpinning WBO 1 – 4	**Date last reviewed:** November 2021

Risk Rating
(likelihood x impact):
Initial: 4 x 4 = 16
Current: 3 x 4 = 12
Target: 3 x 3 = 9

Date added to the risk register
November 2020



Rationale for current score:

It was evident from discussions with Service Managers in November 2020 that there is an inability to identify and manage H&S risks, with a clear framework and process for recording, training and escalation.

Analysis has indicated that that Health & Safety risks are not consistently assessed and managed across PTHB at Departmental level.

- 16 Risk Assessment 'Power Hour' workshops have been provided to 57 out of 700 managers. Follow up of learning from these sessions has illustrated that learning has not been embedded.
- Returns from departments confirming Health & Safety risk assessments that are in place confirm that health and safety risk assessment is not well understood.
- Two senior operational managers have confirmed that Health & Safety risk assessments are not routinely undertaken or reviewed.

The corporate risk relating to health and safety risk assessments held at departmental level remains high.

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

- Health & Safety workshop undertaken
- Health & Safety risk assessment work program identified
- Delivery of the 'Power hour' risk assessment sessions ongoing throughout 2021
- Specialised professional Health & Safety Senior Officer risk assessment advice
- Specialist sub-groups set up e.g. fire safety, water safety, medical gases, estates compliance, asbestos, radiation
- Health & Safety Group standing item on risk
- Responding to issues identified by HSE
- Responding to issues identified by Internal Audit
- Risk Management Framework

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Complete a desktop exercise to identify which services undertake a programme of risk assessments	Assistant Director: Support Services	Returns received
Provide focused support and advice to services to enable them to identify and manage their risks	Assistant Director: Support Services	In place and ongoing
Continued rollout of IOSH one-day 'Working Safely' training for Managers	Assistant Director: Support Services	In place and ongoing

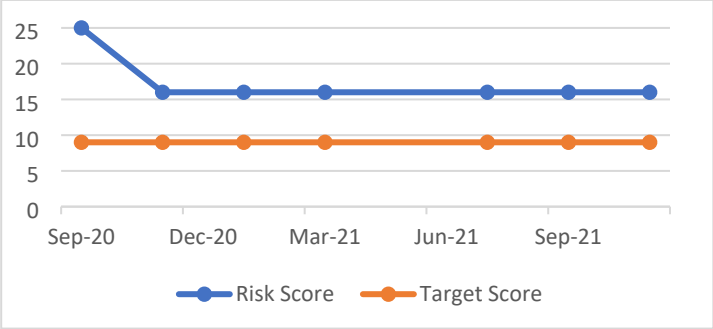
• Risk Assessment Toolkit & Template • Framework developed and circulated to services for population for the identification and management of H&S risks			
Assurances **(How do we know if the things we are doing are having an impact?)**	**Gaps in assurance** **(What additional assurances should we seek?)**		
• Health and Safety reporting • Oversight of the executive team • Audit and Inspection Programme ensuring compliance with Health & Safety Policies • Health & Safety Forward Work Programme – key focus area is on detailed audit of risk assessments	• Delivery of the IOSH one-day 'Working Safely' training for Managers • Review and implement Health & Safety policy and enabling procedures • Health and Safety risks reported through the Health and Safety Group • Aggregation of risks identified through sub-groups e.g. fire safety, water safety, medical gases, estates compliance, asbestos, radiation reporting • Organisational Health & Safety risks presented to the Risk and Assurance Group • Escalation of non-compliance with risk assessment framework • Communication and cascade of Health & Safety information		
Current Risk Rating	**Additional Comments**		
3 x 4 = 12			

Patterson,Liz
11/18/2021 10:59:08

CRR 017 **Risk that:** A fire incident occurring within Health Board premises is not effectively managed	**Executive Lead:** Director of Workforce, OD and Support Services **Assuring Committee:** Patient Experience, Quality & Safety
Risk Impacts on: Organisational Priorities Underpinning WBO 1 to 8	**Date last reviewed:** November 2021

Risk Rating
(likelihood x impact):
Initial: 5 x 5 = 25
Current: 4 x 4 = 16
Target: 3 x 3 = 9

Date added to the risk register
November 2020



Rationale for current score:
Work on the built infrastructure continues with additional funding made available in 2021/22 from WG Estates Funding Advisory Board (EFAB) with an additional £556K allocated to make Welshpool and Knighton sites fully fire compliant – the programme will, however, take 4-5 years to complete if funding is sustained.
Operational fire management structure now in place for all sites which is positive mitigation and training is largely due to be complete by November 2021 for fire wardens and Incident Coordinators.
There is still a considerable amount of work to be done as included in the mitigating actions below, to reduce this risk rating to meet target.

Work undertaken to date has lowered the overall risk rating to 16.

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

- **Fire & Rescue Service Inspections**: series of inspections documented with increased frequency post Grenfell.
- **Fire Training**: training programme in place, now in Teams format for general staff. Training August-November scheduled for newly appointed Fire Incident Coordinators and Fire Wardens. Extra external trainer engaged to support.
- **Fire Safety Advisors:** the Health Board / Estates engages two full time and experienced substantive posts to advise, monitor, train and support across the organisation: Fire Risk Assessment programme in place for all premises.
- **Compartmentation:** Surveys are completed for identifying deficiencies, a continuing programme of remedial works is in place, supported by WG EFAB monies for Welshpool and Knighton in 2021/22.
- **Fire Doors:** Fire door inspections are on the Estates Planned Preventative Maintenance schedule for in-house staff.
- **Fire Alarm System:** Systems have been risk assessed, and a programme for replacement has been agreed. An asset list is maintained, and they are serviced to identify system failings.

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Mitigating actions (What more should we do?)

Action	Lead	Deadline
Improve documentation and plans for ventilation ductwork and fire dampeners	AD Estates & Property	2021-22
New Fire Alarm and Emergency Lighting Maintenance Contract in place April 2021. Contractor will undertake full asset survey to inform future planning.	DPP	2021
Planned programme for replacement of Alarm Systems at high risk of failure	DPP	Newtown and Machynlleth in 2021 - 2022
Agree funding from WG for a replacement Programme for Fire Doors. Identify suitably robust door sets to meet fire standards and enable anti-ligature measures to be incorporated in mental health settings.	DWODSS	2021-25
Implement the framework of responsible persons to ensure trained roles are in place to drive fire drill process.	DWODSS	November 2021

<table>
<tr><td rowspan="6">• Fire Extinguishers: new fire extinguisher maintenance contract let in early 2021 with routine checks ongoing and exception reporting in place.
• Emergency Lighting: Lighting is checked as part of Estates Planned Preventative Maintenance for compliance: a replacement programme of works is being identified.
• Responsible Persons/Fire Drills: Fire Safety Advisors have worked with all sites to bring fire drills up to date – completed December 2020 (except Bronllys). Fire Safety Group receives compliance reporting and new structure will lead on implementation in 2021.
• Waste Compounds: Risks have been identified, and improvements are being actioned by Support Services.
• Project Activity: Fire Safety Advisors view and input into projects at design and handovers stages to ensure complaint and fit for purpose systems and installations.</td><td>Agree with Support Services and organisation-wide an agreed standard operating procedure for waste and recycling storage around all sites.</td><td>DWODSS</td><td>2021</td></tr>
<tr><td>Review fire training to refocus and address any resilience issues.</td><td>DWODSS</td><td>2021</td></tr>
<tr><td>Bring all Site Fire Safety Manuals up to date.</td><td>DWODSS</td><td>2021</td></tr>
<tr><td>PTHB has delivered training for Fire Doors for Estates team: staff will receive formal accreditation to undertake PPM checks and minor repairs - external specialists are used for significant repairs / replacements.</td><td>DPP</td><td>2021</td></tr>
<tr><td>Compartmentation works as identified in previous surveys to be implemented.</td><td>DPP</td><td>2021-25</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td colspan="2">Assurances
(How do we know if the things we are doing are having an impact?)</td><td colspan="2">Gaps in assurance
(What additional assurances should we seek?)</td></tr>
<tr><td colspan="2">• Compartmentation surveys have been completed across all PTHB major sites, and a programme of works is in place to address any remedial issues identified.
• Estates Planned Preventive Maintenance Inspection of Doors, and emergency lighting is completed regularly and reported. New defects will be identified and added to the programme of remedial works, or listed for replacement. Staff to receive formal accreditation.
• Fire Alarm Systems inspected annually by third party specialist contractor.
• Fire Drills are carried out across all sites to assure procedures are in place.
• Fire Training is in place to continually upskill those involved in fire prevention.
• Fire Service External Inspections carried out by Mid & West Wales FRS as an independent overview of risk.
• NWSSP-Specialist Estates Services carry out an annual site inspection / audit at one site per year to test compliance and provide independent report.
• NWSSP-SES annual audit return is made every year reporting on compliance status. Reports are issued by NWSSP-SES related to unwanted fire signals, setting benchmark targets per site.</td><td colspan="2">• Fire Policy revised to reflect Organisational Realignment, approved at Board in September 2021.
• New maintenance contract will be in place, and monitored for fire alarm / general fire system related maintenance.
• Site Coordinators, assisted by the Fire Safety Advisors to reinvigorate drills across PTHB sites by assisting in practical sessions, and providing advice on how and when to carry out future fire drills.
• Site Coordinators to proactively undertake fire drills across all departments.
• Identified site managers to lead on fire issues at each Health Board site.
• Full and up-to-date list of all fire wardens across all sites who are trained in the requirements of role.
• Individuals/Nursing staff need to be appointed as designated persons for isolation of Oxygen to ward areas for patient safety, for Medical Gas Systems.
• The responsibilities for the inspection, servicing and maintenance of evacuation equipment needs to be identified, along with identifying and training suitable numbers of staff in its use.</td></tr>
<tr><td colspan="2">Current Risk Rating</td><td colspan="2">Additional Comments</td></tr>
</table>

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4 x 4 = 16	**COVID-19**: Additional Fire risk assessments have been undertaken in relation to activities supporting oxygen enrichment in wards, VIE installations, surge bed expansion, social distancing and change of use of space, one-way system, and ventilation.

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COMMUNITY HEALTH COUNCIL
POWYS

Report:	**Chief Officer's Report**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**24th November 2021 (report to 16th November 2021)**

1. Gathering Public and Patient Feedback

Although COVID-19 restrictions have eased, we continue to engage with the public through our website, social media and email channels. CHC members and staff continue to join virtual meetings with a variety of organisations.

A representative from Powys CHC has taken part in the following virtual meetings during the last two months:

8 Sept	Machynlleth Community Network Meeting
23 Sept	Shrewsbury & Telford Hospital NHS Trust (SATH) Ockenden Report Assurance Committee
28 Sept	Swansea Bay University Health Board 'Changing for the Future' Online Public Engagement Event
29 Sept	PTHB Board Meeting
29 Sept	Knighton & Presteigne Community Network Meeting
12 Oct	PTHB Planning, Partnerships & Population Health Committee

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12 Oct	SATH Transformation Programme Implementation & Oversight Group
18 Oct	Mid Wales Joint Committee
18 Oct	Ystradgynlais Locality Community Network Meeting
19 Oct	SATH Ockenden Report Assurance Committee
20 Oct	PTHB Board to CHC Board Joint Meeting
21 Oct	Shropshire, Telford & Wrekin Maternity Voices Partnership
28 Oct	Mid Powys Primary Care Cluster Meeting

Some of these meetings provide us with the opportunity to scrutinise what is happening with health services. Other meetings are used to gather information about the work being undertaken by other organisations and also to promote the work of the CHC.

On a fortnightly basis, we hold online briefing sessions for CHC members. These meetings offer the opportunity for members to raise with the Chair and Chief Officer any issues which they have picked up within their local communities. Any thematic issues and concerns can then be raised during the twice-weekly meetings which are held with senior officers from PTHB. The meetings with the Health Board also provide regular updates about the COVID response and health services in general. Individual concerns can be raised with the Health Board through the Chief Officer or through the CHC's Complaints Advocacy Service.

Engaging with Patients in Hospital

Patterson, Liz 11/18/2021 16:59:09

Since the start of the Coronavirus pandemic, we have not been able to undertake our usual monitoring visits to NHS premises or services. This means that we have not been able to gather feedback from patients whilst they are receiving services.

Following a pilot which was undertaken by Aneurin Bevan CHC, we have been developing a project to gather feedback from patients in community hospitals in Powys. A pilot 'virtual visit' was arranged to take place on Monday 11 October. The plan was to hold conversations with patients on Maldwyn Ward in Victoria Memorial Hospital, Welshpool, and Clywedog Ward in Llandrindod Wells Memorial Hospital. The conversations would take place using the Attend Anywhere video platform which is used in the hospitals. We had assistance from the Digital Facilities Team and the Mental Health Partnership Participation Officer at the Health Board.

Unfortunately, on the day of the 'visit', there were technical issues with the internet connection at Welshpool Hospital so it was not possible to have the video conversations with any patients on the ward there. A CHC member was able to hold a conversation with one patient on Clywedog Ward. There were some issues to overcome but, with the assistance of the two officers from the Health Board, our member was able to gather feedback from the patient.

We held a review meeting with the Health Board on 25 October and we are hoping to extend the pilot and organise another 'virtual visit' to two more wards early in December.

The technical issues at Welshpool Hospital have been reported to the Health Board IT team and it is hoped that they will be resolved soon.

Face-to-Face Engagement

We have started putting plans in place for some face-to-face engagement sessions with the public. We planed the following sessions:

Newtown Market Hall	6 October	10 am – 3.00 pm
Knighton Soup Kitchen	14 October	12 pm – 1.30 pm
Knighton Community Café	26 October	10 am – 12.00 pm
Ystradgynlais Christmas Fair	27 November	
Welshpool Market Hall	30 November	10 am – 3.00pm
Old Railway Line - Glasbury	15 December	10 am – 3.00 pm

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Unfortunately, the event planned in Knighton on 26 October was cancelled by the organisers the day before it was due to take place. This was because of the number of positive cases of COVID-19 in the area.

We were hoping to take our stand to Machynlleth Market but it has not been possible to arrange this. It was reported at the latest meeting of Machynlleth Community Workers Network that other organisations were also having difficulty in arranging face-to-face engagement events in the area.

We are now in possession of a small number of i-pads to use during engagement events and we have developed a short online survey to run through with people who attend our stand. The survey asks people which NHS services they have accessed during the last 12 months and asks for their comments about what was good and what they think would have improved their experience.

At the event held in Newtown on 6 October, staff were able to undertake the online survey with 10 people and they handed out 10 leaflets to passers-by.

- 3 people had accessed GP services, 1 felt the service was excellent on both occasions they had used it and 2 people commented about triage – 1 person with learning disability found it very difficult to understand instructions for triage when making a call to the Practice and had not succeeded in obtaining an appointment.
- 3 people had been in hospital and reported positive experiences.
- 4 people had accessed dental services and were complimentary of MyDentist in Newtown.
- We received positive comments about the COVID vaccination centre, prescription collection from Park Street, and about the service from Morrisons Pharmacy.
- 1 person described the difficulties caused by lack of availability of Welsh speakers in Shrewsbury Hospital for a patient with dementia.

At the event in Knighton on 14 October, our member of staff spoke to 13 people about their experience of NHS services. In addition, she handed out leaflets to 8 people and paper surveys to 4 people.

Patterson, Liz
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- 7 people had accessed GP services. 1 reported an excellent service from Presteigne Medical Centre and 1 person said that communication had been good from the nurse and doctor at Wylcwm Street Surgery but it had been a lengthy process to getting a diagnosis. 5 people reported dissatisfaction with Wylcwm Street Surgery, with 4 of them not happy that they had been unable to obtain face-to-face appointments. 1 person had not been able to book a flu vaccine despite ringing on numerous occasions and had been advised by the Practice to try getting the vaccine through the pharmacy.
- 4 people had been in hospital but only 2 provided comments. 1 gave negative comments about lack of referral or aftercare and 1 gave positive feedback about having an operation in Hereford Hospital.
- 1 person had accessed dental care. They had received emergency dental treatment in Newtown after being unable to register with a dentist in Knighton as the dentist was not accepting new patients.
- We received a positive comment about COVID vaccination, the patient having received their booster at Knighton Hospital.
- 1 person was concerned about emergency response times and also about the distance to travel to Hereford Hospital if there were complications with the birth of a baby.
- We had a report about a person with disabilities who attended the COVID testing centre in Knighton. They could not physically open the test kit but the test centre staff refused to help – the librarian at the Community Centre had put on PPE to help the person.
- We heard about problems with availability of prescription medication from Boots in Knighton, which was partly due to the Practice splitting the medication over two separate prescriptions and then the pharmacy being unable to locate the medication when the patient went to collect. The patient had to make multiple trips to the pharmacy.

We plan to prepare a full report about our face-to-face engagement on a quarterly basis.

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Social Media

- We continue to use social media on a daily basis. We are posting CHC information to our Facebook and Twitter pages. We are using the platform to advertise our meetings.

- We share and re-post information which is provided by Health Boards and Trusts in Wales, Trusts in England, local GP practices, other CHCs, Powys County Council and national NHS organisations.

- We are monitoring and evaluating the public reaction to information which is posted.

- We currently have 487 followers on Twitter and 750 followers on Facebook.

2. Surveys

The All Wales CHC survey has been changed slightly. We are now asking people for their views on 'NHS Care After COVID'. The survey is available online at the following link ow.ly/ezsy50ER6ZG and is available in paper format. Copies of the new paper surveys have been issued to CHC members for them to circulate in their communities.

The online survey about maternity services at Shrewsbury & Telford Hospital NHS Trust is ongoing and available for people to complete. The link is https://cutt.ly/OnOXwqM. We have prepared a report which outlines the results of the survey up to 30 September 2021, which will be issued to the Trust and to Powys Teaching Health Board.

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3. Reports

Access to Dentists During the COVID-19 Pandemic

We published our report about dental services in September. The report is available on our website at the following link: Access to Dentists During the COVID-19 Pandemic

The report has been circulated to our list of stakeholders via email and has been promoted through our social media sites.

Survey of Young People about Mental Health Support

We have finalised our report on the survey we did with young people about mental health services. This has been issued to Powys Teaching Health Board, Welsh Government, Powys County Council Director of Education and the Children's Commissioner for Wales. We have received comments from the Health Board, Powys County Council, Welsh Government and the Children's Commissioner. We are preparing a media release for the publication of this report.

4. Powys CHC Website

Home - Powys Community Health Council (nhs.wales)

5. Service change and patient engagement:

All Powys CHC meetings have been re-instated and are being attended by members of the public.

At the moment, service changes have predominantly been "urgent" service changes which are considered at the Services Planning Committee.

Patterson,Liz
11/18/2021 10:59:08

Executive Committee decisions relating to service change during this period:

Swansea Bay - "Changing for the Future":

It was agreed: that the Engagement undertaken was adequate in relation to content and time allowed;

On the basis of the outcome of the Engagement, the Executive Committee of Powys CHC supported the proposal.

Observations: that Powys CHC should have been engaged with at the inception of the Engagement

That a request had to be explicitly made to extrapolate SA9, SA10, SA11 data (predominantly Powys residents)

6. Advocacy

Open Cases as of 30th October 2021:**43**

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
12	20	1	3	1	3	3	43

New Cases 27th August 2021-30th October 2021: **15**

Closed Cases 27th August 2021-30th October 2021: **19**

Number of Complaints	Number of Incidents
43	59

Patterson,Liz
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Professional Group	Number of Incidents
Primary Care - GP	12
Primary Care - Community Care	2
Midwifery	2
Secondary Care	38
Managerial/Administration Staff/ WAST	5
	59

Subject	Number of Incidents
Clinical Practice	34
Standards of Care	5
Communication	4
Procedures	7
Waiting Times	4
Other	5
	59

7. Members

Following the retirement of Frances Hunt, David Collington is acting as interim Chair until the outcome of the Election process is known.

Finally……

Powys CHC would like to extend their continued thanks to all the staff of PtHB for the organisation, dedication and commitment to rolling out the mass vaccination programme across Powys.

Bi-weekly meetings continue between the CHC and PtHB ensures that any issues can be resolved as soon as possible.

Thank you.

Patterson, Lisa
11/18/2021 10:59:03

Katie Blackburn

Prif Swyddog, CIC Powys/ Chief Officer, Powys CHC

Patterson,Liz
11/18/2021 10:59:08

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 3.7a

BOARD MEETING	**DATE OF MEETING: 24 November 2021**
Subject :	**BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS**
Approved and Presented by:	Board Secretary
Prepared by:	Corporate Governance Manager
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):

The Board is asked to:

- RECEIVE and DISCUSS the summary assurance reports appended to this covering paper

Approval/Ratification/Decision	Discussion	Information
	✓	

Patterson,Liz
11/18/2021 10:58:08

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	✓

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to confirmed committee minutes are appended for the information of the Board:

Executive Committee

- The Committee Chair's report of the meetings held in September and October 2021 is attached at **Appendix A.**

Audit, Risk and Assurance Committee

- The Committee Chair's report of the meeting held on 16 November 2021 is attached at **Appendix B.**

Charitable Funds Committee:

The Charitable Funds Committee has not met since the last meeting of Board. The next meeting is scheduled to be held on 1st December 2021.

Delivery and Performance Committee**:**

- The Committee Chair's Report of the meeting held on 1 November 2021 is attached at **Appendix C.**

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Patient Experience, Quality and Safety Committee

- The Committee Chair's Report of the meeting held on 7 October 2021 is attached at **Appendix D.**

Planning, Partnerships and Population Health Committee

- The Committee Chair's Report of the meeting held on 12 October 2021 is attached at **Appendix E.**

Workforce and Culture Committee

- The Committee Chair's Report of the meeting held on 5 October 2021 is attached at **Appendix F.**

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 26 January 2022.

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Reporting Committee:	**Audit, Risk and Assurance Committee**
Committee Chair	Tony Thomas
Date of last meeting:	16 November 2021
Paper prepared by:	Head of Risk & Assurance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk & Assurance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee held on 16 November 2021. The confirmed minutes of the meeting held on 14 September 2021 are available on the health board's website.

The Board is asked to note that the following matters were discussed at Audit, Risk and Assurance Committee on 16 November 2021:

- Application for Single Tender Waivers
- Internal Audit Progress Report 2021-22
- Internal Audit Reports:
  a) Control of Contractors (Limited Assurance)
  b) Medical Equipment and Devices (Reasonable Assurance)
  c) Midwifery Safeguarding Supervision (Reasonable Assurance)
- Risk Management Framework
- Audit Recommendation Tracking
- Welsh Health Circular Tracking
- Annual Governance Programme Reporting
- Audit Wales: Review of Quality Governance Arrangements
- External Audit Progress Report 2021-22
- Losses and Special Payments Report
- External Audit Report: Picture of Public Services
- External Audit Report: Taking Care of the Carers?

COMMITTEE ACTION LOG

ARA/21/23: This will be scheduled for Q4, 2021/22

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APPLICATION FOR SINGLE TENDER WAIVERS (STWs)

The Committee RATIFIED two prospective STWs, one to maintain service whilst formal tender process is undertaken; and, one sole supplier.

INTERNAL AUDIT PROGRESS REPORT

Four audits have been finalised so far this year, with one at the draft report stage. In addition, there are three audits that are currently work in progress with a further six at the planning stage.

The Committee RECEIVED and NOTED the Internal Audit Progress Report 2021-22.

INTERNAL AUDIT REPORTS:

a) CONTROL OF CONTRACTORS (LIMITED ASSURANCE)

The Internal Audit Review evaluated the processes and procedures that support the management and control of contractors working for the THB, within Capital and Estates, and compliance with Health and Safety Executive (HSE) and other associated guidance and legislation. The review identified ten recommendations for improvement: four high priority; four medium priority; and, two low priority.

It was noted that the Delivery & Performance Committee would seek assurance on progress in implementing the audit recommendations included within the report, in addition to tracking by the Audit, Risk and Assurance Committee.

b) MEDICAL EQUIPMENT AND DEVICES (REASONABLE ASSURANCE)

The Internal Audit Review evaluated and determined the adequacy of the systems and controls in place for the management of medical equipment & devices and point of care testing. The review identified seven recommendations for improvement: three high priority; three medium priority; and, one low priority.

It was noted that the report along with a comprehensive management report would be presented to the Patient Experience, Quality & Safety Committee in December 2021.

c) MIDWIFERY SAFEGUARDING SUPERVISION (REASONABLE ASSURANCE)

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The Internal Audit Review evaluated and determined the adequacy of the systems and controls in place within the Health Board for Midwifery – Safeguarding Supervision. The review identified two medium recommendations for improvement.

It was noted that the report along with a comprehensive management report would be presented to the Patient Experience, Quality & Safety Committee in December 2021.

The Committee RECEIVED and NOTED the Internal Audit Reports.

The Committee received a revised Risk Management Framework (RMF), including Risk Appetite Statement. revised Risk Management Framework, including Risk Appetite Statement. The RMF will help build and sustain an organisational culture that encourages appropriate risk taking, to continuously improve the quality of the services provided and commissioned by the health board.

The Committee RECEIVED and NOTED the revised Risk Management Framework, including Risk Appetite.

IMPLEMENTATION OF AUDIT RECOMMENDATIONS

The overall summary position in respect of overdue audit recommendations is: -

Overdue Internal Audit Recommendations

Covid-19 Prioritisation	2017/18	2018/19	2019/20	Internal Audit Priority	2020/21	2021/22	TOTAL OUTSTANDING
	Number				Number		Number
Priority 1	0	0	0	High	2	0	1
Priority 2	5	1	9	Medium	6	0	28
Priority 3	1	0	9	Low	1	0	20
Not Yet Prioritised	0	0	1				1
TOTAL	6	0	19		9	0	34

Overdue External Audit Recommendations

	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number
Priority 1	0	0	2	0
Priority 2	2	0		2
Priority 3	1	0		1
Not Yet Prioritised	0	0		2
TOTAL	3	0	2	5

Local Counter Fraud Services Recommendations

	2021/22	TOTAL OUTSTANDING
	Number	Number
Overdue	0	0
TOTAL	0	0

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The Committee RECEIVED and NOTED the Audit Recommendations.

WELSH HEALTH CIRCULARS

The overall summary position in respect of implementation of Welsh Health Circulars is: -

	2018		2019		2020		2021
No Progress	0		0		0		0
Partially Complete	1		2		2		8
Complete	47		36		15		9
TOTAL NUMBER ISSUED	**48**		**38**		**17**		**17**

The Committee RECEIVED and NOTED the Welsh Health Circular update.

ANNUAL GOVERNANCE PROGRAMME REPORTING

The Committee received an update on progress of delivery of the Annual Governance Programme for 2021/22, as at Quarter 2. The Annual Governance Programme outlines key governance priorities, informed by internal audit, external audit and the board's review of its effectiveness. Achievements have been made in the following areas during Quarter 2: -

- Purpose, Roles and Responsibilities
- Board Effectiveness
- Risk and Assurance system

The Committee RECEIVED and NOTED the Annual Governance Programme update.

AUDIT WALES REVIEW OF QUALITY GOVERNANCE ARRANGEMENTS

The Committee received an update on the review of Quality Governance Arrangements, which examined whether the organisation's governance arrangements support delivery of high quality, safe and effective services. The review focused on both the operational and corporate approach to quality governance, organisational culture and behaviours, strategy, structures and processes, information flows and reporting. The review found that the Health

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Board is committed to ensure high quality, safe and effective services and has taken steps to improve its quality governance arrangements. There remains work to embed these arrangements, articulate the quality priorities of the organisation and ensure there are measures in place to demonstrate and monitor achievement to drive improvements across the full range of services provided and commissioned.

It was noted that the report along with a comprehensive management report would be presented to the Patient Experience, Quality & Safety Committee in December 2021.

The Committee RECEIVED and NOTED the Audit Wales Review.

EXTERNAL AUDIT PROGRESS REPORT 2021-22

The following audit work is currently underway:

Accounts audit work			
Area of work		**Current status**	
Audit of the 2020-21 Charitable Funds Account		Audit work due to commence in November.	
Performance audit work			
Area of work	**Exec Lead**	**Focus of the work**	**Current status**
Orthopaedic services – follow up	Medical Director	This review will examine the progress made in response to our 2015 recommendations. The findings from this work will inform the recovery planning discussions that are starting to take place locally and help identify where there are opportunities to do things differently as the service looks to tackle the significant elective backlog challenges.	Report being drafted
Structured Assessment	Chief Executive	This work will continue to reflect the ongoing arrangements of NHS bodies in response to the COVID-19 emergency. The work will be undertaken in two phases. Phase 1 will review the effectiveness of operational planning arrangements to help NHS bodies continue to respond to the challenges of the pandemic and to recover and restart services. Phase 2 will examine how well NHS bodies are embedding sound arrangements for corporate governance and financial management, drawing on lessons learnt from the initial response to the pandemic.	Phase 1 – Completed and report presented to Committee in July Phase 2 - Fieldwork Underway, to be presented to Committee January 2022
Renewal Programme	Director of Planning & Performance	This local work will examine the arrangements put in place to deliver the Health Board's renewal programme.	Scoping

The Committee RECEIVED and NOTED the External Audit update.

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LOSSES AND SPECIAL PAYMENTS REPORT

The Committee received an interim report for the period 1st April 2021 to 31st October 2021.

	No. of payments/Receipts	No. of cases	£
Clinical Negligence /Personal Injury (Payment)	16	8	£83,351.70
Total	**16**	**8**	**£83,351.70**

	No. of payments/receipts	No. of cases	£
Redress Payments	23	16	£11,193.70
Total	**23**	**16**	**£11,193.70**
Redress Receipts	0	0	£0.00
Total	**23**	**16**	**£11,193.70**

	No. of payments/receipts	No. of cases	£
GMPI Payments	2	1	£612.00
Total	**2**	**1**	**£612.00**
GMPI Receipts	0	0	0.00
Total	**2**	**1**	**£612.00**

	No. of payments/receipts	No. of cases	£
Other Special Payments	3	3	£37,318.43
Total	**3**	**3**	**£37,318.43**

The Committee RECEIVED and NOTED the Losses and Special Payments report.

AUDIT WALES REVIEW OF PICTURE OF PUBLIC SERVICES 2021

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The Committee received a national report, which summarises key trends in public finances and sets out an independent perspective on some of the key issues for future service delivery.

The Committee RECEIVED and NOTED the Audit Wales report.

AUDIT WALES REVIEW OF TAKING CARE OF THE CARERS?

The Committee received a national report, which describes how NHS bodies have supported the wellbeing of their staff during the COVID-19 pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.

It was noted that the report along with a comprehensive management report would be presented to the Workforce & Culture Committee in January 2022.

The Committee RECEIVED and NOTED the Audit Wales report.

ITEMS FOR ESCALATION TO THE BOARD

- Internal Audit Report: Control of Contractors (Limited Assurance)
- Risk Management Framework, including Risk Appetite

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 20 January 2021.

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Reporting Committee:	**Delivery & Performance Committee**
Committee Chair	Mark Taylor
Date of last meeting:	1 November 2021
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Committee has met on one occasion on 1 November 2021 since the last Delivery & Performance Committee Chair's Assurance Report was presented to the Board.

The Board is asked to note that the following matters were discussed at Delivery & Performance Committee on 1 November 2021:

- Performance Reporting
  a) Performance Overview
  b) Commissioning Escalation
  c) Annual Plan Delivery, Quarter 2
- Financial Performance: Month 07, 2021/22
- Performance Position of Services Provided by Welsh Ambulance Services NHS Trust
- COVID-19 Vaccination: Phase 3 Plan
- Capital Developments:
  - Llandrindod Wells Hospital Project: Learning & Evaluation
  - North Powys Wellbeing Programme, Gateway Review
- Information Governance Performance Report

The Board is asked to note that the following matters were for information at Delivery & Performance Committee on 1 November 2021:

- Delivery & Performance Committee, Terms of Reference and Operating Arrangements, approved by Board 29 September 2021

A summary of the key issues discussed at the meeting is provided below.

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Monday 1 November 2021

COMMITTEE ACTION LOG

The Committee received the action log and no updates were provided.

- **PERFORMANCE REPORTING**
  a) PERFORMANCE OVERVIEW

The report provided an update on the changes to the latest performance position for Powys Teaching Health Board up until October 2021 with the latest availability of data, including a high-level overview of COVID, Test, Trace and Protect and mass vaccination performance.

It continued to be an interim process as a result of the COVID pandemic in the absence of the regular Integrated Performance Report.

The report contained a high-level summary of COVID e.g. infection rates, mortality and vaccination progress and a brief update on Powys Teaching Health Board's (PTHB) performance, set against the revised 2021/22 National Outcome and Delivery Frameworks four aims, and their measures. The document contained relevant dashboards and extra analysis data showing the levels of compliance against the National Framework, and Powys Teaching Health Board local measures.

The data, highlighted performance achievements, and challenges at a high level, as well as brief comparison to the All Wales performance benchmark where available.

b) COMMISSIONING ESCALATION

The report highlighted providers in Special Measures or scored as Level 4 and above. The PTHB Internal Commissioning Assurance Meeting (ICAM) did not meet in September.

There were:

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

The report also provided:

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

c) ANNUAL PLAN DELIVERY, QUARTER 2

The report provided an update of the progress made against the milestones and actions in the PTHB Delivery Plan for the quarter 2 period (July 2021 to September 2021).

Due to the ongoing uncertainty Welsh Government determined that it was not feasible to return immediately to the three-year planning cycle and instead required that an Annual Plan was submitted for the period April 2021 to March 2022, building on the Quarterly Plans developed during 2020/1.

The Annual Plan sets out the PTHB Priorities for the year ahead, and the accompanying Delivery Plan includes the detailed objectives, milestones and timescales for delivery in order to achieve these priorities.

The plan was submitted to Welsh Government on the 30 June 2021.

The Committee DISCUSSED and NOTED the report.

FINANCIAL PERFORMANCE: MONTH 07, 2021/22

The paper provided an update on the September 2021 (Month 05) Financial Position including Financial Recovery Plan (FRP) delivery and Covid. The Chief executive raised that Board members needed a detailed awareness of the financial position.

The Committee:

- DISCUSSED and NOTED the Month 6 2021/22 financial position.
- NOTED that actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery.
- NOTED and APPROVED the COVID-19 Report position reported on page 8 and in the attachments detailed in appendix 1.
- NOTED additional risks on delivery of balanced position at 31st March 2022.
- NOTED the underlying financial position and AGREED actions to deliver recurrent breakeven for 2022/23.

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PERFORMANCE POSITION OF SERVICES PROVIDED BY WELSH AMBULANCE SERVICES NHS TRUST

The report articulated the national challenges relating to the delivery of the 8-minute Red target for emergency ambulance services with a specific focus on the performance within Powys. The red target, of 65% within 8 minutes has been met only twice in the last 2 years within Powys. The paper outlined specific information relating to demand and capacity, workforce measures as well as efficiencies to be gained. The paper concluded with a summary of the actions within the EASC Improvement Plan.

The Committee DISCUSSED and NOTED the report.

COVID-19 VACCINATION: PHASE 3 PLAN

COVID-19 Vaccination began in Powys in December 2020 following the approval of the Pfizer/BioNTech vaccine. PTHB's Phase 1 and 2 Plan set out our ambitions for offering a first and second dose COVID-19 vaccination based on national guidance from the Joint Committee on Vaccination and Immunisation and national policy and guidance from Welsh Government.

Uptake in Powys by the end of Q2 2021/22 was the highest of all health boards in Wales. All three aims of Phase 1 and 2 Plan had been achieved and Phases 1 and 2 were closed.

The Committee:

- NOTED the closure of the Phase 1 / 2 Vaccination Programme
- NOTED and DISCUSSED the Phase 3 Delivery Plan

CAPITAL DEVELOPMENTS:

- **LLANDRINDOD WELLS HOSPITAL PROJECT: LEARNING & EVALUATION**

A lessons learnt template had been developed in relation to the first significant major capital project, Llandrindod Reconfiguration Phase 1, delivered by the Health Board for a number of years.

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The document contained three main elements, namely; Best Practice, Improvement Areas and Benefits Realisation. The learning identified was intended to be clearly set out and to act as a demonstration of closure and reflective learning for the project, and to provide a baseline for good practice and governance for future capital project activity.

- **NORTH POWYS WELLBEING PROGRAMME, GATEWAY REVIEW**

A Programme Assessment Review was commissioned by Welsh Government for the North Powys Programme at Programme Business Case (PBC) stage.

An amber status was indicated which reflected - Successful delivery appeared feasible but significant issues already existed requiring management attention. These appeared resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.

The Committee DISCUSSED and NOTED the report.

INFORMATION GOVERNANCE PERFORMANCE REPORT

The report provided assurance and informed of the most recent information governance compliance figures. The report had been developed to show an assessment against key performance and compliance indicators for information governance (IG).

The Committee DISCUSSED and NOTED the report.

ANY OTHER URGENT BUSINESS

There was no other urgent business.

NEXT MEETING

The next meeting of the Delivery and Performance Committee will be held on 20 December 2021.

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Reporting Committee:	**Patient Experience, Quality and Safety Committee**
Committee Chair	Melanie Davies
Date of last meeting:	7 October 2021
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The first meeting of the new Patient Experience, Quality and Safety Committee took place on 7 October 2021.

The Board is asked to note that the following matters were discussed at Patient Experience, Quality and Safety Committee on 7 October 2021:

- Integrated Quality Report: Directorate of Primary, Community Care and Mental Health
- Putting Things Right, Compensation and Claims Report
- Regulatory Inspections Report
- Infection Prevention and Control Report
- Maternity Assurance Report
- Commissioning Escalation Report
- Clinical Quality Framework: Goal 5, Intelligence
- Committee Workplan 2021/22

The Board is asked to note that the following matters were for information at Patient Experience, Quality and Safety Committee on 7 October 2021:

- Approved Minutes of the Experience, Quality & Safety Committee meeting held 15th July 2021
- Patient Experience, Quality & Safety Committee Terms of Reference, approved by Board 29 September 2021
- Audit Wales Review: WHSSC Governance Arrangements and WHSSC Management Response
- WHSSC Quality Patient Safety Committee Summary from meeting on 10 August 2021

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- Quality and Engagement Act Implementation Programme Summer Newsletter

A summary of the key issues discussed at the meeting is provided below.

Thursday 7 October 2021

COMMITTEE ACTION LOG

The Committee received the action log and no updates were provided.

INTEGRATED QUALITY REPORT: DIRECTORATE OF PRIMARY, COMMUNITY CARE AND MENTAL HEALTH

The report summarised patient quality and safety metrics across three service groups within the DPCCMH Directorate for April to June 2021. The report followed on from reports from each Group which outlined the mechanisms within the groups to monitor and manage the area of work.

Further work would continue to develop the scope of the reports with work undertaken closely with colleagues across PTHB including the Quality and Safety team and the new Assistant Director of Performance. A focus would be on consistency of format and presentation, where applicable, but also detailed trend analysis and any potential for benchmarking. The report was process heavy whereas moving forward it would become outcome focussed.

The Committee DISCUSSED and NOTED the contents of the report including the planned work to scope additional metrics relating to quality and safety in specific areas.

PUTTING THINGS RIGHT, COMPENSATION AND CLAIMS REPORT

The paper provided an overview of how the Putting Things Right was discharged within the Health Board, along with compensation claims activity for the period 1 April 2021 to 31 July 2021. The paper included the systems and processes in place to support discharge of the function, along with any outputs and outcomes. Reference was made to patient

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experience and concerns, which included complaints, patient safety incidents, and compensation claims and trends.

The committee DISCUSSED and NOTED the report.

REGULATORY INSPECTIONS REPORT

The report articulated the receipt and outcomes of regulatory inspections that had occurred during the reporting period and shared the Health and Social Care Regulatory Reports dashboard. Recent activity related to Healthcare Inspectorate Wales (HIW) inspections provided assurance on progress with Tier 1 and unannounced inspections. Quality check summary reports for dental practices were highlighted within the report.

An update on the National Maternity improvement plan priorities 2021, was seeking agreement to extend the timeframe for 5 actions. HIW confirmed their decision not to progress with phase 2 of the review. A dashboard overview of the current position was provided, related to the implementation of actions in response to recommendations from the Health and Social Care Regulators.

The Committee DISCUSSED the report and AGREED the revised timeframes for the National Maternity Improvement Plan priorities 2021.

INFECTION PREVENTION AND CONTROL REPORT

The Infection Prevention and Control Annual Report made three formal recommendations as outlined below with their current status:

- The Operational Decontamination Lead or Infection Prevention Control nomination should represent Powys Teaching Health Board on the All Wales Decontamination and Sterilization Group. Such representation was historically in place.

Status: Completed

- Decontamination centres that undertook the reprocessing of flexible endoscopes should strive to achieve accreditation, and operation of a quality management system, in compliance with the medical devices directive/ISO 13485 standard. This

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represented best practice and a policy should be in place for the Health Board to work towards this standard.

Status: Work was ongoing towards completion.

- The management structure was in place across the organisations. However, interviews indicated concerns with resource time allocation needed to undertake the management of decontamination across the organisation. It was recommended the structure be reviewed and appropriate resource allocated.

Status: Estates were to assess the role and if there was a case to increase capacity.

The Committee

1. DISCUSSED and NOTED the annual report.
2. DISCUSSED AND NOTED the planned approach to address the improvement actions required by the Annual Authorised Engineer Report into Decontamination Services
3. RECEIVED the update provided in investigation of Covid-19 infection within hospital settings in Powys

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MATERNITY ASSURANCE REPORT

The report summarised the position in terms of the maternity pathway for the women of Powys, with a focus on:

1. Maternity Commissioning Assurance Framework.
2. Commissioned maternity services subject to special measures.
3. South Powys Programme Maternity and Neonatal Workstream.
4. Powys Maternity Improvement Plan, main focus.
5. External scrutiny.

Moving forward the next steps would be:

- Continued implementation of the Powys Maternity Improvement Plan.
- Maintain oversight and escalation of commissioned services through the Commissioning Assurance Framework (CAF), to include increased scrutiny of neonatal services.
- Continue to develop and embed governance and maintain reporting arrangements.

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The Committee DISCUSSED and NOTED the report.

COMMISSIONING ESCALATION REPORT

The report highlighted providers in Special Measures or scored as Level 4 and above following the 18 August 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). At the time of the last meeting there were:

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

The report also provided:
A high-level summary of key issues in relation Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB).

The Committee DISCUSSED and NOTED the report.

CLINICAL QUALITY FRAMEWORK: GOAL 5, INTELLIGENCE

The report provided a summary of progress in the implementation of the actions set out under Goal 5 of the Health Board's *Improving Clinical Quality Framework.* There were four actions under Goal 5, two of which had had work taken forward, and two of which required further work to define and describe their scope. The paper also noted two more recent developments; a draft report from Audit Wales and a Welsh Government quality framework, which recognised that there was a need to align elements of these two documents under Goal 5 to recognise their contribution to the aim of this goal.

The Committee DISCUSSED and NOTED the report.

COMMITTEE WORKPLAN 2021/22

The greater proportion of agenda items were rolling standard items. The work plan was dynamic and would be picked up through agenda setting meetings.

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The Committee DISCUSSED and NOTED the report.

ITEMS DISCUSSED IN-COMMITTEE

Due to the sensitivity of the information involved, the following items were discussed by the Committee in a closed meeting:

- Serious Incidents and Complex Concerns Overview
- Update on Procedural Response for Unexplained Death in Childhood (PRUDIC) Case
- Infection Prevention and Control – Nosocomial Report

ANY OTHER URGENT BUSINESS

There was no other urgent business.

NEXT MEETING

The next meeting of the Delivery and Performance Committee will be held on 2 December 2021.

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Reporting Committee:	**Planning, Partnerships and Population Health Committee**
Committee Chair	Trish Buchan
Date of last meeting:	12 October 2021
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The first meeting of the new Planning, Partnerships and Population Health Committee took place on 12 October 2021.

The Board is asked to note that the following matters were discussed at Planning, Partnerships and Population Health Committee on 12 October 2021:

- Strategic Planning: Performance and Key Planning Parameters
- Overview of PTHB Population Health Priorities and Key Priorities
- Overview of PTHB Statutory Partnerships and Joint Committees
- North Powys Wellbeing Programme Planning Framework
- Overview of Strategic Renewal Portfolio Priorities and Arrangements

The Board is asked to note that the following matters were for information at Planning, Partnerships and Population Health Committee on 12 October 2021:

- Committee Terms of Reference, approved by Board 29 September 2021
- Board and Committee Priorities 2020/21, approved by Board 29 September 2021

A summary of the key issues discussed at the meeting is provided below.

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Tuesday 12 October 2021

COMMITTEE ACTION LOG

The Committee received the action log and no updates were provided.

Strategic Planning: Performance and Key Planning Parameters

The report provided a draft version of the Powys Planning Framework and Parameters, which incorporated a section on IMTP requirements and approach. The report was provided as part of the scoping and preparations for the production of the IMTP (Integrated Medium-Term Plan) 2022/23 – 2024/25. The IMTP strategic framework was due to be presented to PTHB Board on 26 November 2021.

The three Rs of 'Resilience, Recovery and Renewal' were proposed as key phases of the cycle in the short, medium and long term. This would enable contingency and local options planning as part of the IMTP 2022 – 2025.

- Resilience: continued response to Covid and actions to ensure organisational resilience in the short term.
- Recovery: recovery planning and action in the short and medium term.
- Renewal: taking a longer-term horizon to achieve sustainable transformation and renewal.

The Committee NOTED and DISCUSSED the Draft Powys Planning Framework and Parameters and provided feedback to inform the development of the IMTP strategic framework which would subsequently be presented to PTHB Board on 26 November 2021.

Overview of PTHB Population Health Priorities and Key Priorities

The report provided the current partnership priorities for population health in Powys as captured in three documents:

- The Public Services Board (PSB) Wellbeing Plan
- The Regional Partnership Board (RPB) Local Area Plan
- The Powys Health and Care Strategy

In reviewing each, a large number of actions were identified which contributed to population health. When taken together, they could be identified as five collective themes or priorities: place, behaviours, early years, education and skills, and equity (of access).

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Assurance would need to be sought about the recognition of population health priorities as part of forthcoming IMTP development.

The committee DISCUSSED and NOTED the report.

Overview of PTHB Statutory Partnerships and Joint Committees

The report provided a stocktake of the key partnerships and planning arrangements. It was presented alongside two complementary reports on the Planning Framework and Approach for the development of the Integrated Medium-Term Plan 2022-2025 and Powys Population Needs being provided by the Director of Public Health.

Together the suite of reports was intended to set out the key contextual considerations for the Committee as part of the development of the IMTP (Integrated Medium-Term Plan).

It should be noted that this was a changing picture, given the ongoing public health emergency in relation to the response to the Covid-19 pandemic and the longer-term recovery efforts which were re-shaping the plans of both PTHB and neighbouring partners.

The Committee NOTED and DISCUSSED the report.

North Powys Wellbeing Programme Planning Framework

The report provided an overview of the Service Planning Framework which had been developed to support the service design required to develop the Strategic Outline Case (SOC) and beyond, and would be applied based on the following national policy drivers:

- A Healthier Wales
- Social Services and Wellbeing Act
- Wellbeing of Future Generations Act
- National Clinical Framework

It was a working internal document which helped to set a framework to support partners working on the programme. The proposed multi-agency wellbeing campus development in the centre of Newtown would include a number of settings on the same site, and the naming of each of these settings had come under scrutiny and review by a range of different audiences. Though the framework set out the proposed terminology and

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definitions, there would need to be a period of public engagement around the naming of facilities.

The Committee NOTED and DISCUSSED the content of the framework and recognised that this was a live document that would be continually updated.

Overview of Strategic Renewal Portfolio Priorities and Arrangements

The PTHB renewal priorities were identified following a review of the evidence base and learning from COVID-19. Significant progress had been made in Q1 and
Q2 to progress arrangements to deliver renewal alongside other organisational priorities:

- The CEO-led Renewal Strategic Portfolio Board had been established (with approved Portfolio Initiation Document);
- Lead Directors had been confirmed for each Renewal Priority area;
- Each programme within the portfolio had an approved Programme Initiation Document;
- The CEO-led Renewal Core Group was meeting weekly;
- £2.5M non-recurrent revenue funding had been secured from Welsh Government, plus £550k capital for phase 1 (2021/22 financial year);
- The Renewal Set Up Co-Ordination Team had been established;
- Recruitment was underway to renewal posts, with WOD support secured to fast-track the process.

Key risks and pressures to the renewal portfolio included:

- Non-recurrent funding at present (likely to be further funding);
- Ability to recruit to posts;
- Pace versus staff wellbeing;
- Ongoing response to COVID-19 pandemic – harm from delayed care was equally part of the challenge.

The Committee NOTED and DISCUSSED the Renewal Strategic Portfolio arrangements.

ANY OTHER URGENT BUSINESS

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There was no other urgent business.

NEXT MEETING

The next meeting of the Delivery and Performance Committee will be held on 18 January 2021.

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Reporting Committee:	**Workforce and Culture Committee**
Committee Chair	Ian Phillips
Date of last meeting:	5 October 2021
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The first meeting of the new Workforce and Culture Committee took place on 5 October 2021.

The Board is asked to note that the following matters were discussed at Workforce and Culture Committee took place on 5 October 2021:

- Organisational Development Strategic Framework
- Workforce Futures Strategic Framework
- Workforce Planning and Performance
- Welsh Language Standards Annual Report

The following items were received for information:

- Committee Terms of Reference, approved by Board 29 September 2021
- Board and Committee Priorities 202/21, approved by Board 29 September 2021

A summary of the key issues discussed at the meeting is provided below.

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5 October 2021

ORGANISATIONAL DEVELOPMENT STRATEGIC FRAMEWORK

A presentation was given on the Organisational Development Framework (copy included in the agenda pack). Independent Members welcomed the focus on workforce and culture by the creation of this new committee including the focus on metrics as the public have an interest in

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performance. The opportunities to monitor work in the partnership arena was queried and it was confirmed that the workforce element would be considered in this Committee with other partnership work being considered by the Planning, Partnerships and Public Health Committee.

WORKFORCE FUTURES STRATEGIC FRAMEWORK

A presentation was given on the Workforce Futures Strategic Framework (copy included in the agenda pack).

WORKFORCE PLANNING AND PERFORMANCE

A presentation was given on Workforce Planning and Performance (copy included in the agenda pack). It was noted that specific reporting on Nurse Staffing Levels was currently considered at the Board.

A wider discussion took place on the metrics for workforce planning and performance and the committee reflected on its role in relation to both to workforce and culture. It was noted that PADR performance was a key indicator in this area but further work was required to identify other indicators or proxy indicators in relation to culture.

WELSH LANGUAGE STANDARDS ANNUAL REPORT

The Annual Welsh Language Standards Report was presented with Committee advised of recent staffing changes and appointments including the appointment of an inhouse Welsh Language translator.

ANY OTHER URGENT BUSINESS

There was no urgent business.

NEXT MEETING

The next meeting of the Workforce and Culture Committee will be held on 28 January 2022.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 3.7b

BOARD MEETING	**DATE OF MEETING: 24 NOVEMBER 2021**
Subject :	**SUMMARY OF JOINT COMMITTEE ACTIVITY**
Approved and Presented by:	Carol Shillabeer, Chief Executive
Prepared by:	Corporate Governance Manager
Considered by Executive Committee on:	Not before paper submitted to the Board
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC); and

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

RECOMMENDATION(S):

It is recommended that the Board:

- NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.

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 an update of the recent activities of the two Joint Committees of the PTHB Board:

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held an extraordinary virtual meeting on 9 November 2021. The papers for the meeting are available at: **2021/2022 Meeting Papers - Welsh Health Specialised Services Committee (nhs.wales).** A copy of the briefing from the meeting on 9 November 2021 is attached at **Appendix 1.**

WHSSC also held an In-Confidence Briefing on 9 November to receive updates.

Given the confidential nature of this report, Board Members will receive a summary of this briefing under separate cover.

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Emergency Ambulance Services Joint Committee (EASC)

A meeting of the EASC took place on the 9 November 2021. The papers for the meeting are available at:
Meetings and Papers - Emergency Ambulance Services Committee (nhs.wales)

Mid Wales Joint Committee for Health and Social Care

A meeting of the Mid Wales Joint Committee for Health and Social Care is due took place on 18 October 2021**.** The update report from that meeting is attached at **Appendix 2.**

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)
JOINT COMMITTEE MEETING BRIEFING – NOVEMBER 2021

The Welsh Health Specialised Services Committee held its latest public meeting on 9 November 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within Welsh Health Specialised Services.

The papers for the meeting can be accessed at: https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/

1. Minutes of Previous Meetings
The minutes of the meeting held on the 7 September 2021 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising
Members **noted** the progress on the actions outlined on the action log.

3. Chair's Report
Members received the Chair's Report and **noted**:

- that no chairs actions had been taken since the last meeting,
- an update on discussions with Welsh Government and Cwm Taf Morgannwg University Health Board (CTMUHB) concerning WHSSC Independent Member Remuneration,
- the Integrated Governance Committee (IGC) held on the 12 October 2021,
- that the Chair had attended 1 to 1 meetings with Health Board (HB) CEO's,
- An update on plans to recruit a Chair to the Welsh Renal Clinical Network (WRCN),
- A request from Digital Health Care Wales (DHCW) to appoint IM's for a Digital IM network.

Members **noted** the report.

4. Managing Director's Report
Members received the Managing Director's Report and **noted** updates on:

- The anticipated De-Escalation of SBUHB Cardiac Surgery under the WHSSC escalation process,
- The De-escalation of Swansea Bay UHB Trans-catheter Aortic Valve Intervention (TAVI) Service under the WHSSC escalation process,

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- Health Board's approving requests received from the NHS Wales Collaborative (Collaborative) for WHSSC to commission:
    - Hepato-Pancreato-Biliary Services;
    - The Hepato-Cellular Carcinoma (HCC) MDT and; to
    - Develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service.
- An Organisational Development Session with Improvement Cymru,
- Progress on developing the WHSSC Specialised Services Strategy.

Members **noted** the report.

5. Integrated Commissioning Plan (ICP) 2022-2025
Members received an informative presentation providing an update on progress to develop the Integrated Commissioning Plan (ICP) 2022-2025.

Members **noted** the update.

6. All Wales Positron Emission Tomography (PET) Programme Update

Members received a report on the WHSSC Governance and Accountability Framework to support implementation of the All Wales Positron Emission Tomography (PET) Programme.

Members (1) **Noted** the mandate letter received from the Director General for Health and Social Services and the NHS Wales Chief Executive regarding the PET Programme; (2) **Supported** the business case requesting revenue funding from Welsh Government for a Programme Management Office based at WHSSC; (3) **Supported** the request to Welsh Government to formally appoint the Managing Director of WHSSC as the Programme Senior Responsible Officer (SRO), and (4) **Approved** the changes to the top-level governance and structure of the Programme.

7. Neonatal Transport – Update on the development of a Neonatal Transport Operational Delivery Network.

Members received an update on progress to establish an operational delivery network (ODN) for neonatal transport, and noted that due to operational workforce pressures across the system, the SRO for the programme had requested that the Joint Committee supported an extension of the current interim 24 hour model until the end of June 2022.

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Members (1) **Noted** the actions from the Neonatal Transport workshop, (2) **Noted** that a letter had been issued to Neonatal Transport Colleagues from the SRO explaining the delay to the programme, (3) **Approved** the extension of the current interim 24 hour model until the

end of June 2022, (4) **Supported** the next steps required to establish the programme of works.

8. Individual Patient Funding Request (IPFR) Panel Update

Members received a report providing an update on updating the terms of reference (ToR) for the WHSSC All Wales Individual Patient Funding Request (IPFR) panel.

Members (1) **Noted** the report, (2) **Discussed** the issues affecting the WHSSC All Wales IPFR panel and considered the actions required to progress and resolve the issues.

9. Review of Neonatal Cot Capacity and Neonatal Tariff

Members received a report providing an update on the number of neonatal intensive care and high dependency cots commissioned across the south Wales region, and the review of cot capacity in light of the high number of capacity transfers carried out by the transport and the neonatal tariff.

Members (1) **Supported** the proposed programme of works; (2) **Supported** the objectives of the review; (3) **Supported** the planned methodology for demand and capacity modelling; and (4) **Supported** the timelines for completion of the review.

10. Corporate Risk Assurance Framework (CRAF)

Members received the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF), (2) **Noted** the amendments made to the CRAF following the risk management workshop held on the 16 September 2021 to review the existing risks and identify additional corporate and organisational risks, (3) **Approved** the updated Corporate Risk Assurance Framework (CRAF), and (4) **Noted** that a follow up risk management workshop will be held in January 2022 to review how the Risk management process was working, and to consider risk appetite and tolerance levels across the organisation.

11. Activity Report for Month 5 2021-2022 COVID-19 Period

Members received a report that highlighted the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

Members **noted** the report.

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12. Financial Performance Report – Month 6 2021-2022
Members received a report providing the final outturn for the financial year. The financial position reported at Month 6 for WHSSC was a year-end outturn forecast under spend of £9,308k.

Members **noted** the report.

13. Corporate Governance Matters
Members received a report providing an update on corporate governance matters arising since the previous meeting.

Members **noted** the report.

14. Other reports
Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC);
- Management Group (MG);
- Quality & Patient Safety Committee (QPSC);
- Integrated Governance Committee (IGC);
- All Wales Individual Patient Funding Request (IPFR)Panel;
- Welsh Renal Clinical Network (WRCN).

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MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – OCTOBER 2021

1. Introduction

The Mid Wales Joint Committee met virtually via Zoom on 18th October 2021 with members of the public offered the opportunity to join the 'live' meeting to observe and ask any questions / raise any concerns during the Listening to You session. The main focus of the Joint Committee's business was to discuss the on-going work undertaken on the priorities and delivery plan for 2021/22 and the organisational Annual / COVID-19 Recovery plans.

2. Mid Wales Priorities and Delivery Plan 2021/22

The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning & Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee. The group has have met twice during this reporting period, 3rd August and 28th September 2021, with its next meeting planned for 6th December 2021. The main focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan 2021/22 which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

The Mid Wales Joint Committee (MWJC) has an agreed Strategic Intent which supports a joined up approach to the planning and delivery of health and care services across Mid Wales. The Strategic Intent focuses on the delivery of five overarching aims to support partner organisations to work together to address the current health and care needs of the Mid Wales population as well as future challenges. Supporting these aims are a set of annually agreed Mid Wales specific priority areas which have been identified as areas which will provide added value in working on a Mid Wales footprint and which align to the Integrated Medium Term Plans (IMTP) / Annual / Regional Plans of the MWJC's partner organisations.

Enclosed at Appendix A is the latest update on the Mid Wales priorities and delivery plan for 2021/22.

3. Mid Wales Clinical Advisory Group

The Mid Wales Clinical Advisory Group, whose role is to provide clinical advice and make clinically based recommendations, meets bi-monthly and for this reporting period has focused on the following areas of work:

- Bronglais General Hospital Strategy Implementation Plan;
- Mid Wales Upper GI pathway;
- North Powys Wellbeing programme;
- Value Based Healthcare and how to work collaboratively;
- Workforce including training and development and new roles /ways of working.

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At the request of the Planning and Delivery Executive Group the Clinical Advisory Group have held initial discussions on the agreed top two / three priority clinical pathways. It was noted that there needed to be a focus on the primary and community element of the pathway as well as the secondary care element. Those

suggested priority pathways which members have been asked to consider for discussion and final agreement at its next meeting on 2nd November 2021 include:

- Urology
- Ophthalmology
- Neurology / Neurology specialities
- Dermatology
- Frailty
- Vascular
- Elective Care
- Rapid diagnostic centres
- Prehabilitation
- Prevention and screening
- Respiratory
- Mental Health
- Social care

4. Recovery plans for Mid Wales

Health Boards submitted their final Covid-19 recovery plans to the Welsh Government at the end of June 2021 and are now working on the development of their long term response as part of the Integrated and Medium Term Plan (IMTP) planning process. Initial discussions have been held regarding the next steps for commissioning intentions and strategies for Mid Wales with the first meeting of lead planners and commissioners for the three Health Boards and the Mid Wales Joint Committee team due to take place on 15th November 2021. The Mid Wales Planning and Executive Delivery Group will consider the outputs from this meeting and the development of future plans to support the needs of the Mid Wales population at its meeting on 6th December 2021

5. Value Based Healthcare in Mid Wales

Since December 2020, the three Mid Wales Health Boards together with Rural Health and Care Wales have been working jointly to explore their respective approaches to Value Based Healthcare as well as define what it means for rurality. They have also been exploring the opportunities and increased benefits of working together, from which a number of commitments had arisen as follows:

- Establishment of a Value Based Healthcare joint post for which an appointment had been made with the postholder due to commence in post in September 2021. One of the first pieces of work they will be taking forward is the running of a case based education programme for the three Health Boards around delivering and understanding Value Based Healthcare.
- Utilising academic collaborations including a professorship in Health Economics post at Aberystwyth University to deliver a body of research on what the unique challenges were for delivering Value Based Healthcare in a rural economy and how look beyond these challenges.
- Agreement to fund two PhD students at Bangor University to develop a framework for assessing the economic value of Value Based Healthcare.

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6. Support services in place for recovery from long COVID

A significant amount of work is being undertaken at both a national and level to support people with post-COVID syndrome which includes supporting health professionals to recognise the symptoms, signpost people to support and providing a clear pathway for people as they go through the healthcare system. One key support service developed nationally is the NHS Wales COVID-19 Recovery app, which is available in both English and Welsh. This is an online recovery programme to provide support to patients after COVID-19. The app, which has been developed by the NHS Wales Respiratory Group on behalf of the Welsh Government, is available to support individuals across Wales.

Locally all three Mid Wales Health Board have on their websites dedicated pages for supporting patients with their recovery from Long COVID which contain a suite of information sources for those support services available. Also, the three Health Boards either have services in place or nearing establishment for supporting people with recovery from Long-COVID.

7. Welsh Ambulance Services NHS Trust plan for rural ambulance services

During 2019 the Welsh Ambulance Services NHS Trust undertook a demand and capacity review of the Emergency Medical Services 999 response, on behalf of the Emergency Ambulance Services Committee. The review, focused on improving patient safety, with a particular focus on Amber, where the bulk of serious adverse incidents occur. The review identified that the Trust had a gap between the number of full time equivalent staff budgeted to fill its response rosters and the full time equivalent staff required to fill the rosters. It also identified a range of efficiencies for the Trust, in particular, re-rostering ambulance resource around the daily demand pattern.

The Welsh Ambulance Services NHS Trust has recently "paused" the next stage of the roster review to take the opportunity to review more recent data on the unscheduled care system to inform next steps. They have also taken the opportunity to consider feedback from operational colleagues and Trade Union partners.

8. Rural Health and Care Wales

The two-day Rural Health and Care Wales Conference 'When Challenges lead to Change – improvements and innovation in Rural Health and Care' which is due to be held on 9th and 10th November 2021 and centred around the following themes:

- The impact and implications of Covid-19 on Rural Health and Care;
- Novel ways of delivering Health and Care services in Rural areas;
- Rural Population Health, Well-being and Care ;
- The role of Rural Communities in Health and Care;
- Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas;
- Social / Green Prescribing;
- Recruitment, Retention and New Roles in Rural Areas;
- Education, Training and Development in Rural Areas.

The Conference will be staged as a hybrid event, with a smaller in-person audience and live streaming for online access. m end of September.

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Following the success of RHCW's first Webinar held on 20th July 2021, a second Webinar is now being planned for late January 2022. Work is in progress on the development of the programme for this session.

A review of Community Hospitals across Mid Wales is nearing completion, with some time having been taken to outline the background to Community Hospital development and provision, and the final report is due to be published shortly

9. Mid Wales Joint Scrutiny Working Group

The Mid Wales Joint Scrutiny Group, whose membership comprises members of the Scrutiny Committee for Ceredigion and Gwynedd Councils) met on the afternoon of 18th October 2021 following the Mid Wales Joint Committee meeting in the morning. Items to be discussed at the meeting are as follows:

i) Recovery Plan in response to the Covid-19 pandemic:
   - Detailed look at the recovery plan and its priorities;
   - Deliverability of the proposals contained within.

ii) Information on the steps being taken to support the workforce following the pressures of the pandemic.

iii) Update on the joint working between Betsi, Hywel Dda a Powys in the region.

iv) Mid Wales Joint Committee post Covid review.

10. Public and Patient Engagement and Involvement

During the COVID-19 pandemic the Joint Committee's social media sites have been used to continue to share key information with the public with feedback relayed back to relevant personnel and actioned, where necessary.

As the Mid Wales Public Service Boards are undertaking or due to undertake engagement exercises on their well-being needs it was agreed that the focus on the pilot project with Penglais School council members be changed to the local engagement being undertaken by Ceredigion Public Services Board on the Ceredigion Assessment of Local Well-being which closed on 8th October 2021.

The timescales for the public engagement exercises regarding the Assessment of Local Well-being for those areas within Mid Wales are as follows:

- Ceredigion Public Services Board: Engagement exercise closed on 08/10/21.
- Anglesey and Gwynedd Joint Gwynedd Public Services Board: Due to go out to engagement October/November 2021 with timescale to be confirmed.
- Powys Public Services Board: Due to go out to engagement 1st November to 16th December 2021.

11. Review of the Mid Wales Joint Committee

A review of the Mid Wales Joint Committee and how it currently operates is currently in progress. This includes a programme of meetings with members of the Mid Wales Joint Committee to seek their feedback to inform the outputs of the review. Following a request by the Voluntary Sector, meetings will now also be held with those Mid Wales Associations of Voluntary Organisations on their engagement and representation in the work of the Joint Committee. A draft report on the outputs of this review will be presented to meetings of the Mid Wales Planning and Delivery Executive Group on 6th December 2021 and to the Mid Wales Joint Committee on 24th January 2022.

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APPENDIX A

Mid Wales Joint Committee Priorities and Delivery Plan 2021/22 – Summary Progress report as at October 2021

Priority	Objective(s) 2021/22	Update October 2021
Social and Green Solutions for Health	• Review the impacts and outputs of Social and Green Solutions across Mid Wales. • Review the focus and objectives of the Social and Green Solutions priority.	Work has continued on exploring the current provision of social and green solutions for health across Mid Wales, with ongoing work directed by the Welsh Government on the development of a national framework nearing completion. Whilst exploratory work is continuing, with more discussions required with Local Authorities across Mid Wales, it is prudent to await the outcome from the national research will be required before concluding the report as the recommendations will need to tie in with the national strategy.
Ophthalmology	• Review existing Ophthalmology service provision and waiting lists for Mid Wales in order to identify opportunities for a regional approach to recovery plans, ensuring consistent Primary Care support in the Ophthalmology pathway. • Recruit to the Mid Wales Ophthalmology leadership role in order to secure leadership for an MDT approach across Mid Wales. • Develop innovative solutions to address the continued gaps in Optometry service provision across the South Meirionnydd area.	Due to differences in Health Board datasets and available resources now not being available it has not been possible to develop a to consistent Mid Wales Ophthalmology dataset for demand and activity data. As such the Joint Clinical Lead for Eye Care services / Consultant Ophthalmologist for Mid Wales will be re-advertised as soon as possible as a joint post between Powys Teaching Health Board (PTHB) and Hywel Dda University Health Board (HDdUHB). Betsi Cadwaladr University Health Board (BCUHB) have advised that they are not able to commit to the joint post until a consistent dataset is develop and demand and capacity planning undertaken. The job description and advertisement are currently being reviewed to reflect the two-partner arrangement and a meeting has been arranged for 13th October 2021 to agree the required actions to progress with the recruitment of this post. A meeting of managerial and clinical leads for HDdUHB, PTHB and Shrewsbury and Telford NHS Trust to discuss the opportunities for Ophthalmology Service links between Bronglais General Hospital, Powys and Shrewsbury and Telford NHS Trust has been arranged for 10th November 2021.

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Priority	Objective(s) 2021/22	Update October 2021
Community Dental Services	• Review existing community dental service provision and current waiting lists for Mid Wales and identify opportunities for a regional approach to recovery plans.	An initial assessment of the current status of community dental service provision across Powys and Ceredigion has been undertaken and opportunities for a regional approach have been identified, which cover 2021/22 and 2022/23, as follows: a. Resume accepting oral surgery patients for extractions including GA for ASA 1 and 2 adults subject to an agreed tariff. Due to the retirement of the Powys Teaching Health Board consultant oral surgeon and the cessation of the service at the Newtown clinic all Hywel Dda University Health Board (Ceredigion) patients now have to travel to Swansea for intermediate oral surgery service for complex extractions). An appointment has been made to the Powys Teaching Health Board consultant oral surgeon vacancy and they are due to commence in post in October 2021. b. Scope endodontic service for the feasibility of an integrated service for endodontic services. At the moment Powys THB has to catch up on the existing backlog of patients (currently 12 months for treatment). (June 2022) c. Scope the feasibility of an integrated service for joint General Anaesthetic (GA) list (involving CDS staff) in Bronglais General Hospital using existing facilities not fully utilised. (Sept 2022) HDdUHB are due to undertake a tender exercise for minor oral surgery services. The MWJC Programme Director has met with the HDdUHB Dental Lead and PTHB Dental Director to identify options for ensuring Ceredigion patients have access to this service closer to home. At its September 2021 meeting, the Planning and Delivery Executive Group received a report providing a summary of the current position for NHS Dental Services across Mid Wales. It was agreed that the Mid Wales Dental group in place to take forward the Community Dental Service priority be asked to widen its scope to include general NHS Dental services in order to identify what improvements could be made to service provision across Mid Wales.

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Priority	Objective(s) 2021/22	Update October 2021
Cancer and Chemotherapy Outreach services	• Review current baseline data for waiting times in order to: a) Develop solutions for current issues and identify opportunities for increasing provision across Mid Wales community sites together b) Develop a plan for a Mid Wales approach to chemotherapy services in the community.	Those areas previously agreed by Mid Wales Cancer group are those which will now be focused on in a staged way in the following order i) Upper Gastrointestinal (GI), ii) Chemotherapy in the Community and iii) Urology. The Mid Wales Clinical Advisory Group have agreed that the Mid Wales Upper GI pathway be progressed as a matter of a priority with the group to agree the recommended next steps at its meeting on 2nd November 2021. The HDdUHB Public Board agreed at its meeting on 29th July 2021 to the change of location of the Chemotherapy Day Unit (CDU) to the Leri Day Unit at Bronglais General Hospital and the development of a fundraising appeal for a new CDU. The timescale for the scheme is expected to be approximately 35 months (18 months planning and 17 months construction) with the planned 'go live' date of June 2024.
Digital (Includes WCCIS and Telemedicine)	• Development of a clinically agreed plan for future digital developments for implementation across Mid Wales. • Establishment of a regional Mid Wales strategic commissioning group.	A review has already been undertaken on the digital platforms introduced for those clinical pathways in Hywel Dda UHB since the start of the pandemic. Work is in progress to include those developments introduced at both Betsi Cadwaladr UHB and Powys THB. This review will be used to inform the development of a clinically agreed plan for future digital developments for Mid Wales. Ceredigion has been chosen as the pilot site for Digital for which the implementation plan for the Bronglais General Hospital Strategy includes the development of the Digital Strategy for the hospital. This will be used to support and inform the Digital Plan for Mid Wales.
Respiratory Patterson,Liz 11/18/2021 10:59:08	• Development of the Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services.	In 2020/21 this priority was led through the Powys THB led Breathe Well Programme. This priority has been assigned to a new lead who will co-ordinate a small group to establish links between the Powys THB Breathe Well programme and the Hywel Dda UHB and Betsi Cadwaladr UHB respiratory work and plans to inform the development of a Mid Wales Respiratory Plan.

Priority	Objective(s) 2021/22	Update October 2021
Rehabilitation	• Development of a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of an MDT approach across Mid Wales.	The plan for the delivery of this priority for 2021/22 to focus on the following actions: • Mapping exercise of rehabilitation services across Mid Wales including service modelling, provision and workforce in order to identify potential opportunities for Mid Wales. • Clinical workshop to be held in Autumn 2021 to review the mapping exercise and identify the gaps and opportunities for rehabilitation provision across Mid Wales.
Urology	• Develop and agree a service model for Urology services at General Hospital with outreach services across Mid Wales. • Implement the Urology service model: a) Phase 1 - Reintroduction of urology services at Bronglais General Hospital. b) Phase 2 - Establishment of outreach services across the Care Hubs in Mid Wales.	Urology services for Day case (alternate weeks) and Outpatients have re-commenced at Bronglais General Hospital, Aberystwyth. This includes a Locum Consultant Urologist presence at the hospital site for 3 days a week with support provided by the General Surgery Management Group team. The Hywel Dda UHB Clinical Lead for Urology is working on Pathways for both elective and emergency care which will be shared with the wider medical teams. Initial discussions have also been held with the North Powys team on introducing trial without catheter to the area.

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Priority	Objective(s) 2021/22	Update October 2021
Cross Border Workforce solutions (includes Integrated care hubs Workforce plan for Mid Wales)	• Develop solutions to establish cross border workforce arrangements across Mid Wales including joint induction and training programmes. • Provide continued support to the establishment of a nurse training centre in Aberystwyth which if successful with include placements in a range of rural community settings across Mid Wales.	The plan for the delivery of this priority's objectives for 2021/22 will focus on the following areas: • Workforce plan for health and social care; • Joint Training opportunities; • Joint Induction for health and social care; • Apprenticeship programme and available funding for rurality; • Support for Aberystwyth University School of Nursing and placements in rural settings to include both health and social care settings. Running alongside this, a joint cluster meeting of South Gwynedd, North Ceredigion and North Powys to start discussions within primary care on opportunities for GP portfolios and rotation has been arranged for 22nd November 2021. At the end of June 2021 confirmation was received that Health Education and Improvement Wales has awarded a contract to Aberystwyth University to provide education courses to both adult and mental health nurses. The first nursing students will arrive for their studies at Aberystwyth University in September 2022 and this will include placements with health and care providers across Mid Wales.

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Priority	Objective(s) 2021/22	Update October 2021
Clinical Strategy for Hospital Based Care and Treatment (includes Colorectal Surgical Pathway)	• Develop the implementation plan to support the delivery of the Bronglais General Hospital strategy. • Implementation of the year 1 deliverables of the delivery plan for the implementation of the Bronglais General Hospital clinical strategy 'Bronglais General Hospital: Delivering Excellent Rural Acute Care' with the development of regional and cross border solutions	The draft Bronglais General Hospital Strategy Implementation plan for 2021-24 has been developed and covers the following service areas: • Scheduled Care services with a 4-Phased plan to return to the pre-2016 session template to support the post-Covid recovery and then to expand the service; • Therapy, Laboratory, Pharmacy, Paediatric and Radiology Services • Optimised use of Bronglais General Hospital Estates; • Acute Frailty Team; • Same Day Emergency Care; • Digital strategy for Bronglais with Ceredigion chosen as Hywel Dda University Health Board's pilot county for enhanced technology. The Bronglais General Hospital Strategy Implementation Steering Group which will lead on the development of and implementation of the strategy has been established and has now met twice. Representation on the Steering Group will be expanded to include Betsi Cadwaladr University Health Board and Powys Teaching Health Board. A Mid Wales Bronglais General Hospital Advisory Board made up of health expert members of the public, which will feed into the Strategy Implementation Steering Group, is in the process of being established. Discussions are in progress on the proposed establishment of a Subgroup to discuss commissioning intentions and strategies for Mid Wales. Progress on the implementation of the Strategy Implementation Plan is reported as a standing agenda item to the Mid Wales Clinical Advisory Group clinical feedback and input. A report providing the latest update on the Strategy Implementation Plan 2021-24 was provided to Mid Wales Planning and Delivery Executive Group meeting on 28/09/21 and to the Mid Wales Joint Committee meeting on 18/10/21.

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AGENDA ITEM: 3.8

BOARD MEETING	DATE OF MEETING: 24 NOVEMBER 2021
Subject :	**SUMMARY OF PARTNERSHIP BOARD ACTIVITY**
Approved and Presented by:	Carol Shillabeer, Chief Executive
Prepared by:	Corporate Governance Manager
Considered by Executive Committee on:	Not before paper submitted to the Board
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

RECOMMENDATION(S):

It is recommended that the Board DISCUSSES and NOTES the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	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	✓

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

- NWSSP held a meeting on 23 September 2021. The papers for this meeting can be found at: **Committee Schedule and Papers - NHS Wales Shared Services Partnership** A copy of the Summary of this meeting is attached at **Appendix A.**

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress.

- The PSB held a meeting on 3 November 2021. The papers for this meeting can be found at: **Agenda for Public Service Board on Wednesday, 3rd November, 2021, 2.00 pm Cyngor Sir Powys County Council (moderngov.co.uk)**

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The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

- A meeting of the RPB was held on 10 September 2021. This meeting received the Chairs and Lead Reports and discussed System Pressures and Resilience.

The Joint Partnership Board (JPB): established under The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993 (W.193)) made under section 33 of the NHS (Wales) Act 2006. JPB brings together County Council and Powys Teaching Health Board to provide strategic leadership to ensure effective partnership working across organisations within the county for the benefit of Powys' citizens.

- The JPB met on 11 November 2021 where Section 33 agreements, preventing and responding to substance misuse and safe accommodation were discussed.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	23 September 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Primary Care Programme

Andrew Evans, Director of Primary Care Services, presented a deep dive on the development of the NWSSP response to the National Primary Care Programme. In particular he explained how NWSSP holds a substantial amount of data drawn from the large range of products and services that NWSSP deliver to the Primary Care Sector. These services vary between transactional (e.g. GP Payments), professional (e.g. Legal advice), and technical strategic (e.g. Estates Strategy advice). He explained that the team were currently working with Health Boards and DHCW to ensure that the team could move from data warehousing to data management helping to provide better links between data and outcomes. To take this agenda forward, and to better co-ordinate the services provided, NWSSP would look to establish a Steering Group.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- Members of the NWSSP SLG met with Welsh Government at the end of July as part of the formal JET process. In particular NWSSP were able to highlight the influence and contribution they have had on *A Healthier Wales* and how NWSSP will play their part in supporting the Health Boards and Trusts as they plan to recover and continue to respond to the pandemic. The Welsh Government team reflected on NWSSP performance during the last 12 months and were pleased that NWSSP were able to reach out beyond traditional boundaries in a supportive manner with a clear focus on problem solving. In particular they highlighted not only 'what' had been achieved but the consistent 'can do' attitude, positive behaviours, and high

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levels of competency of our staff across a wide range of services.

- The Committee Members noted that NWSSP recently reached the milestone of 1bn items of PPE supplied to NHS Wales, and the Social Care and wider Primary Care sectors. A revised PPE strategy has been developed with a requirement to reduce stockholdings of the main items of PPE to a minimum of 16 weeks as requested by Welsh Government. Further work is being undertaken on storage requirement options over the next few months.
- The Temporary Medicines Unit was recently subject to a MHRA inspection which resulted in a very positive outcome with only minor issues identified. A further inspection will be undertaken towards the end of the year to support the granting of a Special Licence. The team continue to work on the development of alternative products which should improve quality, produce time savings within Health Boards, with increased value-for-money. However, for the time being, the priority and key focus remains on supporting the Vaccination Programme.
- The process for appointment of a new NWSSP Chair is well underway with several very strong candidates who took part in Stakeholder Panels recently. It is expected that the recruitment process will be completed by the early part of October.

Items Requiring SSPC Approval/Endorsement

IMTP

The Committee Members received an update from the Director of Planning with regard to the development of the IMTP for 2022-2025. In particular the following cross-cutting themes have been identified to underpin the delivery of the Ministerial Priorities, and also the wider Programme for Government:

1. Customer focus and end user experience;
2. Primary care delivery and advisory role;
3. Progress towards WBFG Act five ways of working;
4. Improve NWSSP engagement with and contribution to the Foundational economy in Wales;
5. Patient journey – promoting the impact of what NWSSP does;
6. Make maximum progress towards decarbonisation and addressing the climate emergency; and
7. A motivated and sustainable workforce; supporting their wellbeing.

The overarching NWSSP Strategy Map has also been updated to:

- Incorporate foundational economy and decarbonisation more clearly across the objectives and overarching goals;
- Reflect equality and inclusion within the underpinning text of NWSSP core values;
- Include reference to wider social value within the VFM objective; and
- Demonstrate our commitment to Welsh Language more visibly.

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The Committee Members noted the further opportunity to develop the Strategy Map during 2022 once the new SSPC Chair is in post and in readiness for the 2023-2026 IMTP process. This would also allow more time for greater clarity on recovery plans and content of the IMTPs of our customers and wider partners to emerge.

The Director of Planning agreed to arrange 1:1 discussions with all SSPC Committee Members during October and November as part of the IMTP development process. It was noted that this worked well last year. The Committee agreed to receive an indicative IMTP presentation with key messages at the November SSPC meeting.

The Committee **APPROVED** the planned approach.

Laundry Services - Glangwili Laundry Transfer

The Committee received a paper outlining the guiding principles and critical success factors against which the agreed transfer of the Glangwili Laundry will be completed. It is proposed that all applicable assets and liabilities will transfer from Hywel Dda to NWSSP with effect from October 1, 2021. It is not envisaged that land and buildings will transfer, and the laundry staff will remain employed by the Health Board.

The Committee **ENDORSED** the transfer which will also be considered at the September Hywel Dda Board meeting.

PPE Long-Term Plan

The Committee reviewed the long-term plan for the procurement and supply of PPE. Until the end of June 2021, NWSSP were holding 24 weeks' stock of PPE but this has since been reduced to a minimum of 16 weeks at the request of Welsh Government. Members noted that Welsh Government have requested NWSSP to continue to supply PPE to both Health and Social Care staff until the pandemic is deemed to be over. It was noted that the plan requires significant expenditure to be incurred on PPE over the next three years. The forecast expenditure is based on a number of assumptions that will need to be kept under review. An overarching Procurement Framework contract has now been deployed that seeks to substantially increase local purchasing, sustainability and reduce the reliance on international suppliers.

The Committee **ENDORSED** the submission of the Plan to the Health & Social Care PPE Procurement and Supply Group (comprising representatives from Welsh Government, Social Services and NWSSP) for approval.

Finance, Workforce, Programme and Governance Updates

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Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's

current progress and position on the schemes being managed.

Finance Report – The Committee reviewed the finance report and noted that there was a year-to-date underspend of £2.235m. The underspend was attributable to delays in appointing to vacancies as well as an increase in Legal & Risk Services income. NWSSP senior leadership team have agreed £1.7m of non-recurrent re-investments within the divisions to accelerate the delivery of benefits and efficiencies. NWSSP are proposing to declare an additional £1.25m distribution to NHS Wales and Welsh Government in 2021/22. The forecast outturn remains at break even and NWSSP is on track to meet all other financial targets. In terms of the Welsh Risk Pool, the DEL expenditure is forecast to be in line with budget and the costs to be funded under the Risk Share Agreement remain at £16.5m.

Oracle Upgrade - Committee members were provided with an update on the Oracle Upgrade project following the Strategy and Development Board (STRAD) meeting on the 10th September 2021 at which it was agreed that NWSSP would continue to plan on the basis of undertaking the upgrade on 19th October 2021. The revised agreed downtime window is 4.30pm 14th October - 7am 19th October with a number of checkpoint updates planned over the weekend where the STRAD Board will be updated on progress via the MS Team channel.

People & OD Update – In-month sickness levels remain very low at just over 2% compared to a target of 3.3% with the cumulative figure just below target at 2.94%. As at the end of August, headcount was 4299, which is a 5% increase on the figure for July. The change is primarily driven by the addition of new services, particularly the Single Lead Employer, but also in the Medical Examiner Service. A continued focus is needed to improve the levels of PADR compliance which has fallen slightly.

Corporate Risk Register – there remain one red risk on the register, relating to the replacement of the NHAIS system. A new risk has been added relating to the need to upgrade the CLERIC system which is used by HCS to schedule and plan all deliveries.

Papers for Information

The following papers were received for information:

- Welsh Language Annual Report 2020/21
- Finance Monitoring Reports (Months 4 & 5)

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

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N/A	
Date of next meeting	18 November 2021

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 3.9

BOARD MEETING	**DATE OF MEETING: 24 NOVEMBER 2021**
Subject :	**SUMMARY OF ACTIVITY OF THE BOARD'S LOCAL PARTNERSHIP FORUM**
Approved and Presented by:	Director of Workforce & OD
Prepared by:	Corporate Governance Manager
Other Committees and meetings considered at:	Not presented at any other meeting

PURPOSE:
The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.
RECOMMENDATION(S):
It is recommended that the Board RECEIVES and DISCUSSES the update report appended to 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	✓

DETAILED BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

A meeting of the Local Partnership Forum took place on 18 November 2021. An oral update will be given to Board.

NEXT STEPS:

The next update will be presented to the Board on 26 January 2022.

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