

PTHB Board Meetings

Wed 26 January 2022, 09:00 - 15:00

Teams

Agenda

09:00 - 09:00

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1. PRELIMINARY MATTERS

 Board_Agenda_26Jan22 210122.pdf (3 pages)

1.1. Welcome and apologies for absence

Oral Chair

1.2. Declarations of interest

Oral All

1.3. Minutes of Previous Meeting: 24 November 2021 (for approval)

Attached Chair

 Board_Item_1.3_PTHB Board Minutes Unconfirmed 24-11-2021 v2.pdf (23 pages)

1.4. Matters arising from the minutes of previous meeting

Oral Chair

1.5. Board Action Log

Attached Chair

 Board_Item_1.5_PTHB_Action_Log_Jan22_v2.pdf (2 pages)

1.6. Update Reports of the

1.6.1. Chair

Attached Chair

 Board_Item_1.6a_Chairs Report January 2022.pdf (3 pages)

1.6.2. Chief Executive

Attached Chief Executive

 Board_Item_1.6b_CEO's Report for Board - Jan 2022.pdf (4 pages)

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2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Reviewed and Updated Civil Contingencies and Business Continuity Plans

Attached Director of Public Health

 Board_Item_2.1_26Jan22_Cover Paper_Review of Civil Contingencies and Business Continuity Plans.pdf (6 pages)

 Board_Item_2.1a_26Jan22_Civil Contingencies MI and ER Plan_Final Draft.pdf (50 pages)

 Board_Item_2.1b_26Jan22_Corporate Business Continuity Plan_Final Draft.pdf (26 pages)

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2.2. Maintaining Good Governance – including Chair's Action

Attached Board Secretary

- Board_Item_2.2_Maintaining Good Governance.pdf (3 pages)
- Board_Item_2.2a_Annex 1_Maintaining Good Governance 140122.pdf (6 pages)
- Board_Item_2.2b_App1_COVID-19_Governance Framework_January 22_FINAL (002).pdf (9 pages)
- Board_Item_2.2c_CA Minutes_14Jan 22.pdf (3 pages)

2.3. North Powys Wellbeing Programme – Memorandum of Understanding

Attached Director of Planning and Performance

- Board_Item_2.3_North Powys Update and MOU - 26-1-2022 DRAFT v2.pdf (7 pages)
- Board_Item_2.3a_MoU NPWP - final draft 20 Jan 2022 submitted to Board.pdf (4 pages)

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3. ITEMS FOR DISCUSSION

3.1. System Resilience

Presentation Chief Executive

3.2. Integrated Performance Overview December 2021

Attached Director of Planning and Performance

- Board_Item_3.2_Jan 22 IPR Board Paper Covering Sheet.pdf (3 pages)
- Board_Item_3.2a_IPR_Board_Final.pdf (57 pages)

3.3. Mental Health Partnership Annual Report and Renewal Priority

Attached Director of Therapies and Health Sciences

- Board_Item_3.3_MHPDPB Annual Report 2020-21 covering paper.pdf (5 pages)
- Board_Item_3.3a_MHPDPB Annual Report 2020 -21 FINAL.pdf (28 pages)

3.4. Financial Performance, Month 09, 2021/22

Attached Director of Finance and IT

- Board_Item_3.4_Financial Performance Report Mth 9 Board.pdf (18 pages)

3.5. Corporate Risk Register, January 2022

Attached Interim Board Secretary

- Board_Item_3.5_Corporate Risk Report_Jan22.pdf (4 pages)
- Board_Item_3.5a_CRR_Jan22 updated 190122 (002).pdf (46 pages)

3.6. Annual Audit Report

Attached Interim Board Secretary / Audit Wales

- Board_Item_3.6_Audit Wales Annual Audit Report (2021).pdf (4 pages)
- Board_Item_3.6a_2773A2021-22 Powys THB Annual Audit Report 2021.pdf (24 pages)

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

Attached Chief Officer of CHC

- Board_Item_3.7_CO Report for PTHB January 2022 FINAL.pdf (7 pages)

3.8. Assurance Reports of the Board's Committees

Attached

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3.8.1. a) PTHB Committees

Committee Chairs

-  Board_Item_3.8a_Committee Chair Reports Jan 2022.pdf (2 pages)
-  Board_Item_3.8ai_AppA_Executive Committee Chair's Assurance Report_Jan22 final.pdf (14 pages)
-  Board_Item_3.8aii_AppB_PEQS_Committee Chairs Assurance Report 2 December 2021.pdf (6 pages)
-  Board_Item_3.8aiii_AppC_Charitable Funds Report January 2022.pdf (6 pages)

3.8.2. b) Joint Committees



Chief Executive

-  Board_Item_3.8b_Joint Committee Reports_Jan 2022.pdf (3 pages)
-  Board_Item_3.8bi_App1_2022-01-11 JC (Public) Briefing.pdf (3 pages)

3.9. Assurance Report of the Board's Partnership Arrangements

Attached

Chief Executive

-  Board_Item_3.9_Summary of Partnership Board Activity.pdf (3 pages)
-  Board_Item_3.9a_SSPC Assurance Report 18 November 2021.pdf (6 pages)

3.10. Report of the Board's Local Partnership Forum

Attached

Director of Workforce and OD

-  Board_Item_3.10_LPF Advisory Group Jan 2022.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: 30 March 2022 at 10:00

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**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 26 JANUARY 2022
10:00 – 12:30
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				
10.00am	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes of Previous Meeting: 24 November 2021 (for approval)	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Board Action Log	Attached	Chair
	1.6	Update from the: a) Chair b) Chief Executive	Attached Attached	Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.10	2.1	Reviewed and Updated Civil Contingencies and Business Continuity Plans	Attached	Director of Public Health
10.20	2.2	Maintaining Good Governance – including Chair's Action	Attached	Interim Board Secretary
10.30	2.3	North Powys Wellbeing Programme – Memorandum of Understanding	Attached	Director of Planning and Performance
3: ITEMS FOR DISCUSSION				
10:40	3.1	System Resilience	Presentation	Chief Executive
11.10	3.2	Integrated Performance Overview December 2021	Attached	Director of Planning and Performance
11.30	3.3	Mental Health Partnership Annual Report and Renewal Priority	Attached	Director of Therapies and Health Sciences

11.45	3.4	Financial Performance, Month 09, 2021/22	Attached	Director of Finance & IT
11.50	3.5	Corporate Risk Register, January 2022	Attached	Interim Board Secretary
11.55	3.6	Annual Audit Report	Attached	Interim Board Secretary / Audit Wales
12.00	3.7	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
12.05	3.8	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached Attached	Committee Chairs Chief Executive
12.10	3.9	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
12.15	3.10	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
4: OTHER MATTERS				
12.20	4.1	Any Other Urgent Business	Oral	Chair
	4.2	Close		
	4.3	Date of the Next Meeting: ▪ 30 March 2022 at 10:00 Via Microsoft Teams		

Key:

Well-being Objective 1: Focus on Well-being	
Well-being Objective 2: Early Help and Support	
Well-being Objective 3: Tackle the Big Four	
Well-being Objective 4: Joined Up Care	
Well-being Objective 5: Workforce Futures	
Well-being Objective 6: Innovative Environments	
Well-being Objective 7: Digital First	
Well-being Objective 8: Transforming in Partnership	
All Well-being Objectives	

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 24 NOVEMBER 2021

VIA TEAMS

Present

Vivienne Harpwood	Independent Member (Chair)
Carol Shillabeer	Chief Executive
Melanie Davies	Independent Member (Vice-Chair)
Trish Buchan	Independent Member (Third Sector Voluntary)
Matthew Dorrance	Independent Member (Local Authority)
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)
Cathie Poynton	Independent Member (Trade Union)
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
Julie Rowles	Director of Workforce, OD & Support Services

In Attendance

Rani Mallison	Board Secretary
Paula Walters	Associate Director of Corporate Business
Ian Virgil	Head of Internal Audit
Samantha Ruthven-Hill	Assistant director of Planning
Katie Blackburn	CHC – Chief Officer

David Collington
Liz Patterson
Shania Jones

CHC - Chair
Corporate Governance Manager
Charity Administrative Support Officer

Apologies for absence

None

PRELIMINARY MATTERS	
<p>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.</p> <p>The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.</p>	
PTHB/21/76	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>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.</p>
PTHB/21/77	<p>DECLARATIONS OF INTEREST</p> <p>No new declarations of interest were made.</p>
PTHB/21/78	<p>MINUTES OF MEETING HELD ON 29 SEPTEMBER 2021 FOR APPROVAL</p> <p>The minutes of the meeting held on 29 September 2021 were received and AGREED as being a true and accurate record.</p>
PTHB/21/79	<p>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</p> <p>There were no matters arising from the minutes.</p>

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PTHB/21/80	<p>CHAIRS ACTION OF 12 NOVEMBER 2021 (FOR RATIFICATION)</p> <p>The Board RATIFIED the decision taken on 12th November 2021, via the use of Urgent Chair's Action, in respect of Planned Care Insourcing Procurement.</p>
PTHB/21/81	<p>BOARD ACTION LOG</p> <p>PTHB/20/155 – Completed.</p> <p>PTHB/21/67 – Planned Care Performance Report scheduled for consideration by the Delivery & Performance Committee on 20th December 2021.</p>
PTHB/21/82	<p>UPDATE FROM THE:</p> <ul style="list-style-type: none"> <p>CHAIR</p> <p>The Chair presented an oral report drawing particular attention to the end of the term of office of Vice-Chair, Melanie Davies and that the Board Secretary, Rani Mallison would be leaving the organization for a new role with Aneurin Bevan UHB. The Chair expressed thanks to both Ms Davies and Ms Mallison for their contribution to the work of the Board during their term of office.</p> <p>VICE-CHAIR</p> <p>The Vice-Chair presented an oral report outlining a number of meetings she had attended in her role as Vice-Chair including the Corporate Parenting Group and the national Chairs and Vice-Chairs Group. The Vice-Chair had been a Panel Member for the Director of Nursing interviews. It was noted that the Children's Commissioner would be visiting the Regional Partnership Board and that she would shortly be attending a Ministerial meeting. The Vice-Chair thanked everyone for their support over her term of office.</p> <p>CHIEF EXECUTIVE OFFICER</p> <p>The Chief Executive presented a written report drawing attention to a number of key and high priority areas including:</p> <ul style="list-style-type: none"> An overview of the current service status and key issues of escalation in:

	<ul style="list-style-type: none"> ○ Test, Trace, Protect and the Vaccination Programme ○ Urgent and Emergency Care ○ Planned Care ○ Essential and Routine services • An update on key engagement and involvement activity • An update on senior staff changes <p>The Chief Executive reiterated the Chair's recognition and thanks to the Vice-Chair and Board Secretary who were valued colleagues and wished them well.</p> <p>The updates from the Chair, Vice-Chair and Chief Executive were RECEIVED.</p>
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ITEMS FOR APPROVAL, DECISION OR RATIFICATION

PTHB/21/83	<p>PTHB PLANNING FRAMEWORK AND 3 YEAR STRATEGIC PRIORITIES 2022/23 – 2024/25</p> <p>The Director of Planning and Performance presented the report which provided Board with the PTHB Planning Framework and Parameters and the Strategic Priorities for 3 years 2022/23 – 2024/25.</p> <p>This was a key decision point in the accountability process and the paper provided Board with a set of priorities which were developed following consideration of the PTHB Planning Framework, Parameters and Context at a Board Development session, Planning, Performance and Population Health Committee and Executive Committee.</p> <p>It was also informed by the ongoing review of financial and organisational performance and trajectories which were set out in separate reports to Delivery and Performance Group, Delivery and Performance Committee and PTHB Board.</p> <p>It also considered 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.</p> <p><i>It is noted that the next IMTP will be year six to eight of the Health and Care strategy. The SWOT analysis on page</i></p>
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	<p><i>8 shows a significant and fundamental challenge regarding the digital infrastructure and the lack of an integrated contemporaneous digital health record.</i></p> <p><i>Could a briefing be held, to understand staff engagement and to gather the team-based view?</i></p> <p>The Director of Planning and Performance explained that the concerns around the challenges regarding digital infrastructure had been noted and would be considered. Board should expect assurance regarding this issue to be given at the next Board meeting.</p> <p><i>This is a planning document but milestones and performance indicators should be considered. It is important that to have measures that will help to understand whether or not the Health Board are on track to achieve their target.</i></p> <p>The Director of Planning and Performance agreed and explained that there was an expectation from Welsh Government that the first year, which was described as the general IMTP and annual planning space outlined the key milestones and deliverables. There was an expectation from Welsh Government that progress would be broadly as expected in Year 1 but would be indicative for Years 2 and 3. It should be possible to track this back and the report would be amended to reflect this.</p> <p>The Board APPROVED the PTHB Planning Framework and 3 Year Strategic Priorities 2022/23 – 2024/25</p>
PTHB/21/84	<p>RADIOLOGY INFORMATICS SYSTEM PROCUREMENT (RISP) PROGRAMME OUTLINE BUSINESS CASE</p> <p>The Director of Therapies and Health Science presented the report to the Board. The current Picture Archiving & Communication System (PACS) contract supporting the delivery of the clinical radiology service in Wales was coming to the end of its tenure, with the first Health Board deployment order expiry in November 2024.</p> <p>This Outline Business Case (OBC) set out the need to invest in a Radiology Informatics System Procurement (RISP) Programme, which would achieve the vision of a seamless end-to-end electronic solution that enabled the Radiology</p>

	<p>service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales.</p> <p>The OBC explored the potential options for how this provision could be delivered and identified a preferred option that would 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.</p> <p><i>Assurance is sought in the following areas:</i></p> <ul style="list-style-type: none"> • <i>that this will not cause any issues for Powys patients,</i> • <i>ensuring that the implementation will be run parallel with the old systems to make the transition as smooth as possible</i> • <i>connectivity with England would need to be built in from the beginning.</i> • <i>A number of systems that are commercially supplied have had implementation issues. There have been recent success with in-house systems being implemented without too many issues for example, COVID test and trace. Should in-house provision be considered for this service.</i> <p>The Chief Executive Officer responded that these issues were raised within the Collaborative Executive (individual health boards and trusts which come together to work on developments). It is important to ensure that the health board had an open mind in respect of suppliers as whilst there may be capability to produce such a system in-house there was not the capacity to produce all systems required in a timely manner.</p> <p>The Director of Therapies and Health Sciences confirmed that assurance had been sought that the systems would work across borders.</p> <p><i>The provision of this service is largely dependent on the capacity of staff to administer it. Can the Board be given assurance that there will be sufficient staff in place, particularly in light of the national shortage of trained staff.</i></p> <p>The Director of Therapies and Health Sciences explained there were technological issues, the software and hardware are to meet the demands of the health board regardless of</p>
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any staffing issues. The health board were aware of the staffing challenges particularly with radiologists and radiographers across the UK. Other models were under consideration including examining the scope of staffing arrangements, together with the use of AI which RISP will enable. There was a national piece of work looking at recruitment and training of all health professionals. There was also international work being conducted where reporting could be done anywhere in the world, as long as there was good connectivity and good technology, there were more creative ways to work.

Can assurance be given that there will be no cross-border issues as the project progresses. What assurance can be provided on information governance and cyber security?

The Director of Therapies and Health Sciences explained that the cyber security would undergo scrutiny to ensure that the Health Board would be GDPR compliant.

Is there any financial risk? What is the current contribution? And what is the potential future contributions required?

The Director of Finance and IT explained that this was an Outline Business Case which included indicative financial figures. Those figures were made up of both capital and revenue with a capital requirement of £20.6 million, and a revenue requirement of £1.2 million. The current baseline recurring costs of the current system is circa £6.8 million with the forecast potential recurrent costs of £7.3 million nationally. There was a potential gap of £500-£600k.

There were other details to be worked through as part of the Full Business Case, which may close this gap and some opportunities had been identified. If the gap remained the Health Board may have a share of that but on a percentage population basis it would be around £20k-£30k. It was not a material sum against the benefits and other issues outlined.

Regarding interconnectivity and outsourcing, where do the legal liabilities lie regarding misreporting?

The Director of Therapies and Health Sciences explained that this was yet to be considered in detail but there needed to be really clear governance around who owned

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	<p>the case, who owned the reporting and that stringent quality control was in place in respect of reporting.</p> <p>The Board APPROVED:</p> <ul style="list-style-type: none"> the Outline Business Case (Appendix A) the Programme Team to proceed to procurement of the preferred solution and development of the Full Business Case.
PTHB/21/85	<p>LLANFAIR CAEREINION PRIMARY CARE CENTRE DEVELOPMENT, FULL BUSINESS CASE</p> <p>The Director of Primary, Community & Mental Health and Director of Planning and Performance presented the paper to the Board. PTHB were 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 paper followed the updated 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 mirrored the length of the head lease.</p> <p>The Welsh Government pipeline funding commitment was 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 Caereinion via a 3rd party development (3PD) route.</p> <p>The Board RATIFIED the decision taken In-Committee to APPROVE the Full Business Case for the Llanfair Caereinion Primary Care Centre Third Party Development for presentation to Welsh Government.</p>
PTHB/21/86	<p>SOUTH POWYS PROGRAMME: CONSULTANT-LED MATERNITY & NEONATAL CARE</p> <p>The Director of Nursing and Midwifery presented the report to the Board. The paper provided an update in relation to</p>

	<p>the Maternity and Neonatal Workstream of the South Powys Pathways Programme.</p> <p>It explained that due to further work expected in relation to neonatal services, current pathways would remain in place and were being monitored. The situation would be reviewed during quarter 4, 2021-2022, to help inform recommendations to the Board regarding the timing of a future strategic change in pathway.</p> <p>The Chief Executive Officer brought to the attention of the Board that Welsh Government would be developing a National Improvement Programme around maternity and neonates as a result of ensuring that learning from experience is spread across all of Wales. There was something similar in England as a result of the Ockenden Review and PTHB's focus on maternity would provide a useful contribution to that all Wales work.</p> <p>The Board RATIFIED the decision to maintain current pathways in relation to Consultant-led Maternity and Neonatal Care, noting the intention to review the date for strategic change, as per the South Powys Pathways Programme, during quarter 4, 2021-2022.</p>
PTHB/21/87	<p>PTHB HEALTH AND SAFETY POLICY</p> <p>The Director of Workforce, OD and Support Services presented the report outlining that the Health & Safety policy had been reviewed, revised and strengthened in accordance with organisational requirements and the new site roles and responsibilities. The policy had been shared across the organisation and was discussed at the Health & Safety Group meeting on 16th August 2021.</p> <p><i>On page 11, under the statutory compliance it refers to the compliance sitting outside this policy. Is this accurate?</i></p> <p>The Director of Workforce, OD and Support Services explained that the Health and Safety policy was an overarching policy below which sat a framework within which were separate policies with specific technical requirements for each of these (water safety, fire safety etc). These separate policies are led by their respective Directorate leads.</p>

	<p>The Board Secretary confirmed that the Health and Safety Policy was an overarching policy below which sat individual policies with their own compliance arrangements.</p> <p>It was noted that the wording needed to be amended to clarify this.</p> <p><i>The role of the Delivery and Performance Committee, is shown on the flow chart on p22 reporting into Board however, on the flow chart on p24 Delivery and Performance Committee is absent. What is the reason for this?</i></p> <p>The Director of Workforce, OD and Support Services explained that p22 outlined the health and safety communications support structures whereas p24 shows the management performance reporting.</p> <p>The position of the Delivery and Performance Committee would be added to the diagram on p24.</p> <p><i>This practice is dependent on the process of risk assessment, which requires a systematic approach to training for those that are involved in risk assessment. Can assurance be given that the training at various levels is appropriate to the various levels of risk assessment.</i></p> <p>The Director of Workforce, OD and Support Services agreed and explained that this approach had been supported by the Executive team. There had been significant investment in both management time and health and safety time in relation to training for health and safety. It was recognised within the policy that, depending on where the manager sat, their training needs would vary.</p> <p>It had been agreed from a manager's perspective that there needed to be a focus on getting the risk assessment process right. It would need to continue to be a core part of the work programme.</p> <p>There was a hierarchy of training, depending on where people sat and once the policy was approved it would be necessary to start monitoring compliance against the statutory training.</p>
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	<p><i>In regarding to the issues of a near miss, it is important to undertake a root cause analysis. Can assurance be given on this point?</i></p> <p>The Director of Workforce, OD and Support Services explained that the health and safety team were involved in all incidents that were reported. If there was a Datix issue in relation to health and safety it would be reviewed and reported through the health and safety group in terms of lessons learnt.</p> <p>The Board CONSIDERED and APPROVED the PTHB Health and Safety Policy subject to two small amendments outlined above.</p>
PTHB/21/88	<p>PTHB RISK MANAGEMENT FRAMEWORK & RISK APPETITE STATEMENT</p> <p>The Board Secretary presented the Risk Management Framework and Risk Appetite Statement to the Board.</p> <p>The Risk Management Framework had been subject to review, to ensure it fully reflected current arrangements for risk management processes across the organisation. A Risk Management Toolkit had been developed, which provided guidance and templates to support services to actively manage their risks.</p> <p>There were no changes suggested to the Risk Appetite Statement, previously approved by the Board in July 2019. However, it was recognised that given the impact of the pandemic, the health board would need to take informed decision making at the most appropriate time and so there may be circumstances where decisions were not made in-line with the Board's Risk Appetite.</p> <p><i>How is this manifested? Does it mean that if things for example were to deteriorate further that our risk appetite or tolerance would change? Or is this simply reflected in the risk register?</i></p> <p>The Board Secretary explained that the risk appetite of the Board was relatively set in terms of where it would seek to take risks. For example, the Board's current appetite would seek to take greater level of risk around innovation</p>

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	<p>and service change which may, in doing so, mitigate risks around quality and safety. It was recognised that the Board's risk mitigation currently was outside of the control of the health board. The Board may need to tolerate a level of risk that it was holding outside of the appetite thresholds set.</p> <p>The Board APPROVED the Risk Management Framework and Risk Appetite Statement.</p>
ITEMS FOR DISCUSSION	
PTHB/21/89	<p>SYSTEM RESILIENCE/WINTER PLAN UPDATE</p> <p>The Chief Executive presented the report to the Board providing an update to the System Resilience Approach which was previously presented to the Board in September 2021. At that stage preparation had already begun commenced to increase system resilience. This was particularly key given the context of the third wave of the pandemic and an increase in both COVID and non-COVID activity pressures in the health and care system.</p> <p>The health and care system had been under sustained pressure since the summer and as of mid-November bed occupancy in Wales' hospitals was at the highest level since the pandemic began.</p> <p><i>The confirmation that ambulances will be released back to Powys is welcomed. How will this be monitored?</i></p> <p>The Ambulance Service was under tremendous pressure but assurance had been given that ambulances would be released back to Powys. It would be necessary to log incidents to monitor this. It was highlighted that only around 60% of 999 calls result in conveyance to hospital. Therefore, work had been undertaken (both nationally and locally) to see if there were preventive measures that could be taken to avoid dispatching ambulances to the other 40%.</p> <p><i>What will the model of Minor Injury Units (MIU) look like? Will there be a GP attached to this?</i></p> <p>The current focus was on what Powys Teaching Health Board were able to deliver and what would have an impact very quickly. There were significant issues with staffing</p>

	<p>across the organisation due to COVID and it was important that the Health Board did not overload this already pressured system by changing practices. However, there was an opportunity to see if more activity could go through MIU.</p> <p>The Director of Planning and Performance noted this was a priority and there were discussions between the delivery coordination teams, local authorities and the third sector. There were insights and discussions between the neighbouring Health Boards and information was shared across services e.g. social care and primary care.</p> <p><i>In relation to primary care and 111 abandoned calls, is there work ongoing to look at this issue and whether there is likely to be an improvement?</i></p> <p>The Medical Director explained that conversations were taking place in several arenas including both the Medical Director and Director of Nursing and Midwifery. There was a lot of working going into managing the demand and ensuring that patients are looked after the right way the first time.</p> <p>The Board DISCUSSED, the key issues in the report, NOTED the risks that needed to be managed and SUPPORTED the work taking place in respect of System Resilience/Winter Planning.</p>
<p>PTHB/21/90</p>	<p>PRESENTATION ON RENEWAL PRIORITIES:</p> <p>PRIORITY 1: FRAILTY & COMMUNITY MODEL</p> <p>The Medical Director presented the Frailty and Integrated Community Model to the Board. The immediate focus within the report was actions which most contributed to building resilience this winter. The programme would also contribute to the recovery of services affected by the pandemic and had an important interface with the North Powys Programme.</p> <p>The purpose of the Programme was 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 and to</p>

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	<p>develop and implement a renewed frailty pathway, including for those at risk of falls. With a clear prevention and home first ethos, it would work to ensure equity of access across Powys and would work across boundaries with system partners to help people live as independently as possible and to prevent avoidable secondary care admissions.</p> <p><i>In relation to the project management arrangements on page 10, what are the wider arrangements and difficulties in recruiting staff? Is there adequate resources and dedicated project team?</i></p> <p>The Medical Director highlighted the recent appointment of a senior project manager, who would be key in helping move this work forwards.</p> <p><i>Is there a robust communications plan within the Health Board and externally? There is a culture where people are expecting to go into hospital rather than staying home.</i></p> <p>The Medical Director explained that the culture was key and this would link to previous conversations about balancing risk and understanding of harm. It was highlighted that a major challenge was the amount of harm that came from holding people in hospital too long, which meant that a well-intended act could lead to harm, this was a key part of Powys' system, resilience and response plan on how to achieve that.</p> <p>Work was ongoing on how staff groups would like to receive their information. It was important that messages were cascading through the health board so everyone sighted on updated and new information.</p> <p><i>It is important that information is communicated to staff in order for them to understand what is happening, it is also important due to the change in services and culture. Is there a plan for this?</i></p> <p>The Medical Director agreed with the comments made regarding the importance of communicating with staff. The Medical Director highlighted that she had been speaking with ward staff and was engaging with staff to understand where the issues are.</p>
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PRIORITY 3: DIAGNOSTICS, AMBULATORY & PLANNED CARE

The Director of Primary, Community Care and Mental Health presented the report to the Board. The Diagnostics, Ambulatory and Planned Care renewal programme had been established at pace. There had been progress delivering actions to address the planned care backlog priority despite considerable recruitment challenges. Work was commencing on the development of a diagnostic strategy for Powys which would set the ambition for a truly transformational diagnostics development for the Powys population over the next 3 years.

Regarding the reduction in quarter two of virtual consultations, is there any intelligence at this stage? Is this the appropriate reduction in numbers or are people reverting to the old ways of working?

The Director of Primary, Community Care and Mental Health explained that currently there is no information on this and it would be too early to diagnose any trends. It was clinician's prerogative on how they see their patients, and it was the patient's choice if they would like a face-to-face consultation. The Health Board were promoting a virtual model, as there were benefits including no requirement to travel for the patient and for the clinician, that more patients could be seen.

There was a recorded wait time for a colonoscopy for 54 weeks. Will the process of insourcing affect Joint Advisory Group (JAG) accreditation?

The Director of Primary, Community Care and Mental Health confirmed that it would not affect the JAG accreditation. The insourcing department would be compliant with those standards.

The Chief Officer of Community Health Council requested a discussion on the content of both papers from a CHC perspective.

The Board NOTED and DISCUSSED the Frailty and Integrated Community Model.

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PTHB/21/91

PERFORMANCE REPORTING:

A) PERFORMANCE OVERVIEW AGAINST NATIONAL OUTCOME FRAMEWORK, OCTOBER 2021

The Director of Planning and Performance presented the report which provided the Board with a performance update against the 2021/22 NHS Delivery Framework, and limited local measures. This 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 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.

The Board DISCUSSED and NOTED the Performance Overview against National Outcome Framework.

B) PROGRESS AGAINST ANNUAL PLAN 2021/22, QUARTER 2

The Director of Planning and Performance presented the report which provided 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). 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

	<p>during 2020/1. The Annual Plan set out the PTHB Priorities for the year ahead, and the accompanying Delivery Plan included the detailed objectives, milestones and timescales for delivery in order to achieve these priorities.</p> <p><i>Having attended the Test Trace and Protect showcase event the impression is that the data does not fully reflect the position. Would this be a fair summary?</i></p> <p>The Director of Public Health explained that the TTP figures changed frequently. Overall the testing rate was slightly below the Welsh average, however, within certain age groups, for example school aged children, the overall test rate at 28% was higher than the rest of Wales.</p> <p>In terms of tracing, Wales had switched tracing to a prioritisation framework. There were seven different prioritisation groups which had a greater focus in regards to timeliness. For example, health and social care workers were the first priority group for follow ups within TTP. Cases were triaged due to the large number of cases currently being received. The overall figures were poor against the standard, but this was common across TTP in Wales.</p> <p>Currently Powys Teaching Health Board were not able to report performance in timeliness against each of the priority groups. The reporting covers the overall numbers of contacts and cases, and the timeliness of the follow up. The main focus for PTHB was ensuring that the prioritisation framework was applied in the right way.</p> <p><i>There appears to be a low take up of staff flu vaccination. Have the issues there been identified, and has accessing the flu vaccination been made easy for staff?</i></p> <p>The Director of Public Health explained that the issue with take up was linked to data, which was monitored weekly. As of the 25 November 2021, 34% of clinical staff had had the vaccine, which was higher than the reported figure in the papers. Flu vaccination started a week or two later than other places therefore, the uptake had been slower than others. The Board was assured that the uptake is higher than it seems.</p>
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	<p><i>In terms of cancer pathways and the commissioning assurance framework, what does the Health Board do as providers in Wales from that aspect?</i></p> <p><i>The Medical Director outlined in respect of cancer pathways a root cause analysis is undertaken by English providers. Is there a similar system in Wales?</i></p> <p>The Medical Director explained that at present that level of detail was not available but it is planned that the newly appointed Cancer Lead would scrutinise pathways to ensure they are working optimally for patients.</p> <p>The Board DISCUSSED and NOTED the progress against the Annual Plan 2021/22 Quarter 2.</p>
PTHB/21/92	<p>FINANCIAL PERFORMANCE, MONTH 07, 2021/22</p> <p>The Director of Finance and IT presented the report to Board.</p> <p>Powys Teaching Health Board 2021/22 Plan was approved by the Board and submitted to Welsh Government on 31 March 2021, with an update provided on 30 June 2021. Both submissions provided a balanced plan for 2021/22. As per 2020/21 the spend in relation to COVID was included in the overall position but was offset by an anticipated or received allocation from Welsh Government, as per the planning assumptions, and so was not directly contributing to the YTD £0.062m under spend at Month 7. Excluding COVID, the areas of overspend which were a concern at this point in the year were 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.</p> <p>PTHB continued to forecast a balanced year end position but there were a significant number of risks and opportunities that the Board need to effectively manage to ensure this could be delivered.</p> <p><i>Has the Director of Finance and IT had any indication regarding the potential consequential allocation in light of the English financial settlement for health?</i></p> <p>The Director of Finance and IT confirmed the consequential allocation to Wales was based on the English allocation which had widely been reported. In terms of what it would</p>

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	<p>mean for Wales this would become clear in time as some funding had already been committed to projects such as TTP and the mass vaccination. Once the health board had received the allocation letter it would have a better understanding of what financial framework PTHB would be operating under.</p> <p>Financial planning had started based on assumptions noting the underlying deficit which would be carried forward as a result of the cost pressures outlined above and block contract arrangements. The commitment and focus on the pandemic response continued.</p> <p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Month 7 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 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 underlying financial position and agree actions to deliver recurrent breakeven for 2022/23.
<p>PTHB/21/93</p>	<p>CORPORATE RISK REGISTER SEPTEMBER 2021</p> <p>The Board Secretary presented the Corporate Risk Register which provided 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:</p> <ul style="list-style-type: none"> • 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). • <p><i>Regarding corporate risk 002 the financial position, could a longer time be added to this?</i></p>

	<p>The Board Secretary advised that it would be helpful for the Board, as the IMTP was developed and signed off, to reassess the corporate risk register. This would help to understand any risks that could impact the achievement of those objectives for the coming year. A more in-depth review of committee-based risk in quarter four would be needed.</p> <p>Action: Board Secretary</p> <p><i>Regarding CR 006 (a risk the Health Board is unable to sustain an adequate workforce) which is currently amber. Should this be higher?</i></p> <p>The Board Secretary explained this was a Workforce and Culture Committee based risk which will be considered at the meeting in January.</p> <p>The Director of Workforce, OD and Support Services further explained that there were a number of operational management issues that were in place and a whole programme of work was progressing regarding this risk. The work was being undertaken by the Workforce team and Finance. The Health Board were doing everything they could in dealing with the risks the Board has identified.</p> <p>The Board:</p> <ul style="list-style-type: none"> • REVIEWED 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; • AGREED to review Committee based risk; and • DISCUSSED the appetite threshold and tolerance levels for each risk, ensuring that these are realistic and appropriate.
<p>PTHB/21/94</p>	<p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</p> <p>The Chief Officer of Community Health Council presented the report and highlighted that COVID-19 restrictions meant that it had not been possible to undertake face-to-face engagement but that the CHC continued to engage with the public through their website, social media and email channels. CHC members and staff continue to join virtual meetings with a variety of organisations. The relationship with the health board continued to be positive and in particular positive feedback had been received</p>

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	<p>regarding vaccination arrangements. More complaints had been received in respect of secondary care whereas more concerns had been raised in respect of primary care.</p> <p><i>The report of Swansea Bay: 'Changing for the future' is mentioned within the report in relationship to the engagement with Powys CHC, could this be clarified?</i></p> <p>The Chief Officer of Community Health Council explained that when changes happen in one health board that could affect another, it was not always communicated efficiently to the CHC. This was something that has been recognised that needs to be addressed.</p> <p>The Chair congratulated D Collington on his appointment as Chair of the Community Health Council.</p> <p>The report of the Chief Officer of the Community Health Council was NOTED.</p>
PTHB/21/95	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>A) PTHB COMMITTEES</p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Executive Committee</u></p> <p>The Chief Executive presented the report covering the period September and October 2021.</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Chair of Audit, Risk and Assurance Committee presented the report of the meeting held on 16 November 2021.</p> <p><u>Delivery and Performance Committee:</u></p> <p>The Chair of Delivery and Performance Committee presented the report of the meeting held on 1 November 2021.</p> <p><u>Patient Experience, Quality and Safety Committee</u></p> <p>The Chair of Patient Experience, Quality and Safety Committee presented the report of the meeting held on 7 October 2021.</p>

	<p><u>Planning, Partnerships and Population Health Committee</u></p> <p>The Chair of Audit, Risk and Assurance Committee presented the report of the meeting held on 12 October 2021.</p> <p><u>Workforce and Culture Committee</u></p> <p>The Chair of Workforce and Culture Committee presented the report of the meeting held on 5 October 2021.</p> <p>The Board NOTED the assurance reports of the Board's Committees.</p> <p>B) JOINT COMMITTEES</p> <p>Reports from WHSSC held on 9 November 2021, EASC held on 9 November 2021 and the Mid Wales Joint Committee for Health and Social Care were RECEIVED.</p> <p><i>It is understood that the Neonatal transport contract has been extended until June 2022, could this issue be picked up at an Independent Member meeting?</i></p> <p>The Chief Executive noted that this work was being led by Swansea Bay UHB and could be discussed at an Independent Member meeting.</p> <p>Action: Chief Executive</p> <p>The Board NOTED the Joint Committee reports.</p>
PTHB/21/96	<p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</p> <p>Reports from the NWSSPC held on 23 September 2021 and the Powys Public Service Board held on 03 November 2021 were RECEIVED.</p>
PTHB/21/97	<p>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>The Director of Workforce and OD advised that it had been necessary to postpone the November meeting of the Local Partnership Forum with the next meeting due to take place in January 2022.</p>

OTHER MATTERS	
PTHB/21/98	ANY OTHER URGENT BUSINESS: There was no other urgent business
PTHB/21/99	DATE OF THE NEXT MEETING: 26 January 2021, 09:00 via Teams

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Key:

Action Complete
Not yet due
Due
Overdue
Transferred

BOARD ACTION LOG (Updated Jan 2022)

Board Minute	Board Date	Action	Responsible	Progress at 18/01/2022	Status
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 28 th February 2022.	
PTHB/21/93	24 November 2021	An in-depth review of committee based risks to be undertaken in quarter 4	Board Secretary	Focus has been on the Corporate Risk Register and maintaining appropriate good governance through the January and February period. Review of committee based risks will form part of the development of committee work programmes from March onwards.	
PTHB/21/95	24 November 2021	Neonatal Transport Contract to be discussed at Independent Member meeting	Chief Executive		

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AGENDA ITEM: 1.6a

BOARD MEETING		Date of Meeting: 26 January 2022
Subject :	CHAIR'S REPORT	
Approved and Presented by:	Vivienne Harpwood, PTHB Chair	
Prepared by:	Vivienne Harpwood, PTHB Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in November 2021.

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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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	✓

CHAIR'S REPORT:

Board Membership

- I am extremely pleased that we have made an excellent appointment as our new Health Board Vice Chair. I have been supporting the onboarding and induction process and look forward to introducing the new Vice Chair to the various and varied aspects of this vital role.
- As members of the Board will be aware, we have a number of Independent Members who are due to complete their full term over the coming year and I have asked the Corporate Governance Directorate to liaise with the Public Bodies Unit of Welsh Government to ensure that where possible there are no gaps in continuity.
- I am also delighted to welcome James Quance to Powys Teaching Health Board as our new interim Board Secretary.

Ongoing Activity

- On 14 January 2022, in consultation with the Chief Executive, the Chair of the Performance & Resources Committee (P&R) and the Vice-Chair of the Charitable Funds Committee (CF), a decision was made to approve the item outlined and included on this agenda and presented to the Board for ratification today, together with a note of the discussion held on 14 January. The discussion was aimed at ensuring an appropriate level of oversight and scrutiny to enable the Board to discharge its responsibilities effectively during the current wave of the COVID-19 pandemic and associated system resilience pressures, together with the revised Strategic (Gold) Command and Control structure for January and February 2022.

- I will be continuing to meet with Independent Members virtually on an individual basis during the currency of the emergency measures following the Chair's action, in order to ensure that they feel supported, and to understand any issues they might be experiencing as the Board continues to operate in a virtual manner.

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Chair's Report

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Board Meeting
26 January 2022
Agenda Item: 1.6a



Agenda item: 1.6b

BOARD MEETING		DATE OF MEETING: 26th January 2022
Subject:	CHIEF EXECUTIVE REPORT	
Approved and Presented by:	Carol Shillabeer, Chief Executive	
Prepared by:	Carol Shillabeer, Chief Executive	
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.	

PURPOSE:

This report is intended to keep the Board up to date with key developments at a national and local level.

It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

RECOMMENDATION(S):

The Board is asked to DISCUSS any key issues relating to the report.

Approval/Ratification/Decision¹	Discussion	Information
	✓	

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

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 briefly outlines some of the key matters to draw to the attention of the Board. More detailed reports, for example in relation to system resilience and performance are presented as separate items during the Board meeting.

DETAILED BACKGROUND AND ASSESSMENT:

System Resilience

There is a separate presentation to the Board of the key matter of system resilience/winter preparedness, that takes into account the impact of the Omicron variant of the pandemic and the most recent wave of infections. The Board received an outline of the system resilience/winter plan at the Board in September and a further update during November. Since the last meeting the rapid emergence and risk of the Omicron variant and its impact particularly on staff absence, with its knock-on impacts, has been a crucial factor in achieving system resilience. The ability of the health board, with partners, to accelerate the roll-out of the booster vaccination during December 2021 has been considered a fundamental tool in preventing

further, negative impact on the health and wellbeing of individuals and the ability of the NHS and care system to support patients and communities.

This report gives an opportunity to thank all colleagues across the health board as well as partners in local government and the voluntary sector for their outstanding efforts and commitment to preparing for the latest wave and for managing services throughout it.

Integrated Medium Term Planning

It would be usual for the January meeting of the Board to consider a final draft Integrated Medium Term Plan for the 3 year period ahead. The original submission date of February 2022 has been extended as a result of the latest wave of the pandemic and is therefore now required to be submitted at the end of March 2022.

The development of the 3 year plan is critical in being able to respond effectively to the impacts of the pandemic and to build further on the already well established health and care strategy. A series of engagement conversations are currently underway in developing the draft Plan, whilst seeking to minimise additional activity for colleagues working hard in terms of system resilience pressures.

The Plan offers an opportunity to reflect on the learning through the pandemic, capturing the developments that has led to positive impacts on patients, communities and staff; as well as focusing on the essential priorities for action in improving outcomes and value. Value-based healthcare is increasingly underpinning the approach to implementing the aims and objectives of the organisation.

Senior Staff changes

This is the last Board meeting for Alison Davies, Director of Nursing and Midwifery who joined the organisation just prior to the pandemic. Alison has been instrumental in leading the clinical response to the pandemic in the organisation, whilst also leading key elements of partnership working and specifically the children's agenda. Thanks go to Alison for her hard work and commitment to Powys and to wish her well in her retirement. Claire Roche will be the new Director of Nursing and Midwifery joining the Board in March 2022. Claire joins from the Welsh Ambulance Service Trust having been the Director of Nursing and Quality on the Board of that organisation over the last few years.

Thanks are also expressed to Stuart Bourne, Director of Public Health who has been successful in securing a new role as a Consultant in Public Health at Aneurin Bevan University Health Board. Stuart has worked in the Health

Board for approximately 7 years, the last 3 of those as the Director of Public Health. Stuart has undertaken a pivotal role in leading the response to the pandemic, specifically in working closely with partners including Powys County Council and Public Health Wales in the provision of expert leadership and advice regarding prevention and response strategies, including the personal leadership of the Incident Management system. Stuart has also contributed considerably to the thinking and direction in relation to health inequalities and value-based healthcare approaches, both key elements of the IMTP moving forward. The role of Director of Public Health is currently being recruited to.

The Board welcomes James Quance as the interim Board Secretary. James joins the organisation from the NHS Wales Shared Services Partnership Audit and Assurance Team, from a role as Head of Internal Audit.

Agenda item: 2.1

Board		Date of Meeting: 26th January 2022
Subject :	Review of PTHB Civil Contingencies Plan and PTHB Corporate Business Continuity Plan	
Approved and Presented by:	Director of Public Health	
Prepared by:	Civil Contingencies Manager	
Other Committees and meetings considered at:	The revised plans have been discussed at PTHB Executive Committee held on the 1st December 2021.	

PURPOSE:

The purpose of this report is to seek Board approval on the revised PTHB Civil Contingencies Plan and Corporate Business Continuity Plan.

RECOMMENDATION(S):

The Board is asked to **DISCUSS** and **APPROVE** the attached plans.

Approval	Discussion	Information
✓	✓	x

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

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

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

EXECUTIVE SUMMARY:

The Civil Contingencies Act (2004) outlines a single framework for civil protection in the UK. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness, resilience and response at a local level. PTHB is described as a Category One Responder under the Act. As a Category One Responder, the Health Board is required to undertake risk assessments and produce emergency plans and have in place business continuity management arrangements.

The Health Board's Annual Plan for 2021-2022 highlights the need to review the relevant civil contingencies and business continuity plans to reflect some of the learning from the response to COVID-19, noting that there is a separate PTHB Pandemic Influenza Framework and Communicable Disease Outbreak Plan for Wales which deals with pandemic planning more specifically.

The attached PTHB Civil Contingences Major Incident and Emergency Response Plan and Corporate Business Continuity Plan have therefore been reviewed and updated to incorporate the relevant learning identified following the Health Board's response to the pandemic.

An overview of the main changes applied to the two plans are outlined in the detailed background and assessment section below.

DETAILED BACKGROUND AND ASSESSMENT:

The Civil Contingencies Act (2004) outlines a single framework for civil protection in the UK. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness, resilience and response at a local level. Powys Teaching Health Board is described as a Category One Responder under the Act. As a Category One Responder, the Health Board is subject to the following civil protection duties, including:

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- assess the risk of emergencies occurring and use this to inform contingency planning;
- put in place emergency plans;
- put in place business management arrangements;
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information and cooperate with other local responders to enhance coordination and efficiency.

Additionally, within the Welsh Government's Emergency Planning Core Guidance (2015), the Health Board is required to have up to date plans to deal with major incidents and emergency situations that are compliant and tested in accordance with national guidance.

The PTHB Annual Plan for 2021/22 sets out an immediate priority under the 'Delivery of Prevention and Response Plans', requesting that relevant internal civil contingencies and business continuity plans are reviewed in light of the learning from the Health Boards response to COVID-19 pandemic.

It should be acknowledged that the main focus of learning from the Health Board's current response to the COVID-19 pandemic will largely influence improvements within the arrangements that are set out in the PTHB Pandemic Influenza Framework, which was adapted to shape the Health Board's initial response to the pandemic. This will also include updates to the PTHB Mass Vaccination Plan and associated supporting procedures for pandemic response. The Pandemic Influenza Framework and PTHB Mass Vaccination Plan are scheduled to be presented to the Board for approval in 2022.

A full review of the two attached plans has taken place as part of the annual review process.

The main changes incorporated into the Civil Contingencies Plan, include:

- Change in plan title. The Civil Contingencies Plan will now be referred to as the PTHB Major Incident and Emergency Response Plan. The response arrangements detailed in the previous version of the PTHB Civil Contingencies Plan were primarily focused on major incidents involving casualties. The revised PTHB Major Incident and Emergency Response Plan aims to provide a framework that is flexible and is capable of responding to a wider range of incidents and emergencies;
- An update in incident classifications. The classification of incidents contained within the plan has been updated following discussion with Welsh Government's Health Emergency Planning Advisor. This now includes the definition of a 'critical incident';

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- Strengthening the links between the PTHB Major Incident and Response Plan and the PTHB Corporate Business Continuity Plan. Although major incident and business continuity are seen as two different processes, it is critical that the two plans are integrated and aligned with each other. The revisions now incorporate a system to guide decision makers in determining the appropriate level of internal response. This is mirrored across the two key response plans to ensure appropriate alignment.
- Inclusion of the relocated Health Board's Health Emergency Coordination Centre (HECC). The HECC has recently been relocated from Basil Webb to the Board Room, Glasbury House;
- Greater emphasis on hazards and risk assessment to demonstrate that the Health Board is complying with its responsibilities as defined by the Act, and to ensure that the links between the Health Board's major incident and emergency response arrangements are referenced appropriately, with a number of identified internal hazards that may require activation of this plan i.e. security incidents, full evacuation of a community hospital or cyber incident.
- A general review and reconfiguration of the plan has been undertaken as part of this review.

It is important to note that an all Wales review of the mass casualty arrangements for NHS Wales is currently underway. It is anticipated that some content in the Major Incident and Response Plan will need to be updated in early 2022 to reflect any updates to the all Wales arrangements.

The main changes that have been incorporated into the review of the PTHB Corporate Business Continuity Plan, include:

- Strengthened links and alignment of response arrangements between the PTHB Major Incident and Emergency Response Plan to ensure that the two documents are integrated and align appropriately in response scenarios, as referenced above;
- An update on the status of the UK exiting the EU (Brexit). The Health Board's preparedness for Brexit was a key focal point of the initial development of the PTHB Corporate Business Continuity Plan and well documented with the plan. Whilst some of the risks and mitigating strategies identified from the Health Board's Brexit preparations still apply, the new landscape in terms of the broader impacts of the UK's exit from the EU, the impact of COVID-19 and overall pressures currently experienced across health and social care are reflected in the plan.
- Updated prioritised service list as part of the annual review process, including reference to guidance issued by Welsh Government relating to maintaining essential health services during the COVID-19 pandemic;

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- A general review and update to the plan.

NEXT STEPS:

Subject to approval of the attached plans, the next steps will include:

- To communicate changes to all staff working within the Health Board;
- Distribute the revised plans;
- To ensure that staff are appropriately trained in line with the Civil Contingencies Training Plan and that plans are effectively tested during 2022/23.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial	✓			
Corporate	✓			
Statement <i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>				

Operational	√				
Reputational	√				

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POWYS TEACHING HEALTH BOARD

(Civil Contingencies)

MAJOR INCIDENT AND EMERGENCY RESPONSE PLAN

Final Draft (Version 9.0)

This Plan remains current until December 2022

Last Approved by Board: January 2020

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RECORD OF AMENDMENTS

This plan will be reviewed annually.

Any amendments required should be referred to the Civil Contingencies Manager, Powys Teaching Health Board.

Date	Amendment Reference	Page/s Amended	Comment
March 11	Version 1.0	n/a	Revised Plan as part of annual review
Aug 12	Version 2.0	n/a	A number of minor changes have been made as part of the annual review. The plan now contains the room layout of the HECC.
March 14	Version 3.0	Complete document	<p>A full review of the plan has taken place as part of the annual reviewing process. The response element remains unchanged. Contact list has been updated to reflect organisational changes.</p> <p>The series of specific response plans previously contained as appendices within the plan are referenced and can now be located on intranet site and hard copies in Major Incident Cupboard.</p>
September 2015	Version 4.0	Complete document	The review reflects recent organisational changes and latest guidance in response to CBRN incidents. Supplementary information has been included in the command and control, debrief and Information Sharing
June 2016	Version 4.1	37 & 38	Updates to telephone numbers listed on communications cascade in Exec on Call Action Card
November 2016	Version 4.2	37 & 38	Updates to telephone numbers listed on communications cascade in Exec on Call Action Card
December 2016	Version 5.0	Complete document	<p>Annual review of Plan. The review reflects organisational changes, reference to PTHB representation at multi-agency Tactical Coordination Group, latest PHW Decontamination guidance for Health Boards and a change of</p>

			heading in Section 9 from 'Large Scale Incidents' to 'Mass Casualty Incidents' – this section also reflects latest WG Mass Casualty Guidance.
June 2017	Version 5.1	38 – 41	Updates to contact numbers.
November 2017	Version 6.0	Complete document	Updates to reflect <ul style="list-style-type: none"> • latest All Wales 'Mass Casualty Incident Arrangements for NHS Wales' (May 2017, version 1.3) • lessons learnt from 'Exercise Powys Coldstart' • enhancement to the section on command and control and joint working arrangements, including the Joint Emergency Services Interoperability Programme (JESIP) • enhancement and additions to Action Cards
May 2018	Version 6.1	Page 6/7	Inclusion of flow chart to provide quick overview of activation arrangements.
Dec 2018	Version 7.0	Complete document	Updates to reflect <ul style="list-style-type: none"> • minor changes throughout, reflecting organisational, regional, national updates. • Inclusion of 'Senior Nurse, Patient Flow' Action Card • Reference to update in All Wales Mass Casualty Arrangements (August 2018) & new structure diagram.
Dec 2019	Version 8.0	Complete document	Updates to reflect: <ul style="list-style-type: none"> • Changes following organisational realignment. • Changes to internal On-Call terminology i.e. now referred to as Gold and Silver On-Call. • Reference to update of All Wales Mass Casualty Arrangements (July 2019) & new structure diagram.
Nov 21	Version 9.0	Complete document –	Main updates to the plan are:

		learning lessons from current COVID-19 response	<ul style="list-style-type: none">• changes to the Plan include plan title to ensure clarity of purpose,• the relocation of the HECC to the Board Room, Glasbury House;• updates to the classifications of incidents;• a new system for determining the level of response required to incidents;• strengthened links and alignments to PTHB Corporate Business Continuity Plan and other plans and procedures.

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Determining the Level of Response and Actions

Gold On-Call receives alert advising that an incident has occurred or has the potential to occur.

Gold On-Call assesses the information available to determine the level of response.

The incident can be managed under 'business as usual' arrangements or it is considered that there is no impact for PTHB

No action required.

Gold On-Call to be advised if situation changes that requires further escalation

The incident does not meet the definition of a business continuity, major or critical incident however requires **enhanced** coordination

Gold On-Call to start incident log and convene PTHB Internal Silver Group. Membership to be determined by the nature of the incident.

Follow Joint decision Model (page 23) to coordinate response.

The impact of incident is on **Business Continuity**

Gold On-Call to start incident log and refer to PTHB Corporate Business Continuity Plan to determine level of response required

Major Incident or Critical Incident

Gold On-Call to start incident log and follow Gold On-Call Action Card (page 50).

Overview of process is shown in diagram overleaf.

Definitions of incident classifications are outlined at page 16

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Overview of PTHB Major Incident Activation Arrangements

Brecon Switchboard receives Major Incident alert using METHANE (see note 1 overleaf) and notifies the Gold On-Call (GoC) also providing GoC with name of the Silver On-Call for that period

GoC liaises with the CEO/Deputy CEO to determine level of PTHB response required:

MULTI-AGENCY COORDINATION

Confirm PTHB representatives required to attend/standby for multi-agency coordination groups (if/as required) & notify individuals

INTERNAL COORDINATION

Confirm if PTHB internal major incident arrangements are required (N.B. in the event of a Critical or Mass Casualty Incident – also see note 6)

PTHB nominated Strategic Coordination Group (SCG) Rep

Attends the Strategic Coordination Centre (SCC) Police HQ, Carmarthen, SA31 2PD where appropriate or dials in via Teams/ audio/tele-conference

Agrees lines of communication with PTHB TCG rep and PTHB Gold On-Call/Chair of the ERT

PTHB nominated Tactical Coordination Group (TCG) Rep

Attends the TCG group - location to be confirmed at time of incident where appropriate or dials in via Teams/audio/tele-conference

PTHB SCG & TCG Reps to request the following support staff as required:

✓ Loggist support *
✓ Gold or Tactical Support (if required)

* contact details for trained loggist available in PTHB

Q: Is PTHB Emergency Response Team (ERT) Required?

If Yes,

✓ activate the HECC (Glasbury House-see note 2) or meet virtually via TEAMS or teleconference (see note 3)

✓ determine who is required to be part of the PTHB internal ERT and contact Brecon Switchboard to commence communication cascade (see note 4) as required.

If No, determine if any other action is required and review decision if situation changes.

Q: Are there any casualties involved?

If yes, consider need to activate any/all of the Supporting Hospital sites (based at Llandrindod Wells/Brecon/Welshpool).

To activate the Supporting Hospital sites, contact the Silver On-Call (see note 5), provide them with METHANE and agree actions required, ensuring that lines of future communications are agreed.

Silver On-Call to alert Supporting Hospital sites of Major Incident using the METHANE & request the activation of the Supporting Hospitals Major Incident arrangements as determined by the nature, scale and

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Note 1	<p><u>METHANE situation Report</u></p> <p>Major Incident Declared?</p> <p>Exact location</p> <p>Type of incident</p> <p>Hazards - present or expected</p> <p>Access – routes that are safe to use</p> <p>Number, type severity of casualties</p> <p>Emergency services present and those required</p>
Note 2	<p>The Health Emergency Coordination Centre (HECC) is located in the Board Room at Glasbury House. During in hour periods the Corporate Service Team will assist in the setting up of the HECC and providing admin support for the duration of the incident (N.B. trained loggists details available in Emergency Contacts Directory). Keys to access Glasbury House (in and out of hours) and to access the Major Incident Cupboard are held in <i>(for internal use only)</i></p>
Note 3	<p>A designated Major Incident audio conference number is available on: <i>(for internal use only)</i></p>
Note 4	<p>Brecon Switchboard hold a copy of the PTHB Emergency Contacts Directory and will assist in contacting key individuals to participate in the Emergency Response Team as instructed by the Gold On-Call. The Gold On-Call will need to advise Brecon Switchboard staff who is required to be contacted together with any additional further instruction to pass onto these key individuals i.e. if they need to attend the HECC or join a Microsoft Teams/teleconference call, providing times etc. or be placed on standby.</p> <p>Brecon Switchboard staff will issue the METHANE to all individuals contacted, ensuring that there is consistent communication being issued in this initial phase of the incident response. When the Emergency Response Team (ERT) is in place, the ERT will be responsible for calling in other support staff and communicating with external partners.</p>
Note 5	<p>It is agreed that in the event of a Major Incident, the Gold On-Call will contact the Silver On-Call to implement the activation of the operational major incident response arrangements (i.e. Supporting Hospital sites); this arrangement covers both in and out of hour periods. If the Silver On-Call cannot be contacted during 'in hours periods', then a Community Service Manager should be contacted to undertake this role.</p>
Note 6	<p>In the event that a Mass Casualty Incident has been declared using by issuing the alert "Major Incident – Mass Casualty Incident", the Gold On-Call must follow all other actions listed, in addition they MUST ensure that the CEO and Medical Director are advised of the alert at the earliest opportunity as they will both be required to attend relevant NHS Wales's teleconferences. Also, request early confirmation from the Silver On-Call that the Mass Casualty Dashboard has been updated and is being monitored for any updates to the METHANE.</p> <p>Critical Incident: The arrangements outlined for a major incident should be followed in a declared 'Critical Incident' scenario. If a 'Critical Incident' is declared by PTHB, then the PTHB ERT will need to assess the requirement for external support in response to the incident.</p>

1.0 INTRODUCTION

The Civil Contingencies Act (CCA) 2004 and accompanying non-legislative measures, delivers a statutory framework of roles and responsibilities for organisations involved in civil protection at the local level.

The Act is separated into two parts:

Part 1: Local arrangements for civil protection

Part 2: Emergency powers (allows for the making of temporary special legislation to help deal with the most serious of emergencies).

Powys Teaching Health Board (PTHB) is defined as a Category 1 responder under the CCA and is subject to the full set of civil protection duties. These are to:

- assess the risk of emergencies occurring and use this to inform contingency planning;
- put in place emergency plans;
- put in place business continuity arrangements;
- put in place arrangements to make information available to the public and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- share information and co-operate with other local responders to enhance coordination and efficiency.

Furthermore, the Welsh Government issued *NHS Wales Emergency Planning Core Guidance (2015)*, sets out the requirements on NHS organisations in Wales in developing their ability to response to a major incident or emergency and to manage recovery whether the effects are local, regional or national.

In order to meet these requirements, PTHB is required to have a major incident plan that is current and regularly reviewed and updated. This Civil Contingencies **Major Incident and Emergency Response Plan** has been produced to ensure that PTHB is able to respond to the demands of a major incident or emergency and to minimise the risks to patients, staff and anyone else likely to be affected by it. PTHB aims to achieve this by providing an overarching coordinated response that links with the operational management structures that are in place to support the needs of the health community within Powys.

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2.0 PURPOSE OF THE PLAN

The aim of this plan is to provide a framework for Powys Teaching Health Board (PTHB) to respond to incidents and emergencies that require a coordinated response.

It is essential that all PTHB staff should familiarise themselves with those parts of the plan in which they may become involved.

2.1 OBJECTIVES

- to maintain compliance with the CCA (2004) and all relevant guidance or statutory expectations;
- to provide a sound and resilient organisational structure capable of escalating up to the needs of a major incident or emergency with staff who are aware of their role and that of the organisation during a major incident or emergency;
- to provide a scalable internal command and control structure;
- to provide an infrastructure which supports the coordinated management of PTHBs ability to respond to a major incident or emergency, through resilient, effective and appropriate information technology resource allocation and suitable Health Emergency Coordination Centres (HECC);
- to ensure that all staff with a designated role with this plan receive appropriate training;

2.2 SCOPE

The plan details specific arrangements for the strategic and tactical level coordination and management of an incident to provide a flexible, integrated and scalable approach, that can be tailored to respond to a particular situation.

This is a generic plan that supports the response to any type of incident rather than a specific risk or hazard.

2.3 GOVERNANCE

The Chief Executive holds overall responsibility for Civil Contingencies.

The Director of Public Health has been designated as the Executive Lead with delegated responsibility for the overall coordination of Civil Contingencies within PTHB.

This plan has been prepared in consultation with Local Resilience Forum (LRF) partner agencies and reviewed by the Welsh Government Health Emergency Planning Unit. It is only a guide and those NHS personnel on duty at the time of an incident should use their discretion regarding any need for which provision has not been made.

The Civil Contingencies Manager is responsible for ensuring this plan is reviewed on an annual basis or after a significant incident has occurred, to ensure PTHB to meet its statutory duties under the CCA (2004).

PTHB commissions acute services from a number of external providers, both in England and Wales. PTHB will seek assurance from its commissioned service providers in relation to the legislative duties placed on them under the CCA; this will be achieved through the

Health Board's Commissioning Assurance Framework and through other means such as annual reporting mechanisms and participating in joint exercises.

The plan is underpinned by a range of specific response policies, plans and procedures, which can be invoked in isolation or as part of a wider Health Board response, as determined by the nature and scale of the incident. These include:

- PHB's Emergency Contacts Directory;
- PTHB's Supporting Hospitals Major Incident Plan;
- PTHB's Corporate Business Continuity Plan.;
- Mass Casualty Arrangements for NHS Wales, Version 2 August 2018;
- PTHB's Health and Safety Policy and Procedures;
- PTHB's Security Protective Measure Policy and local Site Security Protective Plans;
- Once for Wales Reporting System;
- Dyfed Powys Local Resilience Forum's Emergency Command Protocol and Joint Manual Incident Procedures and other risk-specific multi-agency response plans.

In addition, specific Welsh Government guidance is also available on a range of issues to support a major incident response and should be consulted where appropriate. All Welsh Government key emergency planning guidance can be located via the following link: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=331&pid=793>

The Civil Contingencies Manager should be made aware of any revisions that have been identified within the plan. Both internal and external stakeholders will be consulted on where significant changes have been made to the plan, prior to seeking formal approval of the revised plan from the Executive Committee and PTHB Board, if determined necessary.

Distribution of the Plan

Access to the plan will be available to all staff via the PTHB Intranet page using the following link: <http://nww.powysthb.wales.nhs.uk/civil-contingency-section>

A hard copy of the plan will be held:

- members of the Gold On-Call and Silver On-Call;
- in the Major Incident Cupboard, Glasbury House.

Any revisions made to the plan will be documented and cascaded effectively.

It is the responsibility of the nominated holder of the plan to ensure that revisions are incorporated, any departmental plans altered and staff advised accordingly.

2.4 TRAINING & EXERCISING

In accordance with the CCA (2004), the Health Board is required to include provision for the training of staff and carrying out of exercises to ensure that plans are effective and staff informed and practiced.

The Health Board endeavours to provide or participate in exercises with the following frequency:

- a 'live' exercise every three years;
- a 'table-top' exercise every year;

- a 'communications' test every six months.

The PTHB Training and Exercise Plan can be located on the Civil Contingencies Planning provides an overview of Training and Exercise requirements based on an assessment of need. The Health Board uses learning from incidents and exercises to identify improvements in the Health Board's civil contingencies planning and response arrangements.

2.5 HAZARD AND RISKS ASSESSMENTS

PTHB has a process in place to regularly assess the risks to the population it serves. This process considers the [Dyfed Powys Community Risk Register](#) and records them on the appropriate risk register as outlined in the PTHB Risk Management Framework.

Strategies for responding to identified risks within PTHB are detailed within the PTHB Corporate Business Continuity Plan. Many risks are dealt with through business continuity planning, whilst some will require specific plans i.e. for pandemics or severe weather events.

Arrangements for the management of specific risks are detailed later in this plan.

2.6 KEY ROLES AND RESPONSIBILITIES

Roles of Powys Teaching Health Board

In an incident, PTHB will provide overarching health command and control, coordination and support to primary, community and secondary healthcare responses within the boundary of Powys.

This plan is most likely to be invoked in an emergency that requires a response to an emergency that compromises the normal working of the service and sets out strategic and tactical coordination arrangements which will be implemented by PTHB.

This plan is underpinned by the PTHB Supporting Hospital Major Incident Plan that will be activated where a major incident has occurred that requires the management of casualties with minor injuries and to create inpatient capacity and the management of patient flow arrangements to support the acute sector in responding to the major incident.

As a provider of Primary, Community and Mental Health Care services, Powys community hospitals are not equipped to deal with major trauma casualties, referred to as 'Receiving Hospitals' in a major incident. Powys currently has three designated community hospital sites located at Brecon, Llandrindod and Welshpool hospital sites, which may be called upon by PTHB to respond to a major incident involving casualties; these hospitals are referred to within the organisation as 'Supporting Hospitals'.

The role of PTHB during an emergency will be to deliver a coordinated, effective and proportionate response.

PTHB will:

- have in place a 24-hour call-out system for emergencies together with facilities/communication systems and protocols to ensure that an effective response can be launched;

- instigate a local and/or regional level of response and coordinate and mobilise primary community and mental health services resources;
- implement appropriate command and control arrangements and support representation at multi-agency meetings including the Dyfed Powys Local Resilience Forum Strategic Coordination Group (SCG), Tactical Coordination Group (TCG) and Recovery Coordination Group;
- provide direction and coordination for the health communications strategy linked to that at the Strategic Coordination Group;
- liaise and provide support to other agencies including neighbouring Health Boards/Trusts, Public Health Wales, the police, local authorities and Welsh Government as deemed necessary by the circumstances of the emergency;
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- coordinate the health recovery phase of the incident with partner organisations and restore 'normality' or return to new normal;
- support the overall humanitarian assistance requirements of the incident and directly lead the specific health involvement;
- support the public health response at a local level;
- assess the ongoing situation and identify emerging issues and implement necessary actions to mitigate further escalation, or expediate return to normality;
- provide resources to support the local effort using mutual aid at local or regional levels;
- coordinate screening, epidemiology and long-term assurances and management of the effects of the emergency;

In responding to any incident type PTHB will aim to:

- protect life;
- protect the health and safety of personnel;
- prevent the escalation of the situation;
- warn and inform the public;
- restore normality as soon as possible;
- debrief staff, identify and take action to implement lessons identified.

Primary, Community and Mental Health Care Services in the event of a Major Incident or Emergency.

The list below provides an overview of resources that PTHB primary, community and mental health care services may be required to mobilise in response to a major incident or emergency.

- support minor injuries casualties in community hospital minor injury units;
- facilitate patient flow to create inpatient capacity to support the acute hospitals;
- support people evacuated to humanitarian centres and rest centres in respect to health checks and pharmaceutical requirements;
- establish close liaison with Powys County Council Social Services, other Local Authority departments, PAVO and other agencies to meet the needs of people affected;
- provide arrangements for social and psychological support;

- recognise signs and symptoms of patients referring to PTHB Community Hospitals or GP surgeries who have been exposed to chemical/biological or other agents;
- deal with a large influx of patients needing healthcare advice or re-assurance following exposure to hazardous materials;
- provide support to overwhelmed acute hospitals;
- provide support to mass vaccination and treatment programmes; Administration of vaccines or emergency antidotes/health countermeasures.

General Medical Practitioner Services

General Medical Practitioner Services will be the natural focus of health care in the community in the aftermath of an emergency. They will be expected to maintain accurate records of patient /doctor contacts relating to the emergency. In addition to the above, General Medical Practitioner Services may be called upon to:

- deal with minor consequences, such as eye irritations, in their surgery / health centre, if requested to do so;
- be alert to the signs of post-traumatic stress in casualties and their families ensuring access to counselling / mental health services;
- assist Public Health Wales in the identification of patients who have or may have been exposed in a chemical / biological incident and facilitate appropriate sampling;
- provide additional medical support to acute hospitals in an escalating emergency necessitating the drafting of extra medical help;
- PTHB will arrange for general practitioner support after liaison with the Medical Director of the Receiving Hospital.

The Royal College of General Practitioners believes that general practitioners have a professional responsibility to take what action they can take in contributing to the emergency response whilst continuing to provide general medical care to the community within the limited conditions imposed by the incident. Where general practitioner services are utilised as a result of an emergency PTHB will compensate general practitioner services in accordance with the conditions specified in the general medical services contract

Out of Hours Services

The out of hours primary care service {SHROPDOC} may be called upon to support an emergency out of hours in the same way that General Medical Practitioner Services may be called upon to respond to an emergency that has taken place during in hours periods.

The out of hours primary care service may be required to mobilise general practitioners to support the emergency and maintain accurate records of patient / doctor contacts and calls.

Roles and Responsibilities of Other Category One Responder Agencies

The roles and responsibilities of other Category 1 Responder agencies are outlined in Dyfed Powys Local Resilience Forum's (DP LRFs) Joint Major Incident Procedure Manual. Other Category One Responders include: Welsh Ambulance Service NHS Trust (WAST), Public Health Wales, Local Authorities, Police, Fire and Rescue Service, Maritime Coastguard Agency, Natural Resources Wales.

3.0 DEFINITION OF A MAJOR INCIDENT AND EMERGENCIES

This section describes the various definitions and types of emergencies and major incidents.

3.1 DEFINITION

Section 1 of the Civil Contingencies Act 2004 defines an 'emergency' as:

'An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security in the UK.'

Examples

This terminology could be applied broadly to major incidents, critical and business continuity events. In the context of the Civil Contingency Act definition, the current COVID-19 pandemic may best fit with this definition and be described as a 'major emergency'.

3.2 CLASSIFICATION OF INCIDENTS

For the NHS, incidents can be classed as either:

- ☐ Major Incident
- ☐ Critical Incident
- ☐ Business Continuity Incident

Major Incident

A major incident can be described as any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. Major incidents usually involve casualties and are declared by the emergency services and involving casualties. NHS organisations should, therefore, be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

Examples: Any event involving casualties where the emergency services and NHS resources need to be activated and deployed and major incident plans triggered.

Major Incidents involving mass casualties

Can be defined as 'a disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures as set out in the *Wales NHS Mass Casualty Arrangements* in order to maintain an effective, suitable and sustainable response'.

Critical Incident

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

Examples: Serious supply disruption impacting on NHS delivery of key functions. Major IT failure for whatever reason requiring a contingency response.

Business Continuity Incident

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

Examples: This could be a surge in demand requiring resources to be temporarily redeployed or supply of products disruption or IT failure).

In the event of a business continuity incident, the PTHB Corporate Business Continuity Plan should be invoked. Whilst business continuity and emergency planning are separate processes, a major incident or emergency may occur at the same time as a business continuity issue or be triggered by it. It is likely that the arrangements set out in the Corporate Business Continuity Plan will also be stood-up in response to a major incident or emergency if there is impact on the Health Boards ability to maintain the delivery of key functions. It is therefore critical that the arrangements outlined in the two plans are integrated and aligned to each other.

3.3 TYPES OF EMERGENCIES

A major incident may arise in a variety of ways. The following list provides commonly used classification of types of emergencies. This list is not exhaustive and other classifications may be used as appropriate. The nature, scale and impact of the incident will determine the appropriate level of response required to be activated in response to the emergency.

TYPE	DEFINITION
Internal incident	Fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.
Big Bang	A sudden event, for example a serious transport accident, explosion, or series of smaller incidents
Rising Tide	A developing infectious disease epidemic, or a capacity/staffing crisis or industrial action
Cloud on the horizon	A serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action
Headline news	Public or media alarm about an impending situation, reputation management issues
Deliberate release of chemical, biological, radiological, nuclear and explosives (CBRN) materials.	CBRN terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives) with deliberate criminal, malicious or murderous intent.
Hazardous materials (HAZMAT)	Accidental incident involving hazardous materials

Cyber-attacks	Attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality
Severe Weather	Any extreme weather event impacting upon the health, wellbeing and safety of the population e.g. Heatwave, flooding, snow
Mass Casualty	Typically events with casualties in the 100s or in cases where there are multiple incident sites where the normal incident response must be augmented with extraordinary measures.

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4.0 COMMAND AND CONTROL STRUCTURES

During a major incident or emergency, PTHB will participate in a hierarchical framework known as “Command and Control”. This framework works on the basis of three levels of command:

Internal Command and Control	Multi-agency Command and Control	Roles
Gold	Strategic	<i>Sets the strategic aim, co-ordinates responders, prioritises resources</i>
Silver	Tactical	<i>Interprets strategic direction, develops tactical plan, co-ordinates activities and assets</i>
Bronze	Operational	<i>Executes tactical plan, commands single service response, co-ordinates actions</i>

4.1 PTHB INTERNAL COMMAND AND CONTROL STRUCTURE

The level of coordination required for PTHB in response to an incident will be determined by the Gold On-Call in liaison Chief Executive Officer or Deputy depending on the nature, location and scale of the incident.

PTHB Gold Command

The PTHB Gold On-Call Officer provides 24/7 strategic leadership for PTHB.

The Chief Executive Officer will determine if there is a need to establish a separate internal Gold Command Group; this decision will be based on the nature and scale of the incident that has occurred.

The main role of Gold is to provide:

- strategic management and coordination of PTHB resources during an incident or emergency by ensuring secondary, community and primary care service delivery for both the incident and for the normal service delivery;
 - sets objectives;
 - establishes and communicates policy and determines priorities for the Silver command to implement;
 - allocate resources to ensure appropriate tactical and operational response;
 - provides regular updates the Chief Executive (if Gold Command Group not established);
 - establishes strategies for the return to normality;
 - communicates with the Welsh Government, the public and other key stakeholders.
- represents PTHB at Dyfed Powys Local Resilience Forum (DP LRF) multi-agency Strategic Coordination Group (SCG), if established in response to the incident or emergency.

Membership of the PTHB Gold Group will consist of members from the Executive Management Team, to be determined by the nature and scale of the incident.

PTHB Silver Group/PTHB Emergency Response Team

The Silver Group will be chaired by the Gold On-Call or other nominated Executive Director. This role may be delegated to an appropriate Senior Manager, depending on the level of response required.

Where a **formal major incident alert** has been received, the PTHB Silver Group will be referred to as the 'PTHB Emergency Response Team (ERT)'. The PTHB ERT will have direct lines of reporting to the PTHB Gold representative attending the Dyfed Powys SCG.

The main role of Silver Group/PTHB Emergency Response Team is to provide:

- tactical management and coordination of PTHB resources during the incident or emergency with strategic oversight;
- implements strategic policy and priorities;
- prioritises the allocation of resources;
- liaises with other agencies and ensuring effective coordination of the tactical response;
- provides direction to Bronze commander(s) according to the nature of the incident;
- represents PTHB at DP LRF multi-agency Tactical Coordination Group (TCG), if established in response to the incident or emergency.

The membership of the PTHB Silver Group/PTHB ERT will be made up from members of the PTHB Senior Management team which will be determined by the nature of the incident or emergency. Sufficient administration officers should be called upon to support the operations of the ERT.

Depending on the nature, scale and location of the incident the PTHB Silver Group/PTHB Emergency Response Team will be convened either:

- virtually i.e. Microsoft Teams or Teleconference;
- located at the Health Emergency Coordination Centre (HECC)

The Health Emergency Coordination Centre (HECC)

As a Category One Responder, PTHB is required to have access to an Incident/Emergency Coordination Centre. The PTHB HECC has recently been re-located to the Board Room, Glasbury House.

The purpose of the HECC in a major incident is to facilitate Powys-wide coordination, mutual aid and support between all health-related services and other organisations involved. The key functions of the HECC include:

- to provide a focal point for coordination of PTHB resources;
- to act as a tactical communications control centre;
- to liaise with Powys County Council and other key partners (i.e. PAVO) at a local level to coordinate local health and social care services response with Powys County Council;
- to ensure liaison with other key partners as required;

- to handle media issues/enquiries;
- to facilitate the collation of all relevant data and specialist advice;
- to provide direction and support to Bronze level groups e.g. *the Powys-wide coordination of allocation of transfers/discharges to support the acute during a major incident/mass casualty incident or evacuation of a PTHB Community Hospital.*

Health Emergency Coordination Centre (HECC)

The responsibility for activating the HECC sits with the Gold On-Call. Members of PTHB's Corporate Service Team have been trained to assist in the setting up of the HECC and will provide ongoing administrative support to the HECC where established.

Key PTHB emergency response plans and other useful resources are held securely in a major incident cupboard located in the HECC for reference in the event of any activation, including a step by step guide, outlining the arrangements for setting up and the suggested layout of the HECC.

Access to the Health Emergency Coordination Centre

Glasbury House can be accessed during normal office operating hours. Details on how to access Glasbury House and the major incident cupboard during both in and out of hours periods are included in Action Card 6.

PTHB Bronze

The operational level of command (bronze) refers to those who will manage the main working elements of a response to an incident, carrying out specific operational tasks within a service area, geographical area or functional area, for PTHB this could be the Incident Coordinator at the three designated PTHB Supporting Hospitals (BWM, LWM or VMH) or for the senior member of staff in charge at one of the PTHB Community Hospital sites.

Due to the size and structure of the organisation, it may not always be necessary to establish all levels of command in response to an incident or emergency, the level will be determined by the nature, scale and an assessment of impact on the Health Board and its population.

4.2 MULTI-AGENCY COORDINATION

The process for activation of the multi-agency structures is detailed in the Dyfed Powys Local Resilience Forum's Emergency Command Protocol. Hard copies of the activation process will be made available to the Gold On-Call officers for reference.

Strategic Coordination Group (Multi-agency Gold)

The purpose of the strategic level group is to consider the emergency in its wider context; determine longer-term and wider impacts and risks with strategic implications; define and communicate the overarching strategy and objectives for the emergency response; establish the framework, policy and parameters for lower level tiers; and monitor the context, risks, impacts and progress towards defined objectives.

Depending on the nature of the incident or emergency, this multi-agency Director level group will either meet virtually using Microsoft Skype/Teams or teleconferencing facilities or will attend at the Strategic Coordination Centre (SCC), Dyfed Powys Police HQ, Llangunnor, Carmarthenshire. The group will usually be led by the Police Gold Commander, but depending on the type of incident, the chair may move to another agency.

The Chief Executive, Gold On-Call Officer or a member of the Executive Management Team (as determined by the Gold On-Call in liaison with the Chief Executive or Deputy) of PTHB will attend the SCG at the request of Dyfed Powys Police with trained Loggist support and other support staff as determined by the nature and scale of the incident.

Tactical Coordination Group (Multi-agency Silver)

The purpose of the tactical level group is to formulate tactics that are to be adopted by their organisation to ensure that the strategy agreed at strategic level is turned into actions taken at the operational level and to ensure that all response activities are coordinated, coherent and integrated in order to achieve maximum effectiveness and efficiency. The tactical level will determine priorities for allocating available resources; plan and coordinate how and when tasks will be undertaken; obtain additional resources if required; assess significant risks and use this to inform tasking of operational commanders; and ensure the health and safety of the public and personnel.

This multi-agency Senior Manager level group will normally be located in the County Police Stations but other venues may also be utilised if more appropriate including the use of Microsoft Skype/Teams or other teleconferencing facilities.

Health representation at the TCG will depend upon the event or type of emergency however as a guiding principle, in an emergency where both the SCG and TCG have been stood-up, PTHB will nominate appropriate representation to attend the TCG. At the request of Dyfed Powys Police, the Gold On-Call will task an appropriate Senior Manager to attend the TCG with trained Loggist support. During OOH periods this should fall to the Silver On-Call.

Operational Coordination Group (Multi-agency Bronze)

Operational is the level at which the management of “hands on” work is undertaken. Operational commanders are responsible for implementing the tactical commander’s plan within their geographical area or functional area of responsibility.

It is unlikely that PTHB representation will be required at multi-agency Operational level Group.

Dyfed Powys Local Resilience Forum Joint Major Incident Procedure Manual

To compliment, and inform the above structures, Dyfed Powys Local Resilience Forum have produced a manual which details the framework used to respond to, and manage, on a multi-agency basis, a major incident which occurs within or affects the Dyfed Powys area. The manual describes the responses and responsibilities of key responders during a major incident and outlines how responding organisations will work in collaboration as part of a coherent multi-agency effort to coordinate the response, implement the measures necessary to control and contain an incident and protect people, emergency responders and the environment from the effects of such an event.

Dyfed Powys LRF may also convene a lower tier Teams Call/teleconference in response to an emerging situation, incident or emergency.

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4.3 INTEROPERABILITY - Joint Emergency Service Programme (JESIP)

In order to improve a multi-agency response JESIP establishes five principles which Category 1 responders need to be aware of, including:

1. **Co-locate** - of commanders as soon as practicable at a single, safe and easily identified location near the scene.
2. **Communicate** - clearly using plain English.
3. **Coordinate** - by agreeing the lead service, identify priorities, resources and capabilities for an effective response, including the timings of further meetings.
4. **Jointly understanding risk**- by sharing information about the likelihood and potential impacts of threats and hazards to agree potential control measures.
5. Establish **shared situational awareness** - using METHANE (shown at page 23) and the Joint Decision Model (shown below 3.3.3).

Arrangements for Joint Working

Decision making in incident management follows a general pattern of:

- a. working out what's going on (situation);
- b. establishing what you need to achieve (direction);
- c. deciding what to do about it (action), all informed by a statement and understanding of overarching values and purpose.

Joint Decision Model (JDM)

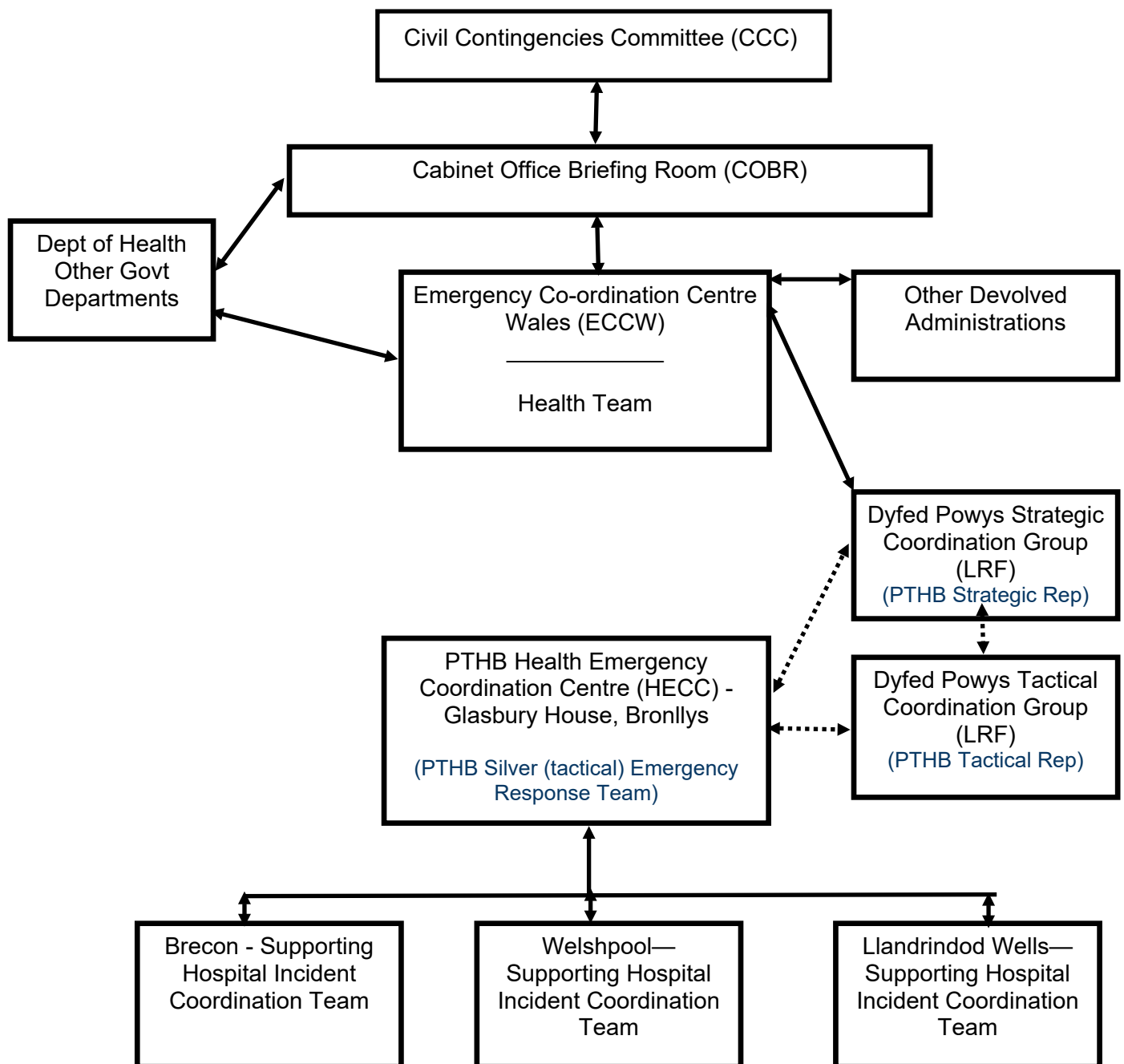
The JDM (as shown below) identifies best practice to support all decision makers. The JDM can be applied to decision making at any emergency incident and is suitable for use by Commanders throughout the chain of command.



An overview of the key components of the JDM is shown in the table below:

Gather information & intelligence	Assess risks & develop a working strategy	Consider powers, policies & procedures	Identify options and contingencies	Take action & review what happened
Defining the situation	Assessing the situation	What is applicable to the situation	Consider the options with least risk of harm	Make & implement action, then review
<ul style="list-style-type: none"> • What is happening? • What do you know so far? • What further information/intelligence do you want/need? 	<ul style="list-style-type: none"> • Do you need to take action immediately? • Do you need to seek more information? • What could go wrong or go well? • How probable is the risk or harm? • How serious would it be? • Is that level of risk acceptable? • Is this a situation for the Health Board alone to deal with? • Are you the appropriate person to deal with this? • What are you trying to achieve? • Develop a working strategy to guide subsequent stages. 	<ul style="list-style-type: none"> • What legislation applies? • Does the Health Board have the power to initiate action? • Is there any guidance covering the situation? • Do any NHS, LRF or WG plans or guidance apply? 	<ul style="list-style-type: none"> • What options are open to you? • Will the response be proportionate, legitimate and necessary? • What will you do if things do not happen as anticipated? 	<ul style="list-style-type: none"> • Implement option selected. • Does anyone else need to know what you have decided? • Record what you did and why. • Monitor • What happened as a result of your decision? • Was it what you wanted or expected to happen? • Review your decisions using the JDM. • What lessons can you take from how things turned out? • What might you do differently next time?

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PTHB Integration with multi-agency partners in a Major Incident or Emergency.**Note:**

- Ensure that there are clear lines of communication between PTHB representatives at the Strategic and Tactical level Coordinating Groups and internal HECC as considered appropriate
- The NHS Wales Mass Casualty structure will be established in the event that NHS Wales is responding to a declared mass casualty incident; a diagram showing the NHS Wales Mass Casualty response structure can be found at page 42.

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5.0 INCIDENT NOTIFICATION PROCESS

Brecon switchboard provides a single point of contact for all emergencies.

PTHB may be alerted to developing incidents or emergencies through a variety of routes. All incidents and emergencies should be escalated to the Gold On-Call, in line with 'business as usual' escalation arrangements.

5.1 FORMAL NOTIFICATION OF A MAJOR INCIDENT DECLARATION

A formal notification of a major incident alert will usually arise through the Welsh Ambulance Service NHS Trust (WAST) control room, by providing Brecon Switchboard staff with a METHANE situation awareness report, as detailed below. This does not preclude that an incident might arise due to incidents which do not affect WAST and therefore notification may arise from other sources or through an internal request to declare a major incident.

Where a formal notification of a major incident alert has been received, Brecon Switchboard will immediately notify the Gold On-Call with details of the METHANE report for any major incident alert

METHANE Situational Awareness Report

A METHANE is a structured situation report (as shown in the table below) that all emergency services control rooms use to ensure that responding organisations receive a shared situational awareness of the incident.

M ajor incident declared	Has another agency e.g. WAST, Emergency Services or Local Authority declared a Major Incident?
E xact location	Where is the incident occurring exactly?
T ype of incident	What is happening?
H azards present or suspected	Damaged building, rising flood water, infectious disease?
A ccess - routes that are safe to use	
N umber, type, severity of casualties	Or patients or staff affected?
E mergency services present and those required	Any other assistance required?

Further updates to the METHANE may be provided throughout the response phase as more detail on the incident emerges.

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5.2 MAJOR INCIDENT STATUS

In the event of a major incident the following alerts may be used:

Major Incident “Standby” -

This is when the incident does not require an immediate response but where there is considered to be the potential for the incident to escalate. A decision will be made to send out a ‘standby alert’ to the Health Board while the incident is being monitored and if necessary a major incident can be declared.

Major Incident “Declared” –

An immediate response is required for the Health Board to activate the Major Incident and Emergency Response Plan and mobilise additional resources to respond to the major incident.

Major Incident “Declared – Mass Casualty Incident”

when the threshold of the mass casualty definition has been met (where the number/type of casualties overwhelms the conventional major incident response) and the action of the Mass Casualty Incident Arrangements for NHS Wales is required.

Major Incident “Cancelled” –

this message signifies the “stand down” of the Major Incident. This message should then be cascaded down to all staff involved in the incident.

Major Incident “Stand Down” –

This message signifies the “Stand Down” of the Major Incident. This message should be cascaded down to all staff involved in the incident.

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6.0 ACTIVATION AND RESPONSE

6.1 INCIDENT STAGES

The table below outlines the three key stages for response:

Stage 1 – Initial Response	<ul style="list-style-type: none"> • establishing the scope of the incident; • gathering the relevant information and disseminating it to those people who need to be involved; • deciding aims and objectives; • establishing command and control.
Stage 2 – Containment	<ul style="list-style-type: none"> • preventing exacerbation; • caring for those affected; • staff briefing; • public information; • liaison with partners; • considering recovery.
Stage 3 – Resolution and Recovery	<ul style="list-style-type: none"> • restoration/returning the situation to normal or 'new normal'; • maintaining communications with patients, staff and stakeholders; • providing support to staff and patients; • debriefing staff; • ensuring lessons learnt are adopted into practice.

6.2 ACTIVATION OF THE PLAN

The decision to activate the arrangements outlined within this plan will be made by the Gold On-Call.

Where the Gold On-Call has been advised that an incident or emergency has occurred, the Gold On-Call officer will need to consider the information provided to assess the impact of the major incident or emergency on PTHB and determine the level of response required.

Assessment

Questions to consider:	
What is the size and impact of the incident?	Area likely to be affected, restricted or widespread, level of immediacy of potential danger, timing – has the incident occurred or is it likely to happen?
What is the status of the incident?	Under control, contained but possibility of escalation, out of control and threatening?
What is the likely impact?	On people involved, on property, the environment, transport, communications.

	On external interests, media, relatives, adjacent areas and partner organisations.
What specific assistance is being requested?	How urgent is the assistance required?

The decision on the level of response required to be activated by PTHB in the event of a major incident or emergency will be confirmed by the PTHB Gold On-Call. In circumstances where a **formal major incident alert has been received**, the decision will be made in liaison with the Chief Executive Officer or their Deputy.

The Gold On-Call will then confirm the immediate course of action to be taken by PTHB.

In the event of a formal 'major incident' alert, the initial METHANE report provided will subsequently be used to form the basis of the initial briefing for the Health Board's internal and external communications cascade procedures, on the instruction of the Gold On-Call. The communications cascade procedure is detailed within the PTHB Emergency Contacts Directory.

6.3 PTHB INTERNAL LEVELS OF RESPONSE

The table below provides a guide for the command and control arrangement activity based on three different levels of incident.

Level	Command and Control
NORMAL - An incident that can be managed as within 'Business as Usual' structures.	No formal command and control structure required.
ENHANCED - An incident that requires a coordination of response, that does not met the definition of a major incident for PTHB.	PTHB internal Silver Group Representation at Dyfed Powys LRF Coordination Group may be required if established.
MAJOR - Critical Incident or Major Incident Major Emergency i.e. <i>national scale emergency</i>	PTHB Emergency Response Team (silver) Representation at Dyfed Powys LRF Tactical Coordination Group. PTHB nominated Gold commander for the incident to attend Dyfed Powys Strategic Coordination Group. CEO to determine requirement for PTHB Internal Gold Command Group Internal Gold, Silver, Bronze Groups to be established.

6.4 ENHANCED LEVEL RESPONSE ACTIONS

The Enhanced response will be managed by an internal Silver Group. The Silver Group will be staffed flexibly with the requirements of the incident dictating its membership. The below list provides an outline of the actions of the Silver Group:

- Follow the Joint Decision Model (page 23) to coordinate information, maintain shared situational awareness, record and share dynamic risk assessments and develop the tactical plan and procedures in response to the incident.
- Ensure that PTHB is represented at multi-agency coordination groups and provide support as necessary.
- Coordinate tasks
- Determine priorities in allocating resources
- Agree internal/external communications
- Provide accurate and timely information
- Regularly update the Chief Executive
- Keep a decision log.

6.5 MAJOR INCIDENT RESPONSE ACTIONS

In response to a major incident a PTHB Emergency Response Team (ERT) will be convened. The membership of the PTHB ERT will be staffed flexibly with the requirements of the incident dictating its membership and may include – *see original plan*:

Detailed Action Cards for the following key roles in a major incident are available at page 50 of this plan.

Action Card 1	Action Card 2	Action Card 3	Action Card 4	Action Card 5
Gold On-Call	Silver On-Call	Chair of the ERT/HECC	PTHB SCG Representative	PTHB TCG Representative
Action Card 6	Action Card 7	Action Card 8	Action Card 9	Action Card 10
Patient Flow Coordinator	Comms Lead	Loggist	Accessing the HECC	Major/Mass Casualty Incident Administrator

Using the Joint Decision Model (page 23) to coordinate information, maintain shared situational awareness, record and share dynamic risk assessments and develop the tactical plan and procedures in response to the incident, the ERT will follow the actions described in Action Card 3 to coordinate the tactical level internal response to the incident.

6.6 MAJOR INCIDENT DECLARED – MASS CASUALTY INCIDENT ACTIONS

In the event that a mass casualty incident has been declared, NHS Wales will activate the Mass Casualty Arrangements for Wales. The Gold On-Call will undertake of the all immediate actions as outlined in the Gold On-Call Action Card in response to a 'Major Incident Declared' alert and in addition, will immediately:

- Notify the CEO of the declaration of the Mass Casualty Incident to ensure CEO/Executive level representation at NHS Wales Strategic Health Group teleconference;

- Notify the Medical Director to ensure representation at the NHS Wales Medical Directors Clinical Casualty Clearing teleconference;
- Ensure that the Mass Casualty Dashboard is populated with Powys-wide available bed capacity data;

6.7 CRITICAL INCIDENT

If the incident is declared as a 'critical incident' follow the arrangements outlined for a major incident. The ERT will need to determine if support from other agencies is required in response to a declared 'critical incident'.

6.8 BUSINESS CONTINUITY INCIDENT

If the incident is a business continuity incident then follow the arrangements set out in the Corporate Business Continuity Plan, which are closely aligned to this Major Incident and Emergency Response Plan.

In the event that there are business continuity impacts in a major incident, the Gold On-Call officer or Chair of the ERT, there may be a need to establish a Business Continuity Incident Management Group to respond to the business continuity aspects of the response. In this circumstance the Chair of the ERT will remain in overall charge of the internal response.

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7.0 ADDITIONAL CONSIDERATIONS FOR RESPONSE

The emergency services will continue to update the initial METHANE situation report at regular intervals throughout the response to the incident via the Major/Mass Casualty Incident Dashboard. Action Card 9 outlines process for populating and viewing information on the dashboard.

7.1 SITREPS

Depending on the nature of the incident, the Health Board may be required to submit regular SitReps to DP LRF. SitReps will be coordinated through the PTHB Silver/PTHB ERT. The battle rhythm for SitReps will be determined by the SCG.

7.2 RECORD KEEPING

During a Major Incident, it is imperative that accurate records are kept of all key decisions and actions, including the date and time that they were made. It is also vital to accurately record the rationale behind the decisions and actions taken. Should there be any adverse effects created as a result of actions or decisions taken by PTHB in response to a Major Incident or emergency, each of those decisions needs to be justified and this can only happen within the context of detailed and accurate record keeping.

It is also essential that when attending multi-agency coordination groups, the Health Board representatives at the Strategic Coordination Group and the Tactical Coordination Group record their decisions contemporaneously. As a minimum, the record should include:

- date;
- time;
- situation;
- hazards and risks;
- options available;
- options chosen;
- rationale for option chosen and those not taken.

Each responsible manager should also keep their own records, whether personally or assisted by a trained Loggists if attending a multi-agency coordination group or undertaking the role of Chair of the PTHB ERT.

PTHB has a number of trained Loggists who may be called upon in response to a major incident or emergency. Relevant contact details are detailed within the PTHB Emergency Contacts Directory. Trained Loggists are not responsible for taking minutes of incident meetings, a separate minute taker should be used to undertake this role.

All trained Loggist will be provided with a copy of the PTHB Decision Log Book and an electronic log template on completion of their training. Copies of the Decision Log Book. Copies will also be held in the Major Incident Cupboard, located in the HECC.

7.3 TEMPLATES

A series of useful templates for use in an incident *i.e.* electronic record decision log, risk register, action tracker, financial log are available <http://nwww.powysthb.wales.nhs.uk/civil-contingency-section>

7.4 LEGAL FRAMEWORK - PRESERVATION OF DOCUMENTS

Following a major incident or emergency PTHB may be invited or required to provide evidence to an appropriate enforcement agency (e.g. HSE), a judicial inquiry, a coroner's inquest, the Police or a civil court hearing compensation claims. In the course of any or each of these, we may well be obliged or advised to give access to documents produced prior to, during and as a result of the incident. Under no circumstances must any document which relates or may in any way relate (however slightly) to the incident, be destroyed, amended, held back or mislaid. PTHB Corporate Governance Lead will advise on the retention, storage and management of documents for this purpose.

Definition of "Documents"

For these purposes "documents" means not only pieces of paper but also photographs, audio and videotapes, and information held on computers. It also includes internal electronic mail. The vital message 'Preserve and Protect' – needs to be spread very quickly during a major incident and must reach those who might quite unknowingly hold significant documents.

7.5 LIAISING WITH THE MEDIA

Emergencies may generate huge media interest on a National, and even an International scale. Both professional media and members of the public have a great appetite for information and it is important to handle this appropriately. Media handling is an integral part of emergency planning arrangements because:

- Without appropriate procedures in place, large volumes of media enquiries have the potential to reduce the effectiveness of the responding agencies. By having an efficient media team, responding agencies can concentrate on their core business of responding to the incident;
- The media are the main, sometimes only, source of information for the public in an emergency. In the early stage, this will include the families of those involved. By issuing regular updates to the media, the number of direct enquiries can be reduced.

Social Media

The advent of Social Media (Facebook, Twitter etc.) means that we can put messages directly into the public domain without the time delay of going through professional media and without the editorial bias that they can put onto our messages. Managing Social Media requires a careful balance between not being involved enough and allowing it to take up too much time.

Co-ordination of the Media Response

The Local Resilience Forum Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the nominated Communications Lead and other agencies to agree media involvement and press statements. PTHB and Public Health Wales [if involved] will need to give proactive advice, for example in the case of chemical incident, or may be asked for comments by the media.

On occasions when emergencies are ongoing, without the Strategic Coordination [Gold] Group being established, the police will be responsible for co-ordinating joint press releases.

7.6 STAFF WELFARE

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- health and Safety;
- the availability of food and other refreshments;
- working hours;
- rest breaks;
- travel arrangements;
- consideration of personnel circumstances;
- emotional support during and after the incident;
- human factors as a result of an incident especially when dealing with protracted incidents.

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly during handovers.

7.7 HEALTH AND SAFETY

The Health & Safety at Work Act 1974 places a general duty on employers to ensure, as far as is reasonably practicable, that the health, safety and welfare of their employees is safeguarded. This duty also applies to persons contracted to them and to members of the public. This duty extends to emergency situations placing a responsibility on Health Boards to ensure the health and safety implications of all activities are considered.

A major incident may involve staff working in areas that they are unfamiliar with. During the response to an incident, members of staff will not be expected to compromise their personal health and safety and the PTHB Staff must follow the PTHB Health and Safety and Risk Management Policies and Procedures will continue to apply. PTHB Health and Safety advisors should be notified of an incident the earliest opportunity.

Personal Protective Equipment (PPE)

PTHB staff will not be required to work within the inner cordon at an emergency. Only personnel who are trained and appropriately equipped will be requested to scene of an incident in support of the Welsh Ambulance Service Trust as recommended in the all Wales MERIT (Medical Emergency Response Incident Team) Guidance.

PTHB hospital sites with Minor Injury Units have access to standard precautionary PPE, including FFP3 respirators.

7.8 VULNERABLE PEOPLE

In partnership with the local authority, PTHB may be asked to identify members of the public who are vulnerable or who may become vulnerable due to the nature of the incident. Increased support in the community would be arranged through provider services. Examples of vulnerable people are:

- those already ill, either with acutely or chronic health conditions;
- people with dependencies;
- people with physical or mental health disabilities;

- parents with babies or young children, or pregnant women;
- people receiving extensive social or health home care such as renal dialysis;
- the young or elderly and confused;
- people whose social circumstances have altered in such a way as a result of the emergency that they can no longer care for their own needs.

Further Planning Advice can be found in the Cabinet Office “Identifying People Who are Vulnerable in a Crisis” guidance for emergency planners and responders. A copy of the guidance is available in the Major Incident Cupboard.

7.9 PSYCHOLOGICAL SUPPORT

PTHB will explore options for the provision of social and psychological support in conjunction with Powys County Council in the event of a major incident. PTHB will work with the PTHB mental health services, general practitioners and social services to ensure that all individuals have access to appropriate short and long-term support.

Debriefing is a core component of a major incident response and provides a helpful and meaningful means of coping with feelings and concerns.

C.A.L.L. Helpline

Community Advise and Listening Line offers emotional support and information/literature on Mental Health and related matters to the people of Wales. **C.A.L.L Helpline** offers a confidential listening support service. Freephone: 0800 132 737 or Text ‘call’ to 60062. <http://www.callhelpline.org.uk>.

7.10 FINANCE

A designated financial emergency cost code will be provided by the Finance Department, for use in the event of an emergency.

7.11 MUTUAL AID

Mutual Aid is an agreement to lend assistance across neighbouring boundaries and partner organisations. This may occur due to a significant incident response that exceeds local resources. It can involve offering resources to help support partners e.g. man hours, materials etc. Prior to Mutual Aid being agreed, the Health Board will take reasonable appropriate steps to assess that all services and supplies are self-protected during a major incident.

7.12 VERY IMPORTANT PEOPLE (VIP)

The Chair of PTHB should be notified immediately, if intelligence becomes available to notify PTHB of any VIP (or VIPs) who may be or has the potential to be present in Powys during the incident. Normal arrangements will be required (i.e. early liaison with the Police etc. for advice on security) as with any VIP and consideration should be given to minimise the impact on operational services and communications.

7.13 MILITARY AID TO THE CIVIL AUTHORITIES (MACA)

All requests for MACA support will be considered by the multi-agency Strategic Coordination Group.

Requesting MACA should always be the last resort, having first explored mutual aid between civil agencies and other private sector options. Military Assistance may incur costs on the organisation or government department making the request.

7.14 INFORMATION SHARING

Under the Civil Contingencies Act, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders.

In emergencies and major incidents information relating to patients, employees and Health Board assets may be shared with another agency. It is important that this is handled in accordance with appropriate guidelines.

Information sharing guidance to consider

- it is the job of the Data Protection Act 1998 to balance individuals' rights to privacy with legitimate and proportionate use of personal information by organisations;
- during an emergency it is more likely than not that it will be in the interest of the individual data subjects for personal data to be shared;
- when considering the issues and to help get the right decision in an emergency it is acceptable for responders to have in mind some fairly broad-brush and straightforward questions;
 - is it unfair to the individual to disclose their information?
 - what expectations would they have in the emergency at hand?
 - am I acting for their benefit and it is in the public interest to share the information?
- these suggested perspectives are not a substitute for decision about fair and lawful processing, whether a Data Protection Act 1998 condition is met or whether a duty of confidentiality applies, but they are useful tools in getting the right view;
- the absence of a data sharing agreement should not prevent us from sharing data, particularly when responding to an actual emergency event;
- always document any decision to share or not to share information.

Key Principles

- data protection legislation does not prohibit the collection and sharing of personal data – it provides a framework where personal data can be used with confidence that individuals 'privacy rights are respected';
- emergency responders' starting point should be to consider the risk and the potential harm that may arise if they do not share information;
- emergency responders should balance the potential damage to the individual (and where appropriate the public interest of keeping the information confidential) against the public interest in sharing the information;
- in emergencies, the public interest consideration will generally be more significant than during day-to-day business;
- always check whether the objective can still be achieved by passing less personal data;
- Category 1 and 2 responders should be robust in asserting their power to share personal data lawfully in emergency planning, response and recovery situations;
- the consent of the data subject is not always a necessary precondition to lawful data sharing;

- you should seek advice where you are in doubt – though prepare on the basis that you will need to make a decision without formal advice during an emergency.

'HM Government – Data protection and sharing: Guidance for emergency planners and responders' is available in the major incident cupboard.

7.15 HUMANITARIAN ASSISTANCE CENTRES/ REST CENTRES

Led by the Local Authorities, who have responsibility to ensure the economic, social and environmental well-being of the community they serve. In a major incident or emergency, the provision of a Humanitarian Assistance Centres/Rest Centre will be provided to enable those affected by the event have a central point of access to information, assistance, care and advice/temporary shelter following evacuation. PTHB may be asked to contribute to these arrangements by providing staff to signpost those affected by an emergency to relevant NHS services or to provide resources for the provision of health care to those evacuated; this may include health checks.

7.16 CROSS BOUNDARY/BORDER ARRANGEMENTS

Where an incident crosses Health Board boundary, the following measures need to be considered: -

- establish appropriate co-ordination arrangements between the Health Boards (or Trusts) concerned;
- agree a lead Health Board/Trust – this will normally be the one where the incident has occurred and should take account of Police arrangements for providing Strategic (Gold) control.

7.17 VOLUNTARY AID SOCIETIES

The title "Voluntary Aid Society" is taken in this context to mean PAVO, WRVS, Red Cross, CRUSE, League of Friends and St John's Ambulance Brigade, all of whom have skills and resources, which may be relevant to the health care and welfare of casualties.

If the incident involves large numbers and/or is likely to be prolonged the Voluntary Aid Societies can provide much valuable support to the PTHB. Voluntary Agencies are coordinated via the Duty Emergency Planning Officer, Powys County Council in an emergency.

7.18 RELIGIOUS AND CULTURAL SENSITIVITY

PTHB's response in an incident must continue to respect the religious, ethnic and cultural background of patients who may present for treatment. Staff should continue to display sensitivity in working with patients and their families in the event of an incident. *The Needs of Faith Communities in Major Emergencies. Some Guidelines – Home Office and Cabinet Office 2005*, contains culturally specific advice on:

- diet and fasting;
- medical treatment;
- hospital and rest centre stays;
- dying and death customs.

7.19 RECOVERY PHASE

Post the initial phase longer-term action can be planned and absorbed into normal services. This will include:

- providing extra support to hospitals or diversion of work;
- assessing the continuing need for primary and community health services (such as psychosocial support and counselling);
- checking adequate arrangements have been made to protect the immediate and longer-term health of NHS staff that may have been personally affected through Occupational Health;
- consideration of the legal and financial risks arising from the incident;
- coordinating and maintaining long-term recovery of healthcare services;
- assessing the impact of the Major Incident on everyday healthcare, including waiting lists;
- providing psychiatric and psychological help to people in need;

The Cabinet Office [Guidance on Recovery](#) provides guidance to for staff of responder agencies, particularly senior officers or managers involved in emergency response and recovery preparations

Recovery Coordination Group

A multi-agency Recovery Coordination Group may be required in response to a major incident or emergency. This will initially be set up as a sub-committee of Dyfed Powys SCG (Strategic Coordination Group). Under normal circumstances this will be chaired by the Local Authority.

Debrief

In order to identify lessons learnt, a series of debriefs post incident are seen as good practice:

- a hot debrief – held immediately after the event;
- organisational debrief – as soon after the event as is practicable;
- multi-agency group debrief – should be represented by all involved in the response.

A debrief will seek to identify:

- what was supposed to happen?
- what actually happened?
- why were there differences?
- what did we learn?
- are there any improvements to be made and procedures?

The debrief process will be supported by a post incident report and action plan which will be signed off by the Executive Committee, in order to update PTHB plans and identify any future training and exercising requirements.

8.0 SPECIFIC OPERATIONAL ARRANGEMENTS

This section covers areas of specific operational arrangements and risks.

8.1 INCIDENT SITE ACTIONS

Whilst it is very unlikely that PTHB will be required to attend the incident site itself, it is important that the Health Board has an overview of the actions that will be undertaken by partner organisations who have a role in responding directly at the scene of incidents.

Coordination of operations at the site of the incident will normally be in the hands of the Police. In the case of a major fire, this coordination will be in the hands of the Senior Fire Officer. If the incident is within the premises of a major industrial concern (e.g. the oil industry) coordination may be in the hands of a Senior Officer of that industry.

Medical Advisor

Overall responsibility for the management of medical resources at the scene of the major incident will be that of the first doctor or Ambulance Paramedic on site, until relieved by the Medical Advisor. The Emergency Medical and Retrieval Transfer Service (EMRTS) will fulfil the Medical Advisor role at the scene of a major incident.

Casualty Clearing Station

In conjunction with the Ambulance Incident Officer, the Medical Incident Officer should establish a Casualty Clearing Station to sort casualties and direct their evacuation.

The Medical Incident Officer is a senior clinician, who has the managerial responsibility for the deployment of medical and nursing staff at the scene of an incident and will liaise closely with the Ambulance Incident Officer to ensure effective management of resources.

Priorities for evacuation from scene should follow the coding shown in the table below.

Triage Priority	Order of Treatment	Description of Casualties Needs
P1	1 st	IMMEDIATE – Immediate life saving procedures required.
P2	2 nd	URGENT – Casualties who require urgent surgical or medical intervention
P3	3 rd	DELAYED – Less Serious cases where treatment can be delayed. Walking cases.
P4		EXPECTANT – Casualties who injuries are so severe that they either cannot survive or would required so much input from the limited resources available, that their treatment would seriously compromise the treatment of large numbers of less seriously injured casualties. The implementation of this category must be authorised by the Chief Medical Officers' office at Welsh Government. To date, this category has not been utilised in any civilian major incident in the UK.
Dead		

Medical Emergency Response Incident Team (MERIT)

Where it considered appropriate that the treatment of casualties should be carried out at the incident site, WAST will request that a MERIT team is dispatched to the site. The MERIT team consists of registered general nurses from Emergency Departments who have received appropriate training to enable them to be called up to support a major incident pre-hospital response. WAST will request MERIT assistance as required via the designated acute hospitals Switchboards.

Add in role of the trauma networks in major incident response – currently being worked through for major incident/mass casualty

Work to understand the role of the major trauma network in a major incident and mass casualty is currently being undertaken.

8.2 DEALING WITH FATALITIES

This is the responsibility of Her Majesty's Coroner (via the Police). As a general rule, no such persons shall be moved without the advice of the Police.

Dyfed Powys Mass Fatalities Plan

The temporary mortuary arrangements within Dyfed Powys are facilitated by the **Dyfed Powys Mass Fatalities Plan**. This plan details the multi-agency arrangements. Local Authorities have the statutory duty to provide temporary mortuary facilities on behalf of the Coroner. The four Local Authorities within Dyfed Powys maintain contracts with specialist providers of such services (e.g. Blake Emergency Services) and are the identified licence holders. The Coroner will request the commissioning of a Temporary Mortuary at one of the designated sites within the county.

Any such temporary mortuary facility will be jointly operated by the Police and Local Authority on behalf of the Coroner in premises arranged by the Lead Local Authority, in whose area the incident takes place.

Powys community hospital mortuaries (body storage only) have only a limited capacity to expand to accommodate fatalities (subject to existing occupancy). PTHB may be called upon to provide support, staff or equipment, as considered appropriate.

8.3 FORENSIC CONSIDERATIONS

Any major incident (which is not a natural occurrence) where fatalities occur, will be the subject to a criminal inquiry and every effort must be made to preserve forensic evidence for subsequent investigation.

All forensic material including clothing, personal effects and any other artefacts brought into a Powys NHS facility in relation to a patient/victim of a major incident must be retained in a clear plastic bag and labelled with details, if known, of the owner. Any materials not identifiable as being the property of an individual must also be clear bagged and labelled with the date, time and location at which found. Dyfed Powys Forensic Officers will collect material from hospitals.

Under the authority of the Coroner, Dyfed Powys Police will undertake work relating to the identification of bodies and management of their belongings etc. known as **Disaster Victim Identification (DVI)**.

8.4 NETWORKS (CRITICAL CARE AND TRAUMA, BURNS)

Clinical networks exist in many specialist areas of care and ensure that patients can access the optimum care for their condition, work is undertaken at a national and local level to ensure that the arrangements set out in the Health Board's major incident plan dovetails with the relevant network plans.

8.5 ARRANGEMENTS FOR CHILDREN

Health Boards must consider the special needs of children and their families resulting from emergencies. Where children are involved in a major incident then immediate advice should be sought from a Consultant Paediatrician.

Acute Hospitals follow the principle that where adults and children from the same family are involved in a major incident and the facilities for adults and children are in separate hospitals:

- if both adults and children are seriously injured, they may need to be taken to separate facilities, but a balance needs to be struck between the benefits to children of being kept close to their parents, and their distress at seeing severely injured patients;
- if adults are seriously injured, but children are uninjured or have only minor injuries, then the family should be taken to the hospital receiving the adults where arrangements for the care of the children should be made;
- if the children are seriously injured, but the adults uninjured or have only minor injuries, then the family should be taken to the children's hospital where one exists, where the adults can be treated and help in the children's care;
- at the hospital, the assistance of Paediatricians should be sought to work in conjunction with the Emergency Department Consultant and, wherever possible, children will be cared for by paediatric-trained medical and nursing staff.

Children who self-present with minor injuries will be dealt with in accordance with the Powys Minor Injuries Policies and relevant Safeguarding policies and procedures.

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9.0 SPECIFIC THREATS

9.1 MASS CASUALTIES INCIDENTS

Definition of a mass casualty incident

NHS Wales Emergency Planning Guidance, Mass Casualty Incidents: A Framework for Planning, November 2015 defines a Mass Casualty Incident as:

“A disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response”

A mass casualty incident will consequently be defined by the circumstances and apparent numbers of the episode and not by the initial assessment of numbers of casualties. Numeric assessments are not possible in such incidents often for hours or days. It will generally be recognised by its scale and the fact that normal major incidents responses will be insufficient.

Mass Casualty Incident Arrangements for NHS Wales

The *Mass Casualty Incident Arrangements for NHS Wales*, issued by Welsh Government (Version 3, July 2019), sets out the over-arching arrangements for NHS Wales to respond collectively to a mass casualty incident in Wales at strategic, tactical and operational levels.

Whilst the key elements of PTHB's strategic and tactical level response to a mass casualty incident have been incorporated within the response section of this Civil Contingencies Plan; the *Mass Casualty Incident Arrangements for NHS Wales's* document should be referred to in the event of a mass casualty incident. A copy of the Arrangements document is available in the Major Incident Cupboard and has also been issued to:

- Gold On-Call officers;
- Silver On-Call officers.

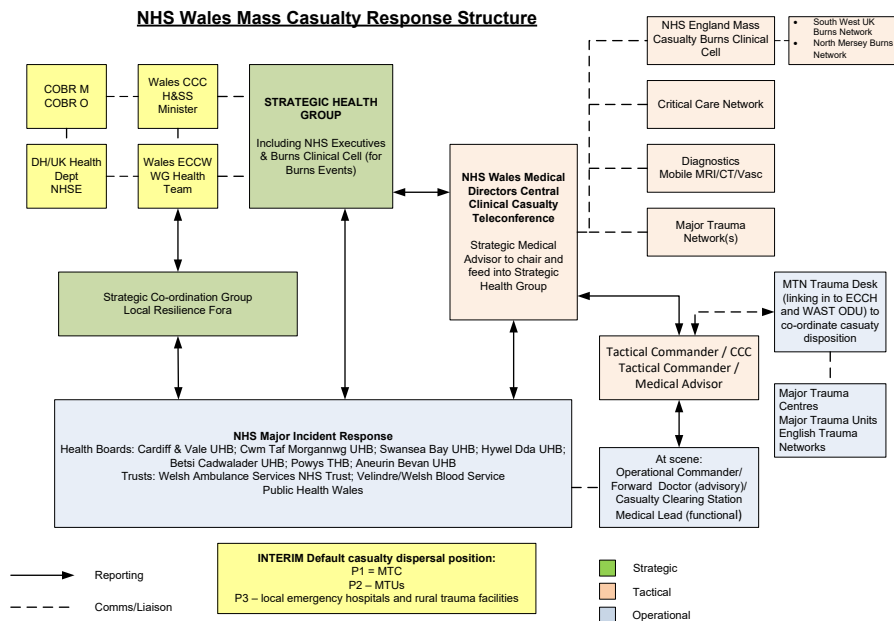
General Information

Responding effectively to a mass casualty incident requires an integrated approach to service delivery by Health Boards working in partnership with other Health Boards, Trusts and partner Category 1 and 2 responders. In planning their response to these types of incidents, all health organisations will need to ensure business continuity and escalation processes, and the on-going provision of services for patients who require urgent medical attention but who are not associated with the incident/s.

Command, control and co-ordination arrangements of NHS Wales for dealing with a mass casualty incident, building on existing major incident plans, are set out in 'Mass Casualty Incident Arrangements for NHS Wales'.

The Arrangements provide a response framework for NHS Wales organisations to escalate and combine their capabilities, while allowing each of their respective major incident plans to address internal capacity, staffing and resource issues and/or within local multi-agency arrangements.

NHS Wales Mass Casualty Response Structure (Interim structure Nov '21)



Role of Health Boards in a Mass Casualty Incident

In addition to standing up command and control structures and activating their internal major incident response, all Health Boards will:

- activate arrangements to care for an increased number of potentially seriously ill or injured patients simultaneously;
- ensure representation at over-arching mass casualty incident co-ordination structures (as shown above);
- ensure that the Major Incident Dashboard page is completed and regularly updated.
- consider the care of existing patients whilst meeting the clinical needs of those affected by the mass casualty incident, as opportunities to transfer on –going day to day emergency patients will be limited;
- in liaison with WAST, EMERTS and other Health Boards, work to ensure casualties are treated at the most appropriate location;
- ensure implementation of the All Wales Critical Care Escalation Guidance and Plans.

As a provider of primary care and community health services, PTHB may also be required to:

- manage and facilitate accelerated patient discharges from Hospitals;
- establish close liaison with Social Services, other Local Authority departments and other agencies to meet the needs of people affected;
- explore options for the provision of social and psychological support;
- ensure that the health needs of people at survivor rest centres and rest centres have effective access to health care and support;
- recognise signs and symptoms of casualties referring to surgeries who have been exposed to chemical/biological agents and be aware of appropriate treatment pathways;
- deal with a large influx of patients who need healthcare advice and re-assurance;
- provide support to ongoing mass vaccination and treatment programmes.

The following challenges may be experienced by the Health Board in the event of a mass casualty incident:

- maintaining services for routine emergency admissions;
- maintaining on-going service continuity in a protracted incident;
- demand for increased capacity in community settings;
- caring for accelerated discharges in community settings;
- potential loss of services/infrastructures;
- potential shortage of essential supplies;
- CBRN(E) response;
- security of health board premises.

9.2 ENVIRONMENTAL INCIDENTS

Managing Public Health Risks from Environmental Incidents; Guidance for Wales 2014 should be used when the following definition of an environmental incident (with public health impacts) is met:

“any event (usually acute) in which there is, or could be, public exposure(s) to chemical or other hazardous substances which cause, or have the potential to cause, adverse health impacts”.

Environmental incidents may be the result of accidental or deliberate actions. The guidance describes arrangements by the core organisations (Local Authority, Public Health Wales, Public Health England, Health Board's, Natural Resources Wales) for the managing the public health aspects of environmental incidents in Wales, from those incidents requiring coordinated action through an Incident Management Team to those that escalate or are immediately significant requiring a Civil Contingency level coordinated response.

Note: Plans implemented under the Civil Contingencies Act will always take precedence over this guidance.

9.3 HAZARDOUS MATERIALS (HAZMAT) AND CHEMICAL, BIOLOGICAL, RADIOLOGICAL NUCLEAR AND CHEMICAL INCIDENTS

Hazardous Material (HAZMAT): an accidental release of a substance, agent or material which results in illness or injury to the public or the denial of an area or the interruption of the food chain.

Control of Major Accident Hazard [COMAH]

Powys has one Lower Tier COMAH establishment

Calor Gas Limited, Old Station Yard, Three Cocks Brecon, LD3 0SD

Chemical Biological Radiological Nuclear and explosive (CBRNe): a deliberate murderous and malicious act, the intention of which is to kill, sicken or prevent society from continuing with their normal daily business.

In a deliberate terrorist release, the police will establish a Strategic Coordination Group. The Dyfed Powys Local Resilience Forum *CBRN Plan* is in place for this type of incident.

In June 2016, Public Health Wales published *Decontamination Update: Guidance for Health Boards*. The key principles set out in this document are:

- First aid approach to decontamination;
- Dry decontamination is the default response to chemical exposure for non-caustic chemicals;
- Wet decontamination may still be required for caustic chemicals.

In the event of a major incident involving chemicals consideration should be given to activate hospital lockdown procedures, to prevent contaminated personnel entering the hospital building and potentially spreading the contamination.

The PTHB ERT must ensure that advice is obtained and implemented in relation to any contamination of the hospital environment by means of biological/chemical/radiation agents.

24 Hour Response

In the event of a Chemical incident advice must be sort from the on-call Public Health Consultant.

Note: Contact numbers are listed in PTHB Emergency Contacts Directory.

Dealing with Radiological Incidents

In the event of a major incident involving radiation, consideration should be given to activate the Hospital Lockdown procedures, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

The National Health Service does not normally provide the lead in responding to a release of radioactive materials unless occurring on NHS premises. The most likely scenarios involving radioactive materials are:

- Accidents during the transport of radioactive materials;
- Incidents involving lost or stolen radioactive material;
- The effects of a nuclear incident.

Radiation Protection Adviser

Current advisors are able to monitor casualties and advise on decontamination requirements. The current advisors are based at Singleton Hospital, during out of hours contact can be made by requesting the Medical Physics on call.

Response Standby

The extent of the response will depend upon the type of incidents and its impact. The response to three types of Incident are summarised below:

Where an Incident may involve the release of radiation the National Arrangements for Incidents involving Radioactivity (NAIR scheme) should be instigated by the Dyfed Powys Police (with assurance of the Fire Service who possess a mobile de-contamination unit).

Type 1 – Non-Injured Persons

These incidents are usually reported to the Radiation Protection Adviser at Singleton Hospital. If there is a need for the administration of drugs for treatment of internal contamination, the Ambulance Service should ensure that casualties are conveyed to the Emergency Department, Morriston Hospital, Swansea.

Type 2 – Injured Persons [e.g. Road Traffic Accident]

For these types of Incidents, there are two national schemes in place to provide support to the police who will lead any response these are:

- **RADSAFE** – This scheme provides expert assistance to the emergency services following an Incident involving the transport of radioactive material.
- **The National Arrangements for Incidents involving Radioactivity (NAIR)** - This scheme is administered by the National Radiation Protection Board and activated by the Police. In such situations, Physicists would be alerted to attend the scene to provide advice on protection measures and to respond to the Emergency Department receiving contaminated or irradiated casualties, this would usually be Morriston Hospital, Swansea.

Type 3 – Multiple Person Involved (e.g. Power Station Incident)

An incident of this magnitude will require a multi-agency response, the involvement of the National Radiation Board, and the Welsh Government. The Welsh Government will establish an Incident Response Team to coordinate the health response and provide support to the Police arrangements.

Reception and Treatment of Casualties

As soon as severely irradiated casualties have been decontaminated and stabilised, they should, in liaison with the Medical Team and the Radiation Advisor, be transferred to an appropriate facility which is suitably equipped to deal with them.

Radiation Monitoring for Members of the Public

The Radiation Protection Advisor may need to establish a temporary Radiation Monitoring Unit (RMU) to carry out health monitoring.

Public Health Information

Public Health Wales will provide appropriate advice to the Strategic Co-ordination Group who are responsible for coordinating mobile media information.

A Radiation Incident, however small, can cause widespread public anxiety and will require a robust public information and media response by the agencies involved. In such a situation, the Radiation (Emergency Preparedness and Public Information) Regulations 2001 (REPPPIR) will apply.

The Management of Biological Incidents

Public Health Departments are responsible for preparing and maintaining their plans for the management of incidents of communicable disease including clusters or outbreaks. This excludes incidents of food and water borne infections for which plans are maintained by the Local Authority environmental health departments.

Public Health legislation for the control of communicable disease is vested in Local Authorities;

- Public health (Control of Diseases) Act 1984;
- Public Health (Infectious Diseases) Regulations 1986.

Public Health Wales has a lead role in managing an outbreak of infectious diseases. The *All Wales Communicable Disease Plan* is available on the intranet and a copy is available in the Major Incident Cupboard.

Within PTHB, the Quality and Safety Unit are responsible for Infection Control Policies.

If requested by the Strategic Co-ordination Group (Gold), Public Health Wales will establish and Chair a Scientific and Technical Advisory Cell (STAC). Public Health Wales is responsible for appointing members of the STAC. This would not necessarily be a local group but is more likely to be a virtual group or based in Cardiff.

In major biological incidents in which large numbers of people need treatment the Health Board may be under pressure to maintain services. In such situation arrangements will need to be put into place to ensure adequate resources are in place. This may include invoking emergency planning procedures such as issuing health countermeasures as described in (8.6) Deliberate Chemical, Biological, Radiological and Nuclear (CBRN) Incidents and under (8.2) Chemical Incidents under sub-heading 'for caustic chemicals'.

Where investigations lead to suspect that clusters of a communicable disease may be due to bioterrorism, the Police should be informed, and arrangements for handling deliberate release should be put into place.

NHS Medical Countermeasures for use in a CBRN Incident

As part of the health service preparedness to respond to major emergencies the Welsh Government, in conjunction with DOH and other UK Health Departments, have established a UK stockpile of equipment, antibiotics, antidotes, vaccines and other health countermeasures for use in the event of a deliberate attack resulting in release of chemical, biological, radioactive or nuclear materials.

This stockpile should only be used in circumstances when the scale or nature of an incident demands counter measures that are beyond what is available routinely or what is held as part of the planned response to locally identified risks.

Welsh Government have issued guidance on the national stockpile to all Health Boards; a copy of this guidance is located in the Major Incident Cupboard (Glasbury House). Depending on the incident, the decision to deploy equipment or items will normally be made by the:

- Hospital Emergency Department Consultant or by the Ambulance Service;
- Public Health Wales in consultation with Health Boards (including Heads of Pharmacy and Public Health Directors) and Welsh Government.

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9.4 SECURITY INCIDENTS

The PTHB Security Protective Measures Policy acknowledges the links between a security incident and the arrangements set out in this plan e.g. incidents requiring full lockdown of a hospital site, including:

- suspected child abduction;
- violent behaviour in a hospital department;
- contamination following accidental or deliberate release of chemical, biological or radiological substances;
- increase in UK Government Threat level to 'Critical – an attack is highly likely in the near future'.

Lockdown can only be effective if is conducted quickly, either in response to a localised incident or intelligence received. All main PTHB hospital sites have developed local site security plans which include details on how the hospital will lockdown their facilities, depending on the level of risk.

9.5 CYBER INCIDENTS

Much work is currently being undertaken at national and local level to respond to the increasing risk and levels of cyber-attack on public organisations. It is likely that in the future, cyber resilience and response will be aligned more with Civil Contingencies structures.

In the event of a cyber-attack within the PTHB, the technical response will be led by PTHB ICT/Digital Leads whilst the service level response will be led from a business continuity perspective. However, if the impact is significant the activation of arrangements outlined with this plan may be required.

9.6 PANDEMIC INFLUENZA

The Powys Pandemic Influenza Framework provides a framework for responding to an influenza pandemic and is aimed to be used in response to other high infectious diseases. The Framework was adapted for use as part of the initial response to Covid-19.

9.7 SEVERE WEATHER

The PTHB Severe Weather Plan provides a framework for responding to potential and actual severe weather events.

9.8 EVACUATION

Where a total evacuation of a hospital site is required, the activation of arrangements outlined in this plan will be required. PTHB may also require to draw upon the arrangements set out in the Dyfed Powys LRF Evacuation and Shelter arrangements.

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List of Abbreviations

CCA	Civil Contingencies Act 2004
LRF	Local Resilience Forum
SCC	Strategic Coordination Centre
SCG	Strategic Coordinating Group
TCG	Tactical Coordinating Group
HECC	Health Emergency Coordination Centre
ERT	Emergency Response Team
ECC(W)	Emergency Control Centre (Wales)
CBRN	Chemical, Biological, Radiological and Nuclear
STAC	Scientific Technical Advice Cell
WAST	Welsh Ambulance Service Trust
MERIT	Medical Emergency Response Incident Team
EMRTS	Emergency Medical Retrieval and Transfer Services
JESIP	Joint Emergency Services Interoperability Programme
METHANE	Situational Awareness Report (<i>Major incident declared, Exact location, Type of incident, Hazards present or suspected, Access, Number, type, severity of casualties, Emergency services present and those required</i>)
JDM	Joint Decision Model

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ACTION CARDS – FOR INTERNAL USE ONLY

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POWYS TEACHING HEALTH BOARD

Civil Contingencies

CORPORATE BUSINESS CONTINUITY PLAN

Draft Version 3.0

Plan Approved by Executive Committee: January 2020

Review Date: December 2022

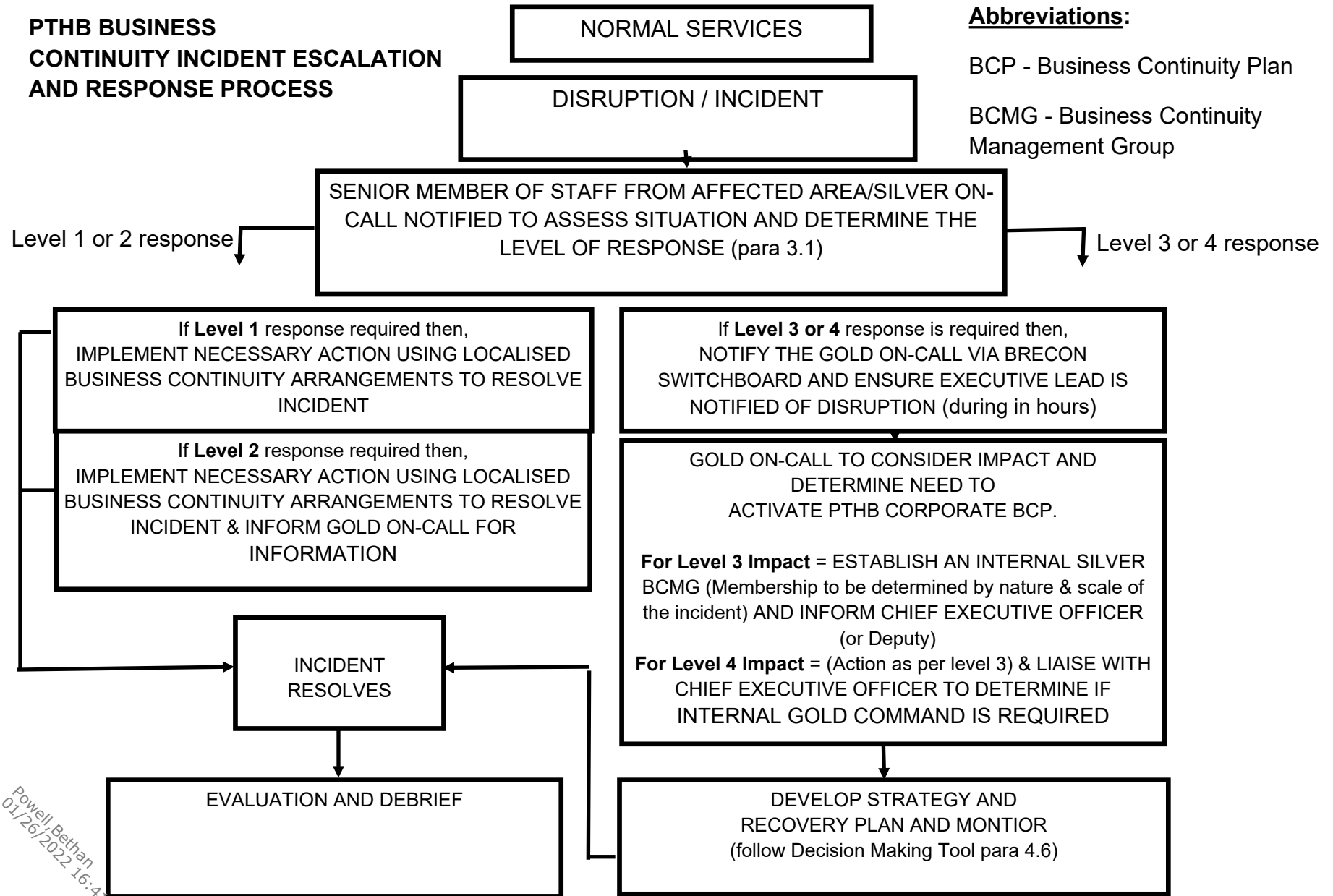
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**PTHB BUSINESS
CONTINUITY INCIDENT ESCALATION
AND RESPONSE PROCESS**

Abbreviations:

BCP - Business Continuity Plan

BCMG - Business Continuity
Management Group



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VERSION CONTROL

Date	Amendment Reference	Page/s Amended	Comment
06/03/19	Initial Publication of Plan	n/a	
Dec 19	Annual Review	All	Main updates reflect: <ul style="list-style-type: none"> • Changes to internal On-Call terminology i.e. Gold and Silver On-Call • Changes following organisational realignment • Updates to Annex B & C.
Nov 21	Annual Review – learning lessons from current response to COVID-19	All	Main updates reflect: <ul style="list-style-type: none"> • Alignment of plans with Major Incident and Emergency Response Plan • Update on previous Brexit ‘no-deal’ status; • Update to Annex B;

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SECTION 1 - INTRODUCTION

1.1 Introduction

The Civil Contingencies Act (CCA) 2004 and accompanying non-legislative measures, delivers a statutory framework of roles and responsibilities for organisations involved in civil protection at the local level.

The Act is separated into two parts:

Part 1: Local arrangements for civil protection

Part 2: Emergency powers (allows for the making of temporary special legislation to help deal with the most serious of emergencies).

Powys Teaching Health Board (PTHB) is defined as a Category 1 responder under the CCA and is subject to the full set of civil protection duties. These are to:

- assess the risk of emergencies occurring and use this to inform contingency planning;
- put in place emergency plans;
- put in place business continuity management arrangements;
- put in place arrangements to make information available to the public and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- share information and co-operate with other local responders to enhance coordination and efficiency.

In the context of the Health Boards duty to put in place business continuity management arrangements, the CCA requires Category 1 responders to '*maintain plans to ensure that they can continue to exercise their functions in the event of an emergency, so far as is reasonably practicable*'. Business continuity plans should incorporate the principles of Integrated Emergency Management (assessment, prevention, preparation, response, and recovery).

In order to meet these requirements, PTHB has produced a Civil Contingencies **Corporate Business Continuity Plan** which is regularly reviewed and updated. The plan has been developed to ensure that the Health Board is ready and able to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever part of the business they affect, so that priority patient services can be maintained.

Whilst business continuity management and emergency planning may be described as separate processes within an organisation, a business continuity incident may occur at the same time as a major incident or emergency or be triggered by it. It is critical therefore that the PTHB Corporate Business Continuity Plan and PTHB Major Incident and Emergency Response Plans are integrated and complementary to each other.

1.2 Aim of the Plan

The aim of this plan is to set out the procedures and strategies to be taken to ensure that PTHB maintains its critical functions in the event of an incident that causes serious or widespread interruptions to business operations. This corporate level Business Continuity Plan (BCP) should be implemented when an incident cannot be contained and managed at a local level.

The Corporate BCP is not intended to provide specific details of the response that the Health Board will take. This will be decided at the time of the disruption and will change depending on factors such as the type of disruption, when it occurs, which services it affects and the likely duration. The specific details on how a service is recovered e.g. what equipment and resources are needed is contained within service level BCPs.

1.3 Objectives

The objectives of this plan are to detail the arrangement to ensure that:

- disruption to PTHB's critical activities are minimized;
- the response to a business continuity disruption is effectively managed;
- the risks that may be faced by the Health Board are understood and measures are put in place to prevent or mitigate impact of these identified risks;
- the links to plans activated in response to any emergency are understood;
- lessons learnt during exercises or in response to disruptions are captured and inform the plan review process;
- PTHB complies with the statutory requirements of the Civil Contingencies Act 2004;

1.4 Guiding Principles

- business continuity disruptions are managed at the appropriate level;
- a business continuity response can be required to either prepare for an anticipated business continuity disruption, or to respond to such a disruption;
- business continuity management is a dynamic process. Lessons identified from training events, exercises and incidents are factored into the plan review process.

1.5 Scope

The plan details specific arrangements for the strategic and tactical level coordination and management of a business continuity incident that requires corporate level coordination of resources, to provide a flexible, integrated and scalable approach, that can be tailored to respond to a particular situation.

This is a generic plan that supports the response to any type of incident rather than a specific risk or hazard.

1.6 Governance

The Chief Executive holds overall responsibility for Civil Contingencies.

The Director of Public Health has been designated as the Executive Lead with delegated responsibility for the overall coordination of Civil Contingencies within PTHB.

PTHB commissions acute services from a number of external providers, both in England and Wales. PTHB will seek assurance from its commissioned service providers in relation to the legislative duties placed on them under the CCA; this will be achieved through the Health Board's

Commissioning Assurance Framework and through other means such as annual reporting mechanisms and participating in joint exercises.

PTHB's Business Continuity Management Policy establishes the arrangements for ensuring that the principles of business continuity management are embedded throughout the organisation. This plan is based on standards defined by the good practice guidelines set out by the Business Continuity Institute, the Civil Contingencies Act (2004), and ISO22301 and forms part of a hierarchy of BCPs that are in place to ensure that PTHB can meet its core business continuity objectives, as detailed within the policy. The business continuity objectives include, to:

- protect life;
- reduce the impact or harm to patients as a result of the disruption of treatments, appointments and services provided by PTHB;
- maintain critical infrastructure and facilities;
- maintain normal business operations as far as reasonably possible;
- minimise any negative impact on the reputation of PTHB or its employees as a result of a business continuity incident;

1.7 Plan Ownership and Review

As a minimum, this BCP will be reviewed on an annual basis, and will be subject to audit and review in light of a range of factors including:

- revised and new guidance and good practice e.g. that which may arise from the review of the CCA;
- Welsh Government requirements;
- feedback from internal and external audits and review;
- learning from actual incidents experienced by PTHB and others;
- re-structures and service redesign affecting critical services.

The **Civil Contingencies Manager** is responsible for updating this Plan, for version control and for ensuring that any major revisions to its content are agreed by the Executive Committee.

Any requests for changes to the plan should be made via the Civil Contingencies Manager.

1.8 Training and Exercising

In accordance with PTHB's Business Continuity Management Policy, the Health Board will ensure that:

- training is made available and completed to ensure that staff are familiarised with the health board's corporate BCP and service level BCPs;
- an exercise will be carried out annually to test the response outlined in the BCPs;
- this plan and any service specific plans will be reviewed and revised in light of any lessons learnt following an exercise or live incident.

The PTHB Civil Contingencies and Business Continuity Training Plan is available via the PTHB staff intranet site.

All records of staff training and exercising will be kept for audit purposes.

1.9 Publication and Distribution

This document is primarily an internal document. Any changes to the published Corporate BCP will be cascaded through routine Powys-wide communication channels (i.e. Powys Announcement).

The Corporate BCP will be held on the PTHB intranet site via <http://nwww.powysthb.wales.nhs.uk/civil-contingencies-section>.

Hard copies will be made available in the 'major incident cupboard', located within the Health Board's Emergency Coordination Centre (the HECC), in the Board Room, Glasbury House, Bronllys.

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SECTION 2 - GENERAL INFORMATION

2.1 High Level Risk Assessment

Risk assessments are regularly carried out as a part of the health board's daily business.

Corporate business continuity/emergency response plans are based on the national/local community risk registers e.g. PTHB Risk Management Strategies and Dyfed Powys Local Resilience Forum Community Risk Register.

The [Dyfed Powys Community Risk Register](#) provides information on potential emergencies that could have a major impact on communities. The risks described are natural hazards (non-malicious risks). The highest risk for the Dyfed Powys Local Resilience Forum area are:

- Pandemic Influenza;
- Flooding (coastal, river and surface water);
- Severe Weather;
- Loss of Infrastructure (electricity, water, gas, oil, fuel, transport, telecommunications, food, health and financial services);

Risks described as deliberate acts of third parties or terrorism are detailed in the [UK Gov's National Risk Register](#) and include threats e.g. *Cyber Attacks*.

Service level BCPs plan for the impact to services on a range of threats that might lead to disruption of services including:

- Loss of staff.
- Loss or denial of access to workplace.
- Loss of ICT/key data.
- Loss of key supplies (i.e. utilities, consumables, equipment etc.).

In addition to the above, individual services are asked to consider pandemic flu, severe weather and any identified risks that feature on their respective Directorate Risk Registers as part of the ongoing development and review of service level BCPs. Since the start of the COVID-19 pandemic, the potential for a cyber threat to NHS organisations is perceived to be higher, therefore the Health Boards business continuity policy will be updated to reflect the need for services to consider the impact on Cyber threats going forward.

The table shown at **Annex A** provides an example of potential threats that may cause disruption to PTHB services and maps out any associated emergency response plans or local measures that are in place to mitigate against these risks. The table has been updated to include reference to risks previously documented within this plan as part of the Health Board's 'No-Deal' Brexit scenario preparations. Whilst the UK has left the EU with a trade's agreement in place, some residual impacts following the UK's exit from the EU and from the COVID-19 pandemic are broadly similar and the reason for impact may not be easy to differentiate. A new Strategic System Resilience approach has been implemented by PTHB during Winter 2021 to respond to whole system operational impacts of winter 2021, as referenced in the Health Boards Annual Plan 2021-2022.

2.2 Prioritisation of Services

PTHB provides a diverse range of primary and community care services to the population of Powys.

In line with PTHB Business Continuity Management Policy, all services within each of the individual Directorate areas have completed a high level business impact analysis. As a result, each service has defined its 'recovery time objectives' i.e. the timescale in which the service needs to be recovered and is operational (to pre-determined minimum level) again.

The timescales are as follows:

CRITICAL - a service needing to be recovered within 0 - 1 hours.

CORE - a service needing to be recovered within 1 to 24 hours.

REDUCED - a service needing to be restored within 5 working days.

SUSPENDED - a service that can be restored progressively after 5 working days.

The analysis, which provides a reference guide for PTHB decision makers to use in the event of 'no notice' type disruption to services, outlines the key timescales in which individual services need to be resumed to a minimum pre-determined level following disruption. The analysis can also be referred to for use when planning for potential disruption i.e. industrial action. Furthermore, decision makers should use the outcome of the high-level business impact analysis, shown at **Annex B**, to base their decisions on during periods where resources are scarce, ensuring that the availability of key resources are directed to most 'critical' areas of the organisation as part of the overall recovery strategy. This decision will be informed in relation to the nature, scale and duration of the incident.

In the context of the COVID-19 pandemic, Welsh Government published guidance relating to *Maintaining essential healthcare services during the COVID-19 pandemic – summary of services deemed essential*. The guidance provides a framework to ensure that there was a consistent approach in defining 'essential services', to support decision makers across NHS Wales.

2.3 Associated Plans

PTHB Corporate BCPs should be read in conjunction with a variety of other plans, which will be determined by the nature and impact of the disruption. An overview of other associated plans is provided below:

Service Level Business Continuity Plan.

Service Level BCPs provide information on an individual service's immediate response and recovery actions; the service level BCP also includes key information regarding the minimum resource requirements of the service and key contacts etc.

The service level BCPs may be activated on its own by the service lead or deputy, or as part of the activation of the health board's Corporate BCP. The Gold On-Call should be notified when a BCP has been activated.

PTHB Major Incident and Emergency Response Plan

The generic strategic and tactical level emergency plan provides a framework for the strategic and tactical management, response, co-ordination and controlling of its resources in a major incident or emergency.

It may be necessary to activate service level and recovery actions as a result of, or during a declared major incident response.

PTHB Supporting Hospital Major Incident Plan

An operational level plan, which provides a framework for PTHB designated Supporting Hospitals at Llandrindod Wells, Brecon and Welshpool sites to follow in response to a major incident involving casualties.

It may be necessary to activate service level BCPs and recovery actions as a result of, or during a declared major incident response.

PTHB Commissioning Assurance Framework (CAF) and Escalation Processes

The provisions of the PTHB CAF and supporting escalation processes are used on a day to day basis in circumstances where there is known disruption to services commissioned from a variety of the health board's external service providers.

Depending on the nature of the disruption, it may be necessary to activate the Corporate BCP in response to disruption of a commissioned service provider; this will be determined by the nature, scale and duration of the disruption.

PTHB Pandemic Influenza Framework

This plan sets out a framework for the PTHB to respond to pandemic influenza. The Framework outlines the appropriate command and control structures that should be adopted in a Pandemic scenario, to ensure coordination of resources to maintain PTHB's critical activities. The impact on a Pandemic scenario will be on business continuity.

PTHB Severe Weather Plan

This plan outlines the coordination arrangements and an aide memoire of immediate actions that PTHB will consider implementing in the event of a severe weather event.

ICT Disaster Recovery Plan

This ICT Disaster Recovery Plan details the processes carried out by ICT department when responding to and recovering critical IT and communications systems, in the event of an unplanned outage. It may be necessary to activate the Corporate BCP in response to an ICT outage that affects multiple services.

Regional (Dyfed Powys Local Resilience Forum) and National Plans

There are some situations that, should they occur, will trigger a regional and/or national response in addition to the need to activate this BCP. One example is a fuel shortage, the impacts of which may cause serious and widespread disruption to the Health Board e.g. if staff are unable to travel to work. In such a situation, the Health Board would refer to the Corporate BCP plan to manage the internal impacts on service delivery, whilst also ensuring it meets its responsibilities under the relevant regional and national arrangements.

SECTION 3 - BUSINESS CONTINUITY DISRUPTION LEVEL OF RESPONSE AND ESCALATION ARRANGEMENTS

3.1 Level of Response and Escalation

The scale and impact of a business continuity disruption determines how PTHB will coordinate and manage its response.

	Level of Business Continuity Disruption	Scale of Impact	Level of Response and Escalation
Manage through BUSINESS AS USUAL Operational Management Processes	Level 1	<p>One or more of the following apply:</p> <ul style="list-style-type: none"> • The incident is not serious or widespread and is unlikely to affect business operations to a significant degree. • No significant impact on patient or staff safety. • The incident can be dealt with by relevant managers/implementation of local BCPs. 	<p>Incident managed within affected areas.</p> <p>Where the initial impact assessment grades the situation as level 1, the affected areas should deal with this using localised business continuity plans/contingency arrangements.</p>
	Level 2	<p>One or more of the following apply:</p> <ul style="list-style-type: none"> • Limited impact on patient and staff safety. • Incident expected to be fully resolved and closed in 24 hours. • Limited but some impact on critical area. • Incident is expected to be managed through localised contingency arrangements. • Limited financial/performance impact. • Limited Governance issues. • Possible public/media/political interest. 	<p>Incident managed using local contingency arrangements.</p> <p>Where the initial impact assessment grades the situation as level 2, the incident should be managed by senior members of staff for the affected area/s, using localised business continuity plans/contingency arrangements.</p> <p>Service leads will escalate where necessary and inform the Gold On-Call for information.</p>

ENHANCED COORDINATION	<p>Level 3</p>	<p>One or more of the following apply:</p> <ul style="list-style-type: none"> • Disruption to a number of critical services likely to last for more than 1 working day. • Some impact on patient and staff safety. • Access to one or more sites denied where critical services are carried out for more than 24 hours. • Suspension of a number of services are required. • Access to systems denied and incident. expected to last more than 1 working day and therefore impacting on operational service delivery. • A number of critical services seeking to activate service level contingency plans thus requiring overall management. • Some impacts on finances and performance and governance issues. • Possible public/media/political interest. 	<p>Incident requiring tactical coordination of response by calling together an internal Silver Business Continuity Management Group.</p> <p>Where the initial impact assessment grades the situation as level 3, the incident will need to be formally managed to ensure that resources and activities are effectively coordinated.</p> <p>The Gold On-Call should be notified to consider how best to manage the incident and to determine activation if this Corporate Business Continuity Plan in part or full is required.</p> <p>The Gold On-Call to notify the Chief Executive (or deputy) for information.</p>
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MAJOR	Level 4 BC/ Significant Incident	<p>One or more of the following apply:</p> <ul style="list-style-type: none"> • Incident is expected to impact on critical services for more than 48 hours. • Wide spread disruption, loss of significant site/s. • Significant impact on patient and staff safety. • Wide-scale incident in a geographical area affecting multiple critical services. • Local contingency plans inadequate to deal with incident. • Response requires additional strategic coordination that may require assistance from other partners. • Likely public/media/political interest. • COVID-19 pandemic (future pandemics). 	<p>Widespread disruption/Significant incident requiring overall strategic management.</p> <p>Where the initial impact assessment grades the situation as level 4, the incident will need to be formally managed to ensure that resources and activities are effectively coordinated.</p> <p>The Gold On-Call will, in liaison with the Chief Executive (or Deputy) determine if the full command structure including Internal Gold, Silver, Bronze Command Groups will be convened.</p>
	<p>N.B. Where the disruption has the potential to spill into the evening / weekend the Silver On-Call/ and Gold On-Call where appropriate, should be notified and informed of the contingencies that have been put into place.</p>		

The level of command detailed above has been aligned to the command and control arrangements outlined in the PTHB Major Incident and Emergency Response Plans. This will support the transition of business continuity responses that require escalation to a Major Incident.

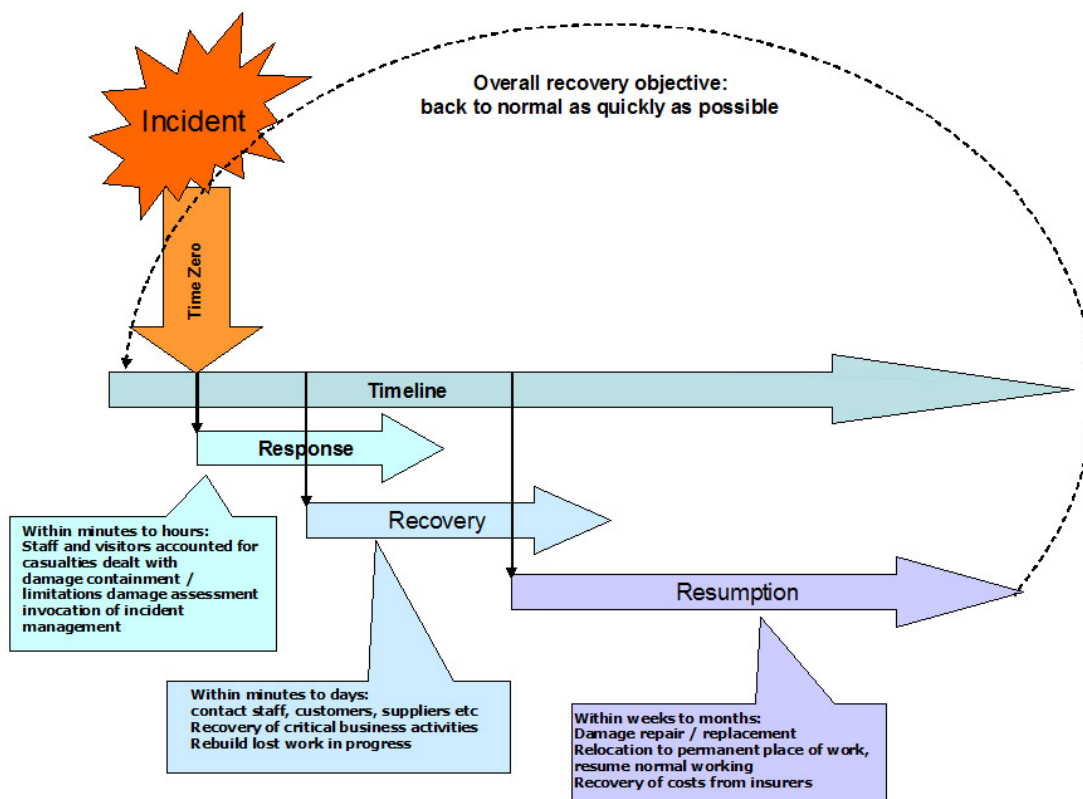
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SECTION 4 - MANAGING THE RESPONSE TO LEVEL 3 OR 4 DISRUPTION

4.1 Key Stages of Response

Response to all sizes of business continuity disruptions tend to follow these key stages:

- I. **Incident Management Response** – notification and activating the response.
- II. **Recovery** – coordinating and managing the response, including stand down the response.
- III. **Resumption** – return to normal or ‘new normal’ strategy.



The following section outlines the key actions to be undertaken for disruption that has been initially assessed as a level 3 or 4 disruption.

The flow chart shown at **Page 2** of this plan outlines the sequence for escalation and response.

4.2 Activating the Response to a Level 3 or 4 Disruption – Something has happened that impacts on or has the potential to impact on critical business functions.

The **Gold On-Call** is responsible for implementing this BCP, however generally the chain of events will be:

- A business continuity disruption can happen to any of the Health Board's services. Once identified as an actual or potential disruption, the member of staff will gather further information on the known nature and scale of the disruption and notify their line manager or Silver On-Call during out of hours' periods.

- If deemed appropriate, this alert will be escalated and brought to notice of the service lead/senior member of staff who will assess the impact of the disruption and notify the Gold On-Call. Or;
- The Health Board has been notified of an external incident that may threaten impact on its services.
- The Gold On-Call will assess the impact of the disruption to determine the response required.
- If a level 3 or 4 disruption (see Section 3) is confirmed, the activation of the Corporate BCP will be made by the Gold On-Call.

4.3 Incident Management Response and Coordination (Command and Control)

The response to serious and wide scale disruption cannot be planned for in exact detail. What is required will depend on the nature of the incident, when it occurs and its unique impacts. To ensure that an effective joined up response is in place to limit the impact on any business continuity disruption on PTHBs services, it is essential that the individual actions taken by each service area is coordinated.

Adopting an appropriate level of incident management will ensure that there is a fully coordinated response to any level of business continuity disruption. In broad terms, the larger the scale and impact of the disruption, the greater the level of coordination is required.

The Health Board's command and control arrangements are based upon the nationally recognised three-tiered command and control structure known as:

- Internal GOLD (Strategic)
- Internal SILVER (Tactical) Business Continuity Management Group (BCMG)
- Internal BRONZE (Operational)

The **Gold On-Call** is responsible for determining the level of response that is required to respond to the disruption/incident. This decision will be based on the information available at the time of disruption.

On notification of a level 3 or 4 disruption, it is most likely that the **Gold On-Call** at the time of the incident will be required to Chair a PTHB internal Silver Business Continuity Management Group (BCMG) in the first instance. This role may be passed to another Executive Director or Deputy where considered appropriate.

The Chair of the internal Silver BCMG will coordinate and manage the health board's response to the disruption and will request the support of other senior managers to assist in the response.

In the event of a level 4 disruption, the **Chief Executive Officer** is responsible for determining if an internal Gold command group is required to provide additional strategic level coordination of the response.

4.4 Coordinating Business Continuity During a Major Incident

In the event that disruption to services occurs during / or as a result of the health board's response to a declared major incident, the Chair of the Health Board's major incident Emergency

Response Team will be concerned with managing PTHB’s major incident response. In this scenario, consideration should be given for transferring the responsibility for managing the impacts of disruption on services to, as detailed within this plan, to another Director.

4.4.1 Internal Silver Business Continuity Management Group (BCMG)

On notification of a level 3 or level 4 disruption, the Gold On-Call will determine if a PTHB internal Silver BCMG is required to ensure tactical level coordination of the incident.

The composition of the internal Silver BCMG responsible for managing the health board’s response will vary depending on the incident.

Depending on the nature, scale and likely duration of the incident, the internal Silver BCMG may comprise of:

- **Chair of the BCMG** Gold On-Call (or other member of the Executive Committee or deputy)
- **Incident Management Team** To be determined by the incident
- **Subject Matter Experts** To be determined by the incident
- **Communications Lead** To ensure effective communications are put in place
- **Loggist** To record decisions and actions
- **Administrative Support** To manage the admin and coordinate actions

Action cards for each role are set out at **Annex C**.

4.4.2 Roles and Responsibilities of the PTHB Internal Silver Business Continuity Management Group (BCMG)

The generic roles and responsibilities of the internal Silver BCMG include but are not limited to:

- provide tactical leadership of the incident with strategic oversight;
- manage the Health Board’s tactical response to the incident, providing a single focus for decisions likely to affect the whole organisation;
- to coordinate the Health Board’s operational response in liaison with Health Board service leads/managers;
- plan and coordinate the recovery phase of the incident;
- provide appropriate advice on tactical issues to Gold (if established) and Bronze controls.
- implement, coordinate and monitor service level BCPs;
- develop a communications plan for internal/external communications;
- provide representation at multi-agency business continuity meetings/groups were implemented.

A suggested Agenda for the first internal Silver BCMG meeting is set out at **Annex D**.

4.4.3 Communications

The internal Silver BCMG will develop a **Communications Plan** to cover communication with:

- Staff.
- Media.
- Patients and the Public.
- Other Providers.
- Key Stakeholders.
- Partner organisations.

This work will be led by the Communications Lead.

4.4.4 Location and Frequency of Meetings

The location of PTHB's internal Silver BCMG will be determined by the nature, scale and duration of the incident.

In the first instance, it is likely that the meeting will take place via Microsoft Teams (or via teleconference). This will enable colleagues from across PTHB to be quickly updated on the nature and impact of the disruption and agree necessary next steps.

Alternatively, the internal Silver BCMG may:

- co-locate at the PTHB Health Emergency Coordination Centre (HECC). The HECC is located in the Board Room, Glasbury House Bronllys. Keys to access Glasbury House and the Major Incident Cupboard are accessible 24/7. The keys are located in the key cupboard on the (*for internal use only*).
- co-locate close to the area disruption or incident.

The frequency of meetings will be determined by the scale and impact of the incident.

4.4.5 Internal Gold Command

On notification of a level 4 disruption, the Gold On-Call in liaison with the Chief Executive Officer or their deputy, will consider the incident details to determine whether it is necessary to convene an internal Gold command group.

The Gold command determines the coordinated strategy and policy for the overall management of the incident. This level of management also formulates media handling and public communications strategies, as required and necessary. The Gold command will then delegate the actions to the respective tactical control level for them to implement a tactical plan to deliver the strategic aim and objectives.

The Gold command group will comprise of:

- Members of the Executive Committee.
- Assistant Director of Communications.
- Loggist.

4.4.6 Roles and Responsibilities of PTHB Internal Gold Command

The generic roles and responsibilities of the internal Gold command include but are not limited to:

- To ensure a safe, effective and coordinated response and recovery to the business continuity/significant incident. Gold command will undertake the health board's leadership role. They will provide strategic direction where required, supporting the internal Silver BCMG.
- To coordinate decision making and effective use of resources during the incident; ensuring key supporting roles are covered.
- To liaise with other Health Boards and agencies as required.
- To provide appropriate response to the media and other external agencies if required.
- To protect the wellbeing of staff and patients within the health board.
- To ensure a strategic oversight of the incident and the Health Board as a whole.
- To decide when the incident arrangements should be stood down and recovery phase implemented.

A suggested Gold command group agenda is available at **Annex E**.

4.4.7 Internal Bronze Controls

These are the locations where resources are deployed to carry out the tasks required in response to the incident. The operational teams i.e. hospital service managers, will manage the physical response to achieve the tactical plan, as advised by the internal Silver BMCG. Depending on the nature and scale of the incident, there is likely to be a number of operational teams included as part of the response.

4.5 Contact Details

PTHB will contact members of the internal Silver and Gold command groups via email, if appropriate or via key contacts, as listed within the PTHB Emergency Contacts Directory.

4.6 Decision Making Tools

It is recommended that the principles of the Joint Emergency Services Interoperability Programme's (JESIP), multi-agency 'Joint Decision Making Model' should be adopted for use by all PTHB internal command group leads throughout the duration of the incident.

Further details on the Joint Decision Model and the JESIP principles are outlined at

Annex F



4.7 Record Keeping

PTHB is responsible for maintaining its own records.

A comprehensive record should be kept of all events, decisions, actions, reasoning behind each key decision and actions taken.

A list of PTHB trained Loggists is maintained in PTHB's Emergency Contacts Directory or via Brecon Switchboard.

All documentation will need to be saved and produced for the purpose of internal/multi-agency debrief, public inquiry, civil or criminal proceedings, or coroner's court. Any log produced is disclosable and as such becomes legal evidence.

4.8 Finance

The Finance Department will provide an emergency cost code, as required by the incident. The BCMG should maintain a log of all expenses authorised by the BCMG.

4.9 Templates

A series of useful templates for use in an incident *i.e.* *electronic record decision log*, risk register, action tracker, financial log are available <http://nwww.powysthb.wales.nhs.uk/civil-contingency-section>

4.10 Mutual Aid

The Health Board may receive a request for assistance or similarly request mutual aid from another organisation. The Health Board Executive Committee/ PTHB Gold command Group will need to consider whether the resources can be made available without impacting the organisation's service delivery obligations with respect to external mutual aid requests and similarly another organisation will undertake the same process prior to agreement of any mutual aid requests from PTHB.

4.11 Health and Safety

All Health Board staff are required to follow PTHB's health and safety policies, procedures and protocols.

All levels of command and control should consider the health and safety policies, procedures and protocols in directing tasks to operational staff and should be made aware of any identified or potential risks.

Every member of staff has a statutory duty of care under the Health and Safety at Work Act 1974 to take reasonable care of their own health and safety and of others who may be affected by their acts or omissions.

The Health Board's Health and Safety Officers should be notified of an incident at the earliest opportunity.

4.12 Staff Welfare

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- health and Safety;
- the availability of food and other refreshments;
- working hours;
- rest breaks;
- travel arrangements;
- consideration of personnel circumstances;
- emotional support during and after the incident;
- access to appropriate Personal Protective Equipment (PPE);
- human factors as a result of an incident especially when dealing with protracted incidents.

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly during handovers.

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SECTION 5 - MANAGING THE RECOVERY FOLLOWING DISRUPTION

5.1 Recovery – Return to Normal

Depending on the scale and impact of any level of business continuity disruption, there may not be an immediate 'return to normal' due to e.g. the need to treat the backlog of patients who were delayed by the incident, whilst at the same time responding to new referrals.

Planning for recovery can also be one of the areas included in the coordinating and managing response stage. However, it is at the recovery stage that the full recovery strategy is implemented.

5.2 Recovery Strategy

The internal Silver BCMG will develop a recovery strategy to ensure that 'return to normal' is appropriately managed, coordinated and resourced to continue to manage stakeholder expectations.

As part of this strategy, the cost of recovery should be recorded so that the full impact of the incident can be captured during the debrief and lessons learned.

A generic recovery strategy template is available at **Annex G**.

5.3 Stand Down

The Chair of the internal Silver BCMG will be responsible for standing-down this BCP at the stage it considers most appropriate. When satisfied that the serious and wide scale disruption has ended, the Chair will formally close down this BCP.

The 'stand-down' of this BCP may mean that there are no further actions required in relation to the disruption. Or, the internal Silver BCMG may decide that further actions are still necessary, but that these are able to be managed at a service group/service level or via a separate 'Recovery Group' that may be established to coordinate the management of longer term recovery actions.

5.4 Debrief and Lessons Learned

In all instances, where this plan has been activated, it is essential to capture lessons learned by a process of debriefing and plan review.

The Chair of the internal Silver BCMG will ensure that arrangements are in place to undertake debrief following the disruption. A debrief will seek to identify:

- what was supposed to happen?
- what actually happened?
- why were there differences?
- what did we learn?
- are there any improvements to be made and procedures?

The debrief process will be supported by a post incident report and action plan which will be signed off by the Executive Committee, in order to update PTHB plans and identify any future training and exercising requirements.

The Debrief Report will be scrutinised by the Executive Committee, who will require assurance that any longer term actions required by the Health Board to mitigate against future disruption can be taken.

Other records relating to the incident must be submitted to the Civil Contingencies Manager, who will hold these centrally in case they are required for any future use e.g. in a public inquiry or to respond to a complaint etc.

All incidents debrief reports will be made available on the intranet to promote sharing of good practice.

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SECTION 6 – KEY ROLES AND RESPONSIBILITIES

6.1 Roles and Responsibilities within the Business Continuity Plan

Individual/ Team	Day to Day Role	Level of Disruption	Responsibilities
Service Leads	Normal roles and responsibilities within Directorate	Individual service or one or more services affected	Coordinate response in line with Corporate BCP; escalate upwards within the health board; maintain communication
Gold On-Call	Providing strategic leadership during period of on call cover	Threatened or actual disruption	Determining the level of response required if disruption cannot be managed by individual service (level 1 or 2), alerting the CEO; Chairing the internal Silver BCMG; member of internal Gold command group. This role may be undertaken by relevant Executive Lead or Deputy Assistant Director if disruption is contained to one Directorate.
Internal Silver Business Continuity Management Group (BCMG)		Confirmation of a level 3 or 4 business continuity incident / significant BC incident	Overall tactical level coordination of the response. Manages the key stages of response (incident management response, recovery and resumption of 'business as usual').
Internal Gold Command Group		Confirmation of a level 4 business continuity/significant incident that requires strategic level coordination	Overall strategic level coordination of the response. Sets the strategic direction and objectives and considers for longer term recovery strategies
Communications Lead	Dealing with communications and engagement (internal and external)	If individual service is affected, internal communications are as in normal day to day business. If command and control structures in place Comms will form part of the internal coordination groups.	Providing direct support to managers and/or internal Silver BCMG and internal Gold command group, if established.

Corporate Issues (i.e. workforce and OD, finance, legal and insurance matters)	Via normal routes	Provide support to all levels, which will be determined by the nature and scale of the disruption.	Establish cost codes, provide relevant/specialist advice as determined by the nature of disruption.
Estates and Works and Properties	Via normal routes	Threatened or actual disruption, response and recovery.	Report when an estates issue threatens service provision; supports Internal Silver advising on impacts and corrective actions. Including the managing internal accommodation requests.
ICT	Via normal routes	Threatened or actual disruption response and recovery.	Critical role in ensuring that ICT services throughout are available to support the recovery of response.
Support Services	Via normal routes	Threatened or actual disruption response and recovery.	Supports all aspects of response and recovery of the disruption in all service function areas, including H&S advice, security advice, links to NWSSP Health Courier services and non-emergency transport.

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Annex A-G: FOR INTERNAL USE ONLY

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AGENDA ITEM: 2.2

BOARD MEETING		Date of Meeting: 26 JANUARY 2022
Subject :	Maintaining Good Governance – including Chair's Action	
Approved and Presented by:	Vivienne Harpwood, PTHB Chair James Quance, Interim Board Secretary	
Prepared by:	James Quance, Interim Board Secretary	
Other Committees and meetings considered at:	Chair's Action, 14 January 2022	

PURPOSE:

The purpose of this paper is to report to the Board a decision taken on 14 January 2022, via urgent Chair's Action, in respect of Maintaining Good Governance.

RECOMMENDATION(S):

The Board is asked to RATIFY the decision taken on 14 January, via the use of urgent Chair's Action, in respect of Maintaining Good Governance.

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. 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 14 January 2022, the Chair, in consultation with the Chair of the Performance & Resources Committee and Vice-Chair of the Charitable Funds Committee was asked to consider for approval a paper on Covid-19 Maintaining Good Governance Arrangements.

ITEM FOR DECISION:

The current pandemic pressures present significant challenges to Powys Teaching Health Board (PTHB) as it responds to the Omicron variant. A review of governance arrangements was necessary, and this is set out in the paper presented to Chair's Action attached at **ANNEX 1**. The paper itself includes a revised Governance Framework attached at **APPENDIX A**.

The paper outlines the proposed changes to the schedule of meetings (which remain the same except for a reduction of one meeting of the Delivery and Performance Committee and changes to the schedule of Executive Committee). An intention to have shorter concise agendas focussing on essential matters was also proposed.

CHAIR'S ACTION

The Chair, in consultation with the Chair of the Performance & Resources Committee and Vice-Chair of the Charitable Funds Committee, **APPROVED** the approach outlined in ensuring an appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the current wave of the COVID-19 pandemic and associated system resilience pressures, together with the revised Strategic (Gold) Command and Control structure for January and February 2022.

The minutes of the Chair's Action are attached at **ANNEX B**.

The Board is asked to RATIFY the decision outlined above taken by Chair's Action.

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Chair's Action
14 January 2022

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Board Meeting
26 January 2022
Agenda Item: 2.2



Agenda item: 2.1

CHAIR'S ACTION		Date of Meeting: 14 January 2022
Subject:	COVID-19: Maintaining Good Governance Arrangements	
Approved and Presented by:	Carol Shillabeer, Chief Executive James Quance, Interim Board Secretary	
Prepared by:	James Quance, Interim Board Secretary	
Other Committees and meetings considered at:	Previously by Board, 25 November 2020	

PURPOSE:

This paper proposes modifications to arrangements for maintaining good governance during January and February 2022, ensuring the appropriate level of Board oversight and scrutiny to discharge its responsibilities effectively, whilst recognising the current intensive system resilience issues impacting from COVID-19 on the organisation and its ability to respond to the business as usual governance approach.

RECOMMENDATION(S):

The Chair, in conjunction with the Chief Executive and other members present is asked to: **APPROVE** the approach outlined in ensuring an appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the current wave of the COVID-19 pandemic and associated system resilience pressures, together with the revised Strategic (Gold) Command and Control structure for January and February 2022 (Appendix A).

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	✓

SITUATION:

COVID-19 was declared a pandemic by the World Health Organisation on 11 March 2020, and this has subsequently led to NHS organisations, including Powys Teaching Health Board, needing to focus on preparations and plans for responding accordingly. The nature and scale of the response will depend on the course of the disease. The situation is changing constantly and requires an agile response.

During this time, the Board's fundamental role and purpose does not change. The Board must require and receive ongoing assurance, not only on service preparedness and response but also on clinical leadership, engagement and ownership of developing plans on: the health and wellbeing of staff; on proactive, meaningful and effective communication with staff at all levels; and on health and care system preparedness.

As a result of the pressure placed on NHS bodies in managing the impact of the pandemic it has been necessary to adapt governance arrangements. The Welsh Government has agreed with the All-Wales Board Secretaries Group a set of Governance Principles which are designed to help focus consideration of governance matters over the coming weeks and months. These are:

- **Public interest and patient safety** – We will always act in the best interests of the population of Wales and will ensure every decision we take sits in this context, taking in to account the national public health

emergency that (COVID-19) presents.

- **Staff wellbeing and deployment** – we will protect and support our staff in the best ways we can. We will deploy our knowledge and assets where there are identified greatest needs.
- **Good governance and risk management** – we will maintain the principles of good governance and risk management ensuring decisions and actions are taken in the best interest of the public, our staff and stakeholders ensuring risk and impact is appropriately considered.
- **Delegation and Escalation** – any changes to our delegation and escalation frameworks will be made using these principles, will be documented for future record and will be continually reviewed as the situation unfolds. Boards and other governing for a will retain appropriate oversight, acknowledging different arrangements may need to be in place for designated officers, deputies and decisions.
- **Departures** – where it is necessary to depart from existing standards, policies or practices to make rapid but effective decisions – these decisions will be documented appropriately. Departures are likely, but not exclusively, to occur in areas such as standing orders (for example in how the Board operates), Board and executive scheme of delegation, consultations, recruitment, training and procurement, audit and revalidation.
- **One Wales** – we will act in the best interest of all of Wales ensuring where possible resources and partnerships are maximised and consistency is achieved where it is appropriate to do so. We will support our own organisation and the wider NHS to recover as quickly as possible from the national public health emergency that COVID-19 presents returning to business as usual as early as is safe to do so.
- **Communication and transparency** – we will communicate openly and transparently always with the public interest in mind accepting our normal arrangements may need to be adapted, for example Board and Board Committee meetings being held in public.

BACKGROUND AND ASSESSMENT:

The Board has had to deliver its responsibilities flexibly throughout the pandemic, periodically re-prioritising organisational plans and responses. In doing so, it has been important to maintain an appropriate level of Board oversight and scrutiny to discharge its responsibilities effectively, whilst recognising the focus and time constraints placed on the organisation during the COVID-19 pandemic.

January and February 2022 represent a significant challenge to the organisation as it responds within a health and care system under another wave of extreme pressure caused by the Omicron variant. It is therefore necessary to review governance arrangements once again and it is necessary that governance arrangements are modified during this period.

Decision Making

In principle, the current Board scheme of delegation and specifically the matters the Board reserves for its own decision (Schedule 1 of the Standing Orders) will remain. In the event of a critical or urgent decision(s) needing to be made, use of Chair's Action will be made and subsequently recorded and ratified in the public domain, in-line with the requirements set out in Standing Orders. For the ongoing function of the organisation, current arrangements will remain in place for the Chief Executive, as Accountable Officer, to have delegated authority from the Board to make decisions with regard to the management of the health board, and Executive Directors to have certain responsibilities and decision-making powers delegated through the Board's Scheme of Reservation and Delegation of Powers.

In respect of COVID-19, the Chief Executive has deployed, when appropriate, decision-making through the Strategic (Gold) Group established via a Command and Control Structure within Business Continuity Planning arrangements. The appropriate structure to be implemented during January and February 2022 has been reviewed by the Chief Executive and is set out in a revised COVID-19 Governance Framework, attached at **Appendix A**.

Board Meetings

In accordance with Standing Orders, it is proposed that the Board continues to meet formally every two months, as per its usual schedule. These formal meetings will have a shortened, concise agenda focussing on essential matters and will be held virtually to ensure compliance with social distancing guidance.

The Board will continue to conduct as much of its formal business in public as possible. To this end, live streaming of Board meetings commenced in September 2020 to enable the public to observe proceedings. Live streaming will continue for future meetings, where appropriate. Where it has not been possible to stream meetings live, a recording of the meeting has been made available to the public as soon as practically possible.

There may be, however, circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. The Board would therefore operate in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act. In these circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in Public session. These decisions will be kept under review, including the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

Given that the Board will not meet in person for some time, electronic meetings and communication will remain key to the Board's functionality. To facilitate as much transparency and openness as possible the Health

Board will continue to undertake to: publish agendas and papers as far in advance as possible – ideally 7 days; and publish a recording of the meeting held within 7 days on the health board's website.

Board Briefing Sessions will continue to be held as a minimum monthly and otherwise as deemed necessary by the Chair and Chief Executive. Board Development will be taken forward in-line with a re-prioritised Board Development Plan, focussing on those aspects which can be achieved through the monthly board briefing sessions and individually, recognising that some aspects will need to be taken forward collectively once social distancing measures are lifted.

Board Level Committee Meetings

Formal meetings of the Board's Committees will have a shortened, concise agenda focussing on essential matters only and will be held virtually to ensure compliance with social distancing guidance. As a result of this, members of the public will be unable to attend committee meetings for the time being.

To facilitate as much transparency and openness as possible the Board will continue to undertake to: publish committee agendas and papers as far in advance as possible; and publish a summary of committee meetings held within 10 days on the health board's website.

It is proposed that the following committees continue to meet as per routine arrangements and agreed Terms of Reference and Operating Arrangements:

- **Patient Experience, Quality & Safety Committee** meeting every 2 months with the next meeting scheduled for 3rd February 2022 (an additional meeting is in place for 24th March 2022);
- **Workforce & Culture Committee** meeting no less than quarterly with the next meeting scheduled for 28th January 2022;
- **Charitable Funds Committee** meeting every 3 months with the next meeting scheduled for 2nd March 2022;
- **Audit, Risk & Assurance Committee** meeting every 2 months with the next meeting scheduled for 20th January 2022; and
- **Planning, Partnerships and Population Health Committee** meeting every 3 months with the next meeting scheduled for 18th January 2022.

The **Delivery & Performance Committee** did not meet as planned on 20 December 2021 with the intention that the business of that meeting is taken to the next meeting on 28 February 2022, with Finance and Performance reporting to the Board continuing as standing agenda items.

All Board and Committees will continue to meet on a cycle that meets their Terms of Reference with the exception of the Delivery and Performance Committee with alternative arrangements outlined above.

In addition, it is proposed that the following committees continue to meet as per agreed Terms of Reference and Operating Arrangements, but with a greater level of flexibility of frequency:

- **Executive Committee** meeting as a minimum monthly but otherwise as deemed necessary by the Chief Executive (amended from meeting every two weeks as per its Terms of Reference).
- **Remuneration & Terms of Service Committee** meeting as deemed necessary by the Chair and Chief Executive (amended from meeting every 3 months as per its Terms of Reference).

Board Advisory Groups

Throughout the pandemic, arrangements for meetings of the Board's **Local Partnership Forum** (LPF) have included formal meetings being held every 2 months, in line with agreed Terms of Reference and Operating Arrangements. In addition, informal briefings have continued, as a minimum monthly, or otherwise deemed necessary by the Chief Executive and Staff Side Chair. It is proposed that these arrangements continue during January and February 2022.

The Board's other advisory groups, the Stakeholder Reference Group and Healthcare Professionals' Forum, are yet to be fully established. In the meantime, the organisation continues to engage clinicians and stakeholders through existing engagement mechanisms.

NEXT STEPS:

The approach set out in this paper will remain under review by the Chair, Chief Executive and Interim Board Secretary to ensure the Board is able to maintain good governance during the COVID-19 Pandemic.



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Powys Teaching
Health Board

BOARD ITEM 2.2B

**(Appendix A To
Chair's Action of
14.01.22)**

COVID-19 PANDEMIC & WIDER SYSTEM RESILIENCE: GOVERNANCE FRAMEWORK

January 2022

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Status: Approved
Version: 1.0

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Introduction

This Governance Framework is for the period 10th January 2022 onwards, with a review due 28 February 2022. It is an updated version of the Governance Framework developed for 2020 and updated regularly during 2021.

Powys Teaching Health Board (THB) is a Category 1 responder under the Civil Contingencies Act 2014 and is therefore required to comply with all the legislative duties set out in the Act.

The Act places five statutory duties upon Category 1 responders, these being:-

- Assess the risks of emergencies and use this to inform contingency planning;
- Have in place emergency plans;
- Establish business continuity management arrangements;
- Have in place arrangements to warn, inform and advise the public in the event of an emergency; and
- Share information with other local responders to enhance coordination and efficiency.

In December 2014, the Board approved the Powys Pandemic Framework which provides an overarching framework that details the Powys THB response to an influenza pandemic. The Pandemic Framework was developed in considering Welsh Government Guidance and other Multi-Agency Response Plans.

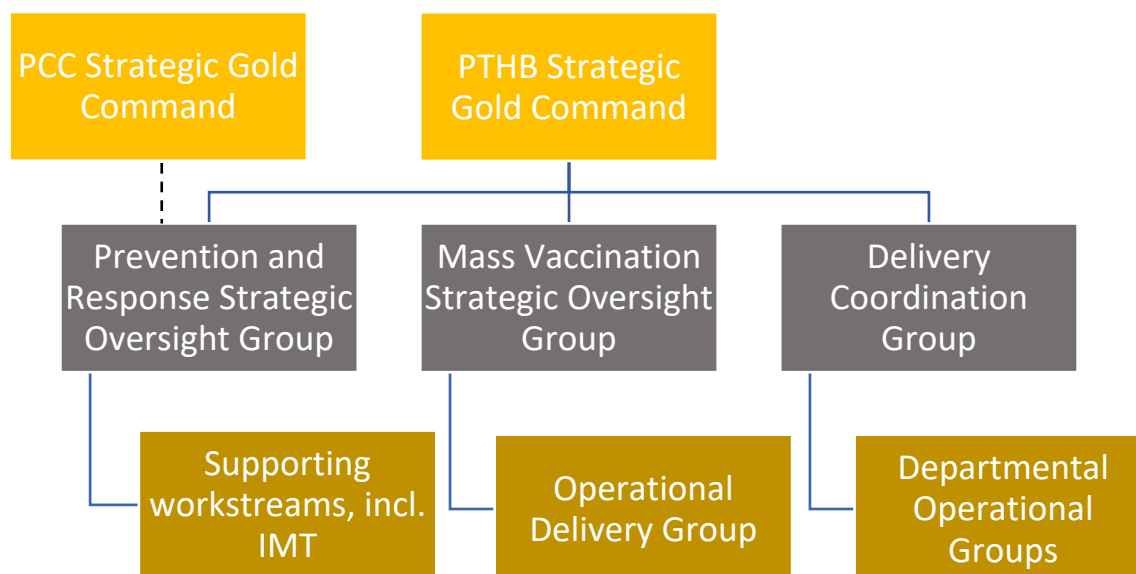
The Board also approved (January 2020) its Civil Contingency Plan¹. The purpose of which is to enable PTHB to respond effectively to a major incident or an emergency situation.

This Governance Framework (this document) has been developed to sit alongside both the Powys Pandemic Framework and PTHB Civil Contingency Plan and sets out the delegated decision-making rights and reporting arrangements specifically in respect of PTHB's response to the COVID-19 Pandemic and wider system resilience.

¹ The Civil Contingency Plan is under review. It was approved by Executive Committee and is due to go to Board for approval in January 2022.

Command and Control

In respect of COVID-19, the Chief Executive has established the following internal hierarchical structure known as “Command and Control”:



Strategic (Gold) Group

The Strategic (Gold) Group, chaired by the Chief Executive, will determine the coordinated strategy and policy for the overall management of the health board's response to COVID-19 and wider system resilience, to protect the reputation of the organisation and ensure the delivery of effective, efficient and safe care for the population of Powys.

The Strategic (Gold) Group will:

- Coordinate strategic decision making and effective use of resources throughout the assessment, treatment and recovery phases; ensuring key supporting roles are covered;
- Ensure strategic oversight of the response to COVID-19 and wider system resilience issues for the health board as a whole;
- Delegate actions to the Tactical (Silver) Groups to ensure implementation of a plan to deliver the strategic aim and objectives;
- Formulate media handling and public communications strategies, as required and necessary;
- Protect the wellbeing of staff and patients within the health board;
- Decide when the pandemic response arrangements should be stood-down and recovery phase implemented.

The Strategic (Gold) Group will be constituted by Directors and the Board Secretary.

Meetings of the Strategic (Gold) Group will be held 3 times per week on weekdays from 10th January 2022 and formally recorded with all decisions logged. This will be reviewed regularly and by end February 2022.

The CEO or nominated representative will represent the health board on the Local Resilience Forum (LRF) and Strategic Coordination Group (SCG). Any items for decision will be brought back to the health board's Gold Group.

Prevention & Response Strategic Oversight Group (Silver Level)

The Prevention & Response Strategic Oversight Group (Silver level) is chaired jointly by the Executive Director of Public Health (PTHB) and the Director of Economy & Environment (Powys County Council - PCC) to maintain the COVID-19 Prevention & Response Plan for Powys, and to seek assurance in relation to its implementation.

The role of the group is to provide strategic oversight of the delivery of the Prevention and Response Plan by:

- Overseeing communications to strengthen and support national direction to the public regarding the public health measures and personal protection required to manage transmission of the virus;
- Coordinating COVID-19 response measures and communications across partner organisations;
- Identifying opportunities for integrated planning and delivery of preventive activity in Powys, particularly in relation to high risk 'closed' settings, including care homes, community hospitals and schools;
- Identify and mitigate/manage risks in line with risk management approaches, escalating to Gold Group as necessary.
- Receiving and acting on surveillance, performance metrics and exception reports for:
 - Testing
 - Contact Tracing
 - Enforcement
 - Protect
 - Nosocomial transmission

The Prevention and Response Group will dual report to the Strategic (Gold) Group of both PTHB and PCC in relation to the respective duties of the sovereign bodies.

The P&R SOG will be constituted by:

- Director of Public Health, PTHB (co-chair)
- Director of Economy & Environment, PCC (co-chair)
- Deputy Director of Nursing, PTHB
- Programme Director (COVID-19 Vaccination and TTP), PTHB
- Service Manager and Clinical Lead for TTP, PTHB
- Strategic Programme Manager for Contact Tracing, PCC
- Communications representative, PTHB/PCC

By invitation (in receipt of agenda and minutes):

- Director of People and Organisational Development, PCC
- Director of Nursing and Midwifery, PTHB

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- Strategic Programme Manager (Corporate Joint Committee)
- Information Governance representative, PTHB/PCC

In attendance:

- Project Manager (COVID-19 Vaccination and TTP), PTHB
- Project Administrator (COVID-19 Vaccination and TTP), PTHB

The P&R SOG may make operational decisions, as set within the Board's Scheme of Reservation and Delegation of Powers to Executive Directors (Health Board). PTHB related Strategic decisions will be reserved for the Strategic (Gold) Group.

The P&R SOG will operate in a formal environment, meeting weekly, with all decisions, actions and risks recorded in-line with good governance standards.

Mass Vaccination Strategic Oversight Group (Silver Level)

The Mass Vaccination Strategic Oversight Group (the MV SOG) is a Silver Level group chaired by the Programme Director for TTP/Mass Vaccination. The SRO Executive Director of Planning & Performance as the Senior Responsible Owner of the Mass Vaccination Programme. The MV SOG will provide strategic oversight of the delivery of the Mass Vaccination Programme. Specifically, the SOG will:

- Lead the development and delivery of the COVID-19 vaccination programme in Powys (approval via Gold Group)
- Monitor the Clinical and Non-clinical Performance and Outcomes of the Programme
- Ensure the Programme remains compliant with National Guidelines and Professional Advice
- Oversee development and delivery of the Programme's Communication and Stakeholder Plan
- Take responsibility for the High-Level Programme Risk Management

The MV SOG will report to the Strategic (Gold) Group. The MV SOG will be constituted by:

- Programme Director TTP/Mass Vaccination
- Director of Public Health/deputy
- Clinical Executive Director (MD/DoNM/DoTH)
- Consultant in Public Health Medicine
- Chief Pharmacists (relevant items)
- Clinical Lead Vaccine (relevant items)

The MV SOG may make operational decisions, as set within the Board's Scheme of Reservation and Delegation of Powers to Executive Directors. PTHB related Strategic decisions will be reserved for the Strategic (Gold) Group.

The MV SOG will operate in a formal environment, meeting at least fortnightly, with all decisions, actions and risks recorded in-line with good governance standards.

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Delivery Coordination Group (Silver Level)

The Delivery Coordination Group (Silver level) is a Silver Level Group chaired by the Executive Director of Planning and Performance/Deputy Chief Executive (PTHB) to coordinate the delivery of key essential services across the spectrum of the health board and the interface with social care. This includes matters including workforce and logistics, facilities and support services.

The role of the group is to provide oversight of the delivery of the following services:

- Workforce provision sustainability and wellbeing including approval of Enhanced Rates
- Community Services (including community hospitals, district nursing, therapy etc), including the interface with care homes and community social care provision
- Social Care
- Third sector
- The interface with secondary care services, particularly urgent and emergency care services including WAST and secondary care providers.
- Mental Health services;
- Womens and Childrens services
- Primary Care services
- Facilities, support services and logistics
- Digital and IT escalated issues
- Operational interface issues between the Mass Vaccination and TTP.

The Group will receive sitreps from service areas, including clear escalations or issues and risks.

The Delivery Coordination Group will report to the Strategic (Gold) Group of both PTHB and will be constituted by:

- Director of Planning and Performance/Deputy Chief Executive, PTHB (Chair)
- Director of Social Services (People and Organisational Development), PCC/deputy
- Director of Workforce and OD, PTHB/deputy
- Director of Environment, PTHB/deputy
- Clinical Executive Director (Director of Nursing/Medical Director/Director of Therapies and Health Sciences)
- Assistant Director Primary Care
- Assistant Director Community Services
- Assistant Director Mental Health
- Assistant Director Women and Childrens Services
- Emergency Planning Manager
- Assistant Director of Planning

The Vice Chair will be nominated by the Chair depending on availability of Directors.

By invitation (in receipt of agenda and minutes):

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- Directors with responsibility for Primary Care, Mental Health, Women and Childrens Services, Community Services

In attendance:

- Administration support

The DCG may make operational decisions, as set within the Board's Scheme of Reservation and Delegation of Powers to Executive Directors (Health Board). PTHB related Strategic decisions will be reserved for the Strategic (Gold) Group.

The DCG will operate in a formal environment, meeting daily, with all decisions, actions and risks recorded in-line with good governance standards.

Supporting Groups (Bronze)

Each Silver level Group will be fed via operational Bronze groups based on operational functioning and deployment. These include:

- Prevention and Response Group (Silver): IMT (Incident Management Team); Nosocomial Group
- Mass Vaccination Group (Silver): Operational Delivery Group for Mass vaccination
- Delivery Coordination Group (Silver): Departmental operational management groups, e.g. workforce, environment/facilities/support services, clinical service groups.

Decision Making

The Chief Executive, as Accountable Officer, has delegated authority by the Board to make decisions with regard to the management of the health board. Executive Directors have been delegated certain responsibilities and decision-making powers through the Board's Scheme of Reservation and Delegation of Powers. These arrangements will remain in place with regard to the ongoing functioning of the organisation. In respect of COVID-19 and system resilience, the Chief Executive will deploy decision making through the established command and control structure.

Financial Governance

The Board's Standing Financial Instructions remain extant and applicable during this time. In addition, the Financial Control Procedure for COVID-19 (approved by the Board's Audit, Risk and Assurance Committee), describes how the financial management responsibilities placed upon the Chief Executive and Director of Finance are discharged and implemented within PTHB, including those services hosted by the Health Board as consequence of COVID-19 and system resilience.

Policies and Procedures

During the COVID-19 pandemic, the health board's Policies and Procedures will remain extant. In the event that policies and procedures need to be amended to

respond to the pandemic, review and approval will be provided through the Board's Executive Committee.

Risk Management

Management of Strategic Risks during COVID-19

Strategic risks are those risks that represent a threat to achieving the health board's strategic objectives or its continued existence. Strategic risks are recorded in the Board's Corporate Risk Register (CRR), which provides an organisational-wide summary of significant risks facing the Board. The Corporate Risk Register (CRR) is considered by the Executive Committee and is considered by the Board at each of its meetings. This arrangement will continue during the COVID-19 pandemic.

The Executive Committee will routinely review the existing CRR in light of the COVID-19 pandemic to:

- Consider whether any existing risks may need to be updated to reflect the impact of COVID-19 on them which may reduce/increase the risk score in terms of likelihood and/or impact;
- Consider whether there are new risks emerging from the impact of COVID-19 on the achievement of the board's strategic objectives;
- Consider whether there are any risks from the COVID-19 Risk Register and/or Directorate Risk Registers which should be escalated for inclusion in the CRR;
- Assess and make recommendations to the Board regarding those risks where appetite and tolerance may need adjusting to recognise the impact of COVID-19 on the organisation.

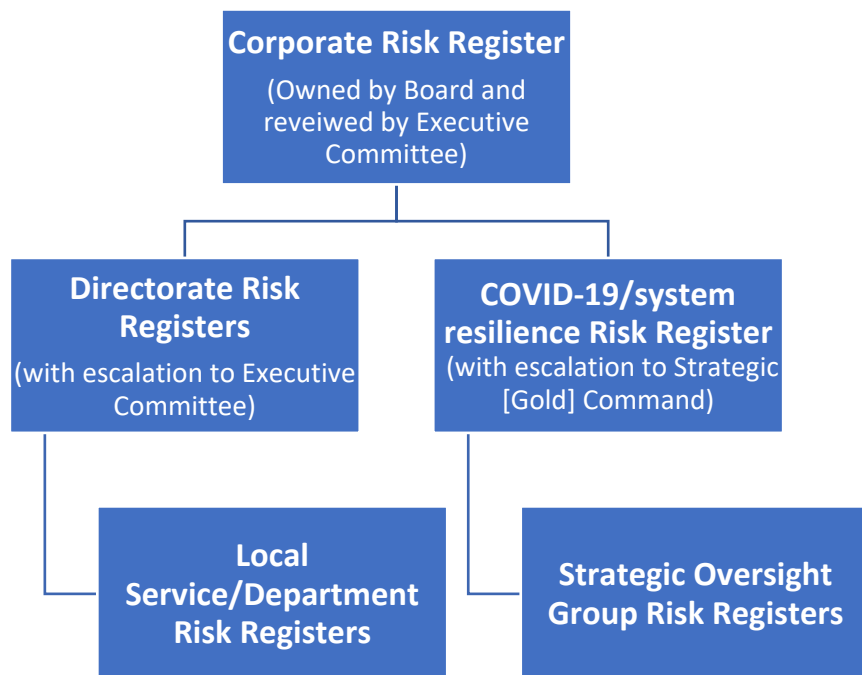
Management of COVID-19 and system resilience specific risks

In assessing the health board's ability to respond to COVID-19, the Strategic (Gold) Group has identified the key risks which require mitigation and monitoring and a COVID-19 Risk Register developed. Risks contained within the COVID-19 Risk Register relate solely to the health board's arrangements for responding to COVID-19 and does not include the COVID-19 related risks relevant to the achievement of the Board's strategic objectives (recorded through the Corporate Risk Register) or those risks related to service delivery (recorded through Directorate Risk Registers).

The COVID-19 Risk Register is reviewed regularly by Strategic (Gold) Group and will be reported to the Board alongside the Corporate Risk Register.

The hierarchy of risk registers in place during this period, remains in-line with the Risk Management Framework, as agreed by the Board in September 2019, as per the diagram below:

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Review

This Framework will be reviewed and updated as required to respond to the COVID-19 Pandemic, as it progresses.

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GIG
CYMRU
NHS
WALES

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Powys Teaching
Health Board

Board Item 2.2c
ANNEX B

CHAIR'S ACTION

UNCONFIRMED

MINUTES OF THE MEETING HELD ON FRIDAY 14 JANUARY 2022 HELD AS TEAMS MEETING

Present:

Vivienne Harpwood
Mark Taylor
Rhobert Lewis
Carol Shillabeer

Independent Member (Chair)
Independent Member – Capital and Estates
Independent Member - General
Chief Executive Officer

In Attendance:

James Quance

Interim Board Secretary

Secretariat

Liz Patterson

Interim Head of Corporate Governance

Apologies for absence:

None Received for Recording

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CA/21/01	<p>WELCOME AND APOLOGIES</p> <p>The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above.</p> <p>The Chair outlined the purpose of the meeting: <i>The Chair, in consultation with the Chair of the Performance & Resources Committee and Vice-Chair of the Charitable Funds Committee was asked to consider for approval the item included on the agenda. The Chief Executive Officer and Board Secretary were present to support discussion and present the report for consideration.</i> <i>It was noted that the item would be formally presented to the Board for ratification on 26 January 2022, along with a note of the discussion held.</i></p> <p>The Chair reminded those present that any decision taken would be done so in-line with the Board's approved Standing Orders: <i>"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."</i></p>
CA/21/02	<p>DECLARATIONS OF INTERESTS</p> <p>No declarations of interest were received.</p>
CA/21/03	<p>MAINTAINING GOOD GOVERNANCE</p> <p>The Board Secretary presented the report outlining the current situation in relation to the Covid-19 pandemic. The pressures caused by the Omicron variant were expected to be extreme during January and February 2022 and it was necessary to modify governance arrangements over the period.</p> <p>The paper set out the proposed modifications which include:</p> <ul style="list-style-type: none"> • Maintaining the current schedule of meetings of Board and Committees with the exception of the Delivery and Performance Committee which would have one less scheduled meeting. However, Finance and Performance would continue to be reported to Board as standing items.

- Formal meetings of Board and Committee have shortened, concise agendas focussing on essential matters only and would be held virtually in compliance with social distancing regulations. As members of the public would be unable to attend Committee a summary of committee meetings would continue to be published on the website within 10 working days of the meeting.
- The Chief Executive had deployed the Strategic (Gold) Group under Business Continuity Planning Arrangements
- Executive Committee and the Remuneration and Terms of Service Committee would meet as required whilst Gold Group was in place.
- The Board Advisory Committee (Local Partnership Forum) would continue to meet,
- Briefings for Board and the Local Partnership Forum to be arranged as and when required.

Independent Members sought and were given assurance that arrangements had been put in place via the Business Continuity Plans to focus on essential work should resources be stretched to the extent that this was all that could be undertaken. Teams had used their experience from previous waves and worked flexibly across teams to keep essential services running.

Assurance was sought that action had been taken to ensure that the portfolios being covered on an interim basis were included in these arrangements. It was confirmed that the interim arrangements were generally working well with additional support from the Chief Executive where that had been required. Other alternative arrangements would need to be put in place to ensure appropriate cover for the upcoming Director of Public Health vacancy.

The Chair in consultation with the Chair of the Delivery and Performance Committee and Vice-Chair of the Charitable Funds Committee APPROVED the proposed approach outlined in ensuring an appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the current wave of the COVID-19 pandemic and associated system resilience pressures, together with the revised Strategic (Gold) Command and Control structure for January and February 2022.

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Agenda item: 2.3

PTHB Board Meeting		Date of Meeting: 26th January 2022
Subject :	North Powys Wellbeing Programme	
Approved and Presented by:	Hayley Thomas Deputy Chief Executive & Director of Planning and Performance	
Prepared by:	Carly Skitt Assistant Programme Director	
Other Committees and meetings considered at:	NPWP Delivery Team NPWP Programme Board Executive Committee PPPH Committee	

PURPOSE:

The purpose of this paper is to:

- Provide a general update to the Board on the progress of the programme including the high-level outputs of the demand and capacity modelling.
- Share the Memorandum of Understanding for the Multi-Agency Wellbeing Campus which describes how the Organisations will work together in creating a high quality, purpose-built multi-agency wellbeing campus development.

RECOMMENDATION(S):

The Board is asked to NOTE for information the progress of the programme and the planned submission of the Strategic Outline Case for the Health, Care and Infrastructure early 2022.

The Board are asked to APPROVE the Memorandum of Understanding (MOU) to support with the submission of the Strategic Outline Case. The Planning, Performance and Population Health Committee have reviewed the MOU and are recommending this is approved.

Approval/Ratification/Decision ¹	Discussion	Information
✓		

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	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 North Powys Programme Goal is to test and deliver a new integrated model in North Powys in line with the Health and Care Strategy, and to support effective learning and transfer across Powys.

A Programme Business Case (PBC) for a Multi- Agency Wellbeing Campus in Newtown was submitted to Welsh Government in November 2020. Welsh Government Strategic Investment have approved the PBC. However, there have been delays in obtaining Ministerial approval due to the complexity of needing to be signed off by three Ministers. If approved, the Strategic Outline Case (SOC) for the Health, Care and Infrastructure will be submitted early 2022.

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

DETAILED BACKGROUND AND ASSESSMENT:

The programme goal is:

To test and deliver a new integrated model in North Powys in line with the Health and Care Strategy, and to support effective learning and transfer across Powys.

The Key Drivers are:

- Variation in service provision across Powys. Tackling inequalities in north Powys which are potentially widening due to the pandemic.
- There is a strong base of volunteering and community resilience in Powys, supporting a more social model for health.
- Demand for health and care services is increasing; we need to increase prevention and early help and support to be able to sustain services.
- More care can be provided closer to home, reducing unnecessary travel for people and families.
- New treatments and technology are creating new ways of working which can help with some of the workforce challenges.
- National policy and legislation –Future Generations Act, A Healthier Wales and Social Services and Wellbeing Act, Programme for Government, Prosperity for All: A Low Carbon Wales 2019, National Climate Change Emergency and Net Zero Carbon Public Sector by 2030.

Current position:

- Programme Business Case (PBC) for a Multi-Agency Wellbeing Campus in Newtown submitted to Welsh Government in November 2020. Welsh Government Strategic Investment have approved the PBC however there have been delays in obtaining Ministerial approval due to the complexity of needing to be signed off by three Ministers. If approved Strategic Outline Case (SOC) for the Health and Care and Infrastructure will be submitted early 2022.
- Health and Care demand and capacity modelling work has been undertaken and future demand and capacity projections have been outlined for some areas based on evidenced based best practice, identifying opportunities to provide more services locally, including outpatients, day cases, diagnostic and urgent care services.
- Re-engagement activities have taken place with communities, staff, site stakeholder group, third sector and other partners, schools, primary care cluster and many others. The outputs of this are helping to shape the development of the business case for the multi-agency wellbeing campus.

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- Service specifications have been developed for the Rural Regional Diagnostic and Treatment Centre (Rural Regional Centre), Integrated Health and Care Centre and Community Hub (Community Wellbeing Hub, Library, Health and Care Academy) and for Supported living accommodation.
- Early concept drawings have been developed by local architects, ready to share more widely with stakeholders to receive feedback and further input as to what the campus could look like. These have also assessed options for where services are located on the site and will help determine where the school is positioned on the site to enable progress of the Schools OBC design work.
- Partnership principles have been developed for how the build and site will operate and these are outlined in a Memorandum of Understanding.
- The majority of short term accelerated projects are progressing well, although there have been some challenges in recruitment to some of the posts to support local Ophthalmology and Respiratory services.
- The Programme's Five-Year plan has been updated and key actions for 22/23 agreed. The programme team are further refining governance arrangements to support the next stage of the programme and the focus on the delivery of transformation change to achieve programme outcomes. Ongoing challenges exist with operational and clinical capacity and leadership to support delivery of the programme due to the pressures of the pandemic.
- WG Performance Assessment Review rated Programme as being Amber with good leadership highlighted but also the need to re-engage since pandemic, along with the need to secure ongoing revenue funding.
- The programme is currently funded via Transformation funding, this is due to end in March 22. Further funding is being discussed via the Regional Partnership arrangements and a proposal is being developed to secure funding via the Welsh Government Regional Integrated Fund, this is in addition to the capital funding required to support the campus development.

Initial demand and capacity modelling

The focus of the modelling for the Strategic Outline Case has been inpatients, imaging, planned, urgent care and supported living. Further work is required to look at maternity, children, mental health, social care and the broader prevention agenda. These areas were prioritised due to issues with resource and timescales. The high-level outputs are provided below:

Integrated Community Model

This is based on National Discharge to Assess and Home First model of care:

- Optimised care pathways.
- Rapid discharge from secondary care for recovery/reablement and assessment.

- Short as possible acute length of stay and no warehousing where patients will decondition and require a higher level of care on discharge.

Early modelling indicates:

- Currently there is a need to strengthen preventative services (to support admission avoidance or early discharge, and an over provision of bedded rehabilitation services).
- Future Inpatient provision in Newtown could include an inpatient unit to support Step up, Step down, End of Life care, Specialist Stroke and Neuro Rehabilitation.

(step up - admitted from home as an alternative to acute hospital admission and step down - transfer from acute hospital for people who require additional time and rehabilitation to recover but are unable to have this provided at home)

Supported Living

- Based on assessment by operational group. Proposed 12-place flexible development on site to support a range of needs.
- Early indications for accommodation for student, new staff and locum staff accommodation (proposed 6x 3-bed flats on site to provide for up to 18 students/staff at any one time).

Diagnostics, Planned and Ambulatory Care

Based on Clinical Networks – assessment of repatriation, Diagnostics Richards Review, Benchmarking vs. UK and OECD demand and capacity, Best Practice: British Association of Day cases, Directory of Ambulatory and Interventions Not Normally Undertaken.

Early modelling indicates:

- Diagnostic Imaging services in the Rural Regional Centre CT scanner, MRI scanner, X-ray and ultrasound scanners (along with other diagnostics such as near patient testing etc).
- Planned care services could be provided for the majority of high volume low risk services, via outpatient clinic rooms, procedure rooms, a day case theatre and endoscopy facility. This would include digital and remote consultation and is based on assumptions of repatriation across specialties for elective day surgery, pre-operative assessment and outpatient consultations.
- Further work is required to confirm clinical & financial viability / economies of scale at an individual specialty level so not all services may be able to be provided locally.
- Short stay assessment, urgent ambulatory care indicating, assumed repatriation of some non-urgent/see and treat attendances).
- Maternity (ambition for 45% of mothers deemed to be low risk to give birth outside of a DGH, in Powys).

All above is subject to further service planning, funding and resource.

The programme timetable has been reviewed, currently partners are working towards 2026 for the completion of the campus. A number of benefits are being articulated as part of the development of the Strategic Outline Case. There are significant risks associated with the delivery of this programme, particularly in relation to operational capacity, these are being monitored regularly by Programme Board.

NEXT STEPS:

The Strategic Outline Case will be submitted to Cabinet on the 1st March 22 and to PTHB Board on the 30th March 22.

A funding proposal is being developed to secure funding post March 22. Discussions are underway with project leads for the accelerated areas of change. Business cases will be updated and approved during Q4 (subject to Welsh Government revenue funding).

Further work will be undertaken to revise governance and implement resource required to deliver the programme plan for 22/23.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
<p style="text-align: center;">Statement</p> <p>At this stage of the Programme an EIA impact assessment has not been undertaken on the memorandum of understanding. An initial assessment has been completed in line with PTHB governance arrangements. A detailed EIA assessment will be undertaken during the next stage of planning and submission of the Outline Business Case.</p>				

Risk Assessment:					
	Level of risk identified				Statement There are no clinical, financial or corporate risks associated with the approval of the MOU. There are some risks associated with operationalising the MOU and in relation to reputation.
	None	Low	Moderate	High	
Clinical	X				
Financial	X				
Corporate	X				
Operational			X		
Reputational			X		

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Draft Heads of Terms**Memorandum of Understanding****North Powys Multi-Agency Well-being Programme**

Organisations	<p>This Memorandum of Understanding (MOU) sets out the terms and understanding between the following organisations ('the Organisations'):-</p> <ul style="list-style-type: none"> • Powys Teaching Health Board • Powys County Council
Purpose	<p>The MOU describes how the Organisations will work together in creating a high quality, purpose-built multi-agency wellbeing campus development, accommodating a new school and playing fields, regional rural centre for health, community health & wellbeing centre, specialist housing, library and health and care academy in Newtown. Shared and linked space and facilities will be an essential underpinning commitment.</p>
Principles	<p>The Organisations agree to observe the following principles for the MOU and campus development:</p> <ul style="list-style-type: none"> ○ Cost effective public purse ○ 'Do once' with no duplication ○ Commitment to decarbonisation and biodiversity ○ Deliver benefits from synergies and shared approach ○ Engage fully with the schools governing body
Actions	<p>The Organisations will work together to create the proposed development through:</p> <ul style="list-style-type: none"> • Agreeing details of any required property transactions using the established Land Transfer Protocols, releasing agreed areas of the site between the Organisations at market value, to support the dedicated healthcare elements of the Multi-Agency Well-being Campus. • Facilitating the timely transfer of the Properties to support each other's service objectives. • Agreeing a joint approach to site surveys and site investigations to inform and enable subsequent development activity. • Structuring the project into manageable and buildable steps, in line with RIBA stages, with phasing for infrastructure, school, health and care and other facilities across the six-year time horizon, while developing a flexible and unified approach

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<p>Powell Bethan 01/26/2022 16:41:06</p>	<p>to the overall design, carbon net zero planning and various procurement needs including construction.</p> <ul style="list-style-type: none">• Agreeing a strategic definition for the wider campus and commitments in terms of shared space.• Committing to supporting the delivery of the 21st Century School build to meet the required timescales whilst also recognising the balance of safeguarding and campus ethos.• Committing to a building programme that allows the existing school and other council services [Children and Young People's Partnership / Library] to remain operational until the new facilities are completed and are able to be fully occupied.• Committing to a building programme that enables the Park Street Clinic to remain operational until the new facilities are completed and able to be fully occupied.• Developing governance and project management arrangements for the Multi-agency Wellbeing Campus project within the overall programme, including formalising SRO appointments and delegated authorities. If deemed appropriate, this may include arrangements for the appointment of a Project Director to lead the Campus project.• Continuing to develop the Partnership Approach which will consider, at the appropriate time, arrangements for shared space management across the proposed development.• Agreeing responsibility for Multi-Agency Well-being Campus maintenance liabilities / risks / costs, prior to completion to ensure these are understood, clear and documented.• Carrying out feasibility studies into the proposed developments & transactions.• Committing to a cohesive design philosophy and principles for the built estate on the campus, as far as funding and statutory regulations allows.• Committing to a joint decarbonisation and biodiversity strategy for the site in terms of achieving carbon net zero and protecting and enhancing the natural resources of the site.• So far as practicable, the Organisations shall have regard to environmental good practice and employ measures to promote energy / water efficiency and waste reduction when designing the building(s) / when carrying out works / when delivering services from the completed Multi-Agency Well-being Campus.
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	<ul style="list-style-type: none"> To develop an energy strategy / a waste strategy / a water strategy/an environmentally friendly strategy (or policy) for the Building/Campus. Embedding principles of good stakeholder management and communication in terms of the site users and 'neighbours' to the campus site including Town Centre, Open Newtown, etc. - to be managed through the broader programme management arrangements.
Commitments	The Organisations will ensure negotiations or agreements with third parties will align with the objectives of this MOU.
Sharing Information & Confidentiality	<p>The Organisations will share information [compliance with UK GDPR / DPA 2018 to the extent that any information shared is 'personal data'] and reports on their respective properties but will not be liable for any inaccuracies.</p> <p>Each Partner undertakes not to disclose any confidential [to be defined by the parties] information to third parties for any purpose other than for supporting the negotiations and completing the property transactions.</p>
Costs	<p>Unless alternative arrangements for specific areas / projects / cost sharing are agreed by the Organisations in advance, the Organisations will bear their own costs when contributing to activities directly connected with this MOU.</p> <p>If an Organisation requires assistance relating to costs / additional work / resources / outsourcing / legal or technical advice or similar, it should first make a request to the other Organisation. The other Organisation will consider it. Dependent on circumstances, the Organisations could, if approved, then work together to reach agreement on any appropriate cost recovery / funding arrangements / alternatives. These arrangements will need to be specific about the costs defined in any agreement, the contributions to be made by each organisation, together with the charging mechanism and payment terms.</p>
Duration	<p>This MOU will become effective upon signature by the relevant Organisation's authorised officials. It will remain in effect until modified or terminated.</p> <p>At any time, an Organisation can terminate this MoU by notifying the other Organisation in writing; a reasonable notice period of a minimum of three calendar months shall apply.</p> <p>This MOU can be modified, provided any modification(s) required are first agreed in writing by the Organisations.</p>

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Organisation Leads & Reporting	Each Organisation will appoint a senior member of staff to lead on the work of the partnership. The designated lead member of staff for each will report to its management teams and Boards as necessary to support the objectives of this MOU.
The Council's Contact	TBC
The Council's Solicitor	TBC
The Health Board's Contact	Hayley Thomas / Wayne Tannahill
The Health Board's Solicitor	TBC
Further Conditions	<ul style="list-style-type: none"> • Formal approval from the Organisations' management teams, Boards / Cabinet; • Formal approval from Welsh Government; • Planning & other Statutory Consents; • Contract
Dispute resolution	Dispute resolution is to be arbitrated by the Chief Executives of both organisations.
Disclaimer	<p>By signing this MOU and/or participating in the Project, the Organisations hereby irrevocably agree that their intentions are not to create any legal relations because the provisions of this MOU are not intended to be legally binding.</p> <p>The collaboration between the parties does not constitute a 'partnership' and there is no authority for either party to make commitments on behalf of the other.</p>

(Partner signature)

(Partner name)

(Partner organisation, position)

Date:

(Partner signature)

(Partner name)

(Partner organisation, position)

Date:

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Agenda item: 3.2

BOARD MEETING		Date of Meeting: 26 January 2022
Subject:	Performance Overview against National Outcome Framework – December update, 2021/22	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Performance Manager	
Other Committees and meetings considered at:	Due to the impact of the COVID-19 pandemic and the need to stand down some meetings, this paper is coming directly from Executive meeting held on the 19 th January 2022.	

PURPOSE:

This report provides a brief update on the changes to the latest performance position for Powys Teaching Health Board with data up until December 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
x	✓	✓

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

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

EXECUTIVE SUMMARY:

This report provides the 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.

The Health Board is in the process of reviewing performance reporting both to service leads and formal report forums. As part of the review the main performance report has been reformatted with the aim of producing and supplying more insightful information. The new format has been included in this report.

Powys Teaching Health Board

Integrated Performance Report

Month 8 – Updated 19/01/2021

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

[Executive Summary](#)

[COVID-19](#)

[NHS Delivery Framework Performance](#)

[National Outcomes Framework: Performance Scorecard](#)

[Quadruple Aim 1](#)

[Quadruple Aim 2](#)

[Quadruple Aim 3](#)

[Quadruple Aim 4](#)

[Next Steps](#)

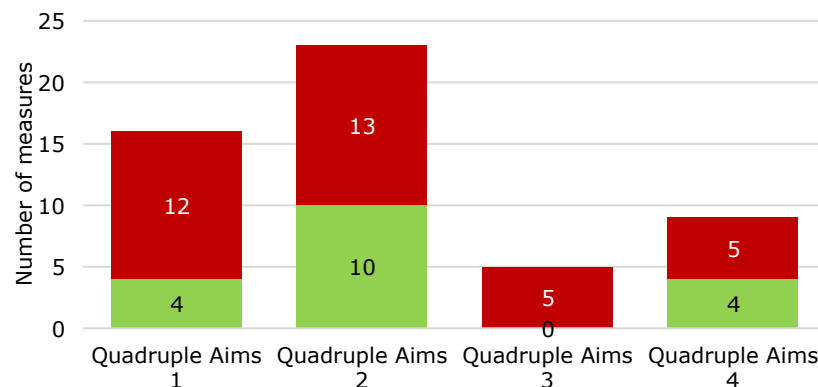
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Executive Summary

This report provides the Board with a performance update against the 2021/22 NHS Delivery Framework. The data, drawn from various sources has been supported by statistical process charts, and includes officer lead narrative for challenges, actions, and further mitigations. With the ongoing pressure of COVID 19 and the impact on services, staff and capacity, this report unfortunately is not fully integrated with the Board Assurance Framework at present but this will be completed. It should also be noted that the availability of recent performance data varies by measure with monthly, quarterly, and annual updates to the key frequencies, this resulting in some metrics not having an update for a 12+ month period.

Target Compliance Summary By Quadruple Aim
Area - Source Performance Monthly Snapshot Scorecards



Performance for the health board remains challenging against the relevant outcome measures with 34% meeting Welsh Government set targets at the end of November 2021. Significant challenge has and continues to be as a result of the COVID-19 pandemic which still impacts local and commissioned services. As a provider of care Powys Teaching Health Board has made improvement to meet existing access targets, and when nationally benchmarked leads the way in Wales. Mental health care remains robust with all metrics barring +18 interventions and neurodevelopment meeting the target in November.

The urgent care system continues to be highly pressurised across primary, secondary and community care with ambulance services struggling to meet demand or not being able to deploy back to active operation quickly enough from A&E hospital sites. The Health Board has increased management input and focus to this area to ensure that Powys as a provider has enough beds to cope with demand and that out of county acute hospital repatriation delays are kept to an absolute minimum.

The impact of the Covid 19 pandemic continues to have an impact on service delivery, staffing levels and the sustainability of services. The Health Board has not had to deploy the Local Options Framework as extensively as other Health Boards but there has been some adverse impact on service delivery and performance locally that are now being reported across the Quadruple Aims.

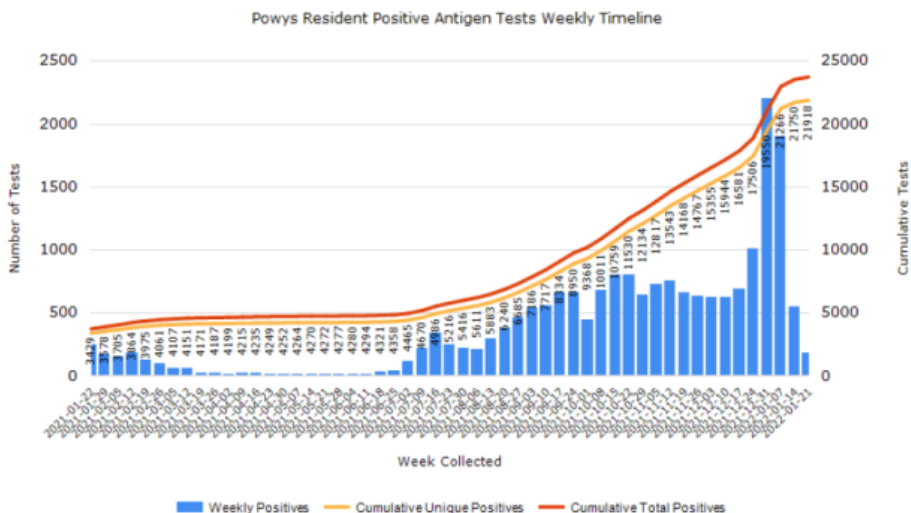


COVID-19

Cumulative Infection Counts – Source IFOR

Snapshot Date: 19/01/2022

PTHB Total Unique Confirmed	First Positive Flag	PTHB Unique Staff Confirmed	Powys Unique Total Care Home Confirmed
21,958	21,903	728	1322



Period: 2022-01-09 To 2022-01-15

Antigen COVID Tests

Total Tests	Positivity Rate	Rolling 7 Rate Per 100K
3286	14.0%	346.6

Contact Tracing Cases

Case Type	New Case	Eligible For Follow Up	Followed Up Within 24Hrs	Followed Up Within 48Hrs
Index Case	1046	946	53.3%	74.4%
Contact Tracing	2011	1397	90.3%	92.8%

*Please note that all of the data provided in these graphs is via a live dashboard from the PTHB IFOR reporting services system, as such data for the last 2 reported weeks may not be fully updated e.g. retrospective data entries.

Powys has had **21,837** cumulatively reported cases up until the 17/01/2022. A significant recent increase in infections results from the Omicron wave variant, but at present this has not converted into a significant increase in deaths, which are reported at **325** cumulatively.

The Test, Trace, and Protect process remains robust with **1046** identified positive cases with a resulting test positivity rate of **14%** during the period 09/01/2022 and 15/01/2022. Of these **946** were eligible for follow-up, of which **53.3%** were followed up within 24hr and a **74.4%** contacted within 24hrs.

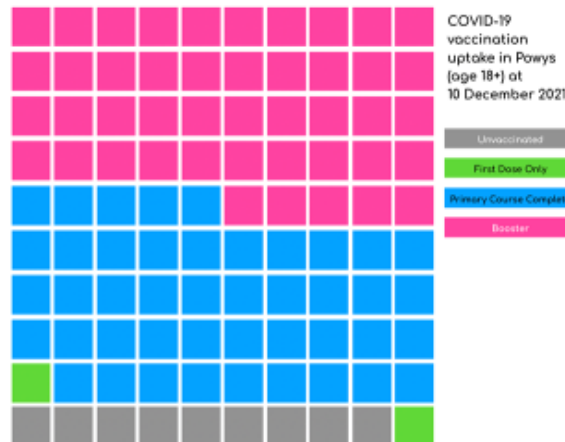


COVID-19 Vaccination Programme

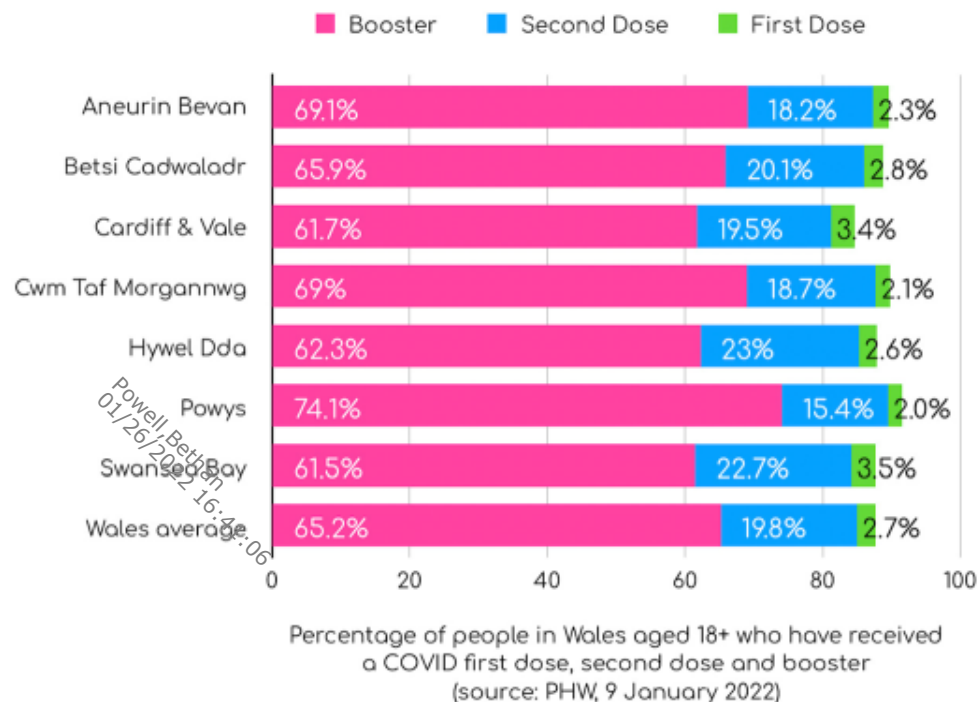
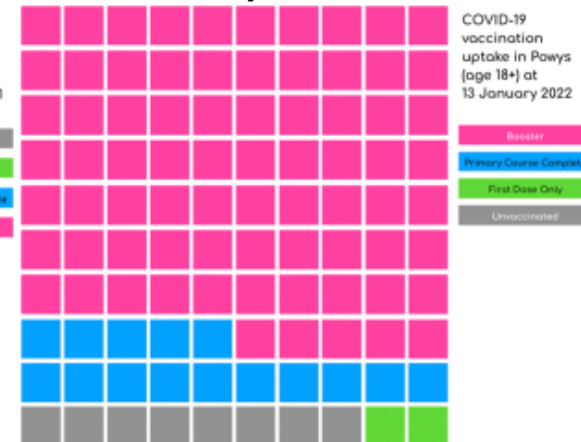
Where are we now?

- 75% of all adults in Powys have received their booster.
- This represents over 80% of all those adults who completed their primary course.
- This remains the strongest performance of all health boards across Wales and is among the leading rates in the UK.
- The charts on the right show the progress made in accelerating the booster programme following national announcements in mid December.

December 2022



January 2022



- The latest published all-Wales data (PHW weekly statistics, published on 13 January for data up to 9 January) shows that Powys has the highest rates for adult first dose, second dose and booster dose of all health boards in Wales
- Powys has the highest rates of first dose and second dose vaccination for people aged 16-17 of all health boards in Wales.
- Powys has the highest rates of first dose vaccination for people aged 12-15 of all health boards in Wales.

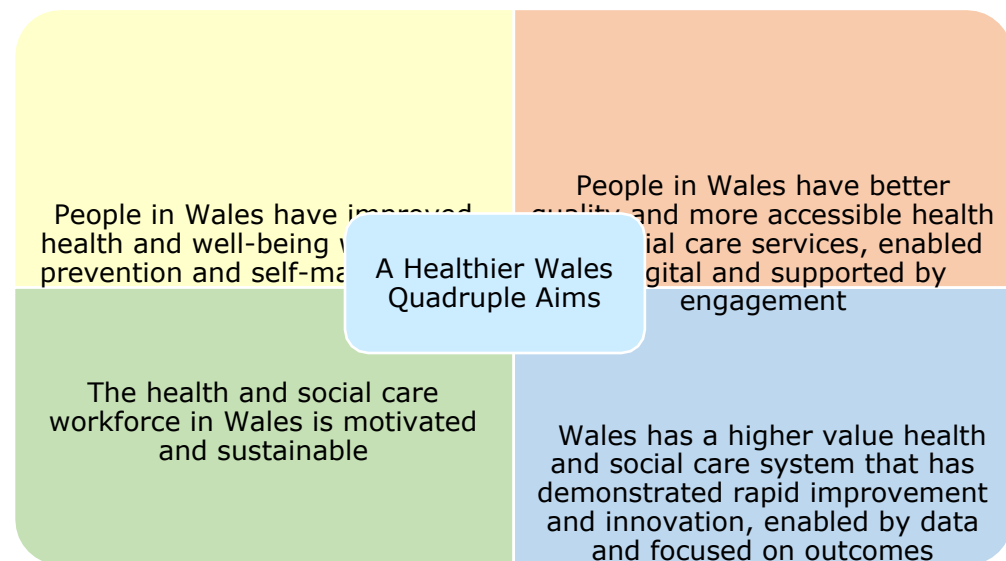


NHS Delivery Framework Performance

NHS DELIVERY FRAMEWORK PERFORMANCE

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

The new 2021/22 framework reports against 73 delivery measures mapped to the Healthier Wales quadruple aims.



A brief introduction to statistical process control charts (SPC)

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

SPC charts

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

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



National Outcomes Framework: Performance Scorecard

[Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management](#)

PTHB Integrated Performance Dashboard - Updated 31/12/2021

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management	Director of Nursing		1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	51.9%		52.0%	1st	36.8%
	Director of Public Health	Consultant in Public Health	2	'6 in 1' vaccine by age 1	95%	Q2 21/22	98.5%	97.3%	93.9%	6th	95.2%
	Director of Public Health	Consultant in Public Health	3	2 doses of the MMR vaccine by age 5	95%	Q2 21/22	94.4%	91.7%	91.5%	3rd	91.4%
	Director of Public Health	Consultant in Public Health	4	Attempted to quit smoking - Cum	5%	Q1 21/22	0.82%		0.88%	6th	1.07%
	Director of Primary Care, Community and Mental Health		5	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q2 21/22	359.4	430.1	375.1	6th	382.3
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	6	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q2 21/22	59.0%	63.8%	63.9%	6th	70.3%
	Director of Public Health	Consultant in Public Health	7a	Flu Vaccines - 65+	75%	2020/21	67.1%		73.5%	7th	76.5%
	Director of Public Health	Consultant in Public Health	7b	Flu Vaccines - under 65 in risk groups	55%	2020/21	44.3%		52.2%	3rd	51.0%
	Director of Public Health	Consultant in Public Health	7c	Flu Vaccines - Pregnant Women	75%	2020/21	93.3%		92.3%	2nd	81.5%
	Director of Public Health	Consultant in Public Health	7d	Flu Vaccines - Health Care Workers	60%	2020/21	64.3%		56.5%	8th	65.6%
	Director of Public Health	Consultant in Public Health	8a	Coverage of cancer screening for: bowel	60%	2019/20	56.4%		59.5%	1st	58.9%
	Director of Public Health	Consultant in Public Health	8b	Coverage of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
	Director of Public Health	Consultant in Public Health	8c	Coverage of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	9a	MH Part 2 - % residents with CTP <18	90%	Nov-21	95.2%	100.0%	100.0%	1st*	90.3%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	9b	MH Part 2 - % residents with CTP 18+	90%	Nov-21	91.3%	89.8%	90.5%	3rd*	89.8%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	10	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	15	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	56.3%		93.8%	2nd	75.9%
	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	16	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q1 21/22	60.5%	52.8%	50.6%	5th	55.9%
	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	17	Percentage of adults regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q1 21/22	49.8%	45.3%	42.7%	4th	42.4%
	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	18	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	Jun-21	92.3%	89.8%	96.3%		
	Director of Primary Care, Community and Mental Health	N/A	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Nov-21	59.2%	44.5%	41.8%	7th	53.0%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	21	MIU % patients who waited <4hr	95%	Nov-21	100.0%	100.0%	100.0%	1st	67.6%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	22	MIU patients who waited +12hrs	0	Nov-21	0	0	0	1st	8,819
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	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					
	Director of Primary Care, Community and Mental Health	N/A	24	Median time from arrival at an ED to assessment by a senior clinical decision maker	12 month reduction trend						
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	32	Number of diagnostic breaches 8+ weeks	0	Nov-21	160	190	184	1st*	48,408
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	33	Number of therapy breaches 14+ weeks	0	Nov-21	383	52	42	1st*	5,798
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Nov-21	55.8%	81.9%	83.9%	1st*	54.9
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	35	RTT patients waiting over 36 weeks (excluding D&T)	0	Nov-21	1478	305	247	1st*	240,306

National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services/Assistant Director of Mental Health	38	Number of patients waiting for a follow-up outpatient appointment	<= 3,864					1st	777,338
	Director of Primary Care, Community and Mental Health		39	Number of patient follow-up outpatient appointment delayed by over 100%	<= 201					1st	194,981
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	40	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Nov-21	71.8%	64.0%	56.5%	3rd*	63.2%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Nov-21	1.1%	0.3%	1.1%		
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	41	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2020/21	5.06		2.42	2nd	3.54
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	42	CAMHS % waiting <28 days for first appointment	80%	Nov-21	89.1%	69.2%	91.4%	3rd	30.3%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	43a	MH Part 1 - Assessments <28 days <18	80%	Nov-21	97.4%	92.1%	95.6%	2nd*	52.8%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	43b	MH Part 1 - Assessments <28 days 18+	80%	Nov-21	99.1%	94.2%	94.8%	2nd*	73.8%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	44a	MH Part 1 - Interventions <28 days <18	80%	Nov-21	100.0%	90.9%	93.1%	1st*	43.9%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	44b	MH Part 1 - Interventions <28 days 18+	80%	Nov-21	83.3%	67.0%	64.4%	6th*	76.7%
	Director of Primary Care, Community and Mental Health	Assistant Director of Womens and Children's	45	Children/Young People neurodevelopmental waits	80%	Nov-21	36.0%	53.0%	58.8%	2nd*	37.3%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	46	Adult psychological therapy waiting < 26 weeks	80%	Nov-21	94.7%	99.4%	98.1%	2nd*	73.6%
	Director of Nursing	Deputy Director of Nursing	47a	HCAI - E.coli per 100k pop cum	TBC	Nov-21				2.25	PTHB is not nationally benchmarked for infection rates
	Director of Nursing	Deputy Director of Nursing	47b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Nov-21				0.00	
	Director of Nursing	Deputy Director of Nursing	47c	HCAI - C.difficile per 100k pop cum	TBC	Nov-21				7.87	
	Director of Nursing	Deputy Director of Nursing	48a	HCAI - Klebsiella sp cumulative number	TBC	Nov-21				0	
	Director of Nursing	Deputy Director of Nursing	48b	HCAI - Aeruginosa per 100k cumulative number	TBC	Nov-21				0	

National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Director of Nursing	Assistant Director of Primary Care	49	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2019/20	93.1%		87.9%	5th	88.60%
	Director of Workforce and OD		52	Performance Appraisals (PADR)	85%	Nov-21	72.0%	70.0%	74.0%	4th (May-21)	60.0% (May-21)
	Director of Workforce and OD		53	Core Skills Mandatory Training	85%	Nov-21	78.7%	81.0%	81.3%	3rd (May-21)	78.8% (May-21)
	Director of Workforce and OD		55	(R12) Sickness Absence	12m↓	Nov-21	5.03%	5.32%	5.27%	3rd (May-21)	5.68% (May-21)
	Director of Workforce and OD		56	Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing	Annual Improvement	2020		77% (2018)	75.5%	2nd	65.90%

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National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Director of Nursing	Assistant Director Quality & Safety	59	Concerns & Complaints	75%	Q2 2021/22	50.0%	47.0%	62.0%	10th*	67.20%
	Medical Director		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					
	Medical Director		61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies						
	Medical Director		62	Crude hospital mortality rate (74 years of age or less)	12m↓	Oct-21	3.56%	2.42%	2.37%	Not applicable	1.44%
	Medical Director?	Chief Pharmacist	66	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q1 21/22	96.6%	97.2%	97.4%	6th	98.6%
	Medical Director?	Chief Pharmacist	67	Total antibacterial items per 1,000 STAR-PUs	189.6	Q1 21/22	199.6	195.6	196.9	1st	227.5
	Medical Director?	Chief Pharmacist	68	Percentage of secondary care antibiotic usage within the WHO access category	55%						
	Medical Director?	Chief Pharmacist	69	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q1 21/22	478	487	485	1st	10,221
	Medical Director?	Chief Pharmacist	70	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q1 21/22	0.134%	0.109%	0.104%	1st	0.145%
	Medical Director?	Chief Pharmacist	71	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q1 21/22	4001.2	4068	4059.8	2nd	4462.6
	Director of Finance and ICT		74	Agency spend as a percentage of the total pay bill	12m↓	Nov-21	8.9%	7.0%	10.4%	10th (May-21)	4.1% (May-21)
	Director of Finance and ICT		75	Percentage of episodes clinically coded within one reporting month post episode discharge end date	12m improvement trend towards achieving the 95% target	Sep-21	100.0%	100.0%	100.0%	1st*	88.4%
*Benchmark provided from previous period (national benchmark outdated)											

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Quadruple Aim 1

No.

1

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

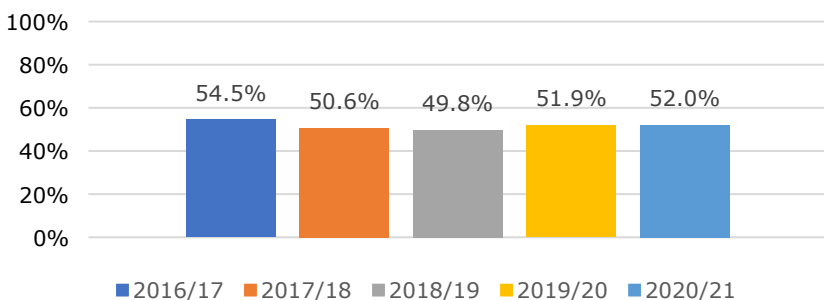
Measure: Percentage of babies who are exclusively breastfed at 10 days old

Executive Lead Director of Nursing

Officer Lead TBC

BAF TBC

Percentage of babies who are exclusively breastfed at 10 days old



Performance 2020/21

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

What the data tells us

2020/21 performance slightly above the average performance over the last 5 years. Powys benchmarks positively against the All Wales figure of 36.8%.

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Issues

Although breastfeeding rates are above the Wales average there is a reduction in exclusive breastfeeding rates between birth (77% in 2020, Source NCCHD) and 10 days.

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

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

Actions

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

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

Maternity and health visiting staff who have not completed the Baby Friendly Initiative (BFI) training in the last 3 years are required to complete it in 2022.

Mitigations

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

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



Quadruple Aim 1

No.

2

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

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

Executive Lead

Director of Public Health

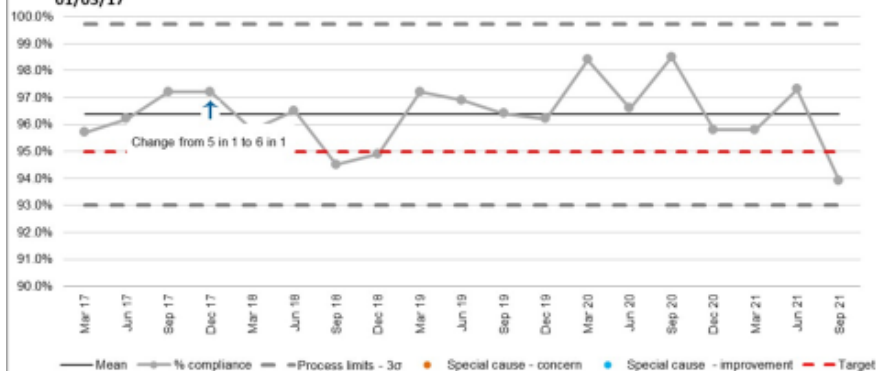
Officer Lead

Consultant in Public Health

BAF

TBC

Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1-Source PHW starting 01/03/17



Performance Q2 2021/22

Local
Performance

93.9%

All Wales
Benchmark6th (95.2%)

Variance Type

Common Cause



Target

95%

Data Quality

What the data tells us

PTHB performs consistently above the 95% target for coverage of the 6 in 1 vaccinations. However Q2 2021/22 has seen the first below target performance since Q3 2018. The health board ranks 6th against the All Wales average of 95.2%.

Issues

This quarter has seen a good recovery following a dip in performance in the last 2 quarters which are likely to be associated with Covid-19.

Actions

Work is underway to develop a enhanced primary care dashboard to identify any variation and work with individual practices to address under performance.

Mitigations

None required.



Quadruple Aim 1

No.

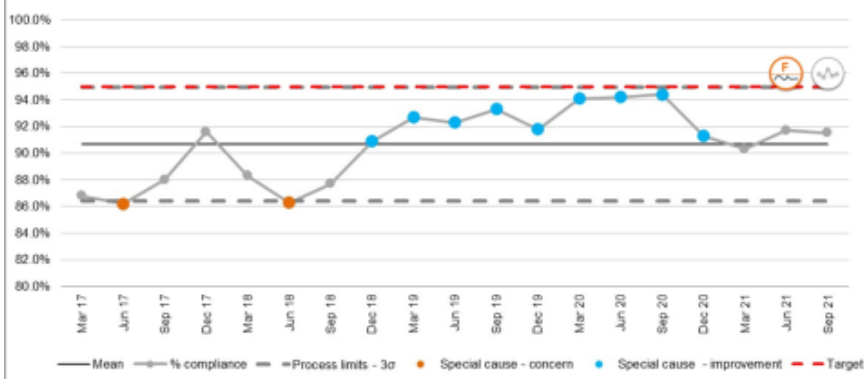
3

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

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

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

Percentage of children who received 2 doses of the MMR vaccine by age 5-Source PHW starting 01/03/17



Performance Q2 2021/22

Local Performance	All Wales Benchmark
91.5%	3rd (91.4%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality	

What the data tells us

PTHB has not met the target for 2 doses of MMR by age 5, performance is above calculated mean. PTHB benchmarks 3rd against and All Wales performance of 91.4%.

Issues

We have seen uptake drop off for MMR at 5 years, we believe that this is two fold; a reluctance by parents to take children to be vaccinated at this age, and the pressure on primary care to provide face to face appointments.

Actions

Due to current pressures as a result of Covid-19 we have not been able to focus on this as much as we would have liked. Actions have included a discussion with primary care where uptake is lowest asking for recovery plans.

Mitigations

A recovery plan will be developed during Q4 to catch up on children under vaccinated in previous quarters and ensure the direction of travel is improved.

Data cleansing is also being undertaken with the child health departments as staffing capacity was reduced during the pandemic.



Quadruple Aim 1

No.

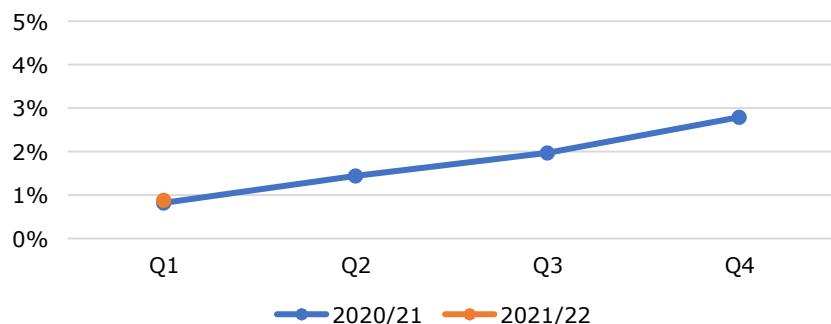
4

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

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

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

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



Performance Q1 2021/22	
Local Performance	All Wales Benchmark
0.88%	6th (1.07%)
Variance Type	
N/A	
Target	
5% Annual Target	
Data Quality	

What the data tells us

Q1 performance is slightly higher than the previous year (0.82%). All Wales average for Q1 is 1.07% and the health board ranks 6th.

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Issues

Delivering smoking cessation services during the pandemic has been challenging. As the rate of smoking in Powys continues to fall the smaller numbers wanting to quit will impact on the numbers accessing services.

Actions

During Q4 we will start work to develop a new strategy for smoking cessation and tobacco control in Powys. This will specifically target those most vulnerable and more likely to be impacted by adverse health outcomes. We also want to increase the offer to community smoking cessation.

Mitigations

We are working with the current service providers to increase referrals into the service and freeing up slots for clients to access the service.



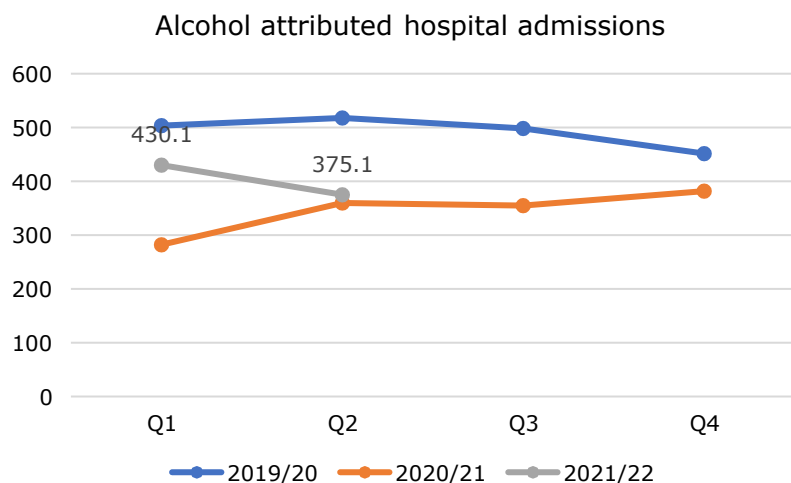
Quadruple Aim 1

No.

5

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

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



Performance Q2 2021/22	
Local Performance	All Wales Benchmark
375.1	6th (382.3)
Variance Type	
N/A	
Target	
4 quarter reduction trend	
Data Quality	

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	TBC
BAF	TBC

What the data tells us

Increasing trend in alcohol attributed hospital admissions, however rates in 2020/21 are below 2019/20 reported levels. Welsh average for Q4 2020/21 is 356.6 and PTHB ranks 6th.

Issues

A recent Public Health England study reported that alcoholic liver deaths increased by 21% during the pandemic year 20/21. And 24.4% more alcohol was sold, it is likely that increases in drinking habit as a result of COVID-19 have affected admission rates for Powys residents in line with UK findings

Actions

Continue to monitor reduction noted in quarter 2. Review public health information provision in terms of messaging to general public. Identify any repetitive patients accessing services and consider alternative support as appropriate.

Mitigations

To be confirmed once further action has been taken.



Quadruple Aim 1

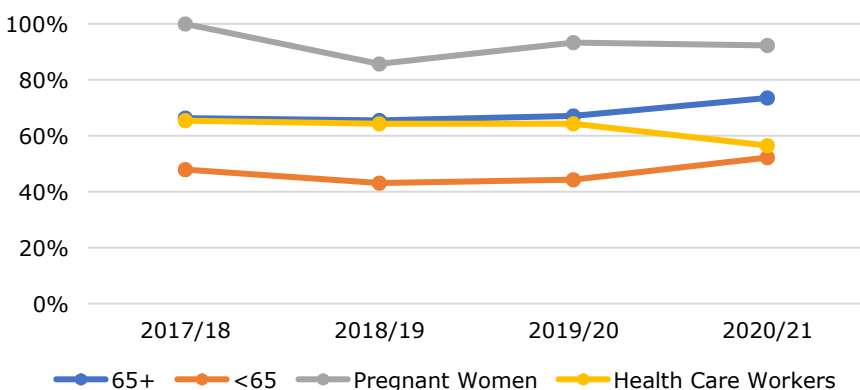
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7

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

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

Influenza vaccination uptake by group – source PHW



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

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

Variance Type

N/A

Target

65+ 75%, <65 @ risk 55%, Pregnant Women 75%, Health care workers 60%.

Data Quality

What the data tells us

- 65+ yrs: Performance was close to the 75% target in 2020/21 and shows a year on year improvement.
- <65 yrs at risk: Performance was above the Wales average but below target.
- Pregnant women uptake remains robust well above all Wales average.
- Health care worker uptake fell in 2020/21, partly due to COVID-19, with remote working, shielding staff members and corresponding difficulty accessing vaccinations.

Issues

During 2020/21 the numbers vaccinated in the key risk groups increased, however, primary care workforce capacity and social distancing arrangements made vaccination difficult.

Actions

- We are actively engaging primary care regarding delivery of the flu vaccine for 2021/22. Practices have been offered up to six sessions where they can close the practice and routine work will be covered by the out of hours provider. We do however still face problems with vaccine supply.
- A separate staff vaccination steering group has been put in place. Every effort has been made to increase the numbers of peer vaccinators available to increase staff vaccination.

Mitigations

We have increased the offer of flu vaccinations through community pharmacy and for staff have strengthened the offer through additional community clinics and extended hours sessions.



Quadruple Aim 1

No.

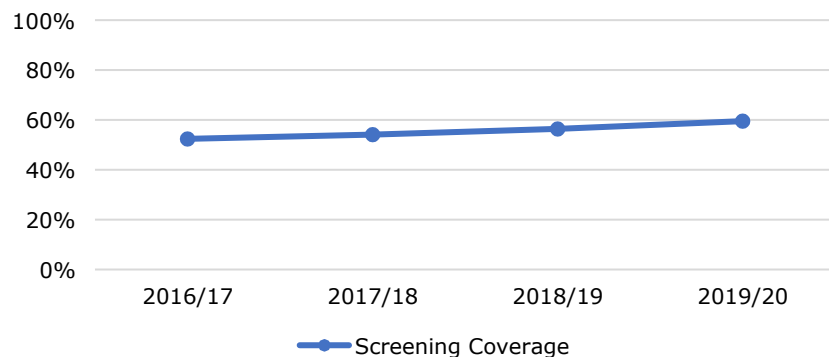
8a

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

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

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

Coverage of cancer screening for: bowel



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

What the data tells us

Coverage for bowel screening has improved consistently for PTHB, and the health board now ranks 1st above the All Wales average of 58.9% narrowly missing the national target. Public Health Wales are currently unable to provide a timescale for data reporting 2020/21 financial year.

Issues

There is an issue with timely release of data to enable us to understand ongoing uptake of the bowel screening programme.

Actions

We will continue to support the roll out and extension of the bowel screen programme where possible.

Mitigations

None required – awaiting more up to date data.



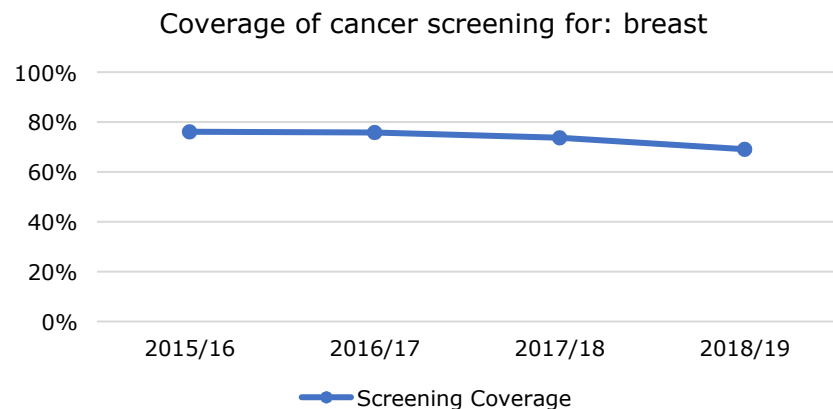
Quadruple Aim 1

No.

8b

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

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



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

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

What the data tells us

Coverage for breast screening has fallen by 7% in the 4 years up to 2018/19. In 2018/19, the health board ranked 7th below the Wales average of 72.8%. Public Health Wales are currently unable to provide a timescale for data reporting for 2019/20 or 2020/21 financial years.

Issues

Currently the health board has limited control of performance of this target as eligible women are required to be called on a three yearly cycle for an appointment, these appointments are offered by PHW.

We are still awaiting 2019/20 data to see if there is an improvement in coverage for women within Powys.

We know that this is to do with the timeliness of invitation letters (from PHW), rather than attendance once invited.

Actions

We have had discussions with the Director of Screening Programmes, PHW and we have agreed to wait until 2019/20 data is available so we can further understand screening coverage.

Mitigations

Not possible at this stage as outside the control of the Health Board.



Quadruple Aim 1

No.

8c

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

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

Executive Lead

Director of Public Health

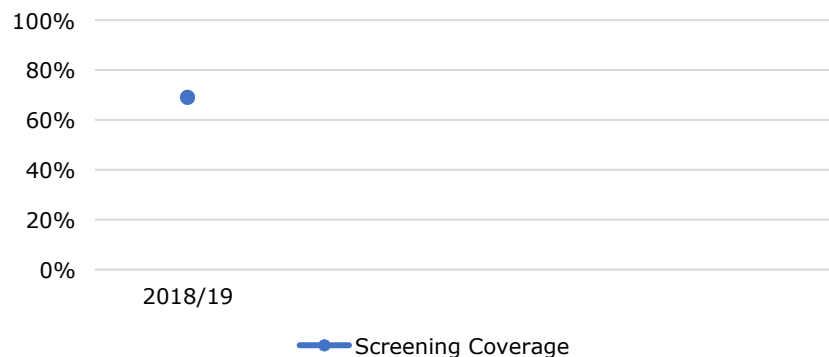
Officer Lead

Consultant in Public Health

BAF

TBC

Coverage of cancer screening for: cervical



Performance 2018/19

Local Performance	All Wales Benchmark
76.1%	1 st (73.2%)

Variance Type

N/A

Target

80%

Data Quality

What the data tells us

Data prior to 2018/19 for cervical screening is not comparable due to a change in the age coverage. For the available data point in 2018/19 Powys ranked 1st above the Wales average of 73.2%, however, the 80% target was not met. Public Health Wales are currently unable to provide a timescale for data reporting for 2019/20 or 2020/21 financial year.

Issues

There is an issue with timely release of data to enable us to understand ongoing uptake of the cervical screening programme.

Actions

Once timely data is available we will look to assess variation in uptake of screening across practice / geographical areas and work to support women access timely screening.

Mitigations

None currently



Quadruple Aim 1

No.

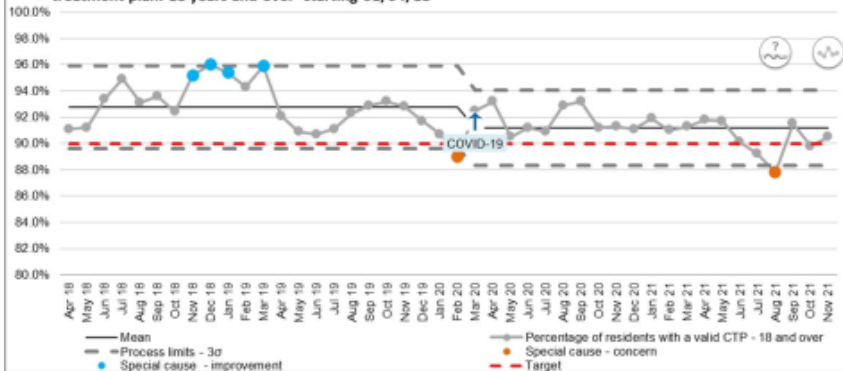
9

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

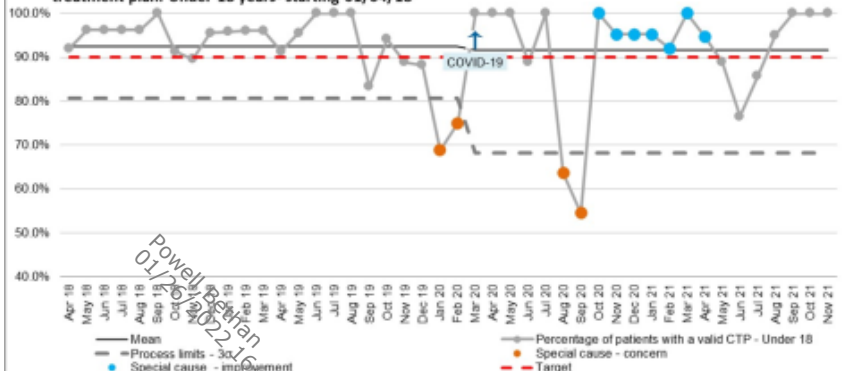
Mental Health - Part 2

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

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: 18 years and over- starting 01/04/18



Percentage of health board patients in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years- starting 01/04/18



November 2021 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
90.5%	*89.8%	100%	*90.3%
Variance Type			
Common Cause			
Target			
90%			
Data Quality			

Executive Lead

Director of Therapies and Health Sciences (Interim)

Officer Lead

Assistant Director of Mental Health

BAF

TBC

* Benchmark from previous available period

What the charts tell us

- Both age groups under the measure meet the target, the health board benchmarks above the All Wales averages for the previous period available. Variation remains common cause.

Issues

Staff absence in the Older Adult service has impacted on overall performance. Performance has recovered during November. Within CAMHS less than 5 overdue CTPs have impacted upon the missed target. Once again, staffing absence impacted on performance.

Actions

Recruitment to unfilled posts.

All unfilled posts are currently out to advert (some roles have been advertised on 3+ occasions without success)

Mitigations



Quadruple Aim 1

No.

10

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

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

Executive Lead

Director of
Therapies and
Health Sciences
(Interim)

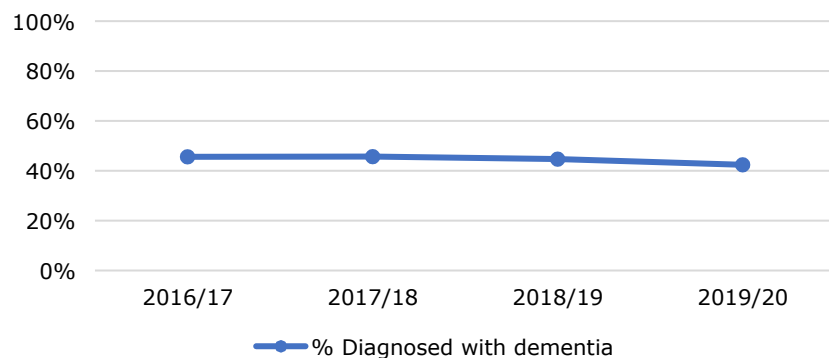
Officer Lead

Assistant Director
of Mental Health

BAF

TBC

Estimated dementia patients that are diagnosed



Performance 2019/20

Local Performance	All Wales Benchmark
42.4%	7 th (53.1%)

Variance Type

N/A

Target

Annual Improvement

Data Quality

What the chart tells us

- Powys has failed to meet the target for the last 3 years of improvement. The health board ranks 7th against an All Wales average of 53.1%.

Issues

- The target has proved challenging for Memory Assessment services for a number of years, compounded during the C19 pandemic.
- This is because:
- Difficult access to diagnostic CT (now improving)
- Difficulties in recruiting Memory Assessment Nurses.
- Medical Vacancies.
- Reluctance for patients to visit clinics during the pandemic, and difficulties in communicating via VC or telephone for remote consultation.

Actions

- A key priority for 2022 is to redesign Memory Assessment Services. A medical recruitment SBAR that identifies a number of options to improve recruitment of psychiatrists is under consideration. This includes the introduction of non medical prescribers and assessors within the service. If approved, this will change the pathway so that other clinicians take the lead on diagnosis (supervised by a consultant), and creates additional capacity to improve performance.

Mitigations

- See the action segment.

Powell Bethan
01/26/2022 16:41:06



Quadruple Aim 2

No.

15

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

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

Executive Lead

Director of Finance & ICT (Interim)

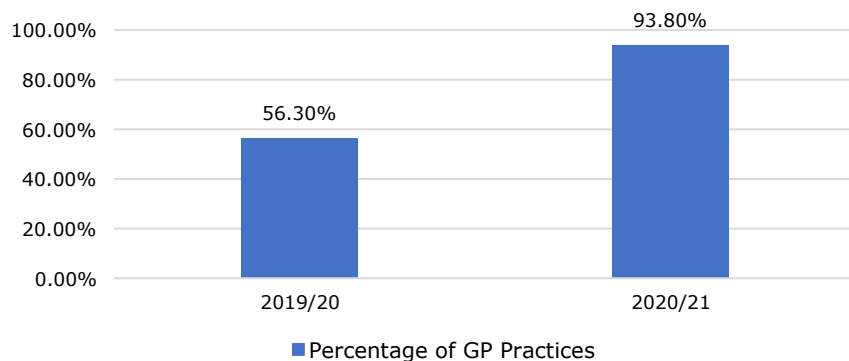
Officer Lead

Assistant Director of Primary Care

BAF

TBC

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



Performance 2020/21

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

What the chart tells us

Issues

Actions

Mitigations

Limited data (2 points) available for this metric makes long term trend hard to ascertain. Performance shows a significant improvement to 93.8% from the previous year. PTHB performs above the All Wales average

General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards.

Out of all the standards, only one standard was not achieved by one practice. Standard 5 - email facility for patients to make appointments or have a call back.

The Mid Cluster Practice representative on the PTHB Access Forum is linking in with the practice to offer support and advice to meet this indicator in 2021/22

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

Specific mitigation for this issue is as per the Action.



Quadruple Aim 2

No.

16

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

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

Executive Lead

Director of Finance & ICT (Interim)

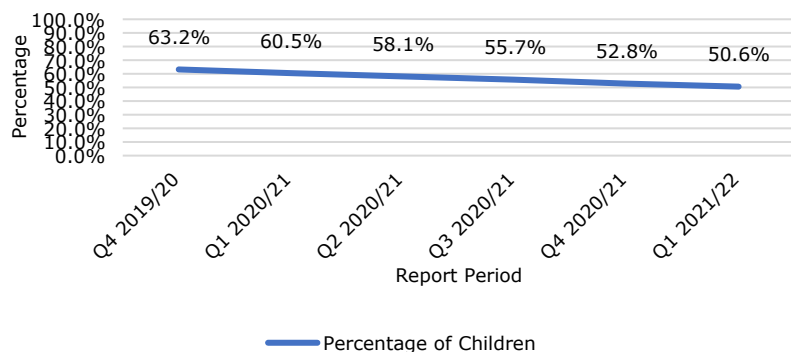
Officer Lead

Assistant Director of Primary Care

BAF

TBC

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



Q1 2021/22 Performance

Local Performance	All Wales Benchmark
50.6%	(5 th) 55.9%

Variance Type

N/A

Target

4 quarter improvement trend

Data Quality

What the chart tells us

Performance has continued to fall across the displayed time period. PTHB performs below the All Wales average and ranks 5th for this metric.

Issues

Welsh Government has continued to suspend the normal contract monitoring metrics (UDA's). Dentistry has been hugely affected by the pandemic. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures. Meeting the ventilation standards/requirements for the clinical environment impacted further on dental practices.

Actions

A new national metric was introduced in Q4 2020/21, for Practices to accept at least 2 new patients per week including children not seen >12 months.

Monthly monitoring is in place to review the Practice requirement to accept at least 2 new patients per week including children not seen >12 months.

Mitigations

Child access is monitored monthly via the Primary Care GDS Monitoring Group. Practices not meeting the metric are followed up and a local action plan agreed. Contract sanctions will be put in place for practices not meeting the metric.



Quadruple Aim 2

No.

17

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

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

Executive Lead

Director of Finance & ICT (Interim)

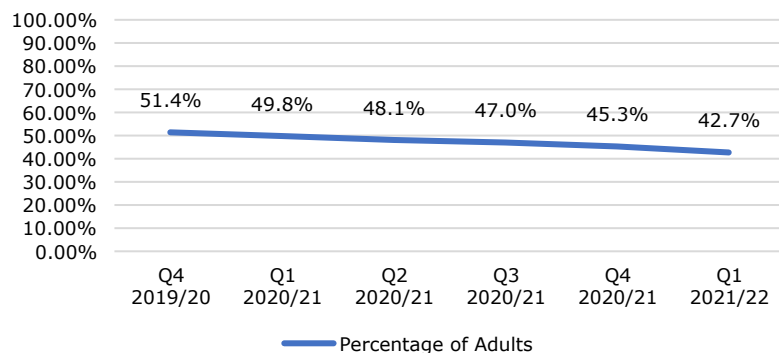
Officer Lead

Assistant Director of Primary Care

BAF

TBC

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



Q1 2021/22 Performance

Local Performance	All Wales Benchmark
42.7%	(4 th) 42.4%

Variance Type

N/A

Target

4 quarter improvement trend

Data Quality

What the chart tells us

Performance has continued to fall for this measure over the displayed period. PTHB performs slightly above the All Wales average of 42.4% ranking 4th.

Issues

Welsh Government has continued to suspend the normal contract monitoring metrics (UDA's). Dentistry has been hugely affected by the pandemic. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures. Meeting the ventilation standards/requirements for the clinical environment impacted further on dental practices.

Actions

A new national metric was introduced in Q4 2020/21, for Practices to accept at least 2 new patients per week including children not seen >12 months.

Monthly monitoring is in place to review the Practice requirement to accept at least 2 new patients per week including children not seen >12 months.

Mitigations

Access is monitored monthly via the Primary Care GDS Monitoring Group. Practices not meeting the metric are followed up and a local action plan agreed. Contract sanctions will be put in place for practices not meeting the metric.



Quadruple Aim 2

No.

18

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

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

Executive Lead

Director of Finance & ICT (Interim)

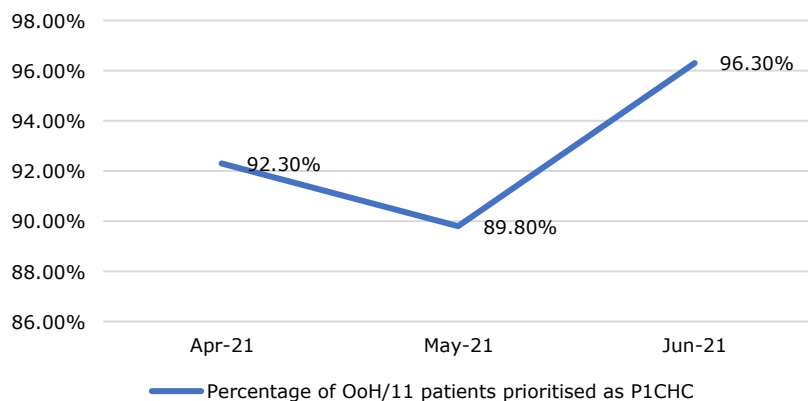
Officer Lead

Assistant Director of Primary Care

BAF

TBC

Percentage of Out of Hours/111 patients prioritised as P1CHC

**June 2021 Performance**

Local Performance	All Wales Benchmark
96.3%	N/A
Variance Type	
N/A	
Target	
90%	
Data Quality	

What the chart tells us

The availability of only three datapoints results in limited analysis for the out of hours metric, PTHB has met the target twice since reporting started. Due to the national availability of data no All Wales benchmarking is available.

Issues

The provider IT systems supporting the PTHB OOH service provision are not able to fully report against the OOH standards. The data provided is limited. The reasons for this vary with each provider:

Shropdoc - It is currently not possible to report against the OOH measures for the whole patient journey as end to end reporting between 111 and Shropdoc is unachievable as the 'time stamp' of referral from the 111 service to the Shropdoc face to face service is not transferred between the systems. SBUHB - Due to the lack of inter-operability between 111 and the Adastral SBUHB OOH system causes limitations in being able to specifically report on Powys patients and the Powys data.

Accurate OOH reporting is a national issue and given the need for accurate reporting a replacement IT system, SALUS, is currently being developed for implementation in 2022.

Actions

To overcome the ongoing assurance reporting deficiencies, PTHB has commissioned a bespoke development to enable PTHB access to a data feed to access all the data involved in a patient OOH contact, irrespective of the provider of the service to enable full reporting against the OOH standards. This will provide PTHB with assurance on both the quality and efficiency of the service it has commissioned with all providers since the inception of 111 in October 2018. Future robust reporting against the OOH standards should be available from quarter 4, 2021/2022.

Mitigations

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



Quadruple Aim 2

No.

19

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

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

Executive Lead

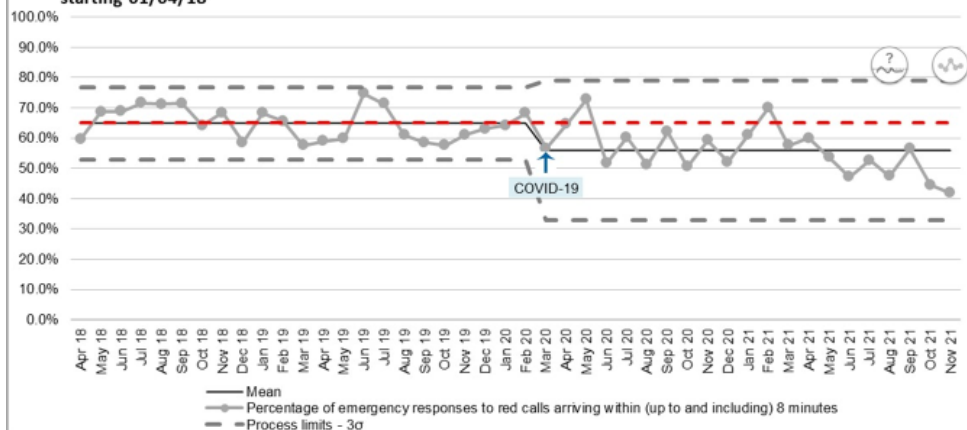
Director of Finance & ICT (Interim)

Officer Lead

BAF

TBC

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes- Source WAST starting 01/04/18



November 2021 Performance

Local Performance

41.8%

All Wales Benchmark

(7th) 53%

Variance Type

Common Cause

Target

65%

Data Quality

What the chart tells us

The chart tells us that performance is not meeting the expected response times and that actual performance is continuing to deteriorate

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Issues

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

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

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

Actions

WAST have deployed additional staff resource including military personnel to cover actual ambulance crew sickness

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

All Wales urgent care system escalation calls being held daily

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

Mitigations

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



Quadruple Aim 2

No.

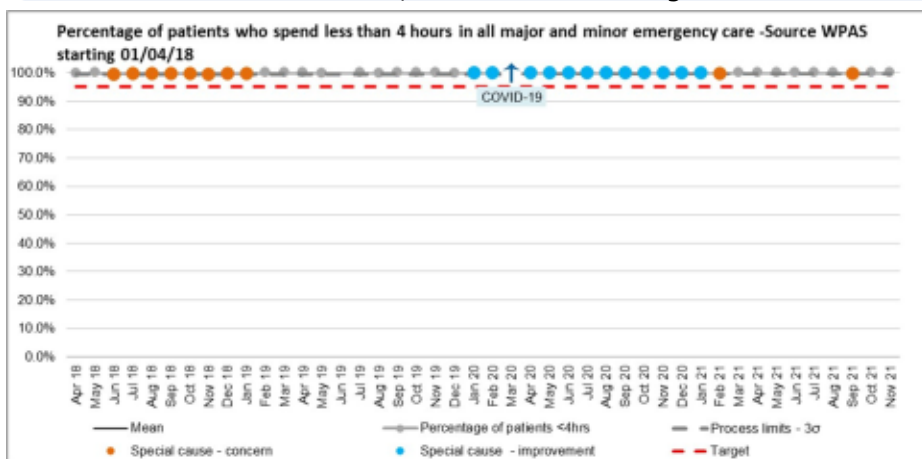
21

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

MIU Performance

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

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC



November 2021 Performance	
Local Performance	All Wales Benchmark
100%	(1 st) 67.6%
Variance Type	
N/A	
Target	
95%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average is 65% but this is non comparable due to the provider service types. <small>Copyright Bethan 17/26/2022 16:41:06</small>	No issues with MIU performance as reflected in data. Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.	A SOP and training has been done on the management of delays which has been signed off by the medical director and head of nursing.	Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.



Quadruple Aim 2

No.

22

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

MIU Performance

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

Executive Lead

Director of Planning and Performance (Interim)

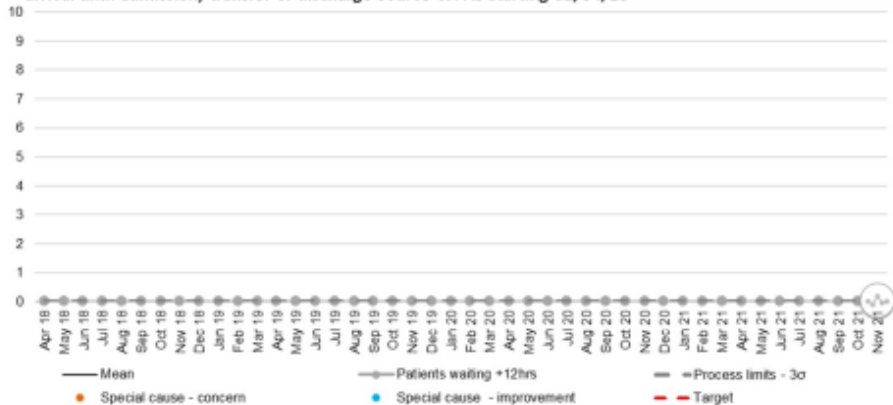
Officer Lead

Assistant Director of Community Services

BAF

TBC

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge-Source WPAS starting 01/04/18



November 2021 Performance

Local Performance	All Wales Benchmark
0	8,819

Variance Type

N/A

Target

0

Data Quality

What the chart tells us

MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis. The All Wales total of patients waiting over the target is 9,484.

Issues

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

Actions

Implement SOP & escalation of any transfer delays.

Mitigations

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



Quadruple Aim 2

No.

32

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

Diagnostic Breaches

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

Executive Lead

Director of Planning and Performance (Interim)

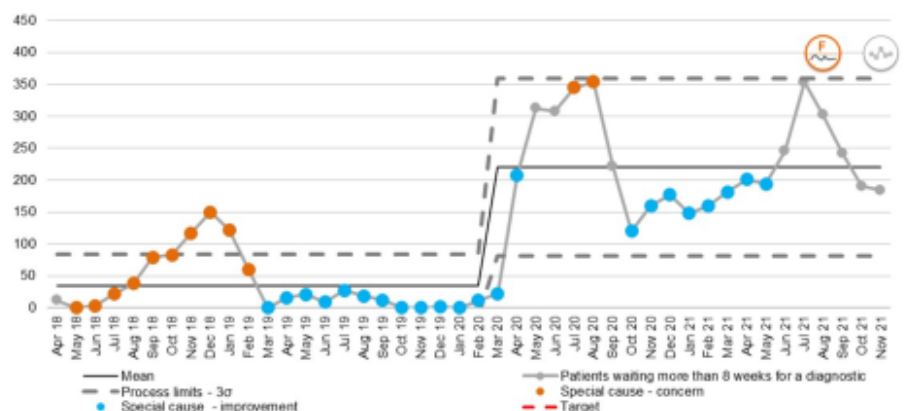
Officer Lead

Assistant Director of Community Services

BAF

TBC

Patients waiting more than 8 weeks for a diagnostic- Source WPAS starting 01/04/18



November 2021 Performance

Local Performance

184

All Wales Benchmark

*(1st) 48,408

Variance Type

Common Cause

Target

0

Data Quality

What the chart tells us

Diagnostic performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. The most recent November position shows that 184 patients waited longer than 8 weeks for a diagnostic. Breaches have moved below the COVID-19 average but the health board consistently fails to meet the national target of zero.

[Please find Issues, Actions, and Mitigations for diagnostics on the next page](#)

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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		
Diagnostic Breaches		
Number of patients waiting more than 8 weeks for a specified diagnostic		
Issues	Actions	Mitigations
<p>Findings</p> <ul style="list-style-type: none">Diagnostic performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. The most recent November position shows that 184 patients waited longer than 8 weeks for a diagnostic. Breaches have moved below the COVID-19 average but the health board consistently fails to meet the national target of zero.The suspension of services at the start of COVID-19 in Wales significantly impacted diagnostic performance.Diagnostic performance has improved since the start of COVID-19 but remains below the national target of zero.Diagnostic performance is still below the national target of zero.Diagnostic performance is still below the national target of zero. <p>Findings</p> <ul style="list-style-type: none">Diagnostic performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. 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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Diagnostic Breaches

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

Issues	Actions	Mitigations
<p>Endoscopy</p> <ul style="list-style-type: none"> Good progress was made during the first quarter of 2021/22 with backlogs of Urgent Suspected Cancers/urgents cleared. However during Q2/Q3 there have been significant shortfalls in endoscopist capacity (lowers – colonoscopy) due to unplanned absences – with capacity as low as 10% of normal in July 21. The service is fragile and reliant on in reach particularly for colons. There is a national shortage of colonoscopists. The endoscopy reporting system is fragile and requires urgent replacement. This essential for audit and clinical management. Awaiting notification from Joint Advisory Committee (JAG) with regards to the Annual Report to confirm JAG status for the unit. Also due to covid protocols social distancing which has led to national reduction in templates for much of the year. Data quality issues which are being addressed by PTHB Information Dept. in conjunction with DHCW. <p>Cardiology</p> <ul style="list-style-type: none"> Cardiology – due to changes in clinical practice requirement for echocardiograms has increased which has led to shortfalls in SLA capacity. <p>Non Obstetric Ultrasound</p> <ul style="list-style-type: none"> Non Obstetric Ultrasound - There have been periods of sickness within the non obstetric ultrasound service and the North SLA with BCU HB has had some changes of provision for specialist scans which caused the increase in referrals waiting over 8 weeks. 	<p>Endoscopy</p> <ul style="list-style-type: none"> The service continues to work with the National Endoscopy Programme around demand and capacity and workforce issues. There are national plans under development for additional capacity including regional solutions. Additional insourcing capacity for endoscopy will come on line from February 2022. Additional PTHB locum capacity will be available in Q4 2021/22. Templates have been increased in line with guidance, service SOPs continue to be updated in line with latest NEP and PHW guidance. Review of endoscopist workforce and succession planning requirements to be undertaken in 2022. Good progress has been made with recruiting to endoscopy specific nursing posts, currently recruiting lead nurse for endoscopy as part of service transformation. PTHB 1st trainee endoscopist trainee is making excellent progress and will complete training in Q1 2022/23 which will provide additional gastroscopy capacity and support the development of the service in mid Powys. New endoscopy reporting system was purchased in 2019/20 and progressing installation at a national level with DHCW with new system installation anticipated by end February 2022. Neighbouring HBs & NHS Trusts have been asked for availability of any additional in sourcing sessions – to date none have been forthcoming. <p>Cardiology</p> <ul style="list-style-type: none"> Requested additional echo capacity from host service provider and some additional capacity has been made available from Jan 22 but will require further capacity. Insourcing options are being considered along with requests to other providers. <p>Non Obstetric Ultrasound</p> <ul style="list-style-type: none"> Locum sessions in place, staff absence rates improved. BCU UHB reviewing the delivery of specialist radiologist sessions in North Powys. The service development to recruit 2 additional sonographers has been approved therefore future risk of single point failure should be reduced. 	<ul style="list-style-type: none"> Rolling programme of clinical and administrative waiting list validation. Additional capacity to be provided to address backlog from February 22. New endoscopy reporting system in place by end of February 22.



Quadruple Aim 2

No.

33

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Therapy Breaches

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

Executive Lead

Director of Planning and Performance (Interim)

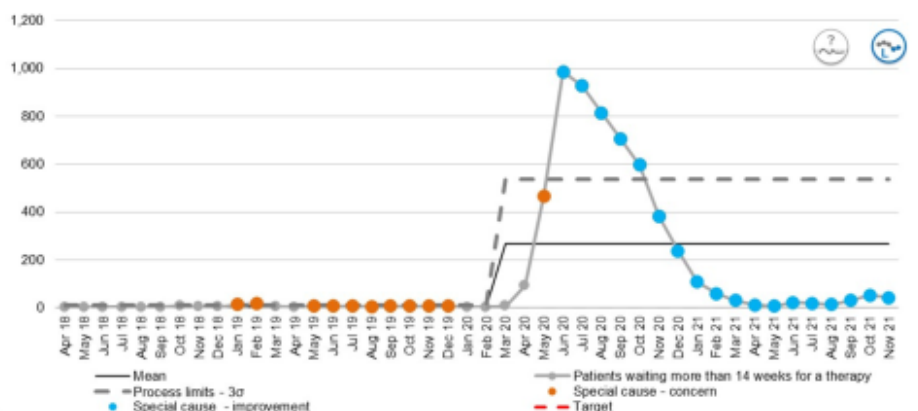
Officer Lead

Assistant Director of Community Services

BAF

TBC

Patients waiting more than 14 weeks for a therapy - Source WPAS starting 01/04/18



November 2021 Performance

Local Performance

42

All Wales Benchmark

5,798

Variance Type

Special Cause - Improvement

Target

0

Data Quality

What the chart tells us

Therapy performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. The service since June 2020 has been reporting special cause improvement and breach levels have recovered to near pre covid levels.

Issues

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

Actions

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

Mitigations

To be confirmed if actions fail to resolve current performance shortfall



Quadruple Aim 2

No.

34

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Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment

Executive Lead

Director of Planning and Performance (Interim)

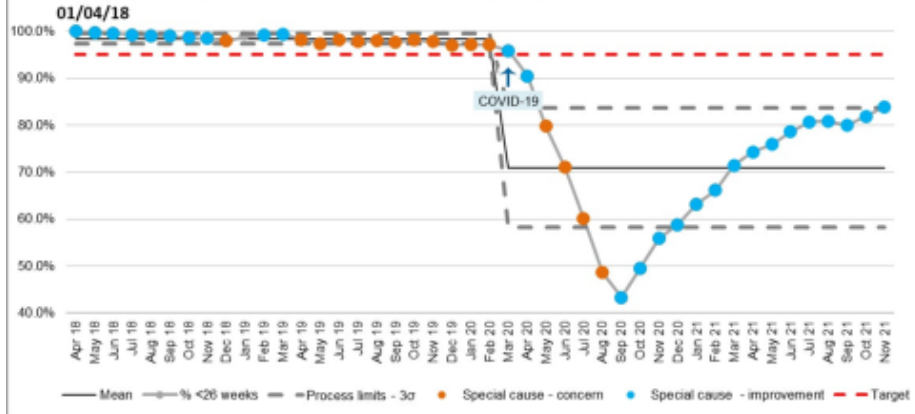
Officer Lead

Assistant Director of Community Services

BAF

TBC

Percentage of patients waiting less than 26 weeks for treatment-Powys Teaching Health Board starting 01/04/18



November 2021 Performance

Local Performance	All Wales Benchmark
83.9%	* 54.9%

Variance Type

Special Cause - Improvement

Target

95%

Data Quality

What the chart tells us

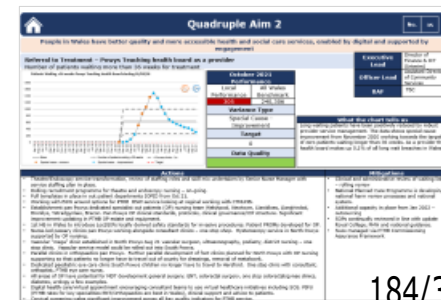
RTT performance in Powys remains robust with special cause improvement reported since September 2020, 83.9% of patients wait < 26 weeks in November, higher than any other health boards in Wales.. The All Wales benchmark for October is 54.9%, Powys ranks 1st.

Issues

- Covid protocols social distancing which has led to national reduction in templates for much of the year.
- Fragility of in reach providers and DGH Covid -19 pressures.
- Fragility of theatre staffing due to sickness absence, former shielding and vacancies.

[Actions and Mitigations on next page](#)

Main Specialty	Weeks wait band						Grand Total
	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	
100 - GENERAL SURGERY	359	76	47	13	8	0	503
101 - UROLOGY	115	23	6	9	0	0	153
110 - TRAUMA & ORTHOPAEDICS	489	49	24	5	0	0	567
120 - ENT	359	14	7	5	0	0	385
130 - OPHTHALMOLOGY	651	79	19	0	0	0	749
140 - ORAL SURGERY	244	39	36	28	26	0	373
143 - ORTHODONTICS	6	4	1	0	0	0	11
191 - PAIN MANAGEMENT	98	0	0	0	0	0	98
300 - GENERAL MEDICINE	38	3	1	0	0	0	42
320 - CARDIOLOGY	108	5	2	0	0	0	115
330 - DERMATOLOGY	43	0	0	0	0	0	43
410 - RHEUMATOLOGY	100	9	6	1	0	0	116
420 - PAEDIATRICS	30	0	0	0	0	0	30
430 - GERIATRIC MEDICINE	30	0	0	0	0	0	30
502 - GYNAECOLOGY	298	21	2	1	0	0	322
Grand Total	2968	322	151	62	34	0	3537





Quadruple Aim 2

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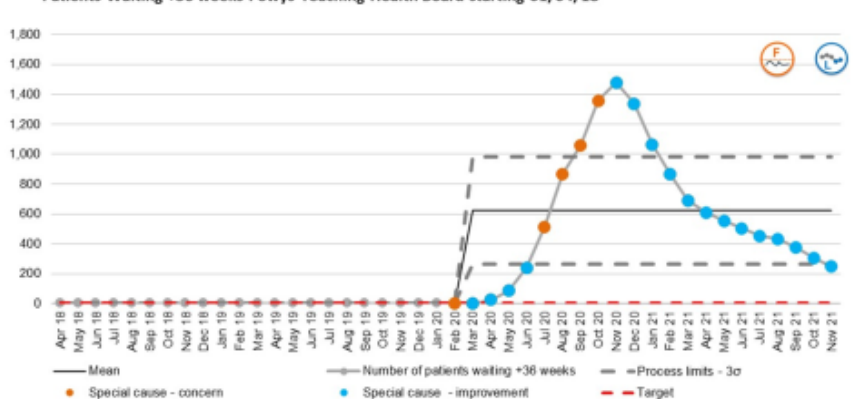
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Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment

Patients Waiting +36 weeks-Powys Teaching Health Board starting 01/04/18



November 2021 Performance

Local Performance	All Wales Benchmark
247	*240,306

Variance Type

Special Cause - Improvement

Target

0

Data Quality

Executive Lead

Director of Planning and Performance (Interim)

Officer Lead

Assistant Director of Community Services

BAF

TBC

What the chart tells us

Long waiting patients have been positively reduced by robust provider service management. The data shows special cause improvement from November 2020 working towards the target of zero patients waiting longer than 36 weeks. As a provider the health board makes up 0.1% of all long wait breaches in Wales.

Actions

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

Mitigations

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

Quadruple Aim 2

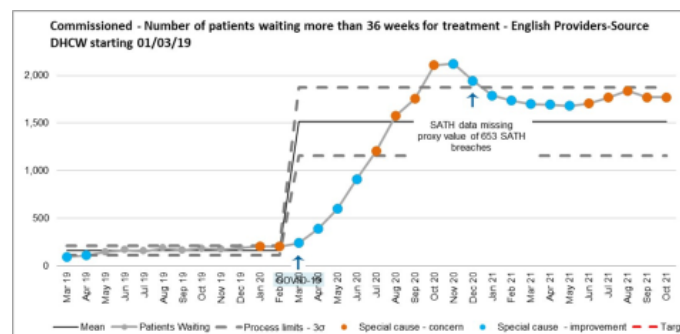
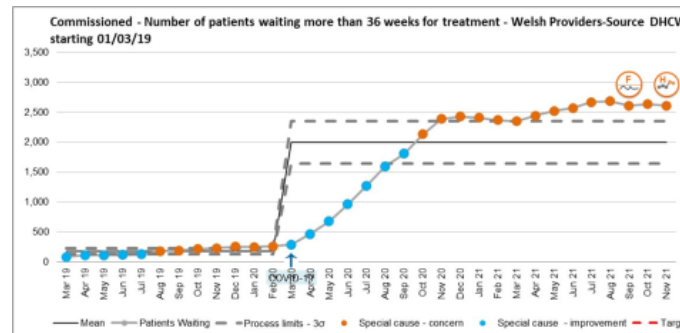
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Referral to Treatment Percentage of patients waiting less than 26 weeks for treatment & Number of patients waiting more than 36 weeks for treatment

Welsh Providers	Nov-21 % of Powys residents < 26 weeks for treatment (Target 95%)	Patients Waiting						Total Waiting
		0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
Aneurin Bevan Local Health Board	57.9%	1227	252	192	174	182	91	2118
Betsi Cadwaladr University Local Health Board	44.6%	233	53	81	40	77	38	522
Cardiff & Vale University Local Health Board	54.1%	217	39	41	33	43	28	401
Cwm Taf Morgannwg University Local Health Board	45.1%	225	47	51	55	66	55	499
Hywel Dda Local Health Board	54.3%	797	136	164	182	138	52	1469
Swansea Bay University Local Health Board	46.0%	870	194	219	176	211	223	1893
Totals	51.7%	3569	721	748	660	717	487	6902

English Providers	Oct-21 % of Powys residents < 26 weeks for treatment (Target 95%)	Patients Waiting						Total Waiting
		0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
English Other	74.9%	215	39	18	8	6	1	287
Robert Jones & Agnes Hunt Orthopaedic & District Trust	65.1%	1655	297	325	160	83	22	2542
Shrewsbury & Telford Hospital NHS Trust	71.2%	2493	419	371	152	67	0	3502
Wye Valley Trust	68.2%	2120	431	369	98	77	12	3107
Total	68.7%	6483	1186	1083	418	233	35	9438



What the chart tells us

For Welsh providers 51.7% of total Powys residents waited under 26 weeks with 2612 waiting over 36 weeks. Welsh Commissioned services have the highest proportion of very long waiters e.g. +104 weeks (487 patients).

English commissioned services have shown improved performance in comparison, and residents within English providers wait considerably less time to treatment on average with only 35 remaining beyond 104 weeks.

Actions and Mitigations

The outlook for Referral To Treatment times and the recovery of performance back to the standard is forecast to take a number of years (3 to 5) to achieve for most acute hospital providers. In the meantime patients are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.

Most providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity. Overall progress is being hampered by the impact of Covid 19 on staff and patient availability plus the ongoing impact of urgent care on the delivery of planned care services.

Actions to improve access and target times for the eradication of very long waiting patients have been published by the NHS and additional funding has been made available. Once the impact both of the Covid 19 pandemic and urgent care pressures start to alleviate, capacity to improve access will be available again.



Quadruple Aim 2

No.

38

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Follow Ups

Number of patients waiting for a follow-up outpatient appointment

Executive Lead

Director of Planning and Performance (Interim)

Officer Lead

Assistant Director of Community Services

BAF

TBC

November 2021 Performance

Local Performance

All Wales Benchmark

779,662

Variance Type

N/A

Target

<= 3,864

Data Quality

Please note PTHB performance data is currently not available for this metric. A reporting issue has been identified, and although the overall number of waiters has been reported correctly there is an error within the banding. Ongoing work is being carried out to resolve the technical issue with an update being provided to Welsh Government.

What the chart tells us

Issues

Actions

Mitigations

No performance data for this metric is currently available.

Non Mental Health

- Fragility of in reach providers and DGH Covid-19 pressures.
- Fragility of theatre staffing due to sickness absence, former shielding and vacancies
- Covid-19 protocols social distancing reduced templates
- MH, GS, and GM respiratory are the key areas of challenge MH/Respiratory form the bulk of 100% overdue follow ups

Mental Health

- The majority of over due follow-ups in Mental Health are within the Older Adult Mental Health Teams, and are Medic initiated follow up. OA Medical staffing has struggled to recruit substantive medics for a significant period, 66% of medics in this service are locum and this has led to an inconsistency in approach to FU.

Non Mental Health

- Implementing MDT approach as described in previous slides.
- Breathe Well Programme undertaking clinical review of all overdue follow ups with support from respiratory nurses.
- Excellent progress is being made in terms of SOS & PIFU pathways best in Wales for ENT, Orthopaedics & Gynae.

Mental Health

- Medical Staffing recruitment paper is with the CEO and Executive Team.
- Data improvement work is underway.
- Clinical Director engaging with Medical workforce to achieve consistency in approach to FU.

- Clinical and administrative review of waiting lists

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01/26/2022 16:41:06



Quadruple Aim 2

No.

39

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Follow Ups

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

Please note PTHB performance data is currently not available for this metric. A reporting issue has been identified, and although the overall number of waiters has been reported correctly there is an error within the banding. Ongoing work is being carried out to resolve the technical issue with an update being provided to Welsh Government.

November 2021 Performance	
Local Performance	All Wales Benchmark
	199,698
Variance Type	
N/A	
Target	
<=201	
Data Quality	

Executive Lead	Director of Finance & ICT (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

What the chart tells us	Issues	Actions	Mitigations
No performance data for this metric is currently available.	As per measure 38	As per measure 38	As per measure 38

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Quadruple Aim 2

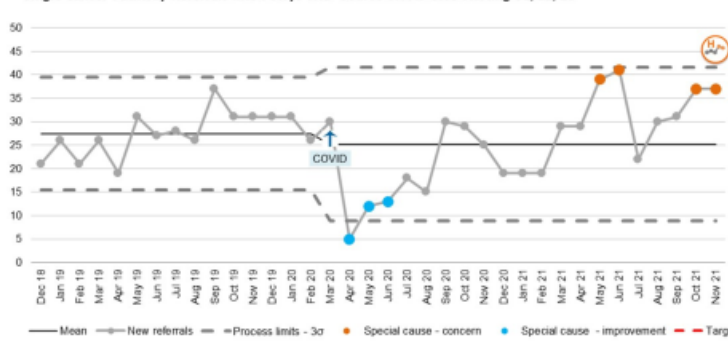
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Single Cancer Pathway (SCP) Performance

Executive Lead	Medical Director
Officer Lead	TBC
BAF	TBC

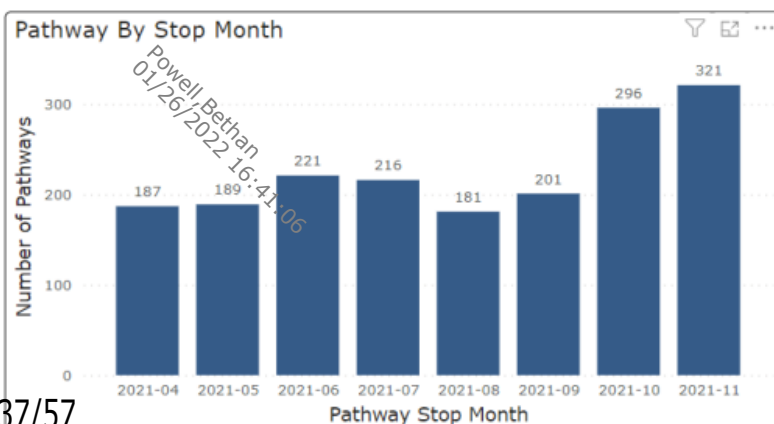
Single Cancer Pathway Referrals into Powys THB- Source WPAS CWS starting 01/12/18



Provider - What the chart tells us

During November 37 patients started an SCP pathway within provider, this is above the pre (27.4) and post (25.2) COVID-19 mean level per month. During the same period of those that didn't require treatment e.g. downgrades 62.9% were informed within 28 days as recommended by best practice guidance.

All pathways by stop month – source DHCW



Commissioned services - What the table tells us

Welsh Providers

The total number of pathways closed increased significantly above average in November. The number of breaches reported has not significantly changed with 14 reported across all Welsh treatment providers for November, the average for the 2021/22 financial year is 12.4 per month. Further information of breach by provider within below table.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 6 breaches of their cancer pathway for October 2021, 3 patients waiting over 104 days. Reason for delays include complex pathways, patient choice, elective capacity, and radiological capacity.
- Wye Valley NHS Trust (WVT) reported 9 breaches of their cancer pathway in September 2021, the challenge of issues mirrors SATH including radiological and elective capacity challenges.

Welsh SCP pathways breaching by provider – source DHCW

ProviderOrgDesc	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	Total
Aneurin Bevan Local Health Board	8	2	4	3	3	5	4	2	31
Betsi Cadwaladr University Local Health Board				1	1				2
Cwm Taf Morgannwg University Local Health Board	2		3	2	3	1	1	2	14
Hywel Dda Local Health Board	5	2	4	4	1	2	4	4	26
Swansea Bay University Local Health Board	2	2	2	7	2	3	2	6	26
Total	17	6	13	17	10	11	11	14	99

Issues

- Powys Teaching health board does not have access to the SCP open pathways information, as such breaches are reported post event.
- COVID-19 pressures impacting cancer treatment, flow, surgical, and diagnostic capacity.

Actions

- DHCW approached for open pathway view for Powys residents.



Quadruple Aim 2

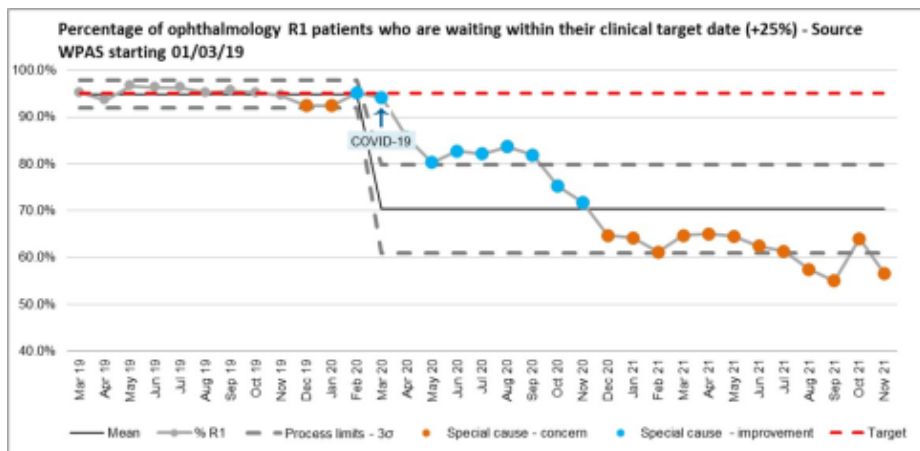
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Ophthalmology

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



November 2021 Performance

Local Performance	All Wales Benchmark
56.5%	(3 rd) 63.2%

Variance Type

Special Cause - Concern

Target

95%

Data Quality

Executive Lead

Director of Planning and Performance (Interim)

Officer Lead

Assistant Director of Community Services

BAF

TBC

What the chart tells us

Performance against the R1 measure has improved to 56.5% (source WG) for October 2021. This remains significantly below the 95% target, and a special cause of concern. When benchmarked the health board ranks 3rd in Wales against an All Wales average of 63.2% reported in October.

Issues

- Fragility of in reach providers and DGH Covid-19 pressures.
- Fragility of theatre staffing due to sickness absence, former shielding and vacancies
- Covid protocols social distancing reduced templates

Actions

- Wet AMD service has been extended into mid Powys.
- PTHB 1st nurse eye care injector.
- Excellent clinical outcomes above national average for Wet AMD.
- MDT for eye care including ophthalmic scientist and hospital optometry. One stop eye care clinic established in Llanidloes Oct 21 with MDT patients no longer need to travel to Bronglais Hospital (H DUHB) and face significant wait for eye care scans/biometrics.
- Plans in progress to further extend all eye care pathways into North Powys as part of North Powys Transformation Programme, one stop clinics in Welshpool/Newtown and potential cataracts in OP setting, ocularplasty in OP setting undertaken by specialist nurses etc.
- Digital eye care record roll out in PTHB to be lead with pilot in YCH with National Planned Care Clinical Lead who is a PTHB in reach ophthalmologist, 1st site outside Cardiff. Hydroxychloroquine Screening Service for eye care & rheumatology patients.
- Dedicated paediatric eye care clinic South Powys children no longer have to travel to Hereford. One stop clinic with consultant, orthoptist, PTHB eye care nurse.

Mitigations

- Community optometry support to risk stratify long waits/overdue follow ups



Quadruple Aim 2

No.

41

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

Executive Lead

Director of
Therapies and
Health Sciences
(Interim)

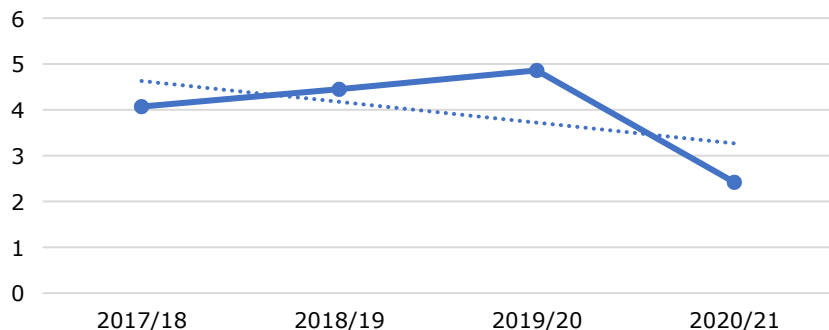
Officer Lead

Assistant Director
of Mental Health

BAF

TBC

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



Performance 2019/20

Local Performance	All Wales Benchmark
2.42	2 nd (3.54)

Variance Type

N/A

Target

Annual Reduction

Data Quality

What the chart tells us

Performance meets the annual reduction target for 2020/21. PTHB performance in comparison to the All Wales average (3.54) is good with the health board ranking 2nd.

Powell Bethan
01/26/2022 16:41:06

Issues

Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.

Actions

- Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm.
- School CAMHS outreach service will be operational from Q4 2021/22 (through the WG funded programme to provide MH and Wellbeing practitioners in every Powys secondary school

Mitigations

See actions.



Quadruple Aim 2

No.

42

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

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

Executive Lead

Director of Therapies and Health Sciences (Interim)

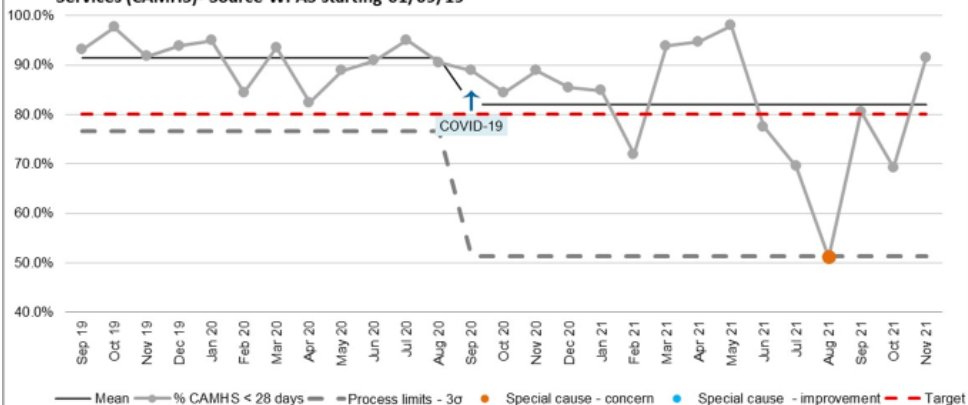
Officer Lead

Assistant Director of Mental Health

BAF

TBC

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



Performance November 2021/22

Local Performance	All Wales Benchmark
91.4%	3rd (30.3%)

Variance Type

Common Cause

Target

80%

Data Quality

What the chart tells us

Performance for the CAMHS measure remains "hit and miss" assurance during 2021/22 with common cause variation. Performance has improved above target to 91.4%. As a provider PTHB ranks 3rd against an All Wales average of 30.3%.

Issues

Recruitment to vacant posts remains a significant challenge within PCAMHS.

Sickness absence, maternity leave (2 posts) have a significant impact on performance due to small teams.

A number of posts have been advertised on 3+ occasions, without success.

Actions

New recruitment campaign due to commence, and 1 member of staff returns from maternity leave in Jan 22.

Silvercloud service has commenced in CAMHS and uptake has been encouraging. Further promotion of the service will positively impact on performance.

Work underway to redesign a 'single assessment approach' for access to both PCAMHS and SCAMHS – reducing duplicate assessments and clinical time.

Mitigations

See actions.



Quadruple Aim 2

No.

43

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Mental Health - Part 1

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

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC

* Benchmark from previous available period

November 2021 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
94.8%	*73.8%	95.6%	*52.8%
Variance Type			
Common Cause			
Target			
80%			
Data Quality			

What the chart tells us

- The performance for 28 day assessments for patients 18 and over remains good meeting the target since 2019/20.
- Performance for the < 18 category is "hit and miss" with recent special cause variation during the summer.
- Both measures have common cause variation, and benchmark favourably against the All Wales picture.

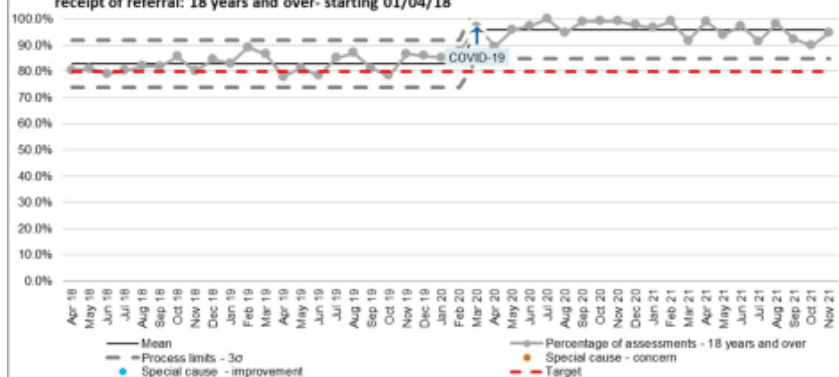
Issues

No issues, the target has consistently been met.

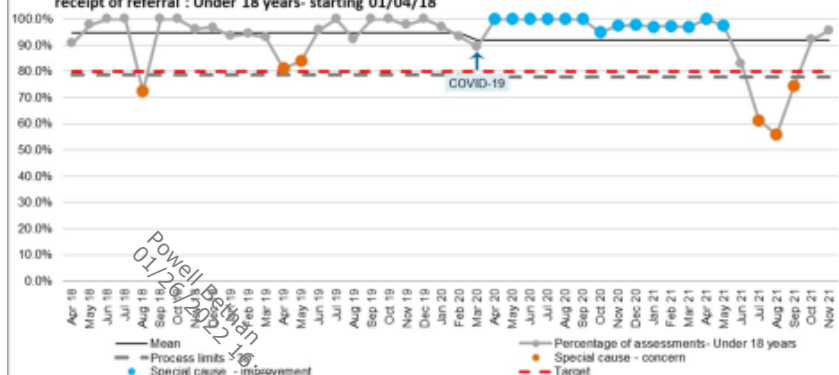
Actions

Mitigations

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: 18 years and over- starting 01/04/18



Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years- starting 01/04/18





Quadruple Aim 2

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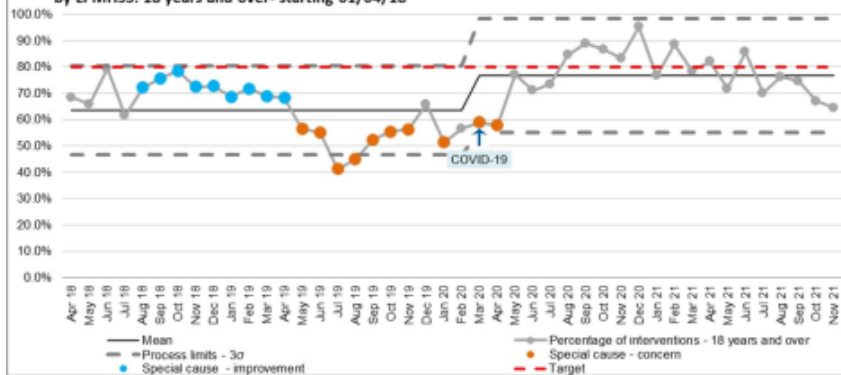
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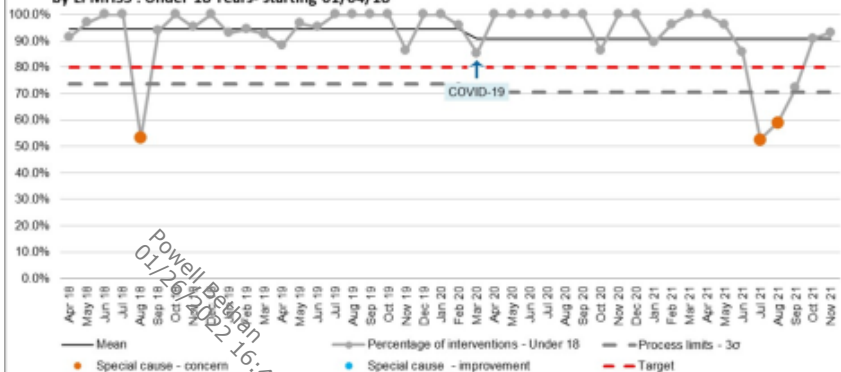
Mental Health - Part 1

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

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- starting 01/04/18



Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- starting 01/04/18



November 2021 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
64.4%	*76.7%	93.1%	*43.9%
Variance Type			
Common Cause			
Target			
80%			
Data Quality			

* Benchmark from previous available period

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC

What the chart tells us

- The long term performance of 18+ interventions has actually improved with higher mean performance since COVID-19 recalculation. No special cause for concern is currently reported.
- Performance for under 18s awaiting an intervention has increased significantly since Q2, and in regards to benchmarking the All Wales figure for October was 43.9%.
- Common cause variation for both metrics

Issues

The LPMHSS service has seen a significant increase of presentations in South Powys, while North Powys has remained more consistent throughout the pandemic. Performance in terms of interventions within 28 has dipped because of;

- Increase in acuity and patients.
- Service delivering more intensive services to prevent escalation into secondary care (e.g. CBT, EMDR) these courses of treatment take longer.

Actions

Recruitment to unfilled posts.

Continued promotion of Silvercloud.

Short term (3 month) intervention to reduce waiting lists (Jan to March 2022).

Mitigations



Quadruple Aim 2

No.

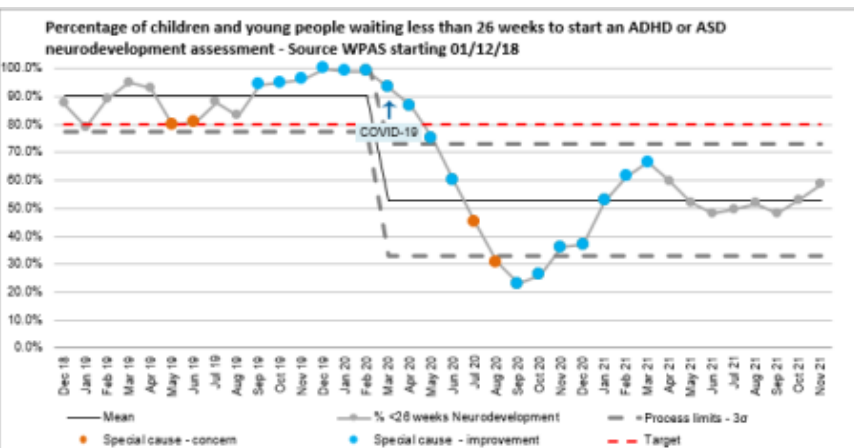
45

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

Neurodevelopment Assessment

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

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Women's and Childrens Services
BAF	TBC



Performance November 2021/22	
Local Performance	All Wales Benchmark
58.8%	37.3%*
Variance Type	
Common Cause	
Target	
80%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
<ul style="list-style-type: none">The chart shows that current performance is below the 80% target for November (58.8%). It remains common cause variation for the last 8 months. When compared to the national performance for Wales PTHB actually benchmarks well in comparison.	<ul style="list-style-type: none">There has been an increase in monthly referral demand during 2021/22 as anticipated due to the COVID legacy. There has been a consistently growing trend since June 2021 that continues.Four (of eleven) new ND Remodel appointments commencement dates are yet to be confirmed hindering capacity and progress.As monies are non-recurrent there is a risk that as at the end of March additional staffing will cease and affect the services ability to meet demand moving forward.	<ul style="list-style-type: none">Further to concluding a substantial proportion of the 'hidden' waiting list (outstanding assessments), the service is now in embarking on addressing the Referral To Treatment (RTT) waiting list.The ND Remodel project forms part of the CYPF Renewal Programme inclusive of funding to support additional posts. Outstanding positions will be finalised to offer increased capacity to the ND service to reduce the RTT waiting list but will offer a maximum of two months only.	<p>Future decision to source additional funding into 2022/23 to be considered as part of IMTP process.</p>



Quadruple Aim 2

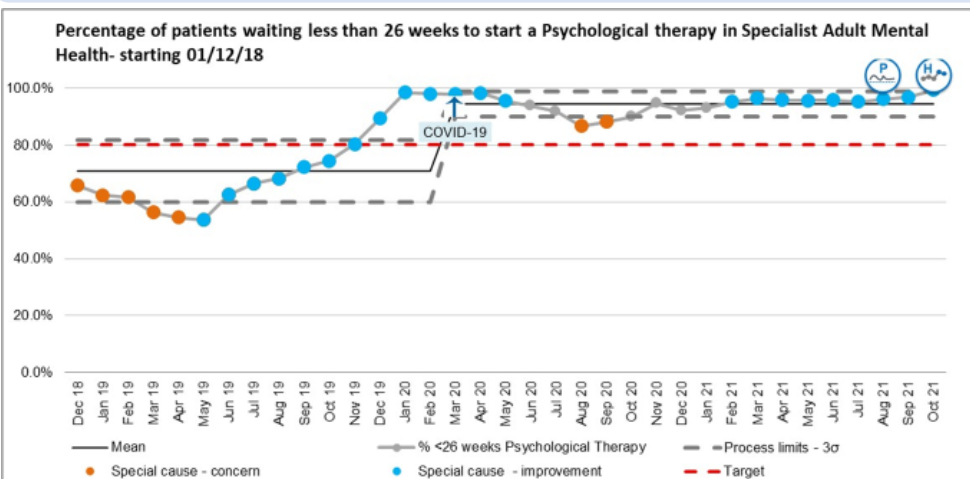
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46

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

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

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC



Performance October 2021/22	
Local Performance	All Wales Benchmark
99.4%	*72.2%
Variance Type	
Common Cause	
Target	
80%	
Data Quality	

* Benchmark from previous available period

What the chart tells us

Issues

Actions

Mitigations

PTHB continues to have robust performance with 99.4% (165 of 165 patients) compliance in October 2021/22. This continues a trend of special cause improvement and consistently hitting target. The health board benchmarked 2nd in September against and All Wales average of 72.2%.

No issues: the RTT target is consistently met.

N/A



Quadruple Aim 3

No.

52

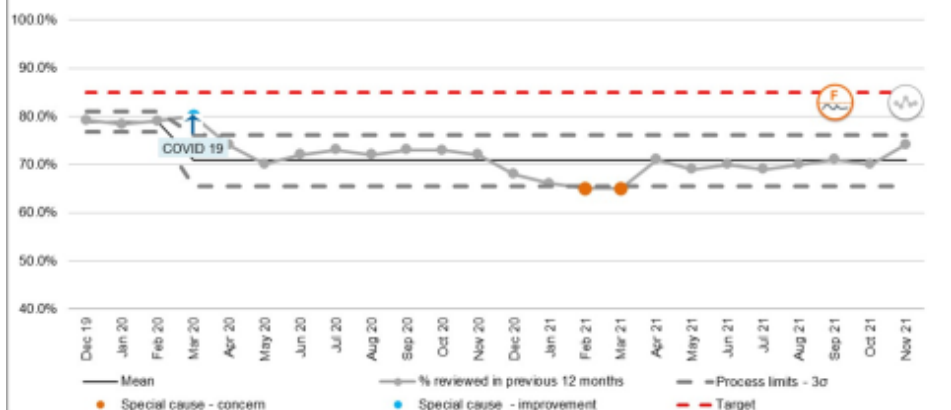
The health and social care workforce in Wales is motivated and sustainable

PADR Compliance

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

Executive Lead	Director of Workforce & OD
Officer Lead	TBC
BAF	TBC

PADR Compliance -Source PTHB WOD starting 01/12/19



November 2021 Actual Performance

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

74%

60%
(May-21)

Variance Type

Common Cause

Target

85%

Data Quality

What the chart tells us

Performance against PADR compliance consistently fails target although shows improvement in November. The impact of the pandemic has continued to affect the average performance levels of this metric, and without further mitigation will not meet target. It should be noted that PTHB benchmarks well against the All Wales picture, and other health boards in Wales.

Issues

Increased service pressure due to COVID -19, staff absence and vacancies has caused challenges in delivery of PADRs since the beginning of the pandemic. This has been exacerbated by the recent outbreak of the Omicron variant during the 21/22 winter pressure period.

Actions

WOD HR Business Partners are discussing PADR compliance at senior management groups within services. Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director.

Monthly detailed analysis of compliance is shared via Assistant Directors

Mitigations

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



Quadruple Aim 3

No.

53

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

Core Skills Mandatory Training

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

Executive Lead

Director of Workforce & OD

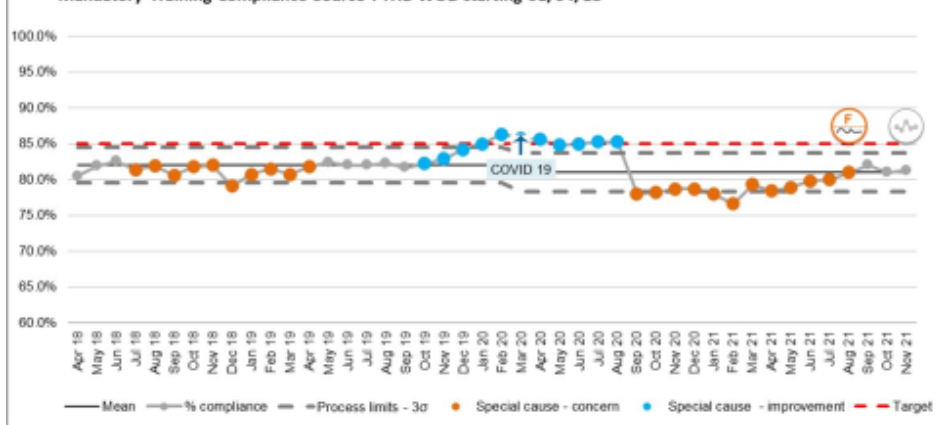
Officer Lead

TBC

BAF

TBC

Mandatory Training Compliance-Source PTHB WOD starting 01/04/18



November 2021 Actual Performance

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

81.3%

78.8%
(May-21)

Variance Type

Common Cause

Target

85%

Data Quality

What the chart tells us

Slight improvement with performance back to above mean since the start of COVID-19. Although this measure consistently fails to meet the target performance benchmarks closely to the All Wales average (normally above). Performance variation remains common cause and the health board is <4% from achieving the national target.

Issues

Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in completion of mandatory training since the beginning of the pandemic. This has been exacerbated by the recent outbreak of the Omicron variant during the 21/22 winter pressure period.

Actions

WOD HR Business Partners are discussing mandatory compliance at senior management groups within services. Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director.

Continue to promote awareness of the range of training avenues including online, virtual classrooms as well as face to face according to needs

Monthly detailed analysis of compliance is shared via Assistant Directors

Mitigations

Prioritise staff groups to undertake essential training relevant to role.



Quadruple Aim 3

No.

55

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

Sickness Absence (R12)

Percentage of sickness absence rate of staff

Executive Lead

Director of
Workforce & OD

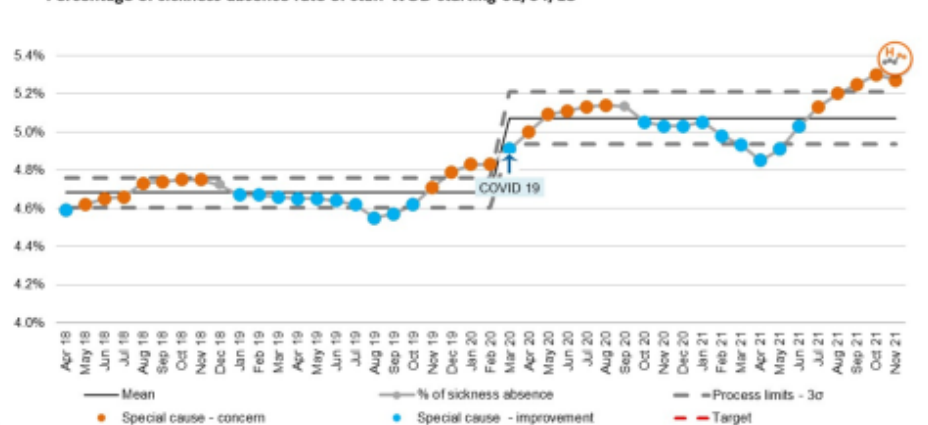
Officer Lead

TBC

BAF

TBC

Percentage of sickness absence rate of staff-WOD starting 01/04/18



November 2021 Actual Performance

Local Performance	All Wales Benchmark
5.27%	5.68% (May-21)

Variance Type

Special Cause - Concern

Target

12 month reduction

Data Quality

What the chart tells us

Rolling 12 percentage of sickness absence is currently a special cause for concern with the last 4 periods remaining above upper control limits of the SPC. November did show a slight decrease to 5.27% as a result of recent reductions in short (2.2%) and long-term (2.82%) sickness levels. If actual monthly sickness remains low the rolling performance will return back to within control levels. Of the directorates Facilities - WOD currently has the highest sickness rate 9.3% total.

Issues

COVID-19 continues to have an impact on sickness absence percentage. High levels of stress & anxiety reflective of the overall population.

Occupational Health manager post is currently vacant and demand is exceeding current clinical capacity. Waiting time for complex cases now at 14 week and referrals to NOSS still high average 83 sessions per month.

Actions

Continues to be monitored by managers and HR Business Partners in line with All Wales Managing Attendance at Work policy.

Well being action plan now in place.

Business case to support OH team capacity due to be tabled at IBR and Executive Committee.

Mitigations

Managing Attendance at Work Policy
Well being action plan
Staff counselling service
Online CBT
Long Covid Programme
Occupational Health Service



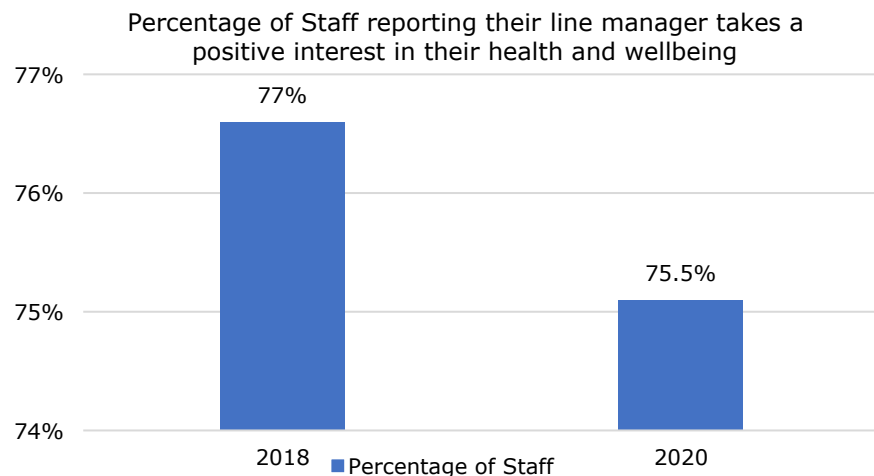
Quadruple Aim 3

No.

56

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

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



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

Executive Lead	Director of Workforce & OD
Officer Lead	TBC
BAF	TBC

What the chart tells us

Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales.

Powell Bethan
01/26/2022 16:41:06

Issues

Sense of wellbeing overall in local survey was 4.15 out of 6. However, there is a difference between those working at home with an average score of 4.94, and those in the workplace (mainly clinicians) who scored 3.84.

Actions

All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.

Mitigations

Updated agile working policy. Continued focus on PADR.



Quadruple Aim 4

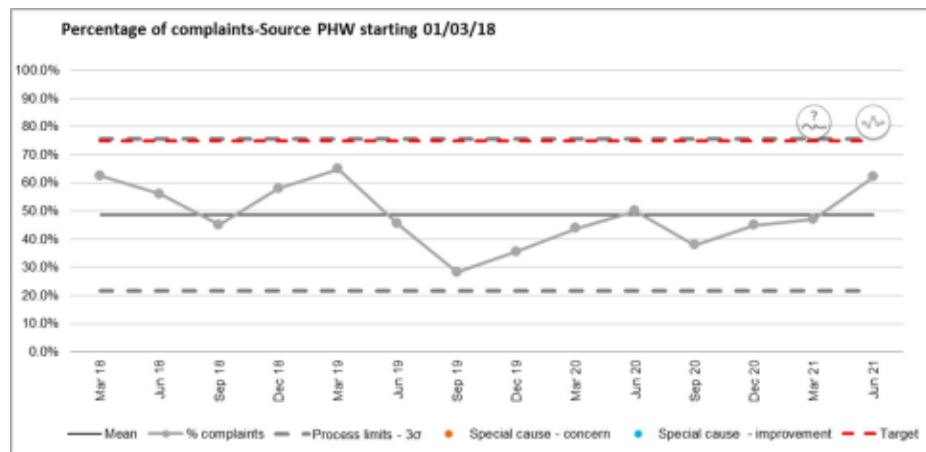
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59

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

Concerns and Complaints

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



Q1 2021/22 Actual Performance

Local Performance	All Wales Benchmark
62%	*67.2%

Variance Type

Common Cause

Target

75%

Data Quality

Executive Lead

Director of Nursing

Officer Lead

Assistant Director of Quality & Safety

BAF

What the chart tells us

There is improved compliance from 47% up to 62% for quarter 2 responding to concerns up to and including 30 working days. This reflects the improvement work progressed since December 2020.

Issues

Sustaining the level of compliance during the pandemic potential to be affected due to impact of reduced staffing available to undertake investigations and complete responses timely.

Actions

Weekly meetings with Directorates/ Service Groups to maintain momentum of improvement work and ensure timely action and responses to concerns.
Timely communication with complainants with regards management of their concerns.

Mitigations

Senior manager daily triage of all new concerns received.
Weekly meetings maintained with Directorates/ Service Groups to ensure investigations progressing and responses being prepared.
Escalation of concerns when no evidence of progress and timely responses not received.



Quadruple Aim 4

No.

62

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

Crude Hospital Mortality Rate

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

Executive Lead

Medical Director

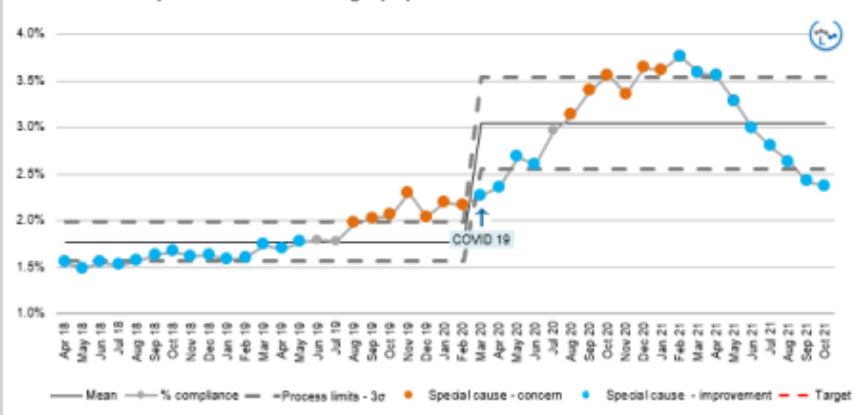
Officer Lead

TBC

BAF

TBC

Crude Mortality Rate-Source CHKS starting 01/04/18



October 2021 Actual Performance

Local Performance	All Wales Benchmark
2.37%	1.44%

Variance Type

Special Cause - Improvement

Target

12 month reduction trend

Data Quality

What the chart tells us

The Shewhart Chart shows a system that is out of statistical control. Note that the system goes out of statistical control (trend breaching the three Standard Deviation limit) in Aug 2019, before the Covid epidemic.

The measure works by calculating a "crude" ratio for under 75 year old patient deaths against the number of hospital inpatient episodes. It is important to note that both these measures are important.

Issues

The key issue here is whether the number of deaths of the under 75s is increasing. Analysis of the WPAS database shows that the number of deaths of under 75s were as follows

Jan-Dec 2018	46 deaths
Jan-Dec 2019	60 deaths
Jan-Dec 2020	40 deaths
Jan-Dec 2021	43 deaths

The deterioration in performance is therefore due to fewer patients being admitted due to Covid restrictions, not an increase in deaths.

Actions

The Assistant Medical Director has reviewed the cases of patients who died from Covid 19 on Powys wards. None of those cases involved a patient who was younger than 75.

A senior team has reviewed all deaths of ward patients in the last 12 months and have identified only minor concerns.

The out of statistical control pattern shown therefore, just indicates that factors external to Powys, such as interruption of care pathways and delayed diagnostics are driving this performance metric.

Mitigations

No mitigations are considered needed at this time.

COVID mitigations are in place.

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



Quadruple Aim 4

No.

66

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

New Medicine Availability

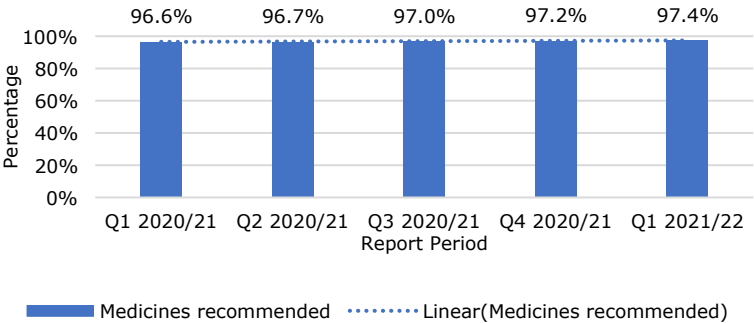
All new medicines recommended by AWMMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMMSG appraisal recommendation

Executive Lead Medical Director

Officer Lead Chief Pharmacist

BAF TBC

New Medicine Availability



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
97.4%	98.6%
Variance Type	
N/A	
Target	
100%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
<p>The health board does not meet the national target but has an improvement trend reporting 97.4% for Q1 2021/22. The national All Wales average is 98.6%.</p> <p>The trend is based on the long term average since the New Treatment Fund began in 2017.</p> <p>The variation between national and local indicators is due to the way historic data was recorded.</p>	<p>The value does not reach 100% as there are 2 Technology Appraisals for the same medication outstanding. This has only been made available by 1 HB in Wales.</p> <p>COVID response creating challenge with prioritising</p>	<p>Contact made with the LHB that has made the medicine available to patients to understand how it is being commissioned.</p>	<p>Set aside dedicated time each week to ensure NTF access definition of within 2 months is met and our performance continues to improve.</p>



Quadruple Aim 4

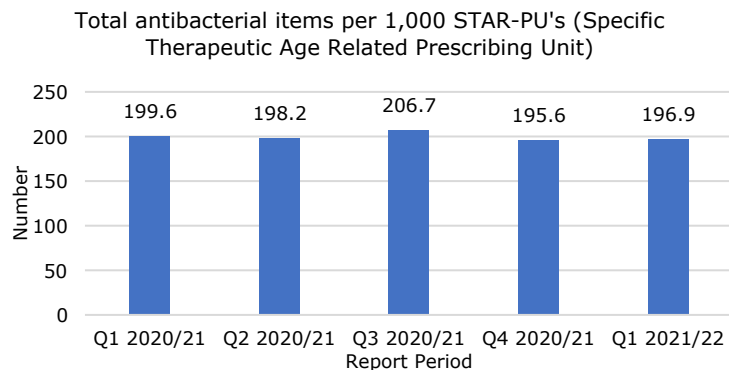
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67

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

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

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



■ Antibacterial items

Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
196.9	227.5
Variance Type	
N/A	
Target	
189.6	
Data Quality	

Executive Lead

Medical Director

Officer Lead

Chief Pharmacist

BAF

TBC

What the chart tells us	Issues	Actions	Mitigations
<p>The 2021/22 Powys target for this metric is 189.6 per 1000 star PU's. Although significantly below the All Wales average of 227.5 and ranking 1st the health board has not met this target for Q1 2021/22.</p> <p><small>Q1 2021/22 Bethan 16:41:06</small></p>	<ul style="list-style-type: none">Latest data Q2 2021/22: 223.48 items/1,000 STAR-PU. National target = 219 items/STAR-PU. Local target = 216 items/1,000 STAR-PU (5% reduction on Q2 2019 value).No antimicrobial stewardship pharmacist in post.COVID response creating challenge with prioritising national KPIs	<ul style="list-style-type: none">Antimicrobial stewardship improvement plan in place.Data analyst providing regular data on antimicrobial prescribing in primary care.Antimicrobial prescribing discussed during practice meetings.Linking with antimicrobial stewardship pharmacists in England to support RCA of CDI cases (community acquired)Investment benefits group (IBG) paper written to secure funding for AMS pharmacist	<p>See actions.</p> <p>Further mitigations not possible due to workforce challenges.</p>



Quadruple Aim 4

No.

69

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

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

Executive Lead

Medical Director

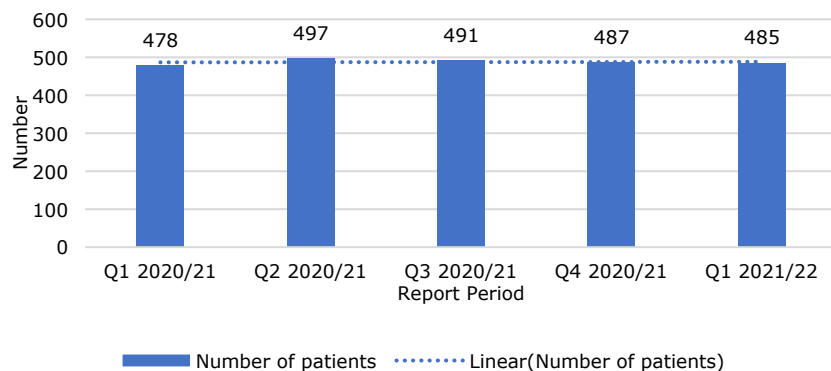
Officer Lead

Chief Pharmacist

BAF

TBC

Number of patients age 65 years or over prescribed an antipsychotic



Q1 2021/22 Actual Performances	
Local Performance	All Wales Benchmark
485	10,221
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

What the chart tells us

PTHB has met the target of reduction for Q1 2021/22 (485) when compared to Q4 2020/21 (487). In Wales we prescribe the least of all health boards, but have the smallest cohort size.

Issues

The absolute figure doesn't mean anything as it allows no comparison other than to monitor our own internal quarterly reduction. In order to allow comparison between LHBs, this indicator needs to be changed to 'Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65 '. COVID response creating challenge with prioritising national KPIs

Actions

- Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65 monitored through national medicines safety dashboard.
- The national figure is 1.49%, our figure is 1.26%. We're the second lowest Rx LHB.

Mitigation

- Regular monitoring
- Risks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis.
- Plan to provide regular reports to primary care as soon as resource allows.



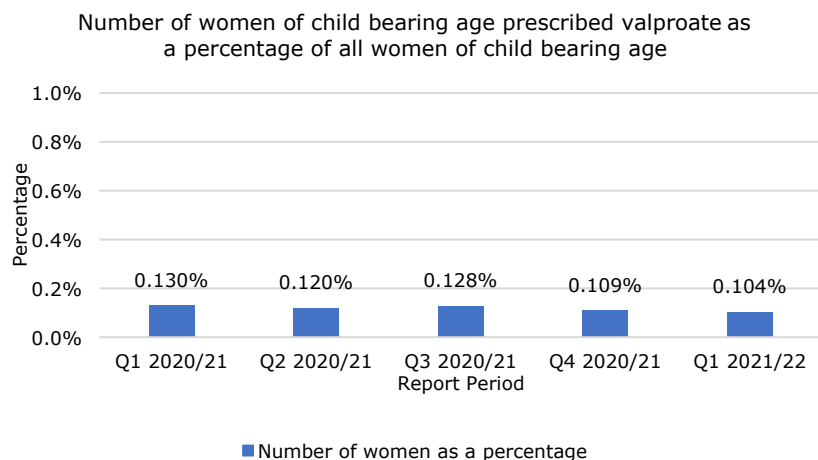
Quadruple Aim 4

No.

70

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

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



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
0.104%	0.0145%
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
BAF	TBC

What the chart tells us	Issues	Actions	Mitigations
PTHB has met the required target of reduction with 0.104% of women prescribed valproate. Powys again has the lowest prescribing rate of all Welsh health boards. <small>0.104% Bethan 01/05/2022 16:41:06</small>	Q1 2021/22 – 911 female patients aged 14-45 issued with a prescription for sodium valproate in Wales = 0.145% of female patients aged 14-45. Powys = 0.104% (lowest % of all LHBs) Quarter on quarter reduction being seen. COVID response creating challenge with prioritising national KPIs	Regularly monitored through national medicines safety dashboard. Regular reminders about prescribing valproate in women of child bearing age. Reminder about Pregnancy Prevention Plan (PPP) Cascade of patient information to primary care and community pharmacy.	See actions Plan to provide regular reports to primary care as soon as resource allows.



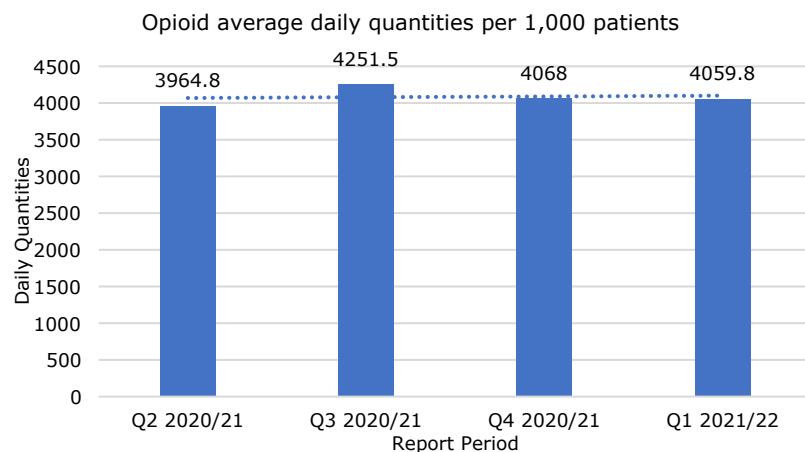
Quadruple Aim 4

No.

71

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

Opioid average daily quantities per 1,000 patients



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
4059.8	4462.6
Variance Type	
N/A	
Target	
4 Quarter reduction trend	
Data Quality	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
BAF	TBC

What the chart tells us	Issues	Actions	Mitigations
PTHB have not met the 4 quarter reduction target for Opioid quantities although Q1 2021/22 saw a lower figure of 4059.8 per 1000 patients. Powys ranks 2 nd nationally against and All Wales figure of 4,462.6,	We now have access to Q2 data – our position has deteriorated – 4,187.3 ADQ/1000 pts. The national target is 3,537 ADQ/1000 pts. COVID response creating challenge with prioritising national KPIs	Raising awareness of opioids aware resource for clinicians and patients. Regular monitoring through the national indicators. Regularly discussed during practice visits.	See actions



Quadruple Aim 4

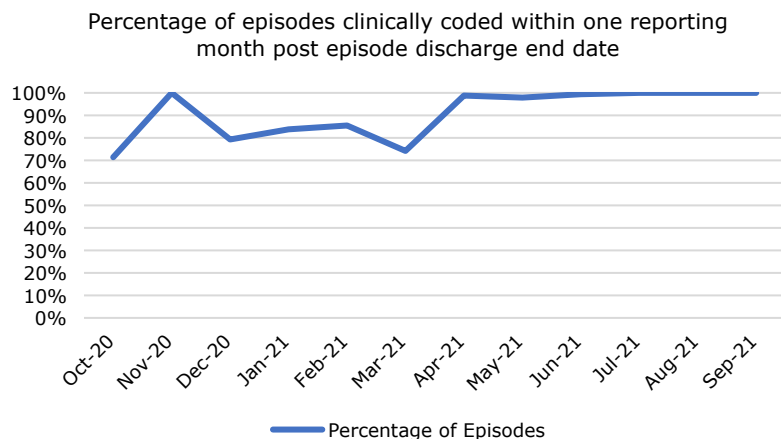
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75

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

Clinical Coding

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



September 2021 Actual Performance	
Local Performance	All Wales Benchmark
100%	88.4%
Variance Type	
N/A	
Target	
12 month improvement trend towards achieving the 95% target	
Data Quality	

Executive Lead	Director of Finance and ICT
Officer Lead	Head of Information
BAF	

What the chart tells us	Issues	Actions	Mitigations
<p>PTHB performance remains good during 2021/22 meeting the target since April. The All Wales performance is at 88.4%.</p> <p>Bethan 01/26/2022 16:41:06</p>	<ul style="list-style-type: none">Operational challenge of inaccurate performance reporting as a result of DHCW server. – Now resolved affecting historic performanceCoding capacity currently reduced.	<ul style="list-style-type: none">New coder recruited, it should be noted that the new coder is undertaking coding examinations with the DHCW before they can work independently.	<p>See actions</p>



Next Steps

Next Steps

- Service recovery and restoration remains the single largest challenge for Powys residents. As a provider the health board has made significant, and positive steps in improving its immediately controllable flows, although at significant risk from COVID-19 Omicron variant and its impact on staff sickness for a small and geographically dispersed workforce. Further work remains ongoing as part of the Recovery Portfolio Strategic Board, they remain focused to assist with the very long waiter backlog which is especially significant in commissioned Welsh health providers in South Powys.
- Welsh Government have now released phase one of the new Health Minister measures, the first tranche of these are required to be reported on from January 2022. The measures are designed to support the vision and ambitions set out in "A Healthier Wales" and are aimed to drive improvement, sustainability, and transformational change for the population. The health board will be required in response to align the developing Integrated Medium Term Plan (IMTP) aims and actions toward delivery of these priorities.
- Integrated Performance reporting will continue to evolve during Q4 2021/22 and into 2022/23 strengthening the ability of stakeholders to assess progress against key targets, aims, and required actions. This will include updating the Improving Performance Framework, revising the Commissioning Assurance Framework (CAF), and working with the new metrics and their rollout.

Powell Bethan
01/26/2022 16:41:06

Agenda item: 3.3

Board		Date of Meeting: 26th January 2022
Subject:	Mental Health Partnership Annual Report 2020/21	
Approved by:	Claire Madsen Director of Therapies and Health Science	
Presented by:	Joy Garfitt, Assistant Director of Mental Health Services and Learning Disabilities.	
Prepared by:	Lucy Harbour, Mental Health Partnership Participation Officer	
Other Committees and meetings considered at:	'Live Well' Mental Health Planning and Development Partnership Board Engage to Change Executive Committee	
References	<p>Review of the Together for Mental Health Delivery Plan 2019-2022 in response to Covid 19 review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19 0.pdf (gov.wales)</p> <p>The Mental Health Measure in Wales (2010) Mental Health Measure - Primary Care Model.pdf (wales.nhs.uk)</p>	

PURPOSE:

The purpose of this paper is to present the 'Live Well' Mental Health Planning and Development Partnership Board Annual Report 2020-2021 for information.

RECOMMENDATION(S):

The Board is asked to review and note the contents of the covering paper and enclosed report.

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

EXECUTIVE SUMMARY:

Welsh Government (WG) request that the 'Live Well' Mental Health Planning and Development Partnership Board produces a public-facing annual report each year, detailing progress in Powys against the actions and milestones in Welsh Government's Together for Mental Health Delivery Plan.

The annual report is designed to highlight key areas of development and improvement over the past 12 months, promoting the collaborative nature of the partnership and its focus on meaningful co-production and engagement with mental health service users and carers.

Traditionally, Welsh Government provide a set template for the report and request its submission by the end of the calendar year. In light of the pandemic, and with the intention of relieving services of pressure, Welsh Government did not request an annual report for the period of 2020-21. Despite this, the subgroup Engage to Change wanted to produce a report on behalf of the Partnership to showcase the innovative partnership working which took place in 2020-21, and inform the public of future priorities in relation to mental health support in Powys.

DETAILED BACKGROUND AND ASSESSMENT:

Together for Mental Health is the Welsh Government's 10-year strategy to improve mental health and well-being in Wales. Published in October 2012, following significant engagement and formal consultation with key partner agencies, stakeholders, services users and carers, it is a cross-Government strategy which covers all ages.

The strategy encompasses a range of actions, from those designed to improve the mental well-being of all residents in Wales, to those required to support people with a severe and enduring mental illness. This strategy is also referred to as the Together for Mental Health Delivery Plan.

It is a requirement under Together for Mental Health that LHBs put in place local multiagency partnership arrangements. In Powys, the Delivery Plan is overseen locally by the 'Live Well' Mental Health Planning and Development Partnership Board. Powys Teaching Health Board and Powys County Council are the 'local mental health partners' under the Measure and chair the group.

The Partnership Board is responsible for supporting and reviewing progress in implementing the agreed delivery plan for Powys which incorporates the Mental Health (Wales) Measure 2010.

Because the Delivery Plan covers all ages and is so wide ranging, the partnership is supported by a number of subgroups and workstreams to assist with the implementation of the plan in Powys, one such subgroup is called Engage to Change.

The Engage to Change group was established to; more widely promote the Mental Health Planning and Development Partnership's activity, to proactively challenge any stigma associated with mental health and to collect service user views/experiences. Engage to Change are also responsible for producing the annual report on behalf of the Partnership Board.

Membership of the group ranges from statutory organisations (such as the Health Board, Powys County Council, Dyfed Powys Police) individual and carer representatives and third sector partners.

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In April 2021, the Engage to Change subgroup proposed to the Partnership that they produce an annual report with the objective of promoting the innovative partnership working that had taken place throughout the pandemic. Without a request from Welsh Government or template, the group designed the report in a way that would hopefully resolve previously raised issues in relation to the set template from WG.

The contents of the report have loosely been based around the set topics from previous annual reports. Contents include performance figures for Parts 1 and 2 of the Mental Health Measure (2010), mental health service developments and future priorities.

The first draft of the report was reviewed by Engage to Change in June 2021. Suggested amendments were then made in readiness for the report to be tabled at the June 'Live Well' Mental Health Planning and Development Partnership Board meeting for discussion and approval.

Following approval from the Partnership Board, the report was sent to the Powys Translation Team to create a Welsh language version.

The bilingually available Annual Report has since been submitted for upload to the PTHB webpage and has been widely shared by Partnership Members.

RECOMMENDATION:

The Board is asked to review and note the contents of the covering paper and enclosed report.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				x
Disability				x
Gender reassignment				x
Pregnancy and maternity				x
Race				x
Religion/ Belief				x
Sex				x
Sexual Orientation				x
<p style="text-align: center;">Statement</p> <p>The 'Live Well' Mental Health Planning and Development Partnership Board Annual Report contents are wide-ranging, covering a number of topics of protected characteristics. The report is bilingually available.</p>				

Marriage and civil partnership				x	
Welsh Language				x	
Risk Assessment:					
	Level of risk identified				Statement The 'Live Well' Mental Health Planning and Development Partnership Board Annual Report is used to demonstrate progress against the Together for Mental Health Plan. Usually requested annually by Welsh Government, Powys are the only Partnership Board to produce an annual statement for the 2020-2021 period, the request for which was previously waived by Welsh Government. Publication of the report poses no risk to PTHB.
	None	Low	Moderate	High	
Clinical	x				
Financial	x				
Corporate	x				
Operational	x				
Reputational	x				



POWYS MENTAL HEALTH PLANNING AND DEVELOPMENT PARTNERSHIP BOARD

ANNUAL REPORT

2020-2021

PREPARED BY



APRIL 2021

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ACRONYMS & ABBREVIATIONS

APB	Area Planning Board
BBNP	Brecon Beacons National Parks
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
cCBT	Computerised Cognitive Behavioural Therapy
CCQI	College Centre for Quality Improvement
CMHT	Community Mental Health Team
CRHTT	Crisis Resolution Home Treatment Team
CTP	Care and Treatment Plan
DBT	Dialectical Behavioural Therapy
DOIIG	Dementia Oversight Insight Support & Impact Group
DHTT	Dementia Home Treatment Team
EIP	Early Intervention in Psychosis
EIPN	Early Intervention in Psychosis Network
GP	General Practitioner
HB	Health Board
IC	Improvement Cymru
IMHA	Independent Mental Health Advocate
IRIS	Integrated Risk Intervention and Support
LHB	Local Health Board
LPMHSS	Local Primary Mental Health Support Service
MHPDPB	Mental Health Planning and Development Partnership Board
PNMH	Perinatal Mental Health
PAVO	Powys Association of Voluntary Organisations
PAWSG	Powys Agricultural Wellbeing Support Group
PTHB	Powys Teaching Health Board
PCC	Powys County Council
T4MH	Together for Mental Health
UK	United Kingdom
WG	Welsh Government

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INTRODUCTION

Together for Mental Health is the Welsh Government's 10 year strategy to improve mental health and well-being in Wales. Published in October 2012, following significant engagement and formal consultation with key partner agencies, stakeholders, services users and carers, it is a cross-Government strategy and covers all ages. It encompasses a range of actions, from those designed to improve the mental well-being of all residents in Wales, to those required to support people with a severe and enduring mental illness.

Actions identified in the third Delivery Plan, covering the 2019-2022 period, require a cross-cutting approach, and are implemented jointly by partners, including Welsh Government, health boards, local authorities, the third and independent sectors, education, public health Wales, police, fire, ambulance and others. The Delivery Plan is overseen by the National Partnership Board, and there is a Local Partnership Board in each area.

This public-facing report represents the annual statement for the April 2020 - March 2021 period. The report has been co-produced with service user and carer representatives, and is a summary of progress to date against the actions. The document also provides an overview of future priorities.



The 2019-2022 Delivery Plan can be found at:

https://gov.wales/sites/default/files/publications/2020-10/review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19_0.pdf

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CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Young people have been hit hard by the COVID-19 Pandemic. Not necessarily in the life-threatening ways generally reported in our older populations, but in the restrictions and impacts in their social lives, education and relationships, as well as the worries and fears around their family members.

Powys have seen an increase in acuity within children's mental health services over this past year, as the unseen toll of the pandemic continues to reveal itself. Powys CAMHS, like colleagues across the health board, have also had to adapt to the changing conditions and restrictions caused by the pandemic. Powys have maintained a service throughout the pandemic and have benefitted from the outstanding multi-agency partnership work and relationships that we have continued to foster.



As a direct result of the pandemic and restrictions on face to face contact, PTHB sped up the roll out of Microsoft Office 365 which included the application Microsoft Teams Teams. This meant that many meetings could be conducted virtually, saving time and being more efficient across the county. The virtual platform, Attend Anywhere, was also rolled out to enable appointments via a smartphone or computer.

Throughout the pandemic Powys have continued to have face to face appointments for those in most needs, complex issues and increased risks.

CAMHS have supported the development of the emotional health and wellbeing workstream; a virtual meeting attended by all services in Powys supporting children and Young people's mental health, including the local authority, education, health and the third sector. This supported the development of 'Teams around the Cluster', which saw all relevant agencies assigned to one of the 13 school clusters in Powys, each one having an allocated Primary Mental Health Practitioner from CAMHS.

The development has continued with partners on the Early Help Hubs and development of a single point of access for all referrals of young people with emotional health and wellbeing issues across Powys, which would mean that referrals will no longer bounce between agencies, instead decisions would be made at one central location this supports recommendations of the Missing Middle Report including the No Wrong Door Report.

The CAMHS In-Reach Schools project continued and two workers from Powys were successful in being seconded to support the project. The pilot has been hugely successful and has resulted in new monies coming from Welsh Government to Powys for the Development of our own in reach service in the coming months / year which will see all schools in Powys benefit from specialist mental health support and liaison.

Powys CAMHS now have access to an age appropriate bed at Felindre Ward, Bronllys Hospital. This provides a safe and well needed provision for our young people when they are at their most vulnerable in Powys.



[Inset: Felindre Ward, Bronllys Hospital]

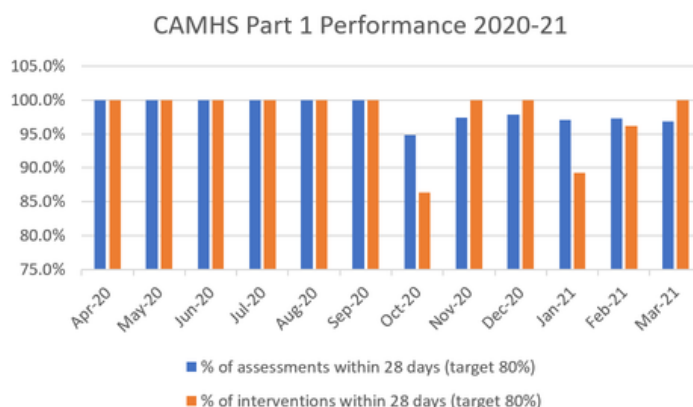
April 2020 - March 2021

CAMHS PERFORMANCE FIGURES

Mental Health Measure Part 1 Performance Information

Part 1 of the Mental Health (Wales) Measure 2010 aims to improve access to mental health services in primary care, ensuring the availability of a consistent range of services.

There are targets that must be achieved to ensure that assessments are undertaken within 28 days of a referral and interventions started within 28 days of assessment.



CAMHS exceeded Welsh Government's target of 80% every single month of the financial year 2020-21.

Mental Health Measure Part 2 Performance Information

Part 2 of the Mental Health (Wales) Measure 2010 places duties on Health Boards and Local Authorities to work together and requires that people of all ages within secondary mental health services receive a care and treatment plan and a care co-ordinator. Performance during 2020-21 was below the Welsh Government target of 90% in August and September due to a reporting error. This has since been resolved.

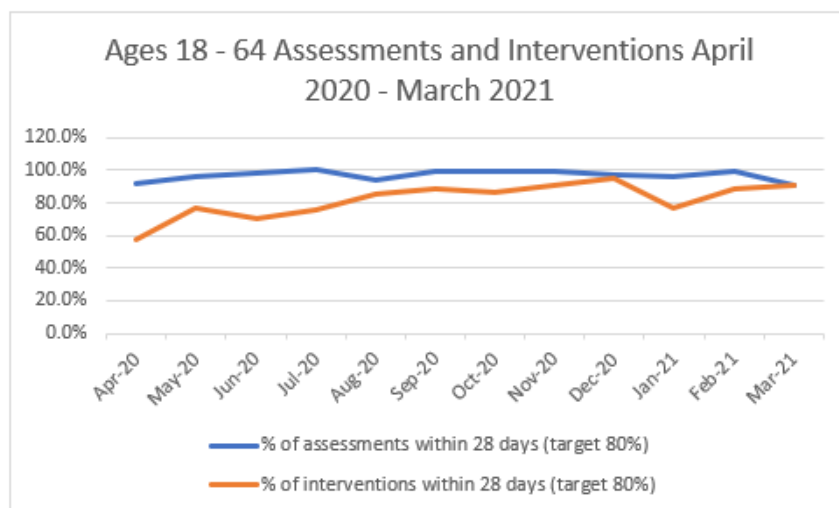
CAMHS	04/20	05/20	06/20	07/20	08/20	09/20	10/20	11/20	12/20	01/21	02/21	03/21
90% of HB residents who are in receipt of secondary mental health services to have a valid CTP	100%	100%	88.9%	100%	63.6%	54.5%	100%	95.2%	95.2%	95.2%	92%	100%
Total number of patients resident in your LHB with a valid CTP at the end of the month	12	10	8	9	7	6	16	20	20	20	23	24
Total number of patients resident in your LHB currently in receipt of secondary mental health services at the end of the month	12	10	9	9	11	11	16	21	21	21	25	24

April 2020 - March 2021

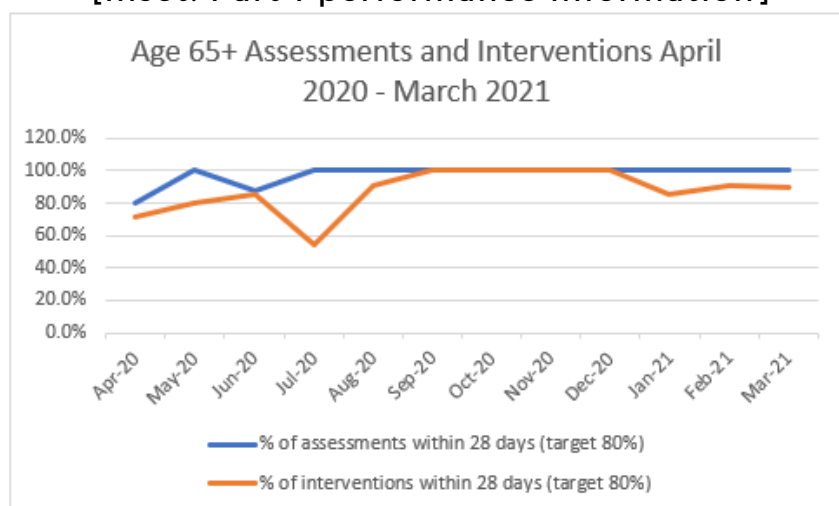
ADULT AND OLDER ADULT MENTAL HEALTH PERFORMANCE FIGURES

Mental Health Measure Performance Information

- Part 1 - PTHB has made considerable progress in the reduction of waiting times supported by significant additional investments in staffing in both Primary Care Teams and Psychology.



[Inset: Part 1 performance information]

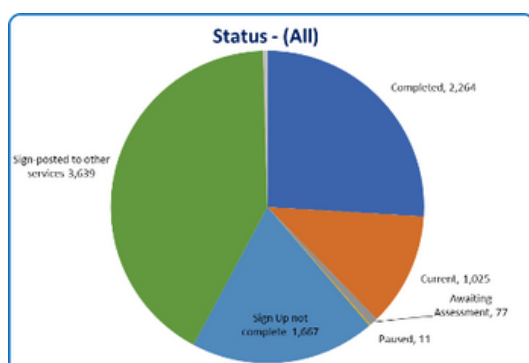


- Part 3 gives all adults who are discharged from secondary mental health services the right to refer themselves back to those services. Figures under Part 3 show that there has been a total of 23 assessments conducted across Powys in the last 12 month period (April 20 - March 21), an average of 1.91 per month. Of these assessments, 100% people had their outcome assessment reports sent to them within 11 days of the assessment.
- Part 4 of the Measure extends the right to Independent Mental Health Advocacy (IMHA) to all people admitted to psychiatric hospitals in Wales. Following request for an IMHA, qualifying patients in PTHB hospitals waited no longer than 5 working days to access advocacy services in 2020 /21, often exceeding national targets against the Measure.



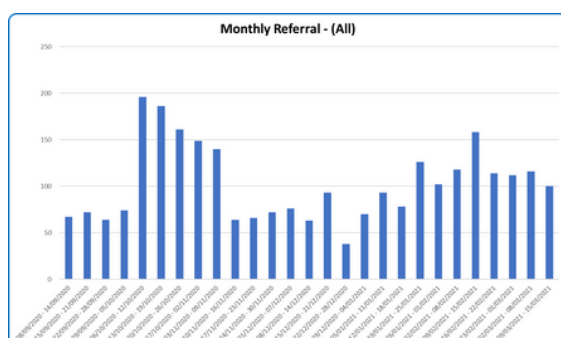
When the first COVID-19 lockdown came into force, referrals to the SilverCloud service went up from 130 per month to 550, almost overnight. Rapid expansion of the SilverCloud support team was necessary - secondments from other PTHB teams and Public Health Wales filled the gap to meet the increased demand.

Across Wales, accessing mental health services was difficult due to the lockdown situation - here was an opportunity to help more people by offering an all Wales self-referral service (already available in Powys). No visit to a GP or healthcare professional would be required; people could sign up and access the service immediately. Welsh Government funding was approved in July 2020 with a challenging target date of September to have this expanded service up and running. Recruitment was needed once again to meet expected demand and on 8th September the all Wales self-referral service was launched.



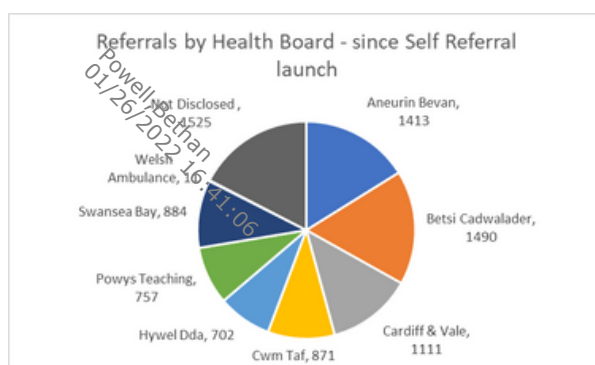
Over 8,000 people have signed up to SilverCloud since the launch and over 2000 have completed their 12-week course.

Space from Depression & Anxiety is the most popular course; strongest client demographics are Female, Any White Background, including Welsh, English, Scottish, Northern Irish, British, Irish and age 30-39 (closely followed by 22-29).



The number of referrals vary from week to week with peaks and troughs in line with key pandemic events such as lockdowns.

Self-Referrals are being received from all Health Board areas, with support provided by the PTHB SilverCloud team. Whilst the service is run from Powys; SilverCloud Supporters are working remotely and based across the UK - from Cardiff to London to Manchester. A completely online service for both clients and supporters.



What next? The team will be implementing a new programme for children aged 11+ (with 2 complementing programmes for parents), one for Perinatal Wellbeing and another for Alcohol.

EARLY INTERVENTION IN PSYCHOSIS

How it started ...

In 2019, the Early Intervention Steering Group presented the proposed Early Intervention in Psychosis (EIP) model for Powys to The Early Intervention Psychosis network (EIPN). The EIPN is a quality improvement and accreditation network for EIP teams in the UK, run by the College Centre for Quality Improvement (CCQI, Royal College of Psychiatrists). It uses a Peer review model and the EIPN standards, to review teams to identify areas of improvement as well as achievement. The proposal included:

- Contextual information about the organisation and the population PTHB covers.
- Informal Data collection of EIP cases in the previous 12 months
- Allocated funding to set up service in Powys
- Proposed model - criteria, access, interface with other services, treatment plans etc

The feedback from the peer review group was that the EIP Service should use a staged model of development focusing on:

- Reduced acceptance criteria initially to ensure limited services aren't spread thinly and loses the ethos of the model
- Utilise time collecting data for service - to measure demand and demonstrate outcomes for future service improvement bids.
- Focus on interagency working with - CAMHS, CMHTS, CRHTT, Psychology and inpatient services.
- Develop links with Hafal to explore psychosocial/psychoeducational interventions
- Utilise the EIPN standards as a framework for developing and prioritising service provision.
- Health monitoring standard in mental health services.
- Further development/collaborative working with CAMHS services to embed the EIP team from 16- 35yrs inclusive service.
- Engage in the development of careers forums/groups .

Since then...

The EIP team formed in January 2020 with two EIP Practitioners (1 North 1 South) and a Service Manager. The first 8 months were spent developing the policy & referral pathways, as well as networking with other areas including the third sector and establishing clear working relationships with our CAMHS and CMHT services. The development was delayed slightly due to the pandemic as inevitably the priority was to support frontline services.

The team eventually went live in Sept 2020 with the addition of a full time Band 4 Support Worker.

The service has focused its time on spreading the EIP Model across Powys – delivering virtual presentations to over 17 different voluntary and statutory organisations that cover primary and secondary care services, in patients' facilities, education & employments services, carers services, advocacy, detached youth workers team and many more.

The team have been engaging in training with:

- Behavioural family therapy (Meriden family programme)
- Dialogue plus (therapeutic measuring scale)
- Physical health monitoring in Mental health
- CBT psychosis training for practitioners across the health board from CAMHS, CRHTT, & psychology department .

This training allows the team to provide a service that is evidence based and meet the standards for the National Clinical Audit of Psychosis requirements for a EIP service.

The team are actively working with 7 clients at present; clients across the county who are open to CAMHS and CMHT either as joint workers or as care coordinators, as well as having a number of ongoing assessments.

The team are currently looking at outdoor projects that we can get the young people involved in , our support worker has attended staff taster sessions this week with the Montgomeryshire wildlife trust , who will be excepting referrals in the coming weeks

Next steps...

- Recruitment of a full time team lead for the ongoing service development and clinical leadership of the team (allocated through Welsh Government's service improvement fund)
- As the lockdown restrictions ease, we hope to be able to do further networking about the model of EIP and focus our attention with providing training sessions to colleges, primary care settings about early detection of psychosis....continuing to spread the word of EIP model.
- Powys are looking to set up a Powys wide steering group to develop a physical health monitoring standard in mental health services.
- Further development/collaborative working with CAMHS services to embed the EIP team from 16- 35yrs inclusive service.
- Engage in the development of carers forums/groups .

EATING DISORDER SERVICES

Professor Jacinta Tan, Consultant Child and Adolescent Psychiatrist, was commissioned by Welsh Government to conduct a review of eating disorder services in Wales. Professor Tan's review produced 22 recommendations for services in Wales based on six principles; early detection and intervention, inclusivity, person centred, relationship based, recovery focused and trauma informed.

In December 2020, Professor Jacinta Tan, Dr Menna Jones (National Clinical Lead for Eating Disorder Services in Wales) and Helen Missen, Carer Representative, attended the Mental Health Planning and Development Partnership Board to present the findings of the review and a national update.



[Inset: A screenshot from December 2020's Mental Health Planning and Development Partnership Board Meeting with guest presenters Prof. Jacinta Tan, Dr Menna Jones and Helen Missen.]

Funding has been agreed for an all age eating disorder service across Powys and a new Team Leader has been appointed, with other staff from other disciplines joining the team in the next couple of months. Developments have also taken place which improve specific eating disorder supervision, training and support for staff and an aspiration to develop further more reflective practice groups to deliver increasingly family friendly interventions to support this patient group.

PERINATAL MENTAL HEALTH SERVICES

As of April 2021, Powys' Perinatal Team Lead and Administrator have started in post. A further two Band 6 Practitioners will be joining the Perinatal Mental Health Team in the late summer.

Powys' Maternal and Infant Mental Health Steering Group have developed a pathway and guidance for a community-focused model of care with an emphasis on ensuring that those experiencing mild-moderate anxiety or depression are given support as early as possible. This ensures that all women, men and their families, are receiving the right care, by the right practitioners and at the right time, irrespective of where they live in Powys and reflects the importance of the first 1000 days initiative.

Perinatal interventions offered by Powys include additional listening visits and increased support from Nursery Nurse, a range of counselling and psychological therapies (including trauma work), increased support from services involved, Secondary Care Mental Health input (including Crisis Resolution Home Treatment Team), Social Care support, Carers assessment, Third Sector support such as Mums Matter, medication review with a Psychiatrist and access to Mother and Baby units as required.

Mums Matter is a peer support group run by the local Mind organisations operating across Powys, receiving excellent feedback from participating mothers.

Integrated care funding enabled Powys to undertake dedicated research into paternal mental health. This research was a collaboration between local Mind organisations and PTHB maternity service and in co-production with Powys Fathers across the County.

Gwasanaeth Iechyd Meddwl Amenedigol
Perinatal Mental Health Service



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

DEMENTIA CARE

The pandemic has meant a disruption to achieving the outcomes of the Powys' dementia action plan, however, other projects have been developed to support people living with dementia during this time.

The main priorities in the plan for PTHB are increasing the diagnostic rates pan Powys and improving training compliance to meet Welsh Government's targets. Prior to the pandemic, North Powys Memory Assessment Service were involved in a trial of the memory assessment workbook, developed by Improvement Cymru. This trial proved successful and the workbook will be rolled out nationally as COVID restrictions are lifted. The workbook gathers data to measure diagnostic rates, sub types of dementia and services provided to support people following a diagnosis of dementia.

The work to develop the dementia care standards has been led by Improvement Cymru (IC) as part of the dementia care programme and directed by the requirements of the Dementia in action plan for Wales, overseen by the Dementia Oversight Implementation and Impact Group (DOIIG). PTHB's Dementia Lead has been involved in developing these standards in collaboration with professionals and people living with dementia and their carers in Wales. The standards were launched in March and will have a positive impact on improving diagnostic rates and service provision when a person receives a dementia diagnosis.

During the pandemic, Powys have been involved in two key projects in dementia care. 'Ask the Dementia Expert' is a virtual support platform where care homes and family carers can call in via video conferencing software Attend Anywhere, and spend time with professionals discussing problems they are facing. The calls are triaged in advance to ensure the appropriate professionals are on the call. The professionals involved include dementia nurses, occupational therapists, physiotherapists, and speech and language staff. The project is currently being evaluated to provide evidence to support further funding for the project.

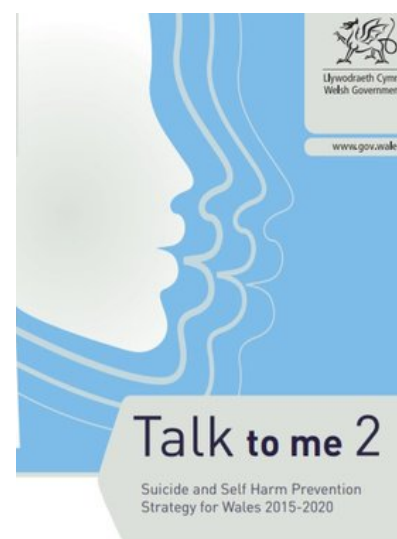
The 'Get There Together' project is a national initiative with regional subgroups across Wales. It was created in response to COVID and challenges presented, in particular, for those vulnerable groups who have been shielding to support them back into community life. It has involved developing simple video clips of local amenities like GP's, supermarkets, hospital outpatients, and libraries showing what changes have been made in light of the pandemic, such as wearing face masks, hand sanitation stations, queueing and one-way systems. The project has been featured on BBC and has been well received.

SUICIDE AND SELF HARM PREVENTION

The suicide and self harm prevention agenda now has dedicated resource within Powys' Partnership Team following the appointment of the new Suicide and Self Harm Prevention Co-ordinator.

The Suicide and Self-Harm Prevention Co-ordinator has a number of goals to achieve, including:

- To develop intelligence led services for the prevention of self-harm and suicide through the development of person-centred post-vention services and liaison with multi-agencies in relation to progress around the Talk to Me 2 plan.
- Enable the people of Powys to have easy access to; support, information and early diagnosis, early intervention and appropriate treatment (and that that treatment will be high quality, evidenced based and timely).
- Develop intelligence led services for the reduction of fatal and non-fatal drug poisonings
- Ensure that there is a pathway/ service available across Powys that meets the needs of those bereaved by suicide.



[Inset: Welsh Government's Talk to Me 2 Plan.]



[Inset: The Mental Health Foundation's suicide prevention advice]

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HARM REDUCTION & SUBSTANCE MISUSE

The substance misuse and harm reduction agenda now has dedicated resource within Powys' Partnership Team following the appointment of the new Harm Reduction (Substance Misuse) Officer.

Since the appointment initial work has been to produce an analysis of where Powys are in relation to Harm Reduction. An action plan for the work to be undertaken over the next 3 years in Powys has been completed, fitting both local need and the requirements of the Welsh Government's Harm Reduction Plan.

Over the coming year, focus will be given to the following five areas for possible service development:

- Drug Related Deaths and non-fatal poisonings and taking the review process forward across Powys to identify both learning opportunities and to provide a swift response where needed.
- Blood-borne Viruses – the Partnership Team are currently working with WG, Public Health Wales and Kaleidoscope on developing a pilot project within Powys
- Improved Intelligence/Information Sharing – undertake awareness raising activities around Harm Reduction and Substance Misuse in Powys.
- Widening the availability of Take Home Naloxone
- Service user involvement

Throughout 2020 and 2021, PAVO delivered Shared Power Training to members of the public and voluntary organisations who were looking to improve their confidence in public speaking. Shared Power Training is funded by Powys' substance misuse Area Planning Board.

The aim of the day was to build the confidence, knowledge and skills of participants, some of whom were already volunteering as citizen or individual representatives, so that they could effectively participate in the planning and reviewing of services with public bodies. The key learning of the day was around:

- Communicating confidently and effectively in meetings.
- Knowing where to access relevant information.
- Better understanding the process and procedures involved.
- Better understanding the public bodies involved.



[Inset: Shared Power Training, pre-COVID-19]

ENGAGE TO CHANGE

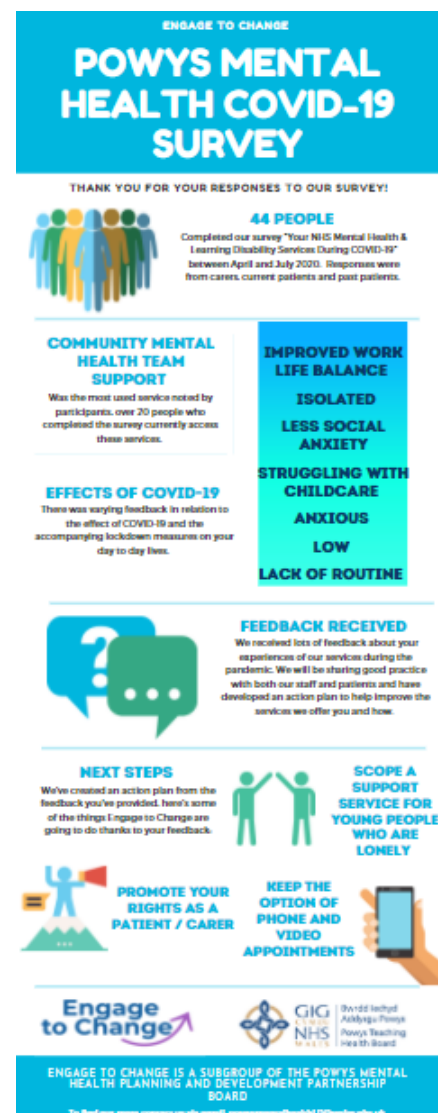
Engage to Change is a subgroup of the Mental Health Planning and Development Partnership Board. Engage to Change was established to proactively challenge any stigma associated with mental health and to collect service user views/experiences,

The membership of the group consists of Service User and Carer Representatives, PTHB, Powys County Council, Dyfed Powys Police, Third Sector partners, Advocacy providers and many more.

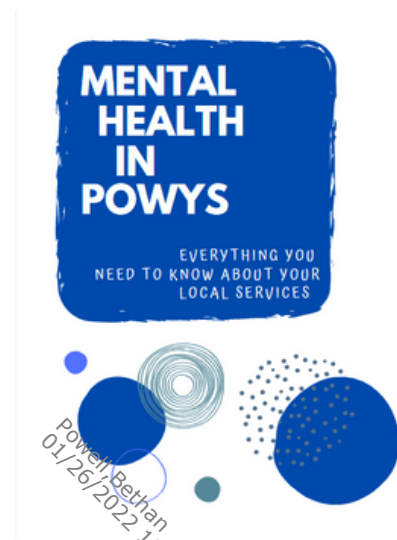
Throughout 2020-21, Engage to Change have undertaken a number of initiatives to raise awareness of mental health in Powys.

In Spring 2020, a survey was released to capture peoples' experiences of accessing Powys mental health services during the pandemic.

Feedback was varied but provided valuable insight into the needs of the population. The results helped us identify future areas of investment such as befriending and support services for younger people.



[Inset: Engage to Change's COVID-19 survey]



[Inset: The Mental Health in Powys Information Booklet]

A key development by the group has been the production of the Mental Health in Powys Information Booklet; a 72 page bilingually available guide which covers all statutory mental health services delivered by Powys Teaching Health Board.



CO-PRODUCTION

Co-production is "a relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make in order to improve quality of life for people and communities. (Reference: National Co-production Critical Friends Group (undated))."

Engage to Change have supported a number of co-produced initiatives in 2020 -21, including the creation of a service user and carer involvement framework as well as service user developed and delivered Self Injury Awareness sessions.

Sarah Dale, Individual Representative and member of Engage to Change saw the opportunity to raise awareness of self-injury and how health and care staff can broach the subject with people who self -injure.

Self Injury Awareness Day takes place every year on March 1st, and to coincide with this, virtual self injury awareness sessions were arranged with mental health and minor injury unit staff,

Over several months in the run up to the day, Sarah created posters, certificates, information booklets and handmade over 2,000 orange awareness ribbons for distribution to health teams across Powys.

The sessions were held virtually via Microsoft Teams and attended by both mental health and minor injury unit staff, The purpose of the sessions were to talk honestly about self-injury without judgement.



[Inset: Sarah Dale, Individual Representative]



Mental Health Service User and Carer Involvement Framework

Version No:	1
Issue Date:	15 th October 2020
Review Date:	October 2021
Author:	Mental Health Partnership Participation Officer
Document Owner:	Assistant Director of Mental Health and Learning Disabilities
Approved By:	Mental Health Senior Management Team
Approval Date:	12 th October 2020
Document Type:	FrameworkNon-clinical
Scope:	Mental Health Staff

[Inset: Service User and Carer Involvement Framework]



[Inset: Powys Mental Health Services employees displaying their self-injury awareness posters pre-covid]

SELF - INJURY AWARENESS - A REVIEW

By Sarah Dale, Individual Representative

Self-Injury is extremely stigmatised. To this day people are still 'scared' to tackle it. This is reflected though out society and in our health care system. I understand this as self-injury can be scary and disturbing, but if we don't do something, nothing will change. I know from training I have received that self-harm and self-injury is often brushed over. No definitions, reasons why people self-injure, myth busting or what people who self-injure what people to know.

The self-injury awareness talk, I hoped would fill this gap. As someone with lived experience of self-injury, researching and putting together a talk on this elusive subject, I learnt a lot about self-injury, and understood more about myself.



[Inset: Self Injury Awareness resources]



[Inset: Sarah's self-injury awareness posts]

The talk itself consist of an honest account my own story of how I began self-injuring and the events leading to that. With the aim of blowing away any misconceptions of self-injury being attention seeking or it being a way to get back at people. That it is essentially a way I coped when I was drowning in self-hate, emotional turmoil and confronting a horrific truth, ultimately considering ending my life.

Next I move on to self-harm and self-injury definitions, as there is a difference. Why people self-injure, what people who self-injure want people to know and finally an opportunity for people to ask me any question they want, within reason of course.

The feedback from the talks was very positive, and there is a clearly a need for us to 'talk honestly about self-injury without judgement'.

PATIENTS' COUNCIL

The Patients Council is a project facilitated by the Powys Association of Voluntary Organisations (PAVO) and aims to give a voice to patients currently in Felindre Ward, who are offered acute in-patient mental health services.

The Council hold regular, patient-only meetings which give people an opportunity to express their views on the services they receive whilst they are in hospital. These views are then passed on anonymously to ward and hospital management staff, in addition to senior PTHB staff, so that solutions can be found. During the pandemic the council meetings have taken place virtually.

2020-21 has seen a number of initiatives introduced as a direct result of the Patients' Council highlighting need. Powys Citizens Advice Bureau have been providing a pilot in reach service to Felindre Ward, Bronllys Hospital to support patients in managing their financial and social circumstances to help aid their recovery and enable a smooth transition home.

Patient feedback noted that patients can be admitted suddenly with little notice, (such as via a Section 136) leaving them with only the clothes on their back. Many people arriving on the ward felt unprepared and didn't manage to bring any of the basic necessities. Welcome packs (inset) have now been introduced on Felindre Ward. The goal of the welcome packs is to make Felindre inpatients feel at ease on the ward by addressing some of their immediate personal care needs. The packs contain items such as information leaflets, toothbrush, toothpaste, underwear, flannels and a comb.

For 2021-22, the Council's future focus is to increase the activities available on the Ward ahead of smoking cessation in mental health hospitals in September 2022.



[Inset: John Lilley (PPC volunteer), Owen Griffkin (Participation Officer, PAVO) & Rhydian Parry (PPC volunteer) outside Felindre Ward, Bronllys Hospital]



[Inset: The welcome packs from Felindre Ward]

INTEGRATED RISK INTERVENTION AND SUPPORT

PTHB continues to lead the way in which we support people, from a multi-agency perspective, who are presenting with complex mental health issues who require multi-agency input for their individual needs. Referrals continue to be made into social services, police and the PTHB and are then taken to risk enablement panel or other professional meetings so people can be provided with the best support and care possible. During Covid-19/lockdown periods, our Partnership Inspector, Brian Jones, initiated a weekly (now bi-weekly) meeting to actively consider and share information for people who were at risk of escalating into mental health crisis and/or presenting as people needing specific mental health support. The aim was to prevent and/or provide early help to people who would usually need police and/or other support services such as social services and crisis support. Because of the continual sharing of information, services have been able to react quickly to people's needs or have been aware if there were issues likely to emerge. We are continually discussing the benefits of the group meeting and/or if this needs to continue.

COVID-19 CRISIS CARE GROUP

The Powys COVID-19 Crisis Care Group was established to monitor the impact on vulnerable persons through the Coronavirus Pandemic and to provide early identification of persons at risk of suicide and self-harm as the COVID-19 restrictions are reduced, removed and changed.

It was anticipated, that some people may find it difficult to adjust to the uncertainty once out of lockdown, the fear and anxiety of infection and the difficulty in adjusting to new routines. Lockdown for some has provided a safe environment.

The demand on public services had been expected to increase and this group works to identify changes and risks to vulnerable people at the earliest opportunity.

The group comprises of a small team of Managers from key Partner Agencies who share information about persons identified as being at risk of harm. The partners are associated with a number of Multi-Disciplinary Teams providing support for vulnerable people, so are able to promote greater partnership integration between various support groups.

ARTS IN HEALTH

2020 saw an exciting development for the Mental Health Planning and Development Partnership Board; Arts in Health Co-ordinator, Lucy Bevan, was appointed to develop, embed and implement a Powys Creative Arts, Health and Wellbeing Strategy.

Significant work has taken place including the development of HORIZON - an arts in health strategic development project.

Horizon aims to be a strategically focused, action learning-based arts in health development project designed to involve the delivery of bespoke health and wellbeing service user / patient centred arts and ecotherapy interventions / experiences, with a focus on addressing mental health issues / associated conditions and inequalities and the formation and adoption of creative pathways within health and social settings across Powys.

The learning gained through the life of the HORIZON project will inform the production of a sustainable and embedded 'Powys Creative Arts, Health and Wellbeing Strategy' for Powys Teaching Health Board in collaboration with Powys County Council, endorsed by the Mental Health Partnership Board and Regional Partnership Board.



RINGFENCED SPEND

The minimum sum PTHB were required to spend on mental health (for all ages) in 2020/21 was £32.780m. In 2020-21, the relevant budgets expenditure totalled £37.424m.

VETERANS MENTAL HEALTH

Powys Veterans' Therapy Service is provided by three different therapists into Powys (Betsi Cadwaladr, Aneurin Bevan and Swansea Bay Health Boards). Two of the three therapists had been providing a trauma based therapeutic intervention called EMDR (Eye Movement Desensitization and Reprocessing) and usually, this is only provided face to face. During lockdown, both therapists experimented with different patients and found innovative ways of, not only providing the eye movement therapy using a variety of technologies (including WhatsApp, Zoom, Attend Anywhere, Microsoft Teams) but also related innovative tapping techniques which again, was proven possible over technology. The response from patients, including patients experiencing PTSD, has been very positive. The service going forward will continue to utilise both face to face and technology as a way of providing this support. Not all Psychologists have been comfortable trialling EMDR over technology and in some areas, waiting lists exist. However, the Veteran's therapists have successfully implemented this approach.

Recent engagement with the "Joining Forces Coordinator" working with Hafal has helped support the context for Powys recently successfully recruiting a new Armed Forces Liaison Officer in December of 2020, who are based with the local authority. They will be working with PTHB to help join up the approach to working with Veterans.

Powys successfully initiated a local multi-agency meeting relating to a "Positive Pathways" funding opportunity through the Armed Forces Covenant in November 2020. Over 31 people attended the network meeting from over 15 organisations, including Ex-Armed Forces Veterans as local representatives. The network discussed the needs across Powys in relation to Veterans. A collaborative approach was looked at to focus on Bronllys Hospital site, including the "At Ease" garden and updating and renovating this space. The project is also linking in with the in-patient mental health unit in Bronllys to provide outdoor activities for patients on the ward.

POWYS DURING COVID-19

2020 was a challenging year for the agencies of the Mental Health Planning and Development Partnership Board. New ways of working had to be embraced quickly to ensure that the partnership could continue to provide mental health and wellbeing support to the population of Powys during this difficult period.

Virtual platforms were integral to keeping business going, with members using software such as Zoom, Microsoft Teams, Attend Anywhere and Google Meet to continue support and network meetings.

Attend Anywhere is a web-based video conferencing tool which is used to provide video consultations to patients and service users through virtual clinics known as 'waiting rooms'. PTHB rolled out Attend Anywhere in the summer of 2020 with notable update from talking therapy teams.

In April 2020 and in response to the pressures on the third sector and the increasing numbers of people who wanted to volunteer, Welsh Government announced the Third Sector Covid-19 Response Fund worth £24 million. £200K was allocated to Powys and this fund was to support three distinct areas of activity:

- Helping charities and third sector organisations financially through the crisis
- Helping more people volunteer and volunteering services
- Strengthening the essential Third Sector infrastructure

PAVO facilitated a small grants scheme which supported 17 organisations to deliver additional services to the residents of Powys. The services awarded included additional funding for crisis support, younger peoples' befriending support and additional funding for talking therapies to name but a few.

Within Powys, there are a number of networks who have continued to meet throughout the pandemic virtually; The Powys Dementia Network, Powys Agricultural Wellbeing Support Group, Ceredu Cymru's Engage to Change for Carers Network and many more.



PAVO worked closely with the Powys mental health providers to ensure that the change in the way that they deliver services during Covid-19 was captured and well-promoted using the PAVO social media pages and Mental Health Blog: www.powysmentalhealth.blogspot.com

SMALL STEPS PROJECT

A mental health service innovation and evaluation pilot project in partnership with Powys Teaching Health Board Adult Psychology Service and Brecon Beacons National Park Authority (BBNPA)

'Small Steps' is a service innovation research project designed to take people with moderate to severe mental health difficulties using secondary mental health services for weekly activities in the Brecon Beacons National Park. The aim of the project was to evaluate the mental health and wellbeing benefits associated with outdoor activities for this client group.

Many research studies have demonstrated the benefits of engagement with the natural world and greenspace for physical health, mental health and wellbeing. Physical activity in natural environments can ease stress, anxiety and depression and improve mood and self-esteem.

After offering some taster sessions to people using mental health services within Ty Illtyd CMHT in Brecon, a group of participants were then identified to join the project and engage in the 2-3 hour weekly activity group sessions in Brecon Beacons National Park led by staff from the National Park's Communities team. The programme was co-produced from a list of available activities which included hill and nature walks in the National Park and around Brecon canal; sensory and interest walks e.g. learning about plants, local geography and history; geocaching; wildlife surveys; tree identification; navigation practice; rural and survival skills; art and photography. Weekly activities were held from March 2019 to March 2020, and the project completed in September 2020.

Participants reported increased confidence, sense of purpose and motivation, and reflected on the helpful social aspects of the group - for example being motivated to attend the group despite feeling anxious, which brought great benefits to their mental health when they might otherwise have cancelled an appointment due to anxiety. Some particularly commented on the benefits of now feeling able to access the National Park for outdoor activities during Covid-19 lockdown, which helped them feel less trapped and still able to engage in meaningful activities.



(Inset: Small Steps project members)

PSYCHOLOGICAL THERAPIES

Hope and Recovery / Gobaith ac adferiad

PTHB has utilised service improvement funding to develop a treatment pathway for individuals who have difficulties with emotional dysregulation and sustaining healthy relationships, often due to a traumatic history. A diagnosis of borderline personality disorder is not necessary to access the service but difficulties are likely to meet the threshold for diagnosis and for some this will be useful. The pathway built on existing Dialectical Behavioural Therapy group and individual treatment but now offers an overarching pathway where people can be supported before treatment to emotionally prepare for DBT, and then be supported through DBT to learn skills to manage distress and healthier ways to relate, and then to deal with any underlying trauma through trauma focused therapies.

The pathway is managed by a Consultant Clinical Psychologist, supported by a psychologist and two mental health practitioners, with an assistant psychologist shortly to join the team. The team is small and therefore works closely with others across the mental health service, including CMHTs and CRHTTs, strengthening links with other teams through consultation/case discussion work and training opportunities, with the aim of building consistent and structured care for the people the pathway supports and for people who present with these difficulties across mental health services generally. The team offers advice and support to care for people who do not meet the threshold for the pathway but can be assisted through interventions such as the emotional skills group, a skills based programme based on DBT.

An important part of the design and set up of this service has been the establishment of an experts by experience panel, made up of people who have lived experience of these types of difficulties and many of whom have been through a course of DBT or similar. The panel has been instrumental in influencing decisions and shaping the way that the service develops, including selecting the name 'Gobaith ac adferiad', meaning 'hope and recovery', to represent the service in public facing literature. Through discussion with the panel, the staff team have been made aware of the issues affecting people who use our services and the challenges they face, and how these can be exacerbated by the way we communicate and interact with them. An example is in the way that we manage discharge and the panel are working with us to ensure that discharge planning is built into the pathway and managed therapeutically.

In time, it is hoped that additional treatment options will be made available such as Mentalisation Based Therapy and/or Cognitive Analytic Therapy, which will offer more choice and an alternative for those who find that DBT does not suit them.

FUTURE PRIORITIES FOR 2021 -22

The reviewed Together for Mental Health Delivery Plan has a number of new Covid-19 related priorities and/or actions which will need to be considered in light of us all emerging from lockdown and the pandemic. Whilst all of our mental health services are experiencing a surge in referrals, we are well placed to meet the needs emerging as priority areas of need have already been anticipated and/or have relative new services in place. Eating Disorders is a good example of a service that is relatively new in Powys, but with the upturn in referrals into the service, additional capacity for clinical support has been factored in to our budget(s) in terms of service improvements for this year.

Other new priority areas of focus for this year will include:

- The development of a single point of access for mental health calls in Powys – a new NHS 111 (Option 2/Mental Health type service). This will hopefully alleviate calls to other statutory services and/or triage people who need support, 24/7 going forward.
- Crisis House/Type models of support, providing out of hours support to people experiencing crises
- The links between housing/homelessness, substance misuse and mental health needs and joining up services and pathways to support people who have complex needs
- Children and Young People's mental health priorities, including a "Whole School Approach" to family and/or children/young people's need, where education is the gateway for knowledge and support
- Psychologically informed services, including new trauma based psychology support service for people with complex needs
- Continuing to provide our Silvercloud CBT service, including our "Blended Approach" to support people to access the online service if people are struggling, via our commissioned Third Sector providers in Powys
- Continued focus on our improvement to services with growing our Early Intervention in Psychosis, Eating Disorders, Perinatal, Complex Trauma and specialist support for our CAMHS services, with a multi-agency focus on additional support for people living with substance misuse and at risk of becoming homeless.
- Suicide and Self-Harm support is a key area of priority for us this year and we are intending to launch a new services supporting people bereaved by Suicide
- Arts in Health and our focus on Eco-Therapy interventions, linking with the need to access "social prescribing" is also a key area of development. We are working closely with Third Sector providers, such as Montgomeryshire Wildlife Trust and other Trusts to support referral pathways for patients, services users and carers

This report has been produced by Engage to Change. Engage to Change is a subgroup of Powys' Mental Health Planning and Development Partnership Board.

The group comprises of people using services, carers, third sector support agencies and statutory services such as the NHS, Council and Police and Fire Services.

If you are interested in learning more about Engage to Change or getting involved in mental health service engagement, please email:

PowysMentalHealthLD@wales.nhs.uk

Follow us on social media:



Twitter: @MH_LD_PTHB



Facebook: @MHLDP THB

**Engage
to Change** 

The logo for 'Engage to Change' features the text in a bold, dark blue sans-serif font. To the right of the text is a stylized graphic consisting of a thick, curved line in a magenta or pink color, starting from the bottom right and curving upwards and to the left, ending under the word 'Change'.

Powys THB Finance Department Financial Performance Report Board

**Period 09 (December 2021)
FY 2021/22**

Date Meeting: 26th January 2022

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01/26/2022 16:41:06

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 9 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 Board

PURPOSE:
This paper provides the Board/Committee with an update on the December 2021 (Month 09) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.

RECOMMENDATION:
<p>It is recommended that the Board/Committee:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the Month 9 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
	✓	

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	-31	↑
Reported Year To Date financial position – deficit/(surplus) – Green	-134	↓
Year end – deficit/(surplus) – Forecast Green	0	→

Capital		
Financial KPIs : To ensure that the costs do not exceed the capital resource limit set by Welsh Government	Value £'000	Trend
Capital Resource Limit	15,261	↑
Reported Year to Date expenditure	3,794	↑
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 Q3 -Red	90.4%	↑

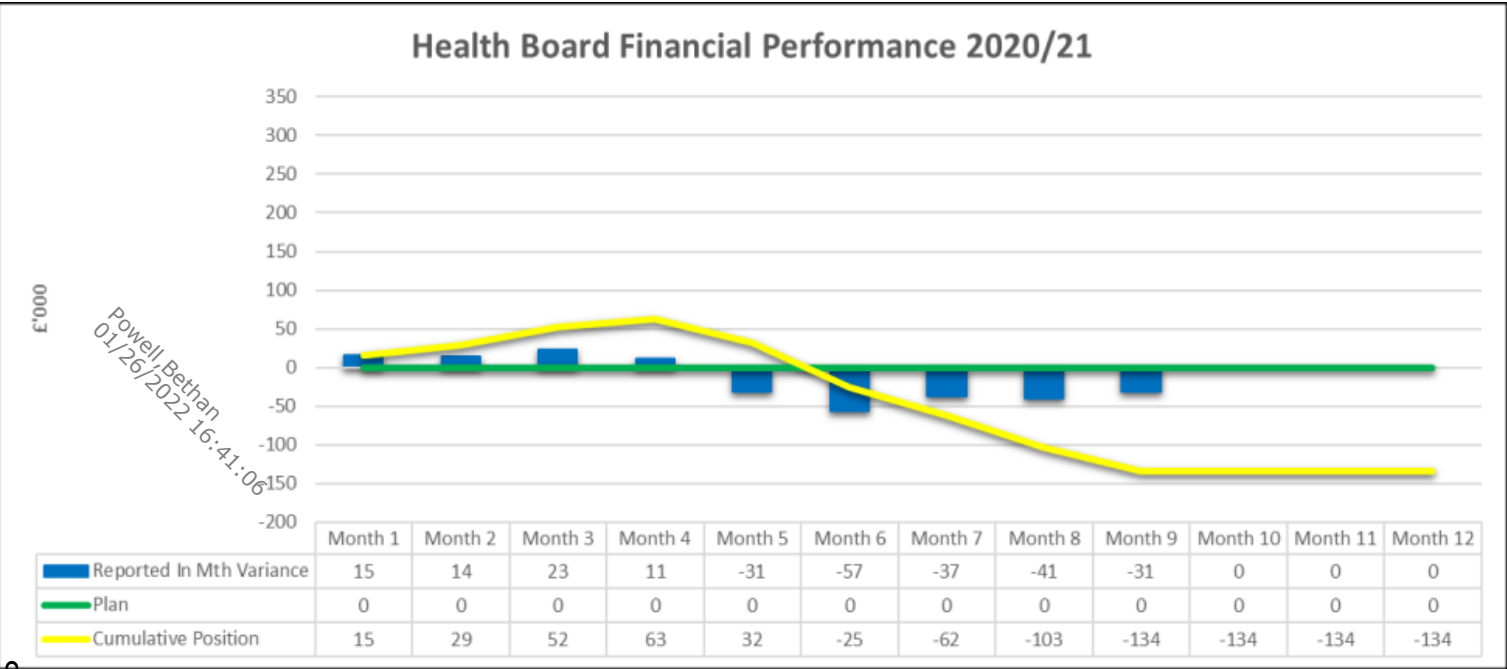
Powys THB 2021/22 Plan was approved by the Board and submitted to WG on 31st March 2021, with an update provided on 30th June. Both submissions provided a balance plan for 2021/22.

As per 2020/21 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £0.134m under spend at Mth 9.

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

PTHB continues to forecast a balanced year end position but there are significant number of risks and opportunities that the Board need to effectively manage to ensure this can be delivered.

PSPP figure shows a slight improvement in the third quarter of 2021/22 compared to Q2. However there remain issues with the late payment of agency invoices and the Q4 position is expected to deteriorate.



Overall Summary of Variances £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(276,103)	(276,103)	0
02 - Capital Donations	(97)	(97)	0
03 - Other Income	(4,921)	(4,774)	147
TOTAL INCOME	(281,121)	(280,974)	147
05 - Primary Care - (excluding Drugs)	31,707	31,243	(464)
06 - Primary care - Drugs & Appliances	22,744	23,041	297
07 - Provided services -Pay	66,918	67,513	595
08 - Provided Services - Non Pay	25,608	19,049	(6,559)
09 - Secondary care - Drugs	739	1,023	284
10 - Healthcare Services - Other NHS Bodies	105,104	107,631	2,527
12 - Continuing Care and FNC	11,313	14,766	3,453
13 - Other Private & Voluntary Sector	2,330	2,518	188
14 - Joint Financing & Other	11,697	11,095	(602)
15 - DEL Depreciation etc	3,175	3,175	0
16 - AME Depreciation etc	(215)	(215)	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	281,121	280,840	(281)
TOTAL	(0)	(134)	(134)

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

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



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

From Tables Above:

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

Chart 1 Original Identification of Schemes against £1.7M Target

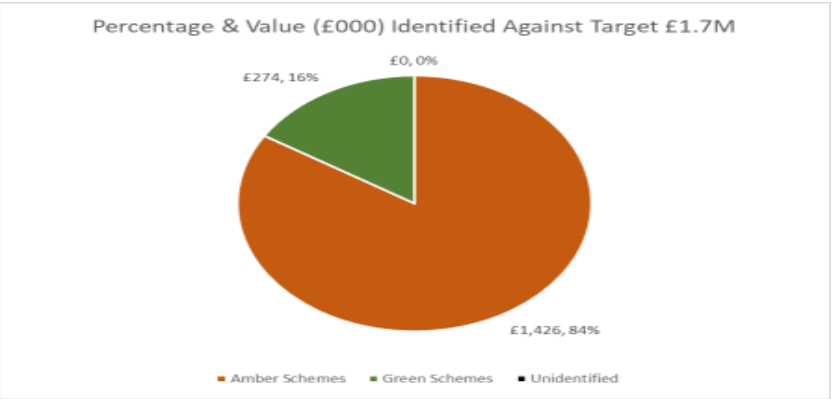
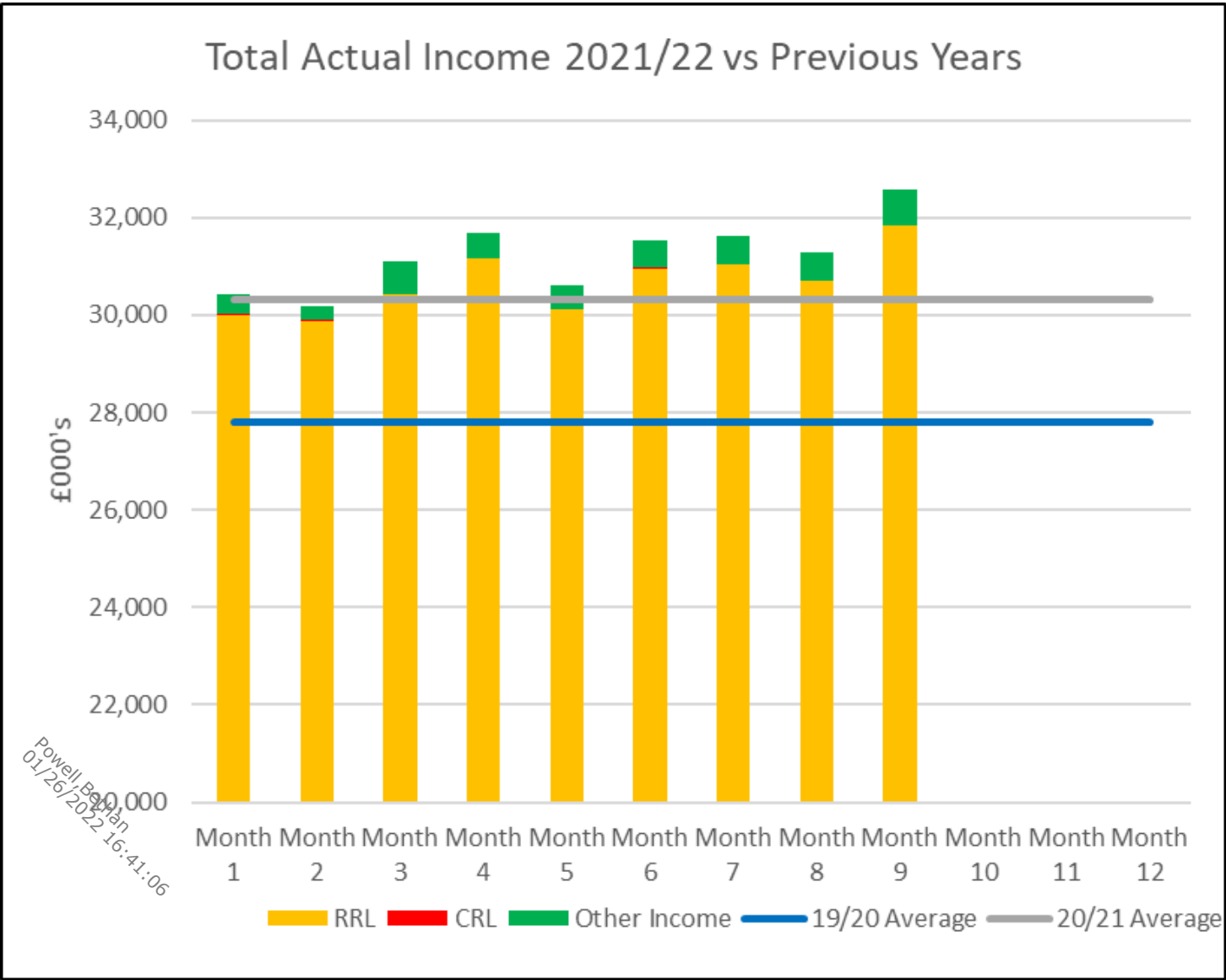


Chart 1 – originally the full £1.7m was identified as potential schemes in 2021/22, with £0.275m identified as green.

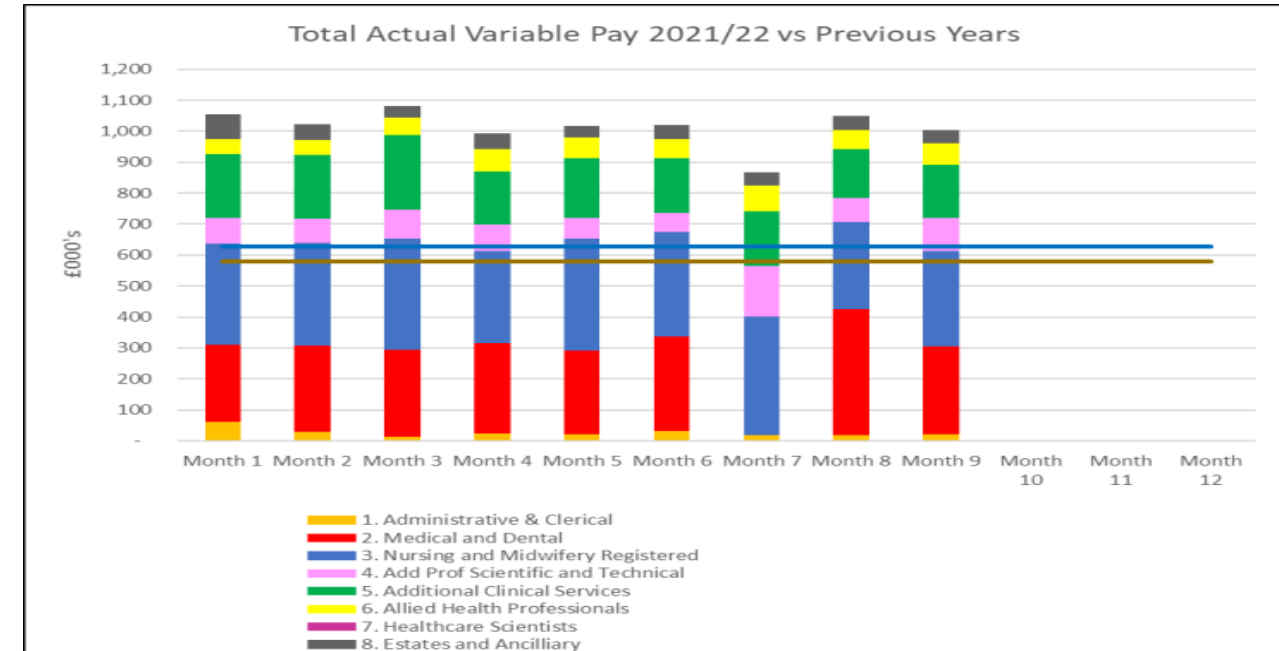
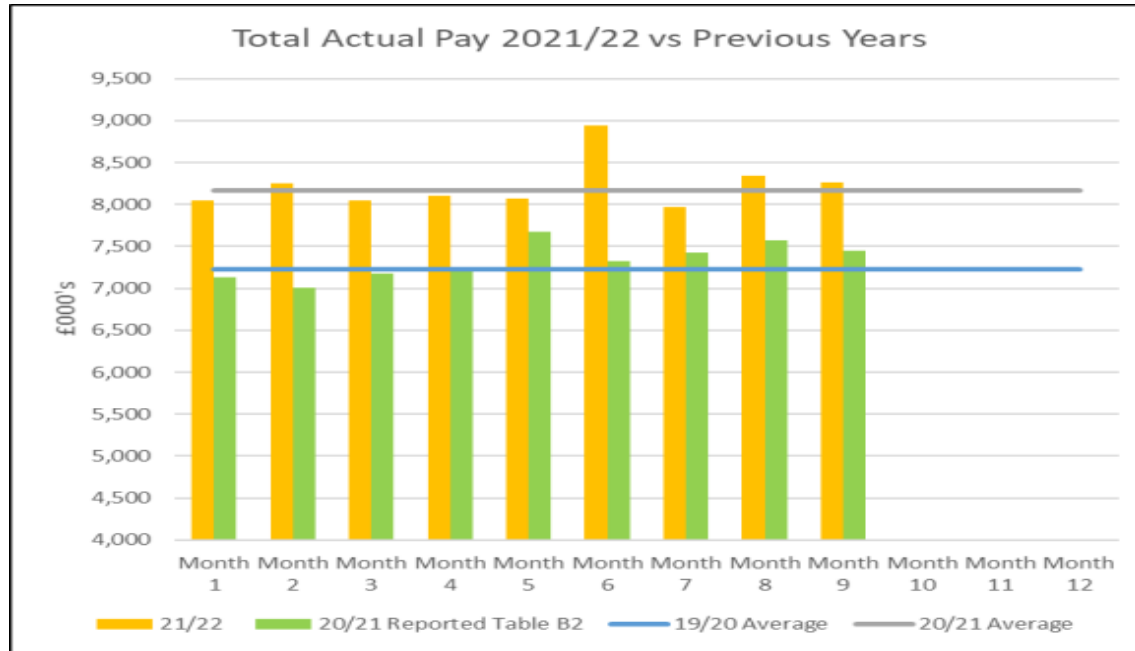
Chart 2 – as part of the Mid Year Review with WG the Health Board declared that the original target of £1.7m would not be met and likely performance = £0.455m. The shortfall in delivery to balance the plan would be taken on Non Recurrent basis from underspends and opportunities in other areas of the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

Chart 2 - Forecast Performance Against £1.7m Target

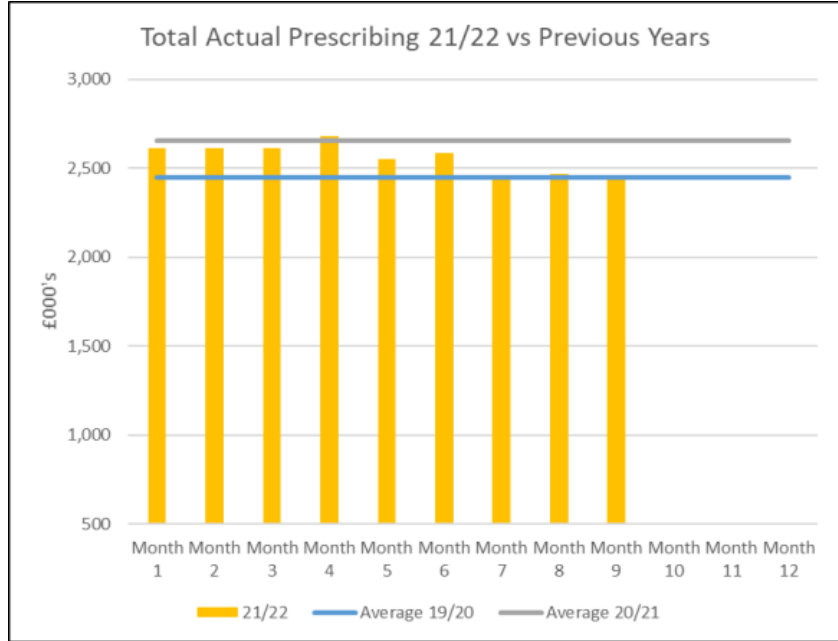
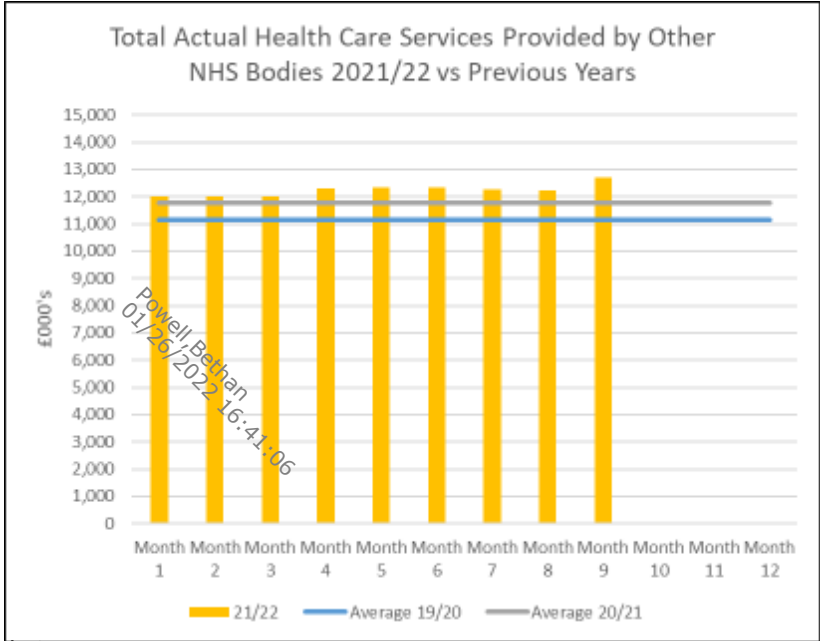
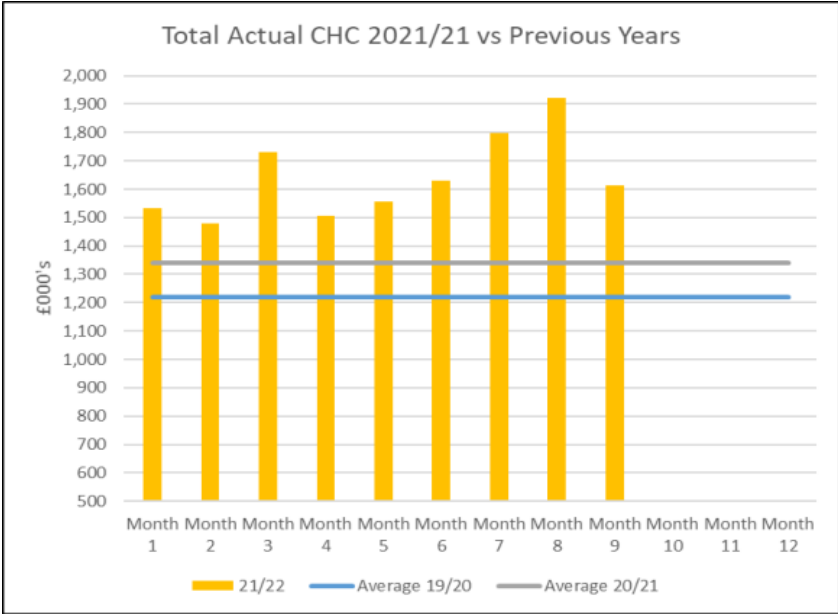
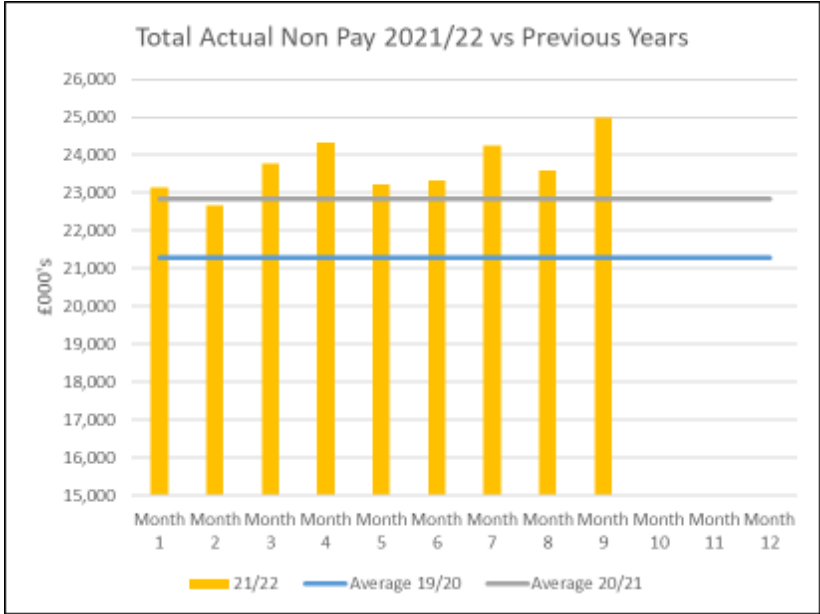
Category	Forecast Reported @ Mth 1 £'000	Forecast Reported @ Mth 6 £'000	Forecast @ 2nd Nov £'000	Variance to Plan £'000
CHC & FNC	- 255	- 255	-	255
Commissioned Services	- 353	-	-	353
Medicines Management	- 505	- 505	- 425	80
Non Pay	- 82	- 82	- 30	52
Pay - Variable	- 506	- 506	-	506
Total	- 1,701	- 1,348	- 455	1,246



- 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 £38M, and an element of this will be included in each month.



- The month 9 YTD pay is showing an over spend of £0.595M 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 8 position for Wales was published. Based on this data agency as a % of total pay in Wales was at 5.2%. For Powys the figure was 9.4% the highest in Wales. [Source: WG Health & Social Services Finance Update Mth 7].**



- 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:
 - 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.
 - ChC – there has been a significant increase in costs seen in Mth 1-9. 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.
 - Prescribing – the YTD position is based on the latest PAR information, which has provided a reduction in spend in-month compared to the average in 2020/21. This will be kept under close review and updates provided as necessary given the growth seen in previous years..

Table 1: Summary Table B3 (see Appendix 1)

Area	YTD Actual £000	Forecast 2021/22 £000
Testing	781	1,123
Tracing	3,321	5,150
Mass Vaccination	5,980	8,385
Extended Flu	204	304
Field Hospitals	-	-
Cleaning Standards	423	564
General Covid	6,940	10,406
Recovery & Renwel Programme	1,220	5,306
WG Projects#	683	1,642
Total Table B3	19,552	32,880

Table 2: Breakdown of General Covid

General Covid	YTD Actual £000	Forecast 2021/22 £000
Staffing	1,133	1,918
Loss Dental Income	610	796
Primary Care Prescribing	1,363	1,982
PPE	215	321
Block LTA	2,529	3,381
Adult Social Care (CHC/FNC)	-	921
Other Non Pay	1,089	1,086
Total General Covid	6,940	10,406

- 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.

Table 1: Risk Reflected MMR

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outtum via Track	0	-
Continuing Healthcare Prescribing	-500	High
Pharmacy Contract	-424	Medium
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	0	-
Total	-1,124	

Table 2: Opportunities Reflected MMR

Opportunity	£ '000	Likelihood
Additional Savings Above Plan	0	-
WRP Slippage	0	-
Slipage on Funding/Budgets/Further Movements in Provisions	1,050	Medium
WHSSC Net Underspend	0	-
Total	1,050	

The 2022/23 Allocation Letter was issued by WG on 21st December 2021. Work has commenced on finalising the 2022/23 Financial Plan in line with the IMTP requirements and timescales. Full details on the Financial Plan for the IMTP will be presented at future Board meetings. The underlying deficit reported to the Board throughout 2021/22 is provided below, which will form the opening section of the full 2022/23 plan.

Underlying Deficit	2022/23 £ M	2022/23 £ M
Opening Plan Deficit / (Surplus)		0.000
Underlying Deficit N/R Funded		5.615
- Recurrent Impact from 2021/22 Financial Year		
- Non Delivery of Recurrent Savings against 2021/22 Target	1.246	
- Operational Growth Continuing Health Care based Mth 8 Forecast	4.614	
- Operational Growth Safe Staffing Wards & Community	3.000	
		8.860
- FYE New Investments Agreed via Execs direct IBG Process		1.295
- FYE New Recurrent Investment Approved linked Renewal & Recovery		1.297
Forecast Gross Opening Plan Deficit / (Surplus) 2022/23		17.067
- FYE Benefits to be delivered via New Investments (IBG)		(1.376)
- Additional Non-Recurrent Benefits/Funding Slippage		(1.000)
- Benefits from Renewal & Recovery Programme		(0.500)
-Recurrent Saving Required to offset opening Unmet b/f Savings		(4.649)
Forecast Net Opening Plan Deficit / (Surplus)		9.542

Summary

Key Numbers:

- **YTD Position Revenue** = PTHB is reporting a small under spend YTD at month 8 for FY 2021/22 of **£0.134M** (see page 2).
- **Financial Forecast Revenue** = to 31st March 2022 is to maintain a **balanced** plan based on plan submitted 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 **£15.3m** . 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 8 closedown the CHC forecast increased by circa £1.0m. Whilst the financial plan 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 8 WG Health & Social Services Finance Update Powys is a significant outlier to the rest of Wales in terms of growth reported.
- **Variable Pay** – across Wales the agency spend as a % of total pay across at Mth 8 was reported at 5.2% in the WG Health & Social Services Finance Update. As part of the WG report Powys' % is 9.4%, which shows Powys as the highest in Wales. This pressure is clearly demonstrated in the Graph on page 6.
- **Savings Delivery** – the Health Board is 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 opportunities in other areas would be used to mitigate this loss of savings. However a robust plan for 2022/23 will be required.
- **Underlying Position** – whilst the Health Board had a balanced plan for 2021/22 it retained an underlying opening 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 and into 2022/23 to minimise the impact on the 2022/23 financial position.

Powys THB Finance Department

Financial Performance Report - Appendices

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 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

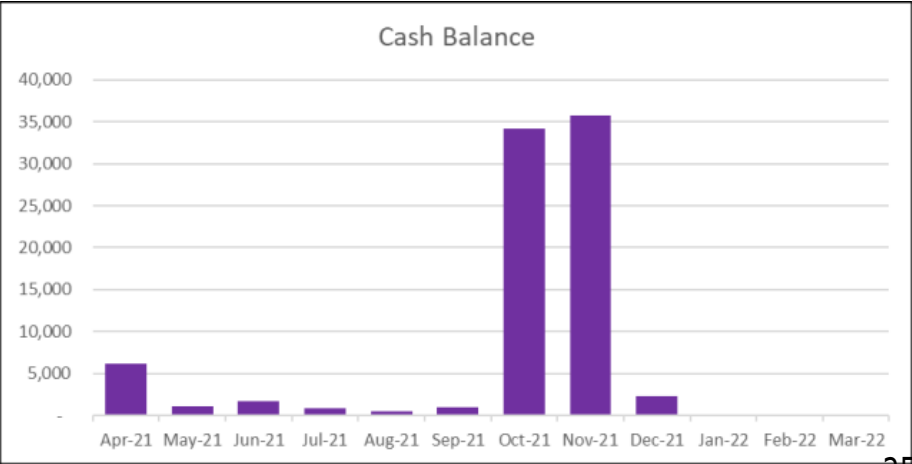
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st December 2021
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.431	1.431	0.792
Anti Ligature	1.001	1.001	0.117
Machyrileth	6.152	6.152	2.427
National Programmes – Fire	0.557	0.557	0.055
National Programmes – Infrastructure	1.331	1.331	0.347
National Programmes – Decarbonisation	0.332	0.332	0.017
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	0.011
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.225	0.225	0.002
Eye Care e-referral system	0.138	0.138	0.000
Health & Care Academy - Basil Webb, Adaptive Living Space and Outdoor Learning Space	0.676	0.676	0.002
Additional DPIF funding	1.556	1.556	0.000
TOTAL APPROVED FUNDING	15.261	15.261	3.794

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	2,627	6,184	1,123	1,658	822	493	1,002	34,220	35,762	2,269	1,743	1,535
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	30,800	25,700	34,000	30,809	26,623	30,571	63,854	31,302	-	30,532	31,595	34,102
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	- 160	- 160	- 160	- 160	117	- 38	- 306	- 92	-	- 160	- 160	- 160
WG Revenue Funding - Other (e.g. invoices)	1,551	42	13	85	29	83	893	22	33	1,000	10	1,000
WG Capital Funding - Cash Limit - LHB & SHA only	-	-	200	200	2,600	1,477	935	1,000	-	1,000	2,305	3,988
Income from other Welsh NHS Organisations	473	281	944	427	399	307	474	308	308	400	400	400
Other	1,064	248	353	1,506	354	704	443	383	711	400	400	400
Total Receipts	33,728	26,111	35,350	32,867	30,122	33,104	66,293	32,923	1,052	33,172	34,550	39,730
Payments												
Primary Care Services : General Medical Services	2,588	2,262	2,970	2,864	2,135	2,362	2,451	2,361	2,705	3,000	2,400	2,400
Primary Care Services : Pharmacy Services	448	-	318	898	-	441	240	446	768	-	500	1,000
Primary Care Services : Prescribed Drugs & Appliances	1,201	-	1,372	2,516	-	1,361	1,342	1,275	2,561	-	1,300	2,600
Primary Care Services : General Dental Services	342	433	469	434	516	479	531	440	456	420	420	420
Non Cash Limited Payments	77	169	86	84	154	72	74	81	82	100	100	100
Salaries and Wages	7,443	8,866	8,415	7,396	7,413	7,918	8,068	7,567	7,625	7,600	7,600	7,600
Non Pay Expenditure	18,069	19,312	20,729	18,983	19,773	17,174	20,068	18,726	19,409	19,650	19,561	23,605
Capital Payment	3	130	456	528	460	2,788	301	485	939	2,928	2,877	4,236
Other items	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	30,171	31,172	34,815	33,703	30,451	32,595	33,075	31,381	34,545	33,698	34,758	41,961
NET CASH FLOW IN MONTH	3,557	- 5,061	535	- 836	- 329	509	33,218	1,542	- 33,493	- 526	- 208	- 2,231
Balance c/f	6,184	1,123	1,658	822	493	1,002	34,220	35,762	2,269	1,743	1,535	- 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 and Mth 8 increased cash balances at end of the month was at the request of WG to take cash in advance.

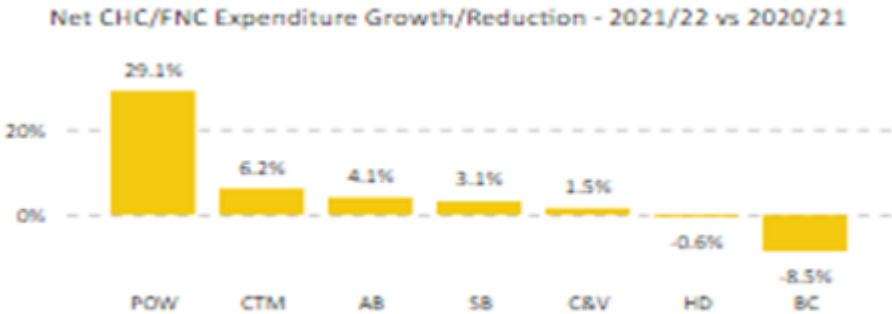


	Opening Balance	Closing Balance	Forecast Closing
	Beginning of	End of	Balance
	Apr 21	Dec 21	End of
	£'000	£'000	Mar 22
			£'000
Tangible & Intangible Assets	78,394	82,301	91,094
Trade & Other Receivables	26,582	24,580	27,333
Inventories	159	159	159
Cash	2,627	2,269 -	696
Total Assets	107,762	109,309	117,890
Trade and other payables	45,831	43,108	41,790
Provisions	23,410	24,551	24,551
Total Liabilities	69,241	67,659	66,341
Total Assets Employed	38,521	41,650	51,549
Financed By			
General Fund	- 2,532	597	8,715
Revaluation Reserve	41,053	41,053	42,834
Total Taxpayers' Equity	38,521	41,650	51,549

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Area	19/20 Year end Position	20/21 Year end Position	21/22 Forecast @					Growth From 2020/21 YE to 2021/22 Forecast @ Mth 7
			Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	
Children	£267,217	£151,234	£156,944	£156,944	£156,944	£156,944	£156,944	£5,710
Learning Disabilities	£957,455	£1,567,929	£1,251,771	£1,263,808	£1,294,343	£1,388,021	£1,388,021	-£179,908
Mental Health	£7,344,265	£7,800,642	£9,875,870	£9,972,709	£10,306,982	£10,486,754	£10,369,572	£2,568,930
Mid Locality	£981,064	£925,210	£1,321,058	£1,261,614	£1,447,057	£1,574,421	£1,673,257	£748,047
North Locality	£1,365,243	£1,537,343	£1,785,585	£1,918,715	£1,876,510	£1,994,684	£1,993,747	£456,404
South Locality	£1,494,868	£1,958,143	£1,975,850	£1,929,526	£1,863,650	£1,864,128	£1,872,968	-£85,175
Grand Total	£12,410,112	£13,940,501	£16,367,076	£16,503,316	£16,945,486	£17,464,952	£17,454,509	£3,514,008

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



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BOARD MEETING		Date of Meeting: 26 January 2022
Subject:	CORPORATE RISK REGISTER (JANUARY 2022)	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Head of Risk & Assurance	
Other Committees and meetings considered at:	Executive Committee	

PURPOSE:

The purpose of this paper is to provide the Board with the January 2022 version of the Corporate Risk Register for discussion and oversight.

RECOMMENDATION(S):

It is recommended that the Board:

- **REVIEWS** the January 2022 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
x	✓	x

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

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

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

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;
- require further control measures to reduce or eliminate the risk; and/or
- require a considerable input of resource 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, most notably with regard to the impact of the Omicron variant on the risk profile of the organisation.

Proposed Changes to the Corporate Risk Register

There have been no new risks escalated to the Corporate Risk Register during the current reporting period. However, two risks have a proposed increased score from 12 to 16 in respect of sustaining an adequate workforce (CRR006) and potential adverse impact on business continuity and service delivery arising from COVID-19 (CRR014).

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In addition, it is proposed that two risks are de-escalated for ongoing management at the relevant Health Board management group:

- CRR016 relates to Health and Safety and was escalated by the DWOD due to the delayed approval of the H&S Policy and associated processes including risk assessments. The Policy has now been approved by Board and an interim workplan is in place. The implementation of the workplan and wider risks relating to H&S will be reviewed by the H&S Group (chaired by the Director of Environment) and any which require consideration for escalation to the CRR will follow normal processes.
- CRR017 relates to fire safety. This risk was escalated by the DWOD due to issues relating to site co-ordination and oversight of fire training and drills. This issue has been addressed with deployment of the site co-ordination model and drill compliance is monitored by the Fire Safety Group and Site Co-ordination Forum (both of which are chaired by the DoE). The risk will be further reviewed by the Fire Safety Group and any which require consideration for escalation to the CRR will follow normal processes. Fire risks associated with estate (including fire compartmentation) are considered within CRR005, which has been updated.

The Board is asked to consider the following changes for approval: -

Corporate Risk	Change to Rating	Recommended Change
CRR 001	No change proposed to risk description or rating	
CRR 002	No change proposed to risk description or rating	
CRR 003	No change proposed to risk description or rating	
CRR 004	No change proposed to risk description or rating	
CRR 005	No change proposed to risk description or rating	
CRR 006	Risk Rating increased from 12 (L3xI4) to 16 (L4xI4)	It is proposed that the likelihood of this risk occurring be increased from 'Possible' to 'Likely' (work has been accelerated to try to

		<i>reduce the risk rating to 12 by the next reporting period)</i>
CRR 007	No change proposed to risk description or rating	
CRR 008	No change proposed to risk description or rating	
CRR 010	No change proposed to risk description or rating	
CRR 012	No change proposed to risk description or rating	
CRR 013	No change proposed to risk description or rating	
CRR 014	Risk Rating increased from 12 (L3xI4) to 16 (L4xI4)	It is proposed that the likelihood of this risk occurring be increased from 'Possible' to 'Likely' <i>(work has been accelerated to try to reduce the risk rating to 12 by the next reporting period)</i>
CRR 016	Risk de-escalated	
CRR 017	Risk de-escalated	

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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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Corporate Risk Register January 2022

Risk Management
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**Board Meeting
26 January 2022
Agenda item: 3.5a**

1

CORPORATE RISK HEAT MAP: January 2022

There is a risk that...

Impact	Catastrophic	5					
	Major	4		<ul style="list-style-type: none"> The Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22 	<ul style="list-style-type: none"> The need to improve health equity is not adequately reflected in the priorities and resource allocation of the health board 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 	<ul style="list-style-type: none"> The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose The Health Board is unable to sustain an adequate workforce Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19) 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 	<ul style="list-style-type: none"> 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			<ul style="list-style-type: none"> There is ineffective partnership working and partnership governance 	<ul style="list-style-type: none"> 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 	
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain

	Likelihood
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CORPORATE RISK DASHBOARD – January 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
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	✗	Delivery and Performance	Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan / wellbeing objectives

DPP	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
DoE	CRR 005	Quality & Safety of Services	The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	4 x 4 = 16	→	Low	9	*	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DWOD	CRR 006	Quality & Safety of Services	The Health Board is unable to sustain an adequate workforce	4 x 4 = 16	↑	Low	12	✓	Workforce and Culture	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	*	Planning, Partnerships & Population Health	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	*	Workforce and Culture	Organisational Priorities Underpinning WBO 1 to 8
DFIIT / DPP	CRR 013	Quality & Safety of Services	There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.	4 x 4 = 16	→	Low	12	*	Delivery and Performance	Organisational Priorities underpinning WBO 1 to 4
DPH	CRR 014	Quality & Safety of Services	Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	4 x 4 = 16	↑	Low	12	✓	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 8

DoE	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	*	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DoE	CRR-017	Quality & Safety of Services	A fire incident occurring within health board premises is not effectively managed	4 x 4 = 16	➔	Low	9	*	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 8

KEY:

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

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

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

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

CRR 001 Risk that: once accessed, residents in Powys may receive poor quality of care Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Executive Lead: Director of Nursing & Midwifery Assuring Committee: Patient Experience, Quality and Safety Date last reviewed: January 2022																																																			
Risk Rating (likelihood x impact): Initial: $4 \times 4 = 16$ Current: $5 \times 4 = 20$ Target: $2 \times 3 = 6$ Date added to the risk register January 2017	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Date</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Jan-17</td><td>16</td><td>8</td></tr> <tr><td>May-17</td><td>16</td><td>8</td></tr> <tr><td>Sep-17</td><td>16</td><td>8</td></tr> <tr><td>Jan-18</td><td>16</td><td>8</td></tr> <tr><td>May-18</td><td>16</td><td>8</td></tr> <tr><td>Sep-18</td><td>16</td><td>8</td></tr> <tr><td>Jan-19</td><td>16</td><td>8</td></tr> <tr><td>May-19</td><td>16</td><td>8</td></tr> <tr><td>Sep-19</td><td>16</td><td>6</td></tr> <tr><td>Jan-20</td><td>16</td><td>6</td></tr> <tr><td>May-20</td><td>20</td><td>6</td></tr> <tr><td>Sep-20</td><td>20</td><td>6</td></tr> <tr><td>Jan-21</td><td>20</td><td>6</td></tr> <tr><td>May-21</td><td>20</td><td>6</td></tr> <tr><td>Sep-21</td><td>20</td><td>6</td></tr> <tr><td>Jan-22</td><td>20</td><td>6</td></tr> </tbody> </table>	Date	Risk Score	Target Score	Jan-17	16	8	May-17	16	8	Sep-17	16	8	Jan-18	16	8	May-18	16	8	Sep-18	16	8	Jan-19	16	8	May-19	16	8	Sep-19	16	6	Jan-20	16	6	May-20	20	6	Sep-20	20	6	Jan-21	20	6	May-21	20	6	Sep-21	20	6	Jan-22	20	6	Rationale for current score: <ul style="list-style-type: none"> • National policy direction with some decisions outwith of local control. • The longevity and continued impact of the Covid-19 pandemic, compounded by the omicron variant, articulated via the 4 harms, on the ability of health boards and trusts to provide quality care and treatment, given the accumulative effect of successive waves of infection and its unequitable adverse impact. • The redeployment of staff from a finite group to meet continued and increasing demands in relation to mass vaccination. • Staff fatigue across all sectors impacting upon a whole systems approach to health and social care provision, adversely affecting organisation and system wide resilience. • 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. They 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 is mandated by government. The scope, pace and assurance available in terms of improvement varies.
Date	Risk Score	Target Score																																																			
Jan-17	16	8																																																			
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		<ul style="list-style-type: none"> • Potential short- and longer-term unplanned changes within the health and social care workforce, adversely affecting organisations 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. • 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)																		
<ul style="list-style-type: none"> ▪ Cognisance and implementation of Welsh Government policy. ▪ Staff wellbeing initiatives in place internally and within other organisations. ▪ Escalated oversight and assurance arrangements in place related to patient flow, length of stay and community provision, in partnership with PCC and third sector. ▪ Consideration of Local Options Framework where indicated. ▪ Enhanced reporting to Welsh Government. ▪ IMTP planning predicated on the impacts of COVID-19. ▪ 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. 		<table> <tr> <th>Action</th><th>Lead</th><th>Deadline</th></tr> <tr> <td>Embed whole system commissioning through the implementation of the Strategic Commissioning Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Embed and ensure implementation of the Commissioning Assurance Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Implement commissioning intentions for 2021-22</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Robustly identify and articulate performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Programme of work to strengthen effective processes to develop and manage condition specific and service plans</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> </table>	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
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<ul style="list-style-type: none"> 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 Patient 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. 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). 	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
	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	DPCM H / DoNM	Sept 2021

<ul style="list-style-type: none"> ▪ 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. ▪ 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

Whilst the overall risk score remains unchanged, the rationale and controls are constantly changing, i.e. the static score does not reflect the nature of the risk itself.

The risk resulting from COVID-19 is changeable and is constantly reviewed in terms of directly provided services.

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 was 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.). In Q4 of 2021/22 the Omicron variant has led to extreme pressure on DGH capacity both from patient volume and staff sickness levels with local decisions being made regarding the ability to receive patients for scheduled and unscheduled 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.

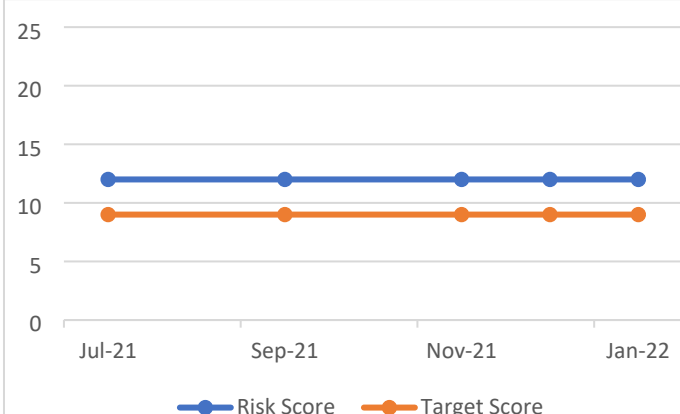
The need to prioritise accelerated changes in emergency flows in South Powys diverted strategic planning and commissioning resource from other areas including SaTH risks and circulatory services. SaTH remains in special measures and of concern. Transformational resource to address circulatory services is being rebalanced.

Mitigating actions in place include: the priorities set out in the Q3&Q4 plan; South Powys Pathways Workstream 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.

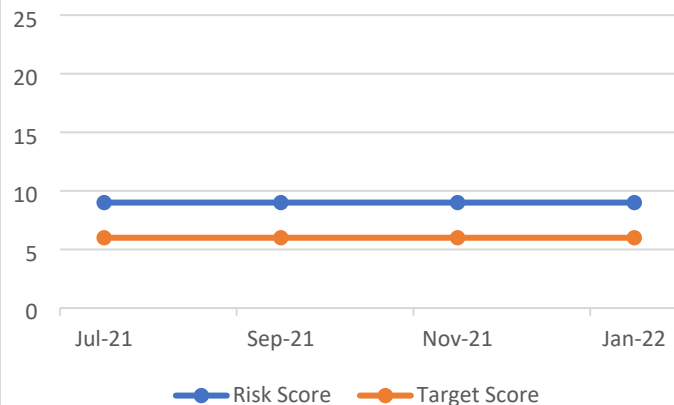
CRR 002		Executive Lead: Director of Finance, Information and IT	
Risk that: the Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22		Assuring Committee: Delivery and Performance	
Risk Impacts on: Organisational Priorities underpinning WBO 8.2		Date last reviewed: January 2022	
<div><div><div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 2 x 4 = 8 Target: 2 x 4 = 8</div><div>Date added to the risk register March 2017</div></div></div>	<div><div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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<ul style="list-style-type: none"> 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 	Framework approved and live and Value Based Healthcare Board being established in year.		
Current Risk Rating	Additional Comments		
2 x 4 = 8	Risk level held on assumption of funding at expected levels.		

Risk Management
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CRR 003 Risk that: the health board has insufficient capacity to lead and manage change effectively Risk Impacts on: Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan/wellbeing objectives		Executive Lead: Chief Executive Assuring Committee: Delivery and Performance Date last reviewed: January 2022		
Risk Rating (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 3 x 3 = 9 Date added to the risk register July 2021		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.		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
<ul style="list-style-type: none">• The Annual Plan focuses on priorities which will be staged in implementation and thus that will extend beyond one year.• Successful applications for WG funding has secured specific funds within the ICF, Transformation Fund and Recovery (planned care and mental health).• Alignment of change programmes (Recovery and Renewal and the North Powys Wellbeing Programme) is helping to reduce duplication and waste of expertise/resources.• Further recruitment into project manager and programme manager posts for the Renewal Programme is underway.• The emerging approach on value-based healthcare will support increased capability in focusing on priorities for change that could also be cash-releasing. This could support further investment.		Action	Lead	Deadline
		Carefully track the investments for change management that are non-recurrently funded; enabling opportunity to access any further funds to support capacity and capability building	DoF / DoP	Review mid-year 2021
		Support the work programme of the Research Improvement and Innovation Hub to deliver increased capacity and capability, including the potential for Improvement Cymru to provide additional support	MD	Review Q3
		Support the delivery of change management skills as part of the School of Leadership and Management	WOD	Review Q3

<ul style="list-style-type: none"> Clinical leadership posts (Heads of) are near full establishment, these roles play a pivotal part of clinical change. Project management skills programmes/session are provided to support staff at all levels across the organisation. Investment made in the Innovation and Improvement Hub – including on a multiagency basis – to support change management. Development of the School of Leadership within the Health and Care Academy provides a platform for further capacity building for change. 	Recruit to project and programme managers for the Renewal Portfolio	CEO via Transformation Team	Review monthly Q2 2021
	Pursue the value-based healthcare approach, enabling a focus on where outcomes improvement/lower unit cost can be achieved; to seek opportunity for re-investment where possible	CEO via Director of Clinical Strategy / Transformation Team	Review end Q2; end Q3.
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> Allocated resources are identifiable within major change programme arrangements, e.g. Renewal Portfolio, North Powys Wellbeing Programme. Evidence of training and staff preparation Dialogue with Trade Unions and other staff engagement mechanisms (e.g. surveys / staff Q & A sessions) to understand impacts Management and oversight of change programmes by the Executive Committee and Renewal Portfolio Board with clear reporting into Board Committees / Board Individual Executive Director 1 to 1 and performance review processes 	<ul style="list-style-type: none"> Development of clear status reports for major programmes to be further developed to assist reporting, visibility and oversight Measurement approach – including PROMS and PREMS – to be developed to enable measurement of change 		
Current Risk Rating	Additional Comments		
4 x 3 = 12	<p>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.</p> <p>This risk is being kept under review in light of the current situation of reprioritising leaders and managers work to deal with the impact of the Omicron variant. This has an understandable impact upon service change work but the development of the IMTP presents is core to the continuing management of this risk.</p>		

CRR 004		Executive Lead: Director of Planning & Performance																
Risk that: there is ineffective partnership working and partnership governance arrangements in place		Assuring Committee: Planning, Partnerships & Population Health																
Risk Impacts on: Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership		Date last reviewed: January 2022																
<div><div><div>Risk Rating (likelihood x impact): Initial: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6</div><div>Date added to the risk register July 2021</div></div><div><table><caption>Risk Rating Data</caption><thead><tr><th>Period</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>9</td><td>6</td></tr><tr><td>Sep-21</td><td>9</td><td>6</td></tr><tr><td>Nov-21</td><td>9</td><td>6</td></tr><tr><td>Jan-22</td><td>9</td><td>6</td></tr></tbody></table></div></div>	Period	Risk Score	Target Score	Jul-21	9	6	Sep-21	9	6	Nov-21	9	6	Jan-22	9	6	<div>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.</div>		
Period	Risk Score	Target Score																
Jul-21	9	6																
Sep-21	9	6																
Nov-21	9	6																
Jan-22	9	6																
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																
<ul style="list-style-type: none">Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership BoardHigh-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership BoardPowys Health and Care Strategy in place with Powys County Council and PAVOActive engagement with Mid Wales Joint CommitteeEngaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit		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:	Additional Comments
3 x 3 = 9	

Risk Management
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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 Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Executive Lead: Director of Environment Assuring Committee: Delivery and Performance Date last reviewed: January 2022																																																				
<div><div><div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 3 = 9</div><div>Date added to the risk register January 2017</div></div><div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>4</td></tr><tr><td>May-17</td><td>16</td><td>4</td></tr><tr><td>Sep-17</td><td>16</td><td>4</td></tr><tr><td>Jan-18</td><td>16</td><td>4</td></tr><tr><td>May-18</td><td>16</td><td>4</td></tr><tr><td>Sep-18</td><td>16</td><td>4</td></tr><tr><td>Jan-19</td><td>16</td><td>4</td></tr><tr><td>May-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>16</td><td>4</td></tr><tr><td>Jan-20</td><td>16</td><td>4</td></tr><tr><td>May-20</td><td>16</td><td>4</td></tr><tr><td>Sep-20</td><td>16</td><td>4</td></tr><tr><td>Jan-21</td><td>16</td><td>4</td></tr><tr><td>May-21</td><td>16</td><td>9</td></tr><tr><td>Sep-21</td><td>16</td><td>9</td></tr><tr><td>Jan-22</td><td>16</td><td>9</td></tr></tbody></table></div></div>		Date	Risk Score	Target Score	Jan-17	16	4	May-17	16	4	Sep-17	16	4	Jan-18	16	4	May-18	16	4	Sep-18	16	4	Jan-19	16	4	May-19	16	4	Sep-19	16	4	Jan-20	16	4	May-20	16	4	Sep-20	16	4	Jan-21	16	4	May-21	16	9	Sep-21	16	9	Jan-22	16	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	Risk Score	Target Score																																																				
Jan-17	16	4																																																				
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Controls (What are we currently doing about the risk?) ESTATES <ul style="list-style-type: none">Specialist sub-groups for each compliance disciplineRisk-based improvement plans introducedSpecialist leads identifiedEstates Compliance Group and Capital Control Group establishedMedical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up.Capital Programme developed for compliance and approved		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Implement the Capital Programme and develop the long-term capital programme</td><td>AD Estates & Property</td><td>In line with Annual Plan for 2021-22</td></tr><tr><td>Continue to seek WG Capital pipeline programme funding continuity</td><td>AD Estates & Property</td><td>In line with Annual Plan for 2021-22</td></tr><tr><td>Develop capacity and efficiency of the Estates and Capital function</td><td>AD Estates</td><td>In line with Annual Plan for 2021-22</td></tr></tbody></table>		Action	Lead	Deadline	Implement the Capital Programme and develop the long-term capital programme	AD Estates & Property	In line with Annual Plan for 2021-22	Continue to seek WG Capital pipeline programme funding continuity	AD Estates & Property	In line with Annual Plan for 2021-22	Develop capacity and efficiency of the Estates and Capital function	AD Estates	In line with Annual Plan for 2021-22																																							
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<ul style="list-style-type: none"> Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan Address (on an ongoing basis) maintenance and compliance issues Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards <p><u>CAPITAL</u></p> <ul style="list-style-type: none"> Capital Procedures for project activity Routine oversight / meetings with NWSSP Procurement Specialist advice and support from NWSSP Specialist Estates Services Audit reviews by NWSSP Audit and Assurance Close liaison with Welsh Government, Capital Function Reporting routinely to P&R Committee Capital Programme developed and approved Detailed Strategic, Outline and Full Business Cases defining risk Capital and Estates set as a specific Organisational Priority <p><u>ENVIRONMENT</u></p> <ul style="list-style-type: none"> ISO 14001 routine external audit to retain accreditation Environment & Sustainability Group NWSSP Specialist Estates Services (Environment) support and oversight Welsh Government support and advice to identify and fund decarbonisation project initiatives 			& Property	
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review delayed due to operational pressures.		AD Estates & Property	May 2022
Current Risk Rating	Additional Comments			

4 x 4 = 16

COVID-19 has introduced risk pressures in respect of the health board's estate and the ability of the Estates & Property team to manage and prioritise risk mitigation in a number of ways.


ESTATES: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate.

CAPITAL: impacts from COVID and BREXIT on cost and time to deliver Capital programme. Major step up in activity in financial year with resource pressure.

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.~~ Work to improve operational fire structure in 2021 has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented to address dependant on funding.

PROPERTY: COVID moves of staff in uncontrolled manner will need to be addressed to step back up business as usual alongside implementation of new agile working approach.

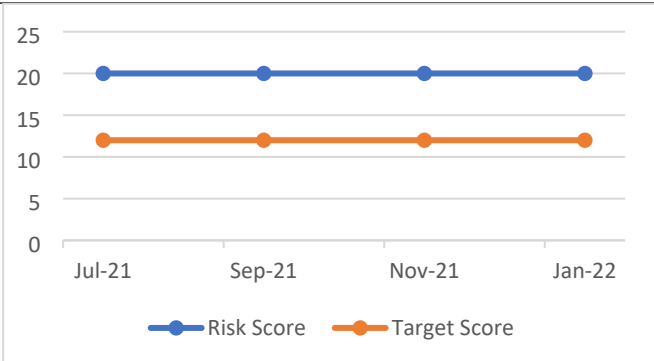
CRR 006 Risk that: the Health Board is unable to sustain an adequate workforce	Executive Lead: Director of Workforce & OD and Support Services Assuring Committee: Workforce and Culture Date last reviewed: January 2022																																																						
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8																																																							
<div><div><div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12</div><div>Date added to the risk register January 2017</div></div><div><table border="1"><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>16</td><td>4</td></tr><tr><td>Mar-18</td><td>16</td><td>4</td></tr><tr><td>Jun-18</td><td>16</td><td>4</td></tr><tr><td>Sep-18</td><td>16</td><td>4</td></tr><tr><td>Dec-18</td><td>16</td><td>4</td></tr><tr><td>Mar-19</td><td>16</td><td>4</td></tr><tr><td>Jun-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>6</td></tr><tr><td>Dec-19</td><td>12</td><td>6</td></tr><tr><td>Mar-20</td><td>12</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td><td>6</td></tr><tr><td>Sep-20</td><td>12</td><td>6</td></tr><tr><td>Dec-20</td><td>12</td><td>6</td></tr><tr><td>Mar-21</td><td>12</td><td>6</td></tr><tr><td>Jun-21</td><td>12</td><td>12</td></tr><tr><td>Sep-21</td><td>12</td><td>12</td></tr><tr><td>Dec-21</td><td>16</td><td>12</td></tr></tbody></table></div></div>	Date	Risk Score	Target Score	Dec-17	16	4	Mar-18	16	4	Jun-18	16	4	Sep-18	16	4	Dec-18	16	4	Mar-19	16	4	Jun-19	16	4	Sep-19	12	6	Dec-19	12	6	Mar-20	12	6	Jun-20	12	6	Sep-20	12	6	Dec-20	12	6	Mar-21	12	6	Jun-21	12	12	Sep-21	12	12	Dec-21	16	12	<div>Rationale for current score: The Health Board continues to have difficulties recruiting and retaining certain posts to 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. There have been significant increases in demand owing to the temporary requirements due to the effect of COVID on absence and also the requirement for increased capacity for Mass Vaccination. This risk has increased in the context of the Omicron variant and modelling of potential staff absence rates of up to 20% and a core focus on supporting staff wellbeing across all staff groups.</div> <div>Nursing The Health Board continues to experience recruitment challenges in respect of the Nursing Workforce. In particular, there is a 29% vacancy deficit of registered nurses across the wards (as of 30 November 2021), which is a 2% decrease since August 2021. The temporary staffing unit is continuing to provide support to meet this demand and has filled on average 30.08 WTE of ward registered nursing requests and 32.37 WTE ward unregistered nursing requests (per month) with either bank or agency staffing between September and November 2021. However, there is a continued reliance on agency staffing to meet this shortfall.</div> <div>Medical Following two recent appointments, the health board currently has 11.38 WTE medical vacancies. All vacancies are currently being covered via locums.</div>
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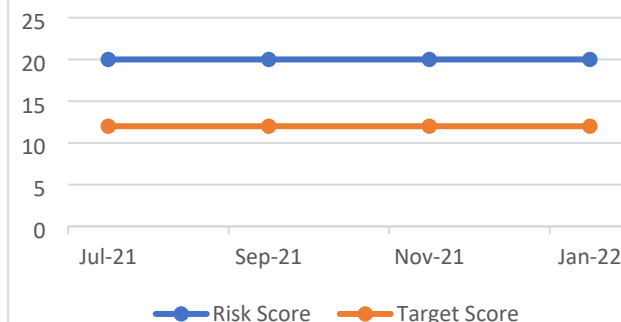
		<p>Recruitment to medical roles remains challenging for the organisation with a large number of long-term locums in place, predominantly within the mental health service. A proposal for a new medical support structure within mental health is to be submitted to executive committee. This will take into consideration recommendations from existing long-term medics on how to make the organisation more attractive and enhance the offer to consultants. Vacancies continue to be advertised.</p> <p>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 which could be developed to support recruitment within this staffing group.</p> <p>Clinical Pharmacist</p> <p>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 2.74 WTE Clinical Pharmacist vacancies within the service, and despite the posts being advertised, there has been no successful uptake. A review of the current model was due to take place on the 27th of September to understand how the service can function differently, but due to COVID pressures this has not yet happened.</p> <p>Therapies</p> <p>There are currently 18.76 WTE vacancies across the Occupational Therapy and Physiotherapy services, although 8.6WTE posts have been appointed to and are in various stages of the appointment process. Work will continue to understand how the roles can be shaped differently to support recruitment to these vacancies.</p> <p>Mass Vaccination</p> <p>Due to changes to the COVID booster programme and delivery timelines, the health board has, at short notice, covered a number of additional shifts ensuring that additional vaccination days are covered. This has successfully been achieved through bank,</p>
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		overtime, additional hours and short-term release of substantive staff.		
		Occupational Health There are significant recruitment challenges within the Occupational Health (OH) team. Despite advertising twice for the OH manager, we have not been able to attract any applicants. A review of the OH model is underway to understand how the service can function differently.		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
Bank and Agency <ul style="list-style-type: none">▪ 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 for bank workers and substantive staff for the period December 2021 to 31 March 2022. This will now be reviewed in order to establish its effectiveness.		Action	Lead	Deadline
		Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board	DWODSS	Ongoing
		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
		To support temporary arrangements in response to the COVID-19 pandemic	DWODSS	Ongoing
Operational Delivery <ul style="list-style-type: none">▪ 8 Aspiring Nurse roles were advertised externally and all 8 posts were recruited to. The new recruits will commence in January 2022.▪ All previous vacancies reported (3WTE) in Theatres have now been appointed to with 2WTE already commenced and 1WTE commencing on the 4th January 2022. Since the previous update, another 1WTE post become vacant, but the post was advertised and an appointment made.▪ Radiology have secured funding for 'grow our own' Radiographer. Recruitment will commence in coming months and an appointed candidate will start academic training September 2022				

<ul style="list-style-type: none"> ▪ We are currently exploring international overseas recruitment which is being co-ordinated on an all Wales basis and the health board has submitted 21 places in the first cohort due in early 2022 ▪ 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. The new Agile Working policy has been approved. 			
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<p>Strategic Activity</p> <ul style="list-style-type: none"> 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 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. 			
<p>Current Risk Rating</p> <p>4 x 4 = 16</p>	<p>Additional Comments</p> <p>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 16. 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.</p>		

CRR 007		Executive Lead: Director of Planning & Performance																
Risk that: there are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks		Assuring Committee: Delivery and Performance																
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: January 2022																
Risk Rating (likelihood x impact): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12	 <table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Period</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>20</td><td>12</td></tr><tr><td>Sep-21</td><td>20</td><td>12</td></tr><tr><td>Nov-21</td><td>20</td><td>12</td></tr><tr><td>Jan-22</td><td>20</td><td>12</td></tr></tbody></table>	Period	Risk Score	Target Score	Jul-21	20	12	Sep-21	20	12	Nov-21	20	12	Jan-22	20	12	Rationale for current score: Baseline as at end of October 2021 indicates current waiting times excluding diagnostics and therapies as follows: Aggregated Position (including PTHB provided services): 4,401 people waiting over 36 weeks and 2,559 waiting over 52 weeks. Historical activity levels cannot currently be delivered due to ongoing Covid-19 related infection prevention and control measures including social distancing of patients and emergency admission pressures. A key constraint currently is available workforce and physical 'green' capacity to operate additional activity. Limitations on ability to both insource and outsource by English and Welsh providers. If urgent and emergency care pressures lead to the invoking of the NHS Local Options Framework, planned care will be reduced/suspended resulting in further delays to treatment.	
Period	Risk Score	Target Score																
Jul-21	20	12																
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																
<ul style="list-style-type: none">• 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.		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														



<ul style="list-style-type: none"> Seeking to mobilise additional capacity through insourcing, outsourcing and exploring options via LTA & SLA agreements Developing better understanding of overall waiting list 'intelligence'. 	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?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> Monthly waiting time reporting at Delivery Performance Group Reporting at Delivery and Performance Committee and Board Bi-monthly meetings with Welsh Government at Quality and Delivery Meetings More emphasis being place upon long waiting patients and risk management processes at commissioner / provider CQPRM meetings 	<ul style="list-style-type: none"> All Directorates contributing to CAF 		
Current Risk Rating	Additional Comments		
5 x 4 = 20			

CRR 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																																																							
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Assuring Committee: Planning, Partnerships & Population Health																																																							
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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: <ul style="list-style-type: none">- 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.		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Provide robust management of and response to the system planning arrangements in Shropshire, Telford and Wrekin including the development of the ICS (Integrated Care System) and the Future Fit Programme / Shrewsbury and Telford Hospital NHS Trust</td><td>DPP</td><td>In line with Annual Plan for 2021-22</td></tr><tr><td>Continuous monitoring of impact as Hywel Dda UHB's strategic plans are refreshed and reframed – the programme formerly called</td><td>DPP</td><td>In line with Annual Plan for 2021-22</td></tr></tbody></table>		Action	Lead	Deadline	Provide robust management of and response to the system planning arrangements in Shropshire, 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	DPP	In line with Annual Plan for 2021-22																																													
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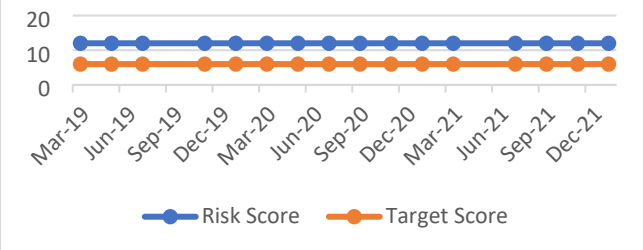
<ul style="list-style-type: none"> - Annual Plan for 2021/2022 submitted in Draft as required to PTHB Board and Welsh Government 31 March 2021, and then as a final version approved by PTHB Board in June 2021. This provides a directional plan reflecting the significant complexity and uncertainty in the planning 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. - 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 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 and continuing throughout November and December. The IMTP Support and Steering Group also commenced in November. 	Transforming Clinical Services is now incorporated into engagement plans for 'Building a healthier future after Covid-19' with engagement planned for 2021		
	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
	North Powys Programme: - <ul style="list-style-type: none"> • Programme Business Case – achieve WG Ministerial approval • Strategic Outline Cases – Approve final drafts, followed by internal and WG approval of (Q4 and Q1). • R revisit governance identify key leads, develop work plans to Implement 5 Transformational areas with short term projects aligned • Detailed Service Design/Modelling work/Pathways for next stage 	DPP	In line with Annual Plan for 2021 / IMTP 5 Year Plan

<ul style="list-style-type: none"> - A set of Three Year Strategic Priorities was agreed at PTHB Board on 24 November and a further Executive session was held on 8 December to consider the more detailed Directorate level priorities underneath this. - NPWP 5-year plan developed (IMTP) setting out high level critical path activity. - Close liaison with Welsh Government following endorsement of PBC at Strategic Investment Board in November 2021. - NPWP Strategic Outline Cases (SOC) work underway including active re-engagement- SOC internal approvals scheduled from early Jan 22– end March 22 followed by Q1 submission to Welsh Government. - Site survey work, concept site drawings developed to aid site master planning. Memorandum of Understanding prepared for approval in Q4. - Demand and Capacity high level modelling undertaken, underpinned by evidence base and new model of care (modelling assumptions developed) - 5 Service specifications drafted with some amalgamation to ensure desired synergies are achieved. - Majority of short-term projects progressing well, some projects exceeding targets. Some issues with recruitment to Ophthalmology posts. - 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 and was closed with lessons identified and reasonable assurance through audit; the second phase of the programme is in place in relation to consultant led maternity and neonatal services. No decision in relation to the timing of strategic pathway changes for existing flows has yet been made, but monitoring of existing pathways, assurance and readiness assessment continuing. - The CEO led Renewal Strategic Portfolio Board is in place. Each of the 8 programmes has an Executive lead, an approved PID and a Programme Board. A portfolio risk register is in place together with highlight reporting from each programme. - PTHB has re-established participation in the Hereford and Worcestershire Stroke Programme and updated the programme for Wales. 	<ul style="list-style-type: none"> • Active Stakeholder Engagement (inform, engage, design, develop and deliver) 		
	Implement the second Phase of the South Powys Programme	DPP	By March 22
	Implement the Renewal Portfolio	CEO and lead Directors	In line with Annual Plan 2021-22

<ul style="list-style-type: none"> - 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 are being 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. - 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			

CRR 010 Risk that: the need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8		Executive Lead: Chief Executive Assuring Committee: Planning, Partnerships & Population Health Date last reviewed: January 2022																																																	
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8 Date added to the risk register May 2018	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>16</td><td>4</td></tr><tr><td>Mar-18</td><td>16</td><td>4</td></tr><tr><td>Jun-18</td><td>16</td><td>4</td></tr><tr><td>Sep-18</td><td>16</td><td>4</td></tr><tr><td>Dec-18</td><td>16</td><td>4</td></tr><tr><td>Mar-19</td><td>16</td><td>4</td></tr><tr><td>Jun-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>16</td><td>8</td></tr><tr><td>Dec-19</td><td>16</td><td>8</td></tr><tr><td>Mar-20</td><td>16</td><td>8</td></tr><tr><td>Jun-20</td><td>12</td><td>8</td></tr><tr><td>Sep-20</td><td>12</td><td>8</td></tr><tr><td>Dec-20</td><td>12</td><td>8</td></tr><tr><td>Mar-21</td><td>12</td><td>8</td></tr><tr><td>Jun-21</td><td>12</td><td>8</td></tr></tbody></table>			Date	Risk Score	Target Score	Dec-17	16	4	Mar-18	16	4	Jun-18	16	4	Sep-18	16	4	Dec-18	16	4	Mar-19	16	4	Jun-19	16	4	Sep-19	16	8	Dec-19	16	8	Mar-20	16	8	Jun-20	12	8	Sep-20	12	8	Dec-20	12	8	Mar-21	12	8	Jun-21	12	8
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Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">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		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Consider the longer-term approach to service redesign that focuses on health inequalities; reviewing the Health Inequalities Strategic Assessment/Report undertaken in 2018</td><td>CEO with Pubic Health Director</td><td>Q3/4</td></tr><tr><td>Undertake detailed exercise in understanding more visibly the resource allocation map against key elements of health inequity.</td><td>DFIT</td><td>Q3/4</td></tr></tbody></table>		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																																							
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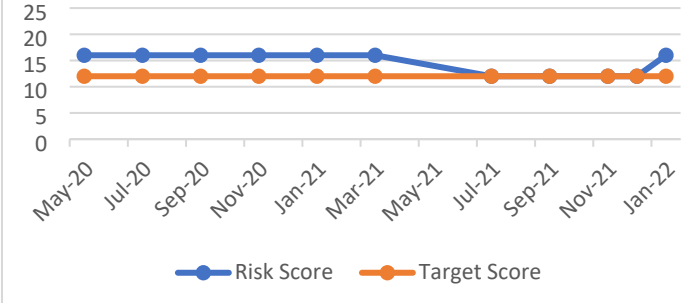
Powell, Bethan
01/26/2022 10:41:06
Risk Management

CRR 012 Risk that: the Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice Risk Impacts on: Organisational Priorities underpinning WBO 1 to 8		Executive Lead: Director of Therapies & Health Sciences Assuring Committee: Workforce and Culture Date last reviewed: January 2022																																								
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	 <table><caption>Risk Rating Data</caption><thead><tr><th>Period</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Mar-19</td><td>12</td><td>6</td></tr><tr><td>Jun-19</td><td>12</td><td>6</td></tr><tr><td>Sep-19</td><td>12</td><td>6</td></tr><tr><td>Dec-19</td><td>12</td><td>6</td></tr><tr><td>Mar-20</td><td>12</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td><td>6</td></tr><tr><td>Sep-20</td><td>12</td><td>6</td></tr><tr><td>Dec-20</td><td>12</td><td>6</td></tr><tr><td>Mar-21</td><td>12</td><td>6</td></tr><tr><td>Jun-21</td><td>12</td><td>6</td></tr><tr><td>Sep-21</td><td>12</td><td>6</td></tr><tr><td>Dec-21</td><td>12</td><td>6</td></tr></tbody></table>			Period	Risk Score	Target Score	Mar-19	12	6	Jun-19	12	6	Sep-19	12	6	Dec-19	12	6	Mar-20	12	6	Jun-20	12	6	Sep-20	12	6	Dec-20	12	6	Mar-21	12	6	Jun-21	12	6	Sep-21	12	6	Dec-21	12	6
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Dec-21	12	6																																								
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">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.New Service Improvement Manager appointed October 2021 alongside new Full-Time internal Translator and Equality & Welsh Officer (on 12 month Secondment initially).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.		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Implement Welsh Language Improvement Plan</td><td>DOTHs</td><td>In line with Annual Plan for 2021-22</td></tr><tr><td>Assess effectiveness of internal monitoring and auditing procedures within nursing and ALNET operations group before rolling out to other service areas</td><td>DOTHs</td><td>Dec 2021</td></tr></tbody></table>		Action	Lead	Deadline	Implement Welsh Language Improvement Plan	DOTHs	In line with Annual Plan for 2021-22	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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<ul style="list-style-type: none"> ▪ 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. ▪ 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.		

CRR 013		Executive Lead: Director of Finance and IT / Director of Planning and Performance		
Risk that: there are delays in accessing treatment in Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.		Assuring Committee: Delivery and Performance		
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: January 2022		
<div>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</div>		<div>Rationale for current score: Baseline as at end of March 2021 indicates current waiting times excluding diagnostics and therapies as follows: Provider Position – 690 people waiting over 36 weeks and 536 waiting over 52 weeks. Prior to the pandemic Powys provided services did not exceed waiting times albeit there was fragility in certain in-reach services Whilst slow but steady progress has been made in the last 6 months, the referral rates will likely rise in future months which will increase future demand. Historical activity levels cannot currently be delivered due to ongoing covid related infection prevention and control measures including social distancing of patients. A key constraint currently is available workforce to operate additional activity with a specific risk relating to theatres staff. In line with national relaxation for Directed Enhanced Services (DES) and local relaxation for Local/National Enhanced Services (LES/NES) General Practice has physically seen less patients under these contracts than at pre-Covid levels. Given the current pressures and risk of staff absences in primary and community care services, the Health Board has approved the extension to the end of March for the relaxation for Directed Enhanced Services (DES) and local relaxation for Local/National Enhanced Services (LES/NES) at 75%. General Practice has physically seen less patients under these contracts than at pre-Covid levels.</div>		
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Key priorities identified to deliver elective treatments within 52 weeksExecutive Committee Strategic Commissioning and Change Group		Mitigating actions (What more should we do?)		
		Action	Lead	Deadline
		Establish Advice, Support and Prehabilitation Service	DPP	October 2021

<ul style="list-style-type: none"> • A renewal priority including planned care has developed a proposal for funding to recover waiting times to previous levels as a provider. Funding has been provided and this programme of work will develop delivery plans accordingly. • As part of the renewal priorities, scoping of the establishment and Advice, Support and Prehabilitation service to actively support those awaiting treatment. • LES and NES activity levels held at 75% of historical levels from Jan 22 to March 22 (extension of the 75% activity threshold in place until 31st December 2021). • LES specifications were temporarily amended to support delivery of enhanced services (in place until 31/03/2022) under the caveat of clinical judgement and responsibility of the clinician to prioritise and manage patient care. • GMS annual return used to gain assurance of continued performance in meeting contractual requirement. • Specific Enhanced Service audits (NPT, Anticoagulation and Diabetes). • Data provided by General Practice across a range of conditions and dialogue with practices and clusters active on next steps. • Renewal Priority "Diagnostics, Ambulatory and Planned Care" developing plan for waiting time recovery including recruitment. Programme Manager appointed to support this work, which is being monitored through the Renewal Programme Board. • Work is ongoing with clusters and practices to develop proposals for any recovery in line with national discussions with additional funding available to support. • Paper completed summarizing the approach taken by General Practice throughout the pandemic in identifying and prioritizing patients for enhanced services. • Review relaxation of LES and NES levels following national position on DES levels, Proposal for rest of the year agreed by Executive Committee. 	<p>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.</p>	DPCMH	October 2021
	<p>Seeking support from NHS Wales Delivery Unit for specific demand and capacity tools which can be used operationally to project, implement and monitor activity on a weekly basis. Work ongoing with DU to ensure this model reflects the specific issues of Powys delivery locations.</p>	DPCMH	October 2021
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> • Monthly waiting time reporting at Delivery Performance Group • Reporting at Performance and Resources Committee and Board 			

<ul style="list-style-type: none"> Monthly meeting with Welsh Government at Quality and Delivery Meetings QAIF clinical indicator achievement Enhanced Service activity/claims Review of Q1 Enhanced service activity/claims to monitor practice achievement towards 75% attainment 																																						
Current Risk Rating		Additional Comments																																				
4 x 4 = 16																																						
CRR 014 Risk that: potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)		Executive Lead: Director of Public Health																																				
Risk Impacts on: Impact on the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		Assuring Committee: Delivery and Performance																																				
		Date last reviewed: January 2022																																				
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12	 <table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>16</td><td>12</td></tr> <tr><td>Jul-20</td><td>16</td><td>12</td></tr> <tr><td>Sep-20</td><td>16</td><td>12</td></tr> <tr><td>Nov-20</td><td>16</td><td>12</td></tr> <tr><td>Jan-21</td><td>16</td><td>12</td></tr> <tr><td>Mar-21</td><td>16</td><td>12</td></tr> <tr><td>May-21</td><td>12</td><td>12</td></tr> <tr><td>Jul-21</td><td>12</td><td>12</td></tr> <tr><td>Sep-21</td><td>12</td><td>12</td></tr> <tr><td>Nov-21</td><td>12</td><td>12</td></tr> <tr><td>Jan-22</td><td>12</td><td>12</td></tr> </tbody> </table>	Month	Risk Score	Target Score	May-20	16	12	Jul-20	16	12	Sep-20	16	12	Nov-20	16	12	Jan-21	16	12	Mar-21	16	12	May-21	12	12	Jul-21	12	12	Sep-21	12	12	Nov-21	12	12	Jan-22	12	12	Rationale for current score: Likelihood: ' Possible Likely '. Vaccination appears to be weakening the link between cases and admissions to hospital but the Omicron variant has the potential to cause significant pressure on system resilience . 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: - <ol style="list-style-type: none"> 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
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		4. The wider harm to wellbeing caused by population level measures in response to COVID-19.		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
<p>1. Test Trace Protect programme in place:</p> <ul style="list-style-type: none"> • 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. <p>2. Joint management and oversight arrangements in place with Powys County Council, including a joint Prevention and Response Group.</p> <p>3. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements.</p> <p>4. Powys Prevention and Response Plan in place.</p> <p>5. Mass vaccination programme started in progress.</p> <p>6. System resilience plan in place to respond to direct and indirect impact of COVID-19 during the second half of 2021/22.</p> <p>7. Revised our command structures to manage risks. Proportionate governance framework in place (Gold, Silver, Bronze).</p> <p>8. Reprioritisation work to enable business continuity planning and staff moved to support fragile operating areas.</p> <p>9. Weekly system resilience reporting being submitted to Welsh Government.</p> <p>10. All Wales position on HBs invoking the Local Options Framework being considered.</p> <p>11. In response to difficulties in obtaining LFD stock:</p> <ul style="list-style-type: none"> • Agreement with Test Trace Protect at Welsh Government to build and hold a reserve stock. • Order placed to provide stock for 14 day contingency (20,000 tests). • Communications issued to wards and departments not to stockpile LFDs and to return excess stock to Stores. • Promoting LFD reporting by staff via the UK registration platform. • Agreed 'in extremis' support on LFD supply with Powys County Council. <p>11. Non-essential training stood down to enable business continuity measures to be enacted</p> <p>12. Enhanced rates of pay for staff agreed to improve operational areas</p>		Action	Lead	Deadline
		<ul style="list-style-type: none"> • Reinforced messages to staff about use of IPC • Build LFD resilience stock held from 7 to 14 days. • Support Welsh Government investigation into failed deliveries. • Workforce 'deep dive' to look at business continuity planning 	<p>PW</p> <p>AC</p> <p>AC</p> <p>JR</p>	<p>18/12/21</p> <p>24/01/22</p> <p>14/01/22</p> <p>14/01/22</p>

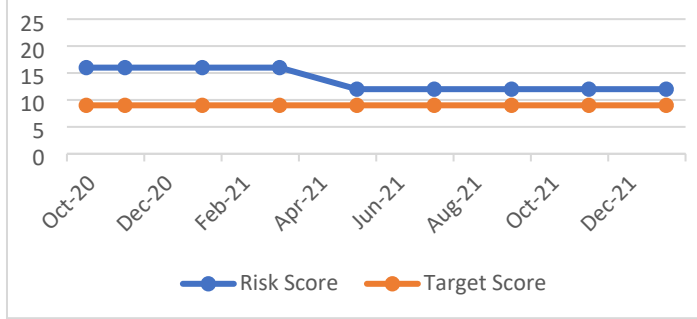
13. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.

Current Risk Rating


4 x 4 = 16

Additional Comments

Risk Management
Powell Bethan
01/26/2022 16:41:06

CRR 016		Executive Lead: Director of Environment																												
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		Assuring Committee: Delivery and Performance																												
Risk Impacts on: Organisational Priorities underpinning WBO 1 – 4		Date last reviewed: January 2022																												
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 3 x 3 = 9</div> <div>Date added to the risk register November 2020</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Oct-20</td><td>16</td><td>9</td></tr><tr><td>Dec-20</td><td>16</td><td>9</td></tr><tr><td>Feb-21</td><td>16</td><td>9</td></tr><tr><td>Apr-21</td><td>12</td><td>9</td></tr><tr><td>Jun-21</td><td>12</td><td>9</td></tr><tr><td>Aug-21</td><td>12</td><td>9</td></tr><tr><td>Oct-21</td><td>12</td><td>9</td></tr><tr><td>Dec-21</td><td>12</td><td>9</td></tr></tbody></table>	Month	Risk Score	Target Score	Oct-20	16	9	Dec-20	16	9	Feb-21	16	9	Apr-21	12	9	Jun-21	12	9	Aug-21	12	9	Oct-21	12	9	Dec-21	12	9	<div>Rationale for current score: It was evident from Health & Safety reviews in 2019 and 2021 that there is a shortfall in capacity across PTHB to identify and manage H&S risks, within a clear framework and process for recording, training and escalation. PTHB's refreshed Health and Safety Policy was approved by the Board in November 2021. The Policy details Health & Safety training requirements for managers at all levels. The Health & Safety Forward Work Programme was given interim approval by Executives on 3rd November 2021. The Programme details support to managers in Health & Safety risk assessment, and management of risk registers. The corporate risk relating to health and safety risk assessments held at departmental level remains high.</div>	
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																												
<ul style="list-style-type: none">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.Risk Assessment Toolkit & Template.		<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Complete a desktop exercise to identify which services undertake a programme of risk assessments</td><td>Assistant Director: Support Services</td><td>Exercise complete and reported to Execs Nov-21.</td></tr><tr><td>Provide focused support and advice to services to enable them to identify and manage their risks</td><td>Assistant Director: Support Services</td><td>In place and ongoing</td></tr><tr><td>Continued rollout of IOSH one-day 'Working Safely' training for Managers</td><td>Assistant Director: Support Services</td><td>Will develop further in accordance with H&S Policy approved Nov 2021</td></tr></tbody></table>	Action	Lead	Deadline	Complete a desktop exercise to identify which services undertake a programme of risk assessments	Assistant Director: Support Services	Exercise complete and reported to Execs Nov-21.	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	Will develop further in accordance with H&S Policy approved Nov 2021																
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Continued rollout of IOSH one-day 'Working Safely' training for Managers	Assistant Director: Support Services	Will develop further in accordance with H&S Policy approved Nov 2021																												

<ul style="list-style-type: none"> 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?) <ul style="list-style-type: none"> Health and Safety reporting. Oversight of the executive team. Audit and Inspection Programme ensuring compliance with Health & Safety Policies. Health & Safety training records. Revised Health & Safety Group Terms of Reference. Health & Safety Forward Work Programme. 	Gaps in assurance (What additional assurances should we seek?) <ul style="list-style-type: none"> 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			

CRR-017 Risk that: A fire incident occurring within Health Board premises is not effectively managed Risk Impacts on: Organisational Priorities Underpinning WBO 1 to 8		Executive Lead: Director of Environment Assuring Committee: Delivery and Performance Date last reviewed: January 2022																															
<div><div><div>Risk Rating (likelihood x impact): Initial: 5 x 5 = 25 Current: 4 x 4 = 16 Target: 3 x 3 = 9</div><div>Date added to the risk register November 2020</div></div><div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Sep-20</td><td>25</td><td>9</td></tr><tr><td>Nov-20</td><td>17</td><td>9</td></tr><tr><td>Jan-21</td><td>17</td><td>9</td></tr><tr><td>Mar-21</td><td>17</td><td>9</td></tr><tr><td>May-21</td><td>17</td><td>9</td></tr><tr><td>Jul-21</td><td>17</td><td>9</td></tr><tr><td>Sep-21</td><td>17</td><td>9</td></tr><tr><td>Nov-21</td><td>17</td><td>9</td></tr><tr><td>Jan-22</td><td>17</td><td>9</td></tr></tbody></table></div></div>		Month	Risk Score	Target Score	Sep-20	25	9	Nov-20	17	9	Jan-21	17	9	Mar-21	17	9	May-21	17	9	Jul-21	17	9	Sep-21	17	9	Nov-21	17	9	Jan-22	17	9	<div>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.</div>	
Month	Risk Score	Target Score																															
Sep-20	25	9																															
Nov-20	17	9																															
Jan-21	17	9																															
Mar-21	17	9																															
May-21	17	9																															
Jul-21	17	9																															
Sep-21	17	9																															
Nov-21	17	9																															
Jan-22	17	9																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																															
<div><ul style="list-style-type: none">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. 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.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.</div>		<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Improve documentation and plans for ventilation ductwork and fire dampeners</td><td>AD-Estates & Property</td><td>2021-22</td></tr><tr><td>New Fire Alarm and Emergency Lighting Maintenance Contract in place April 2021. Contractor will undertake full asset survey to inform future planning.</td><td>AD-Estates & Property</td><td>2021</td></tr><tr><td>Planned programme for replacement of Alarm Systems at high risk of failure</td><td>AD-Estates & Property</td><td>Newtown and Machynlleth in 2021 – 2022</td></tr><tr><td>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.</td><td>AD-Estates & Property</td><td>2021-25</td></tr></tbody></table>		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.	AD-Estates & Property	2021	Planned programme for replacement of Alarm Systems at high risk of failure	AD-Estates & Property	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.	AD-Estates & Property	2021-25															
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<ul style="list-style-type: none"> • 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. • 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. 	Implement the framework of responsible persons to ensure trained roles are in place to drive fire drill process.	DoE	November 2021
	Survey undertaken to identify risks associated with external waste storage 6M from buildings; remedials undertaken where possible and programme of project activity initiated.	Assistant Director: Support Services	2022
	Review fire training to refocus and address any resilience issues.	DoE	2021
	Review compliance with the use of the updated Site Fire Safety Manuals.	DoE	March 2022
	Compartmentation works as identified in previous surveys to be implemented.	AD Estates & Property	2021-26
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> • 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. New maintenance contract in place and monitored for fire alarm / general fire system related maintenance. • Fire Drills are carried out across all sites to assure procedures are in place. 	<ul style="list-style-type: none"> • Fire Policy revised to reflect Organisational Realignment in fire management structure, Policy was approved at Board in September 2021. • 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 – all sites will have both day and night drills by January 2022. • Identified site managers to lead on fire issues at each Health Board site. 		

<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
<p>Current Risk Rating</p> <p>4 x 4 = 16</p>	<p>Additional Comments</p> <p>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.</p>

AGENDA ITEM: 3.6

BOARD MEETING		DATE OF MEETING: 26 th January 2022
Subject :	AUDIT WALES, ANNUAL AUDIT REPORT 2021 (EXTERNAL AUDIT)	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Audit Wales	
Considered by Executive Committee on:	12 th January 2022	
Other Committees and meetings considered at:	Audit, Risk and Assurance Committee – 20 th January 2022	

PURPOSE:

The purpose of this paper is to present the Auditor General's Annual Audit Report 2021 for PTHB.

RECOMMENDATION(S):

It is recommended that the Board receive and note the Auditor General's Annual Audit Report 2021.

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. 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	✓

EXECUTIVE SUMMARY:

The Auditor General's Annual Audit Report 2021 summarises the findings from audit work undertaken at Powys Teaching Health Board during 2021. The Audit Work undertaken was in relation to the Auditor General's responsibilities set out in the Public Audit (Wales) Act 2004.

The Public Audit (Wales) Act 2004, requires the Auditor General to:

- examine and certify the accounts submitted by the Health Board, and to lay them before the Senedd;
- satisfy himself that the expenditure and income to which the accounts relate have been applied to the purposes intended and in accordance with the authorities which govern it; and
- satisfy himself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

For 2021, the Auditor General concluded that:

- Audit of the Accounts
 - The Health Board's accounts were properly prepared and materially accurate and an unqualified audit opinion was issued.
 - No material weaknesses in the Health Board's internal controls (as relevant to my audit) were identified. However, the Auditor General placed an Emphasis of Matter paragraph in his report to draw

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attention to disclosures in note 21.1 relating to the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. He also brought two important issues to the attention of officers, the Audit, Risk and Assurance Committee and the Board. These issues related to the overpayment of salary to a former senior officer, and arrangements for the collation and quality assurance of the Remuneration and Staff Report.

- The Health Board achieved financial balance for the three-year period ending 31 March 2021, and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, resulting in an unqualified opinion on the regularity of the financial transactions within the Health Board's 2020-21 accounts.
 - As the Health Board achieved financial balance and had an approved three-year plan in place and there were no other issues which warranted highlighting, no substantive report was placed on the Health Board's accounts.
- Arrangements for securing efficiency, effectiveness and economy in the use of resources
 - The Test, Trace, Protect programme is making an important contribution to the management of COVID-19 in Wales. Whilst the programme struggled to cope with earlier peaks in virus transmission, it has demonstrated an ability to rapidly learn and evolve in response to the challenges it has faced.
 - In relation to the Welsh Health Specialised Services Committee Governance Arrangements: since the previous reviews in 2015, governance, management and planning arrangements have improved, but the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within 'A Healthier Wales.'
 - The COVID-19 vaccination programme in Wales has been delivered at significant pace with local, national and UK partners working together to vaccinate a significant proportion of the Welsh population. A clear plan is now needed for the challenges which lie ahead.
 - All NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built

upon, and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures.

- The Health Board has effective operational planning arrangements, underpinned with good arrangements to engage with staff members and the public, and to monitor delivery of operational plans.
- The Health Board has generally effective Board and committee arrangements, however, capacity gaps within the corporate governance team and the turnover of independent members are areas that need addressing.
- Plans have been developed for responding to COVID-19 and transformation of healthcare services. The Health Board will need to continue to utilise its good partnership working arrangements to ensure that Powys residents are appropriately prioritised by commissioned services.
- Financial resources are managed well, however, delivering the required financial savings will be challenging.
- The Health Board is committed to ensure high quality, safe and effective services and has taken steps to improve its quality governance arrangements.

The Auditor General's Annual Audit Report 2021 is attached at Appendix A.

The Audit, Risk and Assurance Committee will consider the findings of the report and will continue to oversee implementation of those improvement actions identified through external audit reviews.

APPENDICES:	
APPENDIX A	(Attached)

Annual Audit Report 2021 – Powys Teaching Health Board

Audit year: 2020-21

Date issued: December 2021

Document reference: 2773A2021-22

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This document has been prepared for the internal use of Powys Teaching Health Board (the Health Board as part of work performed/to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report summarises the findings from my 2021 audit work at Powys Teaching Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts.
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources.
- 3 This year's audit work took place at a time when public bodies continued responding to the unprecedented challenges presented by the COVID-19 pandemic, whilst at the same time recovering services. My work programme was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services. I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. On-site audit work continues to be restricted, and we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 4 As was the case in 2020, the delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of considerations for financial statements arising directly from the pandemic. The success in delivering it reflects a great collective effort by both my staff and the Health Board's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.
- 5 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. My programme of work has provided focus on themes, lessons and opportunities relating to NHS governance and NHS staff wellbeing. I have reviewed the Test, Trace, Protect programme and the rollout of the COVID-19 vaccine. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery. I have also reviewed the governance arrangements of the Welsh Health Specialised Services Committee.

- 6 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of planned work currently being re-scoped.
- 7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2021 Audit Plan.
- 8 **Appendix 3** sets out the financial audit risks set out in my 2021 Audit Plan and how they were addressed through the audit.
- 9 The Chief Executive, Deputy Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit, Risk and Assurance Committee on 20 January 2022. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 10 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 11 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in note 21.1 relating to the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. I placed a substantive report on the Health Board's financial statements to provide further information on this matter. I also brought two important issues to the attention of officers, the Audit, Risk and Assurance Committee and the Board. These issues related to the overpayment of salary to a former senior officer, and arrangements for the collation and quality assurance of the Remuneration and Staff Report.
- 12 The Health Board achieved financial balance for the three-year period ending 31 March 2021 and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within the Health Board's 2020-21 accounts.

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Arrangements for securing efficiency, effectiveness, and economy in the use of resources

13 My programme of Performance Audit work has led me to draw the following conclusions:

- the Test, Trace, Protect programme is making an important contribution to the management of COVID-19 in Wales. Whilst the programme struggled to cope with earlier peaks in virus transmission, it has demonstrated an ability to rapidly learn and evolve in response to the challenges it has faced.
- in relation to the Welsh Health Specialised Services Committee Governance Arrangements: since the previous reviews in 2015, governance, management and planning arrangements have improved, but the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within 'A Healthier Wales'.
- the COVID-19 vaccination programme in Wales has been delivered at significant pace with local, national and UK partners working together to vaccinate a significant proportion of the Welsh population. A clear plan is now needed for the challenges which lie ahead.
- all NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built upon, and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures.
- the Health Board has effective operational planning arrangements, underpinned with good arrangements to engage with staff members and the public, and to monitor delivery of operational plans.
- the Health Board has generally effective Board and committee arrangements, however, capacity gaps within the corporate governance team and the turnover of independent members are areas that need addressing. Plans have been developed for responding to COVID-19 and transformation of healthcare services. The Health Board will need to continue to utilise its good partnership working arrangements to ensure that Powys residents are appropriately prioritised by commissioned services.
- financial resources are managed well, however, delivering the required financial savings will be challenging.

the Health 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.

14 These findings are considered further in the following sections.

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Detailed report

Audit of accounts

- 15 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2020-21. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.
- 16 My 2021 Audit Plan set out the financial audit risks for the audit of the Health Board's 2020-21 financial statements. Exhibit 4 in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.
- 17 My responsibilities in auditing the Health Board's financial statements are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2020-21 financial statements

- 18 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in note 21.1 relating to the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS Clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. I placed a substantive report alongside my audit opinion to provide further information on this matter. I also brought two important issues to the attention of officers, the Audit, Risk and Assurance Committee and the Board. These issues related to the overpayment of salary to a former senior officer and the collation and quality assurance of the Remuneration and Staff Report.
- 19 I received the draft accounts on 30 April 2021 and the Annual Report and Accountability Report on 7 May 2021, both in accordance with Welsh Government deadlines. The draft accounts and supporting working papers were generally of a good standard, but I raised several issues on the Remuneration and Staff Report.
- 20 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Health Board on 10 June 2021.

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- 21 In September 2021, my audit team held a shared learning session with officers, to reflect on the 2020-21 accounts preparation and audit process, and to agree areas for improvement in 2021-22. These mainly relate to the Remuneration and Staff Report.
- 22 I also undertook a review of the Whole of Government Accounts return (LMS 2) and reported that there were some inconsistent classifications between the accounts and the return. The Health Board should look to address any inconsistencies in 2021-22.
- 23 My separate audit of the Health Board's Charitable Funds Account is currently ongoing. Officers are currently undertaking some additional work and I expect to complete my audit in January 2022.

Regularity of financial transactions

- 24 The Health Board achieved financial balance for the three-year period ending 31 March 2021 and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within the Health Board's 2020-21 accounts.
- 25 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 26 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. The Health Board achieved financial balance over the three years to 2020-21 as shown in **Exhibit 1**. The Health Board therefore met its statutory duty to breakeven over the three years.

Exhibit 1: financial position at year-end

Financial year	Revenue surplus £000	Capital surplus £000
2018-19	65	12
2019-20	55	3

Financial year	Revenue surplus £000	Capital surplus £000
2020-21	143	27
Total	263	42

- 27 The Health Board met both of its financial duties: to achieve financial balance (as set out above) and to have an approved three-year plan in place.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 28 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:

- examining how NHS bodies have responded to the challenges of delivering the Test, Trace, Protect programme.
- reviewing the governance arrangements of the Welsh Health Specialised Services Committee.
- reviewing how well the rollout of the COVID-19 vaccination programme was progressing.
- reviewing how NHS bodies supported staff wellbeing during the COVID-19 pandemic.
- undertaking a phased structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.
- reviewing the effectiveness of the Health Board's quality governance arrangements.

- 29 My conclusions based on this work are set out below.

Test, Trace, Protect programme

- 30 My work examined how public services responded to the challenges of delivering the Welsh Government's Test, Trace, Protect Programme (TTP). As well as

commenting on the delivery of TTP up to and including December 2020, my report set out some key challenges and opportunities that will present themselves as part of the ongoing battle to control COVID-19.

- 31 I found that the different parts of the Welsh public and third sector had worked well together to rapidly build the TTP programme. The configuration of the system blended national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.
- 32 Arrangements for testing and contact tracing have evolved as the pandemic has progressed. But maintaining the required performance in these arrangements proved challenging in the face of increasing demand.
- 33 Despite increased testing and tracing activity, the virus continued to spread, and as in other parts of the UK and internationally, testing and tracing have needed to be supplemented with local and national lockdown restrictions in an attempt to reduce transmission rates.
- 34 While a range of support mechanisms exist, it remains difficult to know how well the 'protect' element of TTP has been working in supporting people to self-isolate.

Welsh Health Specialised Services Committee governance arrangements

- 35 In May 2021, I published my review on the governance arrangements of the Welsh Health Specialised Services Committee (WHSSC). WHSSC is a joint committee made up of, and funded by, the seven local health boards in Wales. On a day-to-day basis, the Joint Committee delegates operational responsibility for commissioning to Welsh Health Specialised Services officers, through the management team. WHSSC, which is hosted by Cwm Taf Morgannwg University Health Board, has an annual budget of £680 million and makes collective decisions on the review, planning, procurement, and performance monitoring of specialised services for the population of Wales on behalf of health boards.
- 36 In 2015, two separate reviews highlighted issues with WHSSC's governance arrangements. Considering the time passed since the two reviews, together with increasing service and financial pressures and the changing landscape of collaborative commissioning, I felt it was timely to review WHSSC's governance arrangements.
- 37 My review found a number of improvements have been made to the overall governance arrangements in WHSSC since 2015. Good progress has been made to strengthen arrangements for quality assurance of specialised services, although scope still exists to increase the attention given to finance, performance, and quality reporting at Joint Committee. There is also a need to review the arrangements for recruiting and remunerating independent members that sit on the Joint Committee given some of the challenges in filling these roles. Current Joint Committee members have a healthy working relationship and operate well

together. However, the current model creates potential conflicts of interest due to the fact some Joint Committee members are also the Chief Officers of the health bodies commissioned to provide specialised services.

- 38 My review found that arrangements for planning commissioned services are generally good and there is an improving focus on value. However, some key new services such as new service models for major trauma and thoracic surgery have taken a long time to agree and implement. My review also found that the COVID-19 pandemic has significantly affected the delivery of specialised services, and that the development of a plan for the recovery of specialised services should now be a priority. The Welsh Government's long-term plan for health and social care, A Healthier Wales, signals the intention to review a number of hosted national functions, including WHSSC, with the aim of 'consolidating national activity and clarifying governance and accountability'.
- 39 Whilst the governance arrangements for WHSSC have continued to improve, my report shows that there are still a number of facets of the WHSSC model that merit further attention.

Vaccination programme

- 40 My audit focused on the rollout of the COVID-19 programme in Wales up to June 2021, the factors that affected the rollout and future challenges and opportunities.
- 41 The vaccine programme has delivered at significant pace. At the time of reporting, vaccination rates in Wales were the highest of the four UK nations, and some of the highest in the world. The milestones in the Welsh Government's vaccination strategy provided a strong impetus to drive the programme and up to the time of reporting, the key milestones had been met.
- 42 The UK's Joint Committee on Vaccination and Immunisation (JCVI) guidance on priority groups was adopted but the process of identifying people within some of those groups has been challenging.
- 43 The organisations involved in the rollout have worked well to set up a range of vaccination models which make the best use of the vaccines available, while also providing opportunities to deliver vaccines close to the communities they serve.
- 44 Overall vaccine uptake to the time of reporting was high, but there was a lower uptake for some ethnic groups and in the most deprived communities. At the time of the audit, vaccine wastage was minimal, but concerns were emerging about non-attendance at booked appointments.
- 45 The international supply chain is the most significant factor affecting the rollout, with limited vaccine stock held in Wales. However, increasing awareness of future supply levels was allowing health boards to manage the vaccine rollout effectively.
- 46 As the programme moved into the second half of 2021, challenges presented themselves around encouraging take-up amongst some groups, vaccine workforce resilience and venue availability. A longer-term plan was needed to address these and other elements of the ongoing vaccination programme.

How NHS bodies supported staff wellbeing during the COVID-19 pandemic

- 47 My review considered how NHS bodies have supported the wellbeing of their staff during the pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.
- 48 NHS staff have shown tremendous resilience and dedication throughout the pandemic, despite facing huge strains to their mental and physical health. The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic, and the crisis has highlighted the importance of supporting the mental and physical health of the NHS workforce.
- 49 Through my Structured Assessment work, I found that NHS bodies moved quickly at the beginning of the pandemic to enhance wellbeing initiatives to support staff through unprecedented times. As the pandemic unfolded, I found that NHS bodies in Wales implemented a range of measures to improve staff wellbeing, such as creating dedicated rest spaces, increasing mental health and psychological wellbeing provision, enhancing infection and prevention control measures, and enabling remote working.
- 50 My work also looked at how NHS bodies in Wales protected staff at higher risk from COVID-19. Amongst other safeguarding initiatives, I found that all bodies rolled out the All-Wales COVID-19 Workforce Risk Assessment Tool which identifies those at a higher risk and encourages a conversation about additional measures to be put in place to ensure staff are adequately protected. Although NHS bodies promoted and encouraged staff to complete the assessment tool, completion rates varied between NHS bodies.
- 51 While the crisis has undoubtedly had a considerable impact on the wellbeing of staff in the short term, the longer-term impacts cannot be underestimated. With a more emotionally and physically exhausted workforce than ever, NHS bodies in Wales must maintain a focus on staff wellbeing and staff engagement to navigate through the longer-term impacts of the crisis. My report, therefore, is accompanied by a checklist which sets out some of the questions NHS Board members should be asking to ensure their health bodies have good arrangements in place to support staff wellbeing.

Structured assessment

- 52 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they continue to respond to the pandemic. My team undertook the work into two phases this year:

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- phase 1 considered the planning arrangements underpinning the development and delivery of the operational plan for quarters three and four of 2020-21.
- phase 2 considered how corporate governance and financial management arrangements adapted over the year. Auditors also paid attention to progress made to address previous recommendations.

Operational planning arrangements

- 53 My work considered the Health Board's operational planning arrangements underpinning the operational plan for quarters three and four of 2020-21. The planning framework covered the maintenance of effective and efficient operational planning arrangements in health bodies to guide their response to the pandemic as well as responding to winter pressures and laying the foundations for effective recovery of services.
- 54 My work found that the Health Board has effective operational planning arrangements, underpinned with good arrangements to engage with staff members and the public, and to monitor delivery of operational plans.
- 55 The Health Board's plan for quarters three and four was submitted to the Welsh Government within the required timeframe, covers the necessary areas within the planning framework guidance and received independent member scrutiny.
- 56 The Health Board's operational planning arrangements are robust, and plans were developed through extensive engagement with staff and the public. The Health Board had good arrangements for monitoring and reporting on the delivery of the operational plans to the Board, albeit that the use of delivery milestones was temporarily stood down which made assessment against delivery difficult.

Governance arrangements

- 57 My work considered the Health Board's ability to maintain sound governance arrangements while having to respond to the unprecedented challenges presented by the pandemic. The key focus of the work has been the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We also considered how business deferred in 2020 was reinstated and how learning from the pandemic is shaping future arrangements for ensuring continued good governance and recovery.
- 58 The Health Board has generally good Board and committee arrangements and has recently revised the committee structure following an internal review and informed by learning through the pandemic. However, there are a number of gaps within the corporate governance team which will need to be managed effectively. The transparency of Board business to the public is good, and the Health Board's Chief Executive has undertaken well publicised live public question and answer sessions. However, recently some agenda papers are provided late to Board and committees which could potentially affect the ability of independent members to

scrutinise them effectively. A number of independent members will be leaving the Health Board soon, and formal induction training is needed to help new members ease quickly into their roles.

- 59 My work also found that the Health Board has set out its plans for managing COVID-19 and renewal/transformation of healthcare services. Plans are supported with specific, measurable and timebound actions for delivery, and there is good oversight and monitoring of progress through the Health Board's committees. There is good evidence of partnership working with commissioned services, and oversight of this work is good.
- 60 Whilst there is good Board scrutiny of risks, the Board Assurance Framework needs to be updated to reflect risks to achieving new strategic priorities. There is further work to do to fully address recommendations from Internal Audit reports on risk management in 2019 and 2020. The Health Board is revising its risk management framework. The work will need to demonstrate that operational risks on departmental and directorate risk registers are escalated appropriately. Comprehensive training will need to be rolled out to staff. Although good arrangements are in place to monitor progress on audit and review recommendations, actions to address a number of recommendations which were reprioritised are now overdue.

Managing financial resources

- 61 I considered the Health Board's financial performance, financial controls and arrangements for monitoring and reporting financial performance.
- 62 I found that the Health Board has good arrangements to manage its financial resources and continues year on year to meet its financial duties. Financial controls are effective, and the Health Board uses clear, financial information to monitor and report its performance. However, the delivery of savings will be challenging this year, with all savings to be achieved profiled across the last six months of the financial year. Further work is also needed to ensure timely reporting to the Delivery and Performance committee.

Quality governance arrangements

- 63 My audit 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.
- 64 My work found that there is a clear commitment to ensure high-quality commissioned and provided services, supported by corporate frameworks, and improving risk management. The Health Board is committed to growing its quality improvement capacity, and there has been better use of clinical audit. There is a well-established values and behaviours framework in place and staff feel supported

to raise concerns. The Health Board has a range of formal mechanisms for capturing patient experience and work is underway to develop a new Patient Experience Engagement Framework and Strategy and implement a new real time system to capture patient feedback. The introduction of the new Clinical Quality Framework is positive, and its roll out is starting to strengthen operational governance, alongside an increase in resources. Recent developments have strengthened lines of accountability and oversight of scrutiny to improve flows of assurance.

- 65 However, the quality priorities and success measures need to be clearer in order to measure impact and improvement. Work on capturing patient feedback needs to be more consistent and there needs to be better systems for demonstrating learning. Health Board resources to support quality governance are limited, and historical capacity constraints within the concerns team are affecting the timeliness of responses to complaints. There is scope to broaden the current performance reporting to ensure a clearer focus on quality matters covering the breadth of services provided and commissioned, as well as developing a quality dashboard reflecting the unique nature of the Health Board. Due to the majority of healthcare being provided by commissioned services, the Health Board will need to continue to utilise its good partnership working arrangements to ensure Powys residents are appropriately prioritised by providers to ensure good patient outcomes.

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Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2021.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2021
Opinion on the Financial Statements	June 2021
Performance audit reports	
Doing it Differently, Doing it Right? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS governance during COVID-19)	January 2021
Test, Trace, Protect in Wales: An Overview of Progress to Date	March 2021
Welsh Health Specialised Services Committee Governance Arrangements	May 2021
Rollout of the COVID-19 vaccination programme in Wales	June 2021
Structured Assessment 2021: Phase 1 Operational Planning Arrangements	June 2021
Taking care of the carers? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS staff wellbeing during COVID-19)	October 2021

Report	Date
Quality Governance Review	October 2021
Structured Assessment 2021: Phase 2 Corporate Governance and Financial Management Arrangements	December 2021
Other	
2021 Audit Plan	February 2021

My wider programme of national value for money studies in 2021 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There are a number of performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Unscheduled care	Phase 1 – February 2022 Timing of further work included as part of the 2022 plan still to be confirmed.
Orthopaedics	March 2022
Review of the Health Board's Renewal Programme	March 2022

Appendix 2

Audit fee

The 2021 Audit Plan set out the proposed audit fee of £262,655 (excluding VAT). My latest estimate of the actual fee is in keeping with the fee set out in the outline

The estimated fee set out in the 2021 Audit Plan did not include the audit of the 2020-21 Charitable Funds Account. I will report the actual fee for this audit following completion of audit work, which is scheduled for January 2022.

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Appendix 3

Financial audit risks

Exhibit 4: financial audit risks

My 2021 Audit Plan set out the financial audit risks for the audit of the Health Board's 2020-21 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	The audit team will: <ul style="list-style-type: none">• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;• review accounting estimates for biases; and• evaluate the rationale for any significant transactions outside the normal course of business.	I reviewed a sample of the accounting estimates and a sample of transactions that included journal entries. I did not identify any significant transactions outside the normal course of business. My audit findings were satisfactory.
There is a risk that you will fail to meet your first financial duty to break even over a three-year period. The position at month 9 shows a year-to-date deficit of £8,000 and a forecast year-end breakeven position. This combined with the outturns for 2018-19 and 2019-20, predicts a three-year surplus of £120,000.	The audit team will undertake testing on areas of the financial statements which could contain reporting bias.	As set out in this report, my audit confirmed that the Health Board met its financial duty to break even over a three-year period. I substantively tested a sample of transactions and balances. My audit findings were satisfactory.

Audit risk	Proposed audit response	Work done and outcome
<p>Your current financial pressures increase the risk that management judgements and estimates could be biased in an effort to achieve the financial duty.</p>		
<p>The COVID-19 national emergency continues and the pressures on staff resource and of remote working may impact on the preparation and audit of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p>	<p>We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.</p>	<p>I did not identify any issues with your closedown process. I did however report errors in the draft Remuneration and Staff report and I raised a recommendation for improvement in the Health Board's quality monitoring arrangements.</p>
<p>The increased funding streams and expenditure in 2020-21 to deal with the COVID-19 pandemic will have an impact on the risks of material misstatement and the shape and approach to our audit. Examples of issues include fraud, error, and regularity risks of additional spend, treatment and valuation of PPE and equipment and estimation of annual leave balances.</p>	<p>We will identify the key issues and associated risks and plan our work to obtain the assurance needed for our audit.</p>	<p>I substantively tested a sample of transactions and balances. My audit findings were satisfactory.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>The implementation of the 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff is ongoing. Last year we included an Emphasis of matter paragraph in the audit opinion, drawing attention to your disclosure of the contingent liability. However, if any expenditure is made in year, we would consider it to be irregular as it contravenes the requirements of Managing Public Monies.</p>	<p>We will review the evidence one year on around the take up of the scheme and the need for a provision, and the consequential impact on the regularity opinion.</p>	<p>No expenditure was incurred during 2020-21, and the Health Board included a narrative contingent liability disclosure in its accounts. As set out in this report, I included an Emphasis of Matter paragraph in my audit opinion, and I issued a substantive report to provide further information on the matter.</p>

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We welcome correspondence and
telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.

Report:	Chief Officer's Report
Author:	Katie Blackburn
Status:	For Information
Date:	26th January 2022 (report to 17th January 2022)

1. Gathering Public and Patient Feedback

Whilst the situation with Covid-19 continues, our main way of engaging with the public is through digital methods, via 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:

1 November	Shrewsbury & Telford Hospital NHS Trust (SATH) Public Assurance Forum
9 & 10 November	Rural Health & Care Conference
15 November	SATH meeting to discuss Women's Health and development of a survey
15-19 November	Powys Association of Voluntary Organisations (PAVO) Annual Conference – this included a number of workshops and 'expert sessions' and culminated in the AGM on 19 November

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18 November	Pelvic Health Steering Group
23 November	PAVO Newtown Community Workers Network Meeting
23 November	The Volunteer Conference: Managing, Engaging and Supporting Volunteers
24 November	Powys Teaching Health Board (PTHB) Board Meeting
25 November	Mid Wales Joint Committee Public and Patient Involvement Steering Committee
1 December	PAVO Llandrindod, Rhayader & Builth Wells Community Workers Network Meeting
2 December	PTHB Mental Health Engage to Change Meeting
2 December	SATH / Healthwatch / CHC Meeting
2 December	Powys Dementia Standards of Care Task & Finish Group
9 December	SATH Women's Health Survey Workshop
15 December	CHC/Public Services Ombudsman for Wales Workshop
15 December	Board of CHCs Corporate Governance Committee
15 December	Board of CHCs Standards & Performance Committee
16 December	Board of CHCs Joint Services Planning & Change Committee

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.

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We are still holding our online briefing sessions for CHC members on a fortnightly basis. The PTHB Programme Director for COVID Vaccination and Test, Trace, Protect has attended some of the sessions to provide updates to members.

The meetings also 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. In addition, 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

Members will be aware that we arranged a pilot 'virtual visit' to Victoria Memorial Hospital, Welshpool, in October, when the plan was for members to speak to patients via video call. The visit had to be cancelled due to internet connection issues on the ward.

I am pleased to report that the internet issues have been resolved and we were able to re-arrange the visit, which took place on 29 November 2021. One CHC member was able to speak to four patients, all of whom provided positive feedback about their hospital stay.

We had to cancel the visit to Felindre Ward in Bronllys Hospital because of a recent outbreak of COVID. The visit is being re-arranged for a date in January.

Face-to-Face Engagement

Although we had plans for a number of face-to-face engagement events during November and December, only one was able to go ahead. Two CHC members joined staff on a stand in the Market Hall in Welshpool on 30 November. Key themes that came from the discussions included access to GP services, concerns about access to dental services and referral to mental health services. We heard compliments about the vaccination centre in Newtown.

A new plan is being developed in the hope that we will be able to re-commence face-to-face engagement in the spring.

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 and surveys.

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 488 followers on Twitter and 759 followers on Facebook.

Surveys

The All Wales CHC survey 'NHS Care After COVID' 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://forms.office.com/r/5RvpLDm0kv>.

We are develop our priorities and plans for 2022/23. Between November 2021 and January 2022, we have been giving people the opportunity to tell us what areas of work they think we should focus on, by completing our online survey. At the time of writing this report, we have received 113 responses and we would like to thank everyone who has taken the opportunity to share their thoughts. So far, the key themes emerging from the survey submissions are – face-to-face appointments with a GP, mental health services, ambulance waiting times and access to dental treatment.

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Reports

Survey of Young People about Mental Health Support

We published our report on the survey we did with young people about mental health and wellbeing support available to them throughout the pandemic. This has been shared with our stakeholders and on social media. The report is available on our website [here...](#)

We will be undertaking a follow up (including actions) in Spring 2022.

2. Powys CHC Website

[Home - Powys Community Health Council \(nhs.wales\)](#)

3. 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.

Executive Committee decisions relating to service change during this period:

- Ratification of Proposed changes to Crickhowell Practice boundaries

The proposal was agreed:

it was noted that the CHC had received assurance that this proposal did not impact on Powys patients.

Observations:

that the practice communicates these changes with its patients/ on the web-site

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- Change of provider for Paediatric Inherited Metabolic Disorder

The Executive Committee consider this report and proposal for an urgent service change. The Executive Committee had no further comments/ actions for WHSCC to consider.

- Change of provider for a Tertiary Thrombectomy Service in South Wales

Informal conversations have taken place with Health Board Engagement Leads. WHSSC is engaging with CHCs. It was agreed that Health Boards and WHSSC to now engage with stakeholders.

The Executive Committee had no further comments/ actions for WHSCC to consider.

4. 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

Open Cases as of 14th January 2020: **36**

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
7	21	0	3	1	3	1	36

New Cases 30th October 2021- 14th January 2022: **6**
 Closed Cases 30th October 2021- 14th January 2022: **10**

Number of Complaints	Number of Incidents
36	47

5. Members

David Collington has been elected as Chair of Powys CHC; elections are currently being undertaken for the position of Vice-Chair.

6. Citizens Voice Body

The process for the recruitment of the Chair, Vice-Chair and six Non-Executive Directors is now open – the closing date is 16.00 on 1st February 2022.

[Public Appointments - Welsh Government \(tal.net\)](https://tal.net)

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 ensuring that any issues can be resolved as soon as possible.

Thank you.

Katie Blackburn

Prif Swyddog, CIC Powys/ Chief Officer, Powys CHC

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AGENDA ITEM: 3.8a

BOARD MEETING		DATE OF MEETING: 26 January 2022
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
	✓	

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 November and December 2021 is attached at **Appendix A.**

Charitable Funds Committee:

The Committee Chair's Report of the meeting held on 1 December 2021 is attached at **Appendix B.**

Patient Experience, Quality and Safety Committee

- The Committee Chair's Report of the meeting held on 2 December 2021 is attached at **Appendix C.**

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 30 March 2022.

Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	12 th January 2022
Paper prepared on:	14 th January 2022

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 17th November, 1st December, 15th December 2021 and 12th January 2022.

17th November 2021

1. Transfer of Local Public Health Teams

The Committee RECEIVED the item which provided an overview of discussion to transfer the local public health teams functions (LPHTs) from Public Health Wales (PHW) to Health Boards across Wales from 1st April 2022. The staff transfer would be managed as a TUPE process and consultation would take commence on 1st January 2021. The Committee welcomed the report and noted that further discussion regarding Organisational Design would be required.

2. Workforce and OD Policies

The Committee received and discussed the following WOD Policies:

- Lease Car Policy and Procedure
- NHS Wales Travel and Subsistence Policy
- Adverse Weather Policy
- Overtime and Over Contract Hours Policy

The Committee APPROVED the updated Policies and NOTED that the Adverse Weather Policy had been aligned to the PTHB Severe Weather Plan.

3. Review of Band 4 Roles in Ward Staffing

The Committee RECEIVED the item which provided an update in relation to Assistant Practitioner (Nursing) roles which had been introduced

across Wales in a range of work areas, including in-patient and community services. While it was critical that these posts were not viewed as a role substitution for Registered Nurses, it was recognised that there was a need to enhance and complement the current workforce. Powys Teaching Health Board recruited into Assistant Practitioner (Nursing) roles during late 2019. Whilst not formally evaluated, the activities above have released some capacity for the registered nursing establishment and have enabled delegation of a wider range of activities. It was agreed that a national role for a Band 4 Nursing Assistant Practitioner would not be applicable to Powys, due to the volume of patients within wards. It was suggested that scaling in the right setting, such as outpatients, theatres and endoscopy may be more beneficial for Powys as non-registrants are able to train within a much smaller scope and undertake a more specialised approach. The Committee APPROVED the consideration of Assistant Practitioner (Nursing) roles within the Community Services Group, with the option to consider further utilisation at a later date.

4. Finance Report, Month 7

The Committee RECEIVED which provided an update on the October 2021 (Month 07) Financial Position including Financial Recovery Plan (FRP) delivery and COVID-19. The Committee DISCUSSED and NOTED the following matters:

- month 7 2021/22 financial position.
- the actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery.
- COVID-19 Report position reported on page 8 and in the attachments detailed in appendix 1.
- additional risks on delivery of balanced position at 31st March 2022.
- underlying financial position and potential actions to deliver recurrent breakeven for 2022/23.

The Committee APPROVED the COVID-19 Report position reported.

5. Integrated Quality Report, Directorate of Primary, Community Care and Mental Health

The Committee RECEIVED the summary of patient quality and safety metrics across three service groups within the Directorate of Primary, Community Care and Mental Health. The report consolidated information across the three service groups for the period up to September 2021. The Committee agreed that further work needed to be undertaken to ensure that future iterations provided assurance, as well as information. It was suggested that the introduction of a CAF approach may be beneficial and that the effects of Goal 5 (Intelligence) of the Quality Governance Framework would support this work.

6. Safeguarding Annual Report

The Committee RECEIVED the report which provided an overview of the key areas of development and achievement which had supported the health board to meet its statutory responsibilities in safeguarding the people of Powys during 2020/21. The report was aligned to the Standards of the Safeguarding Maturity Matrix; a self-assessment tool which addressed the interdependent strands regarding safeguarding; service quality improvement, compliance against agreed standards and learning from incidents and reviews.

7. Commissioning Escalation Report

The Committee RECEIVED the report which provided an overview of providers in Special Measures or scored as Level 4 and above under the PTHB Commissioning Assurance Framework. Discussion took place regarding the key issues of concern and areas for close monitoring.

8. Serious Incidents and Concerns Report

The Committee RECEIVED the item which provided an overview of the way in which Putting Things Right was discharged within the health board, along with compensation claims activity for the period 1 August 2021 to 31 October 2021. It was reported that there had been a sustained improvement in handling concerns, with 62% responded to within 30 days and the vast majority responded to within 60 days. The paper also shared the health board's approved Patient Experience Framework and reflected upon the requirements of the Clinical Quality Framework Goal 1. This aims to implement the Darzi model for clinical quality, encompassing safety, effectiveness and patient experience. It was noted that the previous iteration of the report had included an analysis of trends over an 18 month period. This had not been possible on this occasion as a result of issues with the data that were due to the implementation of the Once for Wales Concerns Management System (OFWCMS).

9. Inspections and External Bodies Report and Action Tracking

The Committee RECEIVED the item which provided an overview of activity relating to Healthcare Inspectorate Wales (HIW) inspections including the notification of an inspection of the Brecon and District Community Mental Health Team, which was scheduled to take place on 14th and 15th December 2021. A Quality Assurance Inspection by Cervical Screening Wales was to be undertaken on the Colposcopy Service at Newtown Hospital on 23rd November 2021. A reporting dashboard was also provided, relating to the implementation of actions in response to recommendations from the Health and Social Care Regulators. An overview of Action Tracking was also included with most outstanding actions relating to mental health and maternity and were linked to estates issues.

10. Quality Improvement Programme including Learning Report and Research and Innovation Report

The report provided an update on quality improvement activity within Powys Teaching Health Board (PTHB). The Committee requested that consideration be given to how the improvement and innovation team could align to support the urgent winter priorities. It was noted that Training into Action was due to be implemented in Quarter 1 and the it was suggested that the Bevan Commission Exemplar Programme may be an option to support and develop local staff.

11. Mental Health Act Compliance Report, including a report of the Power of Discharge Sub-Group

The Committee received the item which provided an overview of specific metrics for the Mental Health and Learning Disabilities (MHLD) service group for the period July to September 2021.

The report also included data from the Commissioning Assurance Framework (CAF) for Mental Health and Learning Disabilities (MHLD) Service Group as a quality assurance and performance process within the health board and reflected the service progress against the Mental Health (Wales) Measure 2010. The paper included indicators in addition to the Mental Health Measure, highlighting wider quality components of the MHLD services.

The Committee welcomed the report and the assurance provided.

12. Primary Care quality governance arrangements in General Medical Services, General Dental Services and Pharmacy

The Committee received the item which provided an overview of the Quality Governance arrangements in General Medical Services (GMS), General Dental Services (GDS) and Pharmacy. Monitoring and assurance was provided using the health board's Commissioning Assurance Framework (CAF). The overarching principles of the CAF for both GMS and GDS were the same and provided a continuous holistic assurance process that PTHB was effectively commissioning safe, high-quality and sustainable primary care services. An annual CAF summary Report would be presented to the Delivery & Performance Committee in December. Community Pharmacy did not have a CAF in place at the time of the meeting. Community Pharmacy contractors operate in line with a contractual framework, as set out in the NHS (Pharmaceutical Services) (Wales) Regulations 2020. This national framework was under revision at the time of the meeting, with a new iteration expected to be phased in from April 2022. Assurance of compliance with contractual requirements was gained through online toolkits, contract management visits and access to national information relating to the provision of enhanced and advanced services.

13. Investment Benefits Group Summary Report

The Committee RECEIVED the item which provided:

- an overview of all cases presented and discussed at the IBG Panel;
- list of those cases which have been returned to the author for further work or additional information following review and the reasons for this;
- full details, by way of an embedded copy of the case, which having been reviewed by the IBG Panel are considered ready for presentation to the Executive Team for both discussion and approval;
- clarity on where the budget would be:
 - transferred from linked to the benefits/savings; and
 - transferred to in order to support the investment required and associated increase in expenditure.
- a summarised position of the investments agreed by the Executive Team for the current financial year, and a 6, 12 and 24 monthly updates on the realisation of the benefits delivered for all cases approved.

The Committee NOTED the report and welcomed the progression to the next phase.

1st December 2021

1. General Medical Services and General Dental Service Assurance Report

The item presented sought to provide assurance to the Executive Committee in relation the General Medical Services (GMS) Commissioning Assurance Framework (CAF) process applied to the 2020/2021 contract year. It was reported that a Commissioning Assurance Framework had been in place for all GMS practices in 2021/22, including Prestiegne which was health board managed however it was noted that only measures linked to regulation could be enforced by the health board.

In 2021/22, due to the impact of the pandemic, the majority of the focus had been core contract delivery therefore, despite capturing CAF data for the period, it was incomparable to previous years. The Committee was assured that despite this, a number of monitoring processes had been undertaken such as an annual return, triannual practice review visits and a review of any CAF breaches. The Committee recognised the difficulty in comparing data from the last two years, welcomed the use of the GMS CAF and NOTED the report.

The Committee was also provided with an update regarding the General Dental Services (GDS) CAF reporting which included a framework on Quality & Safety, Finance, Access and Patient Experience. The CAF

reporting was updated on a monthly basis and internal assurance was delivered through the General Dental Services Monitoring Meetings. The GDS CAF monitored general dental services contracts only and at the time of the meeting the health board had 23 GDS contracts in place. Due to the pandemic, national contract changes had been introduced around various aspects of the delivery of dental services. The main metric of 'unit of dental activity' (UDAs) to assess achievement of GDS contract delivery was suspended at the start of the pandemic and this continues to be the case. This change had not been enforced via updated legislation. The monitoring of the dental contract in 2020/21 had been complex and the various assurance components within the CAF had to be adapted to reflect current contract and commissioning expectations. The Committee NOTED the report and requested that further detail be included, particularly in relation to patient experience in future iterations of the paper.

2. Funded Nursing Care: Uplift 2021/2022

The Committee noted that in March 2021 a paper was presented to Board on the 'Funded Nursing Care (FNC): Methodology to apply for 2021/2022'. The paper presented to the Executive Committee sought approval for the actual percentage uplift to be applied to FNC in 2021/22 in line with the methodology agreed by the Board. The Committee APPROVED the uplift of 2.89% as recommended in the paper and the Chief Executive confirmed that this matter would be included within the next Executive Committee Chairs Assurance Report to the Board for endorsement.

3. Llanwrtyd Wells Pharmacy

It was reported that on 2nd September 2021, P & C Davies formally served notice of their intention to cease provision of pharmaceutical services from the Builth Wells Medical Practice branch surgery premises in Llanwrtyd Wells, at the end of December 2021.

From 1st January 2022, there would be a gap in pharmaceutical service provision in the Llanwrtyd Wells area.

Expressions of interest had been sought from: -

- All pharmaceutical services contractors in PTHB
 - One expression of interest had been received
- Pharmaceutical services contractors in Llandovery, Lampeter and Llandeilo.
 - No expressions of interest received

Executive Committee considered the conditions that had been attached the singular expression of interest received. It was AGREED that procurement would need to be closely aligned to the managing of the situation. The Committee AGREED the recommendations IN PRINCIPLE subject to the receipt of legal advice.

4. Audit Wales Response: Caring for Carers

The Committee RECEIVED the item which provided an overview of the response to Audit Wales against their recommended actions to support staff well-being. The Committee welcomed the comprehensive nature of the response and recognised the inclusion of Caring for Carers in both the Annual Plan and Integrated Medium Term Plan (IMTP).

5. Enhanced Bank Pay Rates

In November 2021, a national advisory notice was issued to enable organisations to respond to the increased workforce demands post the COVID-19 response and to support service resilience. These provisions were temporarily available until March 2022. The model enabled enhanced levels of pay to support organisations to fill 'hard to fill' shifts as an alternative to seeking agency usage. The paper also provided:

- An analysis of the success of the previous hard to fill rates utilised for bank staff
- The application of the rates, including the circumstances in which the rate could be deployed and the roles to which they could apply
- The governance and monitoring arrangements.

The Committee APPROVED the proposal on the basis that the enhanced rate was implemented in specific circumstances. Each deployment would be approved by the Executive Committee, the rate would be available on a time limited basis (the remainder of winter) and would be closely monitored by the Executive Committee who reserved the authority to repeal the enhanced rate should performance be unfavourable.

6. Smoke Free Regulations Compliance Update

The Committee RECEIVED the item which provided an update against the compliance of Powys Teaching Health Board with Smoke-free Premises and Vehicles (Wales) Regulations (2018), which came into effect on 1st March 2021. The report also highlighted:

- actions taken in partnership to ensure enforcement measures can be taken if required.
- the local communication that has supported smoke free compliance.
- recent activities carried out by the smoking cessation team to assure compliance with the smoke free regulations by PTHB staff and patients.
- assurance in relation to the actions required for the Health Board to meet its legal requirements in terms of Smoke-free Regulations.

The Committee NOTED the report.

7. Llandrindod Phase 1 Project Letter of Claim, November 2021

The Committee RECEIVED the item and SUPPORTED the recommendations. It was AGREED the item would be taken forward to a forthcoming In-Committee meeting of the Delivery and Performance Committee.

8. Revised Civil Contingencies and Business Continuity Plans

The Committee noted that the plans were updated on an annual basis and were due to be presented to the Board on 26th January 2022. Minor amendments had been made to encourage further clarity and flexibility to enable links with matters such as security and cyber security. It was noted that there was a separate document for the management of pandemics, the Pandemic Framework which would be updated in due course. The Committee SUPPORTED the revised plans for presentation to Board on 26th January 2022.

9. Internal Audit Progress Report, November 2021

The Committee RECEIVED and NOTED the progress report for information.

15th December 2021

1. Chief Executive's Briefing

The Committee received an update in relation to the announcement's made by the Prime Minister and First Minister on 12th December and 13th December respectively that booster vaccinations would be offered to all adults by 31st December 2021. All Wales Chief Executives had discussed the need to balance this with the risk in relation to system resilience. The surge in Omicron cases was discussed and it was suggested that staff absence could be at 25% in coming weeks due to sickness and isolation requirements. Welsh Government had requested information in relation to surge capacity by 16th December. The Committee AGREED that the COVID-19 Gold Group would be reconstituted from 16th December 2021 on a daily basis for 1 hour to enable rapid decision making over the coming weeks.

2. Mental Health Planning and Development Partnership Board Annual Report 2020-2021

The Committee RECEIVED and APPROVED the 2020-21 Report.

3. PTHB Sign up to Macmillan's e-Holistic Needs Assessment Tool

The Committee RECEIVED the item which sought to provide patients with a questionnaire in relation to their wishes to avoid repetition. Information Governance and IT had reviewed the tool and confirmed

their support. The tool would be funded by MacMillan. The Committee APPROVED the E-Holistic Needs Assessment Tool.

4. Health Child Wales Programme

The Committee RECEIVED the item and noted that there had been long term issues in relation to data reporting into Welsh Government and digital governance. Data often did not align to the services provided. The Committee NOTED that due to the data issues Powys was the worst performing health board in Wales. It was confirmed that further resource for integration of data would be required. An item would be taken forward to the Investments Benefits Group and returned to the Committee for consideration.

5. General Medical Services Access Review

The Committee RECEIVED the item which provided an overview of GMS access in November 2021. It was recommended that the Committee progress Option 4 provided in the report which would:

- Continue to offer a minimum 75% activity achievement level threshold for all LES and NES against a 100% payment guarantee, effective from 1st January 2022 until 31st March 2022;
- Offer £160k PTHB renewal funding to support practices in paying for additional resources (both clinical and non-clinical) where required to increase capacity and deliver additional activity to support patient demand from 1st January 2022 until 31st March 2022;
- Work with cluster leads to match fund the £160k renewal fund out of cluster funds

The Committee APPROVED Option 4 and NOTED the framework for tracking GMS activity.

6. Primary and Community Care Escalation Framework

The Committee RECEIVED and NOTED the framework for information.

7. Workforce and OD Policies

The Committee RECEIVED and APPROVED the following Workforce and OD Policies:

- Agile Working Policy
- Maternity, Paternity, Adoption and Surrogacy Policy and Procedure
- Work Placement and Work experience Policy

8. E-Scheduling District Nursing Malinko Project

The Committee received the report which proposed investment in the procurement and adoption of the Malinko Intelligent Service Management System within Community Nursing Services in Powys Teaching Health Board. It was noted that the system had been

mandated for use by Welsh Government and that the proposed investment had been reviewed by the Investment Benefits Group. The Committee APPROVED the proposed investment and NOTED the need for a Benefits Realisation Framework.

9. Digital First Updates

The Committee received the item and noted the actions undertaken to strengthen the Cyber Security and Assurance function, including the change to the Section 33 agreement. The Committee APPROVED support for raising awareness and increased levels of Cyber Security and Cyber Resilience at all levels to encourage a positive Cyber Security Culture. The Committee also APPROVED the inclusion Cyber Security as Mandatory Compliance Training via ESR.

The Committee RECEIVED and NOTED the Digital Governance update for information.

The Committee NOTED that the Digital First Strategic Framework had been paused whilst the Section 33 was under reassessment.

10. Finance Report, Month 8

The Committee RECEIVED the report and NOTED position, key pressures, actions, and links to the financial plan for 2022/23.

11. Initial Finance Plan/Outlook for 2022/23

The Committee noted the opening deficit of £9.5M and proposed a plan with a number of additional savings targets linked to the Integrated Medium-Term Plan (IMTP). The risk to key efficiencies were highlighted and it was noted that allocations were expected on 23rd December 2021. It was anticipated that a further understanding of any support due to the underlying deficit due to lack of savings would be forthcoming on 15th December 2021.

12th January 2022

1. Items for Ratification from COVID-19 Gold Group:

- MacMillan GP End of Life Co-ordinators (Gold Group 17th December 2021): It was reported that the GP End of Life Co-ordinators had been funded since mid-2018; originally with Macmillan Cancer Support funding but, since mid-2021, with PTHB funding. Funding was due to run out on 31 December 2021. Loss of the GP End of Life Co-ordinators would result in loss of knowledge and expertise in the development and strengthening of end of life care. It is felt that this would have a detrimental effect on care and experience of terminally ill

patients and their families and carers. The Committee RATIFIED the extension of the funding to March 2022 to allow for long term planning to take place. It was REQUESTED that the long-term plan be brought forward to the Committee in March 2022 for consideration.

- SBAR additional Dental Activity offer/tender for Llandrindod Wells (Gold Group 23rd December 2021): It was noted that there had been ongoing concern in relation to General Dental Services (GDS) activity in Llandrindod Wells, the immediate recommendation was to progress Option 3, however noting the financial exposure/risk to the current GDS budget. Option 3 offered immediate mitigation to improve GDS access to Llandrindod Wells especially due the vulnerability of the MyDentist Llandrindod Wells contract. It would also provide assurance on progress to the political leads cited on this issue. Alongside this, it was recommended to continue to progress Option 4 in the options appraisal, in the event the Option 3 tender process is not successful. The Director of Finance and IT noted that additional funding had been received and would be utilised. The Committee RATIFIED the recommended options presented.
- Alternative Provider of Medical Services (APMS) - Amendment and Position Update (Gold Group 23rd December 2021): It was noted that Red Kite had agreed to provide additional services in the South and Mid of Powys. It was proposed that the additional services provided were included within the current Alternative Provider of Medical Services (APMS). The Committee RATIFIED the decision and NOTED that national work on the APMS framework was due to be implemented from April 2022.

2. Hospital Volunteers

The Committee was provided with an update on the status of volunteer recruitment and request for permission to deploy those willing volunteers into ward areas across the organisation, to support our clinical response. The Committee was assured that all volunteers would undertake the necessary checks and training prior to deployment. The Committee APPROVED the deployment and recognised the work was part of the health board's Workforce Futures Strategic Framework.

3. Winter Resilience Enhanced Rates

It was reported that to support ward winter resilience, the Gold Group approved on 17th December 2021, a process to facilitate enhanced rates for both bank and substantive staff to cover "hard to fill" shifts in the organisation's inpatient settings. This process had been operationalised and therefore a review to understand the impact on supply was timely.

The review had helped to identify some suggested amendments and additions to the process and had confirmed that the enhanced rate appeared to increase the supply of health board staff. The Committee highlighted that ensuring staff well-being for the duration of enhanced rate use would be crucial and the Chief Executive requested that sickness is carefully monitored. The Committee was requested to extend the use of the enhanced rate to 31 March and support the addition of documentation for audit to the process. It Committee recognised the potential for resetting bank rates and AGREED that the end date would need to be made clear to staff. It was raised that the enhanced rate would be overlayed with other initiatives such as the use of volunteers and increased establishment to improve ward staffing. It was noted that overseas recruitment was underway, and Powys had requested 21 registrants, this would greatly reduce the need for enhanced rate use. The Committee APPROVED the extension and amendment to process and recognised the potential to supply more reliable care for Powys patients.

4. Raising Concerns Procedure

The Committee RECEIVED the procedure which would replace the national policy for Raising Concerns. The procedure identified the escalation process for raising concerns and the new procedure's remit was much broader than patient care and also applied to staff concerns. The need to monitor and analyse concerns was discussed and it was AGREED that a separate discussion would be held on data collection, data integration and links to the organisation's wider governance. It was noted that the cultural aspect of the procedure would be key, and that staff would need to be familiarised with the procedure. The updated procedure was due to be presented to the Local Partnership Forum on 20th January 2022. The Committee APPROVED the procedure for use in the health board.

5. Sustaining the COVID-19 Stores and Distribution Service

It was reported that the COVID-19 PPE Store and Distribution Service was established in April 2020 in response the emerging COVID-19 pandemic. The service initially operated with redeployed staff, and without a budget. The Executive Committee had already approved a proposal to place the service on a temporary but secure footing on 17th June 2020. Funding was initially agreed to September 30th 2021; this was then extended to March 31st 2022 in June 2021.

The Stores & Distribution Service has been funded through COVID-19 specific funds from Welsh Government. It is understood that these funds will not be available in the new financial year. The Committee recognised the undoubted improvement the stores had made and highlighted the efficiencies and potential for greater consolidation of supplies and distribution overall. The Committee APPROVED the continuation of the

PPE Store and Distribution Service on a 6-month basis and the inclusion of the service within the Integrated Medium Term Plan (IMTP) process.

6. Digital Infrastructure Investment

It was reported that as part of Powys Teaching Health Board's plan to modernise the digital services and infrastructure to ensure it is safe, secure, fit for purpose and future proofed, a potential proposal was submitted to Welsh Government in December 2021 following the announcement that Digital Priorities Investment Fund (DPIF) slippage funding (Capital and Revenue) was available.

The proposal submitted and approved from the DPIF fund totalled £1,555,600 (Capital) & £766,316 (Revenue) total £2,321,916 for Q4 21/22 with appropriate plans identified and in place to ensure expenditure and delivery before 31st March 2022. The Committee welcomed the report and national recognition that the health board was ready for further development. The Committee RATIFIED the allocation of the funding and the procurement of capital assets, consultancy and supporting workplan to utilise the funding as allocated.

7. Corporate Risk Register

The Committee RECEIVED and DISCUSSED the Corporate Risk Register. Further refinement would take place prior to presentation at the Board, particularly relating to the pandemic risks, workforce and the health and safety/fire risks.

8. Audit Recommendation Tracking

The Committee RECEIVED and DISCUSSED the Audit Recommendations Tracker.

9. Audit Wales Annual Report 2021/22

The Committee RECEIVED and NOTED that the item would be considered by the Audit, Risk and Assurance Committee on 20th January 2022.

10. Structured Assessment: Management Response

The Committee RECEIVED the Management Response which would be presented to the Audit, Risk and Assurance Committee on 20th January 2022. The Committee SUPPORTED the management response subject to the amendments requested.

11. Putting Thing Right, Compensation Claims and Patient Experience Framework Report

The Committee RECEIVED and NOTED the report. The Committee recognised the improvement in the last 18 months in relation to quality

and safety. It was noted that further work was required however the work to date was recognised.

Sub-Groups of Executive Committee

The sub-structure of the Executive Committee is under review, therefore all items which would previously have reported via the Sub-Groups of the Executive Committee are reporting to the Executive Committee until the Committee sub-structure is agreed.

ITEMS TO BE ESCALATED TO THE BOARD

The Committee Chair wished to highlight to the Board the actual percentage uplift to be applied to Funded Nursing Care in 2021/22 in line with the methodology agreed by the Board. The Executive Committee APPROVED the uplift of 2.89% on 1st December 2021 (EC/21/349) subject to endorsement by the Board.

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 27th January 2022.



Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Trish Buchan (Vice Chair)
Date of last meeting:	2 December 2021
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at Patient Experience, Quality and Safety Committee on 2 December 2021:

- Audit Wales Review: PTHB Quality Governance Arrangements
- Quality Governance Arrangements: Primary Care Services
- Integrated Quality Report: Directorate of Primary, Community Care and Mental Health
- Mental Health Act Compliance Report, including a report of the Power of Discharge Sub-Group
- Putting Things Right, Compensation and Claims Report
- Regulatory Inspections Report
- Safeguarding Annual Report
 - Internal Audit Report – Midwifery Safeguarding Supervision
- Commissioning Escalation Report
- Quality Improvement Update including:
 - Quality Improvement Activity
 - Research and Development Update
 - Learning Update
- Clinical Quality Framework Update

A summary of the key issues discussed at the meeting is provided below.

COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log.



AUDIT WALES REVIEW: PTHB QUALITY GOVERNANCE ARRANGEMENTS

The Wales Audit Review of Quality Governance Arrangements within Powys Teaching Health Board commenced in March 2021, reported during September 2021, with the final report received during October 2021.

The Review concluded that overall, "the Health 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". Implementation of the recommendations of the Review would form part of the Health Board's approach to securing highly effective quality governance arrangements, in line with expectations articulated in the newly published Welsh Government's Quality and Safety Framework: Learning and Improving (published 17 September 2021).

The Committee DISCUSSED the review and NOTED the management response.

QUALITY GOVERNANCE ARRANGEMENTS: PRIMARY CARE SERVICES

The paper provided an update on the Primary Care quality governance arrangements across independent contractors. The monitoring and assurance of the delivery of General Medical Services (GMS) and General Dental Services (GDS) across PTHB was pulled together via the PTHB Commissioning Assurance Framework (CAF). Community Pharmacy contractors operated in line with a contractual framework, as set out in the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Optometry services were not contracted in the same way as the other three contractors at present, however national Optometry Contract Reform was underway and it was expected to be phased in from April 2022 onwards over a three-year period. This would inform future contract monitoring requirements.

The Committee DISCUSSED the review and NOTED the report.



INTEGRATED QUALITY REPORT: DIRECTORATE OF PRIMARY, COMMUNITY CARE AND MENTAL HEALTH (DPCCMH)

The report provided a summary of patient quality and safety metrics across three service groups within the DPCCMH Directorate. The report consolidated information across these three groups for the period up to September 2021. Delayed Transfers of Care and Patient Delays were discussed, and it was noted that there was a focus on this area within the winter and system resilience plans of the Health Board as well as with partner organisations. The reports showed improved performance in waiting time positions. A key priority for the Women and Childrens service group remained the improvement in access to neuro-developmental (ND) services. The Committee noted that Commissioning Assurance Frameworks were in place for maternity and mental health/learning disabilities services.

The Committee DISCUSSED and NOTED the Report.

MENTAL HEALTH ACT COMPLIANCE REPORT, INCLUDING A REPORT OF THE POWER OF DISCHARGE SUB-GROUP

The Committee received the report which provided assurance that Powys Teaching Health Board was compliant with its legal duties under the Mental Health Act 1983 (MHA). The services delivered and Mental Health Act requirements discharged by the Mental Health and Learning Disabilities service group during the reporting period were compliant with the Mental Health Act (1983, amended 2007). This included functions of the Mental Health Act which had been delegated to officers and staff under the policy for Hospital Managers' Scheme of Delegation were being carried out correctly and that the wider operation of the Act across the Health Board area was operating within the legislative framework.

The Committee NOTED the contents of the report and RECEIVED assurance that the performance of the service in relation to the administration of the Mental Health Act 1983 had been compliant with legislation.

PUTTING THINGS RIGHT, COMPENSATION AND CLAIMS REPORT



The report provided the Committee with an overview of the way in which Putting Things Right was discharged within the Health Board, along with compensation claims activity for the period 1 August 2021 to 31 October 2021. Progress on refreshing the Patient Experience Framework was reported alongside related activities, following the Patient Experience Steering Group in November 2021.

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 included:

- notification of an inspection of the Brecon and District Community Mental Health Team, which was scheduled to take place on 14 and 15 December 2021.
- A Quality Assurance Inspection by Cervical Screening Wales was to be undertaken of the Colposcopy Service at Newtown Hospital on 23 November 2021.

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 and NOTED the report.

SAFEGUARDING ANNUAL REPORT

This item was DEFERRED to 3rd February 2022.

COMMISSIONING ESCALATION REPORT

The paper highlighted the providers in Special Measures or scored as Level 4 and above under the PTHB Commissioning Assurance Framework.



As reported to the recent Delivery & Performance Group held on 21 October 2021, 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)
- Referral to treatment times (RTT) times.

It was noted that an Inspection undertaken in September 2021 by Health Inspectorate Wales focusing on Prince Charles Hospital, Merthyr Tydfil was due to be published on 15 December 2021. The report did not yet consider reports related to the Grange Hospital, Aneurin Bevan University Health Board and the functioning of its emergency pathways as formal communication from Aneurin Bevan University Health Board (ABUHB) was awaited.

The Committee DISCUSSED the review and NOTED the report.

QUALITY IMPROVEMENT UPDATE INCLUDING: QUALITY IMPROVEMENT ACTIVITY, RESEARCH AND DEVELOPMENT UPDATE AND LEARNING UPDATE

The Committee received the item which provided an update on quality improvement activity within Powys Teaching Health Board (PTHB). It was noted that innovation and improvement were key enablers that would support the achievement of the collective ambition to improve health care services for the people of Powys.

The Committee NOTED and APPROVED the quality improvement activity within PTHB.

CLINICAL QUALITY FRAMEWORK UPDATE

The Committee received the item which provided the following progress update:

- Progress made on implementing the Health Board's Clinical Quality Framework Implementation Plan, 2020-2023, since the last report in June 2021. The Clinical Quality Framework contributed to the Organisational Development Strategic Framework.



- Described the WHC 2021/022 Publication of the Quality and Safety Framework and understood how this impacted PTHB
- Identified the requirements of the Quality & Safety Framework, where they were currently met within the Clinical Quality Framework Action Plan actions, any gaps and how these could be met
- Described the impact learning from Covid-19 had had along with the revised expectations nationally, and whether this had changed our priorities and/or timelines

The Committee DISCUSSED the review 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

There were no matters for escalation to the Board at this time.

ANY OTHER URGENT BUSINESS

There was no other urgent business.

NEXT MEETING

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 3rd February 2021.

Powell Bethan
01/26/2022 16:41:06

Reporting Committee:	Charitable Funds Committee
Committee Chair	Vivienne Harpwood
Date of meeting:	1 December 2021
Paper prepared by:	Charity Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The confirmed minutes of the previous meetings of the Charitable Funds Committee held on 2 & 15 June 2021 can be found on the PTHB website via the following link: [Charitable Funds Committee - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/charitable-funds-committee-powys-teaching-health-board/).

The Charitable Funds Committee met on 1 December 2021 and was chaired by Vivienne Harpwood.

At the meeting on 1st December, the matters discussed were:

- Applications to General Funds (for Ratification)
- COVID-19 Response Fund
- Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)
- Charity Annual Workplan
- Charity Marketing / Brand Development Procurement
- Charity Budget
- PAVO Small Grants Scheme
- Charity Activity & Income Report
- Charitable Funds Financial Summary Report
- Investment Managers Update Report
- Small Grant Scheme Interim Report
- Charity Annual Report (Initial Draft)
- Investment Manager's Report and Presentation
- Project Evaluation Reports

Applications to General Funds (for Ratification)

The Committee RATIFIED the following Bid which had been approved by the Board acting on behalf of the Charitable Funds Committee on the 29th September 2021:

- Nurse Training Bursaries 4 year programme - £238,000

The project is a multi-year programme to recruit an additional 4 candidates to Healthcare Support Worker and Registered Nurse posts and support them through four years of training. It will be funded via Powys General Purposes Fund at £59,488 per year.

COVID Response Fund

The Committee RECEIVED the applications to the COVID response fund which had been previously APPROVED by the COVID-19 Gold Group under delegated authority with a combined value of £1,079.

The Committee RATIFIED the applications to the COVID response fund.

Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)

The Committee RECEIVED the expenditure approved under the £10k delegated authority limit between April 2021 and September 2021, which amounted to £11,971.

The Committee RATIFIED the expenditure.

Charity Annual Workplan

The Committee RECEIVED the new Annual Workplan for the Charity, developed by the Charity Manager, which outlines strategic objectives and KPIs to measure performance for the year ahead.

The Committee APPROVED the implementation of the new Annual Workplan.

Charity Marketing / Brand Development Procurement

The Charity Manager presented an update on the progress of the Charity's procurement of brand development services from an external partner. Following completion of the procurement process a supplier had been chosen and approval of the proposal to commit £9,840 was requested from the Committee.

The Committee RECEIVED the update and APPROVED the proposal for commissioning the external marketing agency jamjar pr.

Annual Charity Budget

The Charity Manager presented a proposal to request the implementation of an annual operational budget to support the Charity's work throughout the year and allow for incidental spending which do not have to return to the Committee for authorisation. The first budget will be for the period until 31 March 2022 and stands at £3,070, with a revised budget to be brought back to the Committee for the following financial year.

The Committee RECEIVED and APPROVED the implementation of the new Annual Charity Budget.

PAVO Small Grants Scheme

The Committee RECEIVED a list of proposed projects to be funded for the third and final round of the PAVO Small Grants Scheme in 2022. A total of 8 projects were recommended for funding at a total cost of £10,462, with an additional cost of 10% for PAVO in order to administer the scheme on the Charity's behalf.

The Committee APPROVED the funding award recommendation for the Small Grants Scheme.

The following Items were presented for Discussion:

- **Charity Activity & Income Report**

The Charity Manager presented the report to the Committee and highlighted the key activities for the Charity. These activities included; Fundraising and key donations, ongoing projects and partnerships, communications and campaigns and a social media report.

The Committee RECEIVED the report.

- **Charitable Funds Financial Summary**

The Committee RECEIVED the Financial Summary Report for the period 1st April 2021 to 30th June 2021. The Charity reported expenditure during this period of £124,000 and an income of £245,000 for the period. This was a net increase of £120,000 in the balance of funds.

The following Items were presented for Information:

- **Investment Manager's Update Report and Presentation**

The Committee was joined by Paul Mathias of Brewin Dolphin to discuss the latest investment report in addition to providing updated considerations for the development of a new ethical investment policy.

The Committee RECEIVED the investment report and presentation from Brewin Dolphin and NOTED the quarterly increase of 4.89% on the portfolio and that the portfolio was on track to reach its target income of 3% of total value at the end of the previous financial year.

- **Project Evaluation Updates**

The Committee RECEIVED the new project evaluations for the period and NOTED the improved formatting and presentation.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

- **Nurse Bursaries Training Programme**

This proposal will see the Charity provide support for a further four, four-year placements on the nurse training programme which has already received investment from the Board.

The overall total of £238,000 is the largest single investment for the Charity in terms of its projects and showcases the ambition of the Committee to support more strategic and wider reaching projects in Powys.

The Committee also discussed the potential for ongoing support for the bursaries but would need to see additional evaluations once the project was up and running due the multi-year commitment required. This will be reviewed later and return to the Committee later in 2022.

- **Charity Annual Workplan**

The Charity is in the process of reviewing all funding streams and funding streams which were not utilised during 2020/21 financial year in order to ensure funds do not remain dormant and to develop new individual fund strategies, which is particularly needed for legacy funds.

Key strategic funding themes have been identified for the next year which will drive all new applications, these are:

1. Environment and sustainability
2. Addressing socio-economic inequality
3. Supporting recovery and renewal
4. Developing our workforce
5. Aiding primary care

It was noted at the meeting that the Charity had made large strides with its engagement programme in recent months with the addition of a Charity Administrative Support Officer, launching and establishing a new monthly newsletter in June 2021, which has increased engagement between staff and the public. There have also been several campaigns successfully ran between June 2021 and December 2021. These campaigns included, the NHS Charities Together's Big Tea campaign, Marking 25 years of PTHB Charity and a Legacy fundraising campaign.

- **Investment Manager's Update and Presentation**

The Committee discussed the criteria for its investment portfolio, namely the ethical guidance on investments for Brewin Dolphin. This was previously agreed by the Board before appointment of the investment manager and will be reviewed again (and on a regular basis) in order to ensure it continues to align with the expectations and standard of the Corporate Trustee.

A new proposal for an updated ethical investment policy will be brought to a future Board Meeting for approval in the coming months.

NEXT MEETING

2 March 2022

Powell Beth
01/26/2022 11:41:06

AGENDA ITEM: 3.8b

BOARD MEETING		DATE OF MEETING: 26 JANUARY 2022	
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:			
<p>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</p> <ul style="list-style-type: none">▪ Welsh Health Specialised Services Committee (WHSSC); and▪ Emergency Ambulance Service Committee (EASC); and <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>			
RECOMMENDATION(S):			
<p>It is recommended that the Board:</p> <ul style="list-style-type: none">▪ 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
x		✓	x

Powell Bethan
01/26/2022 16:40:00

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 11 January 2022. 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 11 January 2022 is attached at **Appendix 1**.

Emergency Ambulance Services Joint Committee (EASC)

A meeting of the EASC took place on the 18 January 2022. 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 has not taken place since the meeting held 18 October 2021, which was reported to the Board on 24 November 2021.

The next meeting of the Mid Wales Joint Committee is due to be held on 25 April 2022.

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

Powell Bethan
01/26/2022 16:40:00

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 11 JANUARY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on 11 January 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the 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/>

1.0 Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- **Ty Llewellyn Medium Secure Unit** - The assurance review undertaken by the National Collaborative Commissioning Unit (NCCU) Quality Assurance Service in the Ty Llewellyn Male Medium Secure Unit at Betsi Cadwaladr University Health Board (BCUHB) and the future requirement for an action plan from the Health Board; and
- **System Resilience and the Local Options Framework Impact – Weekly Reporting** - As a consequence of challenges in achieving quoracy, linked to COVID-19 operational pressures at Health Board (HB) level, and the recent letter from Mrs Judith Paget CEO of NHS Wales suggesting NHS bodies step down any non-essential meetings, the panel have returned to the process previously adopted during the start of the pandemic to ensure business continuity. The full IPFR Panel meeting will be stood down for January 2022, and the Chair's action arrangement outlined in the Terms of Reference (ToR) will be used, strengthened by including the attendance of two WHSSC Clinical Directors and a lay member representative. Therefore, the strengthened Chair's Action option for Panel decisions will be used during January 2022 instead of the full Panel. Members **noted** that an update report will be presented to the Joint Committee on 18 January 2021.

Members **noted** the report.

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01/26/2022 16:41:06

2.0 Integrated Commissioning Plan (ICP) 2022-2025

Members received the WHSSC Integrated Commissioning Plan (ICP) 2022-2025 for approval and were requested to approve its submission to Welsh Government (WG) in line with the requirements set out in the WG Planning Guidance.

Members noted that:

- In November 2021 the Joint Committee (JC) had requested that an extraordinary JC meeting be held on 11 January 2022 to approve the WHSSC Integrated Plan (ICP) ahead of Health Board (HB) Integrated Medium Term Plans (IMTP's) being submitted to Boards for approval;
- The Management Group (MG) met on 6 December 2021 and were advised that it may be necessary for MG to convene an ad hoc meeting in early January 2022 for further discussion of the ICP once the HBs had received their financial allocation letters from Welsh Government (WG) and that they would contact the WHSS team with any issues arising from the allocation letters as required; and
- Following the December meeting no formal contact had been received from any MG members to request an ad hoc meeting, however informal feedback had been received from some HBs advising that they may not be in a position to provide final sign off of the ICP at present as they were still working on their own IMTPs.

Members **discussed** the challenges for HBs related to the allocation letter and the increasing levels of uncertainty regarding the recovery position and the risks that this posed. Members **noted** that HBs were still working through their own plans and may not be able to commit to fully approving the ICP at this point, and agreed that the ICP be approved in principle subject to further work being completed with the MG to further explore the risk appetite and specifically the potential for further financial slippage that could reduce the increase needed for the first year of the ICP whilst maintaining a prudent view of the recurrent position. The WHSSC team indicated that the potential for further slippage had already been identified by the team and would be shared in advance. The areas for risk appetite review include the time lag estimated for new developments to fully account for manpower shortages and recovery rate uncertainty, recognising that some new developments may need to be brought on more quickly than others. The scale of the potential reduction in the year 1 requirement was indicated to be a reduction to circa 5.11% from the current 6.57%.

Members (1) **Approved** the Integrated Commissioning Plan (ICP) 2022-2025 **in principle** as the basis of the information to be included in the Health Board IMTP's, and **agreed** to refer the ICP back to the

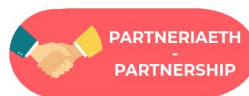
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Management Group meeting on 20 January 2022 for further discussion on the financial allocation and tables, and that a special extraordinary JC meeting be scheduled in February 2022 to formally approve the plan in readiness for submission to Welsh Government by the end of February deadline.



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Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



Powell Bethan
01/26/2022 16:41:06

AGENDA ITEM: 3.9

BOARD MEETING		DATE OF MEETING: 26 JANUARY 2022
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); and
- 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
x	✓	x

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

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

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.

- There have been no meetings of NWSSPC since the last meeting of Board (the assurance report from the last meeting on 18 November 2021 is attached).

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 next meeting of the PSB is due to take place on 26 January 2022. The papers for this meeting can be found at: [Agenda for Public Service Board Scrutiny Committee on Wednesday, 26th January, 2022, 2.00 pm Cyngor Sir Powys County Council \(moderngov.co.uk\)](#)

Powell Bethan
01/26/2022 16:41:00

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 25 November 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 1 December 2021 where a Safe Accommodation update was received.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

Powell Bethan
01/26/2022 16:41:00

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Margaret Foster, Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 November 2021
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<p><u>Decarbonisation Agenda</u></p> <p>Chris Lewis, NWSSP, Specialist Estates, provided an update on the work being done within NWSSP, both internally and on behalf of NHS Wales, in terms of the decarbonisation agenda. The context is the global recognition of climate change, and the need to take action to minimise the extent of rising temperatures, as has been discussed recently by world leaders in the COP26 conference in Glasgow. The work that Chris and his team are doing is aligned to the Welsh Government agenda. There are a number of good examples where progress has been made in terms of improving the estate (e.g. through LED lighting and Solar Panels); reducing transport emissions through greater use of electric vehicles and the installation of charging points; and reducing waste, particularly in terms of single-use plastic. The Welsh Government target of 30% working from home should also contribute, although savings in commuting emissions might be partially offset by increased energy use in private homes. Procurement and the supply chain are also a big area of potential impact on NWSSP's carbon footprint, and one example of where a difference can be made is in changing the medical gases used by anaesthetists. How NHS Wales fits into the expected targets and associated timescales for Wales to be carbon-neutral were discussed by Committee Members.</p> <p>The presentation generated informed discussion. Lisa Wise, who heads the Climate Change Team for Health and Social Care in Welsh Government stressed the need for the programme to include adaptation to a changing climate to ensure continued resilience. Others commented on whether the programme was sufficiently ambitious and on how NWSSP could support the rest of NHS Wales. It was also stressed that this is not just a responsibility that can be delegated to Estates, but one which needs to be picked up across whole organisations. The costs associated with addressing climate change are huge, and it was therefore</p>	

important that organisations acted in a joined-up way, partnering with local authorities and other bodies where appropriate, to take advantage of UK wide initiatives and to avoid any unnecessary duplication. Obtaining a number of electric HGVs for the NWSSP fleet is one example of where UK-wide funding has been successfully accessed to date.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- A graphical representation highlighting how volumes of transactions have increased in recent years for Accounts Payable, Recruitment and Payroll functions and in particular over the previous 6 months. In recent months, the need for Health Boards and Trusts to increase expenditure and recruit significant additional members of staff to respond to and recover from the pandemic is undoubtedly placing great strain on the NWSSP Recruitment and Payroll teams in particular. Pressures have been compounded through the need to further respond to one-off issues such as payment of the COVID bonus, overtime arrears for annual leave, and implementing the pay award. NWSSP staff have responded admirably to these challenges, but the level of current demand is difficult to sustain within existing resource and systems and additional resources are required. Internal measures are being implemented to increase staff available where possible but the issues arising from this level of unprecedented and unplanned demand have been added as a risk on the Corporate Risk Register.

Function	Activity	2012/13 Baseline	2021/22 Forecast	% Increase
Accounts Payable	Invoices Processed	1,368,590	2,024,935	48%
Recruitment	FTE's Advertised	7,720	39,462	411%
Payroll	Payslips Processed	1,311,130	1,670,006	27%

- Continued progress has been made on addressing the issues that have been raised following health and safety audits undertaken by NWSSP within the initial three laundries that transferred, and this has been regularly reported to the NWSSP Senior Leadership Group. Although not secured yet, and subject to planning and changes outside of NWSSP control, the following sites are the All-Wales Laundry "preferred sites" that will be subject to scrutiny and business case approval:

• **South West Region:** Millstream Way – land at Millstream Way,

Swansea Vale, Swansea; and

- **North Wales:** Tir Llwyd Employment Parc - land at Tir Llwyd Employment Parc, Kinnel Bay, Rhyl
- The major Oracle upgrade was carried out following the completion of a substantial testing programme and the system went live on 19 October, with all milestones achieved. There have been some issues with system stability and performance causing disruption since go-live which is to be initially expected for major upgrades. These now have now been addressed and the system is operating at pre-upgrade levels.

Items Requiring SSPC Approval/Endorsement

COVID-19 Inquiry Planning Update

The Committee was advised of the arrangements currently in place to prepare for the UK (and potentially Wales) COVID Public Inquiry. A task group has been established comprising a number of directors and the terms of reference for the group were shared with the Committee. Action Plans have been documented and additional resource is being recruited to help collate relevant evidence. There was some discussion on the large number of groups across NHS Wales who are responding to the likely needs of the Inquiry and the resultant need to minimise the potential for duplication. The Committee **ENDORSED** the approach.

Matrix House Business Case

An opportunity to purchase Matrix House in Swansea (NWSSP West Wales Regional Hub), which is currently occupied by NWSSP, PHW and WAST, as well as some private tenants, has arisen. All three NHS organisations have long leases remaining and are committed to utilising this building for the foreseeable future and in particular WAST have recently incurred significant capital expenditure to provide a comprehensive training centre at the site. The purchase of the property would generate revenue savings and is supported by both PHW and WAST. The Committee **APPROVED** the business case and endorsed NWSSP requesting capital funding from Welsh Government to facilitate the purchase of Matrix House.

SMTL Expansion

The Committee were presented with options for the expansion of the Surgical and Medical Testing Laboratory (SMTL) within IP5. SMTL were at the forefront of ensuring the efficacy of PPE equipment during the pandemic and generate substantial levels of income from both health bodies across the UK and the private sector. Expansion of the service within IP5 would reduce the need for certain types of equipment having to be sent to the US and Europe for specific testing. There were two options suggested for this expansion, a smaller expansion providing 325 square metres of additional space or a larger expansion delivering

an additional 750 square metres. Funding for the smaller expansion has been agreed with Welsh Government and it was confirmed that the selection of this option does not preclude the larger expansion being undertaken in future. The Committee **ENDORSED** development of the smaller expansion at a cost of £572,600 including VAT.

Revisions to Standing Orders

The Committee **ENDORSED** some minor amendments to the Standing Orders. These included the removal of the temporary increase in expenditure limits and the increase in tenure for the Chair, both of which resulting from the need to respond to the pandemic.

IMTP – Emerging Themes

The Committee were provided with the initial emerging themes from the NWSSP IMTP process. Individual meetings between each Committee member and the NWSSP Director of Planning, Performance and Informatics will be held over the coming weeks, with the IMTP being brought back to the Committee in January for formal approval. The Committee **ENDORSED** the approach.

Finance, Workforce, Programme and Governance Updates

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 the additional savings that had been generated during the year to date. £2m of non-recurrent re-investments have been agreed within NWSSP to accelerate benefits and efficiencies and an additional £1.25m distribution confirmed to NHS Wales and Welsh Government in 2021/22 as approved at the last SSPC. The financial position will be continually reviewed over the coming months to inform any further funding and/or distributions. £4.5m of capital funding has been confirmed against the £10.5m included in the IMTP. £1.02m has been spent to date with plans in place to fully utilise the funding within the financial year. The outcome is awaited of the additional capital funding request of £11.5m to Welsh Government. Welsh Risk Pool expenditure to M7 is £32.7m, compared to £56m at this point last year. The M7 DEL forecast is £125m compared to the IMTP forecast of £123.5m. Welsh Government have locked the £16.5m risk share in September with UHBs/Trusts so any movement from forecast will be managed with WG. The forecast remains within a range which can be managed to meet the total Welsh Government resource available by the end of the year and cases are continually reviewed to identify if additional expenditure can be incurred in 2021/22 to ease pressure on the risk share agreement in future years.

Audit Wales – Copies of the Audit Wales NWSSP Management Letter and the

review of Hosted Systems were provided to the Committee for information. Both provide positive assurance over the systems operated by NWSSP on behalf of NHS Wales which account for approximately 95% of total NHS expenditure .

People & OD Update – In-month sickness levels remain very low at 2.51% with the cumulative figure for the last 12 months at 2.92%. Headcount continues to grow with 4408 staff in post, and 1165 new starters in the last 12 months. Most of these relate to the Single Lead Employer, but significant numbers have also been recruited or transferred relating to new services such as the Laundry, Medical Examiner and TMU Services. Statutory and Mandatory training compliance has improved to 85.5%, but there is still room for improvement with completion of PADRs which are at 65%.

Corporate Risk Register – there are currently no red risks on the register, as good progress is being made with the replacement of the NHAIS system which has seen the risk down-graded to amber. A new risk has been added relating to the impact of the significant pressures from increased activity being experienced within Recruitment and Payroll services.

Papers for Information

The following items were provided for information only:

- Wales Infected Blood Support Services Annual Report;
- Quality and Safety Assurance Report;
- Audit Committee Highlight Report;
- Audit Committee Annual Report;
- Counter Fraud Annual Report; and
- Finance Monitoring Returns (Months 6 & 7).

AOB

The meeting was the last chaired by Margaret Foster, who retires as the NWSSP Chair at the end of November. Margaret has held the post for nine years and has overseen a substantial growth in the size, range, and complexity of the services provided by NWSSP. The Committee paid tribute to Margaret and provided her with a small gift to acknowledge her efforts and contribution. Professor Tracy Myhill commences as the new NWSSP Chair with effect from 1 December. Tracy was appointed following a very robust recruitment process that attracted some excellent candidates.

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	
N/A	
Date of next meeting	20 January 2022

AGENDA ITEM: 3.10

BOARD MEETING		DATE OF MEETING: 26 JANUARY 2022
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
x	✓	x

Powell Bethan
01/26/2022 16:41:06

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 20 January 2022. An oral update will be given to Board.

NEXT STEPS:

The next update will be presented to the Board from the next LPF meeting on 17 March 2022.

Powell Bethan
01/26/2022 16:41:06