

PTHB Board Meeting


Wed 28 July 2021, 10:00 - 13:00

Teams

Agenda

10:00 - 10:00
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1. PRELIMINARY MATTERS

 Board_Agenda_28July21_Final.pdf (3 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. Minutes of previous meeting for approval

1.3.1. 26 May 2021

 Board_Item_1.3a_PTHB Board Minutes Unconfirmed 26-05-2021.pdf (20 pages)

1.3.2. 10 June 2021


 Board_Item_1.3b_PTHB Board Minutes Unconfirmed 10-06-2021.pdf (9 pages)

1.3.3. 29 June 2021

 Board_Item_1.3c_PTHB Board Minutes Unconfirmed 29-06-2021.pdf (5 pages)

1.4. Matters arising from the minutes of previous meeting

1.5. Summary of Board In-Committee minutes from 26 May 2021

 Board_Item_1.5_Summary of Board I-C 6 May 2021.pdf (2 pages)

1.6. Board Action Log

 Board_Item_1.6_PTHB_Action_Log_July21.pdf (2 pages)

1.7. Update from the:


1.7.1. Chair

 Board_Item_1.7a_Chairs Report July 2021.pdf (4 pages)

1.7.2. Vice-Chair

 Board_Item_1.7b_Vice Chair Report_July 2021.pdf (3 pages)

1.7.3. Chief Executive

 Board_Item_1.7c_CEO's Report for Board -July 2021.pdf (7 pages)

Patterson, Liz
07/22/2021 16:23:30

10:00 - 10:00
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2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Organisational Development Strategic Framework

- Board_Item_2.1_OD Board Paper July 2021.pdf (5 pages)
- Board_Item_2.1a_Organisational Development Strategic Framework.pdf (14 pages)

2.2. All Wales Positron Emission Tomography (PET) Programme Business Case

2.3. Annual Equality Monitoring Report 2020/21

- Board_Item_2.3_Equality Annual Monitoring Report 2020 2021.pdf (4 pages)
- Board_Item_2.3a_Equality Annual Monitoring Report 2020 2021.pdf (18 pages)
- Board_Item_2.3b_Equality Statistical data Report 2020-21.pdf (4 pages)
- Board_Item_2.3c_Powys Staff Gender Pay Gap Report February 2021.pdf (3 pages)

2.4. Board Governance

2.4.1. Amendments to Standing Orders, July 2021

- Board_Item_2.4a_Amendments to SOs_July2021.pdf (15 pages)

2.4.2. Committee Arrangements 2021/22, including Membership

2.4.3. Corporate Risk Register, July 2021

- Board_Item_2.4c_CRR_July_2021.pdf (10 pages)

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

3.1. PTHB's Response to Bronllys Wellbeing Park Community Land Trust's Vision Document, 'The Next Ten Years (2020 - 2030) Working Together for Well Being'

- Board_Item_3.1_Bronllys Wellbeing Park CLT July 2021.pdf (7 pages)
- Board_Item_3.1a_App A_Board_paper_30Jan2019_Bronllys Site.pdf (9 pages)
- Board_Item_3.1b_App B_Board_paper_Innovative Environments Interim Framework Sept 2020.pdf (12 pages)
- Board_Item_3.1c_App C_Letter PTHB to CLT 22Apr2021.pdf (6 pages)
- Board_Item_3.1d_App D_Letter PTHB response 7th May 2021a.pdf (3 pages)
- Board_Item_3.1e_App E_Letter PTHB to CLT 13Jul2021.pdf (3 pages)

3.2. Executive Director of Therapies and Health Sciences Report - One Year On

- Board_Item_3.2_DOTHS report Final.pdf (7 pages)

3.3. Performance Reporting

3.3.1. National Outcome Framework, July 2021

3.3.2. Annual Plan 2021/22, July 2021

3.4. Financial Performance Report Month 03, 2021

- Board_Item_3.4_Financial Performance Report Mth 3 Board.pdf (19 pages)

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

Patterson, Liz
07/22/2021 16:33:30

Board_Item_3.5_CHC - CO Report for PTHB July 2021 FINAL.pdf (12 pages)

3.6. Assurance Reports of the Board's Committees

3.6.1. PTHB Committees

- Board_Item_3.6a_Committee Chair Reports July 2021.pdf (3 pages)
- Board_Item_3.6ai_AppA_Executive Committee Chair's Assurance Report_July21.pdf (10 pages)
- Board_Item_3.6aii_App B_ARA_Chairs_Report_12 July 2021.pdf (10 pages)
- Board_Item_3.6aiii_App C_Charitable Funds Report July 2021.pdf (4 pages)
- Board_Item_3.6aiv_App D_Experience Quality Safety Chairs Assurance Report 15 July 2021.pdf (12 pages)
- Board_Item_3.6av_App E_Performance and Resources Chairs Report 24 June 2021.pdf (6 pages)

3.6.2. Joint Committees

- Board_Item_3.6b_A_Joint Committee Reports_July 2021.pdf (3 pages)
- Board_Item_3.6bi_Appendix 1 2021.07.13 WHSSC JC Briefing v1.0.pdf (5 pages)
- Board_Item_3.6bii_Appendix 2 - EASC Chair summary 11 May 2021.pdf (3 pages)
- Board_Item_3.6biii_Appendix 3 - MWJC Update Report May 2021 Final.pdf (5 pages)

3.7. Assurance Report of the Board's Partnership Arrangements

- Board_Item_3.7_Partnership Board Reports July 2021.pdf (3 pages)
- Board_Item_3.7a_App 1_SSPC Assurance Report 20 May 2021.pdf (4 pages)

3.8. Report of the Board's Local Partnership Forum

- Board_Item_3.8_LPF Advisory Group July 2021.pdf (2 pages)
- Board_Item_3.8a_App 1_Advisory Groups_LPF Report July 2021.pdf (3 pages)

10:00 - 10:00 4. OTHER MATTERS

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4.1. Any other urgent business

4.2. Close

4.3. Date of next meeting:

29 September 2021 at 09.00 via Teams

Patterson, Liz
07/22/2021 16:23:30

**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 28 JULY 2021
10.00 AM – 1.00 PM
TO BE HELD VIA MICROSOFT
TEAMS AND LIVE STREAMED**



**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
10.05am	1.3	Minutes of Previous Meeting for approval: a) 26 May 2021 b) 10 June 2021 c) 29 June 2021	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Summary of Board In-Committee minutes from: a) 26 May 2021	Attached	Chair
	1.6	Board Action Log	Attached	Chair
	1.7	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.30am	2.1	Organisational Development Strategic Framework	Attached	Chief Executive Officer
10.45am	2.2	All Wales Positron Emission Tomography (PET) Programme Business Case	Attached	Director of Therapies & Health Science
11.00am	2.3	Annual Equality Monitoring Report, 2020-2021	Attached	
11.15am	2.4	Board Governance: a) Amendments to Standing Orders, July 2021 b) Committee Arrangements 2021/22, including Membership c) Corporate Risk Register, July 2021	Attached	Board Secretary

Patterson
07/22/2021 16:23:30

11.35am	COMFORT BREAK			
3: ITEMS FOR DISCUSSION				
11.40am	3.1	PTHB's Response to Bronllys Wellbeing Park Community Land Trust's Vision Document, <i>'The Next Ten Years (2020-2030) Working Together for Well Being'</i>	Attached	Chief Executive Officer
11.50am	3.2	Executive Director of Therapies & Health Science Report – One Year On	Attached	Director of Therapies and Health Science
12.00pm	3.3	Performance Reporting: a) National Outcome Framework, July 2021 b) Annual Plan 2021/22, July 2021	Attached	Chief Executive Officer
12.15pm	3.4	Financial Performance Report: Month 03, 2021	Attached	Director of Finance and IT
12.25pm	3.5	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
12.35pm	3.6	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
	3.7	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive Officer
	3.8	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
4: OTHER MATTERS				
12.55pm	4.1	Any Other Urgent Business	Oral	Chair
1.00pm	4.2	Close		
	4.3	Date of the Next Meeting: ▪ 28 July 2021 at 02.00PM – Annual General Meeting ▪ 29 September 2021 at 10:00AM Via Microsoft Teams		

Patterson, Liz
07/22/2021 16:23:30

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.

Patterson, Liz
07/22/2021 16:23:30

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 26 MAY 2021, AT 10.00AM

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)
Susan Newport	Independent Member (TUC)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Tony Thomas	Independent Member (Finance)
Rhobert Lewis	Independent Member (General)
Stuart Bourne	Director of Public Health
Jamie Marchant	Director of Primary, Community Care and Mental Health
Hayley Thomas	Deputy Chief Executive and Director of Planning & Performance
Kate Wright	Medical Director
Alison Davies	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT
Julie Rowles	Director of Workforce, OD & Support Services
Claire Madsen	Director of Therapies & Health Sciences

In Attendance

Rani Mallison	Board Secretary
Andrea Blaney	CHC
Carl Cooper	PAVO (item 3.1)
Peter Taylor	Head of Podiatry and Orthotics (Item 3.4)
Liz Patterson	Corporate Governance Manager
Caroline Evans	Head of Risk and Assurance

Patterson, Liz
07/22/2021 16:23:30

Apologies for absence

Frances Gerrard
Wayne Tannahill
Katie Blackburn

Independent Member (University)
Head of Estates and Properties
CHC Chief Officer

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/21/01	<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/21/02	<p>DECLARATIONS OF INTEREST</p> <p>No new declarations of interest were made.</p>
PTHB/21/03	<p>MINUTES OF MEETING HELD ON:</p> <p>31 March 2021</p> <p>The minutes of the meeting held on 31 March 2021 were received and AGREED as being a true and accurate record.</p>
PTHB/21/04	<p>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</p> <p>There were no matters arising from the minutes.</p>
PTHB/21/05	<p>BOARD ACTION LOG</p> <p>The following actions on the action log had been completed:</p> <ul style="list-style-type: none">• PTHB/20/147 Capital Programme 2021-2023 (transferred to Performance and Resources Committee Action Log)• PTHB/20/148 - Socioeconomic Duty for Wales (transferred to Experience, Quality and Safety Committee Action Log)

	<ul style="list-style-type: none"> • PTHB/20/153 - Corporate Risk Register (transferred to Performance and Resources Committee Action Log) <p>The following action remained:</p> <ul style="list-style-type: none"> • PTHB/20/155 - P&R Committee Chair's Report - A Board discussion to take place on risks associated with Workforce Sustainability and Model as articulated in the Corporate Risk Register will be included in the workplans to be presented to Board on 29 June 2021
<p>PTHB/21/06</p>	<p>UPDATE FROM THE:</p> <p>A) CHAIR</p> <p>The Chair presented a written report drawing attention to the recent election and new Members who had been elected to the Senedd. The newly appointed Health Secretary was a Senedd Member for the area and had a keen interest in Health. The Chief Executive and Chair were taking every opportunity to meet with the new Senedd Members and wished to thank the previous Health Secretary Vaughan Gething and to wish him well in his new role. The Board had completed a Development Session examining the effectiveness of Committees which would be considered alongside Committee terms of reference, membership and Board Champion roles. Appraisals with Independent Members had been undertaken with one remaining outstanding.</p> <p>B) VICE-CHAIR</p> <p>The Vice-Chair presented a report drawing attention to the recent launch of NEST under the Children and Young Peoples Programme.</p> <p>C) CHIEF EXECUTIVE</p> <p>The Chief Executive presented a report noting that much work had taken place since Board had approved the Interim Annual Plan. It was expected that PTHB would receive £2.5million of the £100million that Welsh Government had made available for recovery. Discussions had taken place in a variety of settings including the Local Partnership Forum, with the CHC and with staff regarding the annual plan which had been useful.</p>

Patterson, Liz
07/22/2021 16:23:30

	<p>A sustained lower level of covid-19 cases had been seen with the testing and tracing service now adapting to focus on supporting returning international travellers.</p> <p>All eligible adults over 18 had now been invited for their first vaccination. The focus now would move to second doses and booster vaccinations.</p> <p><i>What arrangements are being made to work with individuals who are hesitant about vaccination?</i></p> <p>The Deputy Chief Executive advised that each person who had not attended a vaccination appointment was contacted and asked for their reasons for not attending. Information was offered and a new appointment was made available.</p> <p><i>How is the Health Board ensuring that no-one gets left behind in the vaccine rollout?</i></p> <p>The Deputy Chief Executive advised a key workstream had been created ensuring no-one got left behind which was targeting groups such as the homeless. Information was being shared with England to ensure that people living in border communities had been offered vaccinations allowing for the complexities of where a person lived and where their registered GP was situated. The focus had moved to second doses and whilst the Health Board had had excellent uptake it was getting harder to persuade those who were not yet vaccinated to come forward. Best practice in this regard was being shared with Health Boards across Wales.</p> <p>The Director of Public Health advised it was vital to ensure people received both doses of the vaccine to be best protected but vaccination was voluntary and it was necessary to ensure people had all the information required to make an informed decision.</p>
ITEMS FOR APPROVAL, DECISION OR RATIFICATION	
<p>PTHB/21/07</p>	<p>POLICY ON PUTTING THINGS RIGHT AND MANAGEMENT OF CONCERNS</p> <p>The Director of Nursing and Midwifery presented the report and policy 'Putting Things Right and Management of Concerns' following a review of existing policies and</p>

Patterson, Liz
07/22/2021 16:23:30

procedures to comply with Section 38 of the Public Services Ombudsman (Wales) Act 2019.

Are there any plans to make a pocket version available?

It was confirmed there was an intention to develop a user guide in addition to the excellent documentation provided by the Ombudsman. The organisation was also looking to develop a Charter.

Section 2.2 of the policy outlined that 'staff involved in complaints are given support'. The information provided by the Public Services Ombudsman talks of 'treating staff equally' which is stronger than the policy. Could this be considered?

The Director of Nursing and Midwifery noted the helpful comment and advised this would be developed for the revised policy.

Will the duty of candour included in the Quality and Engagement Act 2021, which will be implemented in 2023, be affected by the simplification of a complex subject?

The Director of Nursing and Midwifery agreed that oversimplification could lead to the loss of detail. It was expected that guidance would be published regarding the Quality and Engagement Act and it was expected that the organisation would need to make changes in light of such guidance.

At the end of Section 6, in relation to vexatious and repetitive complaints, the policy states 'Our response to these situations will be dependent on the individual circumstances.' Could the additional wording be added: 'nevertheless we will take every step to ascertain the substance of any complaint'? A complaint should not be ruled out solely by the way it is presented.

The Director of Nursing and Midwifery noted the link between this comment and the one regarding the treatment of staff noting that both will be considered when the policy was brought back to Board later in the year.

The Chief Executive added that complaints were welcomed as a means to help improve services and it was only in extreme circumstances that the vexatious or repetitive complaints point would be triggered.

Patterson, Liz
07/22/2021 16:23:39

	<p>The Interim Policy on Putting Things Right Policy and Management of Concerns was AGREED for submission to the Ombudsman's Office.</p> <p>Board NOTED the need for continued review and changes necessary to both the Putting Things Right Policy and Serious Incident Policy through June and July 2021, to take account of finalised policy documents issued at national level.</p> <p>Board SUPPORTED the work in progress to develop a simplified process to support staff in managing complaints.</p> <p>Board SUPPORTED the work in progress to develop guidance or a charter for Powys residents and their families clearly setting out what they can expect from the health board when they raise a complaint.</p>
<p>PTHB/21/08</p>	<p>REORGANISATION OF LOCALISED VASCULAR SERVICES INTO A 'HUB AND SPOKE' MODEL VASCULAR NETWORK FOR THE SOUTH EAST WALES REGION: A REPORT ON ENGAGEMENT 2021</p> <p>The Deputy Chief Executive presented the report regarding proposals to reorganise localised vascular surgery services into a vascular network to meet quality and safety standards. An eight-week period of engagement was held between February and April 2021 proposing a hub and spoke model with the hub situated at University Hospital Wales in Cardiff and spokes in Royal Gwent Hospital, Grange University Hospital, Royal Glamorgan Hospital, University Hospital Llandough. Pre and post-operative care would continue to be undertaken locally across the region.</p> <p>The Equality Impact Assessment noted an issue of increased travel time to the hub with early transfer of the patient back to a local hospital identified as mitigation.</p> <p>The CHC supported the proposal and their observations were included in the papers attached to the report.</p> <p><i>The direction of travel is clear from the documents but from the perspective of PTHB it appears that planned care is focussed along the M4 corridor. The organisation had already expressed an intent to offer more services locally.</i></p>

Patterson, Liz
07/22/2021 16:23:30

	<p><i>Are discussions taking place to provide any of these vascular services locally?</i></p> <p>The Deputy Chief Executive advised that this would be included in the recovery response and that Cwm Taf UHB and Aneurin Bevan UHB were both keen to discuss this with PTHB. It would not be possible to put this in place from the start but it would be examined and it was intended that post-operative care would continue to be provided locally.</p> <p><i>Has the socio-economic duty been considered in the preparation of these proposals?</i></p> <p>The socio-economic duty was referenced within the report as one area amongst others for consideration. The socio-economic duty ensured that the findings of the equality impact assessment were taken into account.</p> <p><i>There is an unfinished sentence within the cover report at 2.2 on page 5. What should this read?</i></p> <p>This should read ‘...to ensure that equality considerations continue to be at the heart of implementation’.</p> <p>Board NOTED the content of the Reorganisation of Localised Vascular Services into a ‘Hub and Spoke’ model Vascular Network for the South East Wales Region: A Report on Engagement 2021, and,</p> <p>CONSIDERED the views of the Community Health Councils, submitted directly by the CHC, and,</p> <p>APPROVED the use of the engagement feedback to inform the implementation of the South East Wales Vascular Network.</p>
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ITEMS FOR DISCUSSION

<p>PTHB/21/09</p>	<p>WORKFORCE FUTURES STRATEGIC FRAMEWORK</p> <p>The Director of Workforce and OD and Carl Cooper (PAVO) gave a joint presentation on the Workforce Futures Strategic Framework which had been undertaken in partnership with PTHB, Powys County Council and PAVO.</p>
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Patterson, Liz
07/22/2021 16:23:39

The Director of Workforce and OD highlighted that the Framework had five themes:

- Education, training and development
- Partnership and Citizenship
- Designing, planning and attracting the workforce
- Leading the workforce
- Engagement and wellbeing

All of these themes were underpinned by digital infrastructure.

The Health and Care Academy would be instrumental in achieving the education, training and development part of the framework. Work had commenced in fitting out the Hub at Bronllys. The Academy will have four schools:

- Research and innovation
- Leadership
- Professional and Clinical Education and Training
- Volunteers and Carers

The aspiration was for the Bronllys Campus to open in autumn 2021 and beyond the work being undertaken to fit out the Basil Webb building it was intended to develop adaptive learning opportunities within one of the bungalows where a home environment would be created for practitioners to learn to provide care. These are the first developments of learning sites across Powys.

The Programme had been scoped with the following early deliverables:

- Bronllys Campus
- Digital Learning Management System
- Rural nursing degree with Aberystwyth University
- Working with HEIW regarding a Primary Care Academy

Career pathways start with attracting young people to work in health including employability training in conjunction with Arwain and the Kickstart Programme for 16-24 years olds on Universal Credit. The Apprenticeship scheme had

Patterson, Liz
07/22/2021 16:23:30

grown from 2 to 10 and would continue to grow. The Academy site is central to this.

The Chief Executive of PAVO presented on Theme 3 - Partnership and Citizenship. A Citizen Sector Response Group (CSRG) had been set up originally in response to the covid pandemic. This fitted the criteria of the Social Services and Wellbeing Act for areas to have a Social Value Forum. The purpose was to support the development of social value initiatives to improve people's wellbeing and support their health and social care requirements.

Within the Workforce Strategic Framework there was a commitment to develop a volunteer workforce which had been kickstarted over the last year with 1,380 volunteers coming forward in addition to the volunteers placed within the mass vaccination settings. Thirteen community support networks had supported local community resilience.

Within the Health and Care Academy there was a school of Volunteers and unpaid Carers which demonstrated the value placed upon those residents.

PAVO were about to launch a five-year strategy for volunteering in Powys for unpaid carers supported by a three-year operational plan and three-year resource plan. This would come to Board and it was hoped would support PTHB plans. Consultants had been engaged to develop what the school will deliver in order to build the skills for volunteers and unpaid carers.

The main risk related to the unknown extent of ICF funding upon which community connectors rely.

The Director of Workforce and OD continued with the presentation outlining how Leadership and Talent pipelines were being developed. A digital transformation bid had been made with partners including the University of South Wales to improve digital skills across the workforce.

To date investment had included capitalising on the investment support from ICF along with support from Kickstart and Arwain together with the National Volunteer Grant and Carers Grant.

Patterson, Liz
07/22/2021 16:23:30

	<p><i>Progress on this is welcomed along with the partnership working. This will help towards meeting requirements of the Future Generations Act and responsibilities under the socioeconomic duty. It will be essential to have a firm business case and understanding that sustainable funding is in place.</i></p> <p>The Academy funding for this phase is set out and the partnership nature of the project means that different funding can be accessed. Universities are increasingly looking to in-reach and the organisation will now be able to take up an in-reach offer now the Academy is in place.</p> <p><i>The project is dazzling in ambition and importance. The people of Powys should be reassured by this as the way medicine will be delivered will be different and it will need skilled staff to deliver this.</i></p> <p><i>This is a wonderful opportunity for all grades of staff and the tremendous amount of work is acknowledged from the volunteers in conjunction with mass vaccination.</i></p> <p>These comments were noted.</p> <p>The Workforce Futures Strategic Framework was discussed and NOTED.</p> <p style="text-align: right;"><i>Carl Cooper left the meeting.</i></p>
<p>PTHB/21/10</p>	<p>PERFORMANCE REPORTING:</p> <p>a) PERFORMANCE OVERVIEW</p> <p>The Deputy Chief Executive presented the report giving a brief update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position at March 2021. Across Powys there had been a total of 4,291 positive covid-19 test results. The seven-day covid-19 case incidence rate had dropped to 2.72/100k with just 3 cases in the last 7 days. Positivity was 0.37% for the week ending 21 May 2021 based on 2,157 testing episodes.</p>

Patterson, Liz
07/22/2021 16:23:30

Test and Trace continued to perform well in partnership with the local authority. In addition to the tracing element of the service there was a requirement to follow up travellers returning from amber rated countries. A broader range of asymptomatic testing would will start in June.

156,445 first and second vaccine doses had been administered with over 48% of the population now offered both doses. The focus now was on second doses and leaving no-one behind. Phase 3 of the programme was in the planning stages in respect of booster vaccinations.

The Director of Public Health noted that PTHB had one of the lowest case incidence rates but caution was needed as this could change quickly in particular in relation to returning travellers.

Over the summer a number of mass events were planned and the organisation, local authority and wider partners were examining how these could be supported. As part of the national trial events a mass event was planned to take place in Brecon.

The Prevention and Response Plan was being refreshed for submission at the start of June with the inclusion of detail on potential surge testing and testing of returning travellers.

The Deputy Chief Executive noted there had been a focus on the backlog of people waiting for treatment. There were now over 3,000 people waiting over 52 weeks for treatment across Welsh and English providers and as of April 443 people waiting over 52 weeks within Powys as a provider. The key specialties of concern remain the same for all providers namely trauma, orthopaedics, ophthalmology and general surgery.

The Director of Primary, Community Care and MH noted that unscheduled care was fully open with the key challenge for unscheduled care relating to the red performance of the Welsh Ambulance Services Trust (WAST). PTHB were working with WAST on the actions they were taking, the opportunities for further

Patterson, Liz
07/22/2021 16:23:30

improvement and the Rural Model which WAST were scoping which would reflect the specific needs in Powys. It should be noted that the amber service and community service waits were invariably the lowest in Wales.

Powys teams were doing all they could to minimise wait times; a number of services had recommenced; clinical teams monitored and prioritised referrals but the wait times continued to present a challenge. However, progress is being seen with a reduction in wait times continuing. For people waiting over 36 weeks the number had reduced from 690 last month to 618. For people waiting over 52 weeks the number had reduced from 536 last month to 453. Further progress would be made using the recovery and renewal money.

Therapies was performing well with the only service showing waits of more than 14 weeks being podiatry. It was expected that podiatry waits would be back to pre-covid levels in the coming weeks.

Non-surgical ultrasound remained a challenge but additional workforce has been secured and it was expected that the position in this area would improve by mid-July or earlier.

In Mental Health all targets had been achieved whilst the Mental Health teams had additionally undertaken care home vaccinations. Silver Cloud was receiving an increasingly level of referrals. This service was able to refer people to the right kind of support which was not always a Mental Health professional.

The Director of Nursing and Midwifery advised that there was an improving trajectory in terms of compliance with 30-day response rate for complaints. The organisation remained below the all Welsh trajectory but is improving. Some of the challenges include national changes in the way this portfolio was managed along with the impact of covid. Internal oversight arrangements and assurance and reporting mechanisms were strong, targeted

Patterson/Liz
07/22/2021 16:23:30

intervention had taken place with the team to focus on the improvement trajectory. The Once for Wales system had now been introduced.

The Director of Workforce and OD noted a dip in performance appraisals during covid but arrangements were in place to improve in this important area. The Director of Primary, Community and MH in support of the Director of Workforce assured Members that as Director of the largest workforce areas, improvements were being seen with the exception of Medicines Management who understandably had been focussing on the mass vaccination programme.

Prior to the covid pandemic there were questions regarding the ability of WAST to abstract their vehicles when taking patients to The Grange. Has this concern materialised?

The Director of Primary, Community Care and MH noted that it was early days but the flows were similar to what had been expected. There were fewer patients going to The Grange than went to Nevill Hall Hospital as the majority now go to Prince Charles Hospital. There is no suggestion that the red WAST performance has been affected by the change to pathways in south Powys. There were a low level of red calls in Powys (approximately 18-25/week).

The Chief Executive advised a weekly review was undertaken of which WAST participate to plan and monitor the pathway change in south Powys. There were no signs that ambulances were being diverted in respect of the change.

The changes to the format of the report are to be commended with the move to statistical process control.

Has any confirmation been given regarding the non-availability of performance data regarding cancer from Welsh providers, and is it known when this will be available?

The Deputy Chief Executive advised this was an ongoing issue but a meeting had taken place with Welsh Government and delivery unit colleagues to discuss the

Patterson, Liz
07/22/2021 16:23:30

need to resolve this issue. A timeframe was not available but an update would be brought to Performance and Resources Committee. It was a longstanding issue on which workarounds are being sought.

Action: Deputy Chief Executive

In respect of follow-up reviews, are these designed to review the appropriateness of follow-ups or is there a move to prevention? Are there any measures that are nationally being developed to measure those people who are under continuous review or seen on symptoms?

The Director of Primary, Community Care and MH noted that follow-ups were a long-standing issue. Patients are concerned that they will be lost in the system if they are taken off a list, but a move towards PIFU (Patient Initiated Follow-up) and SoS (Seen on Symptoms) should give confidence that this is not the case.

Is the mortality graph skewed because of the models of care in Powys, particularly around palliative care and low numbers? Is there confidence the reviews are in place and are being done in a timely way?

The Medical Director advised that mortality reviews were undertaken twice yearly on all deaths in PTHB hospitals in line with all Wales practice. These were rigorous with each patient's notes examined by a Senior Clinician for good practice and to share learning. Feedback was given to individuals and teams where there learning was. Additionally a number of 'deep dives' were undertaken.

The Performance Overview Report was DISCUSSED and NOTED.

FINANCIAL PERFORMANCE

The Director of Finance and IT presented two reports, for month 12 of 2020/21 and for month 1 of 2021/22 advising that the financial position at year end was a £129k underspend against revenue and a £27k underspend against capital. Subject to audit the organisation had met the statutory requirement to breakeven against revenue

Patterson, Liz
07/22/2021 16:23:30

and capital. The year-end timetable was included covering the submission of the annual accounts. Wales Audit were progressing well with the audit, and final audited accounts would be submitted to Board in early June.

The Month 1 report monitored performance against the draft annual plan. At month 1 a £15k overspend was noted but a breakeven position forecast. The capital resource limit was £14.5million, a significant increase on last year's capital spend.

Page 4 of the report noted there were a number of unachieved savings brought forward from last year (mainly as a result of the pandemic). The draft plan includes the assumption that savings delivery would start in quarters 3 and 4 and that £1.7million of efficiency and savings would be delivered. Progress on this would be reported regularly.

Attention was drawn to two areas of concern firstly in respect of variable pay and secondly in respect of long-term packages of care that were emerging cost pressure areas that will require management action and focus to manage and mitigate going forward.

Page 8 outlined at present the forecast covid related spend was £20million for the current financial year.

Continuing Health Care has been highlighted as a risk. Can this be included in a Board Development session?

The Director of Finance and IT suggested it could be either included within a Board Development session or as part of a report to Performance and Resources Committee.

Action: Board Secretary

The Chief Executive noted it was important to track the underlying brought forward deficit identified as an indicative figure and forecast as -£7.3million for 2022/23. The long term national fiscal policy was as yet unknown but it was recognised that the pandemic had had an enormous impact on the economy and it would be important to make strategic changes this year to enable the organisation to be on a stronger position at the start of 2022/23.

Patterson, Liz
07/22/2021 16:23:30

	<p><i>The Finance Independent Member passed on their Congratulations to the finance team and the wider organisation for delivering a balanced budget given the challenges faced in year. A question was asked in relation to the financial outlook going forward and Pay Awards and any impact this may have on the Health Board financial position.</i></p> <p>The Director of Finance and IT noted there was an element of uncertainty and plans could only be made on the basis of information currently known. It was important to maximise the impact of the Health Boards expenditure as per funding available to deliver the best outcomes for the Powys population.</p> <p>The Chief Executive advised that pay awards were set by the Pay Review Body who were due to report imminently. What was decided for England may mean some consequential funding would feed through to Wales but additionally devolved decisions may differ which could present challenges.</p> <p>Board NOTED the reports.</p>
<p>PTHB/21/11</p>	<p>ANNUAL REPORT: NURSE STAFFING LEVELS (WALES) ACT 2016</p> <p>The Director of Nursing and Midwifery presented the report outlining the organisations compliance with the Nurse Staffing Levels (Wales) Act 2016 together with commentary on nurse staffing in NHS Trusts in England which were not subject to Welsh legislation. The impact of the proposed extension of this legislation to nursing and health visiting services was outlined.</p> <p>The report suggested a reasonable assurance could be taken in respect of nurse staffing internally and from commissioned services.</p> <p><i>What assurance can be given regarding the mechanisms for monitoring the progress in SATH?</i></p> <p>The Director of Nursing and Midwifery noted that compliance with the requirements in England were one of</p>

Patterson, Liz
07/22/2021 16:23:30

	<p>the areas that the Quality Review meetings concentrate on including nurse staffing levels. This was included within the Commissioning Assurance Frameworks.</p> <p>Board NOTED the contents of the report.</p>
<p>PTHB/21/12</p>	<p>PODIATRY SERVICES IN POWYS</p> <p>The Director of Therapies and Health Sciences introduced the paper noting that this area had received a No Assurance rating from Internal Audit in 2018/19. It was re-audited in September 2019 with a Limited Assurance outcome. All of the recommendations have now been implemented. One of the recommendations had been to improve leadership and a new Head of Podiatry and Orthotics was appointed in July 2020.</p> <p>The Head of Podiatry and Orthotics presented the report outlining to address the findings of the internal audit report changes were made to the management of caseload. The caseload was large with many patients not having had contact with the service for two years or more. Contact with patients was initially undertaken by podiatrists but this was then undertaken by the contact centre who initially phoned patients and then wrote to them. The case load was now fully validated.</p> <p>Changes were made to the way appointments were managed. Originally patients rang the contact centre but were unable to make an appointment. The new arrangement meant existing patients book their next appointment with the podiatrist and only new patients go through the contact centre. The service were moving to Seen on Symptoms and Patient Initiated Follow-up.</p> <p>All new patients were assessed for a risk category to ensure they were seen in an appropriate timescale. The team had moved to working across 10 sites. There had been an improvement in multi-disciplinary working both within PTHB and with surrounding providers. Relationships had been built with the District Nursing Teams., and the team are working well with referrers so that they know a referral had been followed up. A team member was</p>

Patterson, Liz
07/22/2021 16:23:30

gaining experience with the School of Podiatry in Cardiff Metropolitan University. The team has undertaken professional development including having difficult conversations, diabetic training, soft cast study day and it was planned to train on access to prescription only medicines, non-medical prescribing and access to ultrasound which would help avoid delay to care.

Positive feedback had been received from patients and the contact centre undertook a survey, the results of which are outlined in the paper.

The team would now look to work closely with the surrounding District General Hospitals to provide extended services such as soft tissue injections and joint injections. Training was planned to help practice nurses and health care assistants to improve the standard of referrals into the service. The patient survey would be extended and a mystery shopper experience will be undertaken.

It is great to see the progress made in a short time. What should patients expect in respect of podiatric diabetic footcare and toenail cutting services. Are patients who previously received this service no longer receiving it?

The Head of Podiatry advised that all patients were given a risk category in line with NICE guidelines. This would determine the services that patients can access. For example a high-risk patient would receive anytime access but a low risk patient would be encouraged to self-care. Low risk patients could decide to pay privately for services or access this via the third sector. As the service offered open access people were always able to refer themselves back into the service if this was required.

Does the service have sufficient multi-chair clinics?

This was an issue, particularly in the north of the county as for example one of the busiest clinics in Newtown is single chair. Discussions have taken place with the Property Department who had suggested a mobile solution. This would be examined.

Patterson, Liz
07/22/2021 16:23:30

	Board DISCUSSED and NOTED the report.
PTHB/21/13	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>a) PTHB COMMITTEES <u>Executive Committee</u></p> <p>The Chief Executive presented the report which included a request for endorsement of a decision to relocate NHS General Dental Services from Llanfyllin to Llansantffriad ym Mechain. This had been considered by the Executive Committee and was supported by the CHC.</p> <p>The Board RATIFIED the decision of the Executive to proceed with the relocation of NHS General Dental Services from Llanfyllin to Llansantffriad ym Mechain.</p> <p>Reports from the Audit, Risk and Assurance Committee held on 29 April 2021, Experience, Quality and Safety Committee held on 15 April 2021 and Performance and Resources Committee held on 6 May 2021 were RECEIVED.</p> <p>b) JOINT COMMITTEES</p> <p>Reports from WHSSC held on 11 May 2021 and EASC held on 9 March 2021 were RECEIVED.</p>
PTHB/21/14	<p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</p> <p>The Monitoring and Scrutiny Officer of Community Health Council presented the report on behalf of the Chief Officer of the CHC.</p> <p>The report of the Chief Officer of the Community Health Council was NOTED.</p>
PTHB/21/15	<p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</p>

	<p>Reports from the NWSSPC held on 18 March 2021 and the Powys PSB held on 29 April 2021 were RECEIVED.</p> <p>The Chief Executive advised that she would be stepping down as Chair of the Regional Partnership Board but would remain as Chair of CROG (Crosscutting Resources and Oversight Group).</p>
PTHB/21/16	<p>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>The report of the Local Partnership Forum was RECEIVED.</p>
OTHER MATTERS	
PTHB/21/17	<p>ANY OTHER URGENT BUSINESS:</p> <p>The Chair, with advice from the Board Secretary, had determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board was asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p> <p><u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u></p> <p><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".</i></p> <p>The meeting moved to confidential session.</p>
PTHB/21/18	<p>CONTRACT AWARD (NON-EMERGENCY PATIENT TRANSPORT)</p> <p>This item was considered In-Committee.</p>
PTHB/21/19	<p>ANY OTHER URGENT BUSINESS</p>
PTHB/21/20	<p>DATE OF THE NEXT MEETING:</p> <p>10 June 2021, 10:00 via Teams</p>

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 10 JUNE 2021, AT 10.00AM

VIA TEAMS

Present

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

In Attendance

Rani Mallison	Board Secretary
Lucie Cornish	Assistant Director of Therapies & Health Sciences
Katie Blackburn	Chief Officer, CHC
Derwyn Owen	Audit Wales – Audit Director
Alison Butler	Audit Wales
Liz Patterson	Corporate Governance Manager
Caroline Evans	Head of Risk and Assurance

Apologies for absence

Claire Madson	Director of Therapies & Health Sciences
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PRELIMINARY MATTERS

RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members.

The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.

PTHB/21/21 **WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.

PTHB/21/22 **DECLARATIONS OF INTEREST**

No new declarations of interest were made.

PTHB ANNUAL REPORT AND ACCOUNTS 2020-21

PTHB/21/23 **TO RECEIVE AUDIT WALES' AUDIT OF ACCOUNTS REPORT, 2020-21**

The Audit Director - Audit Wales presented the key conclusions from the Audit Report outlining their responsibility to provide an opinion on the Financial Statements and Remuneration and Staff Report regarding are the accounts a true reflection of income and expenditure and that any expenditure is regular. The final checks of the revised accounts were being undertaken and confirmation had been received that the Remuneration and Terms of Service Committee had met and approved an additional payment, and the work outstanding on the drugs estimate had been completed. The audit process had been difficult to undertake remotely within the covid restrictions but it was now nearly complete and it was the intention to provide an Unqualified Audit Report. Attention was drawn to one mis-statement that had not been corrected by management and Audit Wales looked forward to receiving an explanation for the non-correction of this misstatement however, this did not cause a problem with the audit. All other mis-statements had been corrected and were listed within Appendix 3 of the report. A number of significant issues arose during audit. Firstly there was an issue

regarding pay in lieu of notice for an Executive Director where payment had not been approved but this had now been approved, and a procedural weakness which had resulted in an overpayment which was now being actively pursued. The Remuneration and Staff Report was a key document setting out salaries and remuneration of senior staff. This had taken a protracted audit resulting in a number of amendments. The revised document was a true and fair reflection of the position but it was the view of the Audit Director that the Health Board would need to reflect on its arrangements when preparing next year's report.

The matter regarding Clinicians Pensions tax was an all Wales matter, also prevalent in last years accounts and PTHB had disclosed the contingent liability in the same way as other Welsh Health Boards. The Auditor General wished to draw public attention to this by way of an Emphasis of Matter note along with more general comments regarding the all Wales position on Clinicians Pensions Tax.

Thanks were expressed to the Director of Finance and IT and team for the support provided during the audit process.

The Director of Finance and IT confirmed the organisation's commitment to learning and improvement from the audit process this year to improve in future years. It was confirmed the accounts had been presented to the Audit, Risk and Assurance Committee however, there had been a number of changes since then, attention to which would be drawn in the following items. Thanks was expressed to the new Audit Wales team for their support in working through issues which had been particularly challenging in the virtual environment.

The Chief Executive also expressed thanks to Audit Wales noting it was the first year that they had provided financial audit services to PTHB, which had previously been contracted to Grant Thornton. It was recognised that there were not usually outstanding matters at this late stage and this would be reflected on as part of a de-brief.

The Board RECEIVED the Audit of the Accounts Report for 2020/21.

Patterson, Liz
07/22/2021 16:23:30

PTHB/21/24

TO RECEIVE A RECOMMENDATION FROM THE AUDIT, RISK AND ASSURANCE COMMITTEE IN RESPECT OF PTHB'S ANNUAL REPORT AND ACCOUNTS 2020-21

The Chair of the Audit, Risk and Assurance Committee thanked both Audit Wales and colleagues in PTHB for the work in undertaking the annual accounts process. The Committee Chair confirmed that the Committee had received the Annual Report and Accounts for consideration on 8th June and therefore presented the recommendations of the Audit, Risk and Assurance Committee as follows:

The Audit, Risk and Assurance Committee RECOMMENDED to the Board that it:

- APPROVES the Annual Report and Accounts 2020-21, which includes
 1. The Performance Report;
 2. The Annual Accountability Report; and
 3. The Financial Statements
- APPROVES the Letter of Representation; and
- AUTHORISES the Chair, Chief Executive and Director of Finance and IT to sign them where required.

The Board NOTED the recommendations of the Audit, Risk and Assurance Committee.

PTHB/21/25

TO CONSIDER FOR APPROVAL, PTHB'S ANNUAL REPORT AND ACCOUNTS 2020-21:

Part 1: Performance Report

The Director of Planning and Performance presented the report drawing attention to the extraordinary year that it covered. Reporting requirements had been streamlined but given the importance of these elements the report provided the fullest update available. Additionally, whilst there was no requirement to report on sustainability, key elements had been provided. A forward look had also been included as the annual plan was nearing completion. The organisation should feel proud of what had been achieved over the last year. There were a number of commendations throughout the report along with details of staff appreciation awards. It should be noted that this had been achieved by working in partnership.

On page 65 of the agenda pack it is noted that the total number of patients waiting, whilst did increase during the

last year has now decreased to a similar level to April 2020. Is it expected that this will increase again as a result of delayed presentation?

The Director of Planning and Performance noted that this information was unvalidated but that generally there had been an increase in waits of over 52 weeks and over 36 weeks in provided care and commissioned care in England and Wales. It had been necessary to provide trajectories to Welsh Government to access recovery monies and PTHB were in discussion with surrounding Health Boards and Trusts regarding their planned trajectories. There was uncertainty regarding latent demand and this would be tracked over the year.

On page 66 of the agenda pack details of wait times for English and Welsh Providers are outlined. Whilst the percentage of people waiting up to 26 weeks are higher in England as wait times increase, the English providers have fewer people waiting than the Welsh providers. Is this a long-term trend?

The Director of Planning and Performance acknowledged there were differences but it was difficult to show the detail in a high-level report. The detail could be provided in a detailed report to the Planning and Resources Committee.

Action: Director of Planning and Performance

The Director of Primary, Community Care and MH acknowledged that it had been a challenge and it was disappointing that the targets had only been met once in the last 18 months despite less handover delays during COVID-19. The organisation was examining what can be done to improve this.

The Board APPROVED the Performance Report for signature, in-line with requirements set by Welsh Government.

Patterson,Liz
07/22/2021 16:23:30

Part 2: Annual Accountability Report

a) Corporate Governance Report

b) Remuneration and Staff Report

c) Parliamentary Accountability and Audit Report

The Board Secretary outlined the three sections of the Annual Accountability Report with the Corporate Governance Report which explained the composition, the organisations governance structure and the arrangements for achieving organisational objectives. The Remuneration and Staff Report contained information regarding the remuneration of senior managers, fair pay ratios and sickness absence rates. Detail in the Parliamentary Accountability and Audit Report was included in Audit Wales Audit of Accounts Report which was presented earlier. It was proposed to take the Remuneration and Staff Report in Part 3 as there had been some changes which would be outlined by the Director of Finance and IT.

The Corporate Governance Report included the Directors Report which included composition of the Board and Members details, membership of the Audit, Risk and Assurance Committee, information on the management of Declarations of Interest and personal data related incidents, relevant information on environmental, social and community issues and covid-19. It also included a statement for public sector information holders which confirmed that the Health Board had complied with the costs allocation and charging requirements set out in HM Treasury guidance during the year and the Statement of Accountable Officers Responsibilities which explained the Accountable Officers Responsibilities for preparing the financial statements. Within this section the Accountable Officer had confirmed that as far as she was aware there was no relevant audit information that the auditors were unaware and the Accountable Officer had taken the necessary steps to make herself aware of any relevant audit information. The Accountable Officer also confirmed the Annual Report and Accounts was fair, balanced and understandable and she took personal responsibility for the Annual Report and Accounts and the judgements required for determining so. The Annual Report and Accounts included a Statement of Directors Responsibilities regarding

Patterson, Liz
07/22/2021 16:23:30

the accounts. This would be signed by the Accountable Officer and the Director of Finance and IT on behalf of the Directors. This statement confirmed the accounts gives a true and fair view of the state of affairs of the Health Board and of the income and expenditure and that the Board was clear regarding its responsibilities to keep proper accounting records that disclose the financial position of the health board and to ensure the accounts complied with the requirements set by Welsh Government

The Chief Executive introduced the Annual Governance Statement (AGS) noting this had been an unprecedented year and the AGS reflected the need to be able to modify governance arrangements without losing sight of the requirement to uphold public expectations around governance and conduct including the appropriate use of resources. Gratitude was expressed to colleagues who had assisted in providing assurance both externally and internally to demonstrate a high standard of governance through most challenging times. Business had been held in an open and transparent way which was evidenced by the livestreamed Board meetings. The Internal Audit opinion was Reasonable with one draft Limited Assurance rating which related to the Llandrindod Wells Project. The Chief Executive believed these findings, even if they remain limited, would not have a material impact on the AGS. Thanks were extended to Internal Audit colleagues who had worked with PTHB throughout the year.

The Chief Executive believed the Board and Executive Directors were alert to accountabilities in respect of internal control and the Board has had during the year a system of providing assurance aligned to corporate objectives that had assisted in managing risk. As a result of the internal control arrangements PTHB continued to be at a routine level of monitoring under the Welsh Government escalation and intervention arrangements which continue to be under review by Government. PTHB have been taking forward an annual governance programme which will help improve our system of internal control. The organisation will continue to mature recognising areas of strength and whilst there are no significant areas of control or governance to address the organisation will continue to develop and will be

Patterson, Liz
07/22/2021 16:23:30

considering a revised organisational development framework in due course. Thanks were extended to PTHB staff and partners for the support given through the pandemic.

The Board APPROVED the Annual Accountability Report for signature, in-line with requirements set by Welsh Government.

Part 3: Annual Financial Statements

a) Summary Presentation

b) Detailed Annual Accounts

The Director of Finance and IT presented the Annual Accounts as previously presented to the Audit, Risk and Assurance Committee subject to a number of amendments as outlined below. The agenda pack also includes a summary presentation for an easy read version of the accounts. It was confirmed that the statutory duty to remain within the revenue resource limit and capital resource limit was met which was an achievement given the events of the last year.

The following amendments were made although it was confirmed that none of the amendments have an impact on the bottom line:

- Page 2 of the accounts the word 'restated' is added to the 2019/20 column
- Page 28 notes 3.1 and 3.2 the word 'restated' is added to the 2019/20 column header in both notes
- Page 55 note 21.1 a figure of £16.561M has been changed to £16.889M in the middle of the paragraph
- Page 55 note 22.2 header text changed from 'Scheme Pays' to 'Pensions tax annual allowance – Scheme Pays arrangements 2019/20'
- A number of amendments in the Salary and Pension Disclosure Table – Salaries and Allowances including adjustment to the banding categories and additional narrative, further detail included regarding the Chair's role as Chair of WHSSC until 30 September 2020 and restatement of some comparative information to correct errors from previous years

These adjustments would be included in the final submitted approved accounts.

Patterson, Liz
07/22/2021 16:23:30

The Annual Accounts and the Remuneration and Staff Report were APPROVED for signature, , in-line with requirements set by Welsh Government, subject to the changes as outlined by the Director of Finance and IT.

Letter of Representation

The Director of Finance and IT outlined the requirement of the organisation to submit a Letter of Representation to the Auditor General for Wales based on a template provided by Audit Wales colleagues. The Audit, Risk and Assurance Committee had recommended this for approval.

The Letter of Representation was APPROVED for signature.

The Chair extended thanks to Audit Wales colleagues for their conscientious work over the past weeks during a difficult time.

OTHER MATTERS

PTHB/21/26 ANY OTHER URGENT BUSINESS

There was no other urgent business.

PTHB/21/27 DATE OF THE NEXT MEETING:

29 June 2021, 10:00 via Teams

28 July 2021 (Annual General Meeting)

Patterson, Liz
07/22/2021 16:23:30

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 29 JUNE 2021, AT 09.30

VIA TEAMS

Present

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

In Attendance

Rani Mallison	Board Secretary
Paul Buss	Director of Clinical Strategy
Liz Patterson	Corporate Governance Manager
Caroline Evans	Head of Risk and Assurance

Apologies for absence

Ronnie Alexander	Independent Member (General)
Katie Blackburn	Chief Officer, CHC

PRELIMINARY MATTERS

RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members.

The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.

PTHB/21/28

WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.

PTHB/21/29

DECLARATIONS OF INTEREST

No new declarations of interest were made.

ITEMS FOR APPROVAL, DECISION OR RATIFICATION

PTHB/21/30

PTHB ANNUAL PLAN 2021/22

The Chief Executive introduced the Annual Plan covering the period April 2021 – March 2022 explaining that since 2015 three-year plans had been required but the pandemic had meant altered arrangements were in place with the proposed one-year plan building on the quarterly plans developed during 2020/21.

The plan reflected the continued focus on the response to the pandemic together with the delivery and recovery of healthcare and the ambition for renewal.

The final plan took into account feedback from Board and Welsh Government, in particular, in response to the draft Annual Plan which had been submitted to Welsh Government in March 2021. The additional investment available for recovery had been notified during quarter 1 and this was included in the plan together with objectives, milestones and timescales for delivery.

The Director of Planning and Performance gave a presentation (copy available on the PTHB website with Board papers) which provided an overview of the

process of producing the plan which had followed a six-step process:

1. Assess the learning and reflections of the pandemic
2. Understand the latest evidence
3. Assess the position
4. Identify critical priorities and outcomes
5. Develop proposals
6. Formulate an annual plan

The core principles developed for the Health and Care Strategy in 2017 were found to be sound which include:

- Do what works
- Do what matters
- Greatest need
- Be prudent
- Offer fair access

The plan contained three sections:

- Covid Response
- Essential Health Care
- Renewal

The Executive Directors gave a brief overview of each area as outlined within the report including the evidence base which had been used to produce the plan.

The delivery plan is a detailed document. What is the process for planning extra clinical capacity in conjunction with funding levels. Are there items which could have been included in the plan but for which there is insufficient funding?

The Chief Executive noted this important point as there had been considerable debate regarding the funding that will be needed to recover from the pandemic. Welsh Government have provided £2.5million for PTHB recovery and other adjacent Health Boards and Trusts have also received recovery monies which PTHB residents will benefit from via commissioned care. Part of the problem however will be workforce constraints.

Patterson, Liz
07/22/2021 16:23:30

For the last six years PTHB have balanced their budget which demonstrates good governance and good habits which is intended to continue.

This is a helpful document based on evidence and best practice despite it being a one-year plan and thanks were expressed to the team for producing the plan in challenging circumstances.

Would it be possible to include reference to 111 when discussing unscheduled care and out of hours in the same way it is included in mental health?

With regard to the Digital First plan there are two items that are implicit and explicit reference would be welcomed. Firstly in respect of committing to the development of the strategic plan in partnership and consultation, and secondly, with respect to Infrastructure and access, which in the plan is highlighted as a major issue, would it be possible to commit to a review of the infrastructure in order to provide a plan and priority when submitting business cases for future investment.

The Chief Executive noted the last eighteen months had been fast moving including for those rapidly introducing digital solutions for health care and a pause point would be needed during the year to take stock and plan for the future.

The Director of Primary, Community Care and MH noted the point regarding 111 and advised this was an additional level of support that had been put in place for people in mental health crisis. There were many business as usual activities that were continuing which were not included in the plan, of which unscheduled care was one and why 111 in this context was not an additional service.

The Director of Finance and IT agreed many of the activities described were implicit but would look to strengthen the wording in this respect.

The Vice-Chair reflected that this was the last plan that she would consider and thought back to when she had started when there were few plans or proper arrangements in place for the budget and the estate was in a poor condition. Since then governance had

Patterson, Liz
07/22/2021 16:23:30

improved along with the introduction of the Health and Care Strategy which made it feel like whilst there was still much to do the organisation was in a more robust position despite the pandemic.

The Final version of the Annual Plan was APPROVED for submission to Welsh Government.

OTHER MATTERS

PTHB/21/31

ANY OTHER URGENT BUSINESS

There was no other urgent business.

PTHB/21/32

DATE OF THE NEXT MEETING:

28 July 2021

Patterson, Liz
07/22/2021 16:23:30



POWYS TEACHING HEALTH BOARD

SUMMARY OF

IN-COMMITTEE MEETING

HELD ON 26 MAY 2021

VIA TEAMS

Minute
Reference

PTHB/21/18

**CONTRACT AWARD - NON-EMERGENCY PATIENT
TRANSPORT SERVICES (NEPTS)**

NEPTS is provided for Powys patients, both adults and children, who have a medical condition which prevents them from using other forms of transport, to travel to and from healthcare appointments. The provision of NEPTS in Powys is somewhat complex given the wide range of partner organisations that the Health Board commission services from.

The Board considered a proposal which focussed on the procurement process for NEPTS service provision for North Powys cross border activity.

PTHB has been formally participating in a procurement process for NEPTS provision in Shropshire and Telford, in collaboration with Shropshire, Telford and Wrekin CCG.

PTHB's participation in the tender process was to ensure that the current level of NEPTS provision for Powys patients, attending elective care in Shropshire is compliant with NHS Standing Orders and to ensure there was a clear service specification for the delivery of NEPTS for the population of North Powys. There was no change to the parameters of service delivery, however, being part of a formal contract would enable the Health Board to hold the provider to account for the quality of the service for Powys patients. This was previously an area that needed improvement because Powys was not a formal partner in the contract arrangements.

The Board considered the outcome of the procurement process and:

Patterson, Liz
07/22/2021 16:23:30

	<ul style="list-style-type: none">• APPROVED the total cost to PTHB of the awarded contract, £1.2 million (£240K x 5 years), over a five-year period which was within the allocated budget for Non-Emergency Patient Transport activity from North Powys into commissioned NHS services in the Shropshire and Telford region; and• SUPPORTED the request to seek approval of the agreement from Welsh Government, due to the total value over the lifetime of the contract being in excess of £1m.
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Patterson Liz
07/22/2021 16:23:30

Key:

Action Complete
Not yet due
Due
Overdue
Transferred

BOARD ACTION LOG (Updated July 2021)

Board Minute	Board Date	Action	Responsible	Progress at 28/07/2021	Status
PTHB/21/25 PTHB Annual Performance Report 2020/21	10 June 2021	Detailed report on access waiting times to be reported to Performance and Resources Committee	Board Secretary/ Director of Planning & Performance	Transferred to Performance & Resources Committee Action Log.	
PTHB/21/10 Financial Performance	26 May 2021	Report on Continuing Healthcare and associated risks to be presented to Performance and Resources Committee	Board Secretary/ Director of Nursing & Midwifery	Transferred to Performance & Resources Committee Action Log.	
PTHB/21/10 Performance Reporting	26 May 2021	Issue regarding the non- availability of performance data regarding cancer from Welsh providers to be monitored by Performance and Resources Committee	Board Secretary/ Director of Planning & Performance	Transferred to Performance & Resources Committee Action Log.	
PTHB/20/155 P&R Committee Chair's Report	31 March 2021	Board Discussion to take place on risks associated with Workforce Sustainability and	Board Secretary/ Director of Workforce & OD	To be included on the agenda of the first Workforce & Culture Committee meeting (if establishment is agreed by Board [agenda item 2.4b]).	

		Model as articulated in the Corporate Risk Register			
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Patterson, Liz
07/22/2021 16:23:30

BOARD MEETING		Date of Meeting: 28 July 2021
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 May 2021.

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
*	✓	*

Patterson, Liz
07/22/2021 16:23:33

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 Constitution

I am delighted to welcome Ronnie Alexander, newly appointed Independent Member, to his first formal meeting of the Board. Ronnie has an extensive background working as an Environmental / Public Health professional which includes having previously worked for over 20 years within the Welsh Government creating health protection policy and leading on climate change and health issues.

With Ronnie in role it is positive that all Independent Member positions on the Board are now occupied. With the support of the Board Secretary, I continue to work with Public Bodies Unit to plan for upcoming changes in Board Membership as a result of Terms of Office coming to an end for some Members. I will ensure the Board remains sighted of changes as they are due to arise.

Board Member Appraisals

I am pleased to confirm that annual appraisals for all Independent Members of the Board have been completed. This process has taken place later than usual because of the pandemic which again disrupted the usual pattern of events. Common themes from these appraisals provide an opportunity to identify training needs and support learning and improvement in the context of Board effectiveness. I am grateful to the Independent Members for their conscientious work and support during the pandemic.

In addition, the Remuneration and Terms of Service Committee met on 5th July 2021, and received an update on annual appraisals held for each Executive Director, undertaken by the Chief Executive Officer. The efforts of the Chief Executive and Executive Team, collectively and individually, throughout the pandemic have been extraordinary and on behalf of all Independent Members I extend my thanks.

Meetings with the Minister for Health and Social Services

Since the Board last met, I have attended a number of meetings with the Minister for Health and Social Services, Eluned Morgan MS, including my own annual appraisal.

A key focus for the year ahead will be the eight ministerial priorities set out below. These build upon those reflected in the NHS Planning Framework for 2021-22 and which have framed our own Annual Plan 2021/22. The priorities also recognise that we are still in the midst of a pandemic response, as we continue with renewal and recovery. Overall, the priorities focus on improving population health and reducing health inequalities, with a concerted shift to wellness, outcomes and ensuring equity of access. This direction acknowledges and reconfirms that "A Healthier Wales" remains the ambition for Wales, supported by implementation of the National Clinical Framework and framed by the Well-being of Future Generations Act.

Ministerial Priorities 2021/22

1. Covid-19 Response
2. NHS Recovery: Recovery across all part of the system and pathways is critical and a key Programme for Government commitment, but also recognising that this is core business for the NHS
3. Working alongside social care: The NHS is already working positively and strongly towards the aim of delivering seamless care.
4. A Healthier Wales: A Healthier Wales stands as the strategy for health and care.
5. NHS finance and managing within resources
6. Mental health and emotional well-being: The protection of mental health, both in clinical and broader society terms, is a clear priority for the Minister.
7. Supporting the health and care workforce: Recognising efforts made across all staff groups and professions over the last 16 months and understanding the needs of the workforce into the future.
8. Population health, notably through the lens of pandemic experience and health inequity, is fundamental: This overarching priority and ultimate aspiration of A Healthier Wales is that Wales is a population health-based system.

A Successful Year for our Charity

Earlier this month (5th July) marked the 73rd Birthday of the NHS and this year, it feels more important than ever. It has been both a chance for us to reflect on the most challenging of years and to show thanks to our heroic staff

who have been at the heart of the nation's response to the pandemic. It goes without saying that we are incredibly proud of the way that staff and volunteers across Powys have risen to the occasion.

The PTHB Charity took part in the NHS Big Tea campaign, which is an annual event to celebrate the NHS' birthday where we stop to take a short five-minute tea or coffee break to pause and reflect on the past 12 months, which has seen so much change. Staff members across the Health Board took part in randomised tea breaks arranged by the Charity to help them connect with other colleagues. I am pleased to say they have been received very well and will continue throughout the year.

In a challenging year, it is vital that we acknowledge our successes and over the past twelve months PTHB Charity has been able to fund 95 new projects for a total of over half a million pounds (£528,000). An amazing total that would not have been possible without the support and dedication of our Health Board colleagues to bring those projects to fruition as well as an impactful national fundraising campaign by NHS Charities Together. The outpouring of generosity and gratitude from our communities has allowed the Charity to deliver a more effective and impactful response to support our staff and patients during the pandemic.

Many of our staff have accessed the COVID Response Fund this year (which you may also know as the 'Captain Tom fund'). We have many more funding streams available of course, and I encourage all those with brilliant ideas of their own to pitch them to the Charity. Our hope is that we can do even more this year and I am looking forward to seeing more of these amazing projects coming to fruition.

Patterson, Liz
07/22/2021 16:23:38

BOARD MEETING		Date of Meeting: 28 July 2021
Subject :	VICE CHAIR'S REPORT	
Approved and Presented by:	Melanie Davies, PTHB Vice Chair	
Prepared by:	Melanie Davies, PTHB Vice 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 May 2021.

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
*	✓	*

Patterson, Liz
07/22/2021 16:23:30

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	✓

VICE CHAIR'S REPORT:

The Mental Health Planning and Development Partnership meeting was held on the 22nd June. The meeting had updates from all the subgroups. The Community Voluntary Service Report is a very informative document and reflects the effects of the pandemic on the mental health of individuals and on the third sector organisations providing services across Powys. The Engage to Change report and the Mental Health Officer's group report are also very informative. The group also agreed the Service improvement proposals for the additional resources for Mental Health 20/22 that are detailed in a full paper covering Crisis Care, Service improvement and Specialist CAMHS.

On the 13th July the Vice Chairs met with the Deputy Minister for Mental Health and Wellbeing Lynne Neagle MS. The Deputy Minister thanked health boards for the work undertaken so far and asked for assurance about the delivery and performance of Health Boards recovery and renewal plans going forward, the Deputy Minister also enquired about the implementation of the NEST/NYTH programme and the readiness of RPB's to take the work forward. I was able to report that the Powys RPB was considering this agenda item that afternoon, through the Startwell Board. The next item the Minister raised was the preparations by health boards, for the new Liberty Protection Safeguards due to come into force next April. I informed the Minister that a full paper on the subject had been taken to the 24th June meeting of the Performance and Resource Committee and the committee had fully noted and discussed the information given and the work underway to implement the new legislation. The last item for discussion was Eating Disorders, which has seen an increase across Wales, this can be seen by the referrals in both Adult and Children's

services in Powys. The Welsh Government provided additional funding for Mental Health Services for 2021/22 which was ring fenced and aligned to National imperatives, as part of our response the Mental Health Service have submitted a bid that will enhance the Eating Disorder Service and provide a service that can offer early intervention and therapeutic interventions that seek to prevent the need for in-patient admissions. The Powys proposals were submitted to Welsh Government in May and had approval of the Livewell Mental Health Partnership in June.

I took part in the Welsh Government Programme Assurance Review on the North Powys Wellbeing Programme conducted by Martin Dove and a small team. The findings and recommendations of the review will be very useful in respect of an independent critical friend, it will aid the project, help to avoid surprises and add value to the project and stakeholders.

The Vice Chairs meeting of the 14th July had an interesting presentation by Alan Lawrie on Cluster Development and the Primary Care Plan. The aim of the proposals would be to meet the Cluster population health needs through effective and robust planning at county level. This should be based on a needs assessment which would enable the Clusters to commission certain services. The idea would see greater alignment between the population health needs assessments carried out by the Regional Partnership Boards and would provide the engagement between RPB's and Clusters that is set out in A Healthier Wales.

PAVO are going through the process of judging the nominations for their annual Volunteer of the year awards to be held in September. I had the pleasure of attending the "Governance category" meeting, the first step towards recognising the overall winner in this category. This year there will also be an Ian Charlesworth Award in celebration and remembrance of the work, contribution and commitment over many years in the organisation, that Ian took part in.

For information the Power of Discharge group will be meeting on the 22nd July, the Hospital Managers have been undertaking Mental Health Act Reviews throughout the Pandemic via telephone and skype, however this will be the first group meeting since the pandemic. The Corporate Parenting meeting is also due to be held on the 22nd July.

Patterson,Liz
07/22/2021 16:23:30



Agenda item: 1.7c

BOARD MEETING		DATE OF MEETING: 28 July 2021
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/Decision	Discussion	Information
	✓	

Patterson, Liz
07/22/2021 16:23:30

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 draws attention to a number of key, high priority areas including:

- An overview in relation to the progress with the draft Annual Plan 2021/22
- An overview of the COVID-19 pandemic position
- Key performance matters
- Other matters

Some of these items will be covered in more detail during the Board meeting.

DETAILED BACKGROUND AND ASSESSMENT:

Overview of progress with the draft Annual Plan 2021/22

The Board approved at its June 2021 meeting the revised Annual Plan for 2021/22 for submission to Welsh Government. The usual requirement for the development and submission of an Integrated Medium Term Plan (IMTP) has been modified to that of an Annual Plan, given the pandemic.

Since this time the new Minister for Health and Social Services has outlined to health boards eight key priorities. An extract of the letter from the

Patters
07/22/2021 16:23:30

Director General Health and Social Services/NHS Wales Chief Executive is provided below:

- 1. Covid-19 Response:** *We are still in a public health emergency. We need to recognise, despite some evidence of progress, that we remain in response mode to coronavirus. This becomes more visible seeing our own community numbers increase and experience over the border and the growth of delta variant including in Wales. It is important for confidence that the NHS with Welsh Government and other partners keep ahead of arrangements including: a. Continued progress on vaccinations, from second doses to booster and flu arrangements; b. NHS influence and data feeding into government choices and actions; c. Continuing to contribute and discharge an effective Wales TTP system; d. Responding to expectations for long covid, whilst we continue to learn about the diagnosis and treatment; e. Ongoing safe environments for patients and staff in healthcare settings – recognising this changes based on local community prevalence; f. An understanding of broader harms and showing how the NHS is building these into plans.*
- 2. NHS Recovery:** *Recovery across all part of the system and pathways is critical and a key Programme for Government commitment, but also recognising that this is core business for the NHS. a. There needs to be a clear plan for waiting lists and times – progress within the gift of health organisations from core allocations, as well as clarity on what proposals need national/ Welsh Government support whether for service models or facilities. b. This is an opportunity to do different things. The Minister is committed to ensure that we do radical things, be innovative and show we are transforming the system from this difficult experience. c. To work on service change options early, showing better access and outcomes for patients. d. Continuing to address NHS pressures, dealing with high volumes of patients and a return of services, whilst continuing to operate safely in a Covid environment. e. Resilience in planning and contingency planning for future threats and demands. Examples include new variants and winter pressures. f. Collaboration with other NHS organisations to progress regional solutions in earnest.*
- 3. Working alongside social care:** *The NHS is already working positively and strongly towards the aim of delivering seamless care. a. Building upon relationships with Regional Partnership Boards to plan and deliver effective integrated services in response to population need. b. Understanding any fragilities in the local social care and care home sector and working with partners to identify any contingencies which may be required. c. Continuing to engage in discussions about the recovery and future of social care following the consultation on the white paper Rebalancing Care and Support;*
- 4. A Healthier Wales:** *A Healthier Wales stands as the strategy for health and care. The Minister expects this to ensure momentum and*

Patterson, Liz
07/22/2021 16:23:30

change. a. This provides permissions and a clear mandate for the NHS to use existing actions contained in the Workforce Strategy and the National Clinical Framework to make rapid progress. b. Local implementation of quality statements and the new Quality and Safety Framework (when published). c. A relentless focus on improving health outcomes and reducing inequalities (see priority 8 below); d. The opportunity to develop more appropriate system and clinical measures that track towards A Healthier Wales.

5. NHS finance and managing within resources: We have had two exceptional years of extra funding due to Covid, but we must still demonstrate strong financial control. This in turn will assist the Government level discussions and intentions to support the NHS. a. Clarity of financial planning for this year and more importantly, for subsequent years, including clarity on longer term assumptions for sustainable services and workforce planning. This will be particularly important as we reactivate the statutory requirement for 3-year, financially balanced IMTPs. b. Tracking financial performance at national and organisational level. c. A desire to see use of NHS funding and resources to support cross-government priorities which have an impact on the wider determinants of health. d. Application of prudent health care and value based healthcare to services and at system level.

6. Mental health and emotional well-being: The protection of mental health, both in clinical and broader society terms, is a clear priority for the Minister. a. Raising expectations for change away from traditional and institutionally based services. This includes evidence of shifting services away from a medical model. b. Focusing on models that meet the needs of children and young people. c. Workforce well-being and welfare, with an emphasis on staff support and resilience. How we care for our own staff further to the pandemic experience will be a reflection of how we wish to support the wider population.

7. Supporting the health and care workforce: Recognising efforts made across all staff groups and professions over the last 16 months and understanding the needs of the workforce into the future. a. Robust workforce planning, informed by demand projections and service planning. b. Continuing to recognise staff efforts. c. Engaging the workforce, as well as wider stakeholders, in service change and transformation. d. Encouraging local innovation and implementation of national programmes.

8. Population health, notably through the lens of pandemic experience and health inequity, is fundamental: This overarching priority and ultimate aspiration of A Healthier Wales is that Wales is a population health based system. a. Short-term decisions must be made in the context of making a future difference to our population health. b. The specific needs and impacts upon deprived populations, those with co-morbidities or learning disabilities, vulnerable groups and Black, Asian and Minority Ethnic communities must be understood and

Patterson, Liz
07/22/2021 16:23:30

grounded in lived experiences. c. Evidencing a shift to prevention and wellness.

These priorities already align with the work undertaken in preparing the annual plan and on 20th July 2021, the Chair and CEO had an opportunity to discuss, amongst other matters, the Renewal approach with the new Minister.

The Renewal approach in the health board continues to develop and to date two Renewal Strategic Portfolio Boards have taken place. Further, more detailed reports will be presented to Board and Board Committees in the next few months.

A progress report relating to the Annual Plan is provided as a separate report on the agenda.

COVID-19 pandemic

The country is currently experiencing a Third Wave of the pandemic and there has been significant increase in the case rate across Powys and across the UK. At the time of writing the rate had risen to 228 per 100k population, against a Wales average of 189 per 100k, with Powys currently the 6th highest local authority area in Wales. The test positivity rate is 10%. The Test, Trace, Protect service is working extremely hard to ensure the highly effective service provided to date can be managed through these much higher levels of activity. Prioritisation has been required in relation to the focused action of the wide Prevention and Response Team in order that higher risk environments in particular are supported. As the restrictions in place ease or are removed, it is likely that further contact will occur and cases could increase further.

It is clear that services, not only health care, could experience significant disruption as a result of the wide community transmission and the need for those people who have had a contact with someone who is COVID positive to self-isolate. This is affecting more and more staff across the NHS and whilst at this stage there has not been a need to reduce service provision as a result, there is prepare for such a situation. The Government is looking at the measures that can replace the current system and dependent on this progress, potentially the situation will be eased.

On vaccination, the excellent progress in Powys continues and the end of the current phase on the programme is due in early August. This does mean that focus will be on those who have yet to come forward, the vaccination of some children in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance and the progression into the Autumn/Winter Booster Campaign. The approach for the Autumn/Winter Booster Campaign will be largely based on a Mass Vaccination Centre model, with outreach and

some primary care. There has been a need to balance the ongoing vaccination programme with the critical nature of primary care provision, particularly during what is likely to be a very busy winter period.

Key performance matters

There is a separate item on performance for consideration by the Board. It is potentially helpful however to indicate a specific emphasis on a number of key elements.

The urgent and emergency care part of the system has been and continues to be under significant pressure. Demand for ambulance services has now exceeded pre-pandemic levels and the recent extremely hot weather has further exacerbated this. Welsh Ambulance Service NHS Trust has reported very high levels of escalation as the availability of resources such as ambulances has been severely constrained with patients waiting for extended periods. All incidents of potential harm as a result are being investigated. This period is on the backdrop of difficulty in achieving the performance standard of 65% of all Red calls (life-threatening) within 8 minutes. Whilst there is clearly additional time needed to incorporate the use of PPE, the standard is currently not being met in Powys. Specific discussion with WAST and the Emergency Ambulance Services Committee is taking place in relation to this matter and the Director of Primary, Community and Mental Health has been asked to participate in the work relating to the Ministerial Taskforce for Ambulance Availability.

There is continued concern regarding the growing list of people awaiting elective/planned care. Given the COVID-19 enhanced infection prevention measures in place, overall capacity is reduced. This means that the ability to reduce overall waiting times is challenging, coupled with staff absence. The investment made by Welsh Government in moving forward on recovery actions is an enabler, however some delays in progressing increased activity exist due to workforce. Detail on the current position is given in the Performance Report.

Other Matters

Maintaining the engagement approach that was expanded during the pandemic has been a key focus as we continue through the public health emergency. Regular briefings and Q & A sessions have been held with the new Members of Senedd and existing MPs, as well as staff briefing sessions, public briefing and Q & A sessions and Town/Community Council briefings.

The new Minister for Health and Social Services undertook an informal visit to the Testing Centre in Newtown on 17th June 2021 and an informal visit from

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07/22/2021 16:23:30

Dame Kate Bingham, the Former Chair of the Vaccines Taskforce, took place at the vaccine centre in the Royal Welsh Showground on 14th July 2021.

NEXT STEPS:

The key issues highlighted in the report will continue to have focused attention in order to support the next stage of development.

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07/22/2021 16:23:30



Agenda item: 2.1

BOARD MEETING		Date of Meeting: 28 July 2021	
Subject :	Organisational Development (OD) Strategic Framework - Refresh 2021-24		
Approved and Presented by:	Julie Rowles, Director Workforce, OD and Support Services		
Prepared by:	Julie Rowles, Director of Workforce & OD Sarah Powell Assistant Director OD		
Other Committees and meetings considered at:	Board Development - 10 th June 2021 Executive Committee – 30 th June 2021 Local Partnership Forum – 1 st July 2021		
PURPOSE:			
<p>The purpose of this paper is to gain approval from the Board for the updated Organisational Development Strategic Framework (the Framework). The Framework underpins the delivery of the Health and Care Strategy by aligning the organisational Processes, People, Structures and Culture to ensure organisational effectiveness.</p> <p>The Framework sets clear priorities under each area of the organisation’s Operating Frameworks.</p> <p>The refreshed Framework focuses on recovery from the pandemic and the renewal of services, whilst continuing to improve the effectiveness of Powys Teaching Health Board (PTHB).</p> <p>The refresh aims to build on work that had been started prior to the pandemic. It also builds on areas of good practice that were introduced during the Covid-19 pandemic.</p>			
RECOMMENDATION(S):			
The Board is asked to APPROVE the refreshed Organisational Development Strategic Framework for 2021-24.			
Approval/Ratification/Decision	Discussion	Information	
✓	✓	✘	

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07/22/2021 16:23:30

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 –intervention and prevention	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First (assistive technology)	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care and Support	✓
	3. Effective Care and Support	✓
	4. Dignified Care and Support	✓
	5. Timely Care and Support	✓
	6. Individualised Outcomes	✓
	7. Staff and Resources- effective and maximise use of shared resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The OD Strategic Framework (the Framework) ensures the organisation is focused on doing the right things to deliver the Health and Care Strategy. This is set within the context of recovery from the pandemic and the renewal of services, whilst continuing to improve the effectiveness of Powys Teaching Health Board (PTHB).

The refreshed Framework has been informed through a number of workshops with Board Members, the Executive Team and the Local Partnership Forum. The Framework is also underpinned through local reviews and Internal and External Audit.

With our vision of a Healthy, Caring Powys and through the Framework, we strive to be leaders in Wales in Primary and Community Care and build on our role as a strategic commissioner for the population of Powys, enabling new community-based models of health and social care. Encompassing new technologies, with a flexible agile workforce working in innovative environments.

Building on our operating model principles:

Strategy; Structure; Culture; People; Process/Systems

the OD Strategic Framework draws together the desired outcomes that are needed.

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DETAILED BACKGROUND AND ASSESSMENT:

The Organisational Development (OD) Strategic Framework aims to underpin the delivery of the Health and Care strategy. The OD Framework will be led by the Board and will be implemented throughout the organisation.

The role of the Framework is to focus on recovery from the pandemic and the renewal of services, whilst continuing to improve the effectiveness of Powys Teaching Health Board (PTHB). It further seeks to support the alignment, delivery and improvement approach across all areas and levels of the Health Board, whilst recognising the significant progress that has already been made with organisational effectiveness.

This includes the work that was undertaken to invest and realign structures to deliver the Health & Care Strategy, including investment in Clinical Director functions, Digital Transformation, Research and Development, Strategic Transformation and Support Services.

Since the original strategy was agreed in May 2019 the Health Board has also agreed in partnership a number of supporting frameworks, including Workforce Futures, Digital First and Innovative Environments.

The Board governance and development framework has laid the foundations that will be built on in the refreshed strategy.

At the recent Board Development, Executive Committee and the Local Partnership Forum workshops it was recognised that the principles within the framework were still extant and valid. The Framework has been updated to reflect the comments received from these sessions.

The OD Strategic Framework is underpinned by our Operating Model:

Strategy, Structure, People, Process, all encompassed by Culture

The refreshed OD Strategic Framework seeks to ensure there is a strong commitment to learning from the Covid-19 pandemic, maintaining our accelerated creativity and innovation attributes, developing our Value-based Health Care service, Strengthening our Clinical and Professional leadership. Doing the right things.

The OD Strategic Framework will be embedded through the following priorities, supported by a delivery implementation plan:

Revised 2021 Priorities: **PEOPLE**

1. Continue to invest in our Board and Executive Team Development Programme that focuses on improving effectiveness.
2. Invest in leadership and team development throughout the organisation, strengthening a culture of clinically and professionally led, value-based healthcare.
3. Develop our Excellence in:

Patterson, Liz
07/22/2021 16:23:30

- Supporting one's self (wellbeing)
 - Leadership
 - Team dynamics
4. Support the activity within and the outcomes of the Workforce Futures Strategic Framework.

Revised 2021 Priorities: **STRUCTURE**

1. Continue to implement an organisational design model that aligns the structures, to enable delivery of the health and care strategy and Renewal Priorities.
2. Invest in specific areas of organisational structure in order to deliver a significant impact in implementing the health and care strategy and against the renewal priorities.
3. Develop a clear framework for the development of highly effective cluster working that focuses on integrated working approaches.
4. Develop innovative approaches to role and service development that underpins our 'grow our own' model

Revised 2021 Priorities: **PROCESSES**

1. Continue to develop and implement a Governance Programme that enables a clear approach to risk and assurances, decision making rights/delegations, accountability and autonomy supported by the implementation of the Clinical Quality Framework
2. Ensure, where possible, the way in which we work is enabled and enhanced by the use of digital technologies
3. Identify key organisational processes which offer opportunity for redesign to digitalise, increasing efficiency and effectiveness, aligned to the Digital First Strategy
4. Review and strengthen corporate business systems and processes ensuring these embed high standards into organisational ways of working

Revised 2021 Priorities: **CULTURE**

1. Triangulate data and information gathered within the organisation, to understand our progress in developing a safe, healthy, compassionate and value-based culture

Patterson, Liz
07/22/2021 16:23:30

2. Actively participate in the development of a mature partnership approach, in the ambition to deliver seamless healthcare across organisational boundaries
3. Develop and deliver a multi-layered approach to staff engagement and wellbeing, supporting staff to recover from the pandemic and deliver our Renewal Priorities.
4. Improving performance management approaches to ensure that there is a golden thread between organisational objectives and individual action.

A detailed action plan with clear timeframes and delivery objectives against each of these areas will be developed with Directors. The progress against the delivery of the framework will be monitored via the Executive Team and Board.

NEXT STEPS:

In order for this Strategic Framework to be realised, the following needs to be in place:

- The development of a delivery implementation plan with accountable strategic leads;
- Regular monitoring of progress through Executive Committee and Board;
- Annual review of priorities and refresh of the Framework to ensure it meets organisational need.

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07/22/2021 16:23:30



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Powys Teaching
Health Board

'Best Chance of Success'

An Organisational Development Strategic Framework to support 'A Healthy, Caring Powys' 2021 - 2024



Refresh July 2021

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1. Introduction

The purpose of this framework is to outline the development priorities to improve Powys Teaching Health Board's organisational effectiveness, enabling the health board to be best placed to deliver against its commitments for the population of Powys. These commitments are set out in the 10-year health and care strategy: 'A Healthy, Caring Powys', with specific workforce and cultural aspects detailed in the Workforce Futures Strategic Framework. Activities are operationalised in our Annual Plan.

'A Healthy, Caring Powys', was published in 2017 and was the first integrated health and care strategy within public services in Wales. The strategy aligns with the strategic direction for health and care in Wales, described in the Welsh Government Long Term Plan: 'A Healthier Wales' our Plan for Health & Social Care (2018). The Powys long term plan outlines the future vision of a whole system approach to health and care, with a focus on wellbeing; early help and support; tackling the big four diseases that limit life and joined up care.

The Covid-19 pandemic has placed significant pressures on the health and social care system, but has also provided an opportunity for change, especially in digital ways of working. The role of this framework is to focus on recovery from the pandemic and the renewal of services, whilst continuing to improve the effectiveness of Powys Teaching Health Board (PTHB). It further seeks to support the alignment, delivery and improvement approach across all areas and levels of the Health Board, whilst recognising the significant progress that has already been made with organisational effectiveness.

2. Developments since the launch of the OD Framework

At the end of 2020/21, it is important to reflect on the journey of the organisation since the introduction of the Health and Care Strategy. Since 2018 Powys Teaching Health Board has significantly developed, with some clear examples of progress including:

- Successful delivery of the Mass Vaccination and Test, Trace & Protect Programmes
- A joint Workforce Strategic Framework developed in partnership with colleagues across health and social care
- Development of the Health and Care Academy blueprint, including the refurbishment of the first physical space in Basil Webb on the Bronllys site
- More volunteers working in collaboration with our paid workforce to deliver enhanced health and care services
- A staff wellbeing offer that has supported and continues to support staff whilst tackling the Covid-19 pandemic
- An agile way of working that supports social distancing during the Covid-19 pandemic

Patterson, Liz
07/22/2021 16:23:33

Draft V2.0 July 2021

- A Research, Improvement and Innovation Hub established to enable more trial and testing of new ways of working, underpinned by evidence-based research and learning
- Roll out of leadership and management development opportunities
- Successful delivery of financial breakeven each year since 2015, despite challenging performance pressures
- Maintaining positive staff survey results and Engagement Index score in the 2020 national staff survey
- An enhanced staff wellbeing offer that seeks to support staff during the Covid-19 pandemic, e.g wellbeing hubs
- Improvement in estates and significant investment from Welsh Government in terms of capital monies, to support improved environments in Powys
- Phase 1 of realignment of the organisation ensuring a structure is flexible and fit for the future
- The redeployment of staff throughout the pandemic to ensure successful delivery of business-critical areas
- A strong partnership working model that supports citizenship and commits to our social economic duty. Community Sector Response Group (CSRG) was established during the pandemic and has deployed over 1300 volunteers.

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07/22/2021 16:23:30

3. Delivering a 'Healthy, Caring Powys'

Having the first integrated health and care strategy in Wales clearly shows Powys Teaching Health Board and Powys County Council's commitment to a whole system approach in Powys, the importance of which is even more significant to enable the renewal of services. Developing the strategy in partnership with the Local Authority was a key signal of intent to maximise the benefit of having a co-terminus relationship, the only one in Wales. It will be essential to continue to build on this through implementation.



The strategy signals an important step change in **focusing on wellbeing** and **early help and support**. To a much greater extent than ever before, the NHS in Powys will be focusing on supporting people to take personal action to maintain health, whilst supporting people to regain and maximise health through early help and support. This means the way health services have traditionally been arranged will need to change.



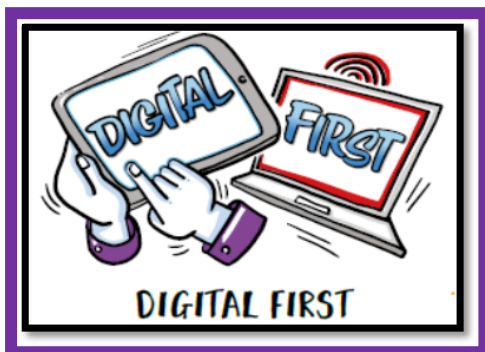
The strategy clearly sets out an ambition to make tangible achievement in the outcomes for people who have conditions that limit their life. Underpinned by strong evidence, **the Big Four** diseases that limit life are cancer, respiratory conditions, mental health and circulatory disease. There is every opportunity to both save lives and to improve the lives of those with these conditions. The organisation will need to take a structured, programme based approach to whole system transformation, in order to achieve positive outcomes ensuring evidence based prudent practice.

Patterson, Liz
07/22/2021 16:23:30

The clear and consistent message given by citizens and stakeholders when contributing to the strategy was the need for **joined up care**. The term integrated care was used initially, but as this means different things to different people, a simpler, more citizen focused way of describing professional citizens, patients and others working together was agreed. Joined up care therefore means a much greater alignment and connection between primary and secondary care, health and social care and physical and mental health care. To achieve this will require a step change in service design, team working and delivery.



Whilst there is clear focus on delivering the wellbeing objectives described above, enabling delivery is key. Enabling objectives include a new, strategic focus on **workforce futures**, aimed at developing and delivering an approach to workforce planning; education, training and development and well-being. This work will not only focus on those people employed by the health board, but increasingly partners in independent contractor services, the independent sector, third sector and carers.



The utilisation of technology in care as yet remains under-developed. The drive towards a **digital first** approach should help to transform the way services are offered to individuals and communities. This will require a different way of working, increased expertise at all levels and in all areas of the organisation and leadership to promote innovation and creativity.

As health and social care moves away from the traditional reliance on buildings based care and increases the proportion of care and support in people's own homes and communities, the development of **innovative environments** becomes more important. The strong message from citizens and communities during the development of the strategy indicated a desire to have more care provided in county. This will require a fresh focus on flexible environments of care that can respond to changing service provision. Developing an environment of innovation is also critical to enable the objectives and outcomes of the strategy to be achieved. A strong approach to developing culture, systems and processes for innovation, research and development will be key to success.



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Finally, a core enabler to achieving the vision described in the strategy is **transforming in partnership**. The unique nature of the health board means that developing and sustaining positive relationships and partnerships is key. Whilst an external focus will continue to be required, the strength of internal partnerships and relationships is also a critical success factor. Supportive and proportionate governance, clarity of accountability and autonomy and effective systems of decision-making will enable the organisation rather than constrain it, as has been the case previously.

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07/22/2021 16:23:30

4. Guiding Principles

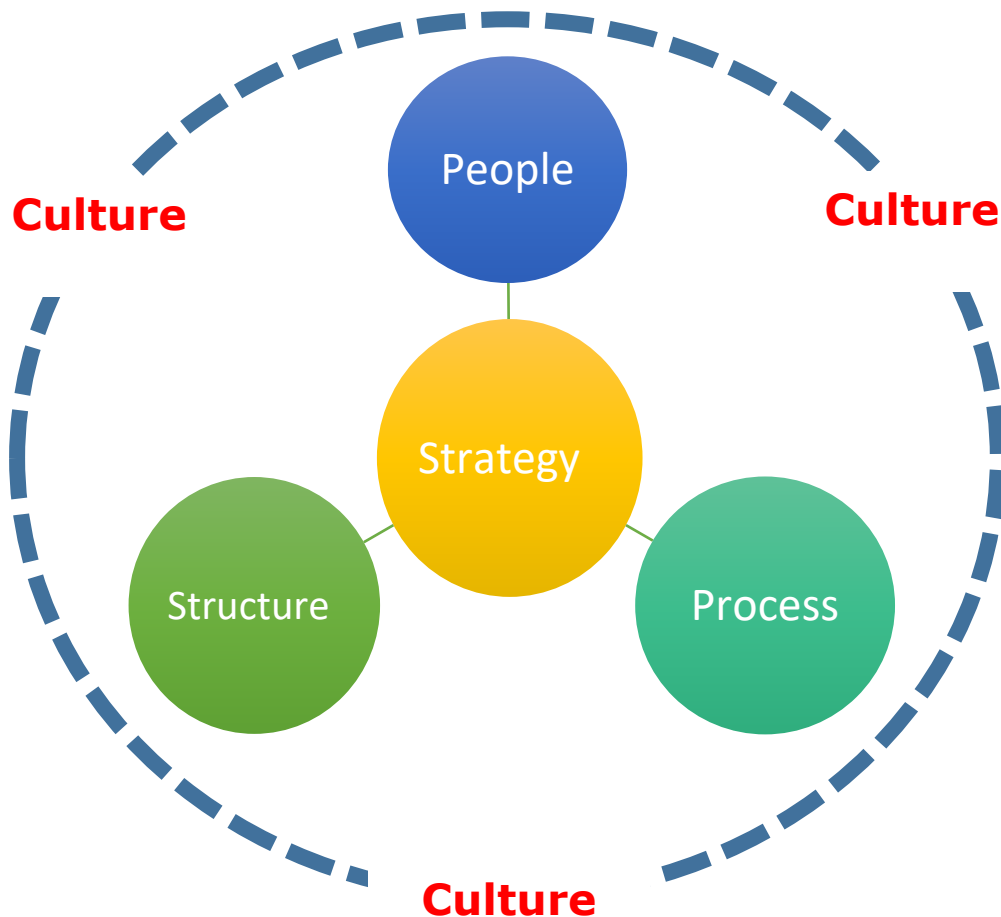
Our 6 guiding principles are defined in the Health and Care Strategy and must be applied to changes implemented organisationally. This is to ensure we design our organisation in a way that mirrors the way in which we want the organisation to interact with patients, service users, citizens and partners.

 <p>Principle 1 <i>Do What Matters</i></p> <p>We will ensure that the organisation is better placed to do 'What Matters' for the people of Powys</p>	 <p>Principle 2 <i>Do What Works</i></p> <p>Changes will be based on what evidence, evaluation and feedback shows works.</p>
 <p>Principle 3 <i>Focus on Greatest Need</i></p> <p>Our priorities will be defined by actions that create greatest impact for the long term.</p>	 <p>Principle 4 <i>Offer Fair Access</i></p> <p>We will work to enable greater fairness and equality in all that we do</p>
 <p>Principle 5 <i>Be Prudent</i></p> <p>We will use all resources wisely, maximising the talents of all</p>	 <p>Principle 6 <i>Work with People and Communities</i></p> <p>We will strive to be an excellent partner, working positively with people and communities</p>

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07/21/2021 16:23:30

5. The Operating Model

The OD Framework is underpinned by our OD Operating Model. This seeks to balance the key elements that exist within any organisation, knowing that a lack of focus in any area will have an impact on the others. The model is based on Tushman and O'Reilly – Leading Organisational Change and Renewal – with some simplifications.



Strategy – An organisation needs a clear, engaging strategy that sets out the long-term vision and goals. The strategy needs to be easily communicated to staff and service users, with staff being able to understand how their role helps achieve the strategy.

People – Are the right people, with the right skills, behaviour and experience in the organisation to achieve the strategy? How do the skills that individual people have join in order for the organisation as a whole to have the capabilities it needs? This area focused specifically on:

- Board – membership, skills and competencies
- Executive Leadership – range of roles, skills, knowledge and experience – plus styles (links to culture)
- Clinical Leadership & Management
- Professional Leadership & Management
- Broader workforce capabilities, competencies and capacity

Patterson, Liz
07/22/2021 16:23:30

Draft V2.0 July 2021

Structure – Are the people organised in a manner that enables them to be focussed on and deliver the strategy? Are the structures aligned to the strategy? Do the structures enable clarity of lines of communication and control? This area focused specifically on:

- (Change) Programme Management
- Operational Delivery
- Innovation & Research
- Business Intelligence
- Finance – strategic planning through to day to day management
- Information Technology
- Workforce Management and Development
- Estates, Property, Assets & Facilities
- Governance Support
- Planning & Commissioning
- Quality Assurance and Improvement

Process – Do the processes, systems and procedures enable the staff to achieve their role? Do the processes exist to support the service user/patient? This area focused specifically on:

- Performance Management Framework
- Change Management Approach
- Decision Rights & Process Framework (incorporating scheme of delegation)
- Designated Management Groups
- Advisory structures (HPF, SRG, Partnership Forum)
- Standing Orders/Standing Financial Instructions
- Board Assurance Framework
- Risk management approach
- Strategy development approach
- Business case development

Culture - What we want to achieve for patients, service users and their families, needs to be reflected in our organisational culture, which includes our written and unwritten rules, principles and policies that shape and reflect the way we operate. This area focused specifically on:

- Vision & purpose
- Values
- Behaviours
- Communication & Engagement
- Recognition & reward
- Talent development
- Feedback development & management

In order to inform the areas of focus for the Organisational Development Strategic Framework, a number of sources of feedback have been sought. These have helped to identify the priorities for organisational development and include:

- Staff Survey
- Internal Audit
- External Audit (Wales Audit Office)
- Board Development workshops
- Senior leaders and managers workshops
- Trade Unions Partnership discussion

Patterson, Liz
07/22/2021 16:23:30

5. Organisational Development Priorities

People

The staff survey (2020) and the study into the new ways of working, delivered by the Research and Innovation team titled: *New Ways of working (2020/21) Gathering insight and learning on PTHB's response to the COVID-19 pandemic*, have been the major source of feedback that influence the priorities moving forward. Successful delivery of our Renewal Priorities will rely on a healthy, motivated and capable workforce. Key outcomes include:

- The need to develop further the clinical and professional leadership capability of the organisation given the ambitious health and care strategy ambition
- A focus on excellent general management, valuing operational management
- Striving to work in partnership with our social care and third sector colleagues to deliver integrated, value-based healthcare
- Reviewing and enabling the next stage of development of the Board in order to support the delivery of the health and care strategy; further developing a positive organisational culture

2021 Priorities:

1. Continue to invest in our **Board and Executive Team Development Programme** that focuses on improving effectiveness.
2. Invest in **leadership and team development** throughout the organisation, strengthening a culture of **clinically and professionally led**, value-based healthcare.
3. **Develop our Excellence in :**
 - Supporting one's self (wellbeing)
 - Leadership
 - Team dynamics
4. Support the activity within and the outcomes of the **Workforce Futures Strategic Framework**.

Patterson, Liz
07/22/2021 16:23:30

Structure

Significant progress has been made to realign the organisation's structures to meet our priorities, with a phase 1 focus on the Executive and Senior Leadership. The renewal of services will be a significant challenge as well as realising the changes required to deliver the Health and Care Strategy. Therefore, activity will continue to enable phase 2 of structural realignment to be realised.

There is increasing awareness of the broad range of responsibilities the health board has including the focus on renewing service, population health, planning and commissioning services and direct rural healthcare provision. The key areas of insight for consideration include:

- Continuing to improve clarity within some services, particularly in relation to professional lines of accountability, in terms of existing and planned structures
- A greater focus on pan Powys working is important in reducing duplication and using expertise and resources more effectively
- The health and care strategy identifies the collective focus on integrated health and social care structured around the renewal priorities including the 'Big Four' and therefore links to enabling excellent, whole system planning and commissioning approaches are key
- The delivery of the strategy will also require an enhanced focus on the role of the clusters and a greater focus on the establishment required to provide clinical leadership

2021 Priorities:

1. Continue to implement an **organisational design model** that aligns the structures, to enable delivery of the health and care strategy and Renewal Priorities.
2. **Invest** in specific areas of organisational structure in order to deliver a significant impact in implementing the health and care strategy and against the renewal priorities.
3. Develop a clear framework for the development of highly effective **cluster working** that focuses on integrated working approaches.
4. Develop innovative approaches to role and service development that underpins our '**grow our own**' model

Patterson, Liz
07/22/2021 16:23:30

Processes

The insight in relation to the organisation's processes came from a wide variety of sources, including internal and external audit, the staff survey, discussions and workshops with colleagues within the organisation. This has been further strengthened by new developments and learning throughout the pandemic, including the New Ways of Working study. In summary:

- Capitalise on the new digital capabilities that has enabled new ways of working, supporting team connectivity, accelerated decision making and streamlining of some processes
- There is a need to streamline transactional management activities and move towards agile governance
- The need to have a focused, clear and 'right-sized' governance approach which enables a focus of resources on the right areas, systems and processes
- A refined and improved delegation process
- Systems will need to be streamlined, digitalised where possible and designed for excellent outcomes
- Ways of working need to be reviewed and modernised, with less reliance on a meetings culture and more flexible approaches to supporting delivery

2021 Priorities:

1. Continue to develop and implement a **Governance Programme** that enables a clear approach to risk and assurances, decision making rights/delegations, accountability and autonomy supported by the implementation of the Clinical Quality Framework
2. Ensure, where possible, the way in which we work is enabled and enhanced by the use of **digital technologies**
3. Identify **key organisational processes** which offer opportunity for redesign to digitalise, increasing efficiency and effectiveness, aligned to the **Digital First Strategy**
4. Review and strengthen **corporate business systems and processes** ensuring these embed high standards into organisational ways of working

Patterson, Liz
07/22/2021 16:23:30

Culture

The staff survey and the learning from the Covid-19 situation gave a rich source of feedback in relation to culture. The staff engagement score continues to remain at a high level, maintaining the same score as 2018, despite the pandemic. A focus on continuing to improve the culture however, is an important aspect of enabling services to renew and recover, as well as meeting our long-term strategic goals.

- Continuing to adopt the culture of Compassionate Leadership and approaches to Healthier Working Relationships that supports staff feeling valued, safe and motivated in their role to do the very best for patients
- Develop and embed the approach to Agile/blended working
- A co-ordinated, multi-layered wellbeing offer to staff that supports them to recover from the pandemic
- A commitment to strategically and operationally embedding a culture of effective partnership working, (e.g Local Authority, 3rd Sector, other health service partners) planning and delivery
- Developing a culture that has a focus on value, doing what is right and what matters most
- Strengthening the balance between assurance and the desire to examine everything
- Enabling a culture, system and process of performance improvement, accountability innovation and creativity is key

2021 Priorities:

1. Triangulate data and information gathered within the organisation, to understand our progress in developing a **safe, healthy, compassionate and value-based culture**
2. Actively participate in the development of a **mature partnership approach**, in the ambition to deliver seamless healthcare across organisational boundaries
3. Develop and deliver a multi-layered approach to **staff engagement and wellbeing**, supporting staff to recover from the pandemic and deliver our Renewal Priorities.
4. Improving **performance management approaches** to ensure that there is a golden thread between organisational objectives and individual action.

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6. Conclusion

The health board has undertaken extensive consideration of the insight provided by staff, Trade Union partners, Auditors, the Board members themselves and others. The Covid-19 pandemic has also provided the opportunity to test our resilience as an organisation, whilst also challenging us to explore new ways of working. This has helped to inform the key priorities for organisational development over the next two years. Recognising that the organisation starts from a strong base, the appetite to ensure PTHB can demonstrate its principles and deliver against the health and care strategy is high.

The continuous strengthening of organisational capability, capacity and effectiveness is key to organisational health, which in turn will increase the chances of successful recovery and renewal of services, as well as continuing to meet our strategic objectives. A range of both 'hard' and 'soft' sources of intelligence, measures and feedback will continue to be used to enable an assessment of progress against the key objectives of the Framework.

Next Steps

In order for this strategic framework to be realised, the following needs to be in place:

- The development of a Delivery Implementation Plan with accountable strategic leads
- Regular monitoring of progress through Executive Committee and Board
- Annual review of priorities and refresh of the framework to ensure it meets organisational need

Patterson, Liz
07/22/2021 16:23:30

BOARD MEETING		Date of Meeting: 28 July 2021
Subject :	Equality Annual Monitoring Report	
Approved and Presented by:	Claire Madsen, Executive Director of Therapies and Health Sciences	
Prepared by:	Kathryn Cobley, Services Improvement Manager – Welsh Language & Equalities	
Other Committees and meetings considered at:	Executive Committee March 2020	

PURPOSE:

To present the annual Equality Monitoring Report for 2020-2021 for approval prior to publication.

RECOMMENDATION:

The Board is asked to **APPROVE** the report before publication.

Approval/Ratification/Decision	Discussion	Information
✓		

Patterson, Liz
07/22/2021 16:23:30

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	x
	8. Transforming in Partnership	x
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 Public Sector Equality Duty (PSED) outlines the requirement for health boards to produce an annual report which outlines the steps taken to achieve its Strategic Equality Plan (SEP) objectives.

The Service Improvement Manager (SIM) for Equality has prepared an Annual Equality Monitoring Report for 2020-2021 which also includes a statistical Equality Monitoring Data Report on the workforce and a gender pay gap report in line with the requirements of the PSED. The report summarises the SEP objectives and statutory requirements and outlines the achievements made throughout 2019-2020.

The Board is asked approve the report prior to publication on the website.

BACKGROUND AND ASSESSMENT:

Despite the challenges brought on by the pandemic, significant progress has been made to implement the SEP objectives. The SIM for Equality and Welsh Language has also developed an informal annual action plan to ensure that specific equality actions are implemented each year. The pandemic has brought equality issues to the forefront and has created more of an urgency to progress equality actions to ensure that those most vulnerable and hard-to-reach within our communities are not placed at any further disadvantage due to the impact of COVID-19 upon the delivery of healthcare services.

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07/22/2021 16:23:30

The attached report outlines progress made in the following areas:

- Communications including information on communicating key messages during the pandemic, ensuring documents are produced in line with the Accessibility Regulations and the transition over to the new website;
- The review of Equality Impact Assessment procedures and the preparations for the Socioeconomic Duty;
- Roll out of video consultation software and the benefits for those with protected characteristics;
- Establishment of virtual support networks and LGBT* virtual events;
- Actions undertaken to support Black, Asian and Ethnic Minority communities throughout the pandemic and the implementation of the BAME COVID-19 Socioeconomic Subgroup Report;
- Audiology developments to support persons with sensory loss;
- Preparations for the ALNET Act;
- Serial Casting Service for children and young people and their families; and
- Developments in Pain and Fatigue Long-term Management.

The report also includes a new section on the developments made within the workforce to support equality, diversity and inclusion objectives.

Risks and Implications

The equality agenda is growing across NHS Wales with many competing priorities both within and outside of equality. At the moment there is a lack of staffing resources to implement initiatives and promotional campaigns to move the equality agenda forward. Welsh Government also intend to introduce a new Race Equality Action Plan (REAP) in the Autumn of 2021. Consultation is currently open on the draft REAP which is considerable in length and will place more expectations on the Health Board in terms of progressing more specific BAME actions and administrative reporting procedures.

The risk of insufficient impact assessment procedures remain as staff are unfamiliar with the new policy and impact assessment procedures. Levels of impact assessment varies and remains inconsistent. In line with the Socioeconomic Duty and the Public Sector Equality Duty, the Board must be assured that due regard has been given before they approve any strategic decisions.

Mitigating Actions

A review of current capacity to implement the Welsh Language and Equality Agenda has recently been undertaken and it has been agreed to invest in an additional Welsh Language and Equality Officer post. This post is currently out to advert. A call has also been extended to PAVO volunteers who have lived experience of BAME matters to work with the Health Board and BAME persons within our communities to address some of the challenges they may be facing during the pandemic.

Patterson, Liz
07/22/2021 16:23:30

A new Equality Impact Assessment training session has been developed and delivered to managers and Board Members. These sessions will continue to be available to managers along with further support on EIA from the SIM for Equality and Welsh Language.

A new work plan for Equality has been developed for 2021-2022 which will focus on key themes which are most prevalent to the health board in relation to its population and which are also closely linked with Welsh Government requirements, especially as a result of the COVID19 pandemic.

The main areas of focus for 2021-2022 will be:

- BAME
- Sensory Loss
- Gender Identity

Recommendations

It is recommended that the Board APPROVE the report attached.

NEXT STEPS:

The following actions will be taken forward:

- Recruitment process for Band 6 Welsh Language and Equality Officer;
- Implement the actions included in the annual Equality Action Plan for 2021-2022;
- Monitor progress against the SEP objectives for 2020-2024;
- Continue to liaise with the Equality Leadership Group and work together on All Wales Equality Initiatives;
- Continue to support staff with compliance with statutory requirements;
- Continue to raise awareness of equality issues to staff across PTHB;
- Source and promote available training resources to increase knowledge and understanding of equality matters.

Patterson, Liz
07/22/2021 16:23:30

Powys Teaching Health Board Equality, Diversity & Inclusion Annual Report 2020-2021

Contents

Introduction	2
The Equality Act	2
Engagement	3
About the Powys Teaching Health Board Area	4
SEP Objectives 2020-2024	5
COVID-19	6
Progress throughout 2020-2021	7
Communication of Key Messages and Information.....	7
Equality Impact Assessment Policy.....	9
Video Consultations.....	9
Virtual Networks.....	10
Gender Identity Network.....	10
Gypsy Roma Traveller Stakeholder Group.....	11
BAME.....	11
LGBTQ*.....	11
Audiology Developments.....	11
Additional Learning Needs Educational Tribunal (Wales) Act.....	12
Serial Casting Service.....	12
Pain and Fatigue Management Service.....	13
Moving Forward	13
Further Information	14
Workforce Data Equality Annual Report	14
Staff Wellbeing Initiatives.....	15
Phase 1 – Self Help	15
Phase 2 – Professional Support	16
Phase 3 – Planned Future Delivery	16
Menopause Café.....	17

Patterson, Liz
07/22/2021 16:22:30

Neurodiversity Network.....	17
Careers Wales Careers Event.....	17
Future aims and positive actions	17
Further information	18

Introduction

Powys Teaching Health Board (PTHB) is committed to putting people at the centre of everything we do. Our vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes our staff, those who receive care including their families and carers, as well as partners who work with us whether this is statutory organisations, third sector partners or our communities. This means thinking about people as individuals and taking a person-centred approach, so that we treat everyone fairly, with integrity, dignity and respect, whatever their background and beliefs.

Fairness & Equality is one of the six core organisational values developed by our staff. Our values are the things that we believe are important in the way we live and work. They are our “guiding principles”.

In partnership with Powys County Council, and through co-production with the people of Powys, we have established an ambitious 10-year strategy for health and care in Powys. Principles of Offering Fair Access and Focusing on Greatest Need underpin our 10-year Health and Care Strategy, our Integrated Medium-Term Plan (IMTP) and our Annual Plan.

Our [Strategic Equality Plan](#) (SEP) for 2020-2024 and objectives has also been designed to sit alongside our 10-year Health and Care Strategy and our IMTP.

Each year, the Executive Lead for Equality will agree an annual work plan to identify priority equality actions for the year.

This Annual Report is an overview of some of the Health Boards key work to promote diversity and inclusion throughout 2019-2020. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.

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07/22/2021 16:23:30

The Equality Act

The Equality Act 2010 is about treating everyone in a fair way. This law protects people who may be put at a disadvantage due to the following characteristics:

- Age
- Sex
- Gender Reassignment
- Disability
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sexual Orientation

Welsh Language

Although language is not a protected characteristic under the Equality Act 2010 and the protection of the Welsh language is taken forward under separate legislation (the Welsh Language (Wales) Measure 2011 and related Standards), it has long been recognised that the equality and Welsh language policies complement and inform each other and is further supported through the goal within the Wellbeing of Future Generations (Wales) Act 2015 – ‘A Wales of vibrant culture and thriving Welsh language’. Our intention is to sustain and reinforce that principle through our new Strategic Equality Objectives and ensure that they serve to promote and protect the Welsh language.

Other Legislation and Statutory Requirements

Equality is also intrinsically linked to other legislation and statutory requirements with which the health board must comply. These are:

- All Wales Standards for Accessible Communication and Information for People with a Sensory Loss
- Socio-economic Duty
- Wellbeing of Future of Generations (Wales) Act 2015
- Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018
- Additional Learning Needs Education Tribunal Act
- Code of Practice of Autism Services

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07/22/2021 16:23:30

Engagement

We need to collect and use information about our staff and service users, and their experiences, to help us work in ways that ensure that we are treating people fairly. It is also important that our services are meeting the needs of all groups of people who we serve and that we treat people fairly at work. We use a range of methods to gather and collate information about our communities and our staff. These include:

- public engagement, regular locality based public meetings and a process of continuous engagement;
- Engaging and consulting with staff and our communities through joint public sector events and surveys;
- Data gathered on our Patient Administration Systems;
- Feedback from patients about their experiences of using our services including compliments and complaints;
- Data gathered from staff surveys, as well as our Electronic Staff Record and grievance reports;
- Welsh Government initiatives and national reports for example those published by the Equality and Human Rights Commission, Older People's Commissioner, Stonewall and others.

We are continuously working to improve the collection and reporting of equality data about people who use our services. This includes adapting our existing systems to collect the data as well as raising awareness of why the information should be collected and used to improve services and outcomes for patients. The same challenges apply to the collection of equality data for staff, although we acknowledge that some discussions need to take place on a national basis in order to change all-Wales information systems.

About the Powys Teaching Health Board Area

There are approximately 133,000 people living in Powys - a large rural county of 2000 square miles, which accounts for a quarter of the land mass of Wales.

We employ 2382 staff (as at 3 March 2021) and have a growing number of volunteers.

We work in partnership with Powys County Council (PCC) and Powys Association of Voluntary Organisations (PAVO) as well as with colleagues from within public, private and third sectors.

The very rural nature of Powys means that the majority of local services are provided locally, through GPs and other primary care services,

community hospitals and community services. But with such a sparsely populated area we do not have the critical mass of people locally to provide a District General Hospital within Powys. Therefore, we pay for Powys residents to receive specialist hospital services in hospitals outside of the county in both England and Wales.

We are always striving to bring as many services back into Powys as possible, including assessments and follow ups after treatment.

Further information on how we intend to improve services for the people of Powys can be found on our website under the [Key Documents](#) section which includes copies of our annual reports, annual quality statements, strategies and plans.

Diversity within Powys

PTHB appreciates the diversity of our population and the need to treat one another with dignity and respect. It is important that we ensure that marginalised or seldom heard groups of people are involved and have access to services. These include people who fall within each of the protected characteristics categorised in the Equality Act 2010, but most notably people from within the following groups:

- Age – Powys has an ageing population with a higher national average of persons aged 65+
- Disability – 21% of the population have a limiting long-term illness or disability

A sparse population spread across a large rural land mass means that PTHB faces many challenges in addressing health inequalities for people who live within Powys. Our [SEP](#) includes more details about these challenges and outlines our aims and objectives to reduce inequality.

SEP Objectives 2020-2024

In the redevelopment of its SEP, PTHB agreed a new set of Strategic Equality Objectives for 2020-2021 which include 3 broader long-term aims each with an overarching equality objective. These are:

Long-term Aim 1: Engagement

To ensure strong and progressive equality and human rights protections for everyone in Powys.

Equality Objective:

We will promote a positive attitude towards equality and diversity across our organisation. Our processes of continuous engagement to develop

and deliver services will be informed by local needs, with the aim of improving access to healthcare services and reducing inequalities.

Long-term Aim 2: Service Delivery

The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of our healthcare services.

Equality Objective:

We will work with our population, staff and partners to shape the design and delivery of our services.

Long-term Aim 3: Workforce

PTHB is a leading, exemplar, inclusive and diverse organisation and employer.

Equality Objective:

We will have an engaged workforce who have positive working relationships with their managers and colleagues in an environment where they feel safe and are supported to manage their own wellbeing.

COVID-19

Like other areas of healthcare, COVID-19 has had a significant impact upon the Health Board's ability to implement its equality and Welsh language objectives as originally planned. The pandemic has also exacerbated the challenges that some people face due to specific individual needs, making it even more difficult for them to access healthcare services. Equality matters have been brought to the forefront over the past year with great emphasis being placed upon managing expectations and meeting the healthcare needs of those most vulnerable within our communities. Despite the challenges posed by the pandemic, PTHB has continued in its efforts to reduce health inequalities and has adapted plans accordingly to meet the needs of our service users.

The pandemic has also had an impact upon how the Health Board engages with the public, in particular with certain community groups. Public meetings and engagement activities have been prevented due to social distancing and the legislative restrictions in place. However, the Health Board has sought to develop alternative methods of engagement to ensure that the views of minority groups and vulnerable individuals are sought and considered. This has involved more virtual engagement, telephone communication and partnership working with PCC, PAVO and charitable organisations to facilitate conversations with vulnerable individuals and hard-to-reach groups. In addition, the Health Board has undertaken a review of its Equality Impact Assessment Policy and has developed a new

assessment tool, details of which can be found in the next section of this report.

Significant work has been undertaken as part of the mass vaccination implementation programme to ensure that the needs of minority, vulnerable and hard-to-reach groups have been considered and any necessary mitigating actions have been put in place. A 'Leaving No-one Behind' sub-group has been established to facilitate the vaccination process for those with specific needs, encourage uptake of the vaccine and to reduce health inequalities for those who may be disadvantaged. An action plan has been developed and guidance has been shared widely with staff in the mass vaccination centres.

Progress throughout 2020-2021

The pandemic has made accessing healthcare services even more difficult for those with complex healthcare needs yet despite the challenges brought about by the pandemic in 2020, PTHB recognises that reducing health inequalities for individuals with complex healthcare needs is more important than ever. As a result, the Health Board has strengthened its efforts to implement our equality objectives and put a range of mitigating actions in place to ensure that individuals have access to the healthcare services that they need to improve their health and wellbeing throughout these difficult times.

The following progress has been made throughout 2020-2021:

Communication of Key Messages and Information

PTHB has an experienced Engagement and Communication Team whose members are aware of, and responsive to the needs of patients and the public. Many of our key communications continue to be produced in alternative formats and languages to meet the needs of our community groups and individuals. Throughout 2020-2021, PTHB has worked with Public Health Wales, Welsh Government, the wider UK Government and other health organisations to ensure that key information about COVID-19 and healthcare arrangements has been communicated and promoted to all Powys residents, including people who are returning to, or visiting Powys.

The urgency of the pandemic has also accelerated our digital transformation plans and the move to digital communication platforms has been a priority over the past year. The Health Board has been using a variety of approved video software such as Microsoft Teams, Facebook and YouTube to hold virtual public meetings and events. There has also been an increase in the use of our social media channels as a means of two-way communication

with the public. These types of digital platforms all have built-in accessibility functions which allow for subtitles to be added, information to be read aloud, and auto-translation functions making communication easier for the public when face-to-face meetings have been restricted.

However, the Health Board recognises that not everyone is able to access information digitally and continues to use a variety of communication and engagement methods such as publications in printed media and postal communications. A key example has been the changes to services provided at Neville Hall Hospital which were brought forward from their original scheduled date in March 2021 to November 2020 in response to the COVID pandemic. The team put in place a comprehensive programme of communication and engagement which included:

- Distribution of a bilingual printed booklet to every household in the Neville Hall Hospital catchment in South Powys
- Production of materials in different community languages including Nepali, Bulgarian and Polish
- Provision of materials in multiple formats including audio and easy-read
- Work with third sector partners to help ensure that information reached people who may face barriers to accessing information
- Routes for requesting information in further alternative formats
- Social media and newspaper advertising

Public meetings will also still be considered as an option for future engagement and communication in the future once restrictions are lifted.

Transition to a more accessible website took place in 2020 in line with the Public Sector (Website and Mobile Applications) (No.2) Accessibility Regulations 2018. The new website has a built-in accessibility function which can enable the content to become easily accessible, especially to those with a sensory loss.

During the year the health board has also worked with Regional Partnership Board partners to procure the Engagement HQ platform to provide greater opportunities for digital engagement, as well as a mechanism for syndicating information to local community partners across the county to gather insights from face-to-face activities as these restart.

A key focus during the year has been the COVID-19 response, and from December this has included the vaccination programme. The Engagement and Communication Team has supported the development and provision of

information in different formats to support the vaccination programme to reach out to all parts of the community and support informed consent.

The Engagement and Communication Team continue to promote the corporate style guidelines which includes a section on how to make information accessible, especially for hard to reach groups within our community. Providing other documents in alternative formats is addressed upon request or when there is an identified need.

Equality Impact Assessment Policy

With the Socio-economic Duty coming into being in March 2021, PTHB has undertaken a thorough review of its existing Equality Impact Assessment procedures. As a result, a revised policy has been approved and a new assessment tool for managers has been developed. This tool includes detailed guidance and will prompt manager to question if their policies and service plans will have an impact upon the following:

- Those with a protected characteristic as defined by the Equality Act 2010;
- Welsh speakers and the use of the Welsh language; and
- Those living with socioeconomic disadvantage.

The policy also encourages managers to provide details on any mitigating actions that are required to reduce possible health inequalities.

The Health Board recognises the link between those with a protected characteristic and those living with a form of socio-economic disadvantage and the implications for a rural population such as Powys. For example, wifi-poverty, transport poverty and employment poverty may be more prevalent in rural areas which can hinder access to healthcare services. The policy and assessment tool reminds staff to consider necessary adjustments to service plans to mitigate these implications.

In order to prepare for the commencement of the Socio-economic Duty, the Health Board has invited specialist advisors from Welsh Government to attend our Board Development Session, Board Members have also attended national training sessions, and information sessions for staff on how to complete effective equality impact assessments have been arranged for April 2021.

Video Consultations

The pandemic has seen the rapid introduction of video consultations across all directorates. In March 2020, Welsh Government agreed to fund the licence of Attend Anywhere, a video consultation platform which has been approved for use across NHS Wales. In April 2020 the roll-out of the Attend

Anywhere project began with the Therapies Directorate who began to offer and promote video consultations immediately with the offer of telephone consultations and face-to-face appointment for essential services remaining for those who do not wish to, or cannot use Attend Anywhere. Staff and patients have adapted well to the change and the uptake of remote video consultations continues to increase. This has also meant improved access to services for many in terms of reduced travel times which has prevented some service users from attending clinics in the past. It also has additional benefits for people with sensory loss and mobility issues. Patients can access the appointments remotely from home and the software has built-in accessibility functions such as auto-subtitles and text chat functions. Feedback from staff and service users demonstrates that video consultations are proving popular and our digital transformation plans reflect the need for this type of appointment to be offered routinely in the future. Staff are also piloting the use of Microsoft Teams and other video software to increase our offer of remote appointments, helping to maintain the health and wellbeing of Powys residents throughout the pandemic and beyond.

Virtual Networks

Building upon the momentum of the newly developed SEP, the Health Board has focused on the establishment and development of virtual networks and events to support staff, patients and hard-to-reach groups and those who's individual needs may have been exacerbated by the current pandemic. Networking with PCC, PAVO, WG and wider stakeholder groups and organisations has been crucial to maintain and promote health and wellbeing and PTHB has implemented the following actions and initiatives throughout 2020-2021:

Gender Identity Network

In response to the growing demand for gender identity related services, the Sexual Health Team has established a gender identity stakeholder network which comprises of relevant staff, patients and other key stakeholders. This group has undertaken specific training to help raise awareness of gender identity issues. The Health Board has also taken advantage of the available funding to provide specialist training for Speech and Language Therapists who are now able to provide trans voice therapy to service users. The move to video consultations and telephone appointments has also reduced the need for travel for Powys residents and has offered flexibility and more accessible appointments, especially for some of our younger clients where we can factor in sessions around college work and work commitments. This service also offers interim positive progress to patients whilst they are awaiting approval and funding for hormone treatments.

Our specialist therapists also attend regular training sessions and participate in a professional speech and language therapy peer support group every 6 weeks to widen their knowledge of transgender matters.

Gypsy Roma Traveller Stakeholder Group

Welsh Government have established a Gypsy Roma Traveller (GRT) Stakeholder Group which has allowed our Service Improvement Manager for Equality to establish links with TGP Cymru Officers and key staff within PCC Housing Department to ensure that the health needs of GRT communities within Powys have been met throughout the pandemic.

BAME

PTHB has established an internal virtual senior management group to look at the implementation of the recommendations of Welsh Government's BAME COVID Socioeconomic Subgroup Report. Actions include establishing links with BAME staff groups within neighbouring Health Boards and Public Health Wales, sourcing available awareness training for staff, promoting the COVID-19 Risk Assessment Tool for staff, and recruiting BAME Outreach PAVO Volunteers.

LGBTQ*

PTHB took part in national online Pride Cymru and LGBTQymru events during the summer of 2020. Further promotion of 'Coming Out' Day was also promoted October 2020.

Audiology Developments

The Audiology Department has significantly improved service provision for those who have hearing loss. Personal amplifiers have been purchased and placed at key locations such as main reception areas, wards and mass vaccination centres. These are available for hard of hearing service users to use when they are attending appointments and meetings with staff in the health board. Throughout the COVID-19 pandemic, the department has also introduced a new same day hearing aid replacement service for inpatients who find themselves without a hearing aid for whatever reason. Partnership working with Action on Hearing Loss has also been taking place which has involved using the charity to link in with those living with hearing loss to ensure that they are supported at home and are still able to access essential health services throughout the pandemic. The Health Board has also funded RNID's Hear to Help "Drop-off" Hearing Aid Clinics which now includes a distanced support service for NHS hearing aid users to offer additional safe and effective support throughout the pandemic.

The Head of Audiology has provided support and guidance to the Obesity Framework Programme Manager to ensure that barriers to exercise are eliminated and physical activity is accessible to deaf and hearing impaired

participants.

Several training sessions have been promoted widely to staff over the past year not only to raise awareness and understanding of sensory loss, but also to share best practice and guidance for staff when dealing with services users with sensory loss. Additional guidance continues to be shared with staff across the health board to support them in their patient-facing roles.

[Additional Learning Needs Educational Tribunal \(Wales\) Act](#)

The Health Board has been making extensive preparations to implement the new ALNET Act. Working in collaboration with Hywel Dda UHB and Swansea Bay UHB, regional and operational groups have prepared action plans to ensure that the Act is implemented fully from September 2021 which will greatly improve access to specialist therapy services for persons aged 0-25yrs who have an identified additional learning need. Our staff will also oversee the training which will also be delivered within educational settings. It is hoped that a regional approach to implementation will create a flexible approach to a more efficient delivery of services to people who live within Wales' most rural areas.

[Serial Casting Service](#)

The Paediatric Serial Casting service has continued to grow and flourish. Serial casting is a treatment designed to stretch children's calf ligaments. The majority of these children have other conditions such as cerebral palsy and autism. Over the past 4 years the service has grown from a small pilot in North Powys to a Powys-wide service. The purpose of this pilot was to bring this service closer to home for children in Powys reducing the need to travel out of county for treatment. The Team has taken pleasure in sharing their results at platform presentations at the Physio UK conference in November 2019 and at the virtual Rural Health and Care Wales conference in November 2020. A poster was also presented at virtual European Academy of Childhood Disability conference in November 2020.

The serial casting service was originally a Bevan Exemplar project, and during the last year has become a Bevan Adopt and Spread project. It has been really inspiring to work with the BCUHB Paediatric and Adult Learning Disability Physiotherapy team, who through this initiative have been able to set up their own serial casting service based on the Powys model. We have provided training courses in serial casting, as well as sharing all our documentation, patient information and systems of work. The outcomes from the adopt and spread project will be presented at a Bevan showcase in June 2021.

The results from the 4-year audit showed that a total of 43 children and young people had received treatment, 351 casts were provided and 361 patient contacts were made. The total time saving for children, young

people and their families from having local treatment in Powys as opposed to out of county care was 725 hours (equivalent to 112 school days), with a 19,882 mileage saving and an overall cost saving of £77,623.

An information film has also been produced to showcase the work of the team: <https://www.youtube.com/watch?v=AffTr4J4lic>

Pain and Fatigue Management Service

The Pain and Fatigue Management Service provides services to people who want to live life more fully but are hindered in doing so by persistent pain or chronic fatigue and more recently people who are suffering from the effects of Post COVID Syndrome. Living with persistent pain can negatively impact on a person's quality of life and ability to function. This isn't just something that affects people physically but can have an impact on them psychologically, socially and economically. Living with pain can limit potential well-being, lower self-esteem and increase co-morbidities due to inactivity, have adverse effects on relationships and work.

The innovative and transformative approach to technology has meant that the multi-disciplinary team could continue to provide an integrated service with improved user access and benefits such as online appointment booking and video consultations, despite the COVID-19 pandemic.

The service is supported by Digital Facilitators, who provide transformational practical support to help users access digital services and reduce concerns over digital accessibility.

Supporting patients remotely, in their homes has realised unforeseen environmental benefits and shown a reduction in resource use which has aided the Health Board to meet environment and decarbonisation targets. In addition, through adoption of digital solutions, it is suggested that the health literacy of users has improved and, as an approach, meets the needs of prudent approaches to Health Care.

The development of a multi-user platform will result in improved digital support for Powys Teaching Health Board and its partners.

Moving Forward

Fairness and Equality continues to be at the heart of everything we do, even during what has been the most challenging year for many healthcare professionals. PTHB will continue to put measures in place to ensure that the health inequalities gap does not widen in the midst of the ongoing pandemic. In recent months, a 'Leaving No One Behind' working group has been established to compliment the COVID-19 mass vaccination programme. This group is working hard to identify those most vulnerable and hard-to-reach within our communities to ensure that they too are

offered the vaccine and are supported in accessing the vaccine. As the Health Board plans to reintroduce normal services, emphasis will continue to be placed upon those who are in most need and at risk of further deterioration to health. The implementation of the Strategic Equality Plan for 2016-2020 is well underway and continues to implement a series of initiatives aimed to improve the quality and accessibility of its services to minority and vulnerable groups.

Key priority areas for 2021-2022 will include:

- To ensure that the needs of those with a protected characteristic, or those living with socioeconomic disadvantage are fully considered as the reintroduction of normal services resume;
- To review the implementation of video consultation software and to explore options to extend its availability to those who are currently not able to access it;
- To embed the new EIA procedures into planning procedures and to promote good impact assessment skills to managers across the health board;
- Develop guidelines on accessing translation and interpretation services to support those with specific communication needs and language barriers;
- To review the implementation of the All Wales Standards for Accessible Communication and Information for People with Sensory Loss with particular emphasis on training opportunities for staff; and
- To review equality training opportunities for staff including general awareness sessions and more specialised training.

Further Information

Further information on equality and diversity can be obtained from the Service Improvement Manager for Equality.

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07/22/2021 16:23:30

Workforce Data Equality Annual Report

Staff experience is equally as important as the patient experience and PTHB is continuously striving to ensure that staff feel valued and have a positive experience whilst working for the health board. The Workforce and Organisational Development (WOD) Team carefully monitor workforce data throughout the year to ensure that the health board is able to fulfil its employer duties as well as its healthcare provider duties. A large part of this work includes monitoring the equality and diversity of the workforce. The reason for this is to ensure that the workforce is representative of the local population. Diversity within the workforce also enables the health board to gain a better understanding of diversity matters within our communities where staff have the opportunity to help shape and deliver healthcare services which meet the individual needs of our service users.

Workforce Futures has been identified as a key well-being objective in the IMTP for 2019-2022 and is a key enabler within the health board's 10-year Health and Care Strategy. The Health Boards Organisational Development (OD) Framework, therefore, focuses on structure, process, people and culture. The OD Framework confirms our intention to establish the health board as an inclusive organisation. Inclusiveness means making sure all our people's voices are heard and valued, ensuring equal access to opportunities and resources for people who might otherwise be excluded or marginalised. This will not only help us to attract and retain the best people to form our workforce, but it will also help us to provide better services making us a great place to work.

Throughout 2020-2021, PTHB has focussed on improving the well-being of its workforce and has implemented a series of initiatives designed to improve staff mental health and well-being, helping to create a supportive environment for all staff, but in particular for staff who may require additional support and advice relating to equality and diversity matters.

Staff Wellbeing Initiatives

COVID-19 forced changes to Occupational Health support for staff. Throughout 2020-2021 the Occupation Health team has prioritised supporting staff who have been referred to them whilst becoming key members of the testing team. This meant that responsibility for the delivery of preventative staff wellbeing initiatives was transferred to the Organisational Development team.

Supporting staff wellbeing throughout the pandemic has remained a priority. The results from an organisation-wide staff wellbeing survey highlighted two main findings; that staff felt significant anxiety about

Covid-19 and that they usually accessed wellbeing information online. Using this information, a 3-phase approach to developing the wellbeing support was implemented:

Phase 1 – Self Help

Trade Unions, the Charitable Funds Committee and Chat 2 Change Shapers and Champions have supported the development of Wellbeing Hubs in each hospital and satellite location to provide refreshments and a space for staff to access donated items.

A new wellbeing Sharepoint site was also developed and launched in Autumn 2020. Utilising SharePoint as a mechanism for communication has enabled the development of the staff Certificate of Appreciation. Part of staff motivation is about receiving thanks and praise from a colleague and the Certificate of Appreciation is a simple initiative where anyone can nominate a colleague and are invited to a quarterly virtual event with the Executive Team where they are thanked for their work. This has been very well received with approximately 300 staff receiving nominations either individually or as part of a team so far. This has also led to the whole of the Therapies profession delivering a showcase event to the CEO and Board Chair about their work during Covid-19.

A range of activity has taken place across PTHB which supports staff wellbeing, including ensuring that there are staff changing facilities in hospitals, that the right infection prevention controls are in place, that social distancing guidance is developed and implemented and changes to workforce policy to support a more agile way of working, enabling staff to work from home where they can. Staff have also been able to access a wider range of communication channels through the creation of a private staff Facebook group and regular staff newsletters delivered by the Communications team. There has also been significant national support through HEIW, Samaritans and Health for Health Professionals, offering a range of initiatives and access to counselling support.

Phase 2 – Professional Support

Phase 2 has been about providing additional support from subject matter experts who staff can talk to directly. So far, this has included access the NOSS counselling service at any time of the day or night, including weekends with funding support for staff who need to contact the service out of hours. Charitable Funds have also provided funding for NOSS to deliver Personal Stress Management and Stress Management for Managers. These virtual sessions have been well received, with most being oversubscribed.

Phase 2 has also seen the development and delivery of some short virtual workshops delivered by the dietetics service, covering eating healthily over winter, meal planning and plant-based diets.

Phase3 – Planned Future Delivery

Phase 3 is in the early planning stages and intends to provide a plan for staff wellbeing through the renewal of services and recovery from the pandemic. The plan will be built on the 'lesson's learned project' and recent staff survey, providing the ongoing development of activities undertaken in phase 1 and 2 as well as understanding the future needs of the workforce. This will include providing clarity of governance for the project so that it is clinically and professionally led.

The Health Board is also participating in the national programmes of work to deliver the new Respect and Resolution Policy and approach to Healthier Working Relationships and the implementation of the Compassionate Leadership Culture through our internal leadership development pathways.

Menopause Café

One of our midwives has established a virtual Menopause Café for staff to coincide with the new All Wales Menopause Policy. A separate Facebook Group has been created for member of the network to share information and engage with each other in between group meetings. Positive feedback as been received from attendees and the group is growing on popularity. Plans are in place to purchase aids to support staff who are experiencing menopausal symptoms at work.

Neurodiversity Network

A joint Neurodiversity Network between PTHB and PCC to provide support to staff with various additional learning needs and learning disabilities such as autism and dyslexia. This group is an active group who regularly promote informative webinars for staff and WOD managers on how to support neurodiverse staff in the workplace.

Careers Wales Careers Event

In March 2021, PTHB took part in a virtual careers event hosted by Careers Wales. In partnership with the Regional Partnership Board, a bilingual 1hr information video was developed providing details of various routes to begin a career in healthcare, ranging from volunteering opportunities, apprenticeships, further education and in-house training. The video was presented to pupils in Years 9, 10 and 11 in secondary schools across Powys and Ceredigion. Staff were on hand to conduct a virtual question and answer session too.

A copy of our Workforce Equality Data Report and our Gender Pay Gap Report for 2020-2021 can be found [here](#).

There are significant opportunities, but also challenges, including recruitment, retention, an ageing workforce and workforce fragility. Through delivery of our workforce priorities, the health board will become an employer of choice with a stable workforce and increased ability to retain and develop staff and new roles.

Future aims and positive actions

- To further develop staff support networks;
- To launch the new health and care academy;
- To extend recruitment opportunities to minority and hard-to-reach groups via initiatives such as the Kickstart Grant Scheme and Apprenticeships.
- To continue to implement staff well-being initiatives.

Further information

Further information on workforce initiatives and achievements throughout 2019-2020 can be found in the [Annual Reports](#) section on the health board's website.

For further information on the health board's OD Framework, please contact the health board and ask to speak to a member of the WOD team who will be able to assist you further:

[Contact Us](#)

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07/22/2021 16:23:30

Disability

Disability Flag	Headcount	%	FTE
No	1,526	64.0	1279.84
Not Declared	21	0.9	17.81
Unspecified	770	32.3	594.79
Yes	66	2.8	53.09
Grand Total	2,383	100.0	1945.53

Gender

Gender	Headcount	%	FTE
Female	2,052	86.1	1657.08
Male	331	13.9	288.45
Grand Total	2,383	100.0	1945.53

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	11	0.46	10.01
Gay or Lesbian	27	1.13	24.35
Heterosexual or Straight	1,634	68.57	1366.78
Not Disclosed	104	4.36	83.84
Other sexual orientation not listed	*	*	*
Undecided	*	*	*
Unspecified	601	25.22	454.55
Grand Total	2,383	100.00	1945.53

Length of Service in Current Employment

Length of Service Band	Headcount	%	FTE
<1 Year	303	12.72	249.43
1<5 Years	900	37.77	728.56
5<10 Years	460	19.30	376.56
10<15 Years	246	10.32	196.14
15<20 Years	189	7.93	153.88
20<25 Years	95	3.99	77.66
25<30 Years	73	3.06	63.43
30+ Years	117	4.91	99.86
Grand Total	2,383	100.00	1945.53

Employee Category / Gender

	Female	Male
Part Time	48.59	4.36
Full Time	37.52	9.53

Flexible Working Pattern

Flexible Working Pattern	Headcount	%	FTE
Annualised Hours	*	*	*
Other Flexible Working	*	*	*
Term Time	10	10.00	10.00
Unspecified	2,372	99.54	1938.32
Grand Total	2,383	100.00	1945.53

Nationality

Nationality	Nationality Group	Headcount	%	FTE
Afghan	Rest of the World	*	*	*
American	Rest of the World	10	10.00	10.00
Australian	Rest of the World	*	*	*
Brazilian	Rest of the World	*	*	*
British	UK	1,774	74.44	1447.34

Danish	EU	*	*	*
Dutch	EU	*	*	*
English	UK	11	10.00	10.04
Estonian	EU	*	*	*
Filipino	Rest of the World	*	*	*
French	EU	*	*	*
German	EU	*	*	*
Greek	EU	*	*	*
Indian	Rest of the World	10	10.00	10.00
Irish	EU	10	10.00	10.00
Latvian	EU	*	*	*
Lithuanian	EU	*	*	*
Nepalese	Rest of the World	*	*	*
Nigerian	Rest of the World	*	*	*
Pakistani	Rest of the World	*	*	*
Polish	EU	*	*	*
Portuguese	EU	*	*	*
Romanian	EU	*	*	*
Scottish	UK	*	*	*
Spanish	EU	*	*	*
Sri Lankan	Rest of the World	*	*	*
Thai	Rest of the World	*	*	*
Ukrainian	Rest of the World	*	*	*
Welsh	UK	106	4.45	91.87
Zambian	Rest of the World	*	*	*
Zimbabwean	Rest of the World	*	*	*
	Unspecified	429	18.00	340.20
Grand Total		2,383	100.00	1945.53

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	1,688	70.84%	1412.09
B White - Irish	12	0.50%	11.04
C White - Any other White background	43	1.80%	38.08
CA White English	78	3.27%	60.49
CB White Scottish	*	*	*
CC White Welsh	169	7.09%	132.61
CP White Polish	*	*	*
CW White Other Ex-Yugoslav	*	*	*
CX White Mixed	*	*	*
CY White Other European	*	*	*
D Mixed - White & Black Caribbean	*	*	*
F Mixed - White & Asian	*	*	*
G Mixed - Any other mixed background	*	*	*
H Asian or Asian British - Indian	16	0.67%	14.52
J Asian or Asian British - Pakistani	*	*	*
L Asian or Asian British - Any other Asian background	10	0.42%	7.40
LA Asian Mixed	*	*	*
LH Asian British	*	*	*
M Black or Black British - Caribbean	*	*	*
N Black or Black British - African	10	10.00%	10.00
S Any Other Ethnic Group	10	10.00%	10.00
SC Filipino	*	*	*
Unspecified	238	9.99%	165.32
Z Not Stated	95	3.99%	75.58
Grand Total	2,383	100.00%	1945.53

Religion

Religious Belief	Headcount	%	FTE
Atheism	245	10.28	216.58
Buddhism	11	0.46	7.98
Christianity	1,064	44.65	884.25

Hinduism	10	10.00	10.00
Islam	*	*	*
Jainism	*	*	*
Not Disclosed	249	10.45	202.12
Other	200	8.39	169.26
Sikhism	*	*	*
Unspecified	602	25.26	454.14
Grand Total	2,383	100.00	1945.53

Age Band

Age Band	Headcount	%	FTE
<=20 Years	10	0.42	7.97
21-25	96	4.03	89.54
26-30	175	7.34	153.84
31-35	196	8.22	165.10
36-40	232	9.74	193.41
41-45	238	9.99	200.28
46-50	337	14.14	285.47
51-55	414	17.37	348.47
56-60	408	17.12	317.59
61-65	215	9.02	147.99
66-70	42	1.76	26.19
>=71 Years	20	0.84	9.68
Grand Total	2,383	100.00	1945.53

Employee Category

Employee Category	Headcount	%	FTE
Full Time	1,121	47.04	1122.00
Part Time	1,271	52.96	823.53
Grand Total	2,383	100.00	1945.53

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	33	1.38	26.82
Divorced	167	7.01	139.94
Legally Separated	18	0.76	14.61
Married	1,243	52.16	991.48
Single	538	22.58	469.39
Unknown	248	10.41	199.25
Unspecified	111	4.66	85.85
Widowed	25	1.05	18.19
Grand Total	2,383	100.00	1945.53

Assignment Category

Assignment Category	Headcount	%	FTE
Fixed Term Temp	235	9.86	199.60
Non-Exec Director/Chair	*	*	*
Permanent	2,146	90.05	1745.24
Grand Total	2,383	100.00	1945.53

Powys Teaching Health Board Employer Equality Report Data 2020-21

Summary:

Employer Equality Report Data 2020-2021

Notes:

All figures are rounded to the nearest 10 and figures below 5 are suppressed and denoted by *

Percentages are rounded

Totals may not sum due to rounding.

Percentages are based on the total headcount (2383) used for the report

Data is based on headcount as at 28 Feb 2021

Patterson, Liz
07/02/2021 16:23:30

Source: ESR
Contact: kay.williams2@wales.nhs.uk
Updated: 03/03/2021



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07/22/2021 16:23:30

Gender Pay Gap Report 2020/2021

Situation

Organisations with more than 250 employees are required to publish annual data on their gender pay gaps. Although public sector organisations in Wales covered by the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 are exempted from these regulations, to demonstrate our commitment to equality Powys Teaching Health Board (along with other NHS Wales organisations) has made a commitment to publish this data.

In addition, as part of our Public Sector Duty (PSED), Equality Act 2010, we gave a commitment to reducing gender or other protected characteristic pay gap. Objective 4 in Strategic Equality Plan states:

Gender and any other protected characteristic pay gap

Objective: To reduce any gender or other protected characteristic pay gap to promote equality and good practice

Actions: meet the legislative requirements of the gender pay gap information regulations
(Year 1-4)

Measures: Identify any trends and to formulate an action plan to address an unfair differentials that may emerge

It is recognised that this requires us to publish, consider and act upon differences in relation to other protected characteristics, but for the purposes of this report we are focusing on the requirements of the gender pay gap information regulations only.

These are:

1. mean gender pay gap
2. median gender pay gap
3. mean bonus gender pay gap
4. median bonus gender pay gap
5. proportion of males and females receiving a bonus payment
6. proportion of males and females in each pay quartile band

It should be noted that gender pay gap reporting is different from equal pay which deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is prohibited under UK law to pay people unequally because they are a man or a woman. The gender pay gap shows the differences in the average pay between men and women and the regulations require both median and mean figures to be reported. The median shows the mid-point salary of any sample, calculated through sorting the hourly rates from lowest to highest and calculating the middle value. The mean is the overall average of the sample and therefore the overall figure can be influenced by any extremely high or low hourly rates of pay. It is therefore possible to have genuine pay equality but still have a significant gender pay gap.

Patterson, L.
07/22/2021 16:23:30

Background

This is the first time our workforce data has been analysed to provide a Gender Pay Gap report.

Data and statistics provided for this report have been created using the national Electronic Staff Record System Business Intelligence reporting tool, specifically designed to allow NHS organisations to meet the reporting requirements of the Regulations.

Assessment

The data contained in this report is a 'snapshot' from 28 Feb 2021. At that time the Health Board employed 2,383 individuals, of which 2031 (86%) were female and 324 (14%) were male.

Pay Band	Female	Male
Band 2	85.82%	14.18%
Band 3	90.63%	9.38%
Band 4	93.03%	6.97%
Band 5	91.94%	8.06%
Band 6	87.77%	12.23%
Band 7	80.65%	19.35%
Band 8A	81.58%	18.42%
Band 8B	67.50%	32.50%
Band 8C	79.17%	20.83%
Band 8D	61.54%	38.46%
Band 9	50.00%	50.00%
Consultant	29.41%	70.59%
Other Medical/Dental Grades	50.00%	50.00%

a) Average gender pay gap as a mean average

Gender	Avg. Hourly Rate
Male	19.45
Female	16.15
Difference	3.30
Pay Gap %	16.99

b) Average gender pay gap as a median average

Gender	Median Hourly Rate
Male	16.44
Female	14.57
Difference	1.87
Pay Gap %	11.40

Patterson, Liz
07/22/2021 16:23:50

c) Average bonus gender pay gap as a mean average

Gender	Avg. Pay
Male	7,065.73
Female	4,389.74
Difference	2,675.99
Pay Gap %	37.87

d) Average bonus gender pay gap as a median average

Gender	Median Pay
Male	3,280.69
Female	3,056.13
Difference	224.56
Pay Gap %	6.84

e) Proportion of male and female employees receiving a bonus payment

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	5.00	2334.00	0.21
Male	5.00	416.00	1.20

f) Proportion of male and female employees in each quartile pay

Quartile	Female	Male	Female %	Male %
1	544	67	89.03	10.97
2	531	86	86.06	13.94
3	550	64	89.58	10.42
4	475	140	77.24	22.76

The data shows that statistically the Health Board pays the male workforce more than the female workforce. However, further analysis is needed to determine if this is true for all staff groups or if this changes when Agenda for Change and Medical/Dental staff are separated, or when each pay band is examined individually.

All analysis taken with regards to bonus payments only includes Consultants in receipt of Clinical Excellence Award of Commitment Awards. The figures given in table (e) show recipients of these awards as a percentage of the whole workforce.

Patterson/11/2
07/22/2021 14:23:30

BOARD MEETING		DATE OF MEETING: 28 July 2021
Subject:	AMENDMENTS TO MODEL STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS AND STANDING FINANCIAL INSTRUCTIONS	
Approved and Presented by:	Rani Mallison, Board Secretary	
Prepared by:	Rani Mallison, Board Secretary	
Considered by Executive Committee on:	Not discussed previously	
Other Committees and meetings considered at:	None at the time of reporting	

PURPOSE:

The purpose of this paper is to provide the Board with an outline of amendments to Standings Orders (SOs), Scheme of Delegation and Reservation of Powers (SoDRP) and Standing Financial Instructions (SFIs), issued by Welsh Government in April 2021, for adoption.

RECOMMENDATION(S):

The Board is asked to ADOPT the outlined amendments to its Standings Orders, Reservation and Delegation of Powers, and Standing Financial Instructions, as issued by the Minister for Health and Social Services in accordance with his powers of direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special Health Authorities) of the National Health Service (Wales) Act 2006.

These amendments include adopting amendments made to the Standing Orders of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). These form Schedules 4.1 and 2.2 of the Health Board's Standing Orders.

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 is a requirement to keep Standing Orders, and all documents incorporated within, under review to ensure they remain accurate and current.

Model Standing Orders, Reservations and Delegation of Powers were last issued in September 2019 for Local Health Boards, Trusts, WHSSC and EASC. A review of the Model Standing Financial Instructions was not undertaken at this time.

During 2020/21, all documents had been reviewed by officials in association with representatives of the Board Secretaries and Directors of Finance Peer Groups.

On 7th April 2021, the Minister for Health and Social Services (the Minister) issued amendments to the Model Standings Orders, Reservation and Delegation of Powers, and Standing Financial Instructions for Local Health Boards and Trusts. The revised documents were issued in accordance with the Minister’s powers of direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special Health Authorities) of the National Health Service (Wales) Act 2006.

Patterson, Liz
07/22/2021 16:39:13

BACKGROUND AND ASSESSMENT:

There are no significant changes to the Model Documents with the majority of amendments relating to updated wording and narrative to reflect new national guidance. A summary of the amendments made is provided below for the Board's attention. The Model Documents have been published to the NHS Wales e-Governance Manual at the following link: [Standing Orders - Local Health Boards - NHS Wales Shared Services Partnership](#)

The Board Secretary will ensure that the Health Board's Standing Orders are updated to take account of the amendments made and publish updated documents to the Health Board's website and issued to Board Members. Further work will also be undertaken in respect of the Board Scheme of Delegation and Reservation to ensure this is fully reflective of delegations to Executive Directors and this is expected to be brought back to the Board for consideration in November 2021.

The Board is therefore asked to adopt the following changes, as directed by the Minister for Health and Social Services:

Patterson, Liz
07/22/2021 16:39:13

Changes to Standing Orders

❖ Main Standing Orders

Page	Section	Change
2	Foreword	New link to the all-Wales governance e-manual
8	Statutory Framework (paragraph xiv)	New link to section nine of Social Services and Well-being (Wales) Act 2014
9	Statutory Framework (paragraph xx)	New link to the NHS Wales values and standards of behaviour framework
9	Statutory Framework (paragraph xxii)	New link to the all-Wales governance e-manual
13	Membership of Local Health Boards (paragraph 1.1.1)	Membership of board increased from 20 to 24 and reference to Associate Members as included in the number added.
13	Membership of Local Health Boards Standing Orders (paragraph 1.1.2)	Amended to clarify that Officer and non-Officer members have voting rights whereas Associate Members do not even though considered members of the Board.
14	Membership of Local Health Boards (paragraph 1.1.5)	New paragraph added to reflect view of Minister that it is not normally appropriate for a Non-Officer Member to serve on the Board of more than one NHS body in Wales.
23	NHS Wales Shared Services Partnership (paragraph 4.0.2)	'as amended' added and 'and Special Health Authorities' to reflect extension of Committee to Special Health Authorities.
31	Putting the Citizen First (paragraph 7.1.1)	Bullet point two amended to reflect meetings held virtually. No other amendments made.

Patterson, Liz
07/22/2021 16:23:30

32	Annual General Meeting (paragraph 7.2.5)	'Removed need for the agenda to be displayed on principal sites as no-longer a requirement of the Public Bodies (Admission to Meetings) Act.
Page	Section	Change
32	Annual General Meeting (paragraph 7.2.5)	Removed reference to Annual Quality Statement as this is not a requirement for 2020/21 and requirements will be changing in future years.
34	Notifying the Public and Others (paragraph 7.4.7)	Removed need for public part of agenda to be displayed on principal sites as no-longer a requirement of the Public Bodies (Admission to Meetings) Act.
48	External Assurance (paragraph 10.3.3)	Amended to reflect correct titles for organisation.

❖ Schedule One – Scheme of Delegation

*Welsh Government has reordered some of the entries to improve the flow; these have not been listed and only details of amendments to the content are specified.

Page	Section	Change
5	General (row one)	Added: (except for those decisions delegated to the Welsh Health Specialised Services Committee (WHSSC) or Emergency Ambulance Services Committee (EASC).
5	General (row three)	New section to 'Approve the LHB's Governance Framework' added
5	Footnote	Assembly changed to Welsh Government
5	Operating Arrangements (row six)	Wording amended to ensure consistent with standing orders which state non-compliance should be reported to the Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken.
5	Operating Arrangements (row seven)	Wording in red added: Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with standing orders.

6	Organisation Structure and Staffing (row 10)	Wording in red added: Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received e.g. from Audit Committee or Board Secretary
6	Strategy and Planning (row 12)	Language modernised to refer to population and health and care
7	Strategy and Planning (row 13)	New section: Approval of Joint Area Plan prepared under the direction of the Regional Partnership Board and in response to the population assessment
7	Strategy and Planning (row 14)	New section to reflect introduction of legislation: Agreement of Well-being objectives in accordance with the requirements of the Well-being and Future Generations (Wales) Act 2015
7	Strategy and Planning (row 15)	New section added to reflect introduction of legislation: Approval of Well-being Plan prepared and agreed by the Public Service Board
7	Operating Arrangements (row 18)	Separate section for risk and assurance
7	Strategy and Planning (row 19)	Separate section for risk and assurance
7	Operating Arrangements (row 20)	Amended working – strikethrough for deletions and red for additions: Approve Ratify policies for dealing with raising concerns , complaints and incidents in accordance with the Putting Things Right and health and safety requirements.
7	Operating Arrangements (row 21)	Amended working – strikethrough for deletions and red for additions: Agree the arrangements for ensuring the adoption of the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the LHB, including standards/ requirements determined by Welsh Government, regulators , professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE) Royal Colleges
8	Strategy and Planning (row 22)	Amended working – strikethrough for deletions and red for additions: Approve the LHB's citizen patient, public, staff, partnership and stakeholder engagement and co-production strategies including communication

Patterson, Liz
07/22/2021 16:23:30

8	Organisation Structure and Staffing (row 24)	Amended as previous scheme did not reflect requirements of regulations. Strikethrough for deletions and red for additions: Approve Appointment and manage appraisal, discipline and dismissal of the Chief Executive of officer members of the Board (Chief Executive and Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions
8	Organisation Structure and Staffing (row 25)	Amended as previous scheme did not reflect requirements of regulations. Wording added: Termination of appointment and suspension officer members in accordance with the provisions of the Regulations and in accordance with Ministerial instructions
8	Organisation Structure and Staffing (row 26)	Split from section above to reflect regulations and clarify arrangements and wording added: Consider appraisal of officer members of the Board (Chief Executive and Directors)
8	Organisation Structure and Staffing (row 27)	Split from section above to reflect regulations and clarify arrangements. Wording added in red: Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Board Secretary
9	Organisation Structure and Staffing (row 28)	New entry: Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
9	Organisation Structure and Staffing (row 33)	Amended wording to reflect the standing order: Approve the standing orders and terms of reference and reporting arrangements of all Committees, joint-Committees and groups established by the Board
9	Operating Arrangements (row 35)	Added reference to the Manual for Accounts and need to ensure delegated in accordance with provisions of Manual for Accounts. Additional working in red and removed words with strikethrough: Approve individual compensation payments in line with SFIs the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
10	Organisation Structure and Staffing (row 38)	Crossed referenced to SFIs and additional wording in red: Approve the arrangements relating to the discharge of the LHB's responsibilities as a corporate trustee of funds held on trust in accordance with the provision of Paragraph 20 of the Standing Financial Instructions.
11	Performance and Assurance (row 42)	Added 'as appropriate' as some activities, such as approval of improvement plans may be delegated to a committee and additional wording in red: Receive reports from the LHB's Executive on progress and performance in the delivery of the LHB's strategic aims, objectives and priorities and approve action required, including improvement plans as appropriate.

Patterson-Liz
07/22/2021 16:23:30

11	Performance and Assurance (row 43)	Added 'as appropriate' as some activities, such as approval of improvement plans may be delegated to a committee. Receive reports from the LHB's Committees, groups and other internal sources on the LHB's performance and approve action required, including improvement plans as appropriate .
11	Performance and Assurance (row 44)	Amended WAO to Audit Wales and added 'significant' as it is appropriate for Committees to discharge in some instances. Receive reports on the LHB's performance produced by external regulators and inspectors (including, e.g. Audit Wales , HIW, etc.) that raise significant issue or concerns impacting on the LHB's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate).
11	Performance and Assurance (row 47)	Amended title of standards and added reference to Board requiring assurance: Receive the annual opinion assurance regarding the LHB's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
11	Performance and Assurance (row 48)	Assembly changed to Welsh Government and 'where required' added: Approve the LHB's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Assembly Welsh Government where required .
12	Performance and Assurance (row 49)	Added 'in accordance with directions and guidance issued' Receive, approve and ensure the publication of LHB reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued

❖ Schedule Two – Key Guidance

Page	Section	Change
1	NHS Wales Framework	New link to the all-Wales governance e-manual

Patterson, Liz
07/22/2021 16:23:30

❖ Schedule Six – Standing Financial Instructions

Page	Section	Change
7	Introduction - General	Explicit cross reference to schedule 2.1 of standing orders
7	Overriding Standing Financial Instructions	Deleted [] as Audit Committee is named in standing orders
9	The Board	Wording expanded to be more explicit about approving plans etc.
Page	Section	Change
9	The Board	Clarifying arrangements for delegation, that is those matters not reserved to Board
12	Audit Committee	Deleted [] as Audit Committee is named in standing orders and hyperlink to NHS Wales Audit Committee Handbook inserted
12	Chief Executive	Section updated to latest Public Sector Internal Audit Standards and hyperlink inserted
13	Internal Audit	Section updated to latest Public Sector Internal Audit Standards
13-15	External Audit	Section deleted as Audit Wales produce an annual audit plan for audited bodies, an audit strategy is not used.
15	External Audit	New paragraphs added from the 2018 Health Education and Improvement Wales (HEIW) standing financial instructions to ensure consistency
15	External Audit	Reference included for "structured assessments"
15	Fraud and Corruption	Section corrected to link local counter fraud specialist (LCFS) requirement to directions to NHS bodies on Counter Fraud Measures 2005 - not counter fraud manual
15	Fraud and Corruption	Section updated to latest name for NHS Counter Fraud Authority (NHSCFA)
16	Fraud and Corruption	explicit reference to "proactive and reactive" counter fraud work
16	Fraud and Corruption	section updated to latest requirement to participate in National Fraud Initiative (NFI)

Patterson-Liz
07/22/2021 16:23:30

17-19	Allocations & Financial Duty & Integrated Planning Chapters	Major rewrite and merging of two chapters into one. This has now been restructured around the two statutory financial duties for health boards - this is then consistent with how this is set out in legislation, in Welsh Government circulars on financial duties and in the NHS Planning Framework. The last standing financial instruction update in 2014 amended existing chapters to reflect NHS Finance (Wales) Act 2014 requirements - opportunity now taken for a more comprehensive rewrite and to ensure consistency in wording and message with relevant circulars and directions issued since 2014.
17	Financial Duties	Cross referencing chapter to NHS Finance (Wales) Act 2014 legislation and financial duties circular - including hyperlink
17	First Financial Duty	More narrative on the first financial duty aligned with wording in financial duties circular
18	Second Financial Duty	Significantly more narrative and explicit requirements on the second financial duty aligned with NHS planning framework and hyperlink inserted to the latest NHS Planning Framework. This reflects the importance of IMTPs (integrated medium term plans) for boards and requirements for the organisations
18	Second Financial Duty	Clarity and context for IMTPs to demonstrate meeting Wellbeing of Future Generations Act requirements on well-being objectives, Wellbeing Goals, five ways of working and prevention.
18	Second Financial Duty	More narrative on following NHS Planning Framework, CEO and board responsibilities for IMTP
20	Financial Management and Budgetary Control	Chapter heading and contents updated in language to be consistent with that used in NHS financial management and reporting. "Budgetary Control" in the way wording was used and structure was out of date.
20	Budget Setting	Section updated and enhanced to include specific reference to board approved plans and business cases, Wellbeing of Future Generations Act etc.
20	Budgetary Delegation	Tidy up of section to include relevant delegation requirements from Chief Executive to budget holders and letters of accountability
21	Financial Management, Reporting and Budgetary Control	Section updated and enhanced to reflect current financial management rather than just budgetary control. The section has more details on financial management reporting including NHS Finance Academy best practice guide to board financial reporting

Patterson, Liz
07/22/2021 16:23:30

23	Reporting to Welsh Government - Monitoring Returns	Hyperlink to financial monitoring returns circular inserted
24	Annual Accounts	Minor changes to chapter mainly cross referencing Welsh Government's Manual for Accounts requirements
--	Shared and Hosted Services Arrangements	Chapter deleted as this is fully covered in standing orders chapter four "NHS Wales Shared Services Partnership"
25	Banking Arrangements	Chapter updated to reflect requirement, not option, to use Government Banking Service and also to update to reflect best banking arrangements practice
27-30	Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments	Chapter split into two for clarity - one on cash, and handling of cash, and one on income and debt recovery.
27	General	Section has been updated and enhanced - specifically around use of payment cards
29	Income Due and Debt Recovery	Explicit reference now included for role of budget holders to inform on income due and on any salary and expenses overpayments
31	Non-Pay Expenditure	Non-Pay expenditure chapter brought forward to chapter 10 (just before the procurement chapter). This aligns with Procure To Pay (P2P) process for non-pay goods and services - that is the authority to initiate expenditure just before the requisitioning and procuring of those goods and service.
31	Director of Finance's responsibilities	Elements of responsibility taken out as responsibilities for national systems and national processes now lie with the NHS Wales Shared Services Partnership (NWSSP)
33	Departures from SFI's	New section - similar section applies in Welsh Government standing financial instructions
	Grant Funding, Procurement and Contracting for Goods and Services	Grant Funding section transferred to its own separate chapter (chapter 13)
48	Grant Funding	Grant funding paragraph transfers from chapter 11 to 13

Patterson-Liz
07/22/2021 16:23:30

34-45	Procurement and Contracting for Goods and Services	Chapter rewritten to align with the arrangements in NHS Wales, including clarifying responsibilities of both health boards and also NWSSP Procurement Services. The procurement chapter has been reordered so that sections are in line with procurement manual, specifically the P2P process
34	Procurement Services	New section to clarify responsibilities of both health boards and also NWSSP Procurement Services. Also noting that "procurement" also refers to local procurement - for example pharmacy and works who undertake procurement on a devolved basis
34	Policies and procedures	Reference to procurement manual included. Procurement manual now replaces supplementary guidance as schedule one of the standing financial instructions thereby formally adopted and incorporated within the standing financial instructions. Further specific clarification of responsibilities of both health boards and also NWSSP Procurement Services
34	Procurement Principles	Reference made to the primary regulations/guidance updated to "The Public Contract Regulations (2015, No. 102) and Wales Procurement Policy Statement (WPPS)
35	Procurement Regulations and Legislation Governing Public Procurement	Reference made to latest relevant legislation & regulations - "The Public Contract Regulations (2015, No. 102)" Wellbeing of Future Generations Act (2015) as well as other relevant legislation and regulation, e.g. Welsh language (Wales) Measure 2011. Reference to EU directives removed, focus on protection of civil rights law (adopted in UK Law)
36	Procurement Procedures	Responsibility for setting and maintaining and making procedures available with NWSSP and responsibility for following with the health board
36	Procurement Consent	Welsh Government consent moved to a section on its own. Reference made to requirements for local health boards to provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being let. Additional sentence to note consent requirements apply to goods and services procured through public sector contract frameworks.
37	Sustainable Procurement	Section inserted to emphasise requirement for sustainable development and wellbeing goals. New paragraph detailing requirement to consider the Welsh Government guidance on ethical procurement and the new code of practice on ethical employment in supply chains
39	Planning Procurements & Procurement Process	Procurement procedures section improved, updated and enhanced into two sections: 11.9 planning procurements and 11.10 procurement process - as recommended by NWSSP Procurement Services

Patterson, Liz
07/22/2021 16:23:30

40	Procurement Thresholds	Additional narrative on application of thresholds now included
40	Designing Competitions	New section - as recommended by NWSSP Procurement Services. Details on budget holder responsibilities, performance measures and criteria
41	Single Quotation or Single Tender Application	New section - as recommended by NWSSP Procurement Services detailing the exceptionality, steps required, authorisation and reporting requirements etc.
42	Disposals	New section as recommended by NWSSP Procurement Services
43	Evaluation, Approval and Award	New section on evaluation, approval and award which is aligned with detail contained in procurement manual.
43	Contract Management	Additional bullet points added on obligations/actions
44	Extending & Varying Contracts	New section as recommended by NWSSP Procurement Services detailing when varying is applicable, limits, process and risks etc.
44	Transactional Processes - Requisitioning	Clarified as part of the core transactional processes and separated to provide greater emphasis i.e. supportive of 'No Purchase Order, No Pay' policy. Also supported by Finance Academy Transactional Process Manual
45	No Purchase Order, No Pay	New section to ensure compliance with 'No Purchase Order, No Pay' policy
46	Health Care Agreements	Health care agreements set in the context of local health commissioning services internally, from its own local health board provided services, and externally, from other local health boards, trusts and other providers. Aligns with local health board statutory responsibility for resident population.
47	Reports to Board on Health Care Agreements	Links reporting to board reports on overall commissioning and financial performance.
48-50	Grant Funding - Legal Advice	New section emphasising need, under grant funding, to seek legal advice and to follow grants toolkit.

Patterson/lij
07/22/2016 16:23:20

51	Remuneration and Terms of Service Committee	New paragraph defining role for committee on redundancy cases, voluntary early release applications as well as any novel employment and pay cases, such as compromise agreements and nondisclosure agreements
51	Staff Appointments	New paragraph linking staff appointment to authorisation in accordance with scheme of delegation
	Pay Rates and Terms and Conditions	New paragraph on pay for board members and other senior employees
52	Payroll	Defining payroll service from NHS Wales Shared Services Partnership
52	Payroll	Explicit reference to comply with HMRC, pensions agency and other regulations etc
52	Payroll	Reference to service level agreement, not contract, for payroll service from NWSSP
54	Capital Plan, Capital Investment, Fixed Asset Registers and Security of Assets	Additional sections added to the chapter on capital plan (15.1), capital investment decisions (15.2) and Capital Projects (15.3). These comprehensive additions include aligning with IMTP, NHS Wales Infrastructure Investment Guidance and Better Business Cases (including hyperlinks to both)
54	Capital Investment Procedures and Responsibilities	Explicit reference for Chief Executive responsibility to ensure capital plan is approved by board, and for Directors of Planning and Finance to issue detailed procedures.
55	Capital Procedures and Responsibilities	Reference included to application of Welsh Government Project Bank Accounts policy on capital schemes greater than £2m
56	Capital Financing with the Private Sector	Reference made to the new mutual investment model within this section.
56	Asset Registers	Responsibilities explicitly identified and updated in this section
59	Control of Stores, Stocktaking, condemnations and disposal	Director of Finance responsibilities paragraph expanded

Patterson, Liz
07/22/2021 16:22:30

61	Disposals and Condemnations, Losses and Special Payments	Chapter updated to reflect current names for Welsh Government and the Health and Social Services Group. Also emphasised that disposals and condemnation applied to assets and goods, not just assets.
63-64	Informatics and Digital	Chapter updated to reflect current landscape, and naming convention, from "Information Management and Technology" to "Digital, Data and Technology". Chapter more focused on informatics, and the governance thereof, rather than information management and technology (in the traditional sense of IT)
63	Responsibilities and duties of the responsible Director	References updated to include Network and Information Systems Regulations 2018, General Data Protection Regulations and any relevant domestic law considerations via the Data Protection Act 2018.
66	Funds Held on Trust (Charitable Funds)	Minor wording changes to reflect they are called both funds held on trust and charitable funds and added reference to annual accounts requirement
68	Retention of Records	References updated to Data Protection Act 2018.

Patterson, Liz
07/22/2021 16:23:30

BOARD MEETING		Date of Meeting: 28 July 2021
Subject:	CORPORATE RISK REGISTER UPDATE: JULY 2021	
Approved and Presented by:	Board Secretary	
Prepared by:	Head of Risk & Assurance	
Other Committees and meetings considered at:	Executive Committee, 14 July 2021 Risk and Assurance Group, 7 July 2021	

PURPOSE:

The purpose of this paper is to provide the Executive Committee with the July 2021 version of the Corporate Risk Register for REVIEW and DISCUSSION.

RECOMMENDATION(S):

It is recommended that:

- the Board **REVIEWS** the July 2021 version of the Corporate Risk Register, ensuring that it is a complete and a true reflection of the health board's current high-level risks; and
- **APPROVES** the proposed amendments set out within this paper to those risks already recorded within the Corporate Risk Register.

Approval/Ratification/Decision	Discussion	Information
✓	✓	✘

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

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

EXECUTIVE SUMMARY:

The Board approved its Risk Management Framework in September 2019, which sets out the components that provide the foundation and organisational arrangements for supporting risk management processes across the organisation. The Risk Management Framework includes the Board’s Risk Appetite Statement, approved in July 2019.

The Corporate Risk Register provides a summary of the significant risks to the delivery of the health board’s strategic objectives. To be included in the Corporate Risk Register a risk must:

- represent an issue that has the potential to hinder achievement of one or more of the health board’s strategic objectives;
- be one that cannot be addressed at directorate level;
- further control measures are needed to reduce or eliminate the risk;
- a considerable input of resource is needed to treat the risk (finance, people, time, etc.).

This paper provides the Board with an updated version of the Corporate Risk Register, at July 2021.

BACKGROUND AND ASSESSMENT:

Patterson, Liz
07/22/2021 16:33:30

The Board recently approved the organisation's Annual Plan for the period April 2021 to March 2022, setting out the PTHB Priorities for the year ahead. The Plan 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.

It is an ambitious plan, and it is recognised that this must be set in the context of the pandemic, which remains a significant public health emergency.

Therefore, the Plan is structured around the delivery of three clear elements and the risks, assurances and governance that is required to ensure a balanced approach: -

- There is a clear focus on the response to the ongoing public health emergency posed by the pandemic including the delivery of Test, Trace and Protect and the Covid-19 vaccination programme.
- Essential healthcare features strongly in relation to the ability to provide the healthcare offer to the population from both the health board as a provider and through commissioned services.
- The Plan also takes a longer-term view, across the 3 years of a more traditional integrated medium term plan and beyond that to the ambition of 'A Healthy Caring Powys' which is the shared long term health and care strategy. It sets out the evidence base as a rationale for the core priorities and proposes a significant renewal endeavour.

Emerging risks to the delivery of the Board's Strategic Objectives 2021-22 were previously identified, and these are outlined below in Figure 1.

Figure 1: Annual Plan 2021-22 Emerging Strategic Risks



The emerging risks identified from the Annual Plan 2021-22 were mapped against the existing risks within the Corporate Risk Register. Executives have undertaken a thorough review of these risks, to ensure that the Corporate Risk Register fully reflects the risks to delivery of the Annual Plan 2021-22, alongside risks that could impact the overall operations of the Health Board. The risk mapping is outlined below in Figure 2, along with the proposed changes to the Corporate Risk Register.

Patterson, Liz
07/22/2021 16:33:30

Figure 2: Emerging Strategic Risks Mapped Against Existing Corporate Risks

New Ref	Exec Lead	Existing Corporate Risk		Emerging Strategic Risk Identified Within Annual Plan 2021/22	Confirmed Risk Description - July 2021	Recommended Change
		Previous CRR Ref	Risk			
CRR 001	DoNM	CRR 001	Some commissioned services are not sustainable or safe, and do not meet national targets	Poor quality of care in some commissioned services	Once accessed, residents in Powys may receive poor quality of care	<ul style="list-style-type: none"> • Risk description revised to reflect priorities within Annual Plan 2021-22. • Exec Lead transferred from DPP to DoNM.
CRR 002	DFIT	CRR 002	The health board does not meet its statutory duty to achieve a breakeven position in 2021/22	n/a	The health board does not meet its statutory duty to achieve a breakeven position in 2021/22	No change proposed to risk description or rating
CRR 003	CEO	n/a	New risk identified within Annual Plan 2021-22	Insufficient capacity to lead and manage change effectively	The health board has insufficient capacity to lead and manage change effectively	<p>New risk escalated to the Corporate Risk Register.</p> <p>Risk Score: Likelihood 4 x Impact 3 = 12 (Moderate)</p>

Patterson.Liz
07/22/2021 16:23:30

New Ref	Exec Lead	Existing Corporate Risk		Emerging Strategic Risk	Confirmed Risk Description - July	Recommended Change
CRR 004	DPP / BS	n/a	New risk identified within Annual Plan 2021-22	Ineffective partnership working and governance	There is ineffective partnership working and partnership governance	New risk escalated to the Corporate Risk Register. Risk Score: Likelihood 3 x Impact 3 = 9 (Moderate)
CRR 005	DPP	CRR 005	The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	n/a	The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	Risk Target increased from 4 (L2xI2) to 9 (L3xI3)
CRR 006	DWOD	CRR 006	The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors	Workforce Sustainability	The health board is unable to sustain an adequate workforce	<ul style="list-style-type: none"> Risk description revised to reflect priorities within Annual Plan 2021-22. Risk Target increased from 6 (L2xI3) to 12 (L3xI4) Change in risk target would make this a managed risk, tolerated above appetite

Patterson, Liz
07/22/2021 16:23:30

New Ref	Exec Lead	Existing Corporate Risk		Emerging Strategic Risk	Confirmed Risk Description - July	Recommended Change
CRR 007	DPP	n/a		Inequity of access to treatment for patients Inability to respond effectively to population health needs	There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks	New risk escalated to the Corporate Risk Register. Risk Score: Likelihood 5 x Impact 4 = 20 (High)
CRR 008	DPP	CRR 008	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	n/a	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	No change proposed to risk description or rating
CRR 010	CEO	CRR 010	Resources (financial and other) are not fully aligned to the health board's priorities	Inadequate prioritisation of priorities and aligned resource	The need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board	Risk description revised to reflect priorities within Annual Plan 2021-22. Risk Score: Likelihood 3 x Impact 4 = 12 (Moderate)

Patterson, Liz
07/22/2021 16:23:30

New Ref	Exec Lead	Existing Corporate Risk		Emerging Strategic Risk	Confirmed Risk Description - July	Recommended Change
CRR 012	DTHS	CRR 012	The health board does not comply with the Welsh Language standards, as outlined in the compliance notice	n/a	The health board does not comply with the Welsh Language standards, as outlined in the compliance notice	No change proposed to risk description or rating
CRR 013	DPCMH	n/a		Inequity of access to treatment for patients Inability to respond effectively to population health needs	There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks (national target), and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.	New risk escalated to the Corporate Risk Register. Risk Score: Likelihood 4 x Impact 4 = 16 (High)
CRR 014	DPH	CRR 014	Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	n/a	Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	Risk Rating reduced from 16 (L4xI4) to 12 (L3xI4)
CRR 016	DWOD	CRR 016	The Health Board is non-compliant with legal obligations in respect of Health and Safety due to a lack of	n/a	The Health Board is non-compliant with legal obligations in	No change proposed to risk description or rating

New Ref	Exec Lead	Existing Corporate Risk		Emerging Strategic Risk	Confirmed Risk Description - July	Recommended Change
			identification and management of health and safety related risks across the organisation		respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation	
CRR 017	DWOD	CRR 017	A fire incident occurring within health board premises is not effectively managed	n/a	A fire incident occurring within health board premises is not effectively managed	No change proposed to risk description or rating

Patterson, Liz
07/22/2021 16:23:30

The revised Corporate Risk Register is attached to this report as **Appendix 1**.

NEXT STEPS:

The Corporate Risk Register will continue to be reviewed and updated, to ensure that it continues to articulate 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.

Furthermore, the Health Board's Risk Appetite Statement will be reviewed to ensure it is reflective of the organisation's capacity and capability to manage risks.

Patterson Liz
07/22/2021 16:53:30

Agenda item: 3.1

BOARD MEETING		Date of Meeting: 28 July 2021
Subject:	PTHB'S RESPONSE TO BRONLLYS WELLBEING PARK COMMUNITY LAND TRUST'S VISION DOCUMENT 'THE NEXT TEN YEARS (2020-2030) WORKING TOGETHER FOR WELL BEING'.	
Approved and Presented by:	Carol Shillabeer, Chief Executive Officer	
Prepared by:	Hayley Thomas, Director of Planning & Performance Wayne Tannahill, Associate Director of Capital and Estates Rani Mallison, Board Secretary	
Other Committees and meetings considered at:	Board Meeting, January 2019	

PURPOSE:

The purpose of this paper is to provide an overview of PTHB's response to Bronllys Wellbeing Park Community Land Trust's Vision Document, 'The Next Ten Years (2020-2030) Working Together for Well Being' and to provide an update on progress in developing the Bronllys Community Hospital site.

RECOMMENDATION(S):

The Board is asked to DISCUSS and NOTE the content of this paper which includes the Health Board's response to the Bronllys Wellbeing Park Community Land Trust's Vision Document, 'The Next Ten Years (2020-2030) Working Together for Well Being'.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

Patterson/Liz
07/22/2021 16:23:30

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	✓

CONTEXT:

It is important that in order to deliver safe, effective, and sustainable services, the right environments are created for our staff, the public and our partners. This means an appropriate environment which promotes excellent care, well-being, innovation, research and development across all aspects of the health and care system.

The Health Board's Health and Care Strategy, 'A Healthy, Caring Powys', is ambitious and sets the priorities for Innovative Environments. The geographical distribution of the Health Board's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated. At 38%, the health board has the highest proportion of healthcare estate in Wales that pre-dates 1948. The results of the last six facet survey indicate that backlog maintenance of the estate is in the order of £73M.

To deliver the right environments for staff, the public and our partners, the Health Board has committed to

- Develop integrated and technologically-enabled Rural Regional Centres and "Community Health and Well-being Hubs" that provide a "one stop shop" for local people, also using community facilities and resources to strengthen local health and care delivery.
- Provide accommodation that is appropriate and meets need.

Patterson, Liz
07/22/2021 16:23:30

- Tackle poor quality facilities for health and care services, providing a modern care environment and working environment that makes people proud.

In January 2019, the Board received an overview of the status and proposed development of the Bronllys Community Hospital site and in doing so, the Board:

- NOTED that the Bronllys Community Hospital site was not identified in 'A Healthy, Caring Powys' the Health Board's Health and Care Strategy as a priority for major capital redevelopment during the following three years;
- CONFIRMED its commitment to the Bronllys Community Hospital site as a fully operating hospital, main administrative base and Health Board headquarters;
- AGREED to investment in renovating Basil Webb, the Chapel, gardens and addressing car parking and traffic management issues (which would entail identifying funding sources);
- AGREED that at that time, the Health Board had not identified any land that was surplus to requirement; and
- AGREED that the health board will continue to work with the local community, interested community and voluntary organisations in taking forward the chapel restoration, garden restoration and Basil Webb development.

The paper presented to the Board in January 2019 is attached at **Appendix A**.

INNOVATIVE ENVIRONMENTS STRATEGIC FRAMEWORK

In September 2020, the Board approved an Interim Innovative Environments Strategic Framework (**Appendix B**). The Interim Strategic Framework sets out the more immediate ambition of the Health Board in terms of major capital investment pan-Powys. This describes the activity which has seen the redevelopment of the key Rural Regional Centre (RRC) at the front of Llandrindod Hospital with further ambition for the development of a North Powys RRC at Newtown along with a major ongoing investment in Machynlleth, Bro Ddyfi Community Hospital.

Patterson, Liz
07/22/2021 16:23:30



Powys Teaching Health Board, Regional Rural Centres

Further work is underway to develop the 10-year Innovative Environments Strategic Framework, which will include consideration of the whole of Powys. Once the framework has been outlined, this will be the starting point for wider engagement.

BRONLLYS COMMUNITY HOSPITAL SITE

Bronllys Community Hospital and the land around it belongs to Powys Teaching Health Board. The site is the largest of the Health Board's estate at 23 Hectares with a property footprint of circa 12,000 square metres and is the Health Board's main administrative base.

The Health Board remains committed to maintaining the Bronllys Community Hospital site as a fully operating hospital site and the main administrative base. The headquarters moved back to the site in 2017. Investment over the last five years has brought much of the estate back into use. Previously mothballed facilities have been regenerated as a key hub for mental health services, including the integrated autism service, and areas for administrative use have also expanded. **Capital investment since 2016 has been in excess of £4M** both on maintaining key buildings and infrastructure as well as revitalising the majority of the buildings and developing exciting and innovative projects such as the current Health and Care Academy development in the Basil Webb building.

Basil Webb

Basil Webb has listed status, and due to its poor state of repair, constituted a priority for investment. This was secured in 2020, in partnership with Powys County Council and Third Sector, to develop an exciting and innovation facility for learning. The Health and Care Academy construction is nearing completion and funding is already being sought to expand the initiative to include the conversion of a disused adjacent bungalow, with the intent to create an assisted living training facility to enable Carers and Third Sector volunteers to offer support to people in their own homes.



Chapel

There is significant community support and interest in the Chapel restoration. The Health Board is committed to working with multiple community partners to progress the chapel restoration. There are however particular complexities regarding the Chapel given its status. Indicative outline costs have been developed and the Health Board will work with partners to identify possible funding opportunities.

Car Parking

Improving car parking and traffic management on the site is a key priority. Whilst the Bronllys Community Hospital site has abundant external space, converting grassed areas into additional car parking would be subject to planning approval, although access constraints and the lack of public transport to the hospital would help support the basis for an application. Due to the successful conversion of redundant areas, the site is already reaching full capacity for parking on a regular basis and particular pressures in supporting the COVID-19 Mass Vaccination Centre at Bronllys has led to further investment to expand car parking provision with the creation of a further 22 bay car park.

The Health Board has not prioritised major capital investment on the Bronllys Community Hospital site over the recent three years, which is in-line with the Health and Care Strategy priorities (see **Appendix A and B**). However, the Health Board continues to pursue further utilisation and improvements on the site utilising discretionary capital funding and other funding opportunities as they arise.

This significantly increased activity is positive and exemplifies the Health Board's commitment to the site, however this has led to increased pressure on the infrastructure systems and parking. This reaffirms the status quo; there is no current plan to declare space surplus to requirements on the Bronllys Community Hospital site.

BRONLLYS WELLBEING PARK COMMUNITY LAND TRUST (CLT)

The CLT was established in November 2016, with its purpose outlined in its documentation as: *"The purpose of Bronllys Well Being Park is to create and deliver a ground-breaking community asset which is inspired and owned by*

local people. It will complement and enhance Bronllys Hospital itself through the sustainable development of housing, transport, work and leisure opportunities, as well as a range of wellbeing facilities for the entire community.”

As mentioned earlier in this paper, in January 2019, the Health Board confirmed its commitment to develop the Bronllys Community Hospital site as a fully operating hospital and the main administrative centre for PTHB and that there was no land on the Bronllys Community Hospital site that was surplus to operational need. The Board agreed to continue to work with the local community and interested community and voluntary organisations in enhancing certain facilities on the Bronllys Hospital site.

The Health Board has honoured that commitment, working with the CLT as a key interested group on areas of mutual interest in respect of the Bronllys Hospital Site. However, it is recognised that the Health Board’s response to the COVID-19 pandemic has inevitably delayed work in some areas.

In April 2021, the CLT launched a 10-year vision document ([The Next Ten Years \(flipbuilder.com\)](#)) which set out a number of proposals for developing the Bronllys Hospital site over the coming years. The document further set out the CLT’s milestones to acquire the Bronllys Hospital Site land within two years.

The Health Board invited the CLT to discuss the proposals contained within the vision document in advance of its official Launch (a community event). This invitation was declined by the CLT and the document was launched without the support of the Health Board. The Health Board has written to the CLT confirming the position of the Health Board in respect of the site, in that it remains an operational hospital site, that significant investment has been made in developing buildings and services on the site and that there remains no land surplus to requirement which could be released to support the aims of the CLT. The CLT has requested a meeting with the Health Board subsequent to the Launch of the document and arrangements for this are being made. Formal correspondence between the Health Board and CLT are attached:

- Letter from PTHB to CLT, 22nd April 2021 (**Appendix C**)
- Response from CLT to PTHB, 7th May 2021 (**Appendix D**)
- Letter from PTHB to CLT, 13th July 2021 (**Appendix E**)

The Health Board is concerned to ensure that the CLT fully understands the Health Board’s position with regard to the Bronllys Community Hospital site. Given the significant ongoing public health emergency, it is essential that the Health Board focuses on the recovery from the extraordinary impact on the population of the pandemic. There is a risk that a continued position of the CLT could distract the Health Board’s attention from its critical priorities at this time.

Further, the Health Board wants to reassure the community that the Bronllys Community Hospital site continues to be of strategic importance in the delivery of health and care services and education. Progress will continue to be made

on the development and implementation of plans wherever there is capacity to do so.

The Health Board remains fully committed to working with the local community and interested community and voluntary organisations in enhancing certain facilities on the Bronllys Community Hospital site and in doing so recognises the CLT as one of those said organisations.

A meeting with the CLT is being arranged to further outline the Health Board's position in regard to the Bronllys Community Hospital site.

Patterson Liz
07/22/2021 16:23:30

BOARD MEETING		Date of Meeting: 30 January 2019
Subject :	BRONLLYS SITE DEVELOPMENT	
Approved and Presented by:	Hayley Thomas, Director of Planning and Performance	
Prepared by:	Hayley Thomas, Director of Planning and Performance	
Other Committees and meetings considered at:	Board members meeting with Bronllys Well Being Park Community Trust on 25 October 2018. Board Development session, December 2018	

PURPOSE:

The purpose of this paper is to provide an overview of the current and proposed development of the Bronllys Hospital site confirming the health board's commitment to the site as a fully operating hospital and main administrative base.

RECOMMENDATION(S):

The Board is asked to

- Note that Bronllys Hospital site is not identified in 'A Healthy, Caring Powys' the Health Board's health and care strategy as a priority for major capital redevelopment during the next three years.
- Confirm its commitment to Bronllys Hospital site as a fully operating hospital, main administrative base and health board headquarters.
- Agree to the proposed investment in renovating Basil Webb, the Chapel, gardens and addressing car parking and traffic management issues. This will entail identifying funding sources.

Patterson, Liz
07/22/2021 16:23:30

- Agree that at this current time, the Health Board has not identified any land that is surplus to requirement.
- Agree that the health board will continue to work with the local community, interested community and voluntary organisations in taking forward the chapel restoration, garden restoration and Basil Webb development.

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	✓

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

EXECUTIVE SUMMARY:

Bronllys Hospital is the largest PTHB site at 23 hectares with a property footprint of circa 12,000 square metres and is the Health Board's main administrative base. The paper outlines the health board's priorities for the site, highlights current and proposed development and a commitment to work in partnership with the local community.

There is significant interest from the local community in working with the health board to further develop the Bronllys hospital site. The Health Board has worked closely with the League of Friends, Veteran's Group and Bronllys Well Being Park Community Trust (BWBPCT) and other community stakeholders.

The health board is entering the second year of the Health and Care Strategy, which sets out the vision for a 'Healthy, Caring Powys' and the priority areas for investment for Innovative Environments are set.

The health board has not prioritised significant capital investment on the Bronllys site over the next three years but is committed to pursuing further improvements on the site utilising discretionary capital funding and other funding opportunities as they may arise. The paper outlines a proposal to refurbish key areas on the site including Basil Webb, Chapel and gardens and addressing car parking capacity and traffic management.

The Health Board is committed to maintaining the Bronllys hospital site as a fully operating hospital and main administrative base and plans to further increase the services and staff located on the site.

Work will be initiated to develop a site development control plan for Bronllys in line with the 'A Healthy, Caring Powys' strategy in 2021. It would not be prudent to dispose of land on the site for development until this is completed to ensure future plans and priorities to develop the hospital site are not detrimentally affected.

DETAILED BACKGROUND AND ASSESSMENT:

1. STRATEGIC CONTEXT – A Healthy, Caring Powys

The Health Board is entering the second year of the Health and Care Strategy which sets out the vision for a 'Healthy Caring Powys'.

Patterson, Liz
07/22/2021 16:23:30

THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'



WE ARE DEVELOPING A VISION OF THE FUTURE OF HEALTH AND CARE IN POWYS...



TO 2027 AND BEYOND...



WE AIM TO DELIVER THIS VISION THROUGH-OUT THE LIVES OF THE PEOPLE OF POWYS...



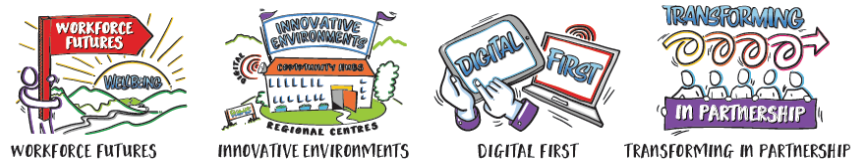
WE WILL SUPPORT PEOPLE TO IMPROVE THEIR HEALTH AND WELLBEING THROUGH...



OUR PRIORITIES AND ACTION WILL BE DRIVEN BY CLEAR PRINCIPLES...



THE FUTURE OF HEALTH AND CARE WILL IMPROVE THROUGH...



It is important that in order to deliver safe, effective and sustainable services the right environments are created for our staff, the public and our partners. This means an appropriate environment which promotes excellent care, well-being, innovation, research and development across all aspects of the health and care system.

The health and care strategy is ambitious and sets the priorities for Innovative Environments. The geographical distribution of the health board's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated.

To deliver the right environments for staff, the public and our partners, the Health Board has committed to

- Develop integrated and technologically-enabled Regional Rural Centres and "Community Well-being Hubs" that provide a "one stop shop" for local people, also using community facilities and resources to strengthen local health and care delivery.
- Provide accommodation that is appropriate and meets need.
- Tackle poor quality facilities for health and care services, providing a modern care environment and working environment that makes people proud.

Patterson, Liz
07/22/2021 16:23:30

The following three priorities over the coming three years have been set:

Priority 1 - North Powys Rural Regional Centre in Newtown

Work is underway aimed at developing a North Powys Regional Rural Centre in Newtown to address the issues around the ageing estate, support the future population needs and mitigate against the potential shift of services away from north Powys. This is part of a broader partnership development opportunity which is looking at the potential of a campus style approach that could integrate health, housing, education, police and other provision.

This is a unique opportunity which we have an ambition to work with the local community and our partners. It involves the development and testing of a fully integrated model of a Regional Rural Centre. This will secure the triple integration aim (physical and mental health; health and social care; primary and secondary care). Investment in 2018/19 will need to be secured for this development.

Priority 2 - Development of Machynlleth Hospital/Community Well-Being Hub

Machynlleth has been identified as the first area to start work on developing Community Well-being Hubs. The business case is advanced and dialogue with Welsh Government continues.

Priority 3 - East Radnorshire & Ystradgynlais Community Well-Being Hubs

There is a need to review service provision in East Radnorshire and Ystradgynlais; this includes reviewing the model of care within Knighton Community Hospital, seeking to build on the existing community led hub within this area.

The Board is asked to **NOTE** that Bronllys Hospital site is not identified in 'A Healthy Caring Powys' the Health Board's health and care strategy as a priority for major capital redevelopment during the next three years.

2. BRONLLYS HOSPITAL SITE

Bronllys Hospital is the largest PTHB site at 23 Hectares with a property footprint of circa 12,000 square metres and is the Health Board's main administrative base.

The health board is committed to maintain Bronllys as a fully operating hospital site and the main administrative base. The headquarters moved back to the site in 2017. Investment over the last few years has brought much of the estate back into use. Previously mothballed facilities have been brought back into use as a key hub for mental health services, including the new autism service, and areas for administrative use have also expanded. Capital investment over the last 3 to 4 years has been in excess of £1.8M both on maintaining key buildings and infrastructure as well as revitalising circa 15%

of the site and bringing areas such as Glasbury, Monnow and Erwood back into full use. Further increases in staff numbers are anticipated on site with the general repatriation of services. This extra activity is positive and exemplifies the health board's commitment to the site, but this has led to increased pressure on services such as heating systems and parking.

3. BRONLLYS HOSPITAL SITE DEVELOPMENT(s)

The health board has not prioritised significant capital investment on the Bronllys site over next three years in line with health and care strategy priorities outlined above and the Health Board's Integrated Medium Term Plan.

The health board, however, continues to pursue further utilisation and improvements on the site utilising discretionary capital funding and other funding opportunities as they may arise. Investment is planned through the discretionary capital programme because the age of the buildings and infrastructure constitute a heightened estates compliance and health and safety risk. The health board plans to invest the sale proceeds from the disposal of Mansion House in 2018 into the Bronllys site during 2019/2020.

The Bronllys site has two listed buildings, (Chapel and Basil Webb) and is also included on a Register of Parks and Gardens. Planning Policy Wales instructs local planning authorities to consult Cadw on planning applications that are likely to affect the site of a registered park and garden or its setting. It should be noted that if a listed building is not sufficiently maintained to a point where its integrity is at risk, and this applies particularly to unoccupied / disused buildings, the Local Authority can add the premise to a Buildings at Risk Register which could ultimately lead to the Authority intervening to undertake essential repairs counter-charging the building owner. The redevelopment of Basil Webb and restoration of the chapel have been identified as a priority to address our legal duty.

Basil Webb

Basil Webb has listed status and due to its current poor state of repair is a priority for investment. The existing accommodation and meeting space is not adequate and there is an opportunity to reconfigure the space to provide a modern and flexible meeting and training space which could provide an organisation-wide facility and would support the Health Board in its ambition to support its workforce education and training, research and innovation agenda. This exciting development aligns with our ambition to develop a Rural Health and Care Academy in Powys and will support workforce recruitment, training, education and research. Outline costs have been completed excluding the cost of increasing car park capacity, which would be an essential pre-requisite for the scheme.

Chapel

There is significant community support and interest in the Chapel restoration. The health board has started working with League of Friends, the Veteran's

Group and Bronllys Well Being Park Community Trust on the listed chapel and is committed to working with all community partners to progress the chapel restoration. Indicative outline costs have been developed and the health board would work with partners to identify possible funding opportunities.

Car Parking and Traffic Management

Improving car parking and traffic management on the site is a key priority. Due to the successful conversion of redundant areas, the site is already reaching full capacity for parking on a regular basis and some 'white lining' to maximise use of existing space would provide marginal benefits. It is also clear that there is increasing prevalence of vehicles being parked inappropriately on site and external traffic engineer advice is being sought to introduce improved traffic management measures. The need for car parking expansion and site traffic management was emphasised by an incident between a vehicle and member of staff on site in 2018.

Whilst Bronllys has abundant external space, converting grassed areas into alternative use or car parking would be subject to planning approval, although access constraints and the lack of public transport to the hospital would help support the basis for an application.

Garden Restoration

The gardens at Bronllys are registered on the Register for Parks and Gardens. The League of Friends take a keen interest in regenerating flower beds and the grounds. The Veteran's Group have also been very active with the creation of an 'At Ease' garden and woodland walk and statue which have been very well received by patients and staff. The health board provides support for these activities and a recent Armistice Event was very well attended.

The Bronllys Wellbeing Park Community Trust has also recently undertaken a feasibility study into growing projects. Working in partnership with the local community, the health board would explore further restoration of the gardens at Bronllys.

Work will be initiated to develop a site development control plan for Bronllys in line with the 'A Healthy Caring Powys', the long term strategy and the Integrated Medium Term Plan in 2021. It would not be prudent to dispose of land on the site until the site development control plan is completed because experience elsewhere has demonstrated that land previously sold was required by the health board in the future as a key enabler for hospital site development.

The Board is asked to **AGREE** to the proposal to refurbish key areas on the site including Basil Webb, Chapel restoration, Garden restoration and addressing car parking and traffic management issues.

The Board is asked to **AGREE** that there is no current space surplus to requirements on the Bronllys hospital site.

4. WORKING IN PARTNERSHIP WITH THE COMMUNITY

The health board is committed to working in partnership with the local community, stakeholders, voluntary and community groups for example the League of Friends, Veteran's Group and Bronllys Well Being Park Community Trust.

The Board is asked to **AGREE** that the health board will continue to work with community groups in taking forward the agreed development on the Bronllys site.

NEXT STEPS:

- Work up the detailed plans for the Basil Webb Chapel, and Gardens projects.
- Meet with League of Friends, Veteran's Group and BWPCLT to discuss arrangements for working in partnership to deliver the proposed developments.
- Implement a communication plan to share information with staff, the community and key stakeholders.
- Timetable the Bronllys Site Development Control Plan work for 2021.

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07/22/2021 16:23:30

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	<p style="text-align: center;">Statement</p> <p style="text-align: center;"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Risk Assessment:					
	Level of risk identified				<p style="text-align: center;">Statement</p> <p style="text-align: center;"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
	None	Low	Moderate	High	
Clinical	X				
Financial			X		
Corporate	X				
Operational	X				
Reputational			X		

Patterson, Liz
07/22/2021 16:23:30

Agenda item: 2.2a

BOARD MEETING		DATE OF MEETING: 30 September 2020
Subject :	INNOVATIVE ENVIRONMENTS: INTERIM FRAMEWORK	
Approved and Presented by:	Carol Shillabeer, PTHB Chief Executive	
Prepared by:	Wayne Tannahill, Assistant Director Estates and Property	
Other Committees and meetings considered at:	Not at the time of reporting	

PURPOSE:		
<p>This paper has been produced with reference to the Integrated Medium Term Plan (IMTP), which has indicated that we would be developing for Board approval an Innovative Environments Strategic Framework to support delivery of the Health and Care Strategy. This has needed to be reprofiled given the pandemic. The purpose of this paper, therefore, is to provide an interim framework for the key priorities relating to the capital element of Innovative Environments.</p>		
RECOMMENDATION(S):		
<p>It is recommended that that Board receives a briefing and update on the status and approach to the Innovative Environments: Interim Framework and SUPPORTS the direction of travel.</p>		
Approval	Discussion	Information
✓		

Patterson, Liz
07/22/2021 16:23:30

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

Strategic Objectives:	1. Focus on Wellbeing	x
	2. Provide Early Help and Support	x
	3. Tackle the Big Four	x
	4. Enable Joined up Care	x
	5. Develop Workforce Futures	x
	6. Promote Innovative Environments	✓
	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 paper outlines the approach to developing an Innovative Environment Strategy Framework which encompasses the traditional estates strategy approach, alongside the guiding factors within the 10-year Health and Care Strategy. To support delivery of the strategy a new integrated model has been developed for Powys, it was approved by Board and Cabinet earlier this year. The model shifts the focus of the current health and care system away from service delivery in acute and specialist hospital settings and offers a more holistic, integrated model of care with more wellbeing, prevention and early help services delivered closer to people's homes and communities. Creating innovative environments to support delivery of this model is essential.

The Integrated Medium-Term Plan (IMTP) was suspended for 2020/2021 by Welsh Government due to the need to respond to the Covid-19 pandemic but as we plan for recovery it forms an important foundation for forward planning, and the Innovative Environment Strategy Framework is based on the guiding principles and Powys Outcomes set out in the IMTP.

The paper highlights business case progress, at various stages of development, which will be brought forward for Board approval in Autumn 2020:

- **Bro Ddyfi Community Hospital, Machynlleth:** Full Business Case
- **Llandrindod Wells Community Hospital:** Programme Business Case for Phase 2 works
- **North Powys Well-being Programme:** Programme Business Case
- **Brecon Car Park:** Business Justification Case

The estates service and capital funding is a key enabler to deliver the Health and Care Strategy in Powys. Working in line with the service strategy for health and care in Powys we will develop a strategic outline programme for estate investment. This approach will have to consider the broader public sector service offer and ambition for Powys and will build upon the development of Glan Irfon Health and Care Centre in Builth Wells as an integrated model. Taking this a stage further we are now actively developing the rural regional centres approach providing integrated primary, secondary and social care facilities. Such facilities are vital to our response to the ageing estate of Powys facilities, strategic changes to health care services beyond our borders and enablers to further integration and cooperation with our partners in social care and the Third sector.

DETAILED BACKGROUND AND ASSESSMENT:

During 2020/21, the health board will develop a long term Innovative Environment Strategy Framework, building on the ten year Health and Care Strategy published in March 2018 and the six facet survey data to ensure the best use of the current built environment and ensuring that opportunities to deliver modern fit for purpose facilities across the public sector footprint is achieved for the citizens of Powys.

The Integrated Medium Term Plan (IMTP) was suspended for 2020/2021 by Welsh Government due to the need to respond to the Covid-19 pandemic but as we plan for recovery it forms an important foundation for forward planning, and the Innovative Environment Strategy Framework is based on the guiding principles and Powys Outcomes set out in the Health and Care Strategy and the IMTP.

We need innovative environments to deliver 'A Healthy Caring Powys', particularly in the context of the dual track approach set out in our Quarterly Operational Plans in 2020, to continue to respond to COVID and recover healthcare services.



This is partly about safe, effective and sustainable physical environments and facilities for patients and for those working for the health board and its partners. It is also about fostering the space for new ways of working and taking forward the learning from the innovations developed at pace during 2020 in response to the pandemic.

In the long-term shared Health and Care Strategy, a set of Powys Outcomes were defined for Innovative Environments as part of 'A Healthy Caring Powys':

Powys Outcomes for Innovative Environments

Through innovative environments, people in Powys will say:

- I am part of a thriving community which has a range of opportunities for health and social care, to support my well-being

- I have access to one stop health and care which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

Innovative Environments is key to delivery of several national goals and ambitions

- Five Ways of Working: Key to 'Long Term' and 'Integration'
- Quadruple Aim: Higher Value Health and Social Care; Better Quality and More Accessible Health and Social Care Services
- Aligns to Prudent: 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National Capital Programme and partnership working via RPB

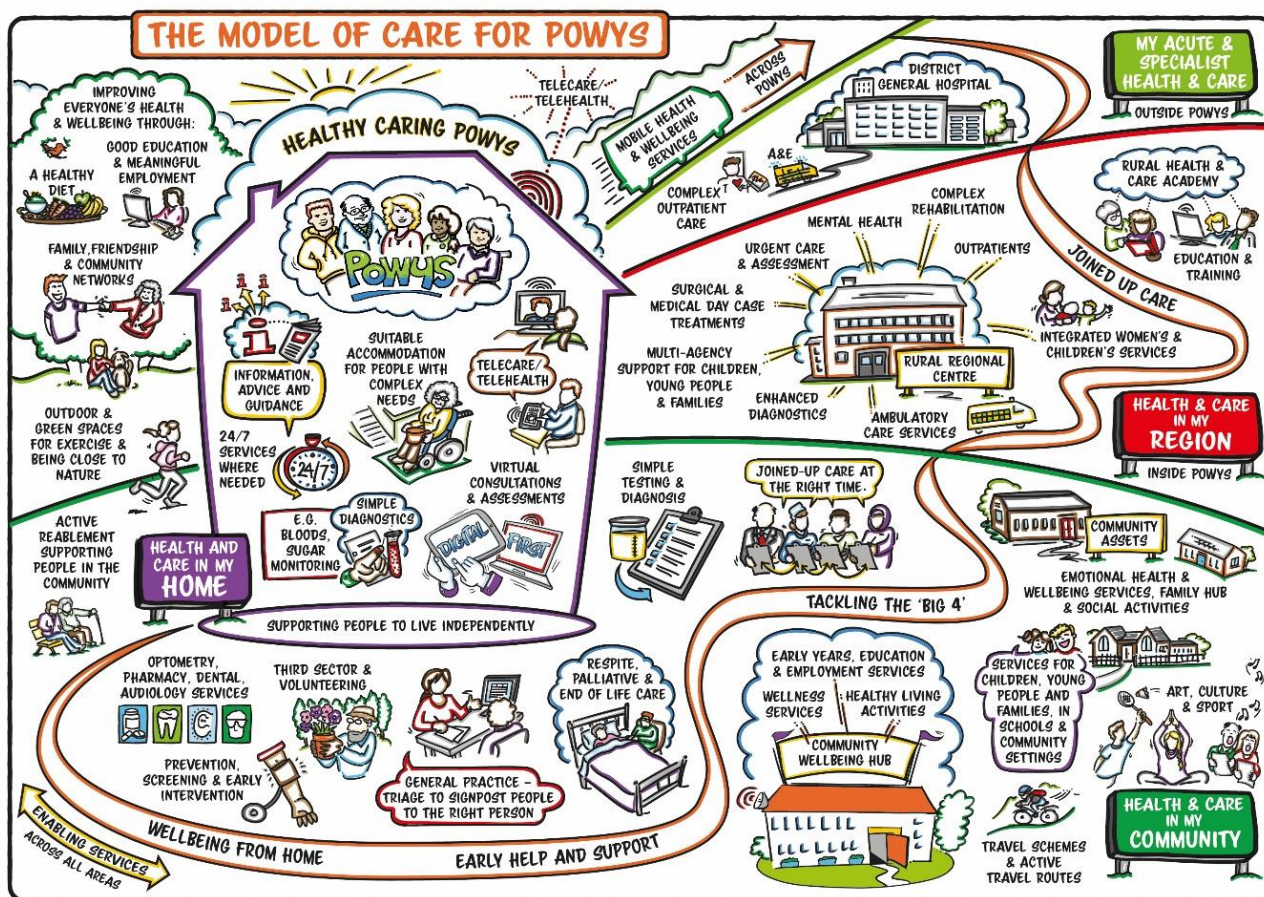
WBFGA WELL-BEING GOALS:



Powys Model of Care

Significant work has been undertaken during the last 18 months to further design, define and update the model of care initially developed to support the delivery of a Joint Health and Care Strategy for Powys. A co-designed approach with key stakeholders with "what matters to you" was at the core of the engagement methodology underpinning the new model. The model of care was approved by RPB and Cabinet Member Decision, PTHB Board in March 2020.

Patterson, Liz
07/22/2021 16:23:30



To enable residents in Powys to live longer, healthier and, therefore, happier lives, there is a need to shift the focus of the model of health and care away from service delivery in acute and specialist hospital settings and offer a more holistic, integrated model of care with more wellbeing, prevention and early help services delivered closer to people's homes and communities.

The new integrated model of care for Powys is part of a Wales-wide response to the increasing demands and new challenges facing the NHS and social care. These include an ageing population, lifestyle changes, public expectation and new and emerging medical and digital technologies. This model is fully aligned to delivery of the Welsh Government "A Healthier Wales: Our Plan for Health and Social Care". It enables health, social care and other partner organisations to work together, to help people live well in their communities, meet their health and care needs effectively, and provide more services closer to or at home, so that people only need to use a hospital for treatment that cannot be provided safely anywhere else.

The rural geography of Powys and the complex commissioning arrangements are key factors in bringing care closer to home wherever possible. The model of care will shift the balance of outpatient, day care, diagnostic and elective inpatient services to community or primary care settings to improve access and quality of care within Powys, and to promote independence and reduce demand and dependence on high cost intervention services.

Moving healthcare closer to home is important in addressing the pressures of future demand and ensuring people get care and support in an environment which

best meets their needs, this may also avoid further costs in the long term of expensive hospital environments.

Investment in digital technology and new facilities will enable the delivery of wellbeing, early help and support services, and joined up care providing more local services to communities.

The following capital developments are prioritised for action in 2020/21, albeit timeframes have been impacted to by COVID-19, acting to concertina the business case programme into the latter half of the financial year cycle:

Location	PBC	SOC / BJC	OBC	FBC	Construction
Machynlleth	N/A	N/A	Approved	Sept 2020	Q4 2020/2021
North Powys	Oct 2020	2021	2022	2023	2023 to 2025
Llandrindod Phase 2	Oct 2020	BJC's	N/A	N/A	2020 to 2025
Brecon Car Park	N/A	BJC Nov 2020	N/A	N/A	Q1 2021/2022

Machynlleth Community Hospital; the health board will be submitting a Full Business Case proposal to WG in October 2020. The works will address essential estate compliance and fabric issues alongside clinical reconfiguration /refurbishment of the area in order to support the health board's plans to integrate primary care services onto the site and establish the hospital as a health and well-being facility for the local community. The facility will also provide a base for health, local authority and third sector teams, encouraging improved integration and efficiency and create a community 'hub' to improve access to health and social care, wellbeing, prevention and health promotion facilities.

By refurbishing the front block of BDCH, PTHB have a unique opportunity to re-orientate the model of care currently delivered from the hospital and to develop the site into a health and well-being centre integrating Diagnostic, Assessment and Treatment services.

Llandrindod Wells Community Hospital; Phase 1 work has been undertaken to develop and reconfigure clinical services to enable patients to be treated closer to home. The early phases of work saw the creation of a new birthing centre and expansion site at Waterloo Road; works have now also been completed to develop a new main hospital reception, JAG accredited endoscopy suite, new dental clinic, outpatients department, X-ray and a new increased capacity renal unit. The acquisition of new car park adjacent the hospital is now operational and has improved patient access in the immediacy of the hospital. These works have supported the Health Boards strategy to provide more care 'closer to home' by repatriating services leading to increased number of out-patient appointments by

approximately 9,500, day cases by 1,160 and endoscopy cases by 924, per annum.

Phase 2 approach has been endorsed by Welsh Government, to be in the form of a Programme Business Case, which builds on the Phase 1 investment and offers a flexible Business Justification Case platform for a graduated 3-5 year programme of work. This will include estates compliance issues and ease pressure on the discretionary capital budget, but also allow time for a strategic view of service delivery in the second half of the hospital, and support a phased series of reconfiguration and enhancement project developments. This will act to support and underpin one of the three key Regional Rural Centres sites in Powys.

North Powys Well-being Programme: The Programme Business Case (PBC) seeks endorsement for The Regional Partnership Board (RPB) to develop plans to create a collaborative, multi-agency, well-being campus for the population of North Powys, delivered by the North Powys Wellbeing Programme (NPWP). There is an ambition across partner organisations to develop a new integrated model of health, care and wellbeing services in north Powys. The North Powys Wellbeing Programme was established in 2019 and is a once in a generation opportunity to bring together partner organisations to enhance and transform the way we deliver health, care and wellbeing services in north Powys. The form of the new integrated model of care for north Powys, would include a Regional Rural Centre (to enhance the local service offer) and Community Wellbeing Hub (to improve wellbeing and reduce demand on future service provision) both of which were set out in the Health and Care Strategy. To support delivery of the programme, Transformation Funding was secured from Welsh Government in mid-2019; this is enabling the delivery of the long-term change associated with the new integrated model of care which includes the multi-agency wellbeing campus as well as short term areas of acceleration of change in relation to new ways of working that can be implemented now to deliver the new integrated model of care. The scope of the programme includes:

- The testing and delivery of a new integrated model to a rural population which focuses strongly on evidence based of innovative practice to deliver the highest value and efficient system
- The development of a multi-agency wellbeing campus in Newtown which includes education, housing, health and social care and leisure/wellbeing activities.
- Working with local communities to co-design and address the practical implementation of a new integrated model which is based on future needs, addressing “what matters” to people, has ownership by communities, and builds the capacity of individuals and communities to develop and evolve formal and informal community services that enable people to live independent and healthier lives
- Effective learning, evaluation and transfer, acting as a flagship scheme to support the broader roll out of a new integrated model across Powys

Brecon Car Park: the impact on patient, visitor and staff parking is acknowledged by all parties on this physically constrained but very active site – this has been further pressurised by the successful repatriation of services programme.

Tremendous efforts by the Community and generous bequethments have seen £0.55M raised to support a 70 space overflow car park on a section of steeply sloping land owned by the health board to the North of the hospital. Welsh Government are receptive to the submission of a Business Justification Case which would require top-up capital funding for the £1M project with an ambition to start work in Spring 2021.

The need for investment at Ystradgynlais Community Hospital is acknowledged and scheme development and scoping will need to be initiated to enhance the clinical service environment and provide a fit for purpose building infrastructure. The scheme will also facilitate the development of an urgent care environment in collaboration with local GPs, who currently provide the service from less than suitable accommodation in the GP practice. Resources and funding will need to be identified and allocated to enable the integration of this proposal into the IESF.

Working alongside the service strategy for health and care in Powys, we will develop a strategic outline programme approach for estate investment options. This approach will have to consider the broader public sector service offer and ambition for Powys. We want to take this a stage further to consider **Regional Rural Centres** providing integrated primary, secondary and social care facilities and the funding implications and options for doing so will be explored with partners and Welsh Government. This will include the proposal to develop a pathfinder Rural Regional Centre for North Powys, in the Newtown area.

The Capital and Estates Programme focusses on the following main areas:

- Short term:

- o Optimise the available discretionary capital to support prioritised investment in the current estate reducing backlog maintenance to ensure compliance with core Health and Safety standards for the patient environment.

- o Continue to develop current major capital schemes to completion to improve statutory compliance and service improvements in Llandrindod Wells, Machynlleth Community, and Ystradgynlais Hospitals.

- o Continue to develop the Rural Regional Centre Pathfinder Project in North Powys.

- o continue to develop a sustainable and efficient Capital service, with enhanced capability, working in partnership with Powys County Council and NHS Wales Shared Services Partnership.

- Medium and longer term transformation: this will be developed following engagement and discussion, to shape the medium to long term programme and incorporate the important learning in light of COVID.

Patterson, Liz
07/22/2021 16:23:30

The latest published data in the NHS Estate Dashboard Report 2017/18 indicates that:

the **pre-1948 average age profile of the estate** across Wales is 14% whilst in Powys the figure is by far the largest in Wales at **42%**

the percentage of **new build** healthcare properties across Wales, **2005 to present**, is 20% whilst this same percentage for Powys is just **2%**

The results of the recent six facet survey indicate that **backlog maintenance** of the estate is **£73M**.

Only 58% of the estate is in condition category B (reasonable standard) or above, the worst in Wales.

The **Primary Care estate** is more modern, although the newest facility is now 13 years old. The majority of practices are under direct GP ownership which is causing a challenge in recruiting new GPs to replace those who are leaving the profession and/or the area. The ambition is to develop public sector assets to provide integrated facilities where they are required. The Health and Care Strategy is the vehicle for discussing this future with the public of Powys and shaping the nature of service delivery and the estates requirements to enable this. The Glan Irfon development in Builth Wells illustrates the ambition of the health board and local authority in providing an integrated health and care facility for its population. During 2019/20, the health board will develop a long term Innovative Environments Strategic Framework building on the ten year Health and Care Strategy. This will ensure the best use of the current built environment and create opportunities to deliver modern fit for purpose facilities across the public sector footprint for the citizens of Powys.

Primary and Community Care Infrastructure

In December 2017 the Health Secretary announced a programme to support new integrated health and care centres across Wales. Construction will be subject to the agreement of successful business cases from the local health boards, and the expectation is that all schemes will be delivered by 2021. The pipeline of facilities is intended to improve access to a range of health and social care services closer to people's homes. The provision of a new generation of integrated health and care centres is a key commitment in Taking Wales Forward.

A key theme is integration with a range of delivery partners, including local authorities, housing associations and the third sector, to bring together community hubs.

Two schemes were included for Powys:-

- **Machynlleth Community Hospital**; The proposed major redevelopment enables the integration of primary and secondary care health and care services for the locality of Machynlleth on the hospital site, and will enhance integrated

working across social care and the voluntary sector. Subject to business case approval, the aim is to start work in 2021 for completion by 2022, with funding ring-fenced for health and care community hubs.

- **Llanfair Caereinion Primary Care Centre;** this will replace the existing GP Practice and provide a new health and care centre at Llanfair Caereinion via a third-party revenue development route, with good progress having been achieved.

Collaborative Assets: We will continue to work with NWSSP Specialist Estates Services (Property Services) to ensure e-PIMS data is current and valid in respect of the Asset Collaboration Programme. We will continue to work closely with Powys County Council to improve asset mapping and property collaboration across Powys.

Discretionary Programme: The health board continues to utilise its discretionary capital funding to support a range of smaller projects using a risk based approach, which is prioritised by the Innovative Environment Group for approval by the Board.

All-Wales Funding: Maximising opportunities for seeking additional funding to support larger service improvement projects, for example, the reconfiguration of community hospital schemes or All Wales diagnostics programme, which supports higher value equipment replacements. It is recognised that Welsh Government capital commitments will come under pressure from COVID-19 in the forthcoming period.

Workforce Futures: PTHB has been successful in its collaborative approach with Powys County Council to secure support for projects in Powys, with the most recent funding allocation being £0.446M to support an exciting and innovative Health and Care Academy at Bronllys hospital site. This will be linked to an aligned facility to be incorporated into the North Powys Well-being Project.

Health and Care Strategy: The estates service and capital funding is a key enabler to deliver the Health and Care Strategy in Powys. Working in line with the service strategy for health and care in Powys we will develop a strategic outline programme for estate investment. This approach will have to consider the broader public sector service offer and ambition for Powys and will build upon the development of Glan Irfon Health and Care Centre in Builth Wells as an integrated model. Taking this a stage further we are now actively developing the rural regional centres approach providing integrated primary, secondary and social care facilities. Such facilities are vital to our response to the ageing estate of Powys facilities, strategic changes to health care services beyond our borders and enablers to further integration and cooperation with our partners in social care and the Third sector.

The ambition for shared, community spaces to act as hubs or beacon sites for service provision in our communities has been strongly communicated to us through our engagement on the strategy. The strategic importance of Newtown has been recognised in relation to strengthening joint working between Bronllys

DGH and Shrewsbury Hospital through the Mid Wales Joint Committee for Health & Social Care work, and in relation to the emerging Betsi Cadwaladr UHB clinical strategy work and the Future Fit Programme in Shropshire. The health board is actively engaged in the development of a fully integrated model of a rural regional centre that would secure the triple integration aims in relation to integrating physical and mental health; health and social care; primary and secondary care in Newtown. The health board secured Integrated Care Fund support during 2018/19 and 2019/20 to complete a strategic case for investment.

Strengthening Capacity during 2020/21; The health board will continue to strengthen its capital workforce with appointments to support delivery of the capital programme.

Environment and Sustainability; Global warming and its effects have, and continue to impact the planet. In recognition of the reality of the issues facing us now and the potential impact on future generations, national and international policies and targets have been agreed. The Welsh Government (WG) has taken up this challenge by developing ambitious objectives, and requires the public sector to attain the targets set under the Environment (Wales) Act 2016:

- Zero waste to landfill by 2050
- Decarbonisation by 2030

In addition, WG has laid out a set of standards and 'ways of working' to limit our impacts on generations to come under the Well-being of Future Generations (Wales) Act 2015. Furthermore, WG has declared a Climate Change Emergency actively encouraging the public sector to deliver meaningful results even sooner. In 2018-19 the health board successfully developed and implemented an effective Environmental Management System (EMS) enabling a successful bid for ISO 14001 (2015) standards. The EMS established our environmental impacts and medium term delivery plans. One of the key initiatives currently being undertaken is the development of departmental decarbonisation plan (DDP) which will set out clear targets for each department within the organisation.

Since Spring 2020, COVID-19 has required significant focus and continues to impact with major programmes of work ongoing including the introduction of mechanical ventilation systems and upgrading oxygen piped systems for community hospitals, along with other social distancing and associated work.

NEXT STEPS:

- Progress Major Capital Project pipeline business cases as set out
- Develop Innovative Environments Strategic Framework in 2021
- Continue to seek appropriate funds and resource to support active capital project agenda in line with IMTP ambition

Patterson, Liz
07/22/2021 16:23:30

- Continue to address risks in a coordinated manner across the various major projects, discretionary and reactive approaches; provide demonstrable evidence of activity and improvement

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			
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical			X	
Financial			X	
Corporate			X	
Operational			X	
Reputational			X	
Overall risk level is acknowledged and evidenced by significant backlog maintenance levels, age of estate, etc. Management approach defined as risk-based to manage risk on multiple levels.				

Patterson, Liz
07/22/2021 16:23:30

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Carol Shillabeer, Y Prif Weithredwr /
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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

22 April 2021

Addressed to Board Members of the Bronllys Wellbeing Park (BWBP) CLT:

Jacqueline Wilding, jwil091256x@gmail.com
Lydia Powell, powellydia@hotmail.com
Cllr James Evans, cldr.james.evans@powys.gov.uk
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Barry Farrell, barrymfarrell@gmail.com
Jed Needs, contact address not known
Linda Hughes, contact address not known
Jenny Francis, contact address not known

Dear CLT Board Members

RE: 'The Next Ten Years (2020-2030) Working Together for Well Being'

We are writing to express our disappointment that you declined the invitation we sent you to meet with the Board members of Powys Teaching Health Board in advance of the launch planned for 27th April 2021. We had hoped that the meeting would give us the opportunity to reiterate the position of the Health Board concerning the firm plans we have for our hospital site at Bronllys.

We understand the enthusiasm of the CLT about its proposals, but we do need as a matter of urgency, to clarify our position in the interests of our patients, staff, public sector partners and the wider community. Hence the chronology which follows.

Members will recall that on 8th April 2021, the CLT Board (via the President and Chair) was invited to join PTHB Board Members to discuss the Health Board's position in respect of our Bronllys Hospital Site, to provide an overview of progress made to date and to discuss our ongoing collaborative working arrangements.

Given the importance of the CLT being able to present its ten-year vision to the community with certainty about the Health Board's position, we requested that a board-to-board discussion be held in advance of the CLT's launch event on 27th April 2021. It is regrettable that it was not until 20th April 2021, that PTHB received

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Rydym yn croesawu gohebiaeth yn Gymraeg
Byddwn yn ymateb yn Gymraeg heb oedi
Bwrdd Iechyd Addysgu Powys yw enw gweithredwr
Bwrdd Iechyd Lleol Addysgu Powys



We welcome correspondence in Welsh
We will respond in Welsh without delay
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confirmation, via the CLT President, that the CLT Board had declined to meet with PTHB for that discussion. This letter therefore sets out for all members of the CLT Board the Health Board's formal position.

The Bronllys Hospital Site and the Vision Document

On 28th October 2020, the Health Board received an invitation to comment on the CLT's first draft of its vision document with a request for a response by 10th November 2020. CLT Board Members will no doubt be aware that for more than a year the Health Board's primary focus has been to ensure a sufficient response to the global pandemic, the most serious national emergency since World War II, preparing the Health Board's winter protection plans and the establishment of a COVID-19 mass vaccination programme across Powys. The Health Board is of the view that the CLT's expectation that we could consider and respond to the detailed proposals set out within the draft vision document in just under two weeks was unreasonable and insensitive to the priorities of the organisation in responding to the urgent needs of our population during a global pandemic.

Nevertheless, the Health Board did respond to the request, on 17th November 2020, and in so doing emphasised our concern to ensure openness and transparency as to the clear position of the Health Board in relation to the Bronllys Hospital site. It is disappointing therefore that the final version of the document (issued to us under embargo) does not include the position of PTHB Board, taken in January 2019, communicated with the CLT on several occasions and further reiterated in the aforementioned letter in November 2020.

Please note that central to the Health Board's plans for the future is its ten-year strategy, '*A Healthy, Caring Powys*'. This was prepared after wide consultation with Powys residents and in collaboration with Powys County Council, Third Sector leaders and finally agreed, as required, by PTHB and Powys County Council. Our Health and Care Strategy is based on principles which include prioritising those areas of greatest need throughout Powys. This aligns with the Health Board's responsibilities under the Wellbeing of Future Generations (Wales) Act 2015 and the recently introduced Socio-economic Duty for Wales.

By way of reminder, please see the publicly available minute of the Health Board meeting in January 2019, at which PTHB Board:

- "CONFIRMED its commitment to develop the Bronllys site as a working hospital and the main administrative centre for PTHB.
- CONFIRMED that, at this time, there was no land on the Bronllys Hospital site that was surplus to operational need.
- AGREED that PTHB would continue to work with the local community and interested community and voluntary organisations in enhancing certain facilities on the Bronllys Hospital site.
- AGREED to proposals to seek funding for the renovation of Basil Webb Hall, Bronllys Chapel and the Gardens and to address the challenges of car parking and traffic management on the Bronllys site."

The Health Board's response to the draft vision document also noted that the document covered a long history, and we requested that the Health Board's commitment to our Bronllys Hospital site was referenced within the document, rather

than what are merely historical statements and obsolete reports developed or commissioned by the Health Board many years ago.

For the purpose of clarity and certainty, the position of the PTHB Board, as outlined above is unchanged. It is still the case that there is no land on our Bronllys Hospital site which we regard as surplus to operational need and consequently there is no land which could be released to support the aims of the CLT. Bronllys Hospital site continues to be of strategic importance in the delivery of health and care services and education and we continue to make progress on the development and implementation of our own plans, wherever we have had the capacity to do so – for the benefit of our patients and staff. As the CLT will know from its many visits to the Bronllys Hospital site, investment over recent years has brought much of the estate back into use, and previously mothballed facilities have been refurbished, such as our key hub for mental health services, including an integrated autism service, a palliative care suite and increasing numbers of staff use the site on a regular basis. Further, the PTHB Board has approved an exciting blueprint for a Powys Health and Care Academy, as part of the overarching Workforce Futures Strategic Framework, with the reconfiguration and redesign of the Basil Webb building to become the initial physical space. This extra activity is positive and exemplifies the Health Board's commitment to the site, although we recognise that this has also led to increased pressures on parking and traffic management which we will need to address.

The PTHB Board did commit to, and remains committed to, working with the local community and interested community and voluntary organisations in enhancing certain facilities on the Bronllys Hospital site. The Health Board has held regular meetings with the CLT regarding the Chapel restoration and the Gardens, although we recognise that the frequency of these meetings has been reduced, of necessity, during the COVID-19 pandemic. We hope that CLT Board Members can appreciate that the Health Board has had to take very difficult decisions over the past 12-14 months to ensure the prioritisation of our efforts and resources in responding to the pandemic.

The final vision document, shared with us by the CLT Chair on 19th March 2021, focusses solely on our Bronllys Hospital site, and contains no vision for surrounding local areas. The document includes proposals relating to the development of our site's Gardens and the Chapel Restoration. These are areas of development on which we welcome ongoing discussion with the CLT and other interested groups and stakeholders, some of which, although voluntary organisations, have already invested considerable energy and funds in making improvements to our site.

The CLT's proposals also include a focus on the way in which health and care services could be provided, along with proposals to relocate the Health Board's administration functions, including PTHB Headquarters. These are matters for the Health Board, as a statutory body, to determine and will be taken forward through a Site Development Control Plan, engaging with communities and interested groups, when we have the capacity to do so.

The vision document does include a number of far-reaching proposals which do not align to the Health Board's much publicised ten-year Health and Care Strategy and the PTHB Board's intention for our Bronllys Hospital site to be a campus for health and care service delivery and education. It is significant that there is a mental health ward appropriately located on the site to enable us to respect the privacy and

confidentiality of patients suffering from serious mental illness, and to offer them peace while they recuperate. That would simply not be possible under the proposals in the CLT's vision document. Both legally and ethically our patients and staff must be, and will continue to be, our first priority.

In particular, the Health Board, does not support the CLT's vision for the following:

- Basil Webb Building (reference 6.5.4)
- Café, Shop and Office (reference 6.5.6)
- Co-care housing (reference 6.5.8)
- Co-housing (reference 6.5.9)
- Community Hire, Restore and Repair Shop (reference 6.5.10)
- Community Nursery (reference 6.5.11)
- Community Transport Hub (reference 6.5.13)
- Concert Hall (reference 6.5.14)
- Housing (reference 6.5.16)
- International Cycling and Sports Centre (reference 6.5.17)
- Men in Sheds (reference 6.5.20)
- Shepherd Huts Respite Retreats (reference 6.5.25)
- Small Homes for People with Neurological Needs (reference 6.5.26)
- Solar Tunnel (reference 6.5.27)
- Tennis, Netball & Walking Football (reference 6.5.29)
- Wetland Habitat, Wildlife Pond & Wild Swimming (reference 6.5.31)
- Women in Sheds (6.5.32)

For the sake of clarity, any further development of our site is a matter for the Health Board.

Section 7 of the vision document, headed "*Realising the Vision*", sets out unrealistic and unachievable milestones (except those relating to the gardens and Chapel which are negotiable, in collaboration with all interested groups), which are very misleading and are of great concern to PTHB. The SWOT analysis, included at Section 8, notes that a potential threat to the realisation of the vision is that the Health Board will decide to not cooperate with the CLT and dispose of surplus land for commercial housing. **We would re-emphasise the position of PTHB Board, as set out in January 2019, in that there is no surplus land available.**

Section 10 of the vision document includes a number of recommendations to support delivery of the vision. **Regrettably, as the Health Board is unable to support many of the proposals set out in the vision document, we are also unable to support the associated recommendations.**

We request that the position of the Health Board, as set out above in clear terms, is recognised by the CLT and shared with the local community when the vision document is launched to ensure openness and transparency. It is both imperative and only fair that the local community is aware of the lack of feasibility in achieving the proposals laid out by the CLT concerning our hospital site in Bronllys.

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PTHB and CLT Joint Working

CLT Board Members will be aware that a Memorandum of Understanding (MOU) was signed by Powys County Council, PTHB and the CLT in April 2019. The purpose of which was to set out key principles for the way of working together collaboratively to support achievement of common objectives.

Since April 2019, the Health Board has worked with the CLT, specifically by:

- Meeting regularly with the CLT and other community groups to discuss ideas which could assist the delivery of the Health Board's vision for its land on the Bronllys Site;
- Working with the CLT and other interested community groups to deliver the Health Board's agreed plan to renovate the Chapel and the gardens (where we have had capacity to do so);
- Willingly providing an office on the Bronllys Site for use by the CLT Project Development Officer and offering available meeting rooms for booking (pre-pandemic).

In respect of the role and responsibilities of the CLT, the MOU sets out that "the CLT shall *in the context of the Health and Care Strategy* (our emphasis) and agreed vision for the Bronllys site:

- a) Engage and work with local residents, key stakeholders and interested parties in ways which support the development and implementation of the PTHB & PCC Health and Care Strategy vision for the Bronllys site;
- b) Put forward suggestions for how the CLT may assist and support the delivery of the agreed vision for the Bronllys site;
- c) Publicly share the information and proposals from the CLT feasibility studies and how they may support the delivery of the agreed vision for the Bronllys site;
- d) Pursue funding sources relevant to the delivery of any proposals agreed by PTHB and PCC; and
- e) Procure land, buildings or other assets for leasing and development within the local area."

It is disappointing, therefore, that the development of the CLT's ten-year vision for the Bronllys Hospital site was not taken forward in accordance with those agreed commitments in the MOU through collaborative working with the Health Board, and that the final vision document did not set out the Health Board's position or align itself with the Powys Health and Care Strategy. The Health Board does not believe this approach to be in the spirit of collaboration or that intended in the arrangements set out within the MOU.

In light of all of the matters above, the PTHB Board has recently discussed the current working arrangements with the CLT and has taken a decision that these arrangements require review, particularly given that the MOU was intended to be reviewed within six months of its introduction. The PTHB Board has therefore taken a decision to serve formal notice to terminate the MOU with effect 30 April 2021.

The Health Board remains committed to working with interested community groups and stakeholders, regarding the delivery of the Powys Health and Care Strategy, including the development of a Site Development Control Plan for our Bronllys

Hospital site. We will be considering the arrangements necessary to progress this work. We must stress, however, that as a health board our critical priority at this time is to support our patients, staff and communities to recover from the pandemic and ensure that our duty to provide health and care services to our population is fulfilled.

Yours sincerely



Professor Vivienne Harpwood
Chair



Carol Shillabeer
Chief Executive

- cc. PTHB Board Members
Carl Cooper, Chief Executive, PAVO
Cllr Rosemarie Harris, Leader, Powys County Council
Caroline Turner, Chief Executive, Powys County Council
Frances Hunt, Chair, Powys Community Health Council
Katie Blackburn, Chief Officer, Powys Community Health Council

Patterson, Liz
07/22/2021 16:23:30

7th May 2021

To Powys Teaching Health Board CEO, Chair, Board Members and Board Secretary

Thank you for your extremely thorough and detailed letter of 22nd April 2021.

The Bronllys Well Being Park CLT Ltd Board promised you a more detailed response to your letter and now the Next Ten Years document launch is successfully concluded we are in a position to do so.

However, rather than respond to every point you make and recognising how busy we all are, we have confined ourselves where possible to addressing some of the letter's misconceptions and inaccuracies.

1. We would like to make it absolutely clear: we did not decline your invitation to meet per se, just not on 21st April 2021. As we noted in our email to you of 9th April, we needed to inform our Board and give it an opportunity to discuss your letter at its meeting on 19th April. We informed you 20th April that it would not be possible to meet on 21st April due to illness and members' lack of availability. On 21st April we invited you to suggest alternative dates as we certainly wish to collaborate and work with you as a collective, although we feel you have not indicated a willingness to do this until now. We believe it is now more important than ever to share and discuss our respective proposals for the Bronllys Community Hospital site. This will, of course, provide an opportunity to go into more detail on some of the points you raise and to allow discussion of ideas, proposals, possibilities and concerns in an open and transparent manner.

2. While we are very aware of the tremendous work being undertaken by your Board during the Covid pandemic and have no wish to create extra workload for your staff, we would like to point out that the chronology you submitted is somewhat inaccurate. As you are no doubt aware, we have been liaising with your Health Board Team for several years. In fact, your Board has been using our events to aid its own public engagement. For example, during one of our open public "Have Your Say" meetings in 2019 a member of your staff sat in on the event taking notes. As well, PTHB senior team members were present at the Bronllys event, where they discussed the proposals at length.

3. In this way, together with being in regular receipt of our Feasibility Studies, our Newsletters and invitations to all our public meetings, your Board will have been left in no doubt that our proposals reflect the aspirations and concerns of the local communities, which include patients, staff and local people, since they have been engaged throughout. Your CEO and Planning Director were also aware of our activities, not only in preparing the Arwain funded Feasibility Studies but also interim projects such as the Measured Mile, Veterans' Day and the restoration of the Chapel.

4. You will recall that Hayley Thomas informed us in 2018 at one of our public meetings that your Board would not be in a position to review Bronllys Community Hospital and its site for three years. Respecting this, we have made it clear to our community members and have meanwhile been busy working to prepare for a resumption of discussions with your Board, producing studies and other small projects aimed at informing those discussions. But we believe that the three years are now up and discussions on the future of Bronllys Community Hospital site need to take place urgently with yourselves and Powys County Council, to enable investment planning and to halt the deterioration of the fabric.

5. We note that you now wish to outline the Health Board's position regarding the Bronllys Community Hospital site and we welcome this, as we have been seeking clarity on this for some years. The only clear statement received from your Board to date was in the minutes of its January 2019 meeting that, and we quote: "...there was no land on the Bronllys [Community] Hospital site that was surplus to operational need." This was further confirmed in December 2020, when your CEO Carol Shillabeer stated unequivocally there was no land available – ie "surplus" to your requirements – at the Bronllys Community Hospital site.

6. We are rather surprised at this, as a Health and Well Being Park at Bronllys Community Hospital site is included in the Powys Local Development Plan (2011-2026), adopted by Powys County

Council on 17th April 2018 and therefore in the public domain for many years. Closer examination of the proposals in the “Next Ten Years” document demonstrates how a Health and Well Being Park could be achieved on the Bronllys Community Hospital site.

7. We believe that, without further explanation or supporting details, the rather brief statement as to your intentions for the site could lead to misunderstandings and the inevitable conclusion in the communities surrounding Bronllys Community Hospital that you have other plans for the site. You may recall that in December 2012 a 3,122 signature petition was presented to the Welsh Government when it was feared that large parts of the Bronllys Community Hospital site would be “sold off” for development, as set out in the “New Directions” proposals that Bronllys Community Hospital be converted into a private nursing home. Despite the clear statement in the Powys Local Development Plan, calling for a “Health & Well Being Park” and rejecting open market housing, these fears about private development persist in our communities.

8. You refer in your letter to “...*merely historical statements and obsolete reports developed or commissioned by the Health Board many years ago.*” We assume that you are referring to the report on the Prince’s Foundation’s Enquiry by Design which among many other things recommended that a Community Land Trust be established. In our estimation something in the order of £500,000 of public money has been spent on the Prince’s Foundation’s report and our work towards implementing its recommendations, supported and encouraged by the Welsh Government. We are not aware that, at any time since its publication, your Board has repudiated these recommendations or stated publicly that they were, in its opinion, unworkable.

9. We would be very interested indeed in receiving a detailed explanation of your statement that “...*we continue to make progress on the development and implementation of our own plans.*” We acknowledge and welcome your plans regarding a Powys Health and Care Academy and the re-purposing and restoration of the Basil Webb building (a listed building, so requiring owners to repair and maintain), and we believe this synchronises well with the proposals for a Health Campus, as outlined in our “Next Ten Years” document. However, there is a large part of the site which, despite its continuing dilapidation, is still shrouded in mystery and vague statements as to its future, fuelling continued concerns in our communities.

10. We have consulted our records and find, regrettably, that very few meetings have actually taken place with your Board. We are therefore somewhat bemused by the assertion that your Board is “...*committed to working with the local community.*” We can find little evidence for this and, as a community organisation, we have regrettably experienced a low level of genuine coproduction. We are still awaiting completion of the Terms of Reference, agreed as early as October 2019 to be an essential prerequisite to working in partnership. The lack of such essential agreements has proved challenging. In this regard, our attempts to fund-raise for the restoration of the listed Chapel – your Board’s responsibility – have been further thwarted by your last-minute decision not to provide the necessary Letter of Comfort required to support our bid to grant-giving Trusts. Moreover, we regard as ill-timed your decision to withdraw from the MoU between ourselves and Powys County Council.

11. At this point, we feel it is important to point out that this is a Community hospital and that it belongs to the community. We would appreciate it if you could discontinue referring to Bronllys Community Hospital as “*our hospital.*” It is a community asset of which your Board is currently the custodian.

12. With this in mind, we disagree with your assertion that the “...*way in which health and care services could be provided...are a matter for the Health Board, as a statutory body, to determine...*” as, certainly in our experience, you appear to rule out any involvement of community groups in that determination. We would like to remind you that there are many exciting and innovative initiatives emerging around the provision of Care and Well Being (which, we note, you hardly mention). We see no evidence of your Board giving due consideration to, for example, telehealth, pre-habilitation and rehabilitation.

13. We note your list of those elements proposed in our Next Ten Years document that you do not support and find this surprising. But we are also surprised and disappointed that you have decided not to at least consider what might comprise a thriving Health and Well Being Centre, one

that supports the many aspects of human life that, taken together, can significantly improve physical and mental health. We are surprised too that your Board appears to be ignoring developing thinking and practice on the provision of integrated health care.

14. We disagree with your assertion that the proposals outlined in our “Next Ten Years” document “...set[s] out unrealistic and unachievable milestones.” It is, after all, a document that envisions what, with goodwill, collaboration and imagination, could be achieved in ten years and we strongly reject the suggestion that it is “...very misleading.” Perhaps you could clarify who it is you believe we are misleading. It is surely not misleading to set out possible innovative ways in which the beautiful site could be more fully utilised for the general well being of the communities it serves.

15. We acknowledge your assertion that you have now made your position very clear in respect of Bronllys Community Hospital site, although we find it vague and obscure. We have also been at pains to review and evaluate the 10 Year Health and Care Strategy produced by your Board but can find nothing of particular significance for the Bronllys Community Hospital and site. We are of course willing to share your Board’s position with the local communities and our Board’s response.

16. We have made our position clear and it was readily apparent at the launch of our “Next Ten Years” document on 27th April that our desire to collaborate in the creation of a Health and Well Being Park at the Bronllys Community Hospital site met with universal approval. There was also concern expressed over the position adopted by your Board and strong encouragement for it to meet with us in a spirit of co-operation and goodwill. Without exception, all four speakers, including the Future Generations Commissioner Sophie Howe, expressed a desire that the work of preparing for and establishing the Bronllys Well Being Park should commence as soon as possible.

17. We are keen that this project should now evolve in a way that is collaborative, involves all stakeholders, adopts an integrated approach to health and well being and is future-oriented. In this way, together, we can address and begin to realise the aspirations of our communities and plan for the needs of future generations.

Accordingly, we believe now would be a good time to meet to discuss points of agreement, and we welcome a meeting with your Board in a collaborative and constructive atmosphere. We invite you to suggest dates and times that would be convenient for you, bearing in mind also your very clear statement that your Board “...remains committed to working with interested community groups... for our(!) Bronllys [Community] Hospital site”.

We look forward to your response.

Kind regards,

Lydia Powell - President Jacqui Wilding - Chair Bronllys Well Being Park CLT Ltd.



Patterson, Liz
07/22/2021 16:23:30

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Powys Teaching
Health Board

13 July 2021

Addressed to Board Members of the Bronllys Wellbeing Park (BWBP) CLT:

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Dear CLT Board Members

RE: 'The Next Ten Years (2020-2030) Working Together for Well Being'

Thank you for your letter of 7th May 2021. Please accept our apologies for the delay in sending this response. As set out in our letter of 22nd April 2021, the Health Board's critical priority at this time is to support our patients, staff and communities to recover from the pandemic and ensure that our duty to provide health and care services to our population is fulfilled.

Having now had an opportunity to consider the content of the Community Land Trust's (CLT) letter, it is evident, and regrettable, that at this juncture the position and views of the Health Board and the CLT differ significantly. We therefore do not intend to respond to each of the points raised within your letter, but draw out some key aspects to reinforce and restate to avoid any further misconceptions or misunderstandings.

We do however wish to take this opportunity to re-affirm our position in relation to the Bronllys Community Hospital site. You outline, at point 11 of your letter, that "... *this is a Community hospital and that it belongs to the community. We would appreciate it if you could discontinue referring to Bronllys Community Hospital as "our hospital."* It is a community asset of which your Board is currently the custodian. This is indeed a misconception of the CLT. For clarity, the term "Community Hospital" is a generic term

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Rydym yn croesawu gohebiaeth yn Gymraeg
Byddwn yn ymateb yn Gymraeg heb oedi
Bwrdd Iechyd Addysgu Powys yw enw gweithredwr
Bwrdd Iechyd Lleol Addysgu Powys



We welcome correspondence in Welsh
We will respond in Welsh without delay
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covering small local hospitals providing health services for local areas. The word "community" is used in this context to mean a location-based community served by a community hospital. The term tends to be used to distinguish these hospitals from the larger District General Hospitals" which provide a much wider range of healthcare services for broader geographical areas.

The non-statutory phrase "Community Hospital" is used in Wales to mean a unit or centre providing an appropriate range and format of healthcare facilities accessible to a local community. Some bear the official name "Community Hospital", but many other facilities with the same functions have different names; for example, the War Memorial Hospitals in Brecon and Llanidloes which were founded to commemorate the ending of wars.

Of course, in general terms these small local healthcare units are valued by people living in the areas which they serve, and in those terms alone they can be regarded as "assets" by local people, but only in the context of assets or units providing healthcare and health education and training. It is the healthcare element, indeed the very word "hospital" distinguishes the community hospital from other community assets, such as airfields and bus stations and confines it to the provision of healthcare to people living in the locality, and to the education and training of health professionals.

The nomenclature does not mean a community owned hospital or a hospital whose land in any sense belongs to the community, although it is there to serve the local community.

Legally, Bronllys Community Hospital and the land around it belong to Powys Teaching Health Board (registered with HM Land Registry as owners of the land [last update 21st May 2009 when all health service structures in Wales were reviewed and updated in order to establish the current statutory structure and framework for healthcare provision]). The land is legally part of the hospital property and is being used for the benefit of patients. For clarity, Powys Teaching Health Board is the legal owner and not a custodian as suggested by the CLT and for this reason we term this 'our' hospital.

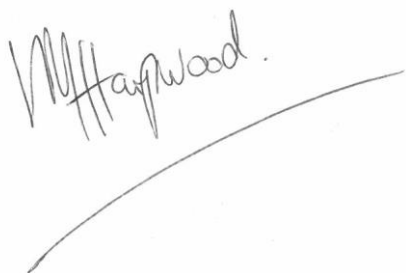
As set out in our letter of 22nd April 2021, the position of the PTHB Board is clear in respect of the Bronllys Community Hospital site. It is still the case that there is no land on our Bronllys Community Hospital site which we regard as surplus to operational need and consequently there is no land which could be released to support the aims of the CLT.

The Bronllys Community Hospital site continues to be of strategic importance in the delivery of health and care services and education and we continue to make progress on the development and implementation of our own plans, wherever we have had the capacity to do so – for the benefit of our patients and staff.

The Health Board remains committed to working with the local community and interested community and voluntary organisations in enhancing certain facilities on the Bronllys Community Hospital site and in doing so recognises the CLT as one of those said organisations.

The Board Members of Powys Teaching Health Board would therefore be pleased to meet with the CLT Board to share with its members: an overview of the developments made over recent years which has brought much of the Bronllys Community Hospital site back into use; an overview of further plans for the site, including the opening of a Powys Health and Care Academy; and to discuss those projects which the Health Board looks forward to delivering in collaboration with the local community and interested community and voluntary organisations. We have asked our Board Secretary, Rani Mallison, to liaise with your Chair, Jacqui Wilding, to identify a mutually convenient date.

Yours sincerely



Professor Vivienne Harpwood
Chair



Carol Shillabeer
Chief Executive

cc. PTHB Board Members
Rani Mallison, PTHB Board Secretary
Carl Cooper, Chief Executive, PAVO
Cllr Rosemarie Harris, Leader, Powys County Council
Caroline Turner, Chief Executive, Powys County Council
Frances Hunt, Chair, Powys Community Health Council
Katie Blackburn, Chief Officer, Powys Community Health Council

Patterson, Liz
07/22/2021 16:23:30

Executive Director of Therapies and Health Science Report – One Year On

May 2021

Claire Madsen DoTHS
Powys Teaching Health Board

Patterson, Liz
07/22/2021 16:23:30

CONTENTS

	Page
1.Purpose	2
2.Background	2
3.Key Developments	2
4.Challenges	5
5.Key priorities looking forwards	5
6.Conclusions and personal reflections	6

Patterson Liz
07/22/2021 16:23:30

1. Purpose

This paper provides a review of Therapy and Health Science Services since being in the post of Executive Director of Therapies and Health Science (DoTHS) for Powys Teaching Health Board.

It notes the achievements, acknowledges the challenges and sets out the key priorities for the coming year.

2. Background

The DoTHS post had been vacant for some time and a new role was developed for an ADoTHS, which also became vacant. The DoTHS post was filled in January 2019 and the ADoTHS post a year later. Also, in January 2019, four of the heads of service posts were vacant and had been hard to fill. Previously leadership had been managed by complex SLA arrangements which had impacted on service delivery and integration and difficult governance arrangements.

- Within Therapies and Health Sciences there is a strong appetite for leadership and innovation and this has provided a strong base to build upon. Robust relationships with key stakeholders have been built, to ensure a comprehensive and integrated approach.
- Initial consultation with staff raised several themes and expectations about the issues for therapists and health scientists:
- Therapies and Health Sciences reported feeling:
 - 'Invisible' in the organisation.
 - There was a poor career structure and very few opportunities for Therapies and Health Scientists to progress.
 - There was little leadership or understanding of them and their unique challenges.
- Therapies and Health Sciences had been partially through a transformation and a further transformation was planned, which they were anxious about (this as yet has not been completed due to the pandemic).

3. Key Developments

Over the past 15 months there have been several key developments

Clinical Leadership

- ADoTHS post successfully recruited and in post
- Heads of profession now recruited and in post for Podiatry, Radiography, Dietetics and Podiatry, the first time in eight years with all leads in place. Leadership for all professions was financially achieved at no extra cost, by reskill mixing the teams.

Patterson, Liz
07/22/2021 16:23:30

- A Therapies and Health Science Directorate ‘team’ is now established with improved communication channels.
- Head of Physiotherapy was seconded to be Clinical Lead for Test and Trace and has therefore created an opportunity for that individual and an acting up, developmental leadership opportunity in Physiotherapy.
- Successfully recruited to a regional DECLO post, to manage the new Additional Learning Needs legislation. This has been done in collaboration with Swansea Bay and Hywel Dda, thus improving standardisation and joint working
- Medical Devices and POCT management moved back to the Therapies and Health Sciences Directorate, under the leadership of the ADoTHS, with an aspiration to look at the opportunities in Powys and to expand these areas in line with National Strategy.

Professional Standards (e.g. audit, professional regulation etc)

- With professional leadership now in house, all governance and regulation are more robust, straightforward and easier to audit.
- Podiatry had undergone several audits that had found many issues within the service. All of these audit areas have now been successfully addressed.
- Therapies have recovered well from the pandemic, with almost all services back to previous wait times (podiatry and diagnostic ultrasound being the exceptions, but with a plan in place)

Innovation and Improvement

- A brand new multidisciplinary Long-Covid Service for Powys was designed and established, at speed and in response to population need.
- The national spotlight on ‘rehabilitation’ has been very well received by therapists and health scientists as it has raised the importance of services such as D2RA and the importance of multidisciplinary working, generally
- During the pandemic, the rehab support workers all continued to study and have achieved their diplomas in rehabilitation/therapies.
- The Welsh Language and Equalities Team has been reviewed and transformed into a bigger team, to ensure improved compliance with national standards and to bring more translation work in house. This team is now fully recruited to, all staff will be in post by September 2021.
- Introduced a new health scientist role into Powys – Respiratory Physiology, which has set up spirometry services and is repatriating sleep services back to Powys
- All therapies successfully transferred onto WCCIS electronic notes (though slight delay with physio due to IT capacity) and all new services being set up directly onto electronic notes only, despite the pandemic.
- Physiotherapy developed an online self-referral form, which is now well used and will be rolled out to other therapy and health science services. They have also developed online PROMS to collect patient outcomes which patients are engaging well with.
- New therapy posts have been developed in pelvic health to support those with endometriosis and menopause.

Patterson,Liz
07/22/2021 16:23:30

- Speech and Language services have introduced a new post in 'Augmentative and Alternate Communication' across adults and children, to support those with highly complex communication issues and also expanded other services such as the 'Transgender Service' which has seen a huge increase in referrals.
- Therapies and Health Sciences led the way in early adoption of Virtual Clinics and the Pain Clinic is involved in national research to ensure early adoption of new learning and technology
- Powys was the first Health Board to successfully deliver and evaluate Virtual Pulmonary Rehabilitation. We have shared protocols and learning with other Health Boards to support them to deliver similar programmes.
- Ran a Shared Decision-Making Conference virtually and setting up an ongoing education programme within Powys (open to Health, Social Care and Volunteers) to support the new ways of working.
- Spasticity clinics were unable to be run during the pandemic; therefore, a new Botulinum Toxin 'domiciliary' service was set up and is very well received by patients, this will continue as supports people with complex disability and those in nursing homes to access this service.
- 'Walking talking' therapies are now offered by the psychology services, having been trialled during the pandemic.
- The Contact Centre became the 'Therapies Hub' and changed its function to book therapy appointments for many more clinics, making the booking system much more straightforward and accessible for patients.
- Audiology transformed the 'hearing aid repair service' into a postal and self-repair service with 2054 postal repairs completed and 400 self-repair kits sent out during the pandemic, this new service is very well received by patients and will continue.
- Therapists have become part of the vaccination team, vaccinating for both flu and Covid-19.

Notable contribution to the wider profession, wider work in Wales

- DoTHS is leading the Breathe Well Programme and with new investment will expand this service to offer a Powys wide respiratory service and look to repatriate patients back to Powys.
- DoTHS and Consultant physio supported the launch of The Major Trauma Network, which has been very successful and seen the majority of patients being transferred directly home with Powys rehabilitation support.
- DoTHS co-chaired (with Ruth Crowder, Chief Allied Health Professions Advisor to the Welsh Government) a Task and Finish Group to write a rehabilitation Framework for Wales and the Long-Covid pathway group. These and other documents have been successfully published with Powys Consultant Physiotherapist leading two of the sub-groups. This work continues with work on the Primary Care pathway and guidance. Deliverables are: <https://gov.wales/rehabilitation-coronavirus> and [The All Wales Guideline for the Management of Long-COVID – Coming Soon! – ICST](#)
- DoTHS nominated to be the Welsh representative to sit on the NICE Long-Covid Oversight Group and Powys Consultant Physiotherapist nominated to sit on the NICE Long-Covid Working Group. NICE have successfully

Patterson, Liz
07/22/2021 16:23:30

published definitions of Long-Covid and guidance for both clinicians and the public. Deliverables are:

<https://www.nice.org.uk/guidance/conditions-and-diseases/infections/covid19>.

- DoTHS member of Wales Respiratory Health Implementation Group and leading the guidance for Primary Care on Long-Covid.

4. Challenges

- Having had no ADoTHS in post or other support for a year. This situation now much improved as team develops.
- Recruitment of certain professions remains a challenge nationally, particularly podiatry, dietetics and physiotherapy. Creative skill mixing will have to be considered in the future.
- The new 'student streamlining process' for employment of graduates led by HEIW and NWSSP has posed many challenges and disadvantages for Powys.
- Therapies and Health Sciences are services that have never been 'designed', they have evolved overtime with small additional posts, short term money and transfers of services. Consequently, Therapies and Health Science has no funding overheads making cover during maternity leave or sickness a constant challenge. Many of the posts are very part time, as money is often given for half a post etc. and much of the money is short term, meaning we are frequently trying to recruit fixed term, part time posts, a real challenge in a rural area. It would be a valuable exercise in the future, to look at the therapy budget as a whole, from a population prospective and review services.
- The long-term conditions service in Powys is unique across Wales. This service is not currently used to its' potential. This is both a challenge and an opportunity to look at how we manage long term conditions in the future, in Powys. The renewal work will be a real opportunity to address this.
- Adult therapies are now in a good place, with all Professional Leads newly recruited and in place, but there remains work to do to align Childrens, Learning Disabilities and Mental Health Therapies and Health Sciences services.
- Medical Devices and Point of Care Testing (PoCT) management within the HB is poorly resourced with no Specialist Clinical or Technical oversight presenting assurance and governance challenges and preventing development of PoCT options within Primary and Community Care. An Internal Audit is schedule for Q1 2021/22 which will assist in establishing a baseline upon which to develop.

5. Key Priorities looking forwards

- Establish a long-term conditions service across Powys that is truly multidisciplinary and flexible. This has started with the Long Covid Service

and soon the Level 2/3 Obesity Service and will be further developed as part of the renewal work.

- Support the recovery and renewal for Therapy and Health Science patients, that have been affected by Covid, including those who have been waiting or missed treatment (The Four Harms). This would include for example the opportunity to develop prehabilitation services to both support patients on waiting lists for assessment and treatment and also to ensure better outcomes and to support the frailty workstream
- Establish a 7-day service for Therapies. It had been hoped that this would have been achieved in 2020, but the pandemic has delayed this. The consultation is now complete and a final agreement and funding is being sought.
- Complete transformation of Therapy and Health Science Services, by looking at Childrens, Learning Disabilities and Mental Health Services.
- Continue to review and develop partnership working to improve the Integrated Community Pathway
- Support the long waits for treatment for the Powys population by transforming services, which will start with a review of the MSK Pathway.
- New strategies, such as the Equalities Strategy have been written, now need to embed these new aims and goals.
- A patient experience strategy will be developed in 2021 to ensure we are listening to our population and working towards co-design of services.
- Look at what other services we could repatriate back into Powys, particularly in the areas of respiratory, radiology, audiology and neurological services, to deliver care closer to home.
- Review of psychology services in Powys, with the Head of Psychology retiring in June and new leadership post out to advert.
- Explore the possibilities of having Therapy Led wards in Powys.
- Review of PoCT service delivery to ensure governance and assurance and to align with National Strategy for service development.

6. Conclusions and personal reflections

It has been challenging to set up new teams and understand the Powys ways of working, when it has not been possible to get out and visit places and meet people face to face. However, it has been incredibly positive to see staff responding and delivering such innovation and resilience in the past year and it will be exciting to see what can be achieved in the coming years.

Therapists and Health Scientists are starting to be seen as part of the solution to the challenges we have in Powys. We still have work to do to create career structures in Powys that are attractive to encourage people to relocate to this area and to keep young people here, but we are working in the right direction.

Patterson,Liz
07/22/2021 16:23:30

Powys THB Finance Department Financial Performance Report Board

**Period 03 (June 2021)
FY 2021/22**

Date Meeting: 28th July 2021

Patterson, Liz
07/22/2021 16:23:30



Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 3 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:	Performance & Resource Committee Delivery & Performance Group

PURPOSE:
This paper provides the Board/Committee with an update on the June 2021 (Month 03) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.
RECOMMENDATION:
It is recommended that the Board/Committee: <ul style="list-style-type: none"> • DISCUSS and NOTE the Month 3 2020/21 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	✘

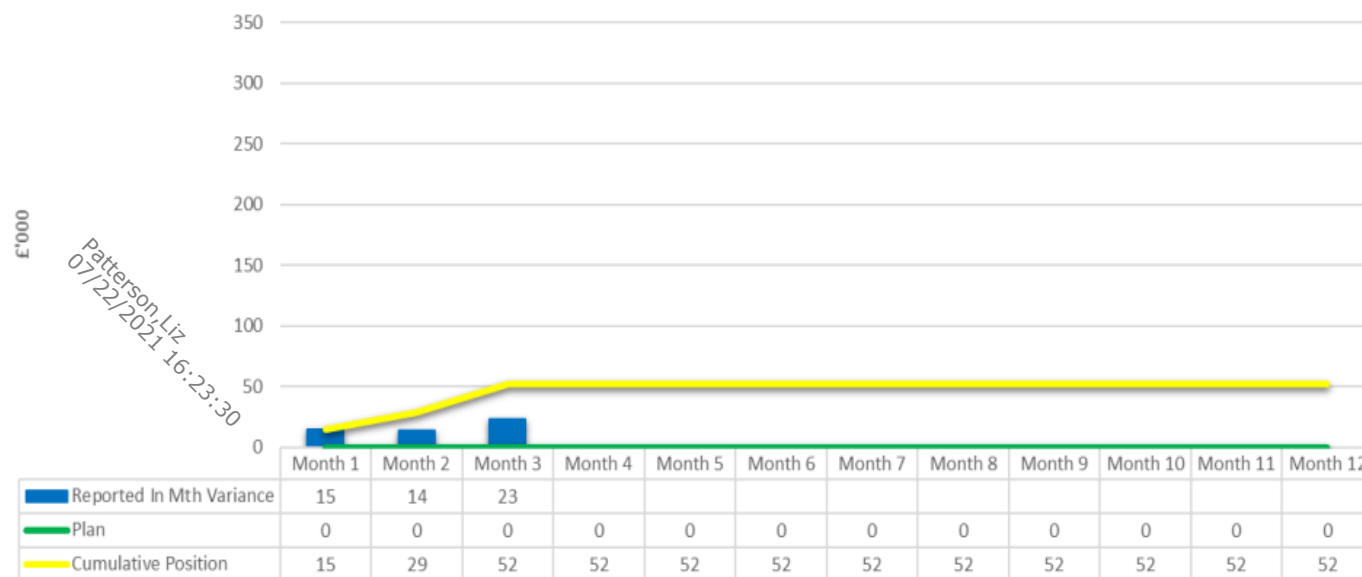
Approval/Ratification/Decision	Discussion	Information
	✓	

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) – Amber	23	↑
Reported Year To Date financial position – deficit/(surplus) – Amber	52	↑
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	15,125	↑
Reported Year to Date expenditure	589	↑
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 Q4 -Red	87.1%	↓

Health Board Financial Performance 2020/21



Powys THB 2021/22 Plan was approved by the Board and submitted to WG on 31st March 2021, with update due on 30th June for which there is no material change anticipated from original financial plan.

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 £0.052m over spend at Mth 3.

Excluding Covid the areas of overspend which are a concerning at this point in the year are the growth in CHC costs and continued rise in variable pay.

The table on the next slide provides an overall summary. But this will include Covid spend.

PTHB continues to forecast a balanced year end position but there are significant number of risks and opportunities that the Board need to effectively manage to ensure this can be delivered.

PSPP figure shows a deterioration in the first quarter of 2021/22 compared to the final outturn for 2020/21, which is linked to the late payment of agency invoices.

Overall Summary of Variances £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(90,312)	(90,312)	0
02 - Capital Donations	(32)	(32)	0
03 - Other Income	(1,558)	(1,347)	211
TOTAL INCOME	(91,902)	(91,691)	211
05 - Primary Care - (excluding Drugs)	10,108	10,026	(82)
06 - Primary care - Drugs & Appliances	7,680	7,847	167
07 - Provided services -Pay	21,735	22,181	446
08 - Provided Services - Non Pay	8,271	5,109	(3,162)
09 - Secondary care - Drugs	247	339	93
10 - Healthcare Services - Other NHS Bodies	34,709	36,045	1,337
12 - Continuing Care and FNC	3,803	4,742	939
13 - Other Private & Voluntary Sector	777	880	104
14 - Joint Financing & Other	3,587	3,587	0
15 - DEL Depreciation etc	1,058	1,058	0
16 - AME Depreciation etc	(72)	(72)	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	91,902	91,744	(159)
TOTAL	(0)	52	52

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

Patterson,Liz
07/22/2021 16:23:30

The HB has £5.1m of unmet b/f savings from 2020/21.

To achieve financial balance in 2021/22 £1.7m must be achieved, with the remainder supported by WG Covid funding.

As per Chart 1 for 2021/22 against the target of £1.7m only £0.275m is green and so confirmed to deliver. Details on the schemes identified to date can be found in appendix 6.

Chart 2 shows the schemes identified mapped against when they are planned to deliver by Month (blue bars). This will be updated to include actuals as these are achieved each month from Q3.

Chart 1 Summary Identification Schemes against £1.7M Target

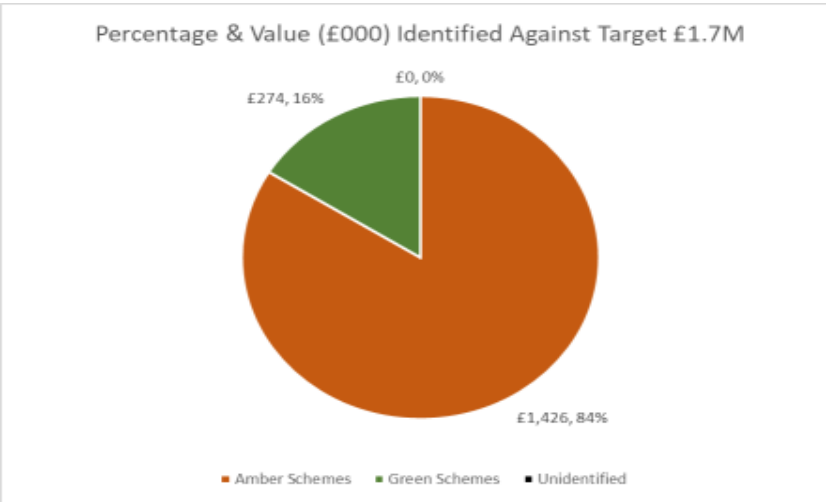
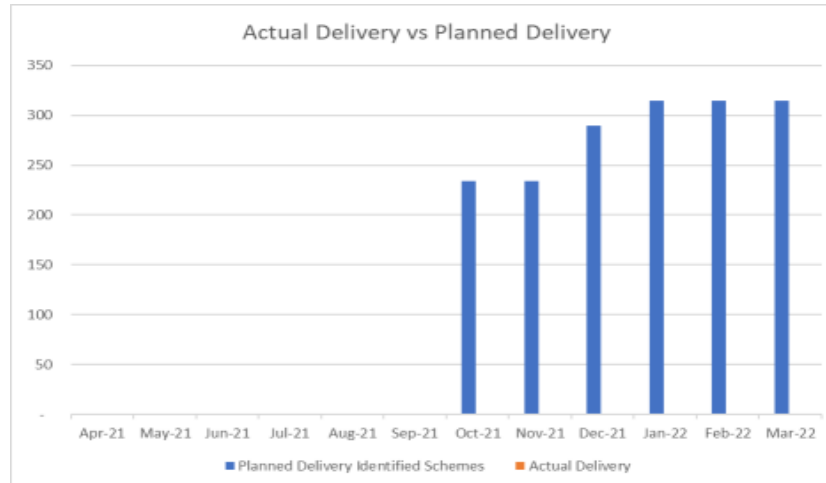


Chart 2 Summary Delivery Against Planned Schemes @ Mth 3



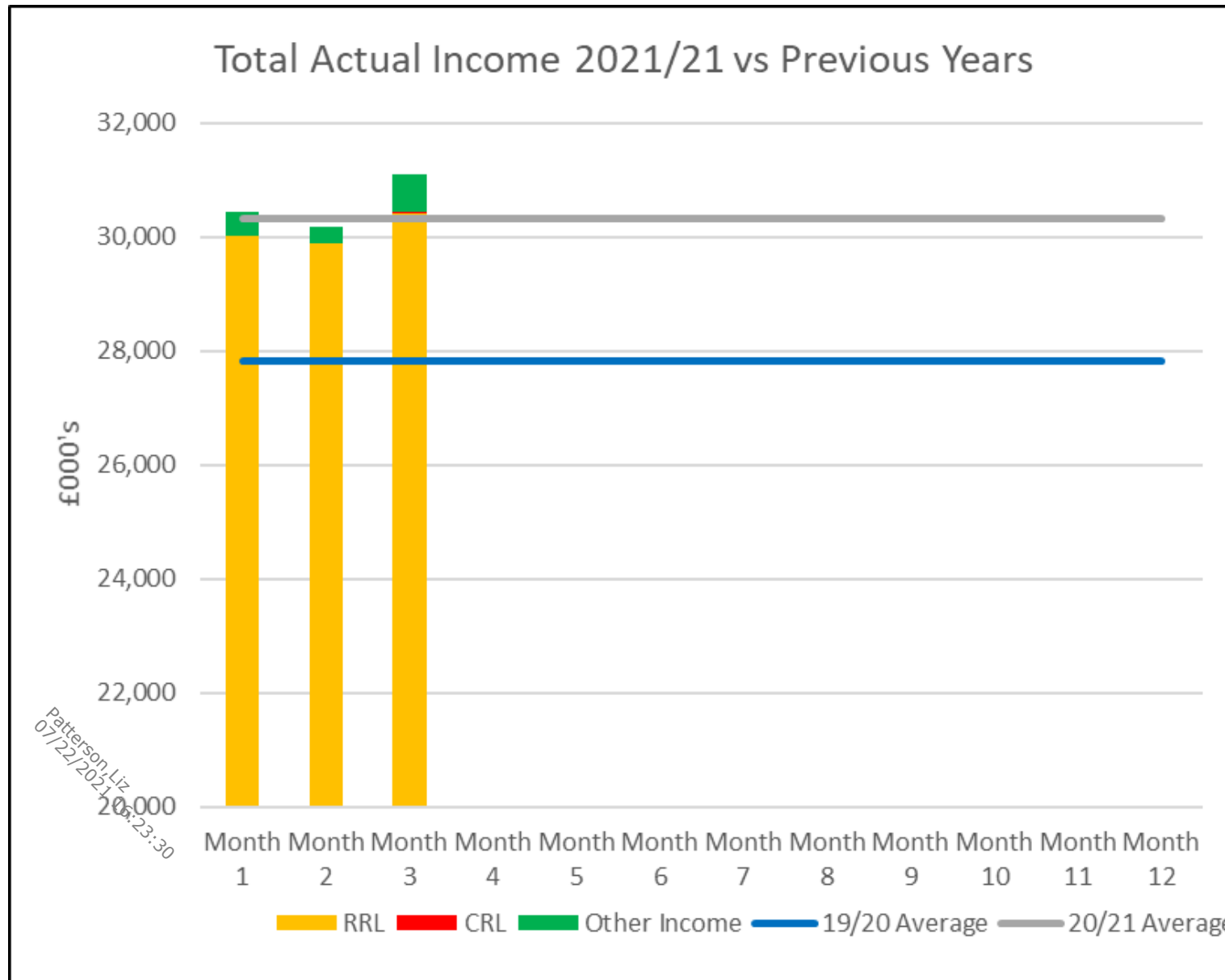
2020/21 Plan	£ M
Savings Target 2020/21 as per IMTP	5.6
Recurrent Savings Delivered 2020/21	(0.5)
Unmet Savings C/F to Opening Plan 2021/22	5.1



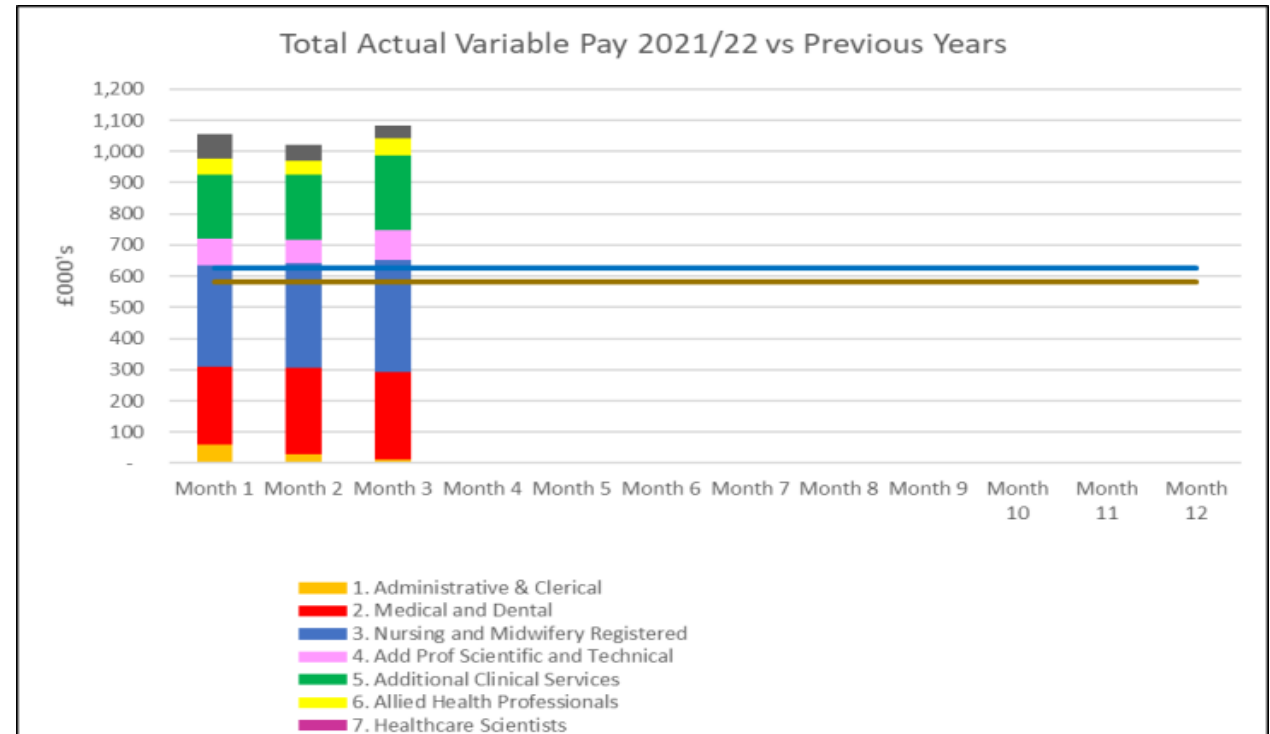
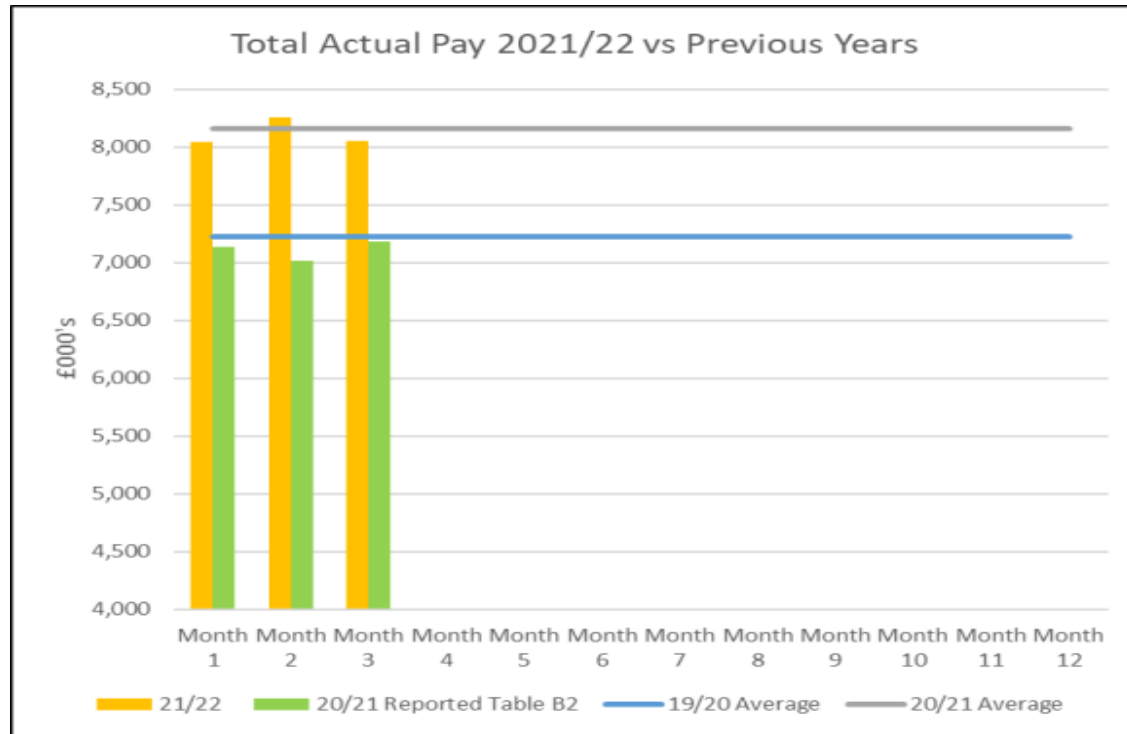
2021/22 Plan	£ M
Unmet Saving Target b/f in Opening Plan 2021/22	5.1
Target to be Delivered Recurrently as per Financial Plan	1.7
Savings supported in 2021/22 by Covid Funding Assumptions	3.4



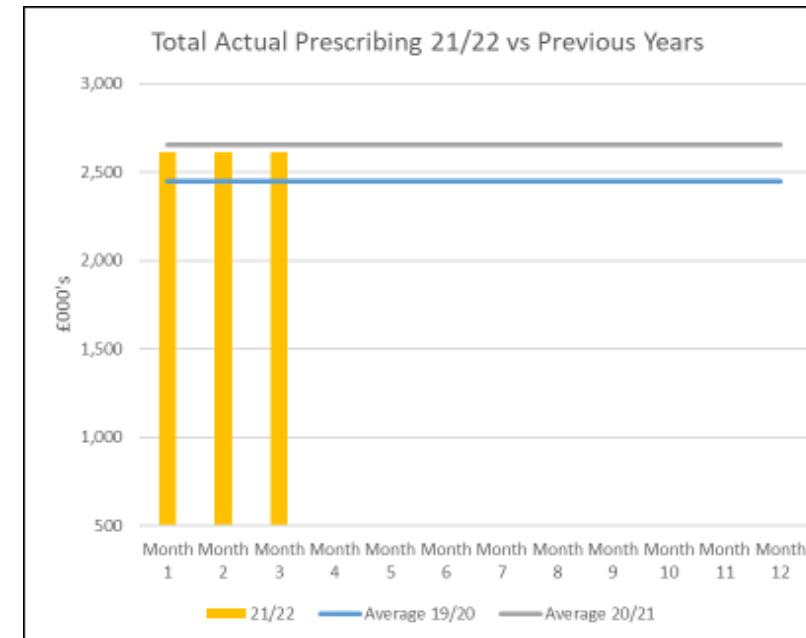
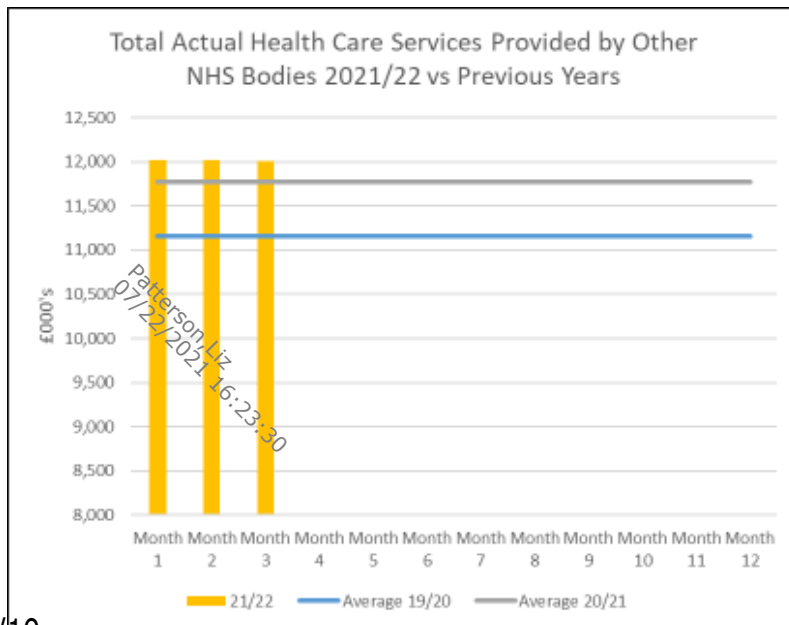
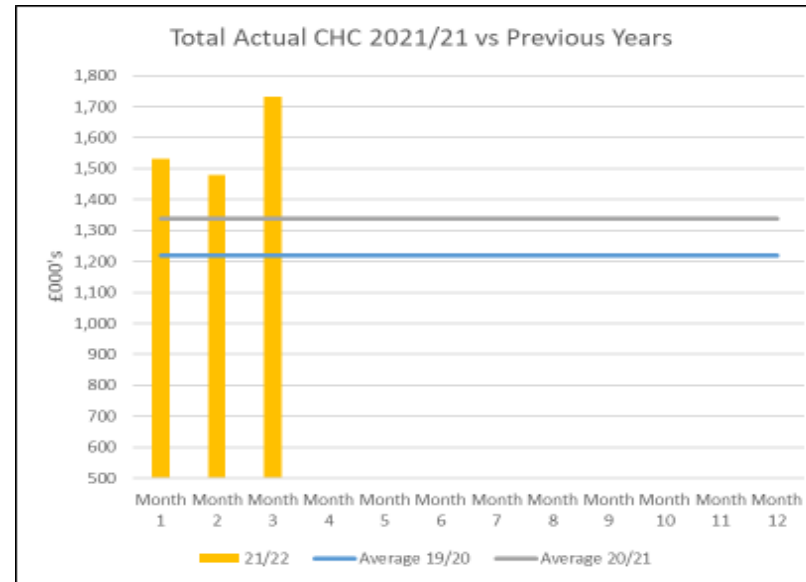
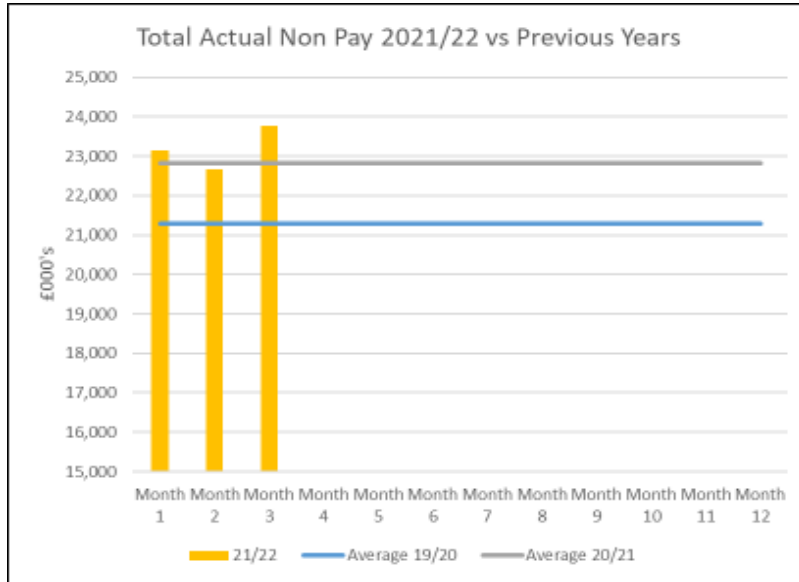
Saving Performance & Delivery 2021/22	£ M
Target 2021/22 as per Plan	1.7
Amber Schemes identified to date	0.0
Green Schemes identified to date	0.0
Shortfall / (Over Achievement) on Identified Schemes	



- 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 £28M, and an element this will be included in each month.



- The month 3 YTD pay is showing an over spend of £0.446M 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 1-3 of 2020/21. (2) The increase in the Variable Pay position as per Chart 2.
- In comparing the average from 2020/21 average 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 Mth 1-3 compared to the 2019/20 and 2020/21 average. Discussions are ongoing with the service areas to understand the issues driving this and what actions can be taken to mitigate this growth in actual spend.



- 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 and Mth 2 and again in Mth 3, which excludes any costs associated with Covid and Adult Social Care guidance. CHC has been included a significant risk in table 1 page 9 and the growth and Appendix 5 provides the forecast to 31st March 2022.
 - Prescribing – the Mth 3 position is based on the Mth 10 PAR information, which has provided a reduction in spend compared to the first 6-9 months of 2020/21. The first PAR report for 2021/22 has been received for but the HB will require 3-4 months of data before it can assess as robust forecast position for 2021/22.

Table 1: Summary Table B3 (see Appendix 1)

Area	Mth 3 Actual £000	Forecast 2021/22 £000
Testing	268	1,269
Tracing	956	4,308
Mass Vaccination	2,412	6,829
Extended Flu	-	137
Field Hospitals	-	-
Cleaning Standards	141	564
General Covid	2,009	10,969
Recovery & Renwel Programme	8	3,000
WG Projects#	175	1,016
Total Table B3	5,969	28,093

Table 2: Breakdown of General Covid

General Covid	Mth 3 Actual £000	Forecast 2021/22 £000
Staffing	430	1,850
Loss Dental Income	225	1,445
Primary Care Prescribing	450	1,395
PPE	61	349
Block LTA	783	3,369
Adult Social Care (CHC/FNC)	-	1,236
Other Non Pay	60	1,325
Total General Covid	2,009	10,969

- 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
Under delivery of Amber Schemes included in Outturn via Trac	-387
Continuing Healthcare Prescribing	-1,575
Pharmacy Contract	-1,017
WHSSC Performance	0
Other Contract Performance	-171
GMS Ring Fenced Allocation Underspend Potential Claw back	0
Dental Ring Fenced Allocation Underspend Potential Claw back	0
South Powys Programme	-2,000
Total	-5,150

Table 2: Opportunities Reflected MMR

Opportunity	£ '000
Additional Savings Above Plan	200
WRP Slippage	283
Slippage on Funding	1,885
Total	2,368

The formal Financial Planning process will not commence until the Autumn, with the 2022/23 Allocation Letter issued in December 2021. However the table below starts to provide PtHB with the challenges faced by the organisation for 2022/23 and beyond based on the information available at this point. Please note this is a indicative figure which will change as the financial information and insight available develops.

Indicative Plan 2022/23	£ M
1. 2021/22 Opening Plan Deficit / (Surplus)	5.600
2. Recurrent Impact from 2021/22 Financial Year	
- Non Delivery of Recurrent Savings against 2021/22 Target	1.700
- Operational Growth#	TBC
3. New Investments Agreed via Execs direct IBG Process	0.473
4. New Recurrent Investement Approved linked Renewal & Recovery & Other Areas	0.265
Forecast Gross Opening Plan Deficit / (Surplus) 2022/23	8.038
5. Benefits to be delivered via New Investments (linked point 3)	- 0.476
6. Recurrent Saving Identified offset opening Unmet b/f Savings £5.1m	-
Forecast Net Opening Plan Deficit / (Surplus) 2022/23	7.562

- this will be expanded as the year progresses and further intelligence is gathered on recurrent pressures /increases in expenditure above the 2021/22 Plan.

Summary

In summary this paper identifies that:

- PTHB is reporting an over spend at month 2 for FY 2021/22 of £0.052M (see page 2).
- Financial Forecast to 31st March 2022 is to maintain a balanced plan based on plan submitted to WG and presented to Board on 31st March and 30th June.
- To date there £0.275m of green savings schemes have been identified by the Health Board for delivery in 2021/22 to meet the required target as per the plan of £1.7M. (see page 4) .
- PTHB has an Capital Resource Limit of £15.1M and has spent £0.589M to date (see appendix 1).

Key Messages

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

- In addition to the risks detailed in the table on Page 9 there are a number of assumptions that were included in the 2021/22 Financial Plan approved by the Board on the 31st March/30th June which are not reported here in detail but were included within the financial section of the Plan submitted.
- One of the assumptions within the Plan is that the Health Board deliver £1.7M of savings, with the remaining unmet savings to be supported via assumed Covid funding to 31st March 2022.
- Any changes in the expenditure assumed within the plan will have an impact on the HB's ability to deliver a balance position based on the 'Opening Plan' position of £5.6M over committed. The 2021/22 Plan also assumes a level of Covid funding which is included as anticipated but yet to be confirmed in full by WG.
- Based on the principles presented to Board at the end of January no additional savings target was included in 2021/22 plan however this meant that all Budget Holders needed to remain within their funding envelope but as per the table on page 3 demonstrates some areas are not remaining within their budgetary levels.
- If to support patient care and ensure a safe service the costs for CHC and Variable pay continue at the levels seen in Q1 then there is a risk on the Health Boards ability to deliver financial balance in 2021/22.
- There is number of significant risk regarding the 2022/23 Financial Position and an initial assessment of the this is provided for the reader on page 10.

Powys THB Finance Department Financial Performance Report - Appendices

Period 03 (June 2021)
FY 2020/21

Patterson, Liz
07/22/2021 16:23:30



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

MMR Narrative



Microsoft Word Document

MMR Key Tables



Microsoft Excel Worksheet

Mass Vac Tables



Microsoft Excel Worksheet

TTP Tables



Microsoft Excel Worksheet

Recovery Tables



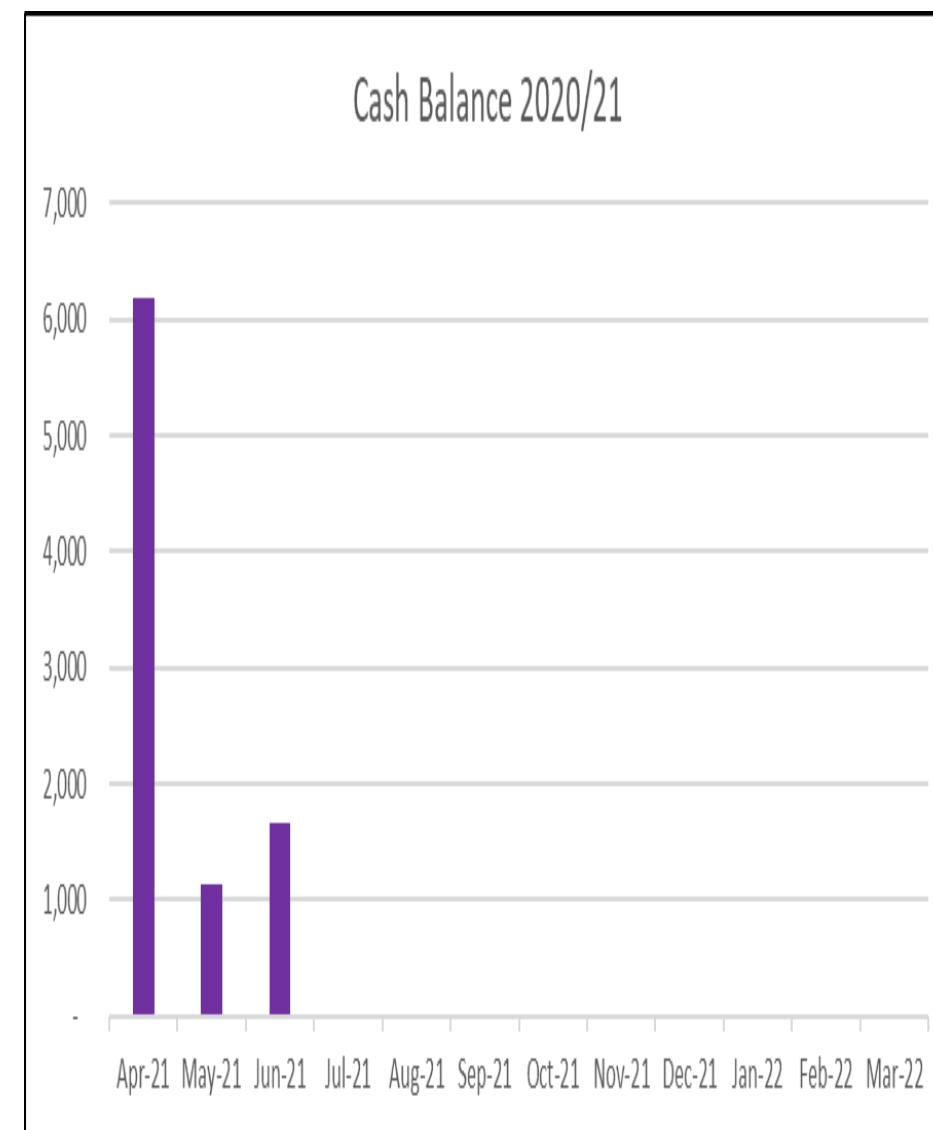
Microsoft Excel Worksheet

Patterson, Liz
07/22/2021 16:23:30

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th June 2021
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.431	1.431	0.285
Anti Ligature	1.001	1.001	0.042
Machynlleth	9.571	9.571	0.262
National Programmes – Fire	0.557	0.557	0.000
National Programmes – Infrastructure	1.331	1.331	0.000
National Programmes – Decarbonisation	0.332	0.332	0.000
National Programmes – Imaging	0.352	0.352	0.000
Covid Recovery 2021-22	0.550	0.550	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	15.125	15.125	0.589

Patterson, Liz
07/22/2022 16:23:30

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	2,627	6,184	1,123	1,658	500	500	500	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	30,800	25,700	34,000	30,809	26,900	28,300	34,400	25,700	33,000	26,700	28,800	34,446
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	- 160	- 160	- 160	- 160	- 160	- 160	- 160	- 160	- 160	- 160	- 160	- 160
WG Revenue Funding - Other (e.g. invoices)	1,551	42	13	10	10	10	10	900	10	1,000	10	1,000
WG Capital Funding - Cash Limit - LHB & SHA only	-	-	200	200	2,600	2,370	1,870	1,800	1,820	1,660	1,220	1,385
Income from other Welsh NHS Organisations	473	281	944	400	400	400	400	400	400	400	400	400
Other	1,064	248	353	400	400	400	400	400	400	400	400	400
Total Receipts	33,728	26,111	35,350	31,659	30,150	31,320	36,920	29,040	35,470	30,000	30,670	37,471
Payments												
Primary Care Services : General Medical Services	2,588	2,262	2,970	2,600	2,000	2,200	2,600	2,400	3,000	3,000	2,400	2,400
Primary Care Services : Pharmacy Services	448	-	318	1,000	-	500	1,000	-	1,000	-	500	1,000
Primary Care Services : Prescribed Drugs & Appliances	1,201	-	1,372	2,600	-	1,300	2,600	-	2,600	-	1,300	2,600
Primary Care Services : General Dental Services	342	433	469	420	420	420	420	420	420	420	420	420
Non Cash Limited Payments	77	169	86	100	100	100	100	100	100	100	100	100
Salaries and Wages	7,443	8,866	8,415	7,400	7,400	7,400	7,400	7,400	7,400	7,400	7,400	7,400
Non Pay Expenditure	18,069	19,312	20,729	17,889	18,596	17,196	20,799	16,913	19,129	17,419	17,335	22,036
Capital Payment	3	130	456	808	1,634	2,204	2,001	1,807	1,821	1,661	1,215	1,515
Other items	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	30,171	31,172	34,815	32,817	30,150	31,320	36,920	29,040	35,470	30,000	30,670	37,471
NET CASH FLOW IN MONTH	3,557	- 5,061	535	- 1,158	-	-	-	-	-	-	-	-
Balance c/f	6,184	1,123	1,658	500	500	500	500	500	500	500	500	500



	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr 21	Jun 21	Mar 22
	£'000	£'000	£'000
Tangible & Intangible Assets	78,394	79,102	79,102
Trade & Other Receivables	26,582	22,944	26,503
Inventories	159	159	159
Cash	2,627	1,658	500
Total Assets	107,762	103,863	106,264
Trade and other payables	45,831	34,661	42,135
Provisions	23,410	23,388	23,388
Total Liabilities	69,241	58,049	65,523
Total Assets Employed	38,521	45,814	40,741
Financed By			
General Fund	- 2,532	4,761 -	312
Revaluation Reserve	41,053	41,053	41,053
Total Taxpayers' Equity	38,521	45,814	40,741

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07/22/2021 16:23:30

Area	19/20 Year end Position	20/21 Year end Position	21/22 Forecast @ Mth 1	21/22 Forecast @ Mth 2	21/22 Forecast @ Mth 3	Growth From 2020/21 YE to 2021/22 Forecast @ Mth 3
Children	£267,217	£151,234	£156,944	£156,944	£156,944	£5,710
Learning Disabilities	£957,455	£1,567,929	£1,058,879	£1,061,321	£1,251,771	-£316,158
Mental Health	£7,344,265	£7,800,642	£9,274,740	£9,405,034	£9,635,927	£1,835,285
Mid Locality	£981,064	£925,210	£1,250,038	£1,264,279	£1,315,651	£390,441
North Locality	£1,365,243	£1,537,343	£2,448,278	£2,060,785	£2,145,513	£608,170
South Locality	£1,494,868	£1,958,143	£1,825,436	£1,758,287	£2,100,826	£142,683
Grand Total	£12,410,112	£13,940,501	£16,014,315	£15,706,650	£16,606,632	£2,666,131

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07/02/2021 16:23:30

Detail on Identified Savings Schemes

Scheme Name	Workstream / Area	RAG Rating for Delivery	2021/22 £000
Lucentis Review (VBHC)	Pathways/VBHC	Amber	76
Frailty Model (VBHC)	Pathways/VBHC	Amber	100
Orthopaedic Conversion Rates (VBHC)	Pathways/VBHC	Amber	120
Nebulisers (VBHC)	Pathways/VBHC	Amber	20
Reduction Variable Pay (Workforce Eff Group)	Workforce	Amber	506
CHC Efficiency Group / Long Term Plan	CHC / Non Pay	Amber	255
Enhanced VAT Review	CHC / Non Pay	Amber	40
VBHC Review Cancer Drugs	Pathways/VBHC	Amber	-
Cataracts	Pathways/VBHC	Amber	-
Drugs of Low Priority/Deprescribing	Medicines Mangement Value	Green	35
Branded Prescribing Review	Medicines Mangement Value	Green	70
Medicines Optimisation	Medicines Mangement Value	Amber	80
Biosimilar	Medicines Mangement Value	Amber	40
Homecare	Medicines Mangement Value	Amber	10
Patent Expiry/Price Reduction	Medicines Mangement Value	Amber	50
Blueteq	Medicines Mangement Value	Amber	-
Rebates	Medicines Mangement Value	Green	165
Woundcare	Medicines Mangement Value	Amber	40
Medical Gases	Medicines Mangement Value	Green	5
Repatriation to Secondary Care	Medicines Mangement Value	Amber	10
Audiology Pathway	Pathways/VBHC	Amber	19
Ophthalmology In Reach	Pathways/VBHC	Amber	12
Rheumatology In Reach	Pathways/VBHC	Amber	6
Improved Procurement & Non Pay Savings	CHC / Non Pay	Amber	42
TOTAL			1,701

Further details on the savings are provided:

- On page 4 of this report;
- On tabs C,C1&C2 and C3 of the MMR Report embedded within Appendix 1

Report:	Chief Officer's Report
Author:	Katie Blackburn
Status:	For Information
Date:	28th July 2021 (report to 19th July 2021)

1. Gathering Public and Patient Feedback

Although COVID-19 restrictions have eased, our main way of engaging with the public continues to be online, through our website, social media and email channels. CHC members and staff continue to join virtual meetings with a variety of organisations.

A representative from Powys CHC has taken part in the following virtual meetings:

6 May	Powys Teaching Health Board (PTHB) Performance & Resources Committee
6 May	Shropshire Telford & Wrekin Maternity Voices Partnership Meeting
12 May	Shrewsbury & Telford Hospital NHS Trust (SATH) Public Engagement Meeting
18 May	Montgomeryshire Community Networkers Meeting
18 May	SATH Meeting - to discuss potential service change for the Renal Dialysis Unit at the Princess Royal Hospital Telford

Patterson, Liz
07/22/2021 16:23:30

25 May	Mid Wales Joint Committee for Health & Care
26 May	PTHB Board Meeting
9 June	Public Engagement Session re. Proposal to develop Radiotherapy Satellite Unit at Nevill Hall Hospital
10 June	PTHB Board Meeting – to approve Annual Report and Accounts 2020-21
10 June	PTHB Mental Health Engage to Change Meeting
18 June	SATH – Engagement Update – Discussion on engaging with seldom heard groups in Powys
23 June	Ystradgynlais Community Networkers Meeting
23 June	Crickhowell Community Networkers Meeting
29 June	SATH – Engagement Catch up
29 June	PTHB Board Meeting – to approve Annual Plan 2021-22
7 July	Newtown Community Networkers Meeting
7 July	Knighton Community Networkers Meeting

Some of these meetings provide us with the opportunity to scrutinise what is happening with health services. Other meetings are used to gather information about the work being undertaken by other organisations and also to promote the work of the CHC.

When CHC members pick up on issues being raised within their local communities, they raise them with the Chief Officer or they are discussed at the regular member briefing sessions which are held online.

Patterson
07/22/2021 16:23:30

2. Engaging with Patients in Hospital

Throughout the pandemic, face-to-face visits to hospital wards have been paused across all CHCs. Aneurin Bevan Community Health Council worked with Aneurin Bevan University Health Board to set up a virtual 'buddying' patient engagement pilot project in order to gather feedback from patients in hospital during the pandemic. They were able to speak with a total of 96 patients on eight hospital sites during the period September to October 2020. A video which outlines how the pilot was undertaken is available at the following link: https://youtu.be/MDI6wZL8_jY

We are currently in discussions with the Director of Nursing at Powys Teaching health Board to develop a similar project to gather feedback from patients in community hospitals in Powys.

3. Social Media

- We continue to use social media on a daily basis. We are posting CHC information to our Facebook and Twitter pages.
- 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 the websites of all the above organisations and recording information which relates to health services, in particular looking for information about changes to services and reinstatement of services.
- We are monitoring and evaluating the public reaction to information which is posted.

Patterson, Liz
07/22/2021 16:23:30

4. Surveys

The All Wales CHC survey 'NHS Care During Coronavirus Pandemic' continues to be available online. The link is ow.ly/ezsy50ER6ZG

From responses received, the Board of CHCs develops a different question each week and all CHCs share the question and link to encourage people in their area to respond to that question through the national survey. For example, the question which was shared on CHC social media for week commencing 5 July 2021 was as follows:

"With G.P access still limited, we've heard some of you are resorting to visiting A&E and are having to wait a very long time

In some cases, waiting outside or in cars with no food & drink for hours on end

Has this been your experience? or were you seen quickly?
ow.ly/ezsy50ER6ZG"

The national survey is now available in paper format. Copies of the paper surveys have been issued to CHC members for them to circulate in their communities.

We are currently running an online survey about mental health services for young people. We have circulated the survey to schools and colleges in Powys and requested that they share it with their students. It has been circulated to Young Farmers and to our list of stakeholders via email with a request for them to share – this list includes town and community councils, voluntary organisations and individuals who have requested to be added to our circulation list. We have talked about the survey in meetings we have attended and it has been shared through those networks. CHC members have been asked to share it through their own networks.

The link to the survey is <https://cutt.ly/OnOXwqM>

As at 19 July, we have received 330 responses from young people.

Patterson
07/22/2021 16:23:30

We have a representative who attends the Ockenden Report Assurance Committee (ORAC) meetings. ORAC was formed to drive forward actions arising from the first Ockenden Report into maternity services at Shrewsbury & Telford Hospital NHS Trust, which was published in 2020. The committee meets monthly and meetings are held in public.

Following discussion in the ORAC meeting held on 27 May, we developed an online survey to obtain the views of mothers and families who are currently using the maternity services at SaTH. The link to the survey is <https://cutt.ly/ynYw5qa>. We have not set an end date for this survey as we would like to receive ongoing feedback which can be provided to ORAC.

5. National CHC Reports

On 7 July 2021, The Board of CHCs published its report “Telephones, tablets and technology: Hearing from people using digital ways of getting healthcare”.

The report details feedback gathered from patients across Wales. It notes that people’s experiences of getting NHS care using digital technology during the pandemic vary. The report asserts that new ways of delivering healthcare need to embrace everyone rather than leaving anyone out.

The report insists that Welsh Government and health services must engage with people and communities when thinking about introducing new ways for people to access their healthcare using technology.

In addition to ensuring that the views and experiences of patients are heard and acted upon, when designing and delivering services, CHCs also highlight that no patient should be prevented from accessing care due to a lack of broadband connection, or support to build confidence in using digital technology.

The full report is available at the following link:

<https://boardchc.nhs.wales/files/what-weve-heard-from-you/telephones-tablets-and-technology-report-june-2021/>

6. Powys CHC Website

[Home - Powys Community Health Council \(nhs.wales\)](https://www.nhs.uk/healthcare-choices/powys-community-health-council)

7. 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:

- To consider the proposal for additional service for Percutaneous Mitral Valve Leaflet Repair in South Wales

Engagement Proposal Agreed by Executive Committee 13th July 2021

Specific Comments and Observations:

Members thought it was very positive to have an additional service and they could understand the rationale for clinicians to engage directly with individual patients.

8. Advocacy – 5th May 2021 – 7th July 2021

Open Cases as of 5th May 2021 2020: 35

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
3	19	5	4	1	2	1	35

Open Cases as of 7th July 2021: 40

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
3	24	4	4	1	3	1	40

Date Opened	Date Closed	Stage Closed	Resolution of Concern
08/04/21	30/06/21	Pre Local Resolution	Complaint Withdrawn
01/03/21	24/06/21	Local Resolution	Official Explanation &/or Apology
16/02/21	30/06/21	Ombudsman	Official Explanation &/or Apology
07/12/20	06/05/21	Local Resolution	Official Explanation &/or Apology
03/12/20	15/06/21	Further Local Resolution	Appointment/Surgery
05/11/20	15/06/21	Further Local Resolution	No satisfactory outcome/Patient deceased
03/09/20	15/06/21	Local Resolution	Official Explanation &/or Apology

The number of complaints does not truly reflect the complexity each case brings.

For every complaint there is an 'incident' and some complaints have several incidents that may involve multiple Health Boards and sites. This is particularly relevant to Powys and the complexities of cross boundary/ border commissioned services.

Number of Complaints	Number of Incidents
40	54

Patterson LJ
07/22/2021 16:23:30

Subject	Sub-Subject	Numbers
Clinical Practice	Treatment	20
	Diagnosis	5
	Attitude	3
	Home Visit	1
	Ambulance	1
Standards Of Care	Fundamentals of Care	3
	Patient -Status/Discrimination	1
Communication	Information/Lack of Information to Patients and/or Next of Kin	4
Procedures	Admissions/Discharge/Transfer	5
	Appeals against Mental Health Services	1
	Administration	1
	Non-Referral	1
	Medical Records	
Waiting Times	Transport	1
Other	Breach of Confidentiality	1
	Patient Status/Discrimination	1
Coronavirus	Treatment	1
	Infection Control	1
Services Provided	Appointments	1

Professional Group	Number of Complaints
Doctor- *Primary	8
Nursing -Primary (District Nursing)	2
Midwifery	1
Doctor- *Secondary	28
Nursing- Secondary	10
Managerial/Administration Staff	3
Ambulance Staff/Crew	2
NEPTS	1

Action Plan

When an investigation into a complaint has been completed, the Health Board compiles an Action Plan which outlines improvements that have been made as a result of the investigation.

Issue	Actions	Completed
Appropriate Covid Screening	Since the reopening of hospital wards to visitors, the ward staff ask the visitor to read 4 specific screening questions and if yes to any question then the visitor is not permitted to enter the ward.	Daily- On going
Bowel Care on Ward	To ensure staff learning on the ward regarding the importance of bowel care and the impact resulting from lack of care.	Yes
Patient Belongings	To review and improve processes for car and transfer of patient property when patients are transferred between hospitals	Yes
Communication	The ward to implement virtual visiting	Yes
Patient Experience	The ward is also reviewing environment and activities to improve experience for patients with dementia. This is ongoing. Designs have been approved and funded or environmental uplift to improve dementia care. Postponed due to Covid. Dementia specific course factored into divisional education and training plan.	Review of equipment is on-going.
Missed Medication	A weekly audit of MAR with evidence of action of non-administration of medications to take place	Weekly audits of MARS are being completed and recorded on FORMIC

Patterson, Liz
07/22/2021 16:23:30

	To reinforce the need to nurses regarding following NEWS escalation plans and provide refresher training for NEWS2 and ensure escalation algorithms available	All staff have now completed e-learning for NEWS training and competencies to reinforce escalation on NEWS scores.
	To implement a checking system of the contents of the drug boxes/containers during stock checks	Weekly checks now take place to ensure stock levels are maintained.
	Ensure provision of regular pharmacy support visits to the ward	Weekly visits now take place.
	Compile a list of critical drugs for guidance to nursing staff	A list is already available as is Medicine Related Guidelines on the Trust Intranet.
	Implement a clear process which is visible for all nursing staff for ordering drugs and ensure staff of this and include temporary staff	Where medication is ordered, staff are providing information of this and record sheet is with patient medication chart.

Patterson/Liz
07/22/2021 16:23:30

	Ensure nursing staff are aware of the differences in ordering stock and non-stock items and the implications of incorrect ordering	New process in place, ensuring the ward has the correct stock level of medication, Staff aware of non-stock items required and the process for ordering and record kept with patient medication chart.
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9. Members

Frances Hunt and David Collington have been appointed as Chair and Vice-Chair (respectively) to the date that the new Citizen’s Voice Body is established (anticipated April 2023).

A recruitment process for Ministerial Appointments is to be launched imminently – Powys CHC currently has 7 Ministerial vacancies. There will be a recruitment campaign, but if you know anyone who might be interested or would like additional information, please email our Business Manager Claire Powell (claire.powell1@wales.nhs.uk).

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. Weekly contact between the CHC and HB ensures that any issues can be resolved as soon as possible. Powys CHC is picking up very positive feedback on the “experience” – and the tremendous support being provided by volunteers, the military and staff. Thank you.

Katie Blackburn

Prif Swyddog, CIC Powys/ Chief Officer, Powys CHC

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. Weekly contact between the CHC and HB ensures that any issues can be resolved as soon as possible. Powys CHC is picking up very positive feedback on the "experience" – and the tremendous support being provided by volunteers, the military and staff. Thank you.

Katie Blackburn

Prif Swyddog / Chief Officer

CIC Powys / Powys CHC

Patterson, Liz
07/22/2021 16:23:30

BOARD MEETING		DATE OF MEETING: 28 July 2021
Subject :	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and Presented by:	Board Secretary	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):

The Board is asked to:

- RECEIVE and DISCUSS the summary assurance reports appended to this covering paper

Approval/Ratification/Decision	Discussion	Information
	✓	

Patterson, Liz
07/22/2021 16:23:50

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 May and June 2021 is attached at **Appendix 1.**

Audit, Risk and Assurance Committee

- The Committee Chair's report of the meetings held on 8 June 2021 and 12 July 2021 is attached at **Appendix 2.**

Charitable Funds Committee:

- The Committee Chair's Report of the meetings held on 2 June 2021 and 15 June 2021 is attached at **Appendix 3.**

Experience, Quality and Safety Committee

- The Committee Chair's report of the meetings held on 3 July 2021 and 15 July 2021 is attached at **Appendix 4.**

Performance and Resources Committee

- The Committee Chair's report of the meetings held on 24 June 2021 is attached at **Appendix 5**.

Strategy and Planning Committee

- No meetings of this Committee have been held since the last meeting of Board.

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 29 September 2021.

Patterson, Liz
07/22/2021 16:23:50



Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	14 th July 2021
Paper prepared on:	16 th July 2021

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 19th May, 2nd June, 16th June, 30th June and 14th July.

19th May 2021

1. STRATEGIC WEIGHT MANAGEMENT PATHWAY

The Committee received the plan which was due for peer reviewed on 14th June and would likely be reiterated following this process. The main requirements for the plan was to provide a pathway for adults and children as per the following criteria:

- Level 1: Community based prevention and early intervention (self-care)
- Level 2: Community and primary care weight management services
- Level 3: Specialist Multidisciplinary Team weight management services
- Level 4: Specialist medical and surgical services.

The plan covered 3 years and the main aspiration for 2021/22 is to ensure the provision of Level 3 services. Assurance regarding Level 2 provision could be provided utilising dieticians and private weight management programmes. The Committee APPROVED the plan and recommended integration with the wider wellbeing strategy, big 4 and providing early help and support. Further dialogue was welcomed and it was agreed that the item would return to the Committee for further discussion on 30th June 2021.

2. RESPECT AND RESOLUTION POLICY

The Committee received the policy and the Powys implementation plan for the policy which highlighted the following actions:

- Provision of Training

- Engagement via Chat 2 Change
- Development of an Internal Resolution Framework
- Support for those identified as Conversation Facilitators

The Committee welcomed the implementation plan and noted the policy as a key approach in relation to organisational culture. The Committee SUPPORTED the policy for presentation to the Board in June 2021. It was AGREED that an update regarding the implementation of the Policy would return to the Committee in 6 months.

3. RESEARCH INNOVATION AND IMPROVEMENT HUB

The Committee received a report relating to the work plan of the Research Innovation and Improvement Hub. Discussion indicated the crucial role the Hub can play in supporting the development and implementation of value-based healthcare and that alignment with this work could offer significant benefit. The paper provided the plan for 2021/22 and the Committee noted the new Research, Innovation and Improvement Hub Oversight Group would meet for the first time shortly.

4. ANNUAL PERFORMANCE REPORT

The Committee received the latest iteration of the report which had been updated following a feedback session held the week prior. The Committee APPROVED the report and expressed their thanks to the Director of Planning and Performance.

5. MEDICAL REVALIDATION PROGRESS REPORT 2019/20

The Committee received the Medical Revalidation Progress Report and NOTED that performance in Powys had been slightly better than the All Wales average. An improvement plan is in place.

6. REGIONAL PARTNERSHIP BOARD RESOURCING PLAN

The Committee received and NOTED the Regional Partnership Board Resourcing Plan for information. It was noted that the work on Board Committees may result in a greater focus on Partnership and this type of report would be key to both informing and assuring the Board.

2nd JUNE 2021

1. DENTAL SERVICES

The comprehensive report provided the Committee with an update on current dental services in Powys including the impact of the pandemic and plans for recovery of services as well as future strategic plans. The Powys Dental Survey results had been received the previous week 106 responses had been received, not all reporting access issues. The Committee welcomed the report and discussed the challenges, including the modelling of contracts nationally, and the opportunities ahead. Give the interest in dental services, presentation at the Community Health Council is planned and this could be used in wider stakeholder discussions.

2. MEDICAL GASES POLICY

The Committee received and SUPPORTED the policy subject to minor amendments suggested by Committee members.

3. WELSH LANGUAGE STANDARDS SELF-ASSESSMENT

The Committee received the item and noted that the request did not include all of the standards. It was highlighted that the spend for COVID-19 had been high due to the requirements for translation. It was confirmed that recruitment to a translator post had been successful and that the health board was in the process of procuring an approved translation software which would provide some cost savings. Some progress had been made in relation to the standards although there were clearly some issues remaining outstanding. It was noted that 3 complaints had been received within the last 6 months, all of which had been resolved. The Committee discussed the report and noted that the Draft Monitoring Report had been developed which would update against the Delivery Framework objectives. It was confirmed that an Action Plan was in place. The Committee NOTED the report and RECOGNISED that progress had been made but some areas of risk remained.

4. WELSH HEALTH CIRCULAR TRACKING

The Board Secretary presented the item and provided an overview of the position in relation to Welsh Health Circulars. It was AGREED that the tracker would be reissued to Executives for a final check prior to inclusion in the Annual Report.

5. INVESTMENTS BENEFITS GROUP REPORT

The Committee received the report following the first meeting of the Investments Benefits Group (IBG) held on the 19th May 2021. It was confirmed that the IBG was not able to recommend applications for approval, only scrutinise applications and make comments for consideration by the owner of the proposal and the Executive Committee. It was confirmed that going forward the IBG would consider cases prior to their individual presentation to the Executive Committee. The IBG would also provide updates on the summary of decisions made by the Executive Committee and a 6, 12 or 24 month review of investments would take place in order to track the realisation of benefits. The following items were confirmed as appropriate for consideration by the Executive Committee:

- Therapies 7 Day Working
- North West & Mid Powys Respiratory Multidisciplinary Team Business Case

16th JUNE 2021

1. THERAPIES 7 DAY WORKING

The Committee received the item which had previously been presented to the Executive Committee on 21st April 2021. The case had subsequently been scrutinised by the Investments Benefits Group (IBG). Confirmation was received that there is no financial impact for 2021/22. The Committee suggested that the staff consultation be undertaken however further clarity was required to ensure alignment to Frailty and Community Programme work to ensure this work formed part of the wider programme. The Committee APPROVED the commencement of the consultation and AGREED that the consultation document could be agreed between the Executive Team members.

2. PATIENT SAFETY INCIDENT FRAMEWORK

The Committee received the framework which had been released by the Chief Nursing Officer and Welsh Government Delivery Unit. The Committee agreed that they had a number of reservations regarding the item and agreed that they would hold some time to reflect on the paper, its current alignment with existing local policy and practice and considerations required in taking forward the patient safety agenda.

3. NORTH WEST AND MID POWYS RESPIRATORY MULTIDISCIPLINARY TEAM BUSINESS CASE

The Committee received the report which had previously been presented to the Committee on 4th May 2021. The Committee had requested this be considered by the Investments Benefits Group. The case highlighted the current inequity within respiratory services and confirmation was received that the business case aligned to the respiratory renewal programme 'Breathe Well'. The business case would provide a temporary post to address the backlog of people awaiting support and provide leadership. It was noted that temporary recruitment into an already difficult to recruit post may be a challenge. The Committee APPROVED the business case.

4. E-ROSTERING BENEFITS REALISATION

The Committee received the item which had been considered previously by the Workforce Efficiency Group. The E-Rostering system had previously been agreed by the health board following a limited assurance audit on Rostering. It was reported that there had been a growth in bank and agency usage and there was evidence that rostering was not sufficient to support this in some areas. Prior to the pandemic the Executive Committee had agreed to re-procure the software, including the insight tool. Prior to implementation managements groups will be asked to attend the Workforce Efficiency Group so that any issues could be addressed. The Committee NOTED the report.

5. OFFICE 365 LICENCES

The Committee received the item which reported the Powys share of the National Framework Agreement. It was noted that the scale of investment had been over £500k, therefore there was a need to realise benefits. A full review of where licenses were held was due to be undertaken, it was hoped that this would decrease costs by £60k. It was noted that this matter was aligned to the national framework and would require sign off by the Chief Executive on behalf of the health board. The Chief Executive noted that the totality of investment was significant, therefore she would ensure this matter was escalated to the Board within her Executive Committee Chair's Assurance Report. The Committee SUPPORTED the item and the Chief Executive CONFIRMED she was content to sign off the required document.

The Board is asked to SUPPORT the action to enact the National Framework element for Powys, recognising that work to ensure efficient use of licenses would be undertaken.

6. ANNUAL PLAN 2021/22

The Committee received the Annual Plan and were presented with the opportunity to raise questions or issues prior to the deadline for submission for Board approval and onward approval to Welsh Government. The Committee APPROVED the plan for presentation to Board for final consideration and approval.

7. RESPONSE TO WELSH GOVERNMENT RACE EQUALITY ACTION PLAN

The Welsh Government Race Equality Action Plan draft consultation response was shared with the Committee for information.

30th JUNE 2021

1. STRATEGIC WEIGHT MANAGEMENT PATHWAY DEVELOPMENT PLAN

The Committee received the Plan and noted that a draft plan had been considered by the Committee of 19 May, this had been submitted to Welsh Government on 31 May ahead of a peer review exercise. Feedback from peer review undertaken by Hywel Dda University Health Board had been received on 14 June and an updated plan was due to be submitted to Welsh Government. Information regarding Staff weight management and more detail regarding inequalities had been added and the plan had been aligned to Eating Disorder Services more strongly. The Committee welcomed and APPROVED the plan and requested an interim annual update.

2. CHILDRENS THERAPY SERVICES

The Committee received the proposal which sought improve Childrens Therapy Services for children and parents by bringing service together and undertaking a key worker approach. The paper sought to go out for

consultation. The Committee welcomed the ambition to improve services however it was agreed that further work was required regarding professional and operational structures before any further progression was made. This would be overseen by the Organisational Realignment Working Group.

3. CARERS ANNUAL REPORT

The Committee received the item and noted that the report would be published on the Welsh Government Carers website. The Committee recognised the improvements made and APPROVED the report for publication.

4. AREA PRESCRIBING GROUP

The Committee was presented with a report outlining the current and proposed arrangement for the oversight of medicine prescribing. A summary of effectiveness of the current 2 groups was discussed. The proposal that the Groups be amalgamated into one Group which consider governance, NICE guidance and new drugs was discussed. The draft Terms of Reference were appended to the paper and it was suggested that the Group would report on a 6-monthly basis, most likely to the Quality Governance Group. The Committee APPROVED IN PRINCIPLE the amalgamation of the Groups however requested further work on the detailed governance and a revised Terms of Reference.

5. ORGANISATIONAL DEVELOPMENT FRAMEWORK

The Committee received the revised framework which had been subject to discussion in a number of forums including Board Development and the Local Partnership Forum. The interdependencies of the Framework were noted, primarily the Clinical Quality Framework and the Workforce Futures Framework. It was recognised that the Framework would require a delivery plan and should the Framework be approved by the Board this would be developed and routed back through the Executive Committee. Any further comments and feedback from Committee members was welcomed in order to finalise for the Board.

6. NURSE TRAINING POSTS

The Committee received a report which highlighted that every year 20 places for Nurse Training are provided by the Open University, however only a small number of places are filled each year. The Committee was presented with a proposal in which a number of Health Care Support Workers roles would be recruited to specifically on the basis that the individual would undertake registered nurse training as part of the role. A payback model was suggested that would help to decrease dependence on bank and agency staff. The model would be a 9-year cycle, with a cost pressure of £30k per year for the first four years. The Committee recognised the approach as an important opportunity for supporting the efforts to reduce socioeconomic disadvantage. It was suggested that

opportunities for funding support should be considered and discussed with HEIW and Welsh Government. The Committee APPROVED the approach for an interim period of one year, after the initial year a decision would be made as to whether to extend the programme above the first cohort.

14th JULY 2021

1. EXECUTIVE COMMITTEE TERMS OF REFERENCE

The Committee received the revised Terms of Reference. A key element of change reflected in the document was the way in which the Executive Committee would conduct its business and its decision making going forward. This would include the revision of the substructure of the Committee as there are currently several groups that act in the main with Executive Committee authority. The development of an annual work programme 2021/22 would support the required arrangements for decision making and the provision of assurance in key strategic areas. The draft Terms of Reference also outlined the establishment of the Renewal Portfolio Board and the key role this group would play going forward, being clear that this group is part of the framework of the Executive Committee. The Committee SUPPORTED the revised Terms of Reference for presentation to the Board for approval.

2. LINC FULL BUSINESS CASE

The Programme Director of the LINC Programme from the NHS Wales Collaborative joined the Committee and provided an overview of the LINC Full Business Case. The Committee SUPPORTED the proposal, which would be presented to the Board In-Committee on 28th July.

3. REDRESS REPORT

The Committee received the report and it was recognised that overall the Redress Panel and process had been strengthened in the previous year. The Committee NOTED and recognised the progress made within a challenging area.

4. SOUTH POWYS PROGRAMME: MATERNITY AND NEONATAL WAY FORWARD

The strategic change to the obstetric and neonatal pathway for the majority of South Powys was approved in 2014, following the outcome of a major public consultation on the South Wales Programme. However, the timing of the change for maternity and neonates is yet to be agreed by the Board and was not included in the changes relating to urgent and emergency care that took place in November 2020 (from Nevill Hall Hospital to Prince Charles Hospital following the opening of the Grange University Hospital). Maternity services in Cwm Taf Morgannwg UHB had been placed in special measures in April 2019 and subject to intense service improvement, with

independent scrutiny by an Independent Maternity Services Oversight Panel (IMSOP) commissioned by the Minister for Health and Social Services.

Under the South Powys Programme Board re-established in 2020 to oversee the pathway changes, the Director of Nursing and Midwifery has led a Maternity and Neonatal Workstream, including clinicians from PTHB, CTMUHB, Aneurin Bevan UHB and involvement from Welsh Ambulance Services Trust (WAST). The scope of the workstream was approved by the South Powys Programme Board and focuses on 2 core elements:

- The quality criteria which will provide assurance (rooted in the PTHB maternity assurance framework) covering:
 - Safety
 - Outcomes
 - Women's experience
 - Governance arrangements

- The readiness assessment which will confirm that the strategic change can be made. This covers issues including:
 - The services within the scope of the approved SWP model
 - Revised and agreed clinical pathways
 - IT compatibility/accessibility
 - Operational capacity and capability
 - The assurance arrangements above including outcomes and Women's experience

Good progress has been made in both these aspects, however the completion of the assurance element is dependent on the outcome of a Deep Dive Exercise into Neonatal services. This had been scheduled to report in September and therefore a decision timeline following that would have been proposed. However it is understood that a delay in that work is likely. Further discussions will be held on the detail of the position in order to advise the Board of potential timelines for decision making. The Committee DISCUSSED the current position and would specific highlight this to the Board.

The BOARD is therefore asked to NOTE the position of a likely delay in decision making on the change of pathway for maternity and neonatal services from ABUHB to CTM UHB.

5. SITE COORDINATION AND LEADERSHIP

The Committee received the item which proposed the model to be adopted for site coordination and leadership across the health board. This model would be led by the Executive Director Primary Care, Community and Mental Health (DPCCMH) in recognition of the predominance of clinical services across the PTHB estate. The articulation of the approach to site coordination is a necessary pre-requisite to the review and deployment of the Fire Policy and Health and Safety Policy. The model proposed for

oversight, assurance and escalation of site matters will seek to coordinate the work of respective departments/service groups at a site level to prevent any “missed” areas or services. The model proposed by the DPCCMH to coordinate this work at a health board wide level is to operate a monthly meeting of respective leads for sites and services. This approach relies upon the identification of a site co-ordinator for each site. This person will act as a point of contact for a specific site and also provide an additional overview of the site as a collection of services. Of the 21 sites listed in within the report, all bar one has been assigned to a member of the senior teams across the DPCCMH portfolio. The sole variant is the Bronllys site which is occupied by the most diverse range of services and teams/departments.

The Committee supported the work so far and APPROVED the approach on the basis that it needed to be firmly aligned with the revision and deployment of the Fire and Health and Safety Policy.

6. INFECTION PREVENTION AND CONTROL TEAM ESTABLISHMENT

The Committee received the item which presented the business case for a Band 7 Infection Prevention and Control (IPC) Specialist Practitioner. Since initial approval was gained for a fixed term appointment of one year, via the COVID-19 Gold Group, there had been several challenges experienced by the IPC Team. This has led to a reduction of capacity and capability in the team, and the team has been unable to appoint to the fixed term post due to lack of suitable candidates. The Executive Committee therefore was requested to consider supporting the recruitment of a substantive position to increase the likelihood of attracting a suitable candidate. It was confirmed that this matter had been scrutinised by the Investments Benefits Group and had been deemed suitable for presentation to the Committee. The Committee discussed the case for and the financial implications of proceeding with a substantive appointment and APPROVED the IPC Specialist Practitioner Post.

7. PANDEMIC PUBLIC ENQUIRY

The Committee received a proposal in relation to the anticipated public enquiry. It was noted that a more detailed paper regarding the approach would be brought back at a later date however the key area of focus at the time of the meeting was to secure resource to support this area of work. It was proposed that a Pandemic Coordinator (likely to be Band 6/7) be recruited on a 2-year basis to support the work in relation to the enquiry, working with the Associate Director of Corporate Business and linking across the organisation and interfacing with other NHS organisations. The Committee SUPPORTED the Pandemic Coordinator Post recognising the significance of this work.

Sub-Groups of Executive Committee

There are a number of sub-groups of the Executive Committee which enable a greater degree of development and review of specific priorities and issues. The following key agenda items were considered:

a. Strategic Planning and Commissioning Group

The Strategic Planning and Commissioning Group last met on 12th May 2021, the next meeting is due to be held on 27th July 2021. An update regarding this meeting will be reported to the next meeting of the Board.

b. Delivery and Performance Group

- i. Finance Performance Report - Month 3
- ii. Performance Overview
- iii. Workforce Report
- iv. Endoscopy Outsourcing Update
- v. Memory Assessment Service Update

c. Quality Governance Group

- i. Aggregated service group quality report including concerns and serious incidents
- ii. Update on General Medical Practice Access Arrangements
- iii. Point of care testing, medical devices, including NICE Guidance
- iv. Resuscitation Committee report
- v. Commissioning Assurance Framework
- vi. Putting Things Right, Compensation and Claims Report
- vii. Regulatory Inspections Report
- viii. Clinical Quality Framework, Patient experience: Revised Priorities
- ix. CSG Cottage View Annual Quality Report June 2021
- x. Update from the Learning Group

ITEMS TO BE ESCALATED TO THE BOARD

The Committee Chair wished to highlight to the Board the totality of investment into Office 365 Licenses, amounting to over £0.5M (Item 7.1, 16th June) and provide an update regarding the South Wales Pathway Programme (Item 3.2, 14th July)

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 29th July 2021.



Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Tony Thomas
Date of last meeting:	8 June 2021 & 12 July 2021
Paper prepared by:	Head of Risk & Assurance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk & Assurance Committee I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee for the last two meetings, which were held on 8 June 2021 and 12 July 2021. The confirmed minutes of the meeting held on 8 June 2021 are available on the health board's [website](#).

The Board is asked to note that the following matters were discussed at Audit, Risk and Assurance Committee on 8 June 2021:

- PTHB Annual Report 2020-21:
 1. Part 1: Performance Report
 2. Part 2: Annual Accountability Report
 - a) Corporate Governance Report
 - b) Remuneration and Staff Report
 - c) Parliamentary Accountability and Audit Report
 3. Part 3: Annual Financial Statements, including Audit of Financial Statements (ISA 260)
- Internal Audit, 2020/21 Reviews:
 - a. Safeguarding during COVID-19 (Reasonable Assurance)
 - b. Implementation of digital solutions (Reasonable Assurance)
 - c. Winter pressures and flow management (Reasonable Assurance)
- External Audit:
 - a. Progress Report 2021-22
 - b. Test, Trace, Protect in Wales: An Overview of Progress to Date
 - c. Procuring and Supplying PPE for the COVID-19 Pandemic
- Counter Fraud Annual Report 2020-21
- Post Payment Verification
 - a. Annual Report 2020-21
 - b. Workplan 2021-22
- Committee Work Programme 2021/22
- Audit Wales Reports:

Paterson, Liz
07/22/2021 16:23:30

- a. An overview of Quality Governance Arrangements at Cwm Taf Morgannwg University Health Board: A Summary of progress made against recommendations
- b. Welsh Health Specialised Services Committee Governance Arrangements
- c. At your Discretion – Local Government Discretionary Services
- d. Internal Audit Annual Report & Opinion, 2020-21, Final Version

ANNUAL REPORT 2020-21

- 1. PART 1: PERFORMANCE REPORT**
- 2. PART 2: ANNUAL ACCOUNTABILITY REPORT**
- 3. PART 3: FINANCIAL STATEMENTS, INCLUDING AUDIT OF FINANCIAL STATEMENTS (ISA 260)**

The Committee APPROVED the Annual Report 2020-21 (all 3 parts) be RECOMMENDED to the Board for final approval, ahead of submission to Welsh Government.

INTERNAL AUDIT REPORTS, 2020-21

The Committee RECEIVED and NOTED the following Internal Audit Reports.

a) SAFEGUARDING DURING COVID-19 (REASONABLE ASSURANCE)

The overall objective of this audit was to review the Health Board's arrangements for the safeguarding of children and vulnerable adults during the COVID-19 pandemic. The Health Board and its contracted services are required to promote and protect the welfare and safety of children and adults at risk by conforming to legislation and guidance.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with 'Safeguarding During COVID-19' was Reasonable assurance.

The review identified one medium and one low priority recommendation and the Committee was satisfied with management's response to address these.

b) IMPLEMENTATION OF DIGITAL SOLUTIONS (REASONABLE ASSURANCE)

The objectives of the review were to assess the adequacy of the arrangements in place for the implementation of digital solutions during the covid-19 pandemic and to ensure that lessons learned are being implemented and innovative practices are taken forward.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with 'Implementation of Digital Solutions' was Reasonable assurance

The review identified three medium priority recommendations and the Committee was satisfied with management's response to address these.

c) WINTER PRESSURES AND FLOW MANAGEMENT (REASONABLE ASSURANCE)

The objectives of this review were to assess the Health Board's winter 2020/21 planning process regarding patient flow and to provide assurance over the management of patient flow over the 2020/21 winter period.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with 'winter planning for 2020/21' was Reasonable assurance

The review identified three medium and two low priority recommendations and the Committee was satisfied with management's response to address these.

EXTERNAL AUDIT UPDATE

a. TEST, TRACE, PROTECT IN WALES: AN OVERVIEW OF PROGRESS TO DATE

The Committee received Audit Wales' Report of Test, Trace, Protect in Wales. This report sets out the main findings of how public services are responding to the delivery of TTP services in Wales and can be accessed at the link below.

[Test, Trace, Protect in Wales: An Overview of Progress to Date | Audit Wales](#)

b. PROCURING AND SUPPLYING PPE FOR THE COVID-19 PANDEMIC

The Committee received Audit Wales' Report of Procuring and Supplying PPE for the COVID-19 pandemic. This report looks at the procurement and supply of PPE during the COVID-19 pandemic and focuses on the national efforts to supply health and social care in Wales and can be accessed at the link below.

[Procuring and Supplying PPE for the COVID-19 Pandemic | Audit Wales](#)

COUNTER FRAUD ANNUAL REPORT 2020-21

The Committee RECEIVED and NOTED the Counter Fraud Annual Report 2020-21.

This Annual Report was written in accordance with the provisions of the Fraud, Bribery and Corruption Standards for NHS Wales Bodies (the Standards) which require Local Counter Fraud Specialists (LCFS) to provide a written annual report reflecting the counter fraud, bribery and corruption (economic crime) work undertaken during the financial year.

The Counter Fraud Work Plan for 2020/21 was approved by the Audit Committee and identified a total resource of 228 days for the year. This was a reduced allocation from the SLA agreed provision of 245 days. The reduction accounted for a loss of resource with an LCFS absent from role at start of year. This absence impacted the available resource beyond initial anticipation; once recruitment

process was completed with a new member of staff joining the team on 01 August 2020 the impact to SLA agreed resource was 84 days. The Counter Fraud Team delivered 184 days of counter fraud work with activity at Powys THB supplemented by unallocated new resource from within the Swansea Bay UHB Counter Fraud Team. The total cost for the provision of local counter fraud services for the year was £42,160. The costs are calculated based on number of staffing days delivered in year and counter fraud activity.

Updates provided with the Annual Report focussed on the Strategic Areas of Counter Fraud activity of Strategic Governance, Inform & Involve, Prevent & Deter and Hold to Account.

The Committee expressed its thanks to the Local Counter Fraud Service team for the ongoing support to the organisation during the pandemic.

POST PAYMENT VERIFICATION

a. ANNUAL REPORT 2020-21

Post Payment Verification (PPV) processes were previously stood down due to the pandemic. This decision was taken to protect our front-line services, to maintain colleagues' safety and to remove any pressure on primary care contractors and their teams during unprecedented times. A review of opportunities and a recovery plan was considered during this time, to return with an acceptable level of PPV, which would continue to provide Health Boards with reasonable assurance that public monies are being appropriately claimed. PPV reinstatement was 1st October 2020, which was agreed by General Practitioners Committee (GPC) Wales and Welsh Government.

b. WORKPLAN 2021-22

The visit plan for the upcoming year will only include General Medical Services (GMS) as we are not able to provide PPV to General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS) as yet, due to Covid-19.

The Committee RECEIVED and NOTED the Post Payment Verification Annual Report 2020-21 and Workplan 2021-22.

AUDIT WALES REPORTS:

The Committee RECEIVED the following reports for information, all of which are available at the respective links.

a. AN OVERVIEW OF QUALITY GOVERNANCE ARRANGEMENTS AT CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD: A SUMMARY OF PROGRESS MADE AGAINST RECOMMENDATIONS

[An overview of Quality Governance Arrangements at Cwm Taf Morgannwg University Health Board: A Summary of progress made against recommendations | Audit Wales](#)

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b. WELSH HEALTH SPECIALISED SERVICES COMMITTEE GOVERNANCE ARRANGEMENTS

This review followed up on two separate reviews in 2015 highlighted issues with WHSSC's governance arrangements and noted a number of improvements have been made to the overall governance arrangements since these reviews.

As the Welsh Health Specialised Services Committee (WHSSC) is a joint committee made up of the seven local health boards in Wales (including PTHB), the Committee will further consider this report alongside WHSSC's management response in September 2021.

[Welsh Health Specialised Services Committee Governance Arrangements | Audit Wales](#)

c. AT YOUR DISCRETION – LOCAL GOVERNMENT DISCRETIONARY SERVICES

This publication looks at how councils define their services and look to protect essential services when dealing with funding cuts.

[At your Discretion - Local Government Discretionary Services | Audit Wales](#)

INTERNAL AUDIT ANNUAL REPORT & OPINION, 2020-21, FINAL VERSION

The Committee received the Head of Internal Audit Opinion for 2020-21.

The Board can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters identified through audits in the year require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The Board is asked to note that the following matters were discussed at Audit, Risk and Assurance Committee on 12 July 2021:

- Application for Single Tender Waivers
- Implementation of Audit Recommendations
- Losses and Special Payments Report
- Fire Safety Update
- External Audit Update
 - a. Progress Report 2021-22
 - b. Structured Assessment Phase 1: Operational Planning
- Local Counter Fraud Service, Progress Update
- Internal Audit Progress Report 2021-22
- Internal Audit Reviews, 2020-21:
 - a. Llandrindod Wells Project (Limited Assurance)
 - b. Mass Vaccination (Advisory)
Rollout of the COVID-19 Vaccination Programme in Wales

APPLICATION FOR SINGLE TENDER WAIVERS (STWs)

The Committee received the following Single Tender Waivers for ratification made between 1 March 2021 and 31 May 2021:

Single Tender Reference	Request to waive QUOTE or TENDER threshold	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective/Retrospective	Appendix Ref
POW2122001	QUOTE	Mediaburst	System to enable patients to be increase their involvement in the management of their treatment, condition or lifestyle	Sole - Supplier Extension to Contract	12/05/2021	£14,352	12 months	Prospective	A1
POW2122003	TENDER	British Medical Journal	Subscription for Advertising for Medical Position	Recognised route for advertising Medical Positions	12/05/2021	£33,338	12 Months	Prospective	A2
POW2021022	QUOTE	Inhealth Pain Management Solutions	Daycase and Outpatient Pain Management Services	Continuation of Service - Previous STW POW1920004/POW2021004 refers	12/05/2021	£23,595	12 Months	Prospective	A3

The Committee RATIFIED the Single Tender Waivers

IMPLEMENTATION OF AUDIT RECOMMENDATIONS

The Committee RECEIVED an update on the progress of implementation of audit recommendations. The overall summary position in respect of overdue audit recommendations is: -

Overdue Internal Audit Recommendations					
	2017/18	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number	Number
Priority 1	0	0	0	4	4
Priority 2	5	2	19	2	28
Priority 3	1	0	20	1	22
Not Yet Prioritised	0	0	1	0	1
TOTAL	6	2	40	7	55

Overdue External Audit Recommendations				
	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number
Priority 1	0	0	0	0
Priority 2	2	1	4	7
Priority 3	0	0	0	0
Not Yet Prioritised	0	0	4	4
TOTAL	2	1	8	11

Local Counter Fraud Services Recommendations		
	2020/21	TOTAL OUTSTANDING
	Number	Number
Not Yet Prioritised	0	0
TOTAL	0	0

LOSSES AND SPECIAL PAYMENTS REPORT

The Committee RECEIVED an update on Losses and Special Payments for the period 1st April 2020 to 31st March 2021 as follows:

	No. of payments/Receipts	No. of cases	£
Clinical Negligence /Personal Injury (Payment)	13	7	£191,773.20
Redress Payments	9	5	£6,570.00
Redress Receipts	1	1	800.00
Other Special Payments	2	2	£535.69

FIRE SAFETY UPDATE

The Committee RECEIVED a VERBAL update from the Chief Executive Officer. A limited assurance Internal Audit report was received in October 2020. The Committee was advised that two issues highlighted by the report remain outstanding: -

1. Review and deployment of the Fire Safety Policy
2. Site Management arrangements

Executives are progressing work on these issues, and a report is being discussed at Executive Committee to confirm the revised approach. A position statement

will be presented to the Committee at its next meeting, once these arrangements have been confirmed.

A follow-up review of this audit is built into the Audit Work Programme for 2021/22.

The Board is asked to note that this work links with the Risk included on the Corporate Risk Register in respect of fire safety.

EXTERNAL AUDIT UPDATE

a. PROGRESS REPORT 2021-22

b. STRUCTURED ASSESSMENT PHASE 1: OPERATIONAL PLANNING

Overall, Audit Wales found 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 Committee RECEIVED and NOTED the External Audit update and Structured Assessment Phase 1 report.

LOCAL COUNTER FRAUD SERVICE, PROGRESS UPDATE

The Committee RECEIVED and NOTED the progress update, including a pro-active exercise in respect of overpayments.

INTERNAL AUDIT PROGRESS REPORT 2021-22

The Committee welcomed the new incoming Head of Internal Audit, Ian Virgil, and Deputy Head of Internal Audit, Jayne Gibbon.

During the first quarter of 21/22, initial work has commenced on delivery of the following audits from the plan:

Audit Review	Objective overview / Outline Scope	Current Position
Access to Systems	To provide assurance to the Audit Committee that a process is in place for ensuring access is managed in an efficient and secure manner and that reflect the needs of the organisation	In Progress
Safeguarding – Midwifery Supervision	A review of the midwifery supervision process following the introduction of a new system. We will consider quality metrics in place and the implementation of learning.	Planning
Post Covid-19 Syndrome	To assess the establishment of the service.	Planning
Estates Assurance – Control of Contractors	To assess the adequacy of management arrangements to ensure compliance with the requirements of Health & Safety Executive guidance.	Planning
Medical Equipment & Devices	To provide assurance on the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems. We will include an	Planning

	assessment of the Welsh Point of Care Test (POCT) system.	
Theatres Utilisation	To provide an opinion on theatre efficiency. We will include a review of financial performance; use of staff resource; patient experience and clinical outcomes.	Planning
Dementia Service	We will consider the effectiveness of the arrangements in place to deliver Dementia Services. To include a focus on the Dementia Home Treatment Service	Planning

Delays in commencing delivery of the current plan, due to the overrun of the 20/21 plan and the transfer of service provision to the new Audit & Assurance team, have resulted in the following audits being postponed from Q1 to Q2:

- Safeguarding – Midwifery Supervision
- Medical Equipment & Devices
- Post Covid-19 Syndrome
- Estates Assurance – Control of Contractors

The Board Secretary has requested that the advisory audit review of Site Management be postponed from Q1 to Q4 due to the on-going review of Executive and Management responsibilities.

The Committee RECEIVED and NOTED the Internal Audit update.

INTERNAL AUDIT REVIEWS, 2020-21:

a. LLANDRINDOD WELLS PROJECT (LIMITED ASSURANCE)

The overall objective of this audit was to evaluate the progression and delivery of the project against the key business case objectives and to assess the adequacy of the systems and controls in place to support its successful delivery. The review sought to provide assurance to the Board that risks material to the system’s objectives were managed appropriately. The previous audit was undertaken during 2017/18 (final report issued April 2018, Reasonable Assurance) and was undertaken shortly after FBC approval with the main works having commenced on site. The current review is the only audit undertaken on the project which assesses the progression and delivery of the works.

Whilst recommendations have been made to improve existing systems of control and / or compliance, generally these areas were positively assessed. However, there were significant time, cost and quality issues (fully attributed by the THB to its external agents) impacting the delivery of the Llandrindod Wells Reconfiguration Project. Accordingly, Limited assurance was therefore determined.

The follow-up review identified five medium- and one low-priority recommendations and the Committee was satisfied with management’s response to address these.

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b. MASS VACCINATION(ADVISORY)

The overall objectives of this review was to assess the adequacy of the processes and systems in place within the health board for the management of the Mass Vaccination Programme in order to provide assurance to the Board that risks material to the achievement of the system’s objectives are managed appropriately.

The Committee was pleased to learn that findings were largely positive and thanks were expressed to all staff involved in the success of the Programme.

AUDIT WALES: ROLLOUT OF THE COVID-19 VACCINATION PROGRAMME IN WALES

The Committee RECEIVED and NOTED the Audit Wales report for information. We report looks at the shape of the programme, how it is performing, the factors that have affected rollout to date, and future challenges and opportunities.

[Rollout of the COVID-19 vaccination programme in Wales | Audit Wales](#)

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 14 September 2021.

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Reporting Committee:	Charitable Funds Committee
Committee Chair	Vivienne Harpwood
Date of meeting:	2 June 2021 / 15 June 2021
Paper prepared by:	Charity Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The confirmed minutes of the previous meeting of the Charitable Funds Committee held on 4 March 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/pthb/charitable-funds-committee).

The Charitable Funds Committee met on 2 June 2021 with an additional meeting also being held on the 15 June. Both Committee meetings were chaired by Vivienne Harpwood.

At the meeting on 2 June, the matters discussed were:

- Applications to General Funds (for Approval)
- COVID-19 Response Fund
- Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)
- Charity Activity & Income Report
- Charitable Funds Financial Summary Report
- Investment Managers Update Report
- Small Grant Scheme Interim Report

At the additional meeting on 15 June, the matters discussed were:

- Health and Care Academy Proposal
-

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Applications to General Funds (for Approval)

The Committee APPROVED the following Bids seeking approval from Charitable Funds:

- Sensory garden for community mental health team - £8,060
- iPad carts for Brecon Hospital - £10,194

An additional proposal for the Health and Care Academy was discussed but the Committee felt there was not enough information to make an informed decision on the proposal. The Committee agreed to stand up an additional meeting to discuss the proposal at a later date (15th June).

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 £8,392.

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 February 2021 and April 2021, which amounted to £14,564.

The Committee RATIFIED the expenditure.

The following Items were presented for Discussion:

- **Charity Activity & Income Report**

The Charity Manager presented the report to the Committee and highlighted key donations in the most recent quarter, including a significant legacy for Welshpool Hospital in addition to the Charity's plans for more digital campaigns in the coming months. The campaigns will focus on celebrating the NHS Birthday, the achievements of the Charity in the past year and increasing awareness of legacies for prospective donors.

The Committee RECEIVED the report.

- **Charitable Funds Financial Summary**

The Committee RECEIVED the Financial Summary Report for the period 1st April 2020 to 31st March 2021. Income over expenditure during this period increased by £65,000 compared to the previous year. This included an increase of £143,000 in the balance of General Funds and a decrease of £78,000 in Legacy Funds.

The following Items were presented for Information:

- **Investment Manager's Update Report**

The Committee RECEIVED the investment report from Brewin Dolphin and NOTED that an income of £77,000 had been received for the financial year and the Charity's investments had increased in value by approximately £430,000 in 15 months.

- **Small Grant Scheme Interim Report**

The Committee RECEIVED the interim report which was an overview of the Small Grants Scheme run in partnership with PAVO.

The following item was presented for decision during the additional Committee meeting held on the 15 June:

- **Health and Care Academy**

The Committee RECEIVED the additional information on the Health & Care Academy Proposal and after discussion APPROVED support for additional state of the art IT equipment and furnishings - £180,000.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

- **Health and Care Academy Funding**

This proposal will see the Charity provide support for additional capital elements for the launch of the Health and Care Academy. The £180,000 of funding will enable the Academy to launch with state-of-the-art IT equipment and furnishings to enhance the project and enable its full ambitions to be a unique offer for those studying in Powys and across Wales. The Health and Care Academy will provide education and training within Powys for Powys. The aim is to expand the number of trained staff members within the county and to build provisions within the workplace. The support for the proposal is a significant step for the

Charity as it showcases its commitment to long-term strategic projects for the wider benefit of Powys. The Committee also discussed the potential for ongoing support for additional learning opportunities linked to the Academy to further strengthen its involvement in the project.

- **Charity Digital Campaigns**

The Charity has been increasing its digital impact over the past three months with the addition of a new full-time staff member and there are a number of new digital campaigns in development. For example, celebrating the NHS Birthday with the NHS Charities Together Big Tea Campaign in July. The PTHB Charity is also celebrating its 25th anniversary in September. Later in the year, the focus will shift to legacies and legacy donations. The aim is to use these campaigns to build up the Charity's engagement on social media and increase awareness of the Charity and its funding and fundraising opportunities for health board staff and the public. Further information on the campaigns will be available through the Charity's social media channels and its newsletter.

- **Charity Investment Manager Update**

In the latest Investment Manager's report to the Charitable Funds Committee it was noted that the Charity received an income of £77,000 during the year 2020-21 and that the book value from the start of investment (approximately 15 months ago), the fund value has increased by £430,000. This is due in part to a fortunate timing of the market as well as good decision making by Brewin Dolphin over the year. The Charity will aim to continue to increase levels of expenditure based on this positive performance. The Committee also 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 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.

NEXT MEETING

23 September 2021



Reporting Committee:	Experience, Quality and Safety Committee
Committee Chair	Melanie Davies
Date of last meeting:	3 June 2021 and 15 July 2021
Paper prepared by:	Committee Secretary

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Committee has met on two occasions since the last Experience Quality and Safety Committee Chair’s Assurance Report was presented to the Board. The Committee met on 3 June and 15 July 2021.

The approved minutes of the meeting of Experience Quality and Safety Committee (EQS) held on 15 April 2021 have been published on the PTHB [website](#).

3 June 2021

The Board is asked to note that the following matters were discussed at EQS on 3 June 2021:

- Clinical Quality Framework, Implementation Plan Update
- Maternity Services Assurance Framework & Improvement Plan
- Approach to Assessing Harm from COVID-19
- Approach to Learning Update
- Serious Incidents and Concerns Report
- Inspections and Regulation Report
- Infection Prevention and Control Report
- Medical Revalidation Progress Report 2019/2020
- Clinical Audit Programme Report
- Safeguarding during COVID-19

The Board is asked to note that the following matters were for information at EQS on 3 June 2021:

- WHSSC Quality & Patient Safety Committee, Meeting held 11 May 2021, Chairs Report

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CLINICAL QUALITY FRAMEWORK, IMPLEMENTATION PLAN UPDATE

The Committee received a report which outlined the implementation plan noting that revised priorities would be presented to the Quality Governance Group in July 2021.

The Committee NOTED and DISCUSSED the report.

SERVICE GROUP, QUALITY GOVERNANCE REPORTING: WOMEN AND CHILDREN'S

The Mental Health Quality Governance Report had been deferred.

The Womens and Children's Governance Report was presented which outlined the revised governance arrangements which had been put in place and explained the reporting mechanisms which operated in this area. The intention was to produce an aggregated report covering all services groups which would highlight importance elements of quality governance from the various groups.

The Committee NOTED and DISCUSSED the report.

MATERNITY SERVICES ASSURANCE FRAMEWORK & IMPROVEMENT PLAN

The Committee received a report which highlighted updates in regard to the Maternity Service Improvement plan, the scheduling of a Powys Maternity and Neonatal Performance Board by Welsh Government, the development of an assurance committee in SaTH and the work underway within the maternity and neonatal workstream in South Powys.

The Committee NOTED and DISCUSSED the report.

APPROACH TO ASSESSING HARM FROM COVID-19

The Medical Director gave an oral report regarding assessing harm from COVID-19 outlining this was a rapidly evolving field with a considerable amount of work being undertaken locally and nationally. Nationally work

07/22/2021 15:30
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is being undertaken on nosocomial harm and harm from delays to treatment. A mini pilot has taken place in PTHB in respect of the orthopaedic waiting list. A more detailed report would be brought to Committee later in the year.

The Committee NOTED and DISCUSSED the report.

APPROACH TO LEARNING UPDATE

The Medical Director presented the report outlining the work that had been undertaken regarding learning and how the characteristics of Powys (small teams spread over a large area) presented challenges and opportunities. The principles, culture, mechanisms, and opportunities for developing shared learning were outlined.

The Committee NOTED and DISCUSSED the report.

SERIOUS INCIDENTS AND CONCERNS REPORT

It was noted that with the change in reporting systems from Datix to Once for Wales which had recently been introduced there would be potentially be a change to the way the data was presented to Committee. It was confirmed that the Putting Things Right Policy had been sent to the Public Services Ombudsman for Wales (PSOW) after approval at Board in May 2021. The performance on responding to complaints within 30 days is improving. Training had been arranged on complaints handling by the PSOW and it was intended to provide this training to a wider group of staff.

The Committee NOTED and DISCUSSED the report.

INSPECTIONS AND REGULATION REPORT

The Committee received a report outlining that Tier 1 Quality Checks had taken place at Clywedog Ward, Llandrindod Hospital where two improvements were required. For one improvement a response would be submitted to Healthcare Inspectorate Wales (HIW) and the other improvement had already been completed. A Quality Check at Felindre Ward, Bronllys had been postponed by HIW and a new date was awaited.

The Committee NOTED and DISCUSSED the report.

INFECTION PREVENTION AND CONTROL REPORT

It was noted that Infection Prevention and Control was the shared responsibility across the organisation. A plan had been developed pre-COVID-19 and many of the actions had been delivered. The team had been strengthened during the pandemic. The IPC Group receive an Environmental Cleanliness dashboard and revised guidance was expected from Welsh Government on cleanliness standards. The Infection Prevention and Control Annual Report was being drafted and would be presented to Committee in due course.

The Committee NOTED and DISCUSSED the report.

MEDICAL REVALIDATION PROGRESS REPORT 2019/2020

The Medical Director presented the report outlining that PTHB was performing similarly or slightly above the rest of Wales although it was expected that the number of referrals would increase in line with national trends. It had been necessary to defer revalidation as it had not been possible to undertake 360-degree feedback although that was a temporary position. It was necessary to appoint a Lay person to the group and whilst the quality of appraisals was good there was a need to undertake Whole Practice Appraisals.

The Committee NOTED and DISCUSSED the report.

CLINICAL AUDIT PROGRAMME REPORT

The Medical Director presented the report outlining that a number of audits had not taken place due to the pandemic but they had been reviewed and risk assessed. Some had been cancelled whilst others had rolled over to 2021/22. The majority of audits that had taken place had good results. Members queried the position with regard to the Falls Audit where it was expected that work would progress over the next few months and requested further detail to be included in the next report of the Director of Primary, Community Care and Mental Health.

The Committee NOTED and DISCUSSED the report.

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SAFEGUARDING DURING COVID

The Director of Nursing and Midwifery presented the report which had been requested by Board. It had been recognised by all agencies and services that wider societal harm had taken place during COVID-19 and the paper set out the Health Boards approach to joint working to tackle this. The next steps to take in response to findings of an Internal Audit were set out.

The Committee NOTED and DISCUSSED the report.

WHSSC QUALITY & PATIENT SAFETY COMMITTEE, MEETING HELD 11 MAY 2021, CHAIRS REPORT

The Committee NOTED the paper.

15 July 2021

The Board is asked to note that the following matters were discussed at EQS on 15 July 2021:

- Service Group, Quality Governance Reporting: Mental Health
- GP Access Standards to include:
 - Performance report
 - GP Access during Covid-19 pandemic: A Report of the Community Health Council
- Mortality Report
- Resuscitation Group Report
- Commissioning Escalation Report
- Putting Things Right, Compensation and Claims Report
- Regulatory Inspections Report
- Clinical Quality Framework, Patient Experience: Revised Priorities
- Medical Devices and Point of Care Testing Report
- Report of the Learning from Experience Group

Action Log

The Committee received the action log and noted the updates were provided within the paper.

SERVICE GROUP, QUALITY GOVERNANCE REPORTING: MENTAL HEALTH

The report outlined the approach within the MHL D Service Group for quality governance which included the use of the Commissioning Assurance Framework (CAF) for Mental Health and Learning Disabilities (MHL D) Service Group. The CAF was monitored outside of MHL D through a monthly meeting chaired by the Head of Commissioning and internally at MHL D Senior Management Team also on a monthly basis. A quality assurance and performance process within the Health Board reflected the progress the Mental Health (Wales) Measure 2010. Future service group reporting would provide analysis on specific indicators including outputs through the CAF.

The Committee NOTED and DISCUSSED the report.

GP ACCESS STANDARDS TO INCLUDE: a) PERFORMANCE REPORT

The report focussed on General Medical Services (GMS) Access which included opening hours, appointment availability and Access Standards achievement for 2020/2021. It included the findings of a Powys Community Health Council (CHC) access report following an access survey in autumn 2020. An Access Forum reviewed and monitored practice performance which was incorporated into to the Primary Care - General Medical Services Commissioning Assurance Framework (CAF) reporting. The CAF would be reported through PTHB groups and committees in the future months once a year end data was available.

During 2020/21, NHS Wales Shared Services Partnership Audit and Assurance Services Internal Audit undertook a review of the Access Standards with the conclusion 'substantial' assurance was in place.

The Committee NOTED and DISCUSSED the report.

MORTALITY REPORT

The report provided an update on the mortality data for the period 1 January 2021 to 30 April 2021 and developments in the mortality review process. It included a summary on deaths of Powys residents occurring in Powys community hospitals and the services commissioned in out of

county District General Hospitals. The findings of the second round of independent reviews of deaths occurring in Powys Community Hospitals were detailed. The paper also provided an update on the Datix Mortality Module and the roll out of the Medical Examiner project.

The Committee NOTED and DISCUSSED the report.

RESUSCITATION GROUP REPORT

The report informed the Committee of the following roles of the Resuscitation Sub-Group:

- Act as a liaison forum for the parties with an interest in supporting good clinical practice to meet and discuss quality and improvement.
- Act as an advisory body to assist the Medical Director in determining policy and practice for the organisation with respect to resuscitation.

The Sub-group met twice per year, under the Chairmanship of the Medical Director, but could be called on to provide advice outside of a meeting if required.

The Committee NOTED and DISCUSSED the report.

COMMISSIONING ESCALATION REPORT

The report highlighted providers in Special Measures or scored as Level 4 and above following the 27 May 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). There were:

- 2 providers with services in Special Measures
- 1 provider at Level 4

In respect of the 2 providers in special measures, the following updates were received:

Shrewsbury and Telford Hospitals NHS Trust (SATH)

Shrewsbury and Telford Hospitals NHS Trust (SATH) is in special measures and is rated as "inadequate" overall. There have been a series of concerning reports following inspections by the Care Quality Commission (CQC) resulting in Section 31 Notices imposing conditions on the regulated activity there. The full reports can be accessed via the CQC website (www.cqc.org.uk).

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Key issues and assurances in the papers for the Trust's Board on 10th June, 2021 are summarised below:

- During April and May there had been a focus on restoring services. A Vanguard theatre is in place for the year to provide additional capacity for elective day surgery. Elective performance is exceeding the national threshold for recovery but long waiting times are expected to continue through 2021/22.
- A&E activity has returned to pre-COVID 19/20 levels. 12-hour breaches are being experienced but are improving.
- The Hospital Standardised Mortality Rate for February 2021 was 111.3. Work is underway to seek assurance in relation to the peer group.

SaTH's Quality and Safety Assurance Committee has alerted its Board to the following matters:

- Delays in implementing IT systems including Badgernet for maternity services and a system for A&E;
- The continuation of non-recurrent posts funded through "COVID monies";
- Provision of information to nurse managers about vacancies and the lack of standardisation of job descriptions;
- The management of incidents on Datix;
- Documentation of clinical assessments, actions and outcomes;
- and complaints response times.

A Secretary of State initiated Independent Review of Maternity Services at the Trust, chaired by Donna Ockenden, is underway. The first report of the Independent Review was published on the 10th December 2020 and presents emerging findings and recommendations from 250 clinical reviews, highlighting significant failings in maternity care at the Trust between 2000 and 2018/19. The "*Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust*" (known as the first "Ockenden Report") recommended 52 actions in total. These include local actions which are specific requirements for SaTH, together with immediate and essential actions for all NHS providers.

Four actions are reported to be off-track. The arrangements for the lead Midwife and lead Obstetrician are only interim at present. Clarification is being sought about a Neonatal Intensive Care recommendation, which appears to differ from national and network requirements. The public Board will receive information about all Maternity Serious Incidents from August, 2021. More traction is needed in relation to public involvement to ensure women can participate equally in decision making.

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SaTH has established a committee to drive forward actions arising from the report. The Ockenden Report Assurance Committee (ORAC) is now meeting monthly in public. PTHB is represented through the Director of Nursing and Midwifery and Powys Community Health Council is also invited.

SaTH remains an escalated matter. The key questions from the PTHB perspective have been:

- whether the Trust has a clear understanding of the issues of concern;
- whether there is a comprehensive plan for improvement with the endorsement of key stakeholders;
- and whether the organisation has the capacity and capability in place to deliver those improvements.

The Executive Committee held a deep dive meeting in relation to SaTH on the 23rd June, 2021, considering progress against the questions above. A separate report setting out next steps is now being prepared including further liaison with the UHB, the Clinical Commissioning Group and the Care Quality Commission.

Cwm Taf University Health Board (CTMUHB)

Experience, Quality and Safety Committee Members received an update in relation to CTMUHB through the Maternity Services Update Report on the 3rd June, 2021. An Independent Maternity Oversight Panel (IMSOP) provides independent oversight arrangements of maternity and neonatal services at CTMUHB. An update about the independent oversight arrangements of maternity and neonatal services at CTMUHB was provided by the Minister for Health and Social Services on the 22nd March 2021.

Whilst there has been neonatal expertise as part of the IMSOP's work in relation to the Clinical Review Programme and within the Quality Assurance Panel, there is now also neonatal expertise within the full Panel. This is timely given that the neonatal reviews are underway and it will be important to ensure that as the learning emerges it is fed into the wider improvement programme.

Alongside this the panel will also begin a deep dive to take stock of the current neonatal service and its improvement plan to provide assurance that services are safe, effective, well led and importantly integrated with the maternity service to provide a seamless service for women and babies. This should help inform improvements CTMUHB is making on their journey to provide exemplar maternity and neonatal services.

In September 2020, the Panel had concluded that the health board had done remarkably well to maintain the focus and momentum of its

Maternity and Neonatal Improvement Programme (MNIP) during the first wave of the COVID-19 pandemic. In the circumstances which have prevailed over the past twelve months and the last six months in particular, the Panel has advised that the current pace of progress is entirely understandable in their view. The Panel has identified the key areas of focus to regain momentum over the coming months and have determined that September 2021 would be an appropriate time to next provide a full report on progress.

A paper is being considered by the PTHB Executive Committee on the 7th July about the proposed way forward in relation to the South Powys Pathways Programme so that an update can be provided to the PTHB Board.

The Committee NOTED and DISCUSSED the report.

PUTTING THINGS RIGHT, COMPENSATION AND CLAIMS REPORT

The report provided an overview of the way Putting Things Right was discharged within the Health Board and compensation claims activity for the period 1 April 2021 to 31 May 2021. The internal review undertaken following the publication of a Special Report by the Public Service Ombudsman for Wales in October 2020, and the accompanying improvement plan were also shared.

The Committee NOTED and DISCUSSED 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 which related to Healthcare Inspectorate Wales (HIW) inspections included the submission of an updated improvement plan relating to a Tier 1 Quality Check report. An unannounced inspection of a Mental Health ward was carried out on 15 June 2021, with no immediate improvements identified. A dashboard overview of the current position was provided, relating to the implementation of actions in response to recommendations from the Health and Social Care Regulators.

The Committee NOTED and DISCUSSED the report.

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**CLINICAL QUALITY FRAMEWORK, PATIENT EXPERIENCE:
REVISED PRIORITIES**

The report articulated service user/ patient experience activity over the past year and current work in progress, which reflected Goal 1 of the Clinical Quality Framework. The paper shared new ways of working that had contributed to positive experiences through the recent pandemic. A focus was on the improvements identified through the Health Board’s Clinical Quality Framework. The paper set out the main priorities for the first quarter of 2021/22.

The Committee NOTED and DISCUSSED the report.

MEDICAL DEVICES AND POINT OF CARE TESTING REPORT

The report provided an update on the current position of Medical Devices and Point of Care Testing Management. It included recent organisational changes, the current structure and the functions of the team and information on key activities, progress and risks associated with Medical Devices and Point of Care Testing (PoCT). Capacity to progress with the PoCT Work Plan and Medical Devices Improvement Plan was challenged by additional unplanned workload.

The Committee NOTED and DISCUSSED the report.

REPORT OF THE LEARNING FROM EXPERIENCE GROUP

The Learning from Experience Group was a new forum established in March 2021. Its purpose was to support the safe and effective delivery of the care given to Powys residents both within the county and at commissioned services. The Group comprised of the Executive Clinical Directors for Medicine, Nursing and Therapies & Health Sciences together with the Chief Pharmacist. The Group met quarterly under the Chairmanship of the Director of Clinical Strategy and Medical Director.

The Committee NOTED and DISCUSSED the report.

NEXT MEETING

The next meeting of EQS will be held on 7 October 2021.

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Reporting Committee:	Performance & Resources Committee
Committee Chair	Mark Taylor
Date of last meeting:	24 June 2021
Paper prepared by:	Head of Risk and Assurance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Committee has met on one occasion since the last Performance & Resources Committee Chair’s Assurance Report was presented to the Board. The Committee met on 24 June 2021.

The approved minutes of the meeting of Performance & Resources Committee (P&R) held on 6 May 2021 have been published on the PTHB [website](#).

The Board is asked to note that the following matters were discussed at P&R on 24 June 2021:

- Performance Overview
 - a) Performance Dashboard
 - b) Commissioning Assurance
- Financial Performance, Month 02
- Overview of Capital Programme
- Overview of Estates Compliance and Associated Risks
- Overview of Support Services Performance and Associated Risks
- Preparedness for Implementation of the Liberty Protection Safeguards
- Dental Services in Powys
- Workforce Key Performance Overview
- Digital First Overview Report

A summary of the key issues discussed at the meeting is provided below.

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Thursday 24 June 2021

PERFORMANCE OVERVIEW

a) PERFORMANCE DASHBOARD

The following updated COVID-19 figures were provided:

The seven-day case incidence rate for the period 29 May to 4 of June was 2.3/100k population. The test positivity rate for the same period was 0.14%. Approximately 2196 tests were performed on Powys residents during the week ending 4 June. A total of 167,648 doses of vaccine had been administered in Powys of which 103,109 were first doses (91.1% of the estimated responsible population) and 64,528 second doses.

Attention was drawn to the planning taking place for the winter influenza vaccination programme. It was noted that commissioner referrals were now higher than pre-COVID-19 levels which together with a large backlog of cases presented a significant challenge.

A brief update on Powys Teaching Health Board's (PTHB) performance, set against the four aims and their measures included a dashboard which showed the levels of compliance against the National Framework. Using that data, performance achievements were highlighted and challenges at a high level, as well as a brief comparison to the All Wales performance benchmark was available. Please note, multiple parts of the report had not been updated since the Board meeting on the 13th of May. This was as a result of normal data flow for performance metrics during this period of the year.

a) COMMISSIONING ASSURANCE

A more detailed paper would be taken to the Experience, Quality and Safety Committee on the quality of services provided by Shrewsbury and Telford Hospitals NHS Trust.

The committee DISCUSSED and NOTED the report.

FINANCIAL PERFORMANCE, MONTH 02

The PTHB 2021/22 Plan was approved by the Board and submitted to Welsh Government on 31 March 2021. The Year to Date over spend at Month 2 was £0.029m. Excluding COVID-19 the areas of overspend which were a concern were the growth in CHC costs and continued rise in variable pay. PTHB continued to forecast a balanced year end position, there were a significant number of risks and opportunities to be effectively managed to ensure this could be delivered.

The committee DISCUSSED and NOTED the report.

OVERVIEW OF CAPITAL PROGRAMME

The paper provided an update on the Discretionary Capital Programme for 2021/2022, with a current status report for major project activity and business cases.

The committee DISCUSSED and NOTED the report.

OVERVIEW OF ESTATES COMPLIANCE AND ASSOCIATED RISKS

The paper detailed a structured approach to assessment and prioritisation of Estates Compliance risk and the challenges around the timelines around demonstrable risk reduction at Corporate Risk Register level.

The aim of Powys Teaching Health Board was to provide a safe and healthy environment as required by the Health and Safety Executive (HSE) guidance (HSG 65 "Managing Health and Safety") and Health Technical Memorandum and Building Notes (HTM/HBN).

Estates Compliance risks could be defined by:

1. Built Environment: 'backlog maintenance' issues. Issues identified by survey inspections, audit and fault reporting, with mitigations included Reactive Helpdesk for immediate risks and investment in project activity for medium to long term rectification.
2. Management Systems and Processes: Issues identified, mitigated by the implementation of robust PPM systems, competent specialist maintenance contracts, etc.

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Mitigating big risks such as the Bro Ddyfi Hospital, Machynlleth roof were a priority.

The committee DISCUSSED and NOTED the report.

OVERVIEW OF SUPPORT SERVICES PERFORMANCE AND ASSOCIATED RISKS

The paper provided a quality-based performance appraisal of key aspects of Support Services performance. Support Services had contributed to improve quality, patient experience and the success of the COVID-19 response. The Welsh Government directed Health Boards achieve environmental health ratings of 5 in hospital catering. All PTHB's community hospitals held a rating of 5 other than Machynlleth Hospital, rated 4.

Investment in laundry facilities was intended to ensure national compliance with NHS Wales hospital laundry standards. PTHB hospital linen was provided through contracts with neighbouring Health Boards.

The Committee DISCUSSED and NOTED the report.

PREPAREDNESS FOR IMPLEMENTATION OF THE LIBERTY PROTECTION SAFEGUARDS

The paper provided an update on the progress of the Liberty Protection Safeguards (LPS), due to replace the Deprivation of Liberty Safeguards (DoLS) on 1 April 2022. The report articulated the planning, unknown factors and therefore risks for the Health Board. It noted that a business case would be presented focusing on compliance with legislation related to Deprivation of Liberty in the period before LPS was enacted and during the 12-month period where DoLs and LPS would co-exist.

The LPS Code of Practice and Welsh Regulations, which would support the implementation of LPS was expected during June 2021. It was essential that the Health Board commenced planning well in advance of April 2022.

The Committee DISCUSSED and NOTED the report.

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DENTAL SERVICES IN POWYS

Dental services across Wales had been particularly affected by the pandemic, there had been opportunity to develop new ways of working and accelerate the learning from contract reform. Maintaining access was a key priority. General Dental Services (GDS) could focus on prevention and need, rather than chasing units of dental activity. That would allow better utilisation of dental care professionals. Attend Anywhere was gaining acceptance. Ventilation, urgent and new patient access had all improved. There remained significant challenges in waiting lists for specialist services and patient expectation.

The Committee DISCUSSED and NOTED the report.

WORKFORCE KEY PERFORMANCE OVERVIEW

The paper provided an update in relation to key workforce performance indicators across the organisation. The report highlighted where the organisation was developing an approach to improve performance via the Workforce Efficiency Group and the Executive Committee. Bank and Agency usage had seen a steady increase over the last 12 months. There had been improvement in PADR completion and a reduction of sickness absence. The rostering benefits realisation framework had been refreshed to enable a renewed focus on clinical demand.

The Committee DISCUSSED and NOTED the report.

DIGITAL FIRST OVERVIEW REPORT

The paper provided a Digital First update and detailed progress within Digital Transformation & Informatics which included Section 33 ICT performance activity to date including delivery against the Health Boards agreed Digital Plan for 2021/22.

PTHB had been successful in securing funding to promote and implement Attend Anywhere across patient facing services. The final rollout of

CareDirector within PTHB's WCCIS was being planned. The Mobile App was being tested for functionality. A development programme was being established to improve the system for Health and Social care. Microsoft O365 licensing was a significant investment therefore it was important to ensure the HB would get value for money and return on investment.

The Committee DISCUSSED and NOTED the report.

NEXT MEETING

The next meeting of P&R will be held on 2 September 2021.

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07/22/2021 16:23:30



AGENDA ITEM: 3.6b

BOARD MEETING		DATE OF MEETING: 28 July 2021	
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Carol Shillabeer, Chief Executive		
Prepared by:	Corporate Governance Manager		
Considered by Executive Committee on:	Not before paper submitted to the Board		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
<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	

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

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

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the two Joint Committees of the PTHB Board:

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held an extraordinary virtual meeting on 13 July 2021. The papers for the meeting are available at: [2021/2022 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#). A copy of the briefing from the meeting on 13 July is attached at **Appendix 1**.

WHSSC also held an In-Confidence Briefing on 13th July to receive and discuss "Cardiac Surgery – Getting It Right First Time Benchmarking Review".

Given the confidential nature of this report, Board Members will receive A summary of this briefing under separate cover.

Emergency Ambulance Services Joint Committee (EASC)

A meeting of the EASC took place on the 11 May 2021. The papers for the meeting will be made available at:

[Meetings and Papers - Emergency Ambulance Services Committee \(nhs.wales\)](#)

A summary of this meeting is attached at **Appendix 2.**

Mid Wales Joint Committee for Health and Social Care

The Mid Wales Joint Committee for Health and Social Care took place on 24 May 2021. A report from that meeting is attached at **Appendix 3.**

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.



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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – JULY 2021

The Welsh Health Specialised Services Committee held its latest public meeting on 13 July 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 11 May 2021 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Chair's Report

Members received the Chair's Report and **noted**:

- Chairs actions taken in relation to:
 - the appointment of Professor Ceri Phillips, Vice Chair of Cardiff and Vale UHB (CVUHB), as an Independent Member of the Joint Committee, with effect from 1 June 2021 for an initial term of two years, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SO's),
 - variation of the Governance and Accountability Framework and that the amended WHSSC SOs and Standing Financial Instructions (SFIs) be taken forward for approval by the seven Health Boards (HBs),
- an update regarding Dr Chris Jones, Vice Chair of the All Wales Independent Patient Funding Panel (IPFR) stepping down,
- an update on attendance at the Welsh Renal Clinical Network (WRCN) meeting 9 June 2021,
- an update on the Integrated Governance Committee (IGC) meeting 8 June 2021,
- Attendance at the Cwm Taf Morgannwg UHB (CTMUHB) Board meeting 9 June 2021 during which the WHSSC Annual Governance

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07/22/2021 16:23:30

Statement 2020-2021 and financial statements were formally approved.

4. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- Children and Adolescent Mental Health Services (CAMHS),
- All Wales Positron Emission Tomography (PET) Programme Business Case,
- Ty Llidiard Escalation Review,
- Status Report on Annual Audit of Accounts 2020-2021

5. Appointment of Vice Chair

Members received a report proposing that a Vice Chair be appointed to WHSSC. Members noted that Ian Phillips, Independent Member, WHSSC, had been an Independent Member with WHSSC for 2 years, and was reappointed for a further two years from 1 April 2021 and has extensive knowledge and experience of the breadth of the work undertaken by WHSSC and the Joint Committee.

Members **approved** the appointment of Ian Phillips as Vice Chair of WHSSC.

6. Appointment of Interim Chair to the Welsh Renal Clinical Network (WRCN)

Members received a report proposing that an Interim Chair is appointed to the Welsh Renal Clinical Network (WRCN) for a 6 month period to support business continuity and to allow sufficient time to prepare for and undertake an open and transparent recruitment process to appoint a substantive Chair.

Members **noted** the important work of the WRCN and that traditionally, the WRCN Chair role had been undertaken by a senior renal clinician, however given the remit of the WRCN working closely with the charitable sector, third party providers and Welsh Government, consideration had been given to developing a person specification to incorporate experience of working with a variety of diverse stakeholders as an essential/desirable requirement and recognising that the role should no longer be reserved to a senior renal clinician.

Members **approved** the appointment of Ian Phillips as the Interim Chair of the Welsh Renal Clinical Network (WRCN) for a period of 6 months.

7. Commissioning of Mesothelioma MDT

Members received a report outlining the case for establishing an all Wales specialist mesothelioma Multi-Disciplinary Team (MDT) commissioned by WHSSC; and proposing that a scheme for an all Wales mesothelioma MDT is included within the Clinical Impact Assessment Group (CIAG) process for the Integrated Commissioning Plan (ICP) for 2022-2023.

Members **noted** the information provided in the report regarding mesothelioma incidence and outcomes for people in Wales, and the potential benefits of an all Wales specialist mesothelioma MDT; **approved** the proposal to transfer the commissioning of specialised mesothelioma services from Health Boards (HBs) to WHSSC; and **supported** the inclusion of a scheme for an all Wales mesothelioma MDT within the CIAG process for the ICP 2022-2023.

8. Audit Wales Report – Committee Governance Arrangements at WHSSC

Members received the Audit Wales report concerning the review into Committee Governance arrangements at WHSSC undertaken between March and June 2020. Members **noted** that as a result of the COVID-19 pandemic, aspects of the review had been paused, and re-commenced in July 2020. Members **noted** that:

- A survey was issued to all HBs and the fieldwork was concluded in October 2020,
- the scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and sub-committee meetings, feedback from questionnaires issued to HB Chief Executive and Chairs and a review of corporate documents.
- The findings were published in May 2021 in the [Audit Wales Committee Governance Arrangements at WHSSC](#) report,
- The report outlined 4 recommendations for WHSSC and the 3 recommendations for Welsh Government

Members **noted** the report and the Lead Auditor thanked the Joint Committee and the Executive team for their involvement in the production of the report.

9. Audit Wales WHSCC Governance Arrangements – Management Response

Members received the Management Response to the Audit Wales report concerning the review into Committee Governance arrangements at WHSSC.

Members **noted** that the report outlined 4 recommendations for WHSSC and the draft management response has been circulated to HB CEO's, Welsh Government and Audit Wales for comment and feedback. Progress against the actions outlined within the management response will be monitored through the Integrated Governance Committee (IGC) on a quarterly basis, and a full progress report will be presented to the Joint Committee 18 January 2022, once the actions related to the Integrated Commissioning Plan (ICP) process and engagement events have been completed.

Members **noted** that the report outlined 3 recommendations for Welsh Government (WG) and the WG management response had been outlined

in a letter from Dr Andrew Goodall, Director General Health & Social Services/ NHS Wales Chief executive to Mr Adrian Crompton, Auditor General for Wales. Progress against the WG management response will be monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief Executive.

Members **noted** the report and the proposed WHSSC management response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, **noted** the Welsh Government response to the Audit Wales recommendations, and noted the proposed arrangements for monitoring progress against the actions outlined in the management responses.

10. Governance & Accountability Framework

Members received a report which provided an update on the WHSSC Governance and Accountability Framework and **noted**:

- the Minister for Health & Social Services had issued updated model standing orders for NHS Bodies in Wales in April 2021, including WHSSC,
- at the last Joint Committee meeting on the 11 May, it was proposed that the revised Governance and Accountability Framework documents, including the Standing Orders (SOs) and Standing Financial Instructions (SFIs), would be approved via Chair's Action outside of the meeting to facilitate expediency,
- on the 21 June, the Chair acting in conjunction with Dr Sian Lewis and Professor Ceri Phillips, Independent Member, took Chair's Action to update the documents and to recommend that the amended SOs and SFIs be taken forward for approval by the seven LHBs for inclusion within their own respective HB SOs,
- Once the updated documents have been approved Chief Executives are required to sign the Memorandum of Agreement (MOA) and the Hosting agreement,
- A report on the updated Governance and Accountability Framework for WHSSC will be presented to the CTMUHB Audit and Risk Committee on the 17 August 2021 to provide assurance in accordance with the hosting agreement.

Members **noted** the report, **noted** the Chair's Action taken on 21 June 2021 to recommend variation to elements of the Governance and Accountability Framework for onward approval by the seven HBs; and **approved** the updated versions of the MOA and Hosting Agreement.

11. Annual Governance Statement 2020-2021

Members received the WHSSC Annual Governance Statement (AGS) 2020-2021 for assurance.

Members **noted** the report.

12. Activity Reports for Months 1 and 2 2021-2022 COVID-19 Period

Members received a report that highlighted the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The report illustrated the decrease during the peak COVID-19 periods, the level of potential harms to specialised services patients and the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability.

Members **noted** the information presented in the reports.

13. Financial Performance Report – Month 2 2021-2022

Members received a paper the purpose of which was to provide the final outturn for the financial year. The financial position reported at Month 2 for WHSSC was a year-end outturn under spend of £3,364k.

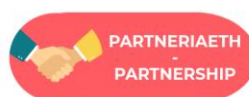
The majority of this under spend relates to the English SLA forecast underspend which reflects the difference between the plan baseline and the agreed blocks for Q1 & Q2, 2020-2021 reserve releases and development slippage. There is a partial offset with the over spend in Mental Health at month 1 that includes high Children and Adolescent Mental Health Services (CAMHS) CAMHS out of area (OOA) activity and an exceptional high cost medium secure patient with the forecast to plan.

Members **noted** the report.

14. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Management Group;
- Quality & Patient Safety Committee; and
- Integrated Governance Committee
- All Wales Individual Patient Funding Request Panel



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07/22/2021 16:23:30



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	11 May 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meetings-and-papers/may-2021/>

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harray (CASC) presented an update on the following areas:

- Ministerial Ambulance Availability Task Force – an evidence gathering session had been planned to capture the latest information on 'handover delays' which would be shared with Committee Members at a future meeting.
- Ambulance performance remained under the target of 65%; Members noted the re-setting and more normal expectations in terms of what was required and the WAST transition plan; this would be discussed in more detail, including plans for improvements to meet the target at the EASC Management Group and reported to the Joint Committee.
- Non-Emergency Patient Transport Services (NEPTS) Stephen Harray thanked the team at Betsi Cadwaladr (BCUHB) for their work in transferring into the service and also recognised the work of the NEPTS Team at WAST in ensuring the progress made to date. Members noted that conversations were taking place with the team at Cwm Taf Morgannwg (CTMUHB) to finalise the date for the transfer as the last health board area.
- Emergency Medical Retrieval and Transfer Service (EMRTS) Members noted that last year no specific capital allocation has been made for the EMRT Service including equipment replacement. This had now been agreed with Welsh Government officials and would be administered through the hosting arrangements at Swansea Bay (SBUHB).

PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- Performance at 60-62% remained below target despite good solid production against the unit hours of production and rosters

- the performance team had been tasked to undertake a deep dive to begin to correct position, but activity had increased significantly
- PPE issues continue to have an impact but aiming to return to normal activity in the next couple of weeks
- Routine activity increasing e.g. last week busier than Christmas week
- 111 Service progressing well – live with BCUHB next month
- Challenges for new call handling and supply meeting and discussing with 111 Programme Board

FOCUS ON – A MODERN AMBULANCE SERVICE

The presentation 'A modernised ambulance service for the future' was received. Jason Killens, Chief Executive of the Welsh Ambulance Services NHS Trust introduced the session and explained the intention was to build on the conversation at the last EASC meeting in terms of modernisation and transformation of ambulance services. In particular, the aim is to change the ambulance service to move from the traditional transport organisation to provide more direct clinical care as a system partner in Wales. The ambition of the offer to the commissioners was in line with the intentions of 'A Healthier Wales' and similar to other high performing ambulance services.

The Chair thanked Jason Killens and Rachel Marsh for the interesting and thought-provoking presentation. Members agreed on the importance of the work and having some time to reflect on the discussions and held with a view to further refinement to take matters forward and provide a clear vision for the future.

FINANCE REPORT

The EASC Finance Report was received. In presenting the report Stuart Davies, the Director of Finance highlighted the following:

- Underspend of £395,000
- Challenges to show in year spend on new initiatives.

Members **RESOLVED** to: **APPROVE** and **NOTE** the report.

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The EASC Governance report was received. Members received the second EASC Annual Report which captured the work undertaken by the Committee in 2020-2021. The EASC Risk Register had one additional risk added namely 'Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which related to its areas of responsibility'. There remained two red risks which related to the failure to achieve the performance targets for red and amber calls.

The EASC Management Group Annual Report and Terms of Reference was received which had been endorsed by the EASC Management Group. Members noted that attendance and more regular membership had been achieved this year.

The discussion on the effectiveness survey had identified further issues for discussion by the EASC Management Group members particularly in relation to how the information and knowledge was shared within individual organisations.

Members also noted that an updated Model Standing Orders had been received following the last EASC Committee meeting. The Members agreed that the Chair and the Committee Secretary review the Standing Orders and take Chair's action to ensure that all health boards receive the EASC Standing Orders as they are included as part of every health board's governance arrangements. The Standing Orders would be submitted for ratification at the next EASC meeting.

Members **RESOLVED** to:

- **APPROVE** the EASC Annual Report and Effectiveness Survey
- **ENDORSE** the EASC Annual Governance Statement for submission to the host body (Cwm Taf Morgannwg University Health Board)
- **APPROVE** the risk register
- **APPROVE** the EASC Management Group Annual Report and Terms of Reference
- **APPROVE** the Chair take Chair's action and work with the Committee Secretary to review and finalise the EASC Model Standing Orders for distribution to health boards.

Key risks and issues/matters of concern and any mitigating actions

- Increasing handover delays
- Red performance not meeting the target - risk register reflected the deterioration in performance
- Decreasing Amber performance - risk register reflected the deterioration in performance

Matters requiring Board level consideration and/or approval

- EASC Model Standing Orders would be shared for inclusion with health board Standing Orders

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	13 July 2021			

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07/22/2021 16:23:30

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – MAY 2021

1. Introduction

The Mid Wales Joint Committee recently met in May 2021 to discuss the on-going work undertaken on planning for 2021/22 and organisational Covid-19 recovery plans. In particular reassurance was sought that these plans were delivering on the Joint Committee's key aims, in particular care closer to home.

This was the Joint Committee's first meeting since September 2020 as subsequent to this there was a second wave of the pandemic which included two lockdowns, and this had caused some disruption to the Joint Committee's meeting schedule. However, irrespective of this the work of the Joint Committee has continued.

2. Mid Wales Priorities and Delivery Plan

Priorities 2020/21

For 2020/21 the Covid-19 pandemic impacted on the delivery of the MWJC's priorities and delivery plan. This was due to the postponement of related services resulting in minimal progress and priority leads/services having to focus their time on responding to the pandemic. However, for some priorities there was a positive impact with delivery expedited, for example, Telemedicine and Digital developments which was a significant part of the Joint Committee's vision for Mid Wales. Those priorities for which there had been a less positive impact would be rolled over to 2021/22.

Priorities 2021/22

Work undertaken on the development of the proposed priorities for 2021/22 has included the following:

- Mid Wales Planning virtual workshop held in November 2020 which was attended by planning representatives of the Joint Committee's health and social care organisations from the Mid Wales area. During this session the priorities and delivery plan for 2020/21 were reviewed together with the key actions from the latest versions of the organisational Covid-19 recovery plans.
- Mid Wales Clinical Advisory Group meetings in March and May 2021 which focused on agreeing the clinical advice for the MWJC's future programme and agreeing a recommended set of clinical priorities for 2021/22.
- Mid Wales Planning and Delivery Executive Group meeting in April 2021 to review the proposed priorities and delivery plan for 2021/22 for recommending to the Joint Committee.

At the Joint Committee meeting in May 2021 it was noted that the priorities for the year would need to be flexible and responsive to the everchanging service recovery elements and the new Ministerial priorities which were due to be announced. This was due to the uncertain nature of the pandemic and the fact that organisational recovery plans were a first draft which required further development. It was also noted that some further work was required to prioritise those which would have a higher impact on the population. The proposed priorities objectives for 2021/22 are detailed on the next page.

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07/22/2021 16:23:30

Priority	Objective(s) 2021/22
Social and Green Solutions for Health	<ul style="list-style-type: none"> Review the impacts and outputs of Social and Green Solutions across Mid Wales. Review the focus and objectives of the Social and Green Solutions priority.
Ophthalmology	<ul style="list-style-type: none"> Review existing Ophthalmology service provision and waiting lists for Mid Wales in order to identify opportunities for a regional approach to recovery plans, ensuring consistent Primary Care support in the Ophthalmology pathway. Recruit to the Mid Wales Ophthalmology leadership role in order to secure leadership for an MDT approach across Mid Wales. Develop innovative solutions to address the continued gaps in Optometry service provision across the South Meirionnydd area.
Community Dental Services	<ul style="list-style-type: none"> Review existing community dental service provision and current waiting lists for Mid Wales and identify opportunities for a regional approach to recovery plans.
Cancer	<ul style="list-style-type: none"> Review current baseline data for waiting times in order to: <ul style="list-style-type: none"> a) Develop solutions for current issues and identify opportunities for increasing provision across Mid Wales community sites together b) Develop a plan for a Mid Wales approach to chemotherapy services in the community.
Digital (Includes WCCIS and Telemedicine)	<ul style="list-style-type: none"> Development of a clinically agreed plan for future digital developments for implementation across Mid Wales. Establishment of a regional Mid Wales strategic commissioning group.
Respiratory	<ul style="list-style-type: none"> Development of the Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services.
Rehabilitation	<ul style="list-style-type: none"> Development of a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of an MDT approach across Mid Wales.
Urology	<ul style="list-style-type: none"> Develop and agree a service model for Urology services at General Hospital with outreach services across Mid Wales. Implement the Urology service model: <ul style="list-style-type: none"> a) Phase 1 - Reintroduction of urology services at Bronglais General Hospital. b) Phase 2 - Establishment of outreach services across the Care Hubs in Mid Wales.
Cross Border Workforce solutions (includes Integrated care hubs Workforce plan for Mid Wales)	<ul style="list-style-type: none"> Develop solutions to establish cross border workforce arrangements across Mid Wales including joint induction and training programmes. Provide continued support to the establishment of a nurse training centre in Aberystwyth which if successful with include placements in a range of rural community settings across Mid Wales.
Clinical Strategy for Hospital Based Care and Treatment (includes Colorectal Surgical Pathway)	<ul style="list-style-type: none"> Develop the implementation plan to support the delivery of the Bronglais General Hospital strategy. Implementation of the year 1 deliverables of the delivery plan for the implementation of the Bronglais General Hospital clinical strategy 'Bronglais General Hospital: Delivering Excellent Rural Acute Care' with the development of regional and cross border solutions

3. Recovery plan for Mid Wales

At its April 2021 meeting the Mid Wales Planning and Delivery Executive Group agreed that there was a need to consider how organisational recovery plans supported the position in Mid Wales. As such the three Health Boards and three Local Authorities the first draft of their reports detailing how their respective organisational recovery plans supported the recovery across Mid Wales including the issues / challenges and plans for addressing these. These reports are a first draft with further work to be undertaken in conjunction with those Mid Wales organisations on the development of their recovery plans to ensure that the needs of the Mid Wales population are taken into consideration.

4. Mid Wales Clinical Advisory Group

The new Medical Director for Powys Teaching Health Board, Dr Kate Wright, assumed the Lead Clinical Executive Director role/Chair of the Mid Wales Clinical Advisory Group in March 2021.

Clinical advice for the Joint Committee's future programme and a recommended set of clinical priorities for 2021/22 in response to Covid-19 and organisational recovery plans has been agreed by the group as follows:

- Ophthalmology
- Cancer and Chemotherapy Outreach
- Urology
- Waiting lists (in particular Trauma & Orthopaedics and General Surgery)
- Utilising facilities in the Community
- Workforce in particular cross border /Joint workforce solutions

The North Powys Wellbeing programme leads on the implementation of a new model of health and care across North Powys to include the development of a Rural Regional Centre and Community Wellbeing Hub in Newtown. This will form part of a Multi-agency campus locating potentially health, social care, housing, education together with links to leisure, police and other partners. This will enable outreach facilities from acute hospitals in order to improve access to health and social care, well-being, prevention and health promotion services and improve services in communities across Mid Wales. The programme was placed on hold in March 2020 in light of the Covid-19 pandemic but was re-started in July 2020. The Programme Business Case had been finalised and submitted to Welsh Government with feedback due to be received by the end of May 2021. For the short term a number of accelerated projects had been supported and delivered through transformation funding. The focus was now on the service design work and supporting the development of the SOP for the multi-agency wellbeing campus.

Clinical networks will now be led by the Mid Wales Clinical Advisory Group rather than being a specific priority. Clinical network workshops to support the North Powys Wellbeing Programme were re-established with sessions held in November 2020 for Medical, Surgical, Paediatrics and Rehabilitation pathways. Key matters discussed at these network sessions included:

- What level of service could be provided at the proposed Newtown site for ENT, General Surgery, Gynaecology, Orthopaedics, Ophthalmology, Respiratory, Cardiology, Diabetes, Neurology, Stroke, Cancer, Chemotherapy and Dermatology.

Patterson, Liz
07/22/2021 16:22:50

- That the feasibility of establishing a level 2 rehabilitation unit in Powys should be explored further.
- There was a need to focus on Diagnostics and Digital for the future.
- That a plan be developed on what the proposed pathways may look like and that this be shared with the clinical networks for their feedback.
- The need to strengthen links between Paediatric teams across Mid Wales for which a further workshop was held in April 2021. At the request of paediatricians, a further workshop is to be arranged to identify solutions to issues relating to the handover between secondary care and primary/community care.

The group noted there was a need to ensure that quality measurements / outcomes were fully considered with strengthened clinical involvement in contracts and commissioning monitoring processes. The Hywel Dda University Health Board Director of Nursing was leading on a piece of work to look at some pathways to ascertain whether the qualitative element was fully understood and whether the right pathways were in place for patients. Progress on this work will be reported back to the group.

The group agreed that there was a need to look at the primary care and community element and interaction with and in between primary care contractors and which needed operational primary care teams to lead on these discussions. Opportunities for enhancing GP recruitment through offering portfolio GP and rotation packages needed to be explored. A joint cluster meeting is to be arranged of South Gwynedd, North Ceredigion and North Powys, to facilitated by the Joint Committee team, in order to start discussions within primary care on GP portfolio and rotation opportunities.

5. Public and Patient Engagement and Involvement

Due to the Covid-19 pandemic the proposed 2020/21 plan for engagement and involvement work was put on hold. However, the Joint Committee's social media sites have been used to continue to share key information with the public during the Covid-19 pandemic with feedback relayed back to relevant personnel and actioned, where necessary.

The Mid Wales Public and Patient Engagement and Involvement Steering Group has continued to meet during 2020/21 to share updates on engagement and involvement work undertaken. Organisations across Mid Wales have separately undertaken some valuable engagement across the region for which the outputs will be reviewed to identify any key emerging themes in relation to service provision across Mid Wales.

For 2021/22 Engagement and Involvement will now be an enabler for all of the Joint Committee's priorities rather than a specific priority which has been the case in previous years. Following feedback from the Mid Wales Planning workshop that the Forum focuses on engagement with young people, a pilot engagement project with the Penglais Youth Council will be undertaken through a questionnaire focused on the Joint Committee's priorities.

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07/22/2021 16:23:30

6. Rural Health and Care Wales

The three Mid Wales Health Boards have confirmed that they will fund Rural Health and Care Wales up until 31st March 2022. As such Jack Evershed has been appointed as Chair for a further 12 months.

The Rural Health and Care Wales Management and Steering Groups have been amalgamated into a Stakeholder Group with its management function residing with the Mid Planning and Delivery Executive Group. The Terms of Reference and governance structure has been revised to reflect these new arrangements.

The Rural Health and Care Wales work programme has been approved for 2021/22, on the proviso that it is subject to change pending finalisation of the Mid Wales Joint Committee priorities for 2021/22. Key areas of work include:

- Development of stronger links with the regional Research, Innovation and Improvement Hubs in North Wales, West Wales and Powys to ensure better alignment of work, collaboration and avoidance of duplication. Regular meetings are being held with representatives from all three hubs, who will be members of the Rural Health and Care Wales Stakeholder Group. Also, meetings have been held with representatives from Betsi Cadwaladr University Health Board to consider the Rural Health and Care Wales work programme and explore options for closer collaboration in future.
- The two-day Rural Health and Care Wales Virtual Annual Conference is due to be held on 9th and 10th November 2021 with work underway on the development of the programme for this event.
- A Delivering Value in Rural Wales Group had been established which includes representation from Betsi Cadwaladr University Health Board, Powys Teaching Health Board, Hywel Dda University Health Board, Mid Wales Joint Committee and Rural Health and Care Wales. The group are developing proposals for the establishment of a Professor in Health Economics post to lead the development of a West Wales Centre for Health Economics. The links with Rural Health and Care Wales, the Joint Committee's research arm, are currently were being worked through.

7. Mid Wales Scrutiny Group

On this occasion a formal meeting of the Mid Wales Scrutiny Group (Ceredigion County Council and Gwynedd Council) was not held following the Joint Committee meeting. However, members of the group were invited to observe the meeting and submit any written feedback or questions they may have regarding the meeting's discussions after the meeting has concluded.

Patterson, Liz
07/22/2021 16:23:30

AGENDA ITEM: 3.7

BOARD MEETING		DATE OF MEETING: 28 July 2021
Subject :	SUMMARY OF PARTNERSHIP BOARD ACTIVITY	
Approved and Presented by:	Carol Shillabeer, Chief Executive	
Prepared by:	Corporate Governance Manager	
Considered by Executive Committee on:	Not before paper submitted to the Board	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

RECOMMENDATION(S):

It is recommended that the Board DISCUSSES and NOTES the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	Discussion	Information
✘	✓	✘

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

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

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

- NWSSP held a meeting on 20 May 2021. The papers for this meeting can be found at: <https://nwssp.nhs.wales/nwssp-governance-and-assurance-arrangements/committee-schedule-and-papers/sspc-papers/sspc-papers-may-2021/>. A copy of the Summary of this meeting is attached at **Appendix A**.
- A further meeting was held on the 22 July 2021. The Chair's Report from that meeting will be brought to the next meeting of Board.

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.

- No meetings of the PSB have taken place since the last Board meeting with the next meeting scheduled on 30 July 2021.

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.

- There have been no meetings of the RPB since last reported to Board.

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.

- There have been no meetings of the JPB since last reported to Board.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

Patterson, Liz
07/22/2021 16:23:33

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	20 May 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Presentation on IP5

The Programme Director provided an update on the facility at Imperial Park, Newport (IP5). The building was originally purchased to provide contingency for a no-deal BREXIT but has proved to be invaluable in responding to the challenges provided by COVID and in developing additional services. The site was formally acquired by NWSSP in March 2019 and the original business case (prior to COVID) envisaged a number of services moving into the facility. Many of these have been achieved (Relocation of the Cwmbran Store and the HCS South East Regional Hub; Temporary Medicines Unit and the development of office space which is now being used by the Medical Examiner Service). Some planned developments have been either delayed or abandoned due to the impact of COVID (Theatre Kitting; WEQAs; Health Incubators and Baby Bundles). A number of services that were never envisaged prior to COVID have now been established in IP5 (Production of PPE Packs for Primary Care; Storage of Lateral Flow Test Kits; Storage of Renal Fluids and Pulse Oximeters; Medical Records Storage; establishment of the Temporary Medicines Unit; Picking of PPE and Diluent Packs for the Vaccination Programme and more recently the collation of support for India). Members were very appreciative of the presentation, and of the efforts of staff at the site, in supporting NHS Wales and the wider public sector over the last 12 months.

Presentation on Primary Care Services

The Director of Primary Care Services provided a presentation on how NWSSP could better support the objectives of the Strategic Programme for Primary Care. Traditionally, NWSSP Primary Care Services has been largely a transaction-based service but recent months and years have seen the development of a number of expert services. Focusing on Cluster development, the Director highlighted a number of recognised issues including governance and IT issues, evaluation of performance, and support for development. He saw a number of opportunities where NWSSP could assist further with Clusters, including governance and

workforce support, data management and Shared Care Interface. NWSSP would be acting on behalf of Health Boards in helping to drive this agenda, rather than looking to replace them, and could utilise standard systems and processes to tailor solutions to local circumstances. SSPC members were appreciative of the presentation and were particularly focused in ensuring that NWSSP made use of the data at its disposal to benefit the wider NHS community.

Managing Director's Report – the main issues noted were:

- **Engagement with the Foundational Economy** One of the key priorities in this year is to build opportunities for strengthening our engagement with the foundational economy in supply chain and procurement. Our Procurement Strategy embraces the Wales First principles nurturing local supply chains and provides opportunities via competitive tendering to promote economic regeneration, by ensuring equal opportunities via local, regional, and national strategies on all contracts for goods and services. By adopting these principles this improves the Welsh economic operators' abilities to access and realise opportunities, which in turn also provides significant environmental benefits by sourcing locally. We are continuing to engage with stakeholders and the market to enable foundational economy outcomes from our procurement processes.
- **HCS – Electrification of Fleet** - Our Health Courier Services recently took delivery of six fully electric vans that are the first in a number that have been ordered and which will be a key component in the implementation of our Decarbonisation Strategy.
- **Annual Plan** - Positive feedback has been received following the submission of the Annual Plan to Welsh Government and we are currently awaiting official feedback.
- **Quality and Safety Committee** - Arrangements have now been finalised with Velindre regarding the establishment of the Quality and Safety Committee which enables us to discharge the (Partnership) Committee's resolution on this matter from last September.
- **TRAMS** - We are in the process of appointing a Director of Pharmacy Technical Services to help manage the Transforming Access to Medicine Service. A revised Programme Board will also be established to drive forward both the OBC and FBC. The role of the SRO is likely to be held jointly between the NWSSP Managing Director and the Chief Pharmacy Officer, Welsh Government.

Items Requiring SSPC Approval

Scheme of Delegation

The Director, Legal & Risk Services presented a paper to request changes to the Scheme of Delegation in respect of the Existing Liabilities Scheme. The paper also covered a request to further extend the COVID expenditure limits to the end of September and to increase the ESR recharge limit from £750k to £1m. The SSPC **ENDORSED** these requests.

Legal & Risk Case Management System

The Director, Legal & Risk Services, presented a paper on the award of a Case Management System. Implementation of this system will deliver a host of benefits for NHS Wales, including enabling more administrative tasks to be undertaken by junior staff, and thereby freeing up the time of senior lawyers, and also providing an easier route for Health Boards to access information on cases relevant to them. The SSPC **NOTED** and **ENDORSED** the contract award.

PPE Strategy

The Director of Finance & Corporate Services introduced this item which included the recent Audit Wales review into the procurement and delivery of PPE which concluded positively, and particularly when compared to the NAO report into the arrangements in England. The task now is to deliver a longer-term strategy for PPE provision. The aim is to have the plan in place with effect from September 2021.

Oracle Finance and Procurement System Upgrade

The Director of Finance & Corporate Services provided a verbal update on progress with the new Oracle upgrade. It was noted that an update on the results of the User testing would be presented at a STRAD meeting later that day and a decision to progress with the update would be made once the results from the user testing had been reviewed.

Annual Governance Statement

The Head of Finance & Business Development presented the final draft Annual Governance Statement which will be formally approved at the end of June Audit Committee. The statement is largely positive, reflecting the challenging year of working in a pandemic, and for which external and internal audit reports have demonstrated that systems and controls have largely been maintained, whilst measures implemented in direct response to the pandemic (e.g. PPE provision and site safety) have been successful. There were no limited or no assurance reports and only a very small number of control weaknesses identified, which had previously been reported to the Committee. There are still a few aspects of the statement which are still in draft. The Committee **ENDORSED** the statement for formal approval at the June Audit Committee.

Service Level Agreements

The Head of Finance & Business Development presented a paper on changes to the SLAs in place between NWSSP and health organisations across Wales for provision of services. The SLAs require formal annual review and approval by the SSPC. It was noted that both Digital Health and Care Wales and Health Education and Improvement Wales became full members of the Partnership Committee with effect from 1 April. The SSPC **APPROVED** the updated SLAs.

Audit Committee Terms of Reference

The Head of Finance & Business Development presented an updated Terms of Reference for the Shared Services Audit Committee which the Committee **APPROVED**.

Finance, Workforce, Programme and Governance Updates

Laundry Services - Three of the current five NHS laundries in Wales transferred over to NWSSP on 1 April 2021 as planned. Work is now on-going to improve the facilities and arrangements for each of these laundries, and to implement the operational SLAs that have previously been agreed at Committee. Further work is being undertaken with Cwm Taf Morgannwg UHB and Hywel Dda UHB to enable the two remaining laundries to be transferred later in the year.

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 and Workforce Report – The final position for 2020/21 was that all financial targets had been met and NWSSP achieved planned surplus of £21K (after a £2m distribution to Health Boards and Trusts), subject to external audit. The total expenditure for Welsh Risk Pool for 2020/21 was £123.8m and the Risk Share agreement was invoked at the IMTP value of £13.8m.

Corporate Risk Register – there remain one red risk on the register, relating to the replacement of the NHAIS system. A new risk has been added following a number of attempted bank account mandate frauds in March, but procedures have been further strengthened to protect against this.

Issues and Complaints 2020/21 Annual Report – The report highlighted a slight drop in the number of complaints and an improvement in response times.

Finance Monitoring Reports – the Committee were provided with the monitoring returns for Months 12 and 1 for information.

Audit Committee Assurance Report – the report relating to the Audit Committee held on 20 April was provided for information.

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

22 July 2021



AGENDA ITEM: 3.8

BOARD MEETING		DATE OF MEETING: 28 JULY 2021
Subject :	SUMMARY OF ACTIVITY OF THE BOARD'S LOCAL PARTNERSHIP FORUM	
Approved and Presented by:	Director of Workforce & OD	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	Not presented at any other meeting	

PURPOSE:		
The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.		
Approval/Ratification/Decision	Discussion	Information
x	✓	x

Patterson, Liz
07/22/2021 16:23:50

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 1 July 2021. A summary of that meeting is attached at **Appendix A**.

NEXT STEPS:

The next update will be presented to the Board on 29 September 2021.

Patterson, Liz
07/22/2021 16:23:50

Reporting Committee:	Local Partnership Forum
Committee Chair	Jane Jones & Carol Shillabeer (Joint Chairs)
Date of last meeting:	1 July 2021
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 1 July 2021 the following matters were discussed:

- Review of Minutes - Matters Arising / Action Log
- Review of Organisational Development Strategic Framework
- Recovery and Renewal Programme update
- Update reports
 - Director of Workforce and OD Report
 - CEO
 - Finance – Month 10 2020/21
 - Workforces
- Work Programme

A summary of key issues discussed on 1 July 2021 is provided below.

Matters Arising / Action Log

The following actions were discussed at the LPF:

The outcome of the Business Case application for Welsh Government support for the carpark at Brecon Hospital was still awaited.

The provision of training in carbon literacy had been offered but had received poor take up. Amendments to the training would be investigated in an attempt to make it more attractive.

The Chief Executive had booked a date to visit Llandrindod Hospital.

Lessons had been learnt regarding co-ordination of surveys to avoid survey fatigue.

REVIEW OF ORGANISATIONAL DEVELOPMENT STRATEGIC FRAMEWORK

The Director of Workforce and OD gave a presentation on the review of the OD Strategic Framework which had been agreed in 2019. The implementation of the framework had been impacted by the pandemic but by refreshing the framework there was an opportunity to consider what parts of the framework remained relevant and what needed amending. The following four areas were discussed:

- Structure
- People
- Processes
- Culture

With the suggestion that a review of what has worked and what hasn't takes place and is included in the cover paper when this item is taken to Board.

Clarity regarding consistent implementation of processes was discussed and a review suggested.

A request was put forward that a review of the implementation of the national Respect and Resolution Policy was accepted and this would be included on the work programme.

RECOVERY AND RENEWAL PROGRAMME UPDATE

The Director of Planning and Performance updated the LPF on the recovery and renewal programme which had previously been agreed at Board.

It was confirmed that different staffing models were under consideration covering areas such as life coaches, expert patients and peer support.

Access to rapid diagnostic centres was variable as different areas were at different stages of introducing the service but it was an area of priority.

Information Items

LPF received updates for information on:

1. Director of Workforce and OD report
2. Chief Executives Report (oral)
3. Financial Performance Year End 2020/21 (oral)
4. Workforce Analysis Report

NEXT MEETING

The next meeting of LPF will be held on 16 September 2021

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