

PTHB Board Meeting

22 October 2020, 10:00 to 11:30
Microsoft Teams

Agenda


1. PRELIMINARY MATTERS

 Board_Agenda_22Oct2020_Final.pdf (2 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. Minutes of previous meeting of 30th September for approval

 Board_Item_1.3_2020-09-30 PTHB Board Minutes
unconfirmed v3.pdf (21 pages)


1.4. Matters arising from the minutes of previous meeting

1.5. Board Action Log


 Board_Item_1.5_PTHB_Action_Log_Oct20 v2.pdf (1 pages)

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Winter Protection Plan (October 2020 - March 2021)


 Board_Item_2.1_Q3Q4 Plan_Board Cover
Paper_FINAL.pdf (9 pages)

 Board_Item_2.1a_Q3Q4
Plan_FINAL_19102020.pdf (112 pages)


 Board_Item_2.1b_Q3 Q4 Plan_Schedule of
Requirements_FINAL.pdf (6 pages)


2.2. North Powys Well-being Programme: Programme Business Case

 Board_Item_2.2_NPWP PBC 201022 v3.pdf (7 pages)

 Board_Item_2.2a_200930 - North Powys Prog Bus
Case - Final Draft v1.pdf (126 pages)

2.3. Llandrindod Hospital, Phase 2: Programme Business Case

 Board_Item_2.3_Llandrindod PBC Board Paper 22
Oct 2020.pdf (7 pages)

 Board_Item_2.3a_20200930 Llandrindod Wells -
PBC Draft 5.pdf (89 pages)

3. OTHER MATTERS

3.1. Any other urgent business

3.2. Close

3.3. Date of next meeting:

25th November 2020, 10.00am Live Event, Microsoft Teams

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10/19/2020 16:14:43



AGENDA

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
10.00am	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes of Previous Meeting: 30 th September 2020 (for approval)	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Board Action Log	Attached	Chair
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.15am	2.1	Winter Protection Plan (October 2020 – March 2021)	Attached	Director of Planning and Performance
	2.2	North Powys Well-being Programme: Programme Business Case	Attached	Director of Planning and Performance
	2.3	Llandrindod Wells War Memorial Hospital, Phase 2: Programme Business Case	Attached	Director of Planning and Performance
4: OTHER MATTERS				
12.50pm	4.1	Any Other Urgent Business	Oral	Chair
1.00pm	4.2	Close		
	4.3	Date of the Next Meeting: ▪ 25 th November 2020, 10.00am, Live Event, Microsoft Teams		

Key:

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

MESSAGE TO THE PUBLIC:

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

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON MONDAY 30th SEPTEMBER 2020, AT 10.00AM

VIA TEAMS

Present

Vivienne Harpwood
Carol Shillabeer
Melanie Davies
Trish Buchan
Susan Newport
Ian Phillips
Mark Taylor
Frances Gerrard
Tony Thomas
Julie Rowles
Jamie Marchant

Hayley Thomas
Paul Buss
Claire Madsen
Alison Davies
Pete Hopgood

Independent Member (Chair)
Chief Executive
Independent Member (Vice-Chair)
Independent Member (Third Sector Voluntary)
Independent Member (TUC)
Independent Member (ICT)
Independent Member (Capital & Estates)
Independent Member (University)
Independent Member (Finance)
Director of Workforce, OD & Support Services
Deputy Chief Executive and Director of
Primary, Community Care and Mental Health
Director of Planning & Performance
Interim Medical Director
Director of Therapies & Health Sciences
Director of Nursing & Midwifery
Director of Finance and IT

In Attendance

Rani Mallison
Adrian Osborne

Clare Lines

Katie Blackburn
Elaine Matthews
Rebecca Collier
Liz Patterson
Caroline Evans
Josh Thomas
Kara Price

Board Secretary
Assistant Director (Engagement and
Communications)
Assistant Director (Commissioning
Development)
CHC
Wales Audit Office
Health Inspectorate Wales
Corporate Governance Manager
Head of Risk and Assurance
IT Network Support Officer
Digital Transformation Project Manager

Apologies for absence

Matthew Dorrance

Stuart Bourne

Independent Member (Local Authority)

Director of Public Health

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/20/55

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/20/56

DECLARATIONS OF INTEREST

No new declarations of interest were made.

PTHB/20/57

MINUTES OF MEETING HELD ON 29 JULY 2020

The minutes of the meeting held on 29 July 2020 were received and AGREED as being a true and accurate record subject to the following amendments:

PTHB/20/39, para 4 should read:

'There are approximately 47 pathways....'

Item PTHB/20/49, para 1 should read:

'...the suspension of *visiting* activities'

'...yet to hold meetings *in public* but this was planned'

A summary of the In-Committee meeting held on 29th July 2020 was received.

PTHB/20/58

MATTERS ARISING

There were no matters arising from the minutes.

PTHB/20/59	<p>BOARD ACTION LOG</p> <p>There were no outstanding items on the Action Log.</p>
PTHB/20/60	<p>UPDATE FROM THE:</p> <p>a) Chair</p> <p>The Chair confirmed that the Board were committed to openness and transparency but the pandemic had meant it was not possible to hold meetings in person and virtual meetings had instead been held. The Board had moved to livestreaming the meetings which improved inclusivity as it enabled proceedings to be watched remotely and the recording could be watched at the viewers convenience.</p> <p>Governance arrangements were being kept under review during this extremely busy period and the Chair thanked staff and partners who were all acting together in the best interests of the people of Powys.</p> <p>The Board at present had two Independent Member vacancies and it was anticipated these would be advertised in October 2020. Thanks were extended to Owen James who had served as an Independent Member for a number of years with commitment to the people of Powys.</p> <p>b) Vice-Chair</p> <p>The Vice-Chair drew attention to the range of partnership work that was being undertaken and how well this was working in Powys including the Joint Partnership Board, Startwell and the Regional Partnership Board.</p> <p>The Vice-Chair had attended the Brecon and Radnor CHC meeting where a lot of concern had been expressed regarding the work that was taking place around arrangements in South Wales.</p> <p>An annual self-assessment had been undertaken with the Wales Health Specialised Service Committee which included discussion with all Chairs of Experience and Quality and Safety Committees across Wales.</p> <p>c) Chief Executive</p> <p>The Chief Executive presented a report (contained within the agenda pack) and drew attention to the work ongoing to plan for provision of services during the pandemic, with a focus on winter planning.</p>

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	<p>The number of Covid-19 cases continued to rise and fall within the county but had remained at a lower level than would require a local lockdown, although this could change. There had been challenges around testing but two weeks ago the highest level of testing during the pandemic was reached. Testing was a critical part of the process of preventing the spread of covid-19 and positivity remained low, an important indicator to ascertain if sufficient people were being tested.</p> <p>The organisation was working well with Powys County Council on the tracing element of the programme with high levels of contact made which gave confidence that this part of the programme was working well. Resourcing for this service was being considered to ensure there were enough staff to cover any further increases in demand.</p> <p>Planning was taking place for delivery of mass vaccination when a vaccine became available.</p> <p>After the last Board meeting an In-Confidence Board had been held to discuss the Shrewsbury and Telford Hospitals NHS Trust. This Trust provide a significant amount of care to North Powys residents and the Board were fully aware of the difficulties in Shrewsbury and Telford which were outlined in Care Quality Commission (CQC) reports. The organisation was working closely with key stakeholders including Clinical Commissioning Groups, the CQC and NHS England and NHS Improvement, and were pleased to see an Improvement Alliance had been formed between the University Hospital Birmingham and Shrewsbury and Telford Hospitals. A risk balanced plan is being introduced in Powys to ensure all that can be done is being done as a commissioner and provider of care for the people of North Powys.</p> <p>A summary had been provided against the key strategic priorities agreed at the last Board.</p> <p><i>The management of specific outbreaks outlined in the report should be commended. Was it intended to use the enhanced vaccination plans for a covid-19 vaccination for this seasons flu vaccination?</i></p> <p>The organisation was in the flu vaccination campaign season and evidence for elsewhere (Australia) indicated uptake may be high. It was complicated by the widening of categories of people eligible for flu vaccination. The organisation was working with general practices to ascertain what could be done in relation to the core</p>
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	<p>programme and the enhanced programme and it was expected that a hybrid model would be developed. It would be necessary to be clear with the public what would be a complex position.</p> <p><i>What were the timelines for the University of Birmingham being brought in as Improvement partners with Shrewsbury and Telford Hospitals NHS Trust?</i></p> <p>The announcement of the new Improvement Alliance was made in the same week that the CQC Report was published. Thus, it was an intervention in relation to the CQC findings.</p>
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB/20/61	<p>Annual Reports, 2019-20:</p> <p>a) PTHB Annual Performance Report - Ratification of Chair's Action</p> <p>The Chief Executive presented the report drawing attention to the AGM which would take place on 22nd October 2020. In contrast to previous years where partners and stakeholders came together this would be a virtual AGM which would be live streamed and details for participation would be made available on the website.</p> <p>The report contained a Chair's Action which took place on 25th August 2020 due to a requirement for submission by the end of August. This would require ratification.</p> <p>To summarise, 2019-20 was a good year for PTHB with an approved Integrated Medium-Term Plan (IMTP) and good progress made against it in areas including:</p> <ul style="list-style-type: none"> • Well-being • Early help and support, especially in Primary Care Clusters • Tackling the Big Four including respiratory care which has had an impact since the pandemic) <p>The report was received and the Chair's Action was RATIFIED.</p> <p>b) PTHB Annual Quality Statement</p> <p>The Director of Nursing and Midwifery presented the report outlining how the Annual Quality Statement (AQS) fitted into the annual reporting process and had been developed in accordance with the Welsh Health Circular related to this</p>

	<p>matter. The formal outcome of the annual Internal Audit undertaken by Shared Services is awaited. The way in which the AQS has been developed this year had been affected by the emergence of the covid-19 pandemic. With the Board's approval, the AQS will be published in Welsh and English.</p> <p><i>The report was commended particularly in respect of infection prevention and control and the nutrition and hydration strategy where good progress has been made. It would be important to look at Goal 1 to ensure focus is given to areas of greatest risk.</i></p> <p>The report was APPROVED for publication</p> <p>c) PTHB Welsh Language Annual Report The Director of Therapies and Health Sciences presented the report, the first since the requirements outlined in May 2019. The report was required to follow a specific template and outlined the progress made on the 121 standards during 2019/20 and the work that was yet to be done.</p> <p>The PTHB Welsh Language Annual Report was NOTED and RATIFIED.</p>
PTHB/20/62	<p>Capital Planning and Business Cases:</p> <p>a) Innovative Environments Overview The Director of Planning and Performance presented the report outlining how the pandemic had required much refocussing of work in this area. The paper summarised the interim position in respect of capital proposals which would be coming through Board over the next few months. Further work would be undertaken in respect of the longer-term position and this report would be brought to Board for approval later in the year.</p> <p><i>This is a really useful holding paper giving an indication of work over the next two years. Could a definitive timescale be included under next steps and a commitment to deliver the framework during 2020/21?</i></p> <p>The Chief Executive agreed that it would be good to get the longer-term framework, however, at the moment the organisation was being hopeful about the items that can be committed to in 2021/22. It would be necessary to review the position at the end of this calendar year. It was</p>

<p>Patterson, Liz 10/19/2020 16:14:42</p>	<p>expected Welsh Government will require an annual report in 2021/22 rather than an IMTP.</p> <p>The Director of Planning advised that work had started on this but it had been necessary to reprioritise the work of the team. This was again under consideration and a report could be provided to Performance and Resources Committee should this be requested.</p> <p><i>Looking at table on page 9 of the report which showed that PTHB are in a very different place to the rest of Wales in terms of estates, the amount of pre-1948 buildings and associated maintenance. What confidence was there that Welsh Government would continue to provide funding to support necessary improvements?</i></p> <p>PTHB had worked closely with Welsh Government in recent years and they have continued to support a number of PTHB developments. This was tied to the strategy of Health and Care in Powys with a shift of focus to wellbeing and prevention. PTHB seek to attract capital funding including primary care pipeline funding and are confident that compelling cases for investment can be made to Welsh Government but it should be noted there are significant pressures on the all Wales capital position and any proposals put forward will be subject to scrutiny and prioritisation from an all Wales perspective.</p> <p><i>The Annual Report references anti-ligature work in mental health facilities. Will this work be undertaken in the year ahead?</i></p> <p>The Director of Planning and Performance confirmed that the anti-ligature works had already been prioritised for approval and active discussions are taking place with Welsh Government to secure funding for this work.</p> <p>The report was NOTED.</p> <p>b) Bro Ddyfi Community Hospital – Full Business Case The Director of Planning and Performance presented the report for Board approval of the updated Full Business Case. This had been necessary due to a need to engage a new supply chain partner. Close working had been undertaken with Wilmott Dixon and improvements had been made around design and learning from the pandemic had been included. All the necessary planning approvals had been secured, the highways work had been approved</p>
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along with the Section 278 agreement and Heads of Term with the Housing Association regarding the necessary works to the junction. The investment would also deal with significant and high-risk areas of non-compliance and maintenance backlog to the value of £4.269million. The proposals had also received a good BREEAM assessment in relation to the environmental and sustainability aspect of the refurbishment. The project had been identified as a priority for funding from the Primary Care pipeline funding and it was hoped that a decision would be made by Welsh Government by January 2021. The overall programme was 77 weeks with a revised value of £14.923million.

With the expansion in intended use of the site and the increase in digital working since the onset of the pandemic will sufficient bandwidth be made available for the renovated site?

The Director of Planning and Performance confirmed as part of learning from the pandemic digital requirements have been checked to ensure that they are appropriate to support the new ways of digital working.

If this project receives funding from Welsh Government when will contractors start work?

The mobilisation period is 4-6 weeks.

The Board APPROVED the Full Business Case for Bro Ddyfi Community Hospital together with a Project Bank Account as required by Welsh Government for projects costing over £2million.

c) Mechanical Ventilation - Ratification of Chair's Action

The Director of Planning and Performance presented the report to ratify a Chair's Action taken on 25 August 2020 in relation to a spend of £630k to support installation of ventilation systems at Brecon, Llandrindod and Welshpool hospitals.

Was ratification of the Chair's Action in relation to the First Phase funding of £640k or the full funding of £970K.

It was confirmed that the proposal was to ratify the Chair's Action in relation to £640k and a further decision would be

	<p>needed in respect of the second phase of ventilation funding.</p> <p>The Chair's Action relating to the First Phase of Funding for Mechanical Ventilation for a sum of £640k was RATIFIED.</p>
ITEMS FOR DISCUSSION	
PTHB/20/63	<p>Winter Planning Requirements</p> <p>The Director of Planning and Performance gave a presentation on the Quarter 3/4 Operational Plan (available within the recorded meeting on the PTHB website).</p> <p>The plan would be considered by the Strategy and Planning Committee on 6th October and would be presented to Board on 22nd October to ensure full Board oversight and approval of the document.</p> <p>The Chief Executive noted that the Welsh Government Winter Protection Plan which had been published two weeks previously was an umbrella plan with a number of plans sitting below this. PTHB had been in discussion with colleagues in Powys County Council and the RPB who all agreed that the separate organisations needed to have their plans aligned. It was likely that the health board would be required to submit an annual plan for 2021 and it would be necessary to consider the long-term impacts of the pandemic including how it had impacted on children and young people and mental health. Attention was drawn to essential and routine services and the intention to provide as much as possible. There would be a medium-term challenge in respect of dealing with a backlog of activity.</p> <p><i>The presentation outlined the provision of mass testing with support from the military and the support provided by the military was recognised. There have been issues reported in the media regarding the efficacy of the independent contractors for mass testing. What has been the experience in Powys following the transition from military to contractors to support mass testing?</i></p> <p>The Director of Planning and Performance acknowledged there had been problems with mass testing and the organisation had been working alongside Public Health Wales to resolve these issues.</p>

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	<p>The Chief Executive advised that the core of the issues had been well aired in the media. The capacity of the Lighthouse Labs has been found to be challenged. It was the intention of PTHB to continue to use the Lighthouse Labs as reassurance has been given that the issues are being dealt with, however, Welsh laboratory capacity was also being used and the organisation was rapidly exploring the potential of having local laboratory capability. This would not be for mass testing but would be used for point of care testing which would provide flexibility. The organisation had been able to respond to requests for tests but some of the experience of people within the community has not been as intended.</p> <p><i>Are there plans for the military to be involved in the PTHB mass vaccination programme?</i></p> <p>The Chief Executive advised that a range of options were under development for mass vaccination. The military were still working with the organisation sharing their expertise in logistics, planning and emergency situations which has been most helpful. Discussions were taking place with primary care and direct delivery but it is recognised it may be necessary to partner with the military or others to enable such a large vaccination programme to take place. Further detail would be included in the plan as it is developed.</p> <p><i>One of the requirements included is zero tolerance to Delayed Transfers of Care (DToC). To what extent is this reasonable given the experience of the last six months?</i></p> <p>The Director of Primary, Community Care and Mental Health advised that the reporting mechanisms had been altered for DToCs nationally and there was now a key focus on flow which is tracked locally on a daily basis. Overall flow had been expedient on a daily basis from all DGHs and it is intended that this should continue. Delays could take place for health or social care reasons and it was important that the patient was transferred to the right place for that individual. The focus here was on discharge to recover and assess as it was recognised that hospital was not always the best place for this to take place. The zero tolerance of DToC was a good intention and the ambition was to honour this.</p>
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	<p><i>On the last page of the presentation should 'transforming in partnership' and 'primary care' be noted as aligned?</i></p> <p>The Director of Planning and Performance confirmed that this aligned.</p> <p>The Winter Planning requirements presentation was NOTED.</p>
PTHB/20/64	<p>Report of the South Powys Pathways Programme</p> <p>The Director of Planning and Performance presented an update on the South Powys Pathways Programme (attached to the agenda) noting that the organisation was responding to this programme in a compressed timeframe as a result of the intended early opening of The Grange hospital as part of Aneurin Bevan's winter protection planning. PTHB are implementing the recommendations contained in the South Wales programme. Within this programme Neville Hall was identified as a strategically important hospital because it was the nearest DGH with an emergency department for the majority of the south Powys population. It was expected that emergency flows will shift to Prince Charles hospital. The Programme Board were working closely with Cwm Taf UHB, Aneurin Bevan UHB and WAST to understand the whole system. In addition, bilateral discussions were taking place with Cwm Taf to ensure a smooth transition and that PTHB do all that can be done to facilitate flow to and from Powys, ensuring that all the services that are provided locally are fully utilised including Brecon Minor Injuries Unit. Significant work had also been undertaken planning communications to enable the public to understand the changes that would take place. The CHC have assisted in developing this plan and have offered local insights. This was a key strategic priority as agreed at the last Board. Close partnership working would be essential to support Aneurin Bevan in the early opening of The Grange ahead of what was likely to be a very challenging winter period.</p> <p>The Chief Executive noted this was a challenging position in respect of the speed in which it has been necessary to proceed. The second Covid-19 surge was here with projections shared widely in the media and it was</p>

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	<p>necessary to do all that was possible to ensure that the organisation was well prepared. Ordinarily winter was a difficult period but across Wales an extra 5,000 beds had been made available by way of surge capacity. The South Powys Programme would be further considered in Strategy and Planning Committee and Board for assurance that PTHB has done all it can to prepare for the changes and the close working that has taken place with the CHC in this regard was recognised.</p> <p>The representative of the CHC advised there had been a challenging meeting in August between the Radnorshire and Brecknockshire CHC and the Health Board which provided an opportunity for Members to air their concerns namely clarity on the pathways, communication and the pressure on the timescales due to early opening. Since then positive discussions had taken place with weekly meetings, a commitment to a lessons learnt session at a later date and thanks were offered to PTHB for their use of the CHC for check and challenge purposes.</p> <p>The South Wales Programme update was NOTED.</p>
PTHB/20/65	<p>European Union Transition Planning Update</p> <p>The Chief Executive presented the update (attached to the agenda) which was RECEIVED.</p>
PTHB/20/66	<p>Nurse Staffing Levels (Wales) Act 2016</p> <p>The Director of Nursing and Midwifery presented the report (attached to the agenda) outlining how this applied to services the organisation provides, services commissioned from Welsh providers, services commissioned from English providers and an indication of how it was intended to extend the remit of the Nurse Staffing Levels Act. The Act was passed in 2016 with annual reporting requirements the date of which was extended this year due to the pandemic. Arrangements within Wales were such that assurance could be gained that other Health Board in Wales were striving to comply with the Nurse Staffing Levels Act. Welsh legislation does not apply in England but nurse staffing was set out in a policy context and was subject to scrutiny by the Care Quality Commission (CQC). As part of internal</p>

	<p>quality assurance process a variety of reports were used to help inform the position regarding staffing in English providers commissioned by Powys teaching Health Board. Attention was drawn to the position of nurse staffing at Shrewsbury and Telford NHS Trust and the actions taken to address the situation. As a provider and subject to Welsh legislation, PTHB have a number of arrangements in place to assist in compliance with the Nurse Staffing Levels Act as reported.</p> <p><i>Could the report contain more objective data regarding our own provision?</i></p> <p>This could be built into the report going forward.</p> <p><i>Is it the aim to always have two registered nurses on duty to ensure best practice?</i></p> <p>We would use professional judgement to identify the levels of registrants and health care support workers needed in any clinical setting, this largely equated to two registrants in community hospital wards in Powys. Part of planning for the future is to look at new models of care predicted on providing safe and effective nursing care. There is a significant challenge in registrant availability in Powys, across Wales and the UK and professional judgement is one of the most important factors in deciding appropriate levels of nurse staffing.</p> <p><i>The Experience Quality and Safety Committee had closely monitored the implementation of this Act and the proposed extensions were welcomed. What was the mechanism for the Board to remain sighted on this?</i></p> <p>The newly formed internal group will report through the Quality Governance Group to the Experience, Quality and Safety Committee for scrutiny and oversight.</p> <p>The report was RECEIVED and NOTED.</p>
PTHB/20/67	<p>Performance Reporting:</p> <p>a) Quarter 2 Operational Plan</p> <p>The Director of Planning and Performance presented the report (attached to the agenda), and a high-level narrative summary. During this period the language was changed from Test, Trace and Protect to Prevention and Response Plan. Significant work had also taken place in respect of</p>

	<p>planning for mass vaccination and thanks were expressed to all partners involved in this planning.</p> <p>The Quarter Two Operational Plan was RECEIVED.</p> <p>b) Performance Overview</p> <p>The Director of Planning and Performance presented the report (attached to the agenda) which provided an overview to Month 5 (August). The report summarised the covid-19 position in respect of testing and outlined how since the start of the pandemic sadly 100 Powys residents had passed away. The 7-day incidence rate was tracked and these results in Powys are increasing with a figure of 19.6/100,000. It was important that people work together to reinforce all the measures in place as individuals and organisations to reduce the spread of the virus in the community. 2,000 tests were performed on Powys residents to the week ending 18th September 2020 and testing performance was tracked on a daily basis. A strong contact tracing service was in place with Powys County Council as partners and the capacity of this service was being reviewed to ensure the performance of this service can be maintained as the number of positive cases to be traced increased.</p> <p>Attention was drawn to the significant work required to deliver the winter flu vaccination programme and the backlog of people waiting for treatment was now significant both as a provider and commissioner of services, despite the significant work undertaken to maximise the number of patients that could be seen. An error is contained within the report on page 12 regarding the Referral to Treatment Times sourced from NWIS regarding the accuracy of information relating to Robert Jones and Agnes Hunt which is inaccurately recorded as zero patients waiting over 52 weeks for treatment. Work is being undertaken to correct this and will be reported to Performance and Resources Committee. From local information it is understood there are 34 patients waiting over 52 weeks. This issue has been escalated to NWIS for investigation.</p> <p>The Chief Executive outlined the steps that are being taken to reduce the risk of harm during this period. Clinicians were reviewing lists to see who most urgently needed an</p>
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	<p>appointment (risk stratification), there were an increasing number of digital consultations which whilst not appropriate for everyone, feedback has generally been positive. As a provider the organisation is working hard to see as many people as possible during the current infection control requirements. A recent update indicated that the organisation was beginning to reduce the backlog but this would be an uphill climb for Powys, Wales and the UK.</p> <p><i>The report outlined a positivity rate of 6.8/100,00 on the 19th September but the presentation mentioned a rate of 19.6/100,000 as of today.</i></p> <p>This changed on a daily basis as it was a seven-day rolling figure. The figure was increasing so it was essential to maintain social distancing and other infection control measures to avoid any additional lockdown.</p> <p><i>Will this be communicated to inform the local population of the current position?</i></p> <p>An incident meeting has been arranged with the input of Communications and Engagement to plan for reinforced messaging if the incidence rate rises above 20/100,000. The Director of Workforce noted the effort of staff during this difficult period and the focus of the organisation on supporting staff to stay well. This approach was borne out by the figures contained within the report.</p> <p>The Performance Review was RECEIVED.</p>
PTHB/20/68	<p>Financial Performance Report, Month 05, 2020-21</p> <p>The Director of Finance presented the report (attached to the agenda) and drew attention to the £270k overspend recorded at month 5 but noted that the forecast remained to breakeven. This assumption was based on the full funding of direct and indirect costs of covid-19 both to date and to year end. Year to date capital expenditure totalled £573k against an allocation of £2,200k. The Public Sector Payment Policy target of 95% was not met recording a figure of 87.8%.</p> <p>A capital spend on the Covid-19 response of £1.9million was forecast with an indication that this would be fully funded by Welsh Government.</p>

	<p>The blended forecast for covid-19 expenditure included direct costs (such as surge capacity, test, trace and protect arrangements and mass vaccination) and indirect costs (such as block contracts and non-delivery of savings). To date this had totalled £5.9million with the year end to be forecast between £14.9 and £23.1million depending on the level of surge capacity and test, trace and protect services required.</p> <p>The Q3/4 Operating Framework outlined that confirmation from Welsh Government had been provided that areas including mass vaccination, test, trace and protect and PPE would receive ring fenced funding whilst areas such as surge capacity, block contracts and the inability to deliver planned savings would be met from discretionary funding which to date has been confirmed as £15.5million.</p> <p><i>In light of the position regarding covid-19, an upcoming recession and Brexit, funding from Westminster will be under pressure. Are Welsh Government guaranteeing that covid-19 expenditure will be met, bearing in mind the pressures in London?</i></p> <p>Confirmation had been received that £15.5million would be provided and was included in the operating framework for Q3/4 together with nationally ringfenced funding in relation to Test, Trace and Protect, PPE and mass vaccination. Going forward there would be uncertainty and consideration was being given to how this would be approached and how this would impact on future planning.</p> <p><i>This appeared to be relatively good news in relation to the non-ringfenced element which fell within projected figures. In relation to the nationally ringfenced figure would our expenditure be covered?</i></p> <p>It would be necessary for the team to work out what this exactly meant. A number of returns are completed on a monthly basis which are included in the appendices to the Finance Report. The expectation was that the costs to date would be covered together with the costs that were forecast. It was a reasonable allocation of funding which was the middle of the range.</p> <p><i>Are there sufficient funds ringfenced for PPE?</i></p> <p>Shared Services and the procurement teams had done a considerable amount of work to secure supplies nationally</p>
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	<p>which PTHB link into. The funding for this was ringfenced nationally.</p> <p>The Finance Report was RECEIVED.</p>
PTHB/20/69	<p>Report of the Chief Officer of the Community Health Council</p> <p>The Chief Officer of the CHC presented the report (attached to the agenda) and drew attention to page 3 which referenced a survey relating to GP access. 766 responses have now been received. Headline findings show:</p> <ul style="list-style-type: none"> • Concerns around potential mis-diagnosis and missed diagnosis through virtual appointments • Frustration around telephone systems • Wanting and suggesting a specific time for call-back • Difficulty in expressing the health issue • Internet connectivity and equipment <p>The responses would be analysed although it was not known by when as there had been a significantly higher number of responses than had been received before. The findings would be shared with PTHB and Welsh Government.</p> <p>Page 4 of the report referred to the Q3/4 plan which the CHC had an opportunity to feed into their views.</p> <p>Since the last report the Executive Committee had met in relation to Haygarth. 140 comments had been received and the concerns at present relate to process. Discussions had taken place with the Director of Primary, Community and Mental Health and further discussions would take place with the Chief Executive and CHC Chair shortly.</p> <p>The Minister had agreed to extend Frances Hunt term as Chair of CHC of Powys.</p> <p><i>Page 2 of the report identifies a concern that better communication was required to assure people that they have not been forgotten. Is this being put in place?</i></p> <p>The Chief Executive advised that during the first wave of the pandemic a dedicated phone line was introduced to support people with appointment issues. The calls to this number had reduced and this had been stepped down. It should be noted that some services continued throughout the pandemic and other services were restarting now. The survey findings would be interesting.</p>

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	<p>The Chief Executive confirmed that the Haygarth Developments would be discussed at the meeting with the CHC on 1st October 2020 and noted this recent period had been one where the most interaction with the CHC had taken place.</p> <p>The Chief Officer of the CHC was thanked for her report.</p>
PTHB/20/70	<p>a) Corporate Risk Register, September 2020</p> <p>The Board Secretary presented the report (attached to the agenda) noting that there was only one risk escalated for Board consideration namely the South Powys Programme with a score of 15 and the detail is recorded within the register.</p> <p>The Chief Executive noted that in respect of the South Powys Programme risk each week work is being undertaken which reduced the risk.</p> <p><i>The risk escalated in respect of Nurse Staffing has also been picked up in the Covid-19 Risk Register which would indicate the risk is increasing and yet the risk rating in the corporate risk register has not been increased. How is increased risk recorded?</i></p> <p>The risk was escalated by the Risk and Assurance Group in relation to operational matters and as this risk was already recorded on the risk register no changes were made. As part of the planning for the winter plan response a deep dive into risks would be undertaken to ascertain if any escalations or de-escalations were required and this would include the workforce risk. This would include testing if all mitigation actions were in place. Action: Chief Executive Board would have a further opportunity to consider the risk register in October.</p> <p>The Director of Workforce and OD advised that the staffing profile was kept under continual review both generally and in respect of winter flexibility. Live adverts were out and if it was not possible to recruit to these areas the risk would be re-evaluated. At the moment the organisation was optimistic that it would be possible to recruit to those vacancies. Gold Group monitor this on a weekly basis and daily monitoring takes place with regard to the staff available.</p>

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	<p>The Corporate Risk Register September 2020 was REVIEWED and the proposed amendments APPROVED.</p> <p>b) COVID-19 Risk Register, September 2020</p> <p>The Board Secretary advised the Covid-19 Risk Register is effectively the risk register of Gold Command in relation to the PTHB response to Covid-19. The register remained under review of Gold Group weekly and would be updated to reflect Q3/4 plans.</p> <p><i>What was the decision regarding a fire in a PTHB building?</i> The Board Secretary advised that a meeting had been held last week of the Fire Safety Group regarding Fire Risk Assessments, the outcome of which would be considered at the Executive Committee. It was this Committee which would determine whether or not this was a risk for escalation to the Risk Register.</p> <p>The Covid-19 Risk Register was NOTED. It was requested that the cover paper provides additional context in respect of the review of risks.</p>
PTHB/20/71	<p>Assurance Reports of the Board's Committees:</p> <p>The Board Secretary introduced the report and drew attention to the Internal Audit review on Governance Arrangements during the Covid-19 pandemic. The findings were largely positive but did identify some areas for learning which will be considered through the Q3/4 planning process.</p> <p>a) PTHB Committees</p> <p><u>Executive Committee</u></p> <p>The Chief Executive advised there was nothing specifically to escalate from the report</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Chair of Audit drew attention to the planned meeting with the new lead of Counter Fraud which had been cancelled and it was hoped would be rearranged. It had been necessary to make some small amendments to tracking. The one single tender had been very straightforward.</p>

	<p><u>Experience, Quality and Safety Committee</u></p> <p>The Chair noted that the Committee was not working under normal arrangements during the pandemic. Discussions had taken place on what could be expected going forward.</p> <p>b) Joint Committees</p> <p><u>WHSSC</u></p> <p>The Chief Executive confirmed the WHSSC had continued to meet and the range of matters under consideration was outlined within the report. The Major Trauma centre in Cardiff has now been launched which people in Powys have access to.</p> <p><u>EASC</u></p> <p>The Chief Executive advised there had been a real challenge in respect of the performance of the Emergency Ambulance Service in particular in respect of staff safety and the time that adds in wearing PPE. In addition, the activity is now back to pre-covid levels. The Committee had been considering arrangements to improve resilience as the winter period approaches.</p>
PTHB/20/72	<p>Assurance Reports of the Board's Partnership Arrangements</p> <p>The Chief Executive advised that all of the Partnerships had met. Attendance at partnership meetings had been quite high with it appearing that partners had found the use of digital means helpful in enabling attendance. Partnership arrangements continue to be under review.</p>
PTHB/20/73	<p>Update Reports from the Board's Local Partnership Forum</p> <p>The Director of Workforce and OD presented the report from a proactive advisory group to the Board. Attention was drawn to the progression of the All Wales Staff Survey where confirmation had been received that this would take place in October.</p>
OTHER MATTERS	
PTHB/20/74	<p>ANY OTHER URGENT BUSINESS:</p> <p>There was no other urgent business.</p>

PTHB/20/75	DATE OF THE NEXT MEETING: 22 October 2020, 10:00 via Teams
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Key:

Action Complete
Not yet due
Due
Overdue



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

BOARD ACTION LOG (Updated October 2020)

Board Minute	Board Date	Action	Responsible	Progress at 22/10/2020	Status
PTHB/20/70	30 September 2020	A deep dive into risk to ascertain if any escalations or de-escalations were required to include the workforce risk	Chief Executive		

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Board		Date of Meeting: 22nd October 2020
Subject :	PTHB Operational Plan/ Winter Protection Plan – Quarter 3 & 4 (October 2020 – March 2021)	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director of Planning	
Other Committees and meetings considered at:	<p>Strategy and Planning Committee</p> <p>PTHB Executive Team</p> <p>PTHB Planning Steering Group</p> <p>PTHB Board received a presentation on the requirements and approach for the Q3 and Q4 Plan at its meeting on 30 September 2020.</p>	

PURPOSE:

This report provides the Board with the Final Draft of the PTHB Operational Plan/ Winter Protection Plan – Quarter 3 and 4 (October 2020 – March 2021) for consideration and approval, at Appendix 1.

A Schedule of Requirements against the NHS Wales Operating Framework for Quarter 3 and Quarter 4 showing the PTHB response and cross referencing to the relevant section in the Plan has also been produced and is attached as Appendix 2.

Note that the Final Draft of the Plan was required to be submitted to Welsh Government the day before the date of this Board meeting (19th October).

It was therefore provided to them as a Draft, to allow for any amendments that the Board may wish to make. These will be taken into account for the final version of the plan for publication.

Any further consideration and feedback is also welcome of the approach and the plan itself, to inform the next round of planning for 2021/2022 onwards.

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RECOMMENDATION(S):

The Board are asked to DISCUSS and APPROVE the Final Draft.

Approval/Ratification/Decision ¹	Discussion	Information
✓	✓	

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

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

EXECUTIVE SUMMARY:

This report provides the Board with the Final Draft of the PTHB Operational Plan/ Winter Protection Plan – for the period Quarter 3 and 4 (October 2020 – March 2021) for consideration and approval. This has been submitted as a Draft to Welsh Government on 19th October 2020.

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

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

The Plan for Quarters 3 and 4 has been produced as an overarching Winter Protection Plan for 'Phase 3'. It builds on the Phase 2 Plan and reflects the learning from both the initial phase of the response to the Covid 19 Pandemic and the subsequent dual track approach based on continued response alongside recovery of essential and non-essential routine healthcare.

The Phase 2 Plan was originally approved by PTHB Board in May 2020 and submitted to Welsh Government in June 2020 to fulfil the requirement for an operational plan covering the Quarter 1 period (April – June 2020).

The plan was further developed in June 2020 in response to the second iteration of the Welsh Government Operating Framework published in June 2020. This covered the Quarter 2 period (July – September 2020) and was approved by PTHB Board in July 2020.

The Plan for Quarters 3 and 4 builds on the planning framework that has already been approved, shaped around the 'Four Harms' and themes proposed by Welsh Government and the dual track approach described by the World Health Organisation. However this plan is set in the context of the ongoing and increasing complexity of the response to the pandemic over the winter period.

As noted in previous reporting and iterations of the plan, there are significant inter-dependencies for Powys with partner organisations in both Wales and England and the Plan sets out the continued partnership working with Powys County Council and the Regional Partnership Board as well as other health boards and systems in NHS Wales and NHS England. It also highlights the collaboration across third sector organisations who have worked together to respond to the pandemic.

DETAILED BACKGROUND AND ASSESSMENT:

Background

The IMTP (Integrated Medium Term Plan) was suspended in March 2020 and the requirement for Quarterly Operational Plans was introduced by Welsh Government, in response to the Covid-19 Pandemic.

The Plan for Quarters 3 and 4 has been produced as an overarching Winter Protection Plan for 'Phase 3'. It builds on the Phase 2 Plan and reflects the learning from both the initial phase of the response to the Covid 19 Pandemic and the subsequent dual track approach based on continued response alongside recovery of essential and non-essential routine healthcare.

It is not a new plan, it updates the Phase 2 Plan which was originally approved by PTHB Board in May 2020 and submitted to Welsh Government in June 2020. This fulfilled the requirement for an operational plan covering the Quarter 1 period (April – June 2020).

This was further developed in June 2020 in response to the second iteration of the Welsh Government Operating Framework published in June 2020. This covered the Quarter 2 period (July – September 2020).

This was considered by PTHB Strategy and Planning Committee on 9th July 2020 and subsequently submitted in draft form to Welsh Government on the same day. It was approved by PTHB Board on 29th July 2020.

The PTHB Phase 3 Plan builds on the above but does have an important further dimension which is the requirement to prepare for and deliver winter protection. It therefore spans two quarters, to give the required outlook to year end, in line with Welsh Government requirements.

Welsh Government Winter Protection Plan

The Welsh Government Winter Protection Plan was published September 2020 and sets out a cautious and flexible approach, building on new ways of working and retaining the agility and flexibility used to respond to the challenge of COVID-19.

It outlines delivery requirements in these key areas - all of which have been mapped to the PTHB Plan:



The Welsh Government Winter Protection Plan was published in September 2020 and sets out a cautious and flexible approach, building on new ways of working and retaining the agility and flexibility used to respond to the challenge of COVID-19 itself.

It outlines delivery requirements in these key areas - all of which have been mapped to the PTHB Plan being developed for Q3 / Q4 (as shown in the PTHB Planning Framework on the next slide):

- Prevention and response
- Vaccination programmes
- Shielding
- Health Inequalities
- Personal Protective Equipment
- Care homes
- Social care
- NHS ready for winter
- Primary and community care
- Mental Health
- Children and young people
- Rehabilitation
- Keeping everyone informed
- Workforce
- Technology and digital innovation
- Finance
- Working together across Wales

Welsh Government Planning Framework

Welsh Government have issued an Accountable Officer Letter from Andrew Goodall, dated 24 September 2020 which comprises:

- An 'Accountable Officer' Letter setting out financial allocations and key requirements in eight main areas and cross cutting areas
 - Annex A - Cross cutting areas where specific assurances are required
 - Annex B - Cross cutting areas for updates by exception
 - Annex C - Definitions / Guidance relating to Essential Services
 - Annex D - Minimum dataset templates – Mandatory return

The Operating Framework and Requirements for Quarter 3 and Quarter 4 are combined to provide the required outlook over the winter period through to the end of March 2021. Submission is due to Welsh Government by 19 October 2020.

The letter includes a statement that financial allocations will be informed by the submissions following a rapid review of requirements.

It also notes that this should not be a set of new plans but should build on quarterly planning discipline already in place. Caution is still advised, with a context of reset, recovery and contingency planning, Winter and EU Transition.

The Accountable Officer Letter builds on the themes and principles from Quarter 1 and 2, **based on a “proceed with caution”** dual track approach. This is described by the World Health Organisation as remaining ready to provide the full range of services needed to prevent, diagnose, isolate and treat COVID-19 (Track 1) and addressing accumulated demand from services that were paused to reduce exposure to and provide care for during outbreak peaks (Track 2).

The letter highlights eight key areas as noted below:

1. Local Prevention and Response Plans, including Test, Trace and Protect
2. Essential Services
3. Primary and Community Care
4. Preparing Urgent and Emergency Care Services for Winter
5. Working with Partners
6. **Organisation’s Capacity Plans**
7. Organisational Workforce Plans
8. Finance Plans including Capital

Plans should also show the cross cutting areas of digital and new ways of working; public communications, EU Transition and known organisational risks (as documented in risk registers). There is also a requirement for plans to be considered via the organisation’s scrutiny and governance arrangements.

Specific assurance is required and we have provided a schedule setting out the requirements in the NHS Wales Operating Framework for Quarters 3 and 4 and our response with cross referencing to the relevant section of our plan.

A mandatory ‘minimum dataset’ is also required to be returned for this plan submission, in the form of a set of spreadsheet templates.

PTHB Planning Approach and Framework

The PTHB Plan for Quarters 3 and 4 therefore builds on the planning framework that has already been approved, **shaped around the ‘Four Harms’ and themes** proposed by Welsh Government and the dual track approach described by the World Health Organisation. This is set in the context of the significant and increasing complexity of the pandemic over the winter period.

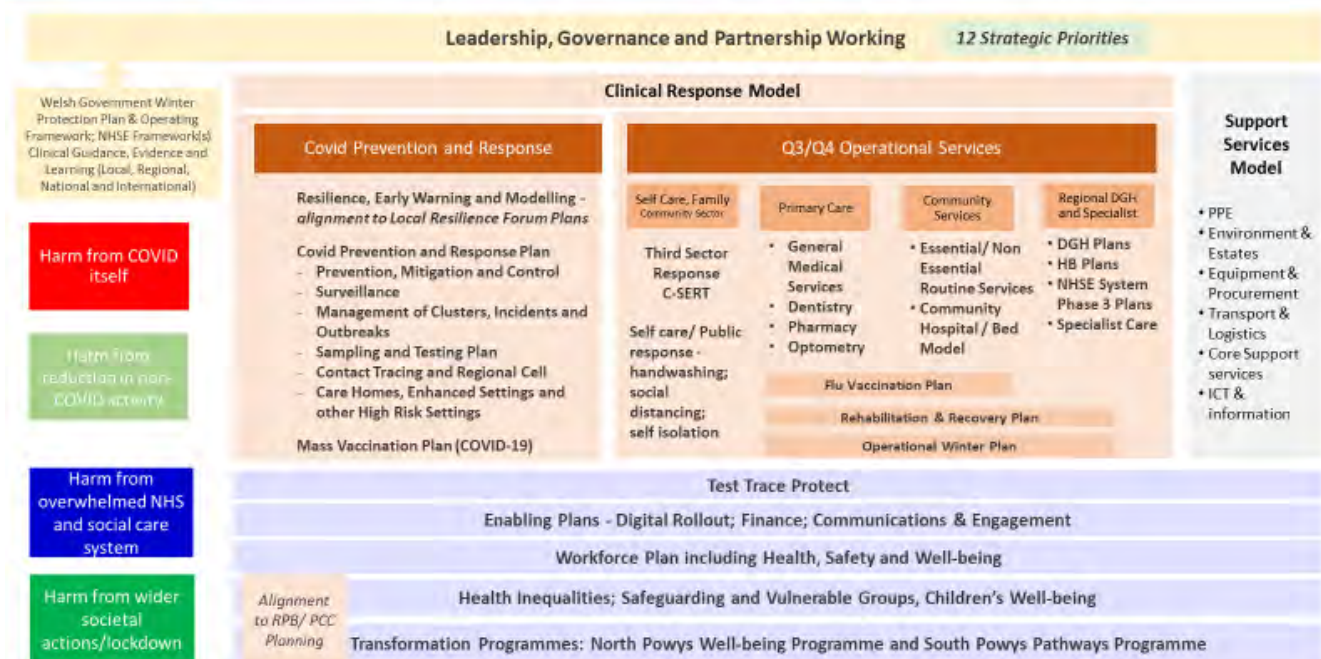
It is not a new plan, but builds on our Phase 2 Plan, with updates, some of which are significant, to reflect the context of complex and multiple challenges over this winter period. The Plan is therefore framed as the overarching PTHB Winter Protection Plan, covering both Quarter 3 and Quarter 4 to provide the required outlook to year end. This **represents ‘Phase 3’ of the PTHB response to the pandemic.**

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The Minimum Dataset has also been completed for submission to Welsh Government as supporting technical templates and this has informed and is aligned to the content, priorities and actions in the Plan.

The Planning Framework and the Clinical Response Model have been refreshed for 'Phase 3' to respond to the NHS Wales Operating Framework for Quarters 3 and 3 and to take into account the most recent evidence, learning, modelling and assessment of service delivery.

PTHB Planning Framework for Phase 3: Winter Protection Plan



The PTHB Clinical Response Model within this framework has been updated and refreshed to take into account the Welsh Government Operating Framework, Clinical Guidance and an assessment of the local clinical considerations and arrangements for winter 2020/21.

Engagement with the Powys Community Health Council has been strengthened for this phase, with a detailed planning workshop session held on 25th August that enabled a review of the Phase 2 plan and input into the early design stages of the Phase 3 Plan. This included the sharing of feedback received by the Community Health Council from patients and residents on their experiences. The CHC Full and Local Committees and Services Planning Committee have also been re-established and are now providing a continuous engagement mechanism.

Similarly, the re-establishment of the key partnership mechanisms including the Regional Partnership Board is providing a forum for learning and development of strategic plans including the Winter Protection Plan. The RPB are also required to submit their Winter Plan to Welsh Government at the end of October 2020.

Amendments following Strategy & Planning Committee

The Working Draft version of the Plan was considered at Strategy and Planning Committee on 6 October 2020.

The following amendments have been made to these areas of the plan since that date to reflect feedback from the Committee, Independent Members and Executive Team and other PTHB Staff and partners:

- Further work to respond to the specific assurance requirements set out by Welsh Government (noted previously in this report) – a full Schedule of Requirements has been produced which notes the PTHB Response and cross references to the section in the Plan (Appendix 2)
- Key Actions included in each Section to provide greater specificity and assurance on deliverables for each priority area
- Governance and risk management section updated and moved to Strategic Context, ensuring the most recently agreed arrangements are set out with regards to the overarching framework for assurance
- Finalisation of the Planning Framework and Clinical Response Model, presented in draft at the Strategy and Planning Committee (this is included in the Strategic Context section of the Plan).
- Additional development of the Covid Prevention and Response / Test, Trace and Protect section to ensure it represents the most recent position and developments particularly with regards to outbreak and incident management and government guidance / restrictions.
- Updated information in relation to Care Homes, specifically the work carried out since the Committee to bring together and align actions across Partners into one shared Care Home Action Plan.
- Updates to the section on Essential Services to reflect work carried out since the Committee in response to the Welsh Government framework and to ensure alignment with the Minimum Dataset technical return
- Updates to the section on Primary and Community Care to reflect most recent information and set out the PTHB consideration and response to the milestones set by Welsh Government for winter 2020/21
- Update to the section on Workforce, as above, to ensure the most up to date position reflected and alignment with the technical return
- Updated bed modelling and bed plan to ensure the most up to date position and alignment with workforce, finance and the technical return and to provide further explanatory narrative, in response to feedback from Strategy and Planning Committee
- Updated information on the third sector response “C-SERT’ with an infographic providing a summary of its impact and reach to date
- Finance and Capital section included – this is a summary of the full Financial Return made to Welsh Government on 12 October 2020 and reported separately to PTHB Board
- Further information added to the section on Learning for the Future and throughout in response to feedback from Strategy & Planning Committee, highlighting continuous learning and annual planning

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- Further information and referencing added to section on EU Transition in response to feedback from Strategy and Planning Committee
- Updated visuals/ diagrams/ tables to ensure most recent available information provided throughout the document
- Formatting and editing improvements throughout document

NEXT STEPS:

The Board are asked to consider and approve the Plan. It should be noted that the Plan will have been submitted in draft to Welsh Government on the 19th October 2020. Any amendments required by Board will therefore be made to the version for publication.

Welsh Government have not yet confirmed the planning requirements for the remainder of the year but have noted that an Annual Plan for 2021/ 2022 may be required. The schedule for this is not yet known but Welsh Government have given an indicative date of November 2020 for the release of the framework.

The need to respond and recover from the pandemic will continue for the organisation, its partners and communities and wider society throughout 2020/21 and beyond. In Powys this recovery continues to be shaped by our shared Health and Care Strategy, A Healthy Caring Powys.

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		X
Disability		X		X
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
<p style="text-align: center;">Statement</p> <p><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p> <p>PTHB included an impact assessment for the IMTP which had either no impact or positive impact across each of these categories – this has been amended in light of the dual track approach and response to the pandemic. There are impacts at a national level in relation to healthcare over this period and locally there are both adverse impacts (changes to service delivery in line with national guidance) and positive impacts (response to Covid and additional services provided) as noted here.</p>				

Marriage and civil partnership	X				
Welsh Language	X				
Risk Assessment:					
	Level of risk identified				<p>Statement</p> <p><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p> <p>To be considered as part of the process of assessing impact and opportunities against the formal consultations as appropriate; this will inform the Powys response to formal consultations.</p>
	None	Low	Moderate	High	
Clinical			X		
Financial			X		
Corporate		X			
Operational			X		
Reputational		X			

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Powys Teaching Health Board Winter Protection Plan 2020/21

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Strategic Context

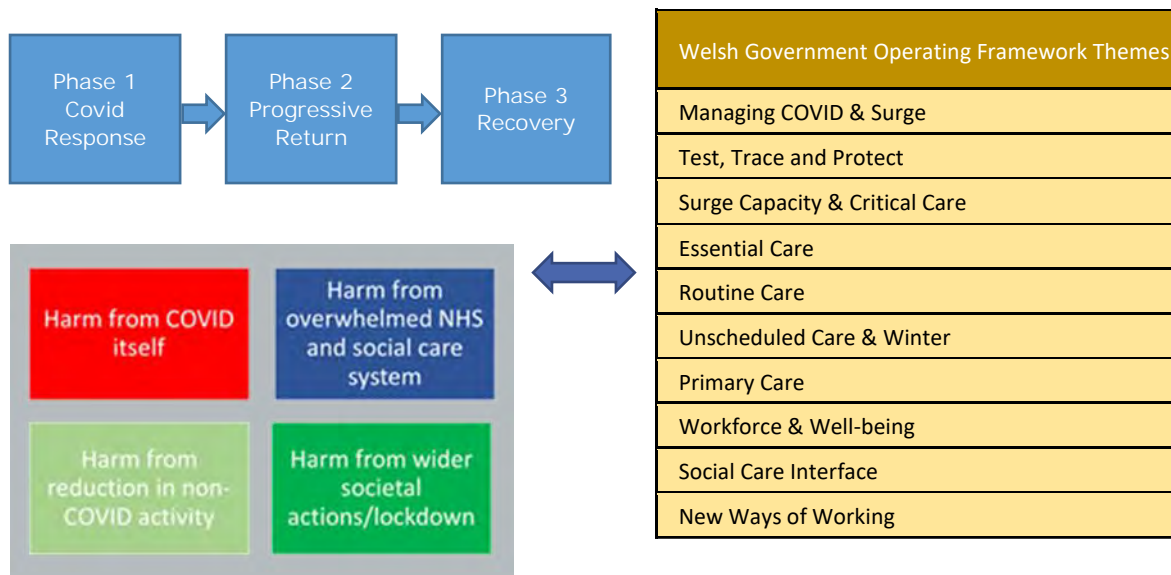
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Introduction

This Plan is for the Quarter 3 and 4 period (2020-2021) October 2020 – March 2021. It further builds on the Phase 2 Response Plan developed for Quarters 1 and 2 signed off by Powys Teaching Health Board (PTHB) Board on 27 May 2020 and 29 July respectively.

This forms the PTHB response to the Welsh Government Operating Framework for Quarters 3 and 4 into Phase 3 of our response to Covid-19. It is a dual track approach, as defined by the World Health Organisation, reflecting the need to respond to Covid-19 and for Recovery and is framed by the four types of harm as shown below.

The framework recognises the high degree of uncertainty in the months ahead, especially as we continue the phase of easing lockdown and the importance of the Test Trace Protect Programme in controlling the R value.



It is underpinned by the following principles:

- The use of agile planning to respond to Covid-19
- Planning using 30, 60 and 90 day cycles
- A stepped approach based on robust modelling, R value, early warnings
- A dual track approach - continuous review and assessment to balance the delivery of Covid and Non Covid healthcare
- A collaborative approach building on regional working across Powys including the Local Resilience Forum, Silver Command structures cross border, Powys Regional Partnership Board and Powys Public Services Board
- An evidence based approach, utilising national and international learning, policy and practice and our own 'Learning for the Future' exercise

Welsh Government Winter Protection Plan 2020-21

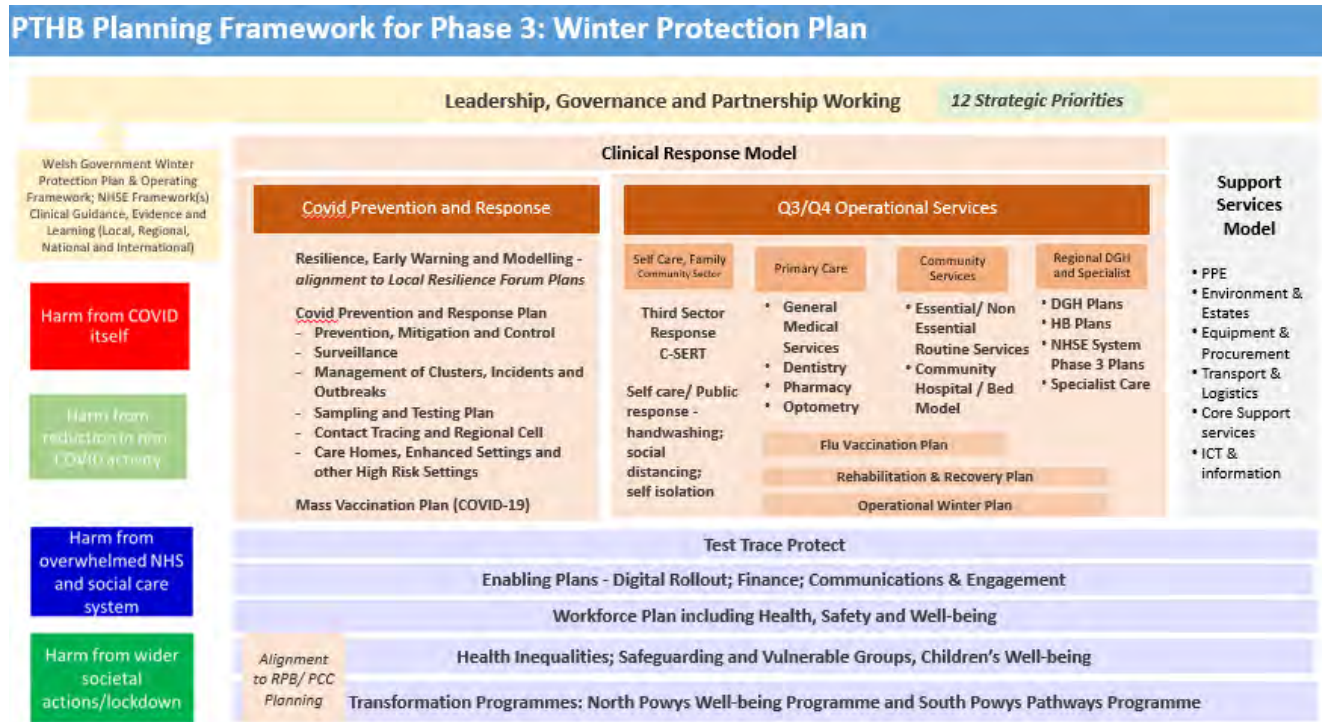
The Welsh Government Winter Protection Plan was published in September 2020 and sets out a cautious and flexible approach, building on new ways of working and retaining the agility and flexibility used to respond to the challenge of Covid-19 itself. It outlines delivery requirements in these key areas:

- Prevention and response
- Vaccination programmes
- Shielding
- Health Inequalities
- Personal Protective Equipment
- Care homes
- Social care
- NHS ready for winter
- Primary and community care
- Mental Health
- Children and young people
- Rehabilitation
- Keeping everyone informed
- Workforce
- Technology and digital innovation
- Finance
- Working together across Wales



The full Welsh Government Winter Protection Plan 2020-21 can be found here:
<https://gov.wales/winter-protection-plan-health-and-social-care-2020-2021>

Framework for Phase 3 Response Planning



In October 2020, Powys Teaching Health Board developed a Covid-19 Pandemic Governance Framework for quarters 3 and 4 of 2020-21. It builds on the Phase 2 Governance Framework developed for Quarters 1 and 2, approved in April 2020.

This Framework aligns to the Winter Protection Plan (Quarters 3 and 4), 2020-21, which forms the Powys Teaching Health Board's (PTHB) response to the Welsh Government Operating Framework for Quarters 3 and 4 into Phase 3 of our response to Covid-19. It is a dual track approach, as defined by the World Health Organisation, reflecting the need to respond to Covid-19 and for Recovery and is framed by the four types of harm.

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

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

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

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

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

The health board has strong partnerships with Powys County Council and other key partners in the Regional Partnership Forum and Regional / Local Resilience Forum arrangements across Dyfed Powys, Shropshire Telford and Wrekin and Herefordshire and Worcestershire as well as Welsh Government. This plan also notes the collaborative approach with the third sector who often become the first line of response particularly for people isolating or shielding in communities.

The lives of the people of Powys are inextricably woven into England as well as Wales. There is a particularly complex set of impacts to be worked through in relation to healthcare for our residents. The greatest proportion of the Powys health spend is in England, followed by other providers in Wales. This plan therefore reflects the health board's role as a commissioner as well as a provider and sets out the mechanisms to work with partners in managing risk and assurances for the Powys population.

A whole system approach is at the heart of the plan for both the management of Covid-19 and the continued progressive return of essential and non essential routine care. Powys is a component of many other system plans with recovery of suspended services taking place across multiple providers over many months and years. The reimagining of a new and appropriately adapted public life in the continuing context of the pandemic, is a long-term challenge for all of society.

The Regional Partnership Board has a shared long term health and care strategy, 'A Healthy Caring Powys' and this vision was born from extensive engagement with our communities, staff and partners. The basis of this strategy remains a foundation stone as we review and learn from the pandemic experience and ensure that well-being, prevention and long-term planning is part and parcel of the health board's role and contribution to the future of Powys. The table below shows how the Four Harms align to "A Healthy Caring Powys".

The Long Term View - Delivery, recovery and learning: Refreshing the shared long term strategy "A Healthy, Caring Powys"									
		Focus on Well-being	Early Help and Support	Tackling the Big 4	Joined Up Care	Workforce Futures	Digital First	Innovative Environments	Transforming in Partnership
World Health Organisation "Dual Track" Approach	Track One – COVID Readiness								
	Track Two - Recovery								
Welsh Government Operating Framework – Four Harms	Harm From Covid								
	Harm from an overwhelmed health and care system								
	Harm from reduction in Non-Covid activity								
	Harm from Lockdown								
Welsh Government Operating Framework - Themes	Managing Covid and Surge								
	Test Trace Protect								
	Surge Capacity and Critical Care								
	Essential Care								
	Routine Care								
	Unscheduled Care and Winter								
	Primary Care								
	Workforce and Well-being								
	Social Care Interface								
	New Ways of Working								

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Partnership Area of Work via RPB
Joint Lead PTHB and PCC
PTHB Lead Area of Work
Key Interdependency / Enabler

12 Strategic Priorities

PTHB Board reviewed its Annual Plan priorities in May 2020 in the context of the response to the Covid-19 pandemic, the suspension of the Integrated Medium Term Plan by Welsh Government and the requirement for quarterly plans in its place. This was further refined into the creation of 12 Strategic Priorities which were approved by PTHB Board in July 2020. These are medium to long term priorities which are set in the context of the dual track approach to both the ongoing response to Covid-19 and the recovery of business and services.

This set of priorities reflect areas of delivery which will span over the quarterly planning cycles and in some cases over the annual planning cycle to the medium and longer term. They include key areas of transformational work which are being progressed subject to capacity and deployment of staff and resources.

SaTH Focus	North Powys Programme	Clinical Quality Framework	Big Four: Breathe Well (Respiratory)
South Powys Programme	Health & Care Academy	Elective Care Risk of Harm Waiters	Exiting the EU
Money (Value)	Digital Plan	Organisational Capability	Winter Protection Plan (+ Vaccination)
In the Context of the Delivery of the Dual Track Approach to Covid-19 and Recovery			

Welsh Government Quarter 3 and 4 Operating Framework

Welsh Government have issued an Accountable Officer Letter from Andrew Goodall, dated 24 September 2020 which comprises:

- An 'Accountable Officer' Letter setting out financial allocations and key requirements in eight main areas and cross cutting areas
 - Annex A - Cross cutting areas where specific assurances are required
 - Annex B - Cross cutting areas for updates by exception
 - Annex C - Definitions / Guidance relating to Essential Services
 - Annex D - Minimum dataset templates – Mandatory return

The Operating Framework and Requirements for Quarter 3 and Quarter 4 are being combined to provide the required outlook over the winter period through to the end of March 2021. Submission is due to Welsh Government by 19 October 2020.

The letter includes a statement that financial allocations will be informed by the submissions following a rapid review of requirements. It also notes that this should not be a set of new plans but should build on quarterly planning discipline already in place.

An overview of the approach is given, with caution advised, to be framed by reset, recovery and contingency planning including Winter and EU Transition.

The Accountable Officer Letter builds on the themes and principles from Quarter 1 and 2, based on a “proceed with caution” dual track approach. This is described by the World Health Organisation as remaining ready to provide the full range of services needed to prevent, diagnose, isolate and treat Covid-19 (Track 1) and addressing accumulated demand from services that were paused to reduce exposure to and provide care for during outbreak peaks (Track 2).

The letter highlights eight key areas as noted below:

1. Local Prevention and Response Plans, including Test, Trace and Protect
2. Essential Services
3. Primary and Community Care
4. Preparing Urgent and Emergency Care Services for Winter
5. Working with Partners
6. **Organisation’s Capacity Plans**
7. Organisational Workforce Plans
8. Finance Plans including Capital

Plans should also show the cross cutting areas of digital and new ways of working; public communications, EU Transition and known organisational risks (as documented in risk registers). There is also a requirement for plans to be **appropriately considered via the organisation’s scrutiny and governance arrangements.**

Welsh Government requested specific assurances, an assessment of these has been completed at Appendix B and this provides a signposting guide to relevant areas of the plan. **A mandatory ‘minimum dataset’ is also required** and will be returned to Welsh Government with the submission of the Plan.

Auditor General’s Structured Assessment 2020

The Structured Assessment Report received in October 2020 sets out the findings from the 2020 structured assessment work at Powys Teaching Health Board. The work was **undertaken to help discharge the Auditor General’s** statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.

The Structured Assessment work took place at a time when NHS bodies were responding to the COVID-19 pandemic. On 13 March 2020, the Minister for Health and Social Services issued a framework to help prepare the system for COVID-19. This included the cessation of non urgent planned activity and the relaxation of targets and monitoring. Emergency funding arrangements were introduced to facilitate the wide range of actions needed to respond.

Key Messages

Overall, the report found that Powys Teaching Health Board has maintained good governance arrangements during the pandemic. The Board adapted its governance arrangements to maintain openness and transparency, support agile decision making and ensure effective scrutiny and leadership during the pandemic. The Board is committed to using learning to help shape future arrangements.

The assessment reported that the health board's risk management system ensured it was well placed to respond to COVID-19 related risks. It noted that the health board was strengthening quality assurance arrangements, including updating key policies and adapting its commissioning assurance arrangements.

The assessment also found that the health board continued to meet its financial duties in 2019/20 including the delivery of savings however the response to COVID-19 was affecting its ability to achieve the savings target it set for 2020/21. The report notes the forecast breakeven for 2020/21 on the assumption that COVID-19 expenditure is funded and noted that financial control procedures were adapted to manage during COVID-19 in line with Welsh Government guidance.

It was also found that operational plans were informed by data modelling and provide a good platform for delivering on strategic priorities. Plans demonstrate a commitment to staff wellbeing. There is good oversight and scrutiny of overall performance and operational plan delivery but information on commissioned services is currently limited due to COVID-19.

Audit Wales have not made any new recommendations based on their work but have noted improvement opportunities. Progress will be reviewed against these and outstanding 2019 recommendations as part of future audit work.

Update on delivery against key areas of the Phase 2 Plan:

Test Trace and Protect

This section of the plan set out the delivery arrangements and priorities for the Test Trace and Protect Programme developed by PTHB in Partnership with Powys County Council. This has been in place since June 2020 and includes both antigen and anti-body testing, in-patient testing and contact tracing for the population of Powys. In addition, the Regional Response Cell provides an expert advice function to support these services.

Quarter 2 achievements

Leadership and Management

- Local demand and capacity model for the testing pathway created
- Regular meetings of Strategic Oversight Group, Joint Operational Management Group, Testing Workstream group, Tracing Workstream group to oversee Prevention and Response work programme
- Joint agreement developed for management of staff and operational policy
- Production of a Covid-19 Prevention and Response Plan for Powys

Testing

- Production of a local testing plan consistent with the aims and objectives of the draft national testing plan
- Established Covid-19 testing administration hub & testing workforce
- Implementation of changes to testing policy and eligibility as required
- Transition between military and contractors for Mass Testing Units

Tracing

- Resource in place with correct skill mix to conduct the contact tracing role
- Funding requirements developed and submitted to Welsh Government
- Local Contact Tracing Reporting Dashboard created to support operational response

Outcomes & Experience

- Testing pathway in place
- Static and Mobile testing established
- Results notification systems in place
- Testing reporting metrics in place for performance management

Enablers

- IT hardware and software for Testing and Contact Tracing services in place
- Memorandum of understanding in place
- Infrastructure for Broadband and Powys Network implemented in Royal Welsh Show Ground, Builth Wells Testing Site

Harm from Covid

This section details plans to manage harm from Covid itself, at current or decreasing levels and in the event of increased prevalence of the disease. This includes the clinical response model and core services support model and additional surge capacity to meet demand if required.

Support plans were also developed for care homes including testing, primary care and therapy input and the management of Section 33 arrangements. Delivery of rehabilitation and recovery care was also included in the Phase 2 Plan, for those who have had Covid-19, with the aim of enabling people to return to their optimal level of independence and well-being.

Quarter 2 achievements

Clinical Response Model

- Processes reviewed to support those at risk /shielding longer term

Rehabilitation and Recovery

- Rehabilitation pathways to support Acute Covid-19

Care Homes and Enhanced Settings

- Capacity in place to support hospital discharge process in relation to step up and step down beds
- Covid-19 testing protocol in place for residential care settings which is consistent with Welsh Government policy
- Primary care input into care homes monitored in line with the DES
- Community therapy teams supporting respiratory need in nursing homes
- NHS Wales perspective on care home sustainability developed
- Multi agency group focused on children's homes and residential special schools
- Commissioning Assurance Framework for Care Homes as set out in Section 33 strengthened and adapted in light of pandemic response

Early Warning System and Modelling

- Early Warning system developed and implemented - 'triggers' / escalation plan linked with R value, surveillance data and other intelligence
- Cross border collaboration through system command structures in England for the Covid response

Harm from an Overwhelmed NHS and Social Care System

This section sets out the progressive recovery to the long-term shared Health and Care Strategy, A Healthy Caring Powys. This includes the re-shaping of the North Powys Well-being Programme and response to the earlier opening of The

Grange with impacts on South Powys pathways, which became a formal Programme of work in Quarter 2. It also includes the Capital programme.

This section also incorporates action to ensure appropriate quality, safety and patient experience management, provision for Personal Protective Equipment (PPE), environmental and estates actions including social distancing, and workforce plans with key indicators including training for staff. Governance is also included in this section alongside the progressive re-establishment of commissioning assurance mechanisms.

Quarter 2 achievements

Planning and Operating Framework

- Clinical Response Model and Support Services Model development and implemented in first phase of response to the pandemic (March – May)
- Suite of Flow Charts developed alongside the above models (March – May)
- Phase 2 Planning Framework developed and used for Q1 and Q2
- Q1 Plan produced and submitted to Welsh Government deadline (June)
- Q2 Plan produced and submitted to Welsh Government deadline (July)
- Draft Covid Prevention and Response Plan submitted to deadline (August)

New ways of working

- Access to patient information via WCP (Welsh Clinical Portal) for our cross border partners was enabled for out of hours GP Services
- Rapid deployment of Microsoft Teams to work collaboratively and stay connected
- Attend Anywhere to deliver video consultations
- Consult Connect and tablets to enable patients to stay connected

Core Support Services

- Transport plan developed to support Clinical Response Model Phase 2
- Community Hospital VIE Oxygen Supply in place
- Home Oxygen model agreed and supply distributed
- Remote working and Office 365 implemented
- Attend Anywhere implemented
- Consultant Connect implemented
- Opportunities for further digital acceleration explored i.e. virtual clinics
- Development of digital, information and IT capabilities throughout the health board as outlined in the digital rollout section of this plan

Workforce, Health & Safety and Well-being

- Redeployment and recruitment plans implemented in accordance with the Clinical Response Model and Support Services Model
- Training programmes developed and delivered at pace
- Well-being support implemented, including risk assessments, for staff in the at risk categories, those shielding or self-isolating
- Installation of social distancing signage and markings across all sites

Harm from reduction in Non Covid Activity

This section describes the Powys Delivery Framework as both a direct provider and a commissioner of healthcare for the Powys population. There is a summary of the comprehensive assessment and modelling undertaken for primary care, essential and non essential routine services, within Powys and across the whole system of neighbouring providers, District General Hospitals and specialised

care. It sets out provisions for unscheduled care and outlines the principles and key actions to be developed as part of winter preparedness.

This section outlines the key actions associated with 'Tackling the Big Four' areas of health in line with the Powys Health and Care Strategy. These are the four areas that have been assessed as having the greatest impact on the well-being of our communities in Powys – Mental Health, Cancer, Respiratory Conditions and Circulatory Disease.

Quarter 2 achievements

Planning Non Covid Services

- Tracking system in place for patient management / waiting lists
- National definitions of service prioritisation applied to local provision and agreed local decision-making approach implemented
- Essential services phasing plan agreed and implemented
- Phasing plans for progressive restoration of normal and non essential routine services agreed and implemented

Regional, District General Hospital (DGH) and Specialist Services

- Participation in cross-border arrangements including system resilience and response structures in Shropshire, Telford and Wrekin and Herefordshire and Worcestershire
- Timeliness of information strengthened with regards to Powys residents testing and deaths related to Covid-19 deaths
- PTHB demand for acute care built into the modelling for main District General Hospital providers in both England and Wales
- Arrangements in place to work collaboratively with Welsh Government, Welsh Health Specialised Services Committee (WHSSC) and other health boards regarding access for Powys residents
- Discharge arrangements in place in line with Government guidance
- Mapping and risk assessment of essential clinical guidance issued by Welsh Government for Powys population
- Liaison with main providers (15 providers across 5 health economies in England and Wales) to understand and log pathway / service changes
- Graduated plan for re-establishing commissioning arrangements in place
- Cross border collaboration including risk management in relation to Shrewsbury and Telford Hospitals
- Accelerated South Powys Pathways response to earlier opening of the Grange University Hospital
- Whole system maternity assurance arrangements in place
- 20/21 Long Term Agreement / Service Level Agreement approach revised in light of the pandemic and civil contingencies arrangements
- Revised financial plan for District General Hospital services developed
- Access to specialised services for super vulnerable clarified
- Arrangements for vulnerable children out of county maintained
- Revised NHS Wales and NHS England reporting requirements and statutory performance reporting requirements confirmed

Powys Provider

- Service responses developed and implemented at pace as per Clinical Response Model
- Rapid innovations developed and implemented including hot assessment and hot clinic sites

- Continuation of services for life critical and essential care including mental health, community and primary care
- Further appraisals carried out throughout Quarter 2 Plan included assessment of demand and capacity in relation to restoration of services and backlog
- Alternative delivery mechanisms put in place at pace including range of digital solutions across primary and community services where appropriate

Harm from wider societal actions / lockdowns

This section provides information relating to the key partnerships and social care interface, as well as information on the third sector including the Community Service Emergency Response Team (C-SERT) initiative established in response to the Covid-19 pandemic. The delivery of actions to ensure safeguarding and children's well-being is a continued area of focus.

Quarter 2 achievements

Leadership and Management

- PTHB revised governance arrangements to support Phase 2
- Communication and engagement with the Community Health Council in line with guidance
- PTHB Risk assessment undertaken to support delivery of Phase 2
- SAGE planning assumptions in line with national, regional and local context reviewed and updated
- RPB/PSB arrangements progressively re-established

Safeguarding & Vulnerable Groups

- Communications and engagements activity throughout Phase 2 to ensure public messaging and targeted support for vulnerable groups
- Publicity disseminated regarding "Home is not always a safe place" to staff and wider population
- Increased awareness of referral process for support to victims of domestic abuse in the workforce and wider population
- Continued to promote Group 1 VAWDASV Training online for staff (Violence Against Women, Domestic Abuse and Sexual Violence)
- Offered VAWDASV Group 2 Ask and Act training to workforce
- Implemented rehabilitation pathways to support any harm from lockdown and other pathways

Emotional Health and Wellbeing, Children's Well-being

- Co-ordination of community and third sector support through C-SERT
- Progressive restart of key areas of delivery including the Healthy Child Wales Programme, Health Visiting Service, paediatric appointments and Phlebotomy.

Surveillance Data – Covid 19

PTHB regularly monitors data relating to Covid 19 as part of its surveillance of the pandemic (refer to the section on Covid Prevention and Response for further information). The latest data is provided below as a snapshot at time of production of this plan (mid October 2020):

Table 1. Breakdown of COVID-19 cases in Wales by Local Authority, as at 1pm 18/10/2020. Local Authorities within the health board highlighted in blue. Sorted by incidence over the last 7 days.

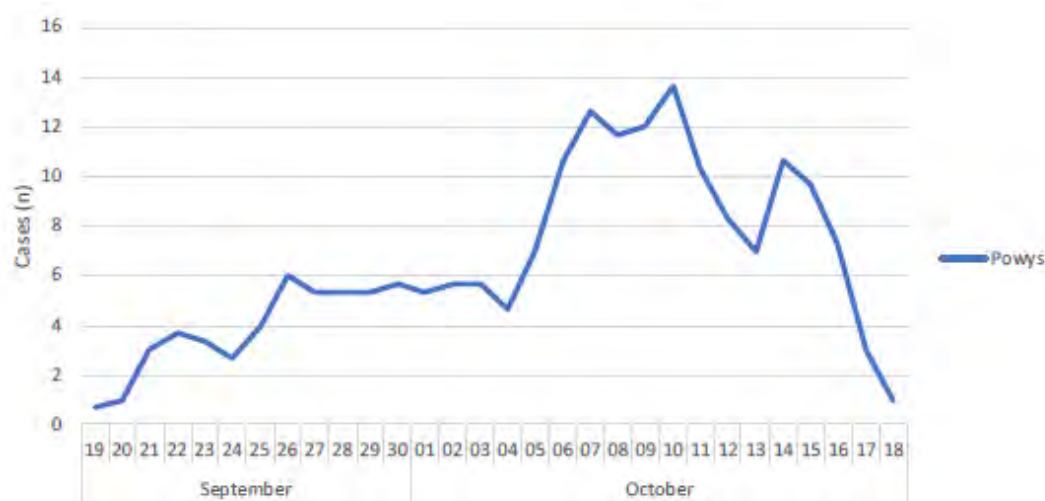
Local Authority	New cases	Cumulative cases	Last 7 days			Prior 7 days	
			Cases	Incidence*	Change**	Cases	Incidence*
Cardiff	+103	5,187	978	268.6	↑ 67.9	729	199.7
Merthyr Tydfil	+19	1,279	123	203.9	↓ 61.5	160	265.2
Bridgend	+45	1,665	279	189.7	↑ 12.9	260	176.8
Wrexham	+46	2,191	243	178.7	↓ 30.2	284	208.9
Rhondda Cynon Taf	+37	4,397	395	163.7	↓ 59.2	539	223.4
Blanaau Gwent	+12	981	113	161.7	↑ 22.9	97	138.8
Neath Port Talbot	+45	1,373	203	141.6	↓ 15.4	225	157.0
Swansea	+59	2,820	343	138.9	↓ 27.9	412	166.8
Flintshire	+46	1,824	210	134.5	↓ 62.8	308	197.3
Denbighshire	+21	1,254	127	132.7	↓ 1.1	128	133.8
WALES	+562	34,400	4,043	128.2	↓ 9.2	4,333	137.4
Conwy	+23	1,235	137	116.9	↓ 12.8	152	129.7
Gwynedd	+28	1,906	182	100.5	↓ 26.0	229	126.5
Monmouthshire	+11	577	74	78.2	↑ 27.5	48	50.7
Torfaen	+5	652	69	73.4	↓ 2.2	71	75.6
Gwynedd	+15	992	91	73.1	↓ 32.9	132	106.0
Anglesey	+15	618	48	68.5	↑ 8.5	42	60.0
Newport	+13	1,506	97	62.7	↓ 5.8	106	68.5
Cardiff	+10	1,448	104	55.1	↓ 29.4	152	80.5
Vale of Glamorgan	+5	1,151	61	45.7	↓ 26.2	96	71.9
Powys	+9	654	57	43.0	↓ 10.6	71	53.6
Pembrokeshire	+7	466	47	37.4	↑ 7.2	38	30.2
Ceredigion	+3	180	18	24.8	↓ 19.2	28	38.5
Outside Wales	+44	1,853	408			730	
Unknown	+5	244	44			26	

*Per 100,000 population. Incidence for the most recent 7 days may underestimate the true incidence due to samples still being processed and not yet authorised.

**Change in the actual number of cases per 100,000 compared to the previous 7 day period.

NB – Wales data only

The figure below shows the trends in cases (rolling three day average) as at mid October 2020:



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Performance Against National Measures

This section contains performance figures and narrative against the most recent data, some data remains unavailable or with limited analysis as a result of Covid capacity impact. Progression and development in these areas has continued throughout quarter 2 and will continue to do so during the winter period.

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest available	12month Previous	Previous Period	Current	Ranking	All Wales
1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2019/20	49.8%		52.4%	1st	35.3%
2	'6 in 1' vaccine by age 1	95%	Q1 20/21	96.9%	98.4%	96.6%	2nd	96.2%
3	2 doses of the MMR vaccine by age 5	95%	Q1 20/21	92.3%	94.1%	94.2%	1st	92.4%
4	Attempted to quit smoking - Cum	5%	Q4 19/20	2.21%	2.36%	3.25%	5th	3.3%
5	CO-validated as quit at 4 weeks - Cum	40%	Q4 19/20	36.4%	42.3%	37.7%	6th	41.6%
6	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q4 19/20	499	497.9	450.2	6th	402.6
7	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q1 20/21	60.3%	83.1%	47.9%	6th	59.9%
8a	Flu Vaccines - 65+	75%	2019/20	65.5%		67.1%	6th	69.4%
8b	Flu Vaccines - 65+ at risk	55%	2019/20	43.1%		44.3%	3rd	44.1%
8c	Flu Vaccines - Pregnant Women	75%	2019/20	85.7%		93.3%	1st	78.5%
8d	Flu Vaccines - Health Care Workers	60%	2019/20	64.3%		64.3%	3rd	58.7%
9a	Uptake of cancer screening for: bowel	60%	2018/19	56.2%		58.3%	1st	57.3%
9b	Uptake of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
9c	Uptake of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
10a	MH Part 2 - % residents with CTP <18	90%	Jul-20	100.0%	88.9%	100.0%	1st	88.8%
10b	MH Part 2 - % residents with CTP 18+	90%	Jul-20	91.3%	90.1%	89.9%	3rd	85.3%
11	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2018/19	45.7%		44.7%	7th	54.70%

Even with the challenge of responding to the Covid-19 pandemic, levels of vaccination have remained robust with performance above national average and ranked 1st or 2nd across Wales for childhood immunisations.

There is an improved picture in smoking cessation with more patients attempting to quit and improved uptake in services, although not yet meeting the national target.

Uptake has increased across flu vaccination measures and remained at the same level for clinical staff. The PTHB initiatives for pregnant women is showing a positive impact. The Plan for flu vaccination as part of winter preparedness 2020/2021 is described in more detail later in this document and will build on this performance.

Strategic Context

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

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

There are various challenges with performance against the ambulance services target for Red 8 Minute responses and this has not met the national target since May 2020. This is an area of focus at a national and regional level and part of the equivalent operational plan that is being completed by the Welsh Ambulance Services Trust (WAST) for Quarter 3 and 4. For further detail on the work that PTHB is taking forward with WAST over the winter period, please refer to the section in this plan on Unscheduled Care and the update on the operational Winter Plan for 2020/2021 which is currently under development.

Compliance with access to PTHB Minor Injuries Units remains excellent, even in the context of the response to the pandemic and the associated changes in processes, social distancing and personal protective equipment. Numbers attending reduced during April and May 2020 but numbers have risen to approximately 50% of previous activity levels across all Units.

For patient access into non-Powys major A&E departments the compliance in relation to the under 4 hour target remains similar to August 2019 (77.68%). Patients waiting longer than 12 hours has fallen significantly with only 26 occurrences during August 2020. Overall numbers of attendances are slightly reduced when compared to equivalent period 2019/20.

In relation to diagnostic and therapies performance, PTHB is experiencing the same pressures as all of NHS Wales and the UK in terms of impacts due to the Covid-19 pandemic. Across Wales, around 62,000 residents were waiting over eight weeks for scans and diagnostics (latest available data September 2020).

The number of PTHB patients waiting over 8 weeks has stabilised slightly with 354 patients breaching the national target. The largest cohort of patients breaching are for Non-Obstetric ultrasound (208) where the pandemic has caused a significant impact and backlog.

Therapies performance has improved slightly since the peak of 986 breaches in June 2020. 30% more patients are on the waiting list when compared to the start of the year.

The latest position for referral to treatment (RTT) as of August 2020 shows that 48.6% of 3865 patients were waiting less than 26 weeks. The number of patients that had waited more than 36 weeks increased to 846.

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

The All Wales position is similar to PTHB with 48.2% waiting under 26 weeks, and over 148k patients waiting longer than 36 weeks. The position for commissioned services for Powys is therefore mirroring national challenges. Follow ups are also following similar trends, due to the impacts of the pandemic.

The latest data on cancer services is also showing these impacts across Wales, with reduced referrals, increased waiting times and issues with the speed of confirmation of downgraded referrals which shows those people who are validated as not being an urgent referral.

For Powys residents using commissioned services, 88% were treated within 62 days on the urgent suspected cancer pathway and 83% within 31 days on the non urgent pathway. Root cause analysis were carried out for the 4 Powys breaches reported in relation to commissioned services in England.

The challenges associated with these performance positions are complex across Wales and the UK and especially multi-factored for Powys residents with multiple inter-dependencies across healthcare provision.

These include the impacts of the suspension of services including in-reach provision during the initial response to the pandemic, together with the impacts of ongoing restrictions of services including those necessary for social distancing/ infection prevention and control.

Ongoing robust clinical triage and risk stratification and use of digital and alternative methods of delivery continue in PTHB in line with national Covid guidance to maintain care quality and manage the backlog.

Follow up lists are also being clinically interrogated and validated. PTHB is also engaged in the national work on Outpatient Transformation and is ensuring that Powys residents are fully reflected in the risk stratification carried out by neighbouring providers.

There are examples of good practice already being seen in service restoration notably the eye care service in Powys which has been supported by community and hospital optometry to delivery care for Wet Age Related Macular Degeneration (Wet AMD) and glaucoma. PTHB performed significantly better than the All Wales average and capacity is now reaching 100% with no delays.

Mental health has also had robust performance throughout 2020/2021 which is a demonstration of the maintenance of the key areas of these services even during the initial pandemic response in Powys.

For the safety and quality measures around infections PTHB continues to report low levels of incidence, however there is a recognition that there may have been reduced testing at the start of the year and so the data could be under represented.

Serious Incidents were removed from the 2020/21 NHS Delivery Framework as a reportable measure, but retained as a local measure in PTHB. During August compliance with required timescales was 0% due to two cases requiring complex investigations, therefore falling outside the best practice timescales.

Compliance in relation to complaints remains challenging and is a component of the Quality Team's work programme for the year.

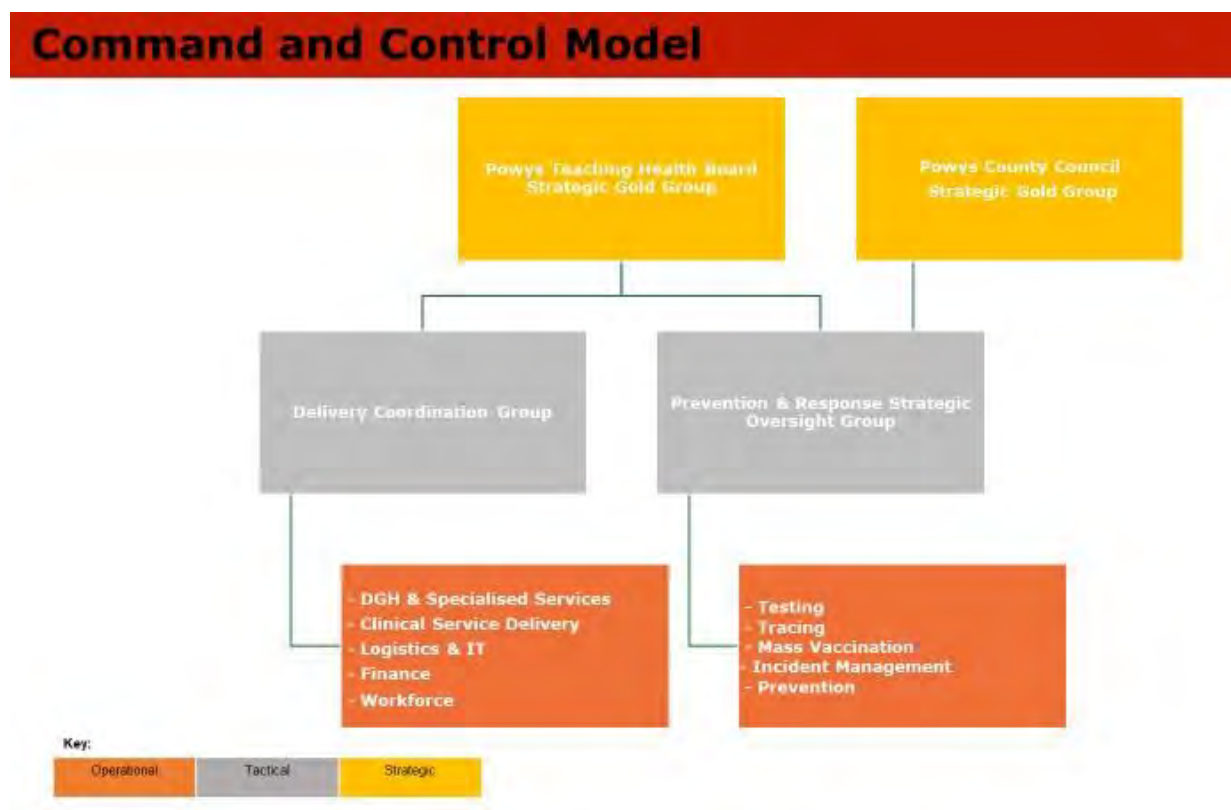
Governance

The health board participates in national, regional and local response structures:

- National Covid-19 Preparedness and Response Framework for the health and social care system in Wales
- Dyfed Powys Local Resilience Forum
- Shropshire and Telford Silver Arrangements
- Herefordshire and Worcestershire Silver Arrangements

The Covid-19 Pandemic Governance Framework has been developed to sit alongside both the Powys Pandemic Framework and PTHB Civil Contingency Plan and sets out the delegated decision-making rights and reporting arrangements specifically in respect of PTHB's response to the COVID-19 Pandemic.

In respect of COVID-19, the health board has established the following internal hierarchical structure known as "Command and Control":



Strategic (Gold) Group

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

Delivery Coordination Group

The Delivery Coordination Group (the DCG), Chaired by the Director of Planning & Performance, will coordinate actions taken by the organisation to limit the impact on any business continuity disruption and oversee delivery of the health board's Winter Protection Plan (Q3/4 Operational Plan).

Prevention & Response Strategic Oversight Group

The Prevention & Response Strategic Oversight Group (the SOG) is Chaired jointly by the Executive Director of Nursing & Midwifery (PTHB) and the Corporate Director Adult's and Children's (PCC). The SOG will provide strategic oversight of the delivery of the Prevention and Response Plan.

Risk Management

Management of Strategic Risks during COVID-19

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

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

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

Management of COVID-19 Specific Risks

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

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

The latest Covid 19 Risk Heat Map is shown below, as at 14 October 2020:

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Strategic Context

COVID-19 RISK HEAT MAP: October 2020

There is a risk that...

There is a risk that...

Impact	Catastrophic	5		<ul style="list-style-type: none"> We do not have the required level of equipment and supplies to achieve implementation of the Clinical Response Model – Including Beds, General Equipment, PPE Supplies and Oxygen 			
	Major	4	<ul style="list-style-type: none"> Arrangements for the deceased are insufficient and compromised 	<ul style="list-style-type: none"> The need to monitor oxygen supply arrangements and how we identify whether we are reaching capacity 	<ul style="list-style-type: none"> Modelling assumptions to inform planning and response arrangements are not robust The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain People with COVID-19 do not come forward for testing and pass on infection to others An effective COVID-19 vaccine is unable to be administered at sufficient scale 		
	Moderate	3		<ul style="list-style-type: none"> Governance arrangements required to effectively respond to COVID-19 are not robust and embedded We do not have sufficient leadership and management capacity to design, lead and support the implementation of the Phase 2 (incl. Q2) Plan Our workforce does not have the required skills and expertise required to achieve implementation of the Clinical Response Model The organisation does not have effective planning in place to recover from COVID-19 response 	<ul style="list-style-type: none"> Infection, Prevention and Control arrangements are not robust and effective COVID-19 may be transmitted in the workplace 	<ul style="list-style-type: none"> Insufficient strategic delivery and benefits realisation and/or loss of reputation due to ineffective communications and engagement arrangements We do not have sufficient workforce capacity to achieve implementation of the Clinical Response Model 	
	Minor	2		<ul style="list-style-type: none"> Clinical outcomes for patients are compromised 			
	Neqliquible	1					
			1	2	3	4	5
Likelihood		Rare	Unlikely	Possible	Likely	Almost Certain	

Performance reporting within the health board has been reshaped to provide effective management information within this new context. Key mechanisms include a GOLD Dashboard and a detailed Implementation Plan.

As can be noted in the example below, a complex set of metrics, RAG and position updates are used in the GOLD dashboard. This ensures that progress and any areas requiring attention or escalation are efficiently highlighted. This then enables key strategic decisions to be made at Gold and cascaded for action by lead Executives.

GOLD SITREP DASHBOARD - DEV V2.5

Snapshot date: 03/06/2020
Date submitted to Gold: 03/06/2020

Service status by site or service.

PTHB Hospital Site by Tier	Staff Levels	Bed Status	Oxygen Status	PPE Supplies
Brecon	G	G	N/A	G
Llanidloes Writin	G	G	N/A	G
Westpool	G	G	N/A	G
Brecon	G	G	N/A	G
Llanidloes	G	G	N/A	G
Wachynieth	G	G	N/A	G
Ystradgynlais	G	G	N/A	G
Newtown	G	G	N/A	G
Knights	N/A	N/A	N/A	G
Glan Irfon	G	G	N/A	G
Additional Site 1				
Additional Site 2				
Escalation Issues/Comments				
> Knights currently closed, patients transferred to Llanidloes				

PTHB Services - Weekly Position				
Community Nursing	N/A	N/A	N/A	G
WBC @ 27/05/2020	G	N/A	G	G
Mental Health @ 27/05/2020	G	G	N/A	G

GP Surgery Escalation Status	Snapshot Date:	02/06/2020		
Level 1	Level 2	Level 3	Level 4	
North Pows	3	2	0	0
Mid Pows	1	2	0	0
South Pows	0	4	0	0
Providers at Level 3 or above, and escalation comments				

Primary Care PPE Provision - Weekly Snapshot	Gloves	Aprons	Masks	Eye Protection
Primary Care staffing type	GP	MDT	Admin	
Percentage of staff compliance	18.58%	12.82%	12.70%	

PTHB Bed State latest snapshot	Total	Sus C-19	Con C-19	Non C-19	Occupied	Closed	Vacant	Surge >24h	Surge <7d	Surge >7d
	146	2	4	70	76	52.1%	0	70	0	0
Pows Patient Flow last 24 hrs	Admissions	Discharges	Deaths	No. Patients awaiting Transfer/Respiration	Respirators	Mortuaries	Hospital Capacity	Total	Disrupted	Vacant
	3	5	0	0	0	0	631	631	1	37
Cumulative Covid-19 related deaths in PTHB sites: 10										

Pows Resident DGH & Specialised Care Services Information	Snapshot date:	03/06/2020								
Provider Org.	SATH	WVVI	ARUBB	CTM	CKV	SB	HD	BCU	Other	Totals
Admissions	No data available currently - requires information flow									0
Discharges	No data available currently - requires information flow									0
Cum. COVID D	7	5	6	0	0	5	1	0	2	24

DGH & Specialised Care Services Escalation Issues for Consideration
• Further change to shielding arrangements. CMOs seeking consistent cross-border approach. Further WGB letter expected.
• Follow-up of cross-border GPAP outside hospital continuing - all providers contacted but additional information needed from SATH (SBAR to follow)
• CTM/UBB some level 1 scores for essential services - including endoscopy
• WVVI has restated routine referral process should now be broadly compliant with WVI requirements (to check examples)
• Renal: Llanidloes unit too small for positive and negative patients. Travelling times too great to alternative English providers for WST Col compliance. Renal Network working on alternative location involving HDUB. (SBAR to follow)
• Following up respective commissioning responsibilities in complex cross-border case.

RCC Nursing & Residential Home Flows	Snapshot date:	03/06/2020			
Care home bed availability - total	73	Planned adult social care discharges from community	1		
Residential bed availability (as part of the total)	50	Actual adult social care discharges from community	5		
EMI Residential bed availability (as part of the total)	3	Number of safeguarding alerts	3		
Nursing Bed availability (as part of the total)	20	Number of Care Home Providers with workforce short	0		
EMI Nursing bed availability (as part of the total)	0				
Number of care homes unable to accept new Clients	10	Further Carehome Information			
Cumulative COVID-19 related deaths where place of death listed as Care/Residential or Nursing Home (ONS/NH source - Non RCC sites)					
Escalation Issues					

Quality and Safety

In designing and supporting services to meet the needs of the people of Powys during the Winter period and challenges that Covid-19 present, the need for high quality services is even more necessary.

Recognising the potential shift in resources across all settings, particularly the community setting to enable hospital-based care, the focus on ensuring staff are trained, competent and confident in key areas, such as infection prevention and control, is essential.

Protecting our population during the winter months and improving the health of our population, including monitoring quality and safety outcomes will be pivotal to ensuring lessons are learnt and shared to support organisational learning, with a focus on sustaining and improving the quality and safety of care, and supporting a positive impact on patient and staff experience, whatever the setting.

The quality and safety agenda will support the delivery of our 12 strategic priorities and the focus on the 'must do's', in particular, emphasis on Shrewsbury and Telford NHS Trust, the implementation of the clinical quality framework, the South Powys programme and in addition, improvements already identified to improve the safety and effectiveness of care through planned work in managing concerns and serious incidents. In addition, we complete harm reviews internally as well as requesting them via our commissioned services.

In relation to quality of commissioned services, including the current challenges in the Shropshire, Telford & Wrekin system, refer to the section in this plan on DGH, Regional and Specialist Care.

EU Transition Planning

In January 2020, following ratification of the Withdrawal Agreement by the UK and European Parliaments, the UK left the EU and entered a Transition Period, which will last until 31st December 2020. During this time, the UK remains aligned with EU law, and existing regulatory and customs procedures that are in place.

Whilst the UK Government continues its ongoing negotiations with the EU regarding the terms of the withdrawal from the EU, there continues to be a number of fundamental differences remaining. The limited progress means it is becoming increasingly likely that a Comprehensive Free Trade Agreement will not be in place by 31st December 2020, when the Transition Period will come to an end. That would leave the UK trading on World Trade Organisation terms with the EU, resulting in most UK goods being subject to tariffs until a free trade deal was ready to be brought in.

The implications of no agreement being in place between the UK and the EU on the 1st January 2021, are likely to be closely related to the 'no-deal' contingency arrangements previously put into place prior to the UK's exit from the EU in January 2020. In response to this, adaptations and refinements to previous 'no-

deal' Brexit arrangements are required, and a number of the challenges are likely to be exacerbated by the impact of Covid-19 (for example, supplier readiness and the impact of Covid-19 on previously acquired stockpiles) and business as usual activities i.e. seasonal pressures often associated with this time of year.

The Welsh Government EU Transition Health and Social Care Leadership Group and other NHS EU Transition planning groups have been reconvened, providing a mechanism to ensure that they are fit for purpose for the new context in which they will now be operating. PTHB will continue to fully engage and be appropriately represented at these groups, as planning activities are expected to increase as we move into Q3.

There are separate plans for the EU Transition work tracked by teams with PTHB. These plans are at both local and national levels.

At a local level, the health board continues to prepare for the end of the transition period under the auspices of its internal business continuity planning and response arrangements. The health board has reconvened its internal EU Transition Planning Group chaired by the Director of Public Health to refresh the health board's internal planning and risk assessment processes. An initial meeting of this group was held in August, with further regular meetings now being scheduled to take place for Q3.

Some specific areas of focus for the coming period include:

- Medicines – at national level, ensuring there is participation in UK-wide continuity of supply and freight arrangements, and considering whether there is also a need to supplement these with additional "welsh" operational buffer stocks for key medicines
- Non-medicine supplies (including medical devices and clinical consumables). Locally, reviewing the need to increase stock holdings to a "high average stock", ensuring local supply of critical non-catalogue stock items, and working closely with NHS Wales Shared Service Partnership on the wider supply chain management being put into place for Wales
- Workforce – reassessing any workforce implications at national and local level, including an assessment of any longer-term impacts of the UK Governments UK points-based system on health and social care
- Longer-term impacts on health and well-being – reviewing work around the potential response to the longer term economic and social challenges for health and well-being which can be expected as a result of the UK leaving the EU, also taking account the impact of Covid-19 on these issues.

During Q3 & Q4, the health board will continue to engage in national, regional and local planning arrangements in preparation for the end of the Transition Period. This includes continuous review and action planning, in light of the emerging information available.

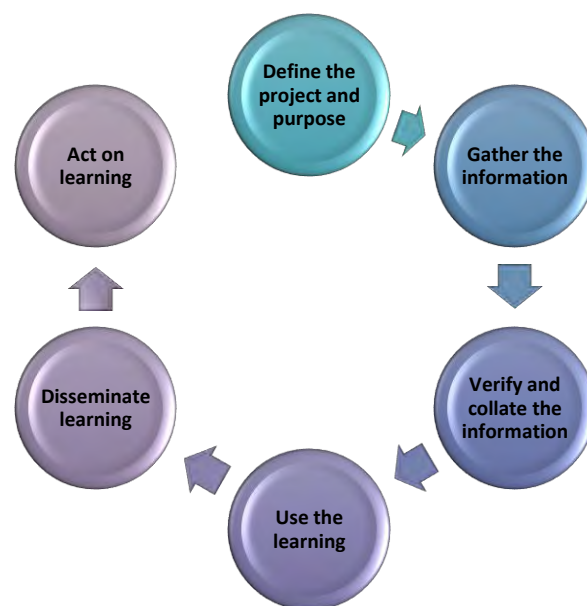
Learning for the Future

Learning is a continuous process and will continue into our annual planning process. A programme of work has been developed to:

- Identify key changes made in response to Covid-19
- Evaluate the impact and sustainability of changes
- Capture our organisational learning
- Facilitate adoption of the lessons learnt

The programme methodology has included extensive surveys of staff views and experiences to identify in some depth what has been learnt in this period. This is now being considered as part of the ongoing organisational development and response to the pandemic as part of the plan for the winter period.

There has been extraordinary innovation made in this time, across the whole system by organisations, sectors and communities in Powys. Our collective response to the challenges raised by Covid-19 has been exceptional, with a rapid transformation in clinical practice; new and innovative approaches to service provision, and a much greater understanding of the skill, value and flexibility of the workforce.



The key elements of learning so far include:

- Remote and virtual contact has benefits and challenges
- IT is critical - sustained investment
- Communication is key
- Skilled and flexible workforce; staff need recognition and to be valued
- Preparedness is crucial
- Remote/ flexible working has clear benefits
- A shared goal and IT have driven collaboration
- Effective leadership qualities = communication, support, decision-making
- Most valued behaviours = resilience, adaptability, kindness, leading by example, positivity and respect
- Variation in experience
- We need to drive innovation and improvement

The following table shows how new ways of working have been incorporated:

Introduced	Scaled up	Adapted
PPE for all patient / service user contact	Use of IT and IT investment and development	Office working hours and patterns
Video consultation / assessments and use of apps for contact with service users	Telephone consultation / contact	Office space to enable SD

Virtual clinics, wards, groups	Email communication with patients and service users to provide information	Prioritising / rationalising visits
Virtual meetings with teams/ internal to HB and multi-agency	Flexible working and working from home	Web based reporting
Virtual training via Teams/Skype	Using social media to provide patients/ service user with info and means of contact	Going paperless (notes/ records / scripts / authorisation of invoices etc)
Telephone triage	Methods and volume of comms with staff – inc social media	Use of PPE (for those who used it pre-COVID)
Walking / garden / outdoor appointments	Use of electronic systems over paper	Enabling change, quickly
Postal service use for some tests/ equipment /	Covering other aspects of health and care in the community stopped by other providers in the system	Collaborative partnership / multiagency
Wellbeing hubs for staff	Educating patients/ service users to self-care/ manage and for digital inclusion	
Remote virtual handover / huddles / ward rounds	Providing patients/service users with tools, apps, equipment and wearables to self-care/ manage and more use of telehealth	
Staff upskilling for redeployment	Hand hygiene and cleaning schedules	
	Driving change and improvement Outreach / drop in models	

PTHB also supports research activity with a mixture of local studies, dissemination and contribution to national and international work.

In order to support National Covid-19 research, our staff contributed to the online health and wellbeing survey and the National Centre for Mental Health (NCMH) Covid 19 survey has been promoted through the Communications team.

In addition, PTHB have set up two Covid-19 studies; the CoVIDA study and the Pregnancy and neonatal outcomes study. We also submitted a joint research bid to the Health Foundation.

Our Research and Development department are continuing to assess and circulate any Urgent Public Health (UPH) study feasibilities that we receive and will participate where feasible and have been able to progress with one UPH study (BASIL).

PTHB currently have 6 research studies still suspended with no re-start dates as yet due to Covid-19. The Research and Development Manager is in regular contact with the study teams.

Covid I tself

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Overview

This plan develops the health board's Phase 3 approach and the response to the Covid-19 pandemic, to prevent transmission and infection, minimising the more severe impacts of the illness for some and long-term consequences of the disease, and to save lives.

As the pandemic has progressed, the scientific advisory bodies and public health assessments have raised the risks not only to those with existing health conditions, and of an older age, but also the disproportionate impact experienced by those from Black, Asian, and Minority Ethnic communities. As the understanding of the pandemic increases there is more of a focus on economic and social as well as demographic factors, and the interrelationship between these. This developing intelligence informs not only the service planning of the health board but also workforce and health and safety.

A Gold Command function was established in March 2020 in Powys and the Covid Clinical Response and Support Services Models were quickly developed and put in place. Gold continues to oversee planning and implementation and is able to scale back up or down the frequency of meetings as required.

Surge plans are in place and those are outlined in this plan, based on updated modelling assumptions. Powys is a component of multiple system and provider plans in relation to the use of field hospitals and DGH provision and that 'whole system' approach continues to form the heart of our plan.

Powys developed a five-step plan for managing Covid which reflects the uniqueness of our County, harnesses the community effort and reinforces the need for collective action and a wider focus on well-being.

Each step is detailed on the PTHB website which provides further information on each step, including links to support and resources for those shielding or requiring tests.

Our Clinical Response Model and Support Services Model has continued to be adapted and used proportionately as the presentation of the pandemic has evolved.

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Five Step Plan

<p>Aros Adref Achub Bywydau</p> <p><i>Mae pob un ohonom yn rhannu cyfrifoldeb i leihau lledaeniad yr haint</i></p>		<p>Stay Home Save Lives</p> <p><i>We all share a responsibility to reduce the spread of infection</i></p>
<p>Hunanofal, Teuluoedd a Chefnogaeth</p> <p><i>Rydym yn cefnogi pobl i gynnal eu hiechyd a'u lles</i></p>		<p>Self Care, Families and Support</p> <p><i>We are working in partnership to support people to maintain their health and wellbeing</i></p>
<p>Gofal Sylfaenol Ym Mhowys</p> <p><i>Rydym yn galluogi mynediad lleol i iechyd a gofal yn eich cymunedau lleol</i></p>		<p>Powys Primary Care</p> <p><i>We are enabling local access to primary care within your local communities</i></p>
<p>Gofal Cymunedol Ym Mhowys</p> <p><i>Rydym yn cynyddu'r gwelyau a'r sgiliau ym Mhowys i ddarparu gofal lleol</i></p>		<p>Powys Community Care</p> <p><i>We are increasing beds and skills in Powys to provide local care</i></p>
<p>Partneriaethau gofal aciwt ac arbenigol</p> <p><i>Mae gennym berthnasoedd cryf ag ysbytai cyfagos ar gyfer mynediad at ofal aciwt ac arbenigol i bobl Powys</i></p>		<p>Acute and Specialist Care Partnerships</p> <p><i>We have strong relationships with neighbouring hospitals for acute & specialist care for the people</i></p>

Test Trace Protect

The Prevention and Response Plan for Powys builds on the health board's Phase 2 approach and Test, Trace and Protect (TTP) continues as a core workstream. It is being taken forward jointly with Powys County Council and led by the Chief Executives of those organisations and the Director of Public Health / Director of Public Protection. It is also supported by advice from the military and deployment of mobile testing units in Powys commissioned by the UK Government.

The service model for TTP has three tiers, with the national, regional and local teams working in partnership. Expert advice is built into the programme of work from a national and regional perspective as well as the leadership locally of the Director of Public Health for Powys.

A testing programme has been developed, refined and is now established and in use. National test booking and home testing is in place as are reporting and

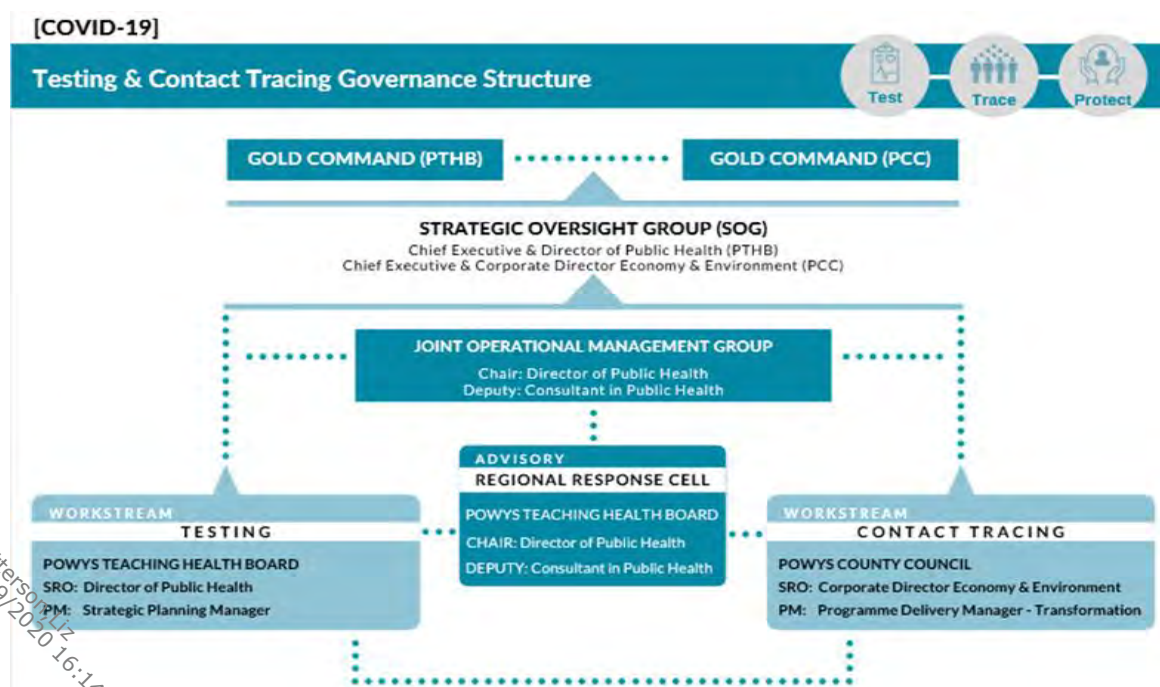
recording systems. Static, mobile and home testing methods are deployed. It is supported by a rolling programme of communications and engagement.

Community contact tracing has been set up in partnership with Powys County Council which is extending in October 2020 to a twelve-hour service, seven days a week.

All care homes including those for children and for people with learning difficulties have received antigen Covid 19 testing for staff and residents. A rolling programme of fortnightly antigen testing for all staff in care homes for older people has continued through the summer and will extend into autumn and winter 2020.

PTHB is working closely in partnership with Powys County Council to manage and successfully deliver the TTP programme in Powys. Through the Strategic Operating Group (SOG) that consists of CEOs, Executive Directors and Programme Management staff from both organisations. A Memorandum of Understanding is in place, and supporting mechanisms have been put in place at great pace including information governance and communications plans and a joint ICT and telephony system for customer support.

The NHS COVID-19 Contact Tracing App has been launched in Powys and is integrated into our Contact Tracing service. The TTP programme in Powys promotes and supports commercial and hospitality premises, schools, social care and NHS settings in displaying and promoting QR codes to enable people with the App to log in when they visit a site. The secure and anonymised Smart phone application alerts the user if they have been in close proximity to someone who has tested positive. In addition, it integrates symptom checking and test booking, providing an easy means to facilitate our test, trace, protect approach. The following diagram sets out the governance structure for the Prevention and Response work.



Covid-19 Prevention and Response Plan

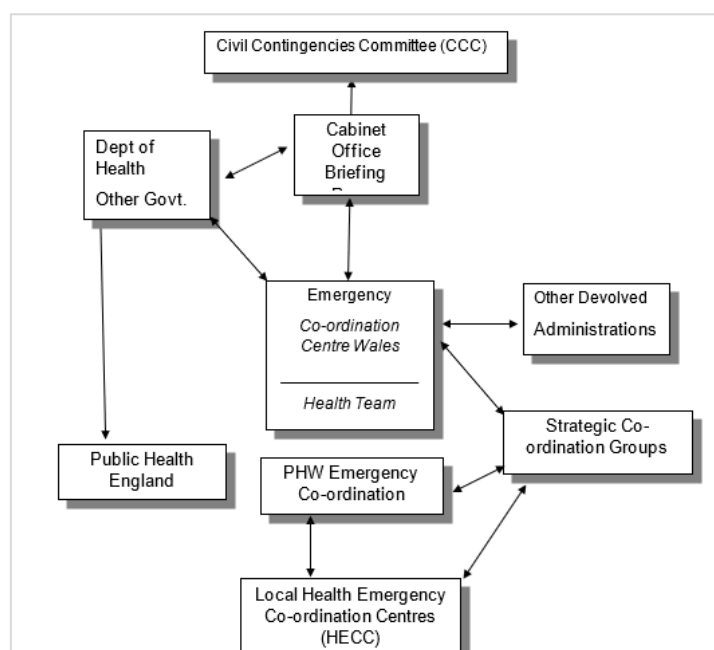
There is a separate Prevention and Response Plan for Powys, summarised below:

Surveillance is currently undertaken as part of the daily operational and weekly strategic Regional Response Cell (RRC) meetings. At present, cases or contacts who are either hospital in-patients or who work in a hospital or NHS setting are flagged and reviewed at the daily RRC operational meetings. A Powys dashboard has been developed which provides situational awareness for PTHB Gold Group and enables the RRC to undertake its surveillance responsibilities.

Management of Outbreaks and Incidents

- A protocol for the management of clusters, incidents and outbreaks in community and key settings is in place. This includes the deployment of an additional mobile testing unit, the establishment of a daily incident management team and agreed supplementary actions with Environmental Health and Public Health.
- In particular, arrangements are agreed to protect high risk areas in the area of the outbreak including care homes, secondary schools, traveller communities, community hospitals and companies employing more than 100 people. Local business and community services are supported to generate and display QR codes for the Covid 19 Contact Tracing App.
- The *Communicable Disease Outbreak Plan for Wales* is the key guiding document for managing the response to any clusters, incidents and outbreaks of COVID-19 or any other communicable disease, that may occur in the region. Parts 1 and 2 of the outbreak plan set out the generic key actions to be taken in response to any clusters, incidents or outbreaks.

This diagram outlines the co-ordination arrangements for Wales and shows where the OCT sit in this overarching co-ordination structure:



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Sampling and Testing

In line with the National Testing Plan, PTHB has identified four clear priorities that have informed the Powys Teaching Health Board Testing strategy:

- Protecting against the transmission of the virus by supporting contact tracing – to prevent and protect spread of the disease amongst the population and to track the spread of coronavirus, understanding transmission dynamics and to ensure that antigen and antibody testing can support targeted action through local outbreaks in communities or within businesses.
- Delivering NHS Services – to prevent, protect and deliver vital services and to support the safety of staff and patients.
- Protecting vulnerable groups, closed settings and critical workers – to safeguard and control infection in groups where there are greater risks.
- Developing future delivery – to utilise surveillance and new technologies to improve our understanding of the virus through the use of intelligence and to innovate new ways to test across the population.

Testing in Care Homes and Enhanced Settings

- Ensuring care homes remain a focus within the plan whilst learning from our work supporting care homes in quarter 2 and alignment to the prevention and response plan. This will ensure an integrated whole community approach
- Continuing with scheduled multi-disciplinary team meetings maintaining the ability to flex and revert to daily meetings should the situation require it. Decision making will be based on regular integrated communication and assessment between care home, PTHB and PCC, responding to the need for increased support, local outbreaks and escalated concerns.
- Covid-19 testing protocol in place for residential care settings which is consistent with Welsh Government policy.

Mass Vaccination Plan

PTHB has overall responsibility for the protection of public health to the population of Powys. This includes responsibility for planning the response to a pandemic in Powys, including the delivery of vaccination to large numbers of patients in a short timescale.

The health board has developed preliminary plans for the local delivery of the Covid-19 vaccination programme which detail the integrated working arrangements that are in place, and provide assurance about readiness to deliver a programme of Covid-19 vaccination, based on the availability of vaccine supplies. The plans address clinical, operational, technical and logistical considerations, as well as details in respect of the workforce and the training requirements identified.

The Joint Committee on Vaccination and Immunisation has provided interim guidance on priority groups for Covid-19 vaccination. The identified priority groups for Covid-19 vaccination include:

- Healthcare workers

- Social care workers
- Shielded population / clinically at-risk patient groups.

The current financial data in the supporting templates and the Month 6 Monthly Monitoring Returns (MMR) do not include forecast costs for the mass vaccination programme as work is still ongoing. However based on the staffing model provided since the submission of the Month 6 MMR and excluding the costs of any vaccine, initial indications are that the programme would be in the region of £1.4m for PTHB. Further work will be undertaken in conjunction with the Finance Delivery Unit and the national programme on the costings and further information will be provided in the Health Board's Month 7 Monthly Monitoring Return. In addition to the revenue costs the Health Board will also be reviewing the implications of the programme on Capital and again any further details will be included in future Monitoring Return submissions.

The aim the plan is to outline the arrangements to deliver a Covid-19 vaccination programme for the population of Powys. The objectives of this plan are to:

- Ensure that PTHB, working with partners and stakeholders, can deliver its responsibility to provide rapid vaccination for the resident and temporary population of Powys, when a Covid-19 vaccine becomes available.
- Ensure that PTHB can support primary care in administering the seasonal flu vaccine to the additional eligible groups this year, including household contacts of those on the shielding list and all those age 50-64 years not already eligible.
- Provide assurance to Welsh Government (WG) that local planning arrangements are in place to ensure that the health board is as prepared as it can be, acknowledging the limitations of the planning assumption parameters available at this time, to deliver an effective Covid-19 vaccination programme.

The Covid-19 Vaccination Deployment Plan, will remain a 'live' working document, and will be regularly updated by the PTHB Flu and Covid-19 Vaccine Action Group.

The Director of Public Health is the designated Executive Lead for Public Health and Civil Contingencies and therefore provides executive leadership for the PTHB mass vaccination programme.

PTHB's responsibilities for delivering a mass vaccination programme are to:

- Organise and run vaccination programmes (working with Public Health Wales). This will include the implementation of appropriate clinical governance arrangements to support the delivery of the mass vaccination programme
- Monitor uptake rates, using established systems if possible
- Encourage increased uptake rates
- Receipt and appropriate storage of vaccines
- Distribution of vaccines – this is likely to be via normal channels
- Staffing of vaccine clinics.

The delivery of a successful mass vaccination programme will require working with the following key stakeholders in order to discharge these responsibilities:

- Primary care services: GP Practices, community pharmacies, dental practices, optometry services
- Local Authority
- Voluntary Organisations
- Police
- Ambulance Service.

A PTHB Flu and COVID-19 Vaccine Action Group has been established to oversee the operational delivery arrangements for the 2020 seasonal flu campaign and COVID-19 vaccination programme.

In the context of the COVID-19 vaccine programme, the group is responsible for the following areas of planning and preparation:

- Develop a delivery plan
- Develop approaches to delivery based on the Joint Committee on Vaccination and Immunisation (JCVI) recommendations regarding prioritisation
- Oversee implementation of the delivery plan to deliver the vaccine to local populations once a safe and effective vaccine is available
- Monitor vaccine uptake and equity of access
- Ensure arrangements for procurement and provision of personal protective equipment (PPE) include programme needs
- Manage risks and issues and maintain a register during the development and implementation of the delivery plan
- Ensure partners and relevant stakeholders are engaged and informed on progress developing and implementing the delivery plan.

The PTHB Flu and COVID-19 Action Group is a multi-agency planning group and is chaired by the Director of Public Health. The group which meets on a weekly basis includes representatives from Powys County Council and primary care, and provision is in place to invite other relevant partner agencies, as appropriate. The Vaccine Action Group reports any items for decision to the PTHB Executive Committee.

Members of the PTHB Flu and COVID-19 Action Group will regularly review the following to ensure that PTHBs COVID-19 Vaccination Deployment Plan remains current:

- Localisation of WG guidance
- Consent process
- **Availability of Patient Group Directions (PGD's)**
- Prioritisation
- Protocols/Policies/Legislation/Regulation/Restrictions
- Research/areas of good practice.

Where appropriate, and where timescales allow, the processes in place to respond to the above list of considerations under 'business as usual' circumstances, will be undertaken to progress these key areas of planning i.e. sign off of PGD's.

A PTHB COVID-19 Vaccination Operational Management Team will be established to oversee the operational delivery of the COVID-19 vaccination programme in

Powys, when detailed information on the likely vaccine and delivery date is announced by WG.

Core members of this Operational Management Team will include (not inclusive):

- Consultant in Public Health
- Immunisation Coordinators
- Medicines Management Manager
- Support Services (Transport/Logistics) Manager

A mechanism has recently been established to ensure that partner agencies within the Dyfed Powys Local Resilience Forum (LRF) and the existing COVID-19 Strategic Recovery Coordination Group are provided with a regular update on local planning activities for the COVID-19 vaccine. The LRF also provides a vehicle to request assistance from local partner agencies not directly involved in the local Vaccine Action Group for areas such as security, severe weather etc.

The Covid 19 vaccine for the identified key priority groups will be delivered in three progressive phases:

Phase 1	Priority Group	Priority Frontline PTHB Staff
	Delivery Venue	Community Hospital Settings
	Estimated numbers	1,300 staff

Phase 1.2	Priority Group	Priority Frontline PTHB Staff and Health and Social Care Workers
	Delivery Venue	Community Hospital Settings and Mobile Vaccinator Team
	Estimated numbers	1,300 staff + 2,000 social care staff

Phase 2	Priority Group	Shielding
	Delivery Venue	Mass Vaccination Centre's
	Estimated numbers	5,785

Phase 3	Priority Group	Mass Population Vaccination (and possible use for additional eligible groups for 2020 seasonal flu campaign)
	Delivery Venue	Mass Vaccination Centre's & use of satellite centres due to geography of Powys.
	Estimated numbers	Circa 33,000

As indicated above, the COVID-19 vaccine will be delivered in a number of different settings. These include:

- Community hospital settings
- Mobile teams operating from a variety of settings i.e. primary care settings; care homes etc.
- Mass Vaccination Centres

- Possible use of identified smaller satellite vaccination centres due to the geography of Powys, if considered necessary.

The following operational issues associated with potential venues are being considered as part of the health board's local COVID-19 vaccine deployment planning:

- Access
- Security
- Infection prevention and control measures, including the management of waste
- Management of flu programme alongside the COVID-19 Vaccination Programme
- Contraindications
- Informed Consent and Record Forms

Data collection will form an important part of the process. Individual forms for all who attend the vaccination centre should be completed and retained for monitoring and recording of vaccination, whether contra-indicated or declined. That information should also form the basis of regular 12-hourly situation reports completed by the data co-ordinator and site lead officer to the Vaccination Operational Management Team.

Long-term records showing vaccine batch number may also be compiled for future tracking purposes.

Areas to be considered in relation to data management when more detailed information on the ICT solution is available include:

- Booking system
- Call/recall arrangements, including developing invitation letter with clear instructions
- Data/records management/integration/intelligence
- Data flows into Electronic Staff Records/Primary Care.

ICT equipment for the Mass Vaccination Centres, including Laptops and mobile phones are currently being procured locally.

The current preferred model for the receipt and onwards delivery of the vaccine is for the health board to receive the vaccine into one central location on the Health Board's Bronllys Hospital site.

A secure pandemic storage facility is available at the Bronllys site that was built for the safe storage of antivirals and vaccines. Work is being progressed to prepare the pandemic storage area so that it is a) fit for use b) ensure that the existing vaccine refrigerators are adequate in size and are in good working order to be able to ensure the safe storage of the central stock when available.

Further options are currently being explored in relation to:

- The most suitable means of transporting the vaccine to mass vaccination centres and other vaccinating locations
- The most suitable solution to ensure the safe storage of any vaccine that is surplus to requirement at the end of the day's vaccinating activities
- Freezer capability

- Depending on the preferred option, availability of dedicated pool cars to be procured in line with the PTHB Pool Car Policy is being considered to assist with the transportation of the vaccines to the mass vaccination centre; this will allow the vaccines to be safely transported to the vaccination site on a daily basis.

The health board will utilise existing enhanced 'business as usual' mechanisms in place to order, store and transport all items of clinical consumables, including PPE for use at the mass vaccination centres and other locations.

Ideally, some stock will be left at the mass vaccination centre site if secure storage is available at the location, to ensure continuity of supply.

A stock control process will need to be operationalised by the Operational Management Team to ensure that sufficient supplies of vaccine and clinical consumables are available for use at the mass vaccination centres and any other venue where vaccination takes place.

The health board currently delivers routine vaccinations by an entirely registrant model, whilst we have in the region of 100 nurses that can vaccinate, their experience, confidence and availability will be variable. To deliver a programme of this size there will be a need to extend the workforce and to review skill mix.

With the requirement for mass vaccination, there is a need to increase skill mix within the vaccination workforce. Whilst Health Care Support Workers are able to provide some vaccination, they are not able to work independently and cannot work to Patient Group Directive. It is anticipated that legislation will change in November 2020 to enable non-registrants to work to a PGD.

We are therefore planning to recruit a mixed workforce to deliver the vaccine through local, mobile and mass vaccination routes. It is envisaged at this stage that the vaccination staff will need access to professional and clinical advice in the light of potential clinical queries or contraindications.

At each centre there will also be a need for administrative support; their role being to meet and greet, collect demographic data and enter data onto the live data fields. They will also have a role in overseeing the waiting area post vaccination in the mass vaccination centres.

The health board currently has access to in house training, supported by national online training. It is important that relevant staff have time available to access these training modules.

We anticipate that a national training programme will be available for Health Care Support Workers, local solutions will be explored in the short term.

Occupational health currently have responsibility for the oversight and administration of vaccines for staff, it is anticipated that this would be the case for COVID-19 vaccination, potentially with added capacity/support from peer vaccinators.

Whilst the plan is to recruit additional staff to provide vaccination there are risks associated with being unable to recruit to the number of posts. This is likely to

be true for registrants who will necessarily be appointed to fixed-term contracts, given the time-limited expectation of mass vaccination.

In the interim, it will be important to identify a designated workforce who could support delivery in the short term, particularly as the flu vaccination programme is still likely to be in place when the COVID-19 vaccine becomes available.

Each vaccination centre will require Vaccinators, Administrative / Support staff and portering / cleaning. In addition, access to medical staff/pharmaceutical advice in case of adverse reaction will be required, alongside access to emergency treatment if required. Each will have an identified person in charge.

Familiarisation sessions will be convened for all staff working in the mass vaccinator sites to ensure that all staff feel confident in the role that they are being asked to undertake prior to the launch of the mass vaccination centre.

As a minimum, this training will include:

- Staff briefing, including the use of the PGD for all identified trained immunisers
- Management of queues
- Triage
- Managing the recovery period; to ensure safety of service use and flow;
- Safeguarding issues
- Addressing contraindication issues
- Responding to confidentiality issues
- Dealing with unwell/anaphylaxis
- Addressing patient questions
- Inputting data/data management processes.

The following standard operating procedures (SOPs) will be produced to support the operational delivery of the COVID-19 vaccination programme for each of the specific settings:

- Maintaining the cold chain
- Administering vaccine
- Cleaning and decontamination
- Abusive patients.

The health board will develop a local communications plan, based on local knowledge and stakeholder profiles, that is aligned to the national communications strategy for COVID-19 vaccination, when it becomes available.

An effective local communications plan that is aligned to the national communications messaging will be essential to the success of the COVID-19 vaccination programme. If implemented effectively, it will alleviate concerns from the staff and members of the public receiving the vaccination, but also pass on the key messages and instructions provided for people arriving at the mass vaccination centres so that they know what to expect.

A cost code for COVID-19 vaccination programme is in place. A clear process of recording decisions will be adhered to ensure that there is sufficient audit trail to understand all cost expenditure.

Care Homes and Enhanced Setting Plan

The prevention and response approach in Powys includes a specific focus on enhanced settings, inclusive of care homes. Due to the nature of these settings and the vulnerable groups they care for, there have been a number of outbreaks across the UK. As a result, all care homes, including those for children and young people and those with learning difficulties, have received testing for staff and residents along with reiteration of basic infection prevention and control measures.

Q2 Achievements

- Provision of accurate data both qualitative and quantitative for every care home within Powys.
- The establishment of executive oversight jointly chaired by PTHB & Powys County Council supported by daily multidisciplinary team meetings, including an escalation matrix that articulates clearly the actions required of each agency in the event of difficulties occurring within care homes. During escalation this included daily contact from the team and on call complex care nurse at weekends and support given as appropriate.
- Implementing new guidance in relation to care homes as it arises. This area has been fast changing, for example, testing, discharge and transfer arrangements.
- Strengthening the range and accessibility of PTHB services to the care homes; including palliative care, safeguarding, therapy teams (virtual assessments), Tissue Viability, Complex Care Specialist Nurses.
- Supporting safe decision making and optimising infection prevention and control in relation to the provision of safe care to people with Covid-19 positive results.
- Sensitive arrangements to ensure where discussed with the person involved and if appropriate, their families, advanced care planning established
- Practical support to staff in care homes in relation to additional training
- Availability of silver cloud to support emotional health and wellbeing of staff
- Fit mask testing for all care homes with any residents requiring aerosol generated procedures.

Q3/4 Key Actions

In addition to the areas highlighted in the Covid Prevention and Response section of this plan for care homes and other enhanced settings, the following activity is underway:

- Developing the preventative response articulated via action cards to maximise accessibility to teams involved in supporting care homes to increase their resilience. This will ensure the supportive offer to care homes from the health board is clear.
- Working together with local authority partners in relation to ensuring a robust local response to care home failure, including an assessment of the importance of any singular provision strategically for the county. This builds on previous work developed together during phase 1 of the pandemic and will help inform a sense check of the health board's contingency plan for nursing care home closure.
- Revisit the staffing escalation matrix to ensure it remains fit for purpose. Given the need to manage clinical risk, shortfalls in registered nursing

workforce currently faced by the health board, exacerbated by the demands of the Covid-19 pandemic specifically to the delivery of mass vaccination programmes and the need for internal deployment, means the health board is not in a position to staff care homes on anything other than a very short term, emergency basis.

- Strengthening the contingency planning within care homes, alongside local authority partners.
- Working together with local authority partners to ensure the discharge of people from hospital into care homes is well managed ensuring safety and timelines.
- Consolidate joint meetings related to Section 33 arrangements, enabling the implementation of a commissioning assurance framework and oversight of care home governance, including planned and unplanned closures.
- Continued support for the multidisciplinary team meetings providing enhanced oversight and joint approach to care homes.
- **Benchmark using "Best Practice for Care Homes in Relation to Covid-19 in Wales", August 2020 by Professor John Bolton and implement improvement or development where indicated.**
- Resumption of physical visiting (staff & families / carers) where safe to do so, in line with Welsh Government direction.
- Establishment of a health board Quality, Safety and Experience group focused on care commissioned through use of funded nursing care and continuing health care:
 - Ensure best use of resource through review of the complex care nursing team
 - Maintaining pharmacy technician support directly into care homes
 - Maintain respiratory team support continued and increase staffing source to support hospital discharge
 - Utilisation of step up and step-down beds.
- Secure and monitor primary care provision in line with the DES (ongoing)

Q3/4 Priorities

- An Interagency Plan has been developed to manage care home sustainability which targets six specific areas:
 1. Infection prevention and control
 2. Personal Protective Equipment (PPE)
 3. General and clinical support for care homes
 4. Residents' well-being
 5. Social care workers' well-being
 6. Financial sustainability
- Review and strengthen quality of resident and carers experiences around visiting.
- Develop the capability and capacity of the Registered Nurse workforce within care homes including creating access to temporary staffing solutions.
- Maintaining and developing the partnership approach to support care homes between PTHB and Local Authority.
- Optimising the use of digital support platforms to enable consultations.

Issues and Risks to Delivery

- The resilience of the staffing model within care homes
- Financial sustainability of care homes

- Challenges to accessing care home placement in a timely manner as a result of hospital discharge and transfer criteria
- Outbreak of Covid-19
- Workforce impacts due to the need to self-isolate
- Workforce capacity, issues of recruitment and retention to the sector
- Supply and delivery of flu vaccination

Modelling and Surge Planning

The modelling that underpins the demand plans as a provider and commissioner has been provided by Welsh Government. PTHB is using the Warwick model and local short-term modelling to guide the assessments. This is being sense-checked against updated national modelling as it is received.

It should be noted that the Covid Technical Advisory cell state that the models do not represent the full range of possible outcomes and no likelihood is attached to any of the scenarios at this stage and the timings and scales of peaks in infection and demand on healthcare, are subject to significant uncertainty.

The bed modelling is based on key planning assumptions in relation to levels of clinical requirements for quality and safety and adequate disease response, particularly in relation to Critical Care (ventilation), Non Invasive Ventilation and Oxygen requirements.

- A series of supporting flow charts were developed for management of Covid-19 at peak levels and in extremis and these have been updated for winter 2020/2021 as management tools during Quarters 3 and 4.
- Revised modelling has been carried out and the planning of services in following sections of this plan take into account the revised demand assumptions and capacity requirements.
- A revised bed model has been developed based on the refreshed modelling for both core operations and surge capacity
- Work has been completed to plot bed plans for each hospital site in accordance with Welsh Government guidance to support conversion of areas where necessary for surge use.
- The surge bed model is based on key assumptions in relation to levels of clinical requirements for quality and safety and adequate disease response, particularly in relation to ventilation and oxygen requirements.
- Existing agreements are in place for Powys residents in terms of access to key partner DGH provision for acute needs and similarly for access to field hospital provision in extremis if that was required.
- **PTHB patients continue to be factored into other health boards' and appropriate English providers' surge planning via on-going engagement through regional and national arrangements.**
- Collaborative work undertaken with PCC and Military to identify potential surge facility sites pan Powys; Community Surge Facility plan developed and appraised and available to revisit; progressed to lease approval stage and design procurement routes identified. Estimated time to stand up circa 6 weeks, if required.

Neighbouring providers of acute and specialised services in England and Wales have included the expected Covid-19 demand on acute and critical care services for the Powys population within their respective demand and capacity plans.

We are using the system planning assumptions to ensure we are collectively prepared as we head into a winter period. Existing agreements are in place for Powys residents in terms of access to key partner DGH provision for acute and critical care needs and similarly for access to field hospital provision in extremis if that was required.

Bed Modelling

The modelling of demand and capacity for beds is a component of the overall modelling and surge planning described on the previous page.

It is based on the assumptions described in the section above, in relation to the overarching modelling and surge planning. This applied to PTHB as a provider and commissioner. This is applied in alignment with the Welsh Government modelling and system wide approach.

PTHB is using the Warwick model and local short-term modelling to guide the overarching assessment of need and demand as noted on the previous page. This is being sense-checked against updated national modelling as it is received.

For the bed modelling specifically, the appraisal of capacity includes a consideration of key factors in relation to the physical environment, health and safety and social distancing requirements, clinical capacity and workforce.

The assessment for PTHB has some specific considerations, mainly that all bed capacity for PTHB as a provider is community hospital based and all acute bed capacity is provided by neighbouring health boards and cross border acute providers.

PTHB has a community based model for bed usage and a community service based workforce. There are associated ceilings of clinical care and service provision for the usage of beds in community hospitals.

A consideration of actual bed usage is also taken into account, as shown in the table below. This demonstrates the change in the bed usage profile from the period before the Covid-19 pandemic outbreak, the first phase of the pandemic in April and May 2020 which saw a significant reduction in the bed usage, and the second phase in July onwards which saw a gradual increase in usage.

<u>PTHB provider :</u> <u>Bed usage – Actual</u>			
	<u>Covid</u>	<u>Non-Covid</u>	<u>Total</u>
Before Covid outbreak	0	159	159
Apr-20	11	56	68
May-20	11	68	79
Jun-20	13	74	87
Jul-20	3	106	110
Aug-20	1	118	119

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A reasonable worse case scenario (RWCS) is used to forecast demand, in line with the approach agreed across NHS Wales. The proportion of demand related to the Covid-19 pandemic has been calculated at a national level, and local allocations attributed, as shown below for PTHB as a provider. These are calculated as a range, the higher end of the range is used for forecasting the maximum scenario, to ensure capacity is available if required in extremis. This is essential given the complexity of the context for this winter period:

PTHB provider : Covid RWCS demand estimates	
Scaling factor (applied to Jun-20 high)	<u>Covid bed usage</u>
1.5	20
2	26
3	39

A forecast of demand has also been calculated locally for non Covid-19 related bed usage for PTHB as a provider.

As shown below there are variables related to this assessment and the forecast is calculated as a range.

The high point scenario is correlated to the highest usage (159 beds) seen before the Covid outbreak (highlighted above in the table showing PTHB Bed Usage).

PTHB provider : Non-COVID future demand	
Low scenario -	56
Mid-point scenario -	108
High-point scenario -	159

It is also important for PTHB specifically to factor in the activity cross border in relation to community bed usage, as there is a need to repatriate as many Powys residents as possible into Powys community beds, to support the delivery of healthcare across systems in preparation for the winter period.

The table below shows the highest recent levels of usage in English providers and how this provides a calculation of 10 beds required for repatriation:

Community bed repatriation from Commissioned providers	
Shropshire Community high (Aug 2019)	4.3
WVT high (Nov 2019)	5.7
Sum of high points	10

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Shropshire Community average (Nov to Feb)	0.3
WVT average (Nov to Feb)	4.8

All of the above factors are then brought together to form the total demand forecast.

The table below shows the sum of each of the high points of the estimates outlined above (the figures are also highlighted in the above tables for ease of cross referencing):

PTHB provider : Reasonable Worst Case Scenario	
PTHB COVID	39
PTHB Non-COVID	159
SaTH/WVT repatriation	10
Total	208

This provides a maximum total forecast demand of 208 beds.

The range using the mid point scenario for PTHB Non Covid demand, which is 51 beds lower, is therefore 157 – 208 beds.

The PTHB Bed Plan for the winter period is based on this analysis, with a planned increase of the bed base to 162 beds to the end of March 2021 and within that, an additional surge capacity up to 197 beds for a six week period, which is forecast to be most likely required in January 2021 and February 2021.

This is the range for PTHB community hospital beds, in line with the community based model and ceiling of care for the usage of beds as noted previously.

PTHB Mental Health bed capacity is also included on the Welsh Government Minimum Data Set Bed Plan spreadsheet.

The acute bed demand is calculated separately and is not included in the Welsh Government Minimum Data Set return, as this has been factored into the demand forecasts of the relevant acute providers in Wales and England. Refer to section on DGH and Regional Services for further information.

The operational winter plan also includes virtual ward capacity in addition to the physical bed capacity and has a focus on the home first ethos, supported by PTHB patient flow management and co-ordination. **This isn't shown on the bed plan itself but is an important component of winter capacity.** Refer to the section on Unscheduled Care and Winter Preparedness for more information.

In addition, there are intermediate care beds at the Glan Irfon site in Builth Wells. This is jointly managed by PTHB and Powys County Council under a Section 33 arrangement.

The PTHB bed plan does not therefore forecast an additional requirement for field hospital provision to meet its community bed provision requirements.

Covid Itself: Summary of Actions for Quarters 3 & 4

- Implementation of the COVID-19 Prevention and Response Plan for Powys
- Ensure any changes to testing policy and eligibility are implemented quickly for Citizens requiring testing as part of preoperative procedure in DGH & Community hospitals
- Extend electronic test requesting for COVID-19 samples to inpatient areas supported by NWIS
- Further develop our local testing plan to reference how testing will be carried out in the following settings:
 - Schools
 - Care homes
 - Community hospitals (inc patients and staff)
 - Supported living
 - Extra care housing
 - Complex community cases
- Further develop testing plan to incorporate antibody (i.e. serology) testing to existing antigen testing model
- Establish internal laboratory testing capability within 2 x hospital sites
- Finalise Mass Vaccination Plan in line with national delivery requirements
- Implement Care Homes and Enhanced Setting Plan with key areas of focus described in this document
- Ensure bed modelling and surge capacity is continuously reviewed to respond to changing circumstances

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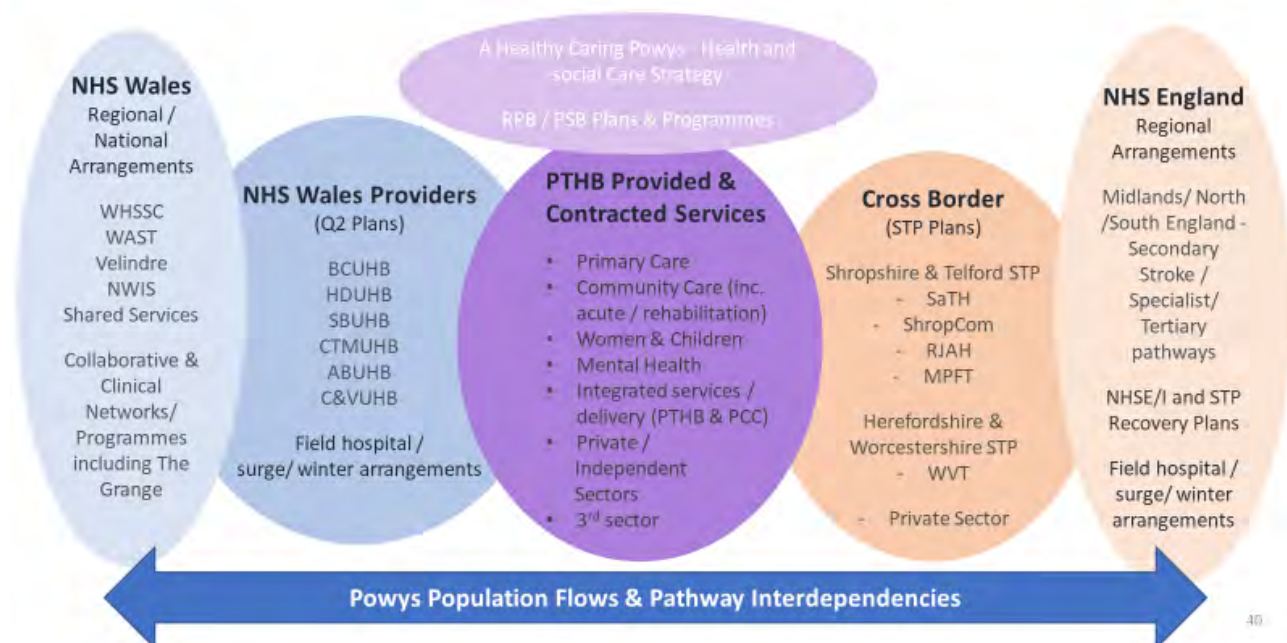
Covid and Non-Covid

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Overview

The Operational Plan for Powys has a unique and complex context as a provider and a commissioner, as shown below:

Powys Delivery Framework



Together, these components form the heart of our quarter 3 and 4 plan. No one part of the system can be seen in isolation, as Powys residents' pathways span across both English and Welsh systems of care as well as across multiple providers.

This plan responds to the changing circumstances relating to the Covid-19 pandemic and the need for a dual track approach, continuing to respond to Covid-19 as well as recovery of healthcare in this context.

Winter preparedness is a key element of this plan and has been developed in alignment with other partners in the Regional Partnership Board, cross border and within NHS Wales.

The overarching Planning Framework and the Clinical Response Model within this have been updated in the light of this, taking into account:

- The learning from Phases 1 and 2 including the innovation and adoption of new ways of working
- Tracking and surveillance of the Covid-19 pandemic itself and the position for Powys, its neighbouring providers, cross border providers and commissioners and NHS Wales as well as the impact on the community and the whole system in relation to wider determinants
- The current performance position and challenges and the need for a recovery programme which addresses the increase in people waiting for diagnostics and treatment and ensures action is taken in specific areas including the cancer pathway

Framework for Phase 3 Response Planning

PTHB Planning Framework for Phase 3: Winter Protection Plan



The Clinical Response Model has been updated for Phase 3, led by PTHB Clinical Executives, in the light of the modelling and surge assumptions; the operational services programme and the ongoing response to the pandemic. It sets out the points of access and triage arrangements in and out of hours and the ability to step up mechanisms in peak or surge scenarios and for 'red and green' assessment as appropriate.

Overarching Clinical Response Model

Prevention	Test Trace Protect	Prevention and Response Plan	Outbreak and Incident Management
Self Care	Promote Government Guidance: Hand hygiene; social distancing; social isolation, shielding including comms to public	Promote 111 as first port of call	Promote support available and promote the following e.g.: - Contact C-SERT for community support - Use of self management apps / online guidance
Primary Care	GP telephone/video assessment and management	Emergency Dental / Optometry Centres provided	Non-COVID - Urgent Care Access enabled telephone or video assessment via GP Attend Anywhere / Community Care / Community Hospital/Onward referral to secondary care
Home and Community	Enhanced care at home through multi disciplinary teams	Virtual Respiratory Pathway	
Community Hospitalisation	Higher acuity of care requiring High Flow Oxygen - Tier 1 sites - Welshpool, Llandrindod Wells, Brecon	Other hospital care - Tier 2 sites - Newtown, Llanidloes, Machynlleth, Ystradgynlais, Knighton	Potential Surge Capacity Utilised
Rehabilitation Framework	Encourage Early Discharge of non-covid stable Trauma patients from DGH to Community Hospital / Home Support	Encourage Early Discharge of non-covid stable Rehab patients from DGH to Community Hospital / Home Support	Encourage Early Discharge of covid stable patients from DGH to Community Hospital / Home Support
Discharge	Discharge - Home With Self Care advice	Discharge - Home with virtual or face-to-face clinical care	Discharge - Home with reablement or residential/nursing home care
DGH, Regional and Specialist Services	DGH	Regional	Specialist Services

Self Care, Family and Community Support

Powys Teaching Health Board continues to encourage self care, family and community support. This has been integrated into our response to Covid-19 from the outset.

There is continued public messaging with regards to hand washing, social distancing and face covering in line with Welsh Government guidance.

In addition, our primary care partners are working to ensure that our list of shielding patients is maintained.

Our Invest in Your Health self-management education programme is available to any adult in Powys with a long term health condition or who is at risk of developing one. At present, it is only available online due to the constraints of the current COVID-19 situation with skilled digital facilitators available to help for those who find using online systems challenging.

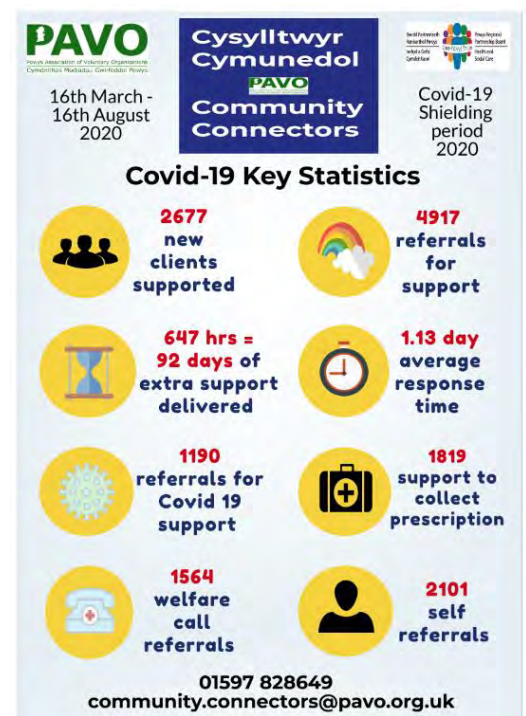
The programme consists of 6 modules covering topics such as managing mood, keeping active, staying connected and managing breathlessness and a referral can be made by any health professional, or via self-referral.

Powys has a strong third sector and partnership working with the public sector.

Regular Covid-19 risk & assurance meetings have been established with key commissioned third sector providers and a tracking system has been put in place to monitor and assess operational / staffing / service user risks and service gaps during the Covid-19 outbreak. The sector has experienced benefits and challenges to date such as seeing an increase in volunteers but also a reduction of core fundraising activities, temporary closure of charity shops, furloughs of employed staff and workforce pressures due to shielding / isolating and challenges associated with infection control measures.

Other benefits of partnership working with the third sector during the pandemic include:

- Key updates are circulated to referring clinicians, which detail any changes to third sector service provision to take account of Covid-19
- Additional funding has been secured for the extension of the home from hospital service activity which was put in place as part of winter arrangements. This was continued to support the preparations and response to Covid-19
- The issuing of third sector agreement documentation and addressing of queries has been prioritised, to help stabilise confidence and provide security across the sector and for service users



- In quarter 2, the health board committed to the creation of a role to strengthen capacity for overseeing third sector provider support. This role should be recruited to during quarter 3.

PTHB will continue to work with third sector providers to identify and progress service initiatives developed during Covid-19 that enhance service user outcomes and service delivery e.g. virtual support and advice. Face to face support will be considered for gradual re-introduction where appropriate and safe alongside virtual approaches, in line with service specification outcomes. There is continued monitoring of the level of service referrals, capacity and demand, refocusing provision as appropriate and in line with the individual constitutions, registrations and purposes of organisations.

Work is continuing within the Regional Partnership Board and Public Service Board on the continued financial stability / fragility of third sector providers during Covid-19 and longer term.

A Community Service Emergency Response Team (C-SERT) was established as part of the Covid-19 pandemic, consisting of PAVO, key third sector organisations, Powys County Council, Regional Partnership Board and Powys teaching Health Board, chaired by PAVO with the following key responsibilities:

- Offer volunteer support and emergency response services
- Establish / enhance existing community support networks via community connectors and divert capacity to essential services
- Support co-ordination / registration / management of volunteers
- Information and Engagement – ensuring the correct information and validated advice is in place, including self-care initiatives
- Third sector transport



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Unscheduled Care and Winter Preparedness

This year the Winter and Covid-19 Pandemic is anticipated to be very challenging for the statutory, independent and third sectors but there is an absolute determination to protect good standards of service despite the predicted pressures.

The Unscheduled Care Winter Plan 2020/21 has been drafted with partners and key stakeholders to ensure the health and care community is fully prepared for the winter period to ensure safe, timely and effective care together with positive experiences and outcomes for the people of Powys. The plan addresses Powys Teaching Health Board's role as a provider and commissioner.

This work will be continued and updated to ensure alignment as part of the RPB Winter Plan process, with submission due to Welsh Government at the end of October 2020 via the Regional Partnership Board.

This plan is based on Welsh Government Regional Partnership Board Guidance for Winter Planning 2020/21 utilising the 6 goals for urgent and emergency Care:

Goal 1: Co-ordination, planning and support for high risk groups Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care

Goal 2: Signposting, information and assistance for all - Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place, first time

Goal 3: Preventing admission of high risk groups Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home

Goal 4: Rapid response in crisis - The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.

Goal 5: Great hospital care - Optimal hospital based care for people who need short term, or ongoing, assessment/treatment, where beneficial

Goal 6: Home first when ready - Capacity to ensure effective and timely discharge from hospital, when individual is ready to most appropriate location and with proactive support to reduce chance of readmission

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The Powys Unscheduled Care Winter Plan:

- Will reflect a whole system approach to the commissioning and delivery of services over the forthcoming winter period
- Will build upon lessons learnt internally and externally over recent years and the best practice, knowledge and experiences of peers and partners
- Will identify the potential risks and issues and sets out options and solutions to mitigate against them.

Much of the literature on emergency pressures underlines the importance of the NHS and partners finding ways of meeting and moderating rising demand for hospital care. As identified in the Powys Health & Care Strategy, the focus needs to shift to upgrade prevention and increase investment in the community, to avoid hospital use where possible and provide more care closer to home.

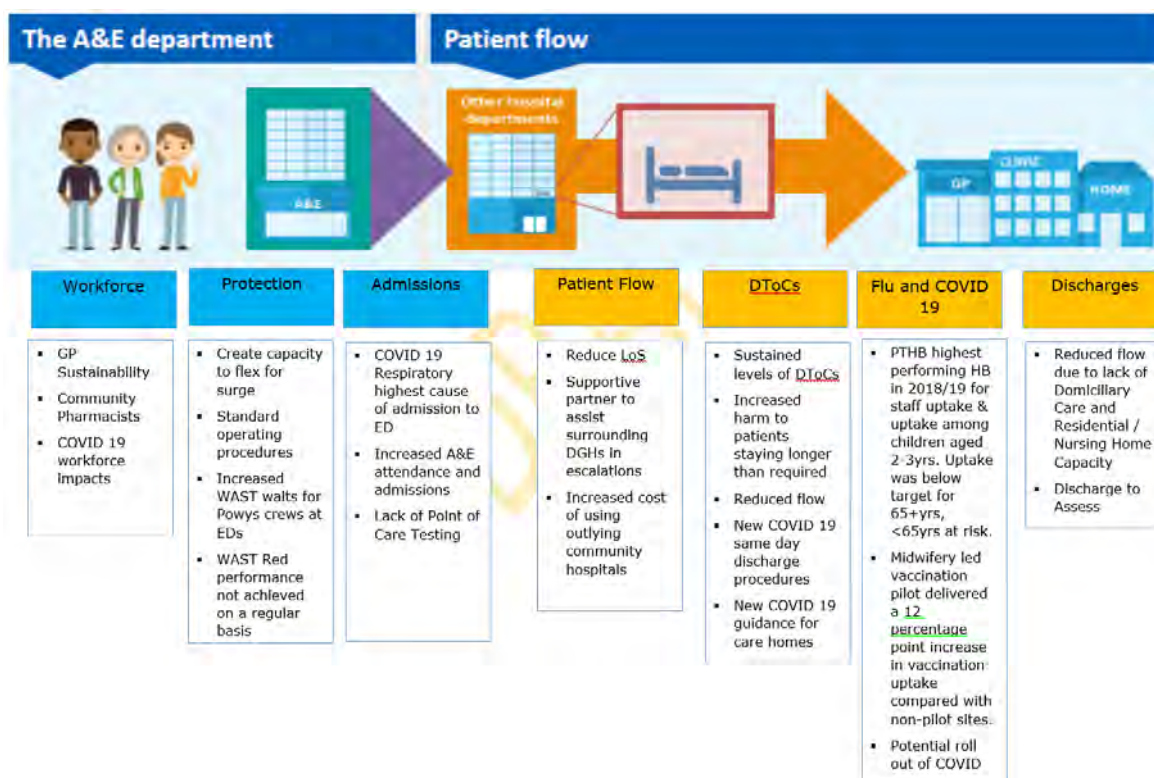
Primary care continues to be the corner stone of healthcare provision for the majority of people in Powys and access to high quality, responsive services is crucial to ensuring that winter pressures can be adequately met. Work is on-going with all GP Practices, but particularly those that have capacity challenges, to ensure that appropriate patient pathways are in place. These include the provision of practice-based pharmacists, physiotherapists, urgent care practitioners and physicians' associates, along with an enhanced Community Dentistry Service. These, coupled with in hours clinical triage systems and multidisciplinary / multi organisation Community Resource Teams, will continue to ensure that capacity is maximised over the winter period and that patients are seen as quickly as possible by the most suitable practitioner for their needs.

The Third Sector in Powys play a vital contribution in supporting people at home and assisting with early discharge from hospital. PAVO is the County Voluntary Council for Powys and, as such, is the umbrella body for the county's 4000+ voluntary organisations and a catalyst of voluntary action, a voice for the voluntary sector and a hub of essential information. PAVO's role is critical as a partner, providing advice, support and sign-posting.

A collaborative approach has also been taken with English Trusts, specifically Wye Valley NHS Trust and Shrewsbury and Telford NHS Trust, as major providers of acute care for Powys residents. This is against a back drop of significant challenges for Shrewsbury and Telford NHS Trust in particular which is in special measures and has been at the highest level of escalation as part of the PTHB Commissioning Assurance Framework, together with Care Quality Commission inadequate ratings and enforcement actions.

Similarly the health board and partners will continue to work with the Welsh Ambulance Services Trust and EASC (Emergency Ambulance Services Committee) to align plans and responses to scenarios during October. This will be included in more detail in the operational winter plan being completed for the end of October 2020.

Continued actions in these domains will help to transform the delivery of health and social care to better meet the needs of the population and secure improved patient experience. These will address the key factors of patient flow:



Flu Vaccination Plan

The aim of the 2020/21 programme will be to maximise flu vaccine uptake across all at risk groups, with the aim of a minimum 75% uptake across all eligible groups.

This year there are significant challenges as a result of the coronavirus pandemic and the additional requirement for social distancing and personal protective equipment. Additional demands are also anticipated as there is an expectation that the demand for vaccine will be higher than normal. The government has also recently announced an extension to the annual flu cohorts with the inclusion of individuals aged 50 years and upward from November 2020 which will increase the pressure on the system.



Actions to date include –

- The establishment of the PTHB Flu & Coronavirus Vaccination Action Group led by the Director of Public Health which meets weekly
- The development of primary care cluster plans, with new ways of delivering vaccination including drive-throughs
- A review of home and domiciliary home care vaccination and the development of plans for community pharmacy to support
- Plans for PTHB staff to be vaccinated through a combined model of occupational health and peer vaccination, this is a new model for Powys but should result in an increase in the numbers of staff vaccinated in a safe way
- Plans are in place for all school children to be vaccinated before the Christmas break.

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The seasonal flu vaccination plan has been developed for Powys with the following key areas of focus:

- Underlying principle of effective monitoring, prevention and treatment
- Targeted approach to increasing uptake for eligible groups, those under 65 years in high risk groups, those over the age of 65 but introducing opportunistic vaccination by clinical nurse specialists
- Engaging with primary care clusters to tackle variation at a community level.
- Midwives assuming responsibility for vaccination of pregnant mothers, ward staff will offer vaccinations for longer stay patients and a collaborative approach will be undertaken to support increased vaccination rates in care homes
- Map provision of vaccination in nursing and residential homes for both residents and staff to try and increase vaccination and reduce the number of outbreaks
- Assess current information on influenza vaccination provided to respiratory patients across healthcare system (primary and secondary care and information type – leaflet / screen or personal recommendation)
- Review the number of community pharmacies engaged in the 2020/21 flu campaign and their contribution to raising awareness of need for flu vaccination in those on repeat prescriptions for inhaled steroids.

All action plans are being reviewed and supported through the Vaccination Action Group.

Primary Care

Our primary care partners continue to provide essential services to the population of Powys, and as a health board, we are working with these partnerships to develop key actions to respond to the changing circumstances.

Our Primary Care and Community Care sections are developed in line with the Primary and Community Care Operating Framework, Recovery for quarters 3 and 4 issued on 24th September 2020.

Core actions are outlined below.

General Medical Services (GMS)

- 100% of practices will continue to undertake initial triage consultations as the first point of contact through a combination of approaches, including Attend Anywhere, AccuRx (Education Management Information System enabled tool) and telephone.
- Remote consultations will be continued to support access to GMS and enhanced service delivery.
- The temporary amendment of all local enhanced services until 31/03/21 will continue to support enhanced service delivery.
- Reintroduce Enhanced Services (Direct Enhanced Service/National Enhanced Services/Local Enhance Service) as a phased approach during September to a position of 100% of practices offering their full enhanced service offer (as per pre Covid-19) from 1st October. The Health Board will continue to work closely with practices throughout quarters 3&4 as required. Practices will continue to progress premises adaptations to provide services safely in line with Infection Prevention and Control requirements.

- The PTHB '*General Medical Services Contract Recovery Plan and Tool Kit in relation to COVID-19*', checklists will be continually reviewed to ensure patient and staff safety.
- Plans are ready for implementation to respond to Covid-19 local outbreaks including the reestablishment of Covid-19 hubs if required and in conjunction with GP practices in each cluster
- In line with the Primary and Community Care Framework, Powys Teaching Health Board and its clusters will review the outputs from the national pacesetters relating to urgent primary care to assess the potential for such a model of care across Powys.
- Direct Enhanced Service (DES) arrangements for care home coverage in place with 100% of care homes covered by the DES.
- Six Protected Time afternoon sessions will be in place to support flu vaccination programme during October and November.

Out of Hours

- Weekly reporting will continue to monitor the existing robust shift cover.
- The consideration of the reinstatement of the Covid Management Service provided by Shropdoc, used successfully in the first quarter will be monitored closely with Shropdoc (in conjunction with their other commissioners) throughout the quarter 3&4 period.

Optometry

- Triage will continue to be offered as the first point of contact, primarily via telephone and via Attend Anywhere as the rollout continues.
- Prioritisation and scheduling of urgent and essential appointments will continue based on clinical need and presenting symptoms relative to the risk of sight loss and harm to the patient.
- Routine appointments will be offered and scheduled, in line with clinical prioritisation.
- All practices, apart from two branch practices will continue to be open and the service offer will increase as routine appointments become embedded. Patients from the two closed practices will continue to be diverted to the main site practices.
- Practices will continue to follow the College of Optometrists guidance on infection control, social distancing and Personal Protective Equipment.
- The Health Board will continue to work closely with optometry contractors throughout quarters 3&4 as required.

Dentistry

- 100% of practices will continue to provide face to face appointment for patients experiencing problems.
- The vast majority of practices are offering the Aerosol Generating Procedure.
- Urgent access provision will continue to be expanded, with 12 practices offering urgent access provision across Powys. This is in addition to the Community Dental Service urgent access provision.
- Hospital, Community, and Primary Care dentistry will have prioritised caseloads to ensure that patients with the most need will be seen first. This will continue to be based on clinical judgement.
- The Health Board will continue work closely with dental contractors throughout quarters 3&4 as required.

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Pharmacy

- All community pharmacies continue to be accessible to the public, with optional flexible opening in line with Welsh Government recommendations.
- All enhanced services available, with the exception of those considered high risk and suspended (Sore Throat Test & Treat, Inhaler Review Service).
- Remote consultations enabled for all services. Attend Anywhere active in one Powys pharmacy, with Welsh Government considering wider roll out.
- Significantly reduced number of people accessing Emergency Contraception enhanced service.
- Other enhanced service activity levels returning to pre-Covid levels.
- New pharmacy online escalation tool operational. Personal Protective Equipment requests being successfully managed via escalation tool.
- Planning for flu service ongoing, with Covid specific amendments to training requirements and service provision introduced for 2020/21. Pharmacies and care homes supported to collaborate re vaccination of care home staff.
- PTHB participating in All Wales community pharmacy winter planning exercise.

Medicines Management

The key areas identified for Powys Teaching Health Board internal Medicines Management team during quarters 3&4 are:

- Supporting the management of Covid-19 pandemic
 - Access to pre-prepared intravenous medicines
 - Access to End of Life (EoL) medicines
 - Medicines shortages
- Supporting mass vaccination (Covid-19 and 50-64 year cohort for influenza)
- Addressing medicines storage issues across PTHB
- Improving governance arrangements for medical gases (including home oxygen)
- Supporting multidisciplinary teams (MDTs) and virtual wards
- Support to care homes

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Primary and Community Care Delivery Milestones

The following table sets out the Welsh Government milestones for Primary and Community Care and the PTHB position and response:

	Welsh Government Priority and Milestone	PTHB arrangements
1	Monthly reporting mechanism on essential services Plan in place by End October 2020	Assurance to be provided via Committee and Board process; consolidated report to be provided to Performance & Resource Committee in Q3 prior to PTHB Board
2	Urgent and Emergency Optometry and Dental arrangements Plan in place by end October 2020	The PTHB Urgent Dental Centre COVID -19 hot hub in Brecon has remained operational throughout and will continue. Urgent optometry in place with local contractors. Emergency eye care out of hours is to out of county District General Hospital. Services will continue based on a risk assessment approach with the use of virtual triage, prioritisation and clinical scheduling and in line with Government guidance and restrictions/ clinical guidance.
3	Assess Care home provision Interim by end October 2020 Long Term by March 2021	100% Care Home provision in place through the Direct Enhanced Services (DES) arrangement. Further detail in Care Homes Section in this Plan.
4	Assess rehabilitation provision against framework Interim by end October 2020 Long Term by March 2021	Information in Rehabilitation Section in this Plan. This will also be reflected in the RPB Winter Plan 2020/21.
5	Step Up Step Down and Rightsizing Assessment	Information in Bed Modelling / Operational Winter Plan / Community Services Section in this Plan. This will also be included in the RPB Winter Plan 2020/21
6	Urgent Primary Care Pacesetters	The Health Board and its clusters will review the outputs from the national pacesetters relating to urgent primary care to assess the potential for such a model of care across Powys.

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Key risks for delivery

The Health Board will continue to work closely with all contractors (including Out of Hours provider, Shropdoc) and wider partners during quarters 3&4 as it has done throughout the first wave of Covid-19. As Powys is such a large and rural county, it is necessary for all parties to monitor closely the local conditions of demand and prevalence of Covid-19 in the communities. The Health Board will continue to facilitate the implementation of national guidance to contractors as necessary.

The Primary and Community Care Framework helpfully focuses the attention on key areas where effort and prioritised actions are required and these will assist in managing risks. Having said that key risks will be the demand and Covid-19 condition and prevalence in the general community but also in the workforce. Depending on the scale and spread, this has the potential to affect delivery of milestones and would require contractors to prioritise services accordingly. The Health Board will work closely with contractors throughout any such challenges.

Community Services

Community Hospital Model

The Community Hospital model has been revised during the pandemic and is based on a tiered site approach. This will enable a stepped response to variations in demand due to Covid-19 in combination with other seasonal factors.

Access to community hospitals is based on the agreed medical decision making model which has been updated by Clinical Executives for winter 2020/2021 as part of the updated overarching Clinical Response Model noted above.

In high peak or surge scenarios, the tiered sites will be utilised as follows:

- Tier 1 – Sites which have capability and physical environment for higher acuity of care within the PTHB Community Hospital model and overall clinical ceilings of care (Welshpool, Llandrindod Wells, Brecon)
- Tier 2 – All other community hospital sites which offer the PTHB Community Hospital Model of care

Essential Services / Non Essential Routine Services

The World Health Organisation (WHO) advises that countries should identify essential services that will be prioritised in efforts to maintain continuity of service delivery during the pandemic. WHO advises the following high-priority categories should be included:

- Essential prevention for communicable diseases, particularly vaccination;
- Services related to reproductive health, including care during pregnancy and childbirth
- Care of vulnerable populations, such as young infants and older adults;
- Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions
- Continuity of critical inpatient therapies

- Management of emergency health conditions and common acute presentations that require time-sensitive interventions
- Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services.

As a result, Welsh Government established an Essential Services Group, comprised of members from all health boards and, through the work of the Group, has published the *Maintaining Essential Health Services during the Covid 19 Pandemic Framework*. The framework, along with guidance issued underneath it, is designed to support clinical decision-making in relation to the assessment and treatment of individual patients.

Essential services should remain available across NHS Wales during the outbreak and all decisions about individual care must ultimately be made by clinicians, in discussion with patients and their families and in the best interests of each individual. However, the framework does not mandate that specific interventions must be provided to all patients, where that is not in their overall interest.

The aforementioned document is a framework and is not a prescriptive list of specialties and sub-specialties but has informed the expansion of service offer during quarter 2 and into quarters 3 and 4.

Definition of Essential Services as per Welsh Government Framework

The identification of services considered as 'essential', in this context, includes consideration of the following factors:

- Level of impact of any interruption to services on mortality and significant longer-term morbidity (i.e. the degree of harm) and avoidable morbidity in life shortening illness (palliative and end of life care)
- Degree of the time sensitivity of interventions (noting that some services may not be essential in the immediate short term, but may become so over longer periods)
- Value of interventions in value-based healthcare.

Services deemed as essential and which must continue during the Covid-19 pandemic are broadly defined as services that are life-saving or life impacting i.e. where harm would be significant and irreversible, without a timely intervention.

Irreversible for purposes of palliative and end of life care will include anything that will not realistically improve within the life span.

A detailed assessment has been undertaken of PTHB services (directly provided and commissioned) throughout the year, to assess, plan and manage the delivery of essential service and the progressive return of suspended services and routine non-essential services.

This assessment was initially provided in the Phase 2 Plan and this Plan updates and builds on that position, based on a 'proceed with caution' approach and the need to continue to respond to the Covid-19 pandemic during the winter period.

PTHB will use the recently published *Essential Health Services Quality Assurance Framework during COVID-19 Pandemic*, which outlines the quality assurance

systems and processes that NHS Wales bodies should have in place to support the maintenance of essential services, as it continues to monitor the essential services PTHB both provides and commissions.

This plan responds to the changing circumstances relating to the Covid-19 pandemic and the need for a dual track approach, continuing to respond to Covid-19 as well as recovery of healthcare in the context of the winter period.

The overarching Planning Framework and the Clinical Response Model within this have been updated in the light of this, taking into account:

- The learning, innovation and adoption of new ways of working to date
- Tracking and surveillance of the Covid-19 pandemic itself and the position for Powys, its neighbouring providers, cross border providers and commissioners and NHS Wales as well as the impact on the community and the whole system in relation to wider determinants
- The PTHB performance position and the need to address the increase in people waiting for diagnostics and treatment with mitigating action in specific areas including the cancer pathway

A tracking system is in place for patient management and waiting lists to proactively manage plans to address backlogs (refer to the commissioned services section as well as this PTHB provider section).

Phasing plans for essential services are in place and are live working documents, in recognition that flexibility and fluidity will be required to respond to changing circumstances over the winter period, at national, regional and local levels.

The Welsh Government Minimum Data Set submission provides supporting technical data showing the PTHB position and forecasts on essential services. The table below provides additional information across services in relation to how these are being continued, restarted or offered in alternative ways or in some cases where they are unable to restart due to Covid restrictions.

SERVICE PROVISION - COVID-19 POWYS TEACHING HEALTH BOARD

This is a snapshot of a 'live' and flexible appraisal provided for context, it will be adapted as necessary to respond to changing circumstances:

Service Area	Quarter 2	Quarters 3&4
District Nursing	Telephone and online service provision; face-to-face services based on a careful assessment of need and risk	Restart of services planned including continued use of alternative ways of working
Ear Care Clinics	Ear Care clinics closed. Ear care team are contacting patients to provide support, information and advice	Continue to accept new referrals for the provision of support, information and advice (e.g. by telephone, email).

Sexual Health Services	Additional services introduced to access sexual health advice, information and support	Continued expansion of the range of sexual health services available
Specialist Nursing	Telephone and online service provision; face-to-face services based on a careful assessment of need and risk	Restart of services planned including continued use of alternative ways of working
Adult Therapies	Telephone and online service provision; face-to-face services based on a careful assessment of need and risk	Restart of services planned including continued use of alternative ways of working
Audiology	Hearing aid repairs and batteries have continued. Face-to-face audiology appointments have not continued	Restart of services planned including continued use of alternative ways of working
Dietetics	Telephone and online service provision; face-to-face services based on a careful assessment of need and risk.	Restart of services planned including continued use of alternative ways of working
Dietetics for hospital patients	Face-to-face dietetic support for our hospital patients (inpatient wards and dialysis units) have continued.	Face-to-face dietetic support for our hospital patients (inpatient wards and dialysis units) will continue.
Occupational Therapy	Telephone and online service provision; face-to-face services based on a careful assessment of need and risk.	Restart of services planned including continued use of alternative ways of working
Physiotherapy/CM ATS	Telephone and online service provision; face-to-face services based on a careful assessment of need and risk.	Restart of services planned including continued use of alternative ways of working
Podiatry	Face to face Podiatry clinics maintained for those with wounds / others following careful assessment of need. Nail surgery for infected situations.	More face-to-face podiatry services are planned from the beginning of October in Powys for high risk patients.
	Telephone and online service provision; face-to-face services based on a careful assessment of need and risk.	Telephone consultations and Attend Anywhere will be employed wherever possible, however may not yet be able to see new patients for routine community podiatry and local clinical needs

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Radiography / X-Ray	Radiography has continued to operate using a triage system in order of clinical need to prioritise urgent requests. Patients categorised as routine advised to contact referrer if condition deteriorates.	Restart of services planned including continued use of alternative ways of working
	Routine radiography appointments were temporarily paused earlier this year.	
Speech and Language Therapy	Routine face-to-face speech and language appointments paused temporarily earlier this year.	Restart of services planned including continued use of alternative ways of working
	Telephone and online service provision; face-to-face services based on a careful assessment of need and risk.	Swallowing issues – telephone triage and advice in first instance. Home visits are offered for those who cannot be treated by phone
		Voice issues - offering phone and video consultations
		Communication issues - offering phone and video consultations where possible. For those with more complex communication problems offering an outpatient or home visiting service depending on clinical need and where is best for client on a case by case basis
Community Paediatrics	Providing urgent appointments and telephone / virtual support for children and families, increasingly providing face-to-face appointments based on a careful risk assessment	Restart of services planned including continued use of alternative ways of working
Community Children's Nursing	Continued to provide services for children with complex needs and increasingly providing face-to-face services based on a careful risk assessment	Restart of services planned including continued use of alternative ways of working
	Face-to-face children's continence and children's phlebotomy are being re-established	

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Children's Neuro-development Services	Neurodevelopment panels held; some children and families have faced delays; difficult to undertake full assessments of a child's need in a social or school setting during Phase 1 / 2.	Restart of services planned including continued use of alternative ways of working
Children's Physiotherapy and Occupational Therapy Services	Providing urgent face to face appointments (e.g. serial casting), telephone and virtual support for children and families, increasingly providing face-to-face services based on a careful risk assessment	Restart of services planned including continued use of alternative ways of working
Children's Speech and Language therapy	Providing telephone and virtual support for children and families, increasingly providing face-to-face services based on a careful risk assessment	The Speech and Language team are planning to work with education colleagues to assess the feasibility of re-establishing some of the services within the school setting
Health Visiting	Health Visiting Team is in contact with all clients for Healthy Child Wales Programme. May be through virtual appointments rather than face-to-face contact	Restart of services planned including continued use of alternative ways of working
Newborn Hearing Screening	Newborn Hearing Screening services have continued	
School Nursing	School nurses have been working with schools in line with plans for restoring education services.	This includes planning for the autumn seasonal flu vaccination programme
Day Hospitals	Day hospital services have been temporarily closed, however the needs of patients that would normally be met through our day hospital services are met in other ways (e.g. district nursing service) wherever possible	It is not possible to re-open day hospitals safely in Powys at this time because of the current legal requirements on physical distancing requirements.
Day Surgery and Endoscopy	Endoscopy services restarted in line with National Endoscopy Programme Guidance in July 20. Bowel Screening restarted in line with PHW Bowel Screening Guidance in Aug 20. Priority Eye Surgery in line with The Federation of Surgical speciality Associations Guidance (FSSA) restarted in Aug 20. Reduced	Restart of services planned including endoscopy and some surgery

	capacity due to Covid-19 operating protocols & staffing.	
Inpatient Wards	Continue to provide inpatient medical care; temporary suspension of Glan Irfon in Builth Wells and Knighton	We are currently considering all options for inpatient care in line with changing circumstances as part of our next phase plans for Covid-19
	Ward visiting on a case by case basis by the discretion of the ward manager or team leader	
Minor Injury Units	All Minor Injury Units currently operate on a "phone first" basis	Restart of services planned including continued use of alternative ways of working
Outpatient Clinics	Continued to provide face to face or virtual urgent clinics for gynaecology, cardiology, rheumatology, general surgery, trauma and orthopaedics, priority eye care (including wet AMD), and cervical screening.	Restart of services planned including continued use of alternative ways of working
	All other appointments (including routine) were paused. Urgent and emergency pathways for District General Hospital care have been put in place, as well as access to virtual consultations with hospital specialists as appropriate.	
	Resumed some consultant-led outpatient appointments	
Dentists	Urgent primary care dental services continued including face to face if required. Urgent aerosol generating procedures referred to a dedicated urgent dental centre.	Restart of services planned including continued use of alternative ways of working
	Earlier this year, routine primary care dental services were paused	

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	All Practices continued to provide services; changes introduced e.g. "phone first", online services, temporary changes to opening times, and temporary closures. Face to face continued based on a careful assessment of need / risk.	Restart of services planned including continued use of alternative ways of working
Optometry	Earlier this year, routine primary care eye services were paused	Restart of services planned including continued use of alternative ways of working
	Urgent primary care eye services continued in hubs across the county.	
Pharmacy	Community pharmacy services have continued	
	Pharmacies may not be able to provide the full range of services (e.g. inhaler reviews).	Continue to maintain vital services and to restart additional services where possible.
Midwifery	The full range of Powys midwifery services including home birth, midwife-led birth centre births, antenatal and postnatal appointments, and dating & anomaly scans have been maintained in Powys	
	There are some restrictions on the number of people who can attend appointments and births.	

	Services continued
	Services continued with restrictions
	Key services restarted
	Unable to restart
	Gradual restart

Planned Care

A piece of work is currently taking place across NHS Wales to reset and redesign planned care delivery across Wales with an aim to introduce a new planned care model. This national review of performance and risk management processes for access measures and activities including Referral to Treatment Times (RTT) is being lead by Welsh Government. In the meantime, the clinical validation and prioritisation of planned care provision in Powys is on-going in line with national guidance and Royal College Guidance including The Federation of Surgical Services Association Risk Stratification Matrix.

Looking at the waiting time position in Wales in the first three months of Covid-19 shows that managing a system solely based on a maximum wait is no longer fit for purpose. While current demand is lower than pre-Covid-19 numbers, (it is starting to increase), the capacity available to treat both new and backlog pathways is insufficient. The available resources need to target the assessed need, which will make the greatest clinical difference.

This is not a short-term issue it requires a new long- term approach to develop a **sustainable model that is patient centred, reflective of the vision of 'A Healthier Wales'** looking at whole systems and measuring what matters to people not the system.

A work programme is underway with the following milestones.

- 1) Setting the Risk assessment environment for current waiting list pathways:
 - To agree the national principles of risk assessment
 - Stage 4 - update Welsh Patient Administration System to capture and report access by risk assessment
 - Stage 1 - for capture and reposting new referrals
 - Providing national guidance and support on how to best clinically validate waiting list to direct to alternative pathways to manage reduction of harm
 - Patient Recorded Outcome Measure (PROMS) pathway for Trauma and Orthopaedics
- 2) Preparing for new referrals to be managed by the new proposed planned care access policy:
 - Clinically agree referral prioritisation by specialities - working with primary care and secondary care and national clinical bodies
 - Welsh Patient Administration System and other systems (electronic referral – PROMS – Diagnostic Assessment and Treatment Services (DATS) able to capture new data requirements
 - Agreeing national patient communication principles on the new process - identifying their role in the system - self management - health prevention
 - Agreeing the proposed performance management regime for the new model
- 3) Pathway redesign:
 - Cardiac
 - Musculoskeletal
 - Cancer

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Planned Care – PTHB Provider

As part of the detailed assessment of services this year to assess, plan and manage, planned care has been reviewed in detail.

Outpatients

Plans are developed for restart of all outpatient department specialities with majority of specialities operational by the end of quarter 3. From September 2020 urgent outpatient clinics will be running across all specialities face to face or virtual as required, with urgent/emergency pathways into DGHs maintained where necessary. The Health Board will continue to work with the Welsh Government Planned Care Programme on key areas for pathway modernisation where relevant to Powys as a provider.

Over 3000 virtual appointments took place during quarters 1 and 2 across Planned Care Specialities. Attend Anywhere has been rolled out to Nurse Practitioners, Nurse Consultant, Optometrists & Eye Care Liaison Officer in addition to consultant teams. Changes to practice have seen follow up appointments reduced.

Endoscopy

Telephone triaging and risk stratification of all patients referred / waiting for endoscopy / Urgent Suspected Cancer / Bowel Screening Wales is in place. All lists are clinically validated including surveillance and follow up endoscopic procedures with telephone support and advice to GPs and patients as required.

The Service Recovery Plan and Standard Operating Procedure were developed early on in the process with staff & service users actively involved in this process. The Standard Operating Procedure continues to be regularly reviewed. Endoscopy staff were trained and up-skilled to work in the adjusted endoscopy environment and had simulated lists with Clinical/Professional Leadership for Endoscopy provided by the Consultant Nurse.

Core Urgent Suspected Cancer (USC) endoscopy services re-commenced on 20 July 2020 and Bowel Screening services re-commenced 3 August 2020. Capacity has since increased in these services following pathway refinement and increased list templates. The backlog experienced in quarter 2 for Urgent Suspected Cancer was cleared by September 2020. As at October the service is up to date with urgent and USC referrals and is looking to maintain and improve this position into quarter 3. Positive patient feedback has been received. In addition, Joint Advisory Group (JAG) accreditation was maintained in July 20 as well as a successful Joint Advisory Group (JAG) annual report.

Work is ongoing with the National Endoscopy Programme Demand & Capacity subgroup to refresh modelling and to develop Regional Plans for Endoscopy centres.

Day Case Theatres

Treatment lists are clinically validated by in reach consultants following national guidance and Royal College guidance including The Federation of Surgical Services Association Risk Stratification Matrix.

Priority eye care cataract service re-started on 24 August 2020, reducing time in hospital to 45 minutes in line with, and as an early adopter of, the new Welsh Government cataract pathway with no template reduction (6 patients per list).

In quarter 3 the health board will work through national guidance, to operate and potentially prioritise other surgical areas. The main challenge faced at present is that our relatively small theatres team has been adversely affected by Covid-19 with a number of staff shielding. At present the operating of the cataract and endoscopy capacity in Brecon and Llandrindod means we do not have any more staff lists to provide these services. PTHB are developing a range of options to resolve or mitigate this and will be working at pace during the coming weeks to provide lists for specialties according to clinical risks.

Eye Care

- Priority Eye - The Wet Age Related Macular Degeneration (WET AMD) service in PTHB was maintained at 90% capacity during quarters 1&2, capacity has been restored to 100% from October 2020.
- Additional capacity is being sought from in reach providers to support the recovery of the eye care measure position. Full service recovery plans are under development.
- Attend Anywhere is now in place in Community Optometry in PTHB and further roll out is underway for Hospital Optometry and the PTHB Eye Care Liaison Officer (Royal National Institute for the Blind).
- In reach sessions (Shrewsbury and Telford Hospital) in North Powys returned in July 20 with urgent pathways into District General Hospitals still in place for Hywel Dda University Health Board.
- PTHB is working with the National Eye Care Programme on the implementation of Digital Eye Care including the Electronic Record for Eye Care

The RNIB Eye Care Liaison Officer provided additional invaluable emotional & practical support to anxious patients/relatives. The numbers of patients shielding or with concerns about attending hospital in a pandemic has impacted on performance, with appointments being offered/available but declined. Clinical Teams with support from the Eye Care Liaison Officer are contacting patients to encourage attendances.

Nursing

Specialist Nursing

Specialist nursing services for Powys include:

- Cardiac Specialist Nursing Service
- Continence Community Specialist Nursing
- Diabetes Community Specialist Nursing
- Palliative Care Specialist Nursing
- Parkinson's Community Specialist Nursing
- Respiratory Care Specialist Nursing
- Tissue Viability Service
- Lymphoedema Service

The operating hours for all specialist nursing are 9am - 5pm, 7 days per week. For quarters 3&4 we plan to continue to receive referrals, undertake telephone triage, use telephone/Attend Anywhere consultation, and where necessary undertake face to face consultations.

District Nursing

The District and Community Nursing service in Powys is provided to people who cannot attend a health care setting to receive treatment. Where appropriate the District Nurse will visit and provide care and treatment to patients in their own homes or normal residence. These services have continued through the pandemic and continue to develop and adapt to changing circumstances in order to meet the needs of our population.

Women and Children

Community Paediatrics

During the peak of the pandemic (Quarter 1 and Quarter 2), the community paediatric team continued to provide essential community paediatric services to those children with complex needs and urgent medical needs. A robust triage and risk stratification process was established to review all new referrals as well as those on existing caseloads. These services are now being reinstated with use of both face to face appointments as well as Attend Anywhere.

Community Children's Nursing

This team continued to provide essential services to those children with complex needs and urgent medical needs. Continence and Phlebotomy services are now being reinstated.

Paediatric Therapies

The paediatric therapy teams provided urgent assessments and provision of equipment to some children and families, and continued some of the urgent serial casting work. These services are now being reinstated although the Speech and Language teams are experiencing difficulty accessing schools where much of the work is undertaken with children. However, appointments are being offered on a face to face basis as well as through Attend Anywhere.

Neurodevelopmental (ND) services

The ND assessment service was suspended during the peak of the pandemic and whilst it was not possible to assess any new children, the ND team held fortnightly panels to discuss the diagnosis of children who had started the assessment process before the pandemic. In total 64 children have received a diagnosis March and September 2020.

The recovery of this service is challenging due to the difficulty in assessing children in a school or social setting as well as some general workforce capacity issues, and consequently, there are currently a large number of children with long referral to treatment times, the service group is developing proposals to recover the former position in the short term but also to sustain the position going forward.

Children's Learning Disability

The children's learning disability team has continued to support children with the most complex needs and as recovery is happening, the team are now providing additional support, such as parenting programmes, by using digital platforms.

Midwifery and Maternity

The full range of services has been maintained and continue to be delivered. They have been operating as an essential service through Covid-19 period and supported with the sufficient workforce and Personal Protective Equipment. The service has currently completed the relevant Social Distance Health & Safety risk assessments to support the environments that they are operating from. Midwifery and Maternity Ultrasound Scans have Covid-19 Standard Operating Procedures based on Royal College of Midwifery and Royal College of Obstetricians guidance to support the new ways of working.

Sexual Health

Sexual Health have supporting clinical guidelines for the revised reproductive health services to also support them operating as an essential service through Covid-19 period. Revised services include on line Test and Post for STI (sexually transmitted infection) testing, Midwife Led Covid-19 contraceptive schemes and Pills by Post Home Termination of services. The Sexual Health need to support to operate out of bespoke clinical environments for level 2 treatment of positive Sexually Transmitted Infections', increase the availability of Long Acting Contraception and face to face appointments for women who do not meet the criteria for below 10 week gestation for Termination of Pregnancy home service.

Pelvic Health Service

Powys Pelvic Health Programme Board will commence in October 2020 to oversee the project plan to support service development, proposed pathway, utilisation of Welsh Government funding for Women's Health Implementation Group for the relevant workforce developments over the next 12 months

Health Visiting/ Healthy Child Wales Programme

Health Visitors deliver the Healthy Child Wales programme and whilst this programme was initially directed by Welsh Government to be scaled back at the height of the Covid-19 crisis, it was restored at the end of May. However, many contacts are provided on a virtual basis, with face to face contacts provided on a risk assessed basis.

School Nursing

Whilst school nursing continued to provide statutory safeguarding work during Covid-19, with schools re-opening at the end of June, the school nursing service is being reinstated. The focus for school nurses in Quarter 3 is the delivery of the flu vaccination programme.

Mental Health

Mental Health and Learning Disability Services in Powys were largely maintained during Covid-19 pandemic. The same eight service plans will be implemented,

adjusting to the winter season as we approach the next period in readiness to step up as required.

Mental Health performance continues with steady delivery across the Measure ranges. Local Primary Mental Health Service waiting lists have been reduced but referrals into this service, as expected and in line with recorded national levels of stress created through the multiple impacts of the pandemic are now significantly increasing. Current referrals across Adult and Children and Adolescent Mental Health Service have trebled in some areas, reflecting the rates for this time last year. 150 people are waiting as at 12th October with the current longest wait at 16 weeks.

Community Mental Health, Children and Adolescent Mental Health Service, Crisis Services and Learning Disability services continue to see patients via face to face meetings where presenting need demands, with telephone and videoconferencing to meet routine need is in place. Our inpatient wards have operated effectively throughout. Recruitment is underway for services that were planned to be developed prior to the pandemic and the Complex Trauma service continues to progress now that the Consultant Clinical Psychologist has commenced in post.

- Psychology and other talking therapies have continued via telephone and in addition, Attend Anywhere has now commenced
- PTHB hosting and leading the roll out of SilverCloud across Wales for self-referral. SilverCloud leads have been nominated for all health boards
- Next phase includes supporting other health boards to take up the option of a referred service
- To date SilverCloud take up has been 3000 supported and 1000 unsupported individuals

Social distancing remains firmly in place but planning for the recommencement of group work is now underway with health and safety support and we are confident that we can implement this during Q3.

Home Treatment teams maintain consistent contact with Day Hospital patients to sustain wellbeing and carer support, with home visits by clinicians where need is identified. We are discussing the plans for social care day service restart with our local authority partners as the closures impact on our patient groups.

CAMHS services continue to be maintained largely via Video Conference and telephone with face to face implemented when critical assessment is required. Parenting groups have been risk assessed to recommence during Q3.

The post of Suicide and Harm Reduction coordinator has been appointed to and will facilitate the joining up of statutory and Third Sector agency response to self-harm and suicide.

The role of the third sector is important in Powys and PTHB will explore a recent funding opportunity communicated in October 2020 with relevant partners.

In Mental Health and Learning Disabilities, participation, engagement and communication activity has been aligned to business continuity planning. Letters were circulated to all patients to highlight how services were open as normal with some changes to the way in which they are being delivered. Following this, a set of posters and leaflets were devised using easy to read infographics to underpin messages and share with partners across sectors and social media. The Mental Health Planning and Development Local Partnership Board ran a session in its July

meeting to gather feedback from people using services to inform future communication work which is being led by the Engage to Change Sub Group consisting of individual representatives of people using services.

Therapies, Rehabilitation and Recovery

Recovery of the clinic-based services (Therapies and Health Science Services)

All services have commenced their recovery plans – each service has a plan and due to their individual differences, they have developed slightly different clinical templates in line with the Covid-19 Health & Safety requirements. Heads of Services will be reviewing the clinical practice, particularly for face-to-face clinics during September / October 2020 to gain full understanding of the potential capacity for their services with this information they then will prepare a full forecast for the management of future demand and to explore options to manage the backlog.

Future appointments, wherever possible will be delivered by digital platforms and the promotion of this within the public and workforce is paramount to its success.

Rehabilitation

Rehabilitation has continued throughout the pandemic in the ward setting and community following Covid-19 guidance. The rehabilitation team have piloted a 7-day working rota, which is now being evaluated with a plan to present to the organisation with recommendations. Early feedback suggests there were positive outcomes for the population and therefore this needs to be considered as part of the future rehabilitation model for the delivery of services in Powys in line with the rehabilitation framework.

The community therapy teams will be strengthening the discharge to recover and assess model and pathways in line with the Welsh Government Covid-19 hospital discharge guidance.

Higher acuity patients receive their surgical treatment in neighbouring DGHs. The health board will continue to link with these providers to discuss any potential role for PTHB teams to support pre-habilitation pathways.

Imaging and Diagnostics

PTHB provides a relatively small range of imaging services. Plain film x-ray and non-obstetric ultrasound scanning are open to patients in Powys. The health board does not provide CT or MRI scanning, but works very closely with our partners to minimise waiting lists and ensure consistent links to regional and DGH services.

Quarter 2 Achievements

- Successful recruitment of Dietetic Support Workers who have been funded from the prevention and early intervention programme for level 1 and 2 obesity pathway services focusing on the promotion of healthy eating in Powys.
- Continued monitoring of the Access to Rehabilitation, Reablement and Recovery Funding which has supported implementation of Discharge to Recover and Assess (D2RA) across Powys.
- Powys Speech and Language now have a therapist leading on Alternative and Augmentative Communication – communication aids. Welsh Government

funding has been made available to allow local services to deliver increased assessment and intervention for communication aids. This will help with enhancing our service to communication aid users, both adults and children across Powys to ensure they have access as close to home as possible.

- Successful appointment to Powys's first Ultra Sonographer within the Radiography team.
- The Therapy and Health Science Team within the Community Service Group have successfully recruited a Head of Service for each professional area. This will enhance leadership within the Allied Health Professional and Health Sciences to support the delivery of the Welsh Government Allied Health Professionals Framework and Health Science Framework.

Risks

A number of risks have been identified relating to our community and planned care services. These risks are being monitored and mitigated as appropriate.

- Incidence and prevalence of Covid-19 will impact on demand and could also have staff implications.
- There may be a reduction in efficiency due to additional measures required to deliver safe care including enhanced cleaning, PPE, social distancing and estate requirements.
- Communications with patients/carers is being considered to ensure the quality of communications remains, particularly when using face coverings or where virtual communications are prevalent.
- Some in reach consultants are still deployed to DGH Covid-19 Response and others will be re-called to support Winter Plans for Covid-19. This will affect PTHB service provision.
- Clinical staff previously shielding may not be able to return to patient facing duties.

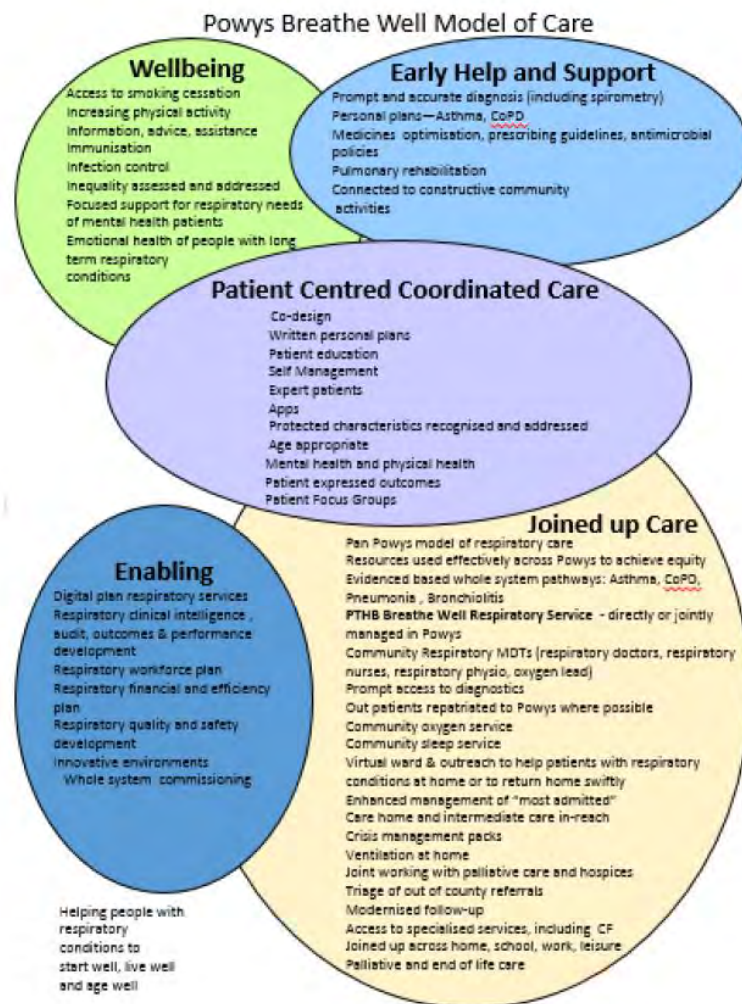
Priorities for Q3/4

- Enhance D2RA pathways for winter period, increase offer of the home first service team to support patient flow from Powys community hospital and the acute services particularly focusing on turning around at the front door and that people are not admitted through Accident and Emergency.
- Diagnostics within Radiography, Non-Obstetric Ultrasound and Audiology are commencing and working on the backlog of people waiting for diagnostics.
- All therapies staff to be using Welsh Community Care Information System (WCCIS) by the end of the quarter 3 & 4 period.
- Podiatry redesign of service which was approved by the Board in August needs to be implemented within the Podiatry Service to have a sustainable workforce, introduction of a new booking system, introduction of electronic records and introduction of two chair clinics to support Covid-19 and clinical supervision.

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Respiratory

The Breathe Well Transformation Programme was formally stood down during the first Covid peak, however some actions were fast tracked as part of the PTHB Covid Response Plan. The programme has been re-established in Q3 and checked progress against the agreed Breathe Well Model of Care in order to inform the actions for the programme to take forward.



Q2 Achievements:

- Supported the roll out of the Respiratory Health Implementation Group (RHIG) respiratory apps (COPD & Asthma)
- Explored how and when the joint respiratory pilot with WAST could be reinstated
- Considered progress during the Covid-19 peak against the Breathe Well Model of Care as part of the reinstatement of the Breathe Well Programme
- Developed plans for PTHB Sleep / Respiratory Physiology Service, including a business case to enable Powys patients awaiting diagnostics beyond RTT timescales out of county to be diagnosed within Powys
- Developed a virtual pulmonary rehabilitation programme, with the first cohort to commence from September 2020
- Agreed the approach to address the backlog of respiratory follow ups

- Continued to ensure access to essential respiratory pathways for Powys patients.

Q3 and Q4 Actions:

- Consider the cross border implications of the RHIG respiratory apps for Powys patients
- Work with RHIG to consider how the PTHB Covid-19 guideline from RHIG can reflect the revised PTHB Covid-19 model
- Implement the respiratory elements of the Winter Plan
- Implement the next phase of the Breathe Well Programme including the development of a business case to seek Transformation Funding to fast track:
 - Supporting respiratory diagnostics (spirometry and adult sleep apnoea)
 - Piloting the successful Multi- Disciplinary Team approach from North East Powys in Mid & North West Powys.

Key Risks and Issues:

- The existing and growing backlog of Powys respiratory patients awaiting diagnosis / treatment as a result of the Covid-19 pandemic
- Equity of access for Powys patients across three main regions (Shropshire, Telford and Wrekin; Hereford and Worcester; Wales).

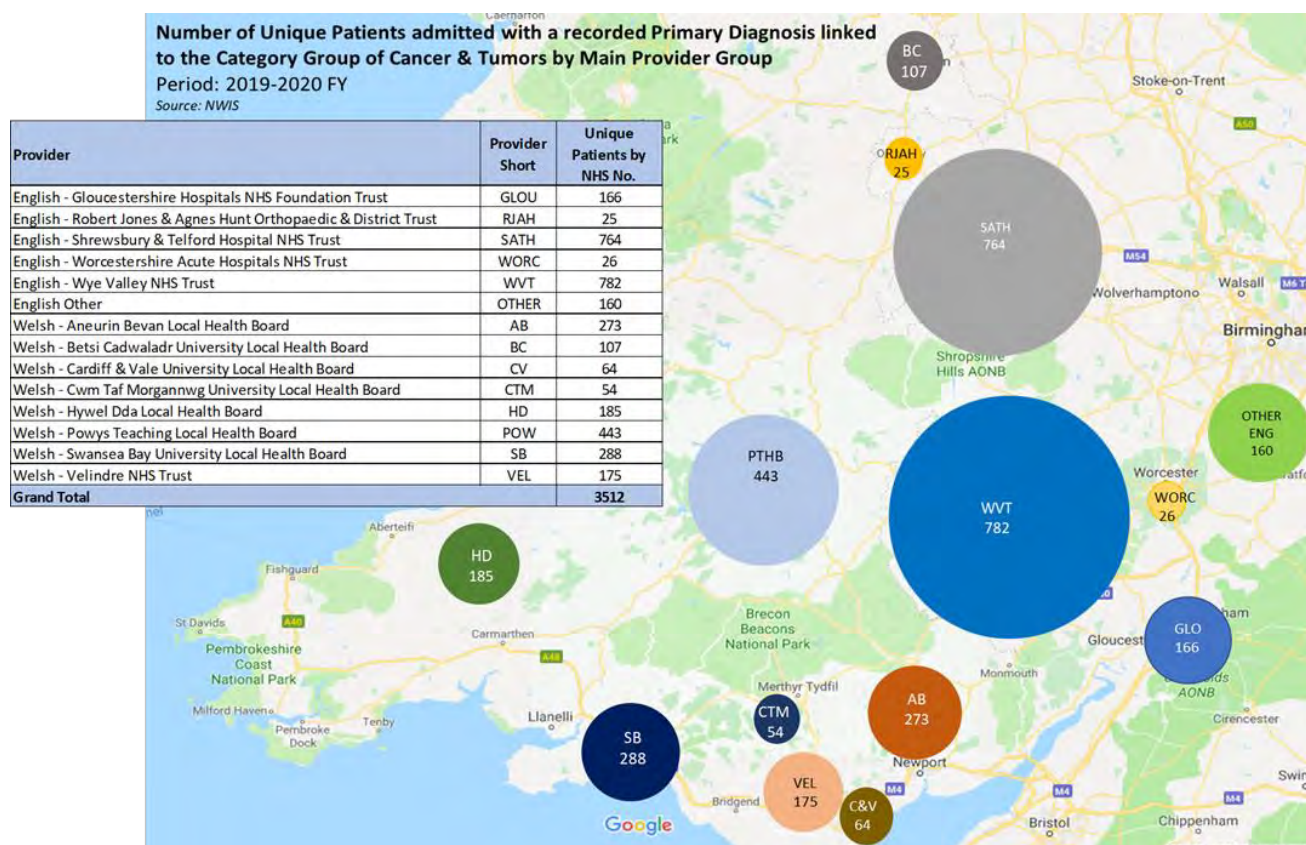
Cancer

Cancer treatment and care arrangements for the PTHB population, span England and Wales. As a highly rural area, with no District General Hospital within the County, patients receive cancer services in 12 acute / District General Hospital providers across both England and Wales. Some outpatient and diagnostic provision is provided locally.

During Quarter 2 the health board participated in the Wales Cancer Network work to map and monitor access to essential services and continued to develop links between the Wales Cancer Network and West Midlands Cancer Alliance to ensure safe and effective cross border arrangements. The improving Cancer Journey Programme was also reinstated in Quarter 2. PTHB continues to be engaged in the National Endoscopy Board regional and national planning. The diagnostic pathway for urgent suspected cancer remains open and functional.

The next diagram shows the main acute hospitals where patients with a primary diagnosis of cancer were treated:

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Q3 and Q4 Actions:

- Continue to work closely with health boards, Welsh Health Specialised Service Committee, Wales Cancer Network, English Providers and West Midlands Cancer Alliance to map and monitor access to essential services
- Plan for reinstatement of Cancer Transformation Programme in future quarters, including the recruitment of a Cancer Transformation Services Manager in quarter 3
- Continue to work with the Wales Cancer Network and Delivery Unit to ensure population level data is reflected in the dashboard produced to measure the impact of Covid-19 on NHS Wales Cancer Services
- Access the Delivery Unit cancer performance dashboard on a fortnightly basis in order to identify the active volume on tracking lists with a stage of pathway of 'Diagnostics' and 'Treatment' for Powys residents
- In light of the above, work with and support our providers in managing the backlog of cancer treatment
- Launch of the Improving the Cancer Journey programme in Powys
- South Powys programme development relating to cancer services in Velindre and Nevill Hall hospitals
- Participate in Wales Cancer Network's work to develop a national 104 day wait harm review process
- Participate in the Single Cancer Pathway programme of work
- Continue to work with providers to address equity of access to complex cancer surgery

- Powys as a provider - Continue to communicate with patients regarding any waits with regards to Endoscopy
- Continue to offer community services (such as Physio, OT, Dietetics) for patients waiting for treatment.

Key Risks and Issues:

- Uncertainty / number of variables and assumptions associated with demand and capacity modelling
- Patient choice around accessing treatment
- Impact of reduced capacity across cancer pathways (diagnostic and treatment) associated with social distancing
- Complexity of pathway changes and restoration across multiple providers and specialities across three main regions (Shropshire, Telford and Wrekin; Hereford and Worcester; Wales).
- Risks for suspected cancer / cancer patients if pathways not coherent & working across multiple providers.

Circulatory

Q2 Achievements:

A number of areas were progressed at pace during Quarters 1 and 2 to support new ways of working:

- Rapid deployment of My mHealth apps to specialist nurse caseload at pace – 288 MyDiabetes, 37 MyHeart. This included:
- engagement with clinical colleagues
 - ✓ acquiring software training and cascade training colleagues
 - ✓ developing call script
 - ✓ performance data capture and collation
 - ✓ engagement with patients to offer the service
 - ✓ describing product features the potential benefits to taking it up
 - ✓ troubleshooting issues as contacted by patients
 - ✓ referring patients to GP and specialist nurses for urgent clinical advice
 - ✓ maintaining lessons learned log;
- Development of obesity framework in line with evidence base for reducing risk of circulatory disease.

Q3 and Q4 Actions:

In line with the revised organisational priorities for 2020/21, some actions within this programme have been rolled forward as the programme resource has been deployed to support other urgent priorities.

- Implement next steps for MyDiabetes and MyHeart apps
- Continue to map access to essential stroke, heart and diabetes pathways. This includes cardiac investigations and interventions
- Continue to highlight any concerns in relation to access to essential services and seek regional solutions
- Continue to ensure new ways of working being used where possible

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- Continue to contribute to fast track obesity framework development and implementation
- Undertake a review of cardiac provision in Powys, with a view to developing a Community Cardiology proposal

Key Risks and Issues:

- Connectivity and digital literacy limiting patient uptake of digital services
- Alignment of Powys provider services with essential services provided outside Powys as part of the whole system (e.g. cardiac rehabilitation, stroke follow-ups, TIA care)
- Alignment of Welsh and English essential services guidance.

Regional, District General Hospital and Specialist Services



A workstream has been established to manage the complex interdependencies across and within the systems used by Powys residents for District General Hospital and Specialised care.

Progress during Q2 includes:

- PTHB demand continued to be built into the work of providers across England and Wales
- Ongoing PTHB involvement in system command arrangements in neighbouring English regions
- District General Hospital and Specialised Work Programme
- Work with multiple providers to ensure cancer pathways accessible
- Constant work on referral processes across multiple providers
- Work to map and ensure access to essential services across providers
- Assurance of the status of essential services sought from commissioned providers
- District General Hospital Log of multiple pathway changes, shared with Community Health Council colleagues
- Restored Commissioning Assurance Framework whilst block contracts and escalated joint Executive team meetings are underpinned by a risk-based plan for Shrewsbury and Telford Hospital
- Increased focus on accelerated pathway changes for South Powys due to the early opening of the Grange Hospital
- Ensuring vulnerable children placed away from home part of Covid-19 management actions
- Reinstated the Big Four respiratory programme and secured additional resource for cancer transformation
- Work on voluntary sector and independent sector stability
- Safety of renal and other specialised pathways

There are a number of risks and issues for Q3&4:

- Complexity of pathway changes and restoration across multiple providers and specialities across three main regions (Shropshire, Telford and Wrekin; Hereford and Worcester; Wales)
- Growing lists of people waiting 52+ weeks across providers
- Variation / inequity in access to essential and non essential routine services
- Risks for suspected cancer / cancer patients if pathways not coherent
- Block contracts, funding in England and Wales, risk of paying twice and potential for "block flexing" in England
- Deteriorating risks at Shrewsbury and Telford NHS Trust & context of Covid
- PTHB patients travelling into regions services with higher R values, including more patients requesting to seek treatment abroad
- Complex cross-border issues / cases - differences in guidance/policy
- Instability of third sector and care sector

Workstream Actions	Harm Covid	System Overwhelm	Non Covid	Wider Societal
Ensure PTHB demand built into the modelling for main DGH providers	✓	✓	✓	
Ensure participation in cross-border and regional planning arrangements	✓		✓	
Ensure whole system access to Essential Services, including mapping of health board NHS Trust provision, ensuring assurance arrangements in place and working to secure access if areas of concern	✓		✓	
Liaison with main provider DGHs (15 x 5 health economies across England and Wales) to understand and log any key pathway changes	✓	✓	✓	
Develop plans for re-establishing commissioning arrangements and transition from Silver and Gold command, including plans for re-establishing commissioning processes	✓	✓	✓	
Ensure whole system maternity assurance arrangements in place	✓	✓	✓	
Understand provider plans for re-establishing access to non essential routine DGH services, including referral management and identification of areas of inequity of access for Powys population	✓	✓	✓	✓
Ensure appropriate discharge arrangements in place in line with government guidance	✓			
Ensure joint planning with WAST in place	✓	✓	✓	
Manage interface with existing private providers Powys - and access to Essential Services	✓		✓	
Work with WHSSC to ensure appropriate Powys access to essential services	✓	✓	✓	
BIG 4: ensure access to Essential Services and fast-track next actions within Transformation Programmes	✓	✓	✓	
Clarify access to specialised services for super vulnerable	✓			
Maintain arrangements for vulnerable children out of county	✓			
Preparing for next phase of services Q3, Q4	✓	✓	✓	✓

Actions progressed in Quarter 1 and Quarter 2 and continued for Quarters 3 and 4.

As PTHB commissions the majority of services for its patients from other health boards, as well as NHS trusts in England, the Essential Services status scores submitted by PTHB represent the overall position for services available to Powys patients, i.e. PTHB-provided services and commissioned services in other health boards in Wales and relevant English NHS trusts.

Initial Essential Services status scores were provided by all health boards to Welsh Government and the Delivery Unit in July 2020 in accordance with the Welsh Government *Maintaining Essential Health Services during the Covid 19 Pandemic Framework* and the specific definitions set out in service/condition guidance issued under the framework. Following feedback from health boards, the returns to Welsh Government were subsequently stood down, however PTHB has requested that commissioned services continue to use the same methodology to provide assurance of the delivery of their Essential Services.

Updated Essential Service Scores have been requested from all providers and have been received from PTHB Provider; Hywel Dda University Health Board (via their Q2 plan); Wye Valley Trust. The scores for Shrewsbury and Telford Hospital, Robert Jones Angus Hunt and Shropshire Community are based on information received via the English Regional Recover and Restore Silver Command process:

Essential Service Area	PTHB as a provider	BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	SaTH	WVT	RJA	Shrop Comm
Primary Care													
General Medical Services	2	3	2	2	3	2	2	0	0				
Community Pharmacy Services	3	2	2	2	3	2	2	0	0				
Red Alert urgent/emergency dental services	2	2	2	2	2	2	2	0	0				
Optometry Services	2	2	2	2	2	2	2	0	0				
Community Nursing & Allied Health Professionals Services	2	2	2	3	2	2	2	0	0				
Community Nursing	2												
Physiotherapy	2												
Community Services D2RA	3												
Occupational Therapy	2												
111/Out of Hours Services	4	2		3	3	2	4	0	0				
Safeguarding Services	3	3		3	2	2	3	0	2		4		
Urgent Eye Care		2		3	2	2	2	0	0	2	4	0	0
Urgent Surgery		2	2	2	2	2	3	0	0	2	4	2	0
Urgent Cancer Treatments		2	2	2	0	2	2	3	1	2	4	2	0
Life-saving Medical Services													
Interventional Cardiology		2	2	2	2	2	3	0	0	2	2	0	0
Acute Coronary Syndromes		2	2	2	2	2	4	0	0	2	2	0	0
Gastroenterology		2	2	4	3	2	2	0	0	2	2	0	0
Stroke Care		2	2	2	3	3	2	3	0	0	2	4	0
Diabetic Care		2	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (Diagnosis of new patients)		2	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (DKA / hyperosmolar hyperglycaemic state)		2	2	2	3	3	2	4	0	0	2	2	0
Diabetic Care (Severe hypoglycaemia)		2	2	2	3	3	2	4	0	0	2	2	0
Diabetic Care (Newly diagnosed patients especially where insulin control is poor)		2	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)		0	2	2	3	2	2	0	1	2	2	0	2
Diabetic Care (Emergency podiatry services)		2	0	2	3	3	2	0	0	2	2	0	2
Neurological Conditions		3	2	2	1	2	2	0	0	1	2	0	2
Rehabilitation		2	2	2	3	4	2	2	0	0	2	2	2

Essential Service Area	PTHB as a provider	BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	SaTH	WVT	RJA	Shrop Comm
Life-saving or life-impacting paediatric services													
Immunisations & vaccinations	2	2	2	2	2	4	4	0	2	0	2	0	2
Screening (Blood spot)	2	4	2	2	2	4	4	0	2	2	2	0	0
Screening (Hearing)		4	2	2	2	4	4	0	2	2	2	0	2
Screening (New born)	2	4	2	2	2	4	4	0	0	2	2	0	2
Screening (6-week physical exam)	2	4	2	2	2	3	4	0	0	2	2	0	2
Community paediatric services for children	3	3	2	3	2	3	3	0	0	0	2	0	2
Termination of pregnancy													
Termination of pregnancy	3	2	2	3	2	4	3	0	0	0	2	0	0
Other infectious conditions (sexual / non-sexual)													
Other infectious conditions (sexual / non-sexual)	2	2	2	4	2	2	3	0	0	2	0	0	0
Urgent infectious services for patients		2	2	2	2	2	3	0	0	2	0	0	0
Maternity services													
Maternity services	3	2	3	4	4	3	3	4	0	2	4	0	0
Mental Health, NHS Learning Disability Services and Substance misuse													
MH Crisis Services including perinatal care	4	2	2	2	2	3	4	0	0	0	0	0	2
MH Inpatient Services	4	2	2	4	2	3	4	0	0	0	0	0	0
Community MH services	4	2	2	2	2	3	2	0	0	0	0	0	2
Substance Misuse services	4	4	2	2	2	3	3	0	0	0	0	0	0
Urgent supply of medications													
Urgent supply of medications	4	2		3	4	4	2	4	0	0	4	0	0
Blood and Transplantation Services													
Blood & blood components		2		4	0	2	0	3	0	0	4	0	0
Palliative Care													
Palliative Care	2	3	2	2	3	3	3	3	0	0	4	0	0

As a result of the temporary suspension of non-essential procedures during the first Covid-19 peak, there has been a significant increase in longer waiting times for treatment across the whole of the healthcare sector in both Wales and England. This situation has been compounded by the fact that independent health care providers have been contracted at a national level, as a contingency measure, to assist in the delivery of essential services during the Covid-19 outbreak.

The data below show the effect of the suspension of non-essential services on referral to treatment times for Powys patients.

A change to an NWIS reporting template affected how waiting times for 52 weeks and above were showing for some English providers, these have been amended below and therefore differ to those reported previously (73 patients waiting over 52 weeks at RJAH and 89 at SaTH in August):

Source: NWIS_GI G Welsh Providers - July 2020	Under 26 Weeks	26 to 35 Weeks	36 to 51 Weeks	52 Weeks and Over	Total
Aneurin Bevan University Health Board	909	306	294	45	1,554
Betsi Cadwaladr University Local Health Board	183	67	72	44	366
Cardiff & Vale University Health Board	155	69	77	23	326
Cwm Taf Morgannwg University Health Board	142	58	90	25	315
Hywel Dda University Health Board	484	206	181	12	883
Swansea Bay University Health Board	647	281	277	132	1,337
Source: NWIS_GI G English Providers - June 2020/July 2020					
Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (June 2020)	1219	299	200	73	1,718
Shrewsbury & Telford Hospital NHS Trust (June 2020)	1475	498	373	89	2,346
Wye Valley NHS Trust (May 2020)	1476	459	202	12	2,149

Snapshot Month: Jul 2020	Under 26 Weeks	26 to 35 Weeks	36 to 51 Weeks	52 Weeks and Over	Total
110 - TRAUMA & ORTHOPAEDICS	286	225	264	106	881
100 - GENERAL SURGERY	324	98	104	40	566
130 - OPHTHALMOLOGY	218	123	150	50	541
120 - ENT	139	73	92	31	335
101 - UROLOGY	180	46	51	11	288
140 - ORAL SURGERY	51	23	33	10	117

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The following will continue to affect the capacity of health boards and trusts in England to address the growing backlog of non-essential activity:

- The requirement to remain prepared for a second wave of Covid-19 cases;
- The effects of implementing social distancing and Covid and non-Covid services within hospital sites
- The effect of implementing Covid-related infection prevention and control measures, as well as donning/doffing of Personal Protective Equipment, on the capacity of acute services.

Q3 and Q4 Actions:

- Explore options for strengthening assurance processes relating to the administration of referral processes to ensure that all patient referrals for are processed appropriately
- Further strengthen links with Clinical Commissioning Groups in order to influence and inform the development of commissioning arrangements for the resumption of non-essential services for patients
- Explore options for diverting patient care into primary care and community health care facilities by further progressing self management approaches and service/pathway redesign
- Participation in the re-established Welsh Government-led Acute Group.

Covid and Non Covid: Summary Actions for Quarters 3&4

- Implement the Primary Care Programme actions
- Implement the actions in order to restart routine community services as appropriate and when feasible to do so
- Implement the Planned Care work programme
- Implement rehabilitation pathways to support Acute COVID19 and other pathways
- Ensure capacity in place to support hospital discharge process in relation to step up and step down beds
- Continue implementation of Early Warning system
- Continue partnership working to ensure whole system access to services
- Implement the Operational Winter Plan 2020/21 for Powys
- Implement the key areas of focus outlined in the Flu Vaccination Plan 2020/21
- Strengthen D2RA pathways and how they can be enhanced over winter, increase offer of the home first service team to support patient flow from Powys community hospital and the acute services particularly focusing on turning around at the front door and that people are not admitted through Accident and Emergency
- Consider the waiting lists for Diagnostics within Radiography, Non-Obstetric Ultrasound and Audiology and implement working practices to reduce this
- Roll out Welsh Community Care Information System (WCCIS) to all Therapies staff by the end of March 2021.
- Implement the Podiatry redesign of service as approved by the Board in August 2020 to include a sustainable workforce, introduction of a new booking system, introduction of electronic records and introduction of two chair clinics to support Covid and clinical supervision

- Implement the respiratory elements of the Winter Plan
- Implement the next phase of the Breathe Well Programme including a business case to seek Transformation Funding to fast track:
 - Supporting respiratory diagnostics (spirometry and adult sleep apnoea)
 - Piloting the successful MDT approach from North East Powys in Mid & North West Powys
- Continue to work closely with health boards, Welsh Health Specialised Service Committee, Wales Cancer Network, English Providers and West Midlands Cancer Alliance to map and monitor access to essential services.
- Plan for reinstatement of Cancer Transformation Programme in future quarters, including the recruitment of a Cancer Transformation Services Manager in Q3
- Continue to work with the Wales Cancer Network and Delivery Unit to implement key actions relating to NHS Wales Cancer Services
- Launch the Improving the Cancer Journey programme in Powys
- Continue to communicate with patients regarding any waits with regards to Endoscopy services as a Provider
- Implement next steps for MyDiabetes and MyHeart apps
- Continue to map access to essential stroke, heart and diabetes pathways. This includes cardiac investigations and interventions
- Continue to highlight any concerns in relation to access to essential services and seek regional solutions
- Continue to ensure new ways of working being used where possible
- Undertake a review of cardiac provision in Powys, with a view to developing a Community Cardiology proposal
- Develop plans for re-establishing commissioning arrangements and transition from Silver and Gold command, including plans for re-establishing commissioning processes
- Ensure whole system maternity assurance arrangements in place
- Understand provider plans for re-establishing access to non essential routine DGH services, including referral management and identification of areas of inequity of access for Powys population
- Maintain arrangements for vulnerable children out of county
- Explore options for strengthening assurance processes relating to the administration of referral processes to ensure that all patient referrals for are processed appropriately
- Explore options for diverting patient care into primary care and community health care facilities by further progressing self management approaches and service/pathway redesign
- Participate in the re-established Welsh Government-led Acute Group.

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Overwhelmed NHS and Social Care System

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Overview

As Powys is both a commissioner and a provider of healthcare, our plan deals with the whole system from the perspective of our residents, who access care in England and Wales, across multiple systems and providers.

We have prioritised the management of risk and assurance across this complex set of systems and taken part in the local resilience and emergency planning responses in Dyfed Powys and wider NHS Wales, Shropshire, Telford and Wrekin and Herefordshire and Worcestershire, as well as the arrangements in both England and Wales for specialised care. Our plan therefore reflects that complexity and the section on DGH and regional arrangements provides further detail.

Quality and safety have been the lynchpin throughout this period of fast change and adaptation and arrangements for staff and patient protection and workforce well-being will continue to be of critical importance. Works on our estates coupled with use of digital technologies will be continue to be used to achieve a new balance of physical presence and alternative methods of delivery. This work is essential to ensure that our own provided services are not overwhelmed and we are able to continue our collaborations with neighbouring providers wherever possible.

As the system challenge is now known to be longer term in nature, with multiple providers planning progressive returns of services over months and up to two years in the future, the health board will renew and reframe its own long-term strategy to ensure the risks are minimised as far as possible.

The health board has a shared health and care strategy with a long-term vision of 'A Healthy Caring Powys' which is the foundation to rebuild our approach in Powys. Key to this strategy is the flagship North Powys Well-being Programme. This will be reviewed in the light of the new and very different environment and the changes in pathways and services over the next two years.

There is also an important piece of work for Powys in responding to the opening of the Grange hospital by Aneurin Bevan University Health Board and the impact on South Powys pathways particularly those relating to provision at the Nevill Hall Hospital in Abergavenny which will be a key area of focus moving into Quarters 3 and 4.

Context

- Access: Most routine activity and performance management arrangements for scheduled and unscheduled care were suspended following the letters from central governments. PTHB is monitoring key issues in relation to essential services and, in line with other health boards has reported to Welsh Government on access to essential services.
- Waiting Times: Whilst usual information flows have not yet been restored unvalidated data indicates that the number of patients waiting over 52 weeks is significantly increasing. This will have implications in reviewing any potential harm to patients and will also have effects for 2021/2022.

- Quality and Safety (and Patient Experience): Where possible quality and safety measures are continuing to be monitored, subject to Government direction regarding the reporting of concerns in both Wales and England.
- Governance and Strategic Change: A “District General Hospital Log” is being kept to record the multiple and complex pathway changes taking place.
- Commissioning Quality Performance and Review Meetings (CQPRMs): have been incrementally re-established from July 2020. The main English providers for PTHB are working within the regional system command arrangements.
- It is planned to reinstate processes such as the Commissioning Assurance Framework and Clinical Quality Framework in 2020/2021 where possible and safe to do so, subject to government and provider body/ wider system arrangements.



Workforce

The health board recognises the critical role the workforce has and will continue to play in responding to both the challenges presented by Covid and the increased demand caused by winter pressures. Workforce planning and resourcing together with staff well-being, engagement and training are therefore integral priorities in ensuring the health board’s preparedness for the coming months.

Working with our regional partners across health and social care around the delivery of the Workforce Futures Strategic Framework for Powys we will ensure our efforts cover the whole system, including the vital role volunteers, carers and our communities will play. During Quarter 3/4 we have prioritised:

Workforce Planning, Recruitment, and Deployment

Attracting and maintaining a diverse workforce in sufficient numbers with appropriate skills remains a key priority. Responding to fluctuating demands during winter and the continued presence of COVID-19 continues to be challenging. During Q1 & 2, the introduction of return to practice, provided a limited pool of registrants of which we were unable to recruit to actual posts.

Building on the work in Q2, we have predicted the workforce supply required in quarters 3/4 through the health board’s workforce modelling tool.

We have identified continued challenges in responding to our registered nurse requirements and anticipate that our deficits will likely continue to be filled via temporary staffing supply with a likely increase in our agency requirements in comparison to Q1 (when some services were paused) & Q2. Similarly, we see significant increases in other staffing groups such as health care support workers, administration and facilities staff. Whilst many of the recent campaigns for these roles have been relatively successful, volumes and timescales are likely to be challenging both by way of the requirement to ensure staff are appropriately trained and inducted and in relation to increased demands in

respect of recruitment and pre-employment checks. Overall, we have had 115 WTE new starters across all staffing groups between March and September 2020, however, this is not reflective of the WTE lost due to terminations. Additionally, we have also recruited 119 additional staff to the bank.

The mass vaccination modelling has highlighted some specific challenges. The volume of vaccinations and short timeframes for deployment will have a significant impact on staffing requirements, recognising that the model of deployment continues to be developed alongside proposed legislative changes.

As we respond to existing and emerging workforce supply challenges as a result of COVID-19, we will:

- Continue to work with services to assess staffing requirements, headroom increases, supply and deficits. This will include further modelling of TTP and Mass Vaccinations
- Continue to implement rolling adverts for clinical roles across the health board with fast track arrangements in place to speed up time to hire;
- Continue with our targeted recruitment for bank workers
- Monitor the uptake of Bank Workers and Agencies to assure availability to meet demand
- Support the deployment of volunteers through the use of a new volunteer policy and in partnership with PAVO
- Recruit additional HCSWs on a fixed-term basis to support the existing establishment levels
- Continue to use digital technology for undertaking interviews.

Investing in the education and development of our existing workforce will continue to be a priority and a new Agile Working Policy will support the use of new digital technologies and new ways of working to support the recruitment and attraction strategy.

Staff Wellbeing and Emotional Health

Testing continues to play an important part in protecting the wellbeing of staff. The revised national risk assessment tool has been completed for all vulnerable groups and will be kept under review. Staff are encouraged to utilise annual leave regularly as we recognise this will be key in the sustainability of our workforce from a well-being perspective and is a key part of ensuring our Winter preparedness. We have invested in enhanced counselling services for staff and we have seen a positive uptake in the use of the online SilverCloud CBT service.

In quarters 1 & 2, we completed risk assessments for all staff who were shielding or socially distancing, over the age of 70 or who identify themselves as BAME which accounts for around 6% of our workforce. Alongside this work, we also completed 251 risk assessments for our bank workers. We will continue the roll out of the all wales risk assessment to all our staff.

Following a pause to shielding guidance, for those staff who had previously been shielding, 76% of this group have either been able to return to their roles with appropriate adjustments, continue to undertake their role from home or have been redeployed to another role.

We will:

- Continue to review and monitor the National Risk Assessment Tool and encourage completion of the tool by all staff
- Provide occupational health advice for all staff within the vulnerable categories to ensure where it is safe to do so staff return to their substantive roles or are redeployed
- Ensure referrals to the counselling service are prioritised
- Continue the roll-out of the share point well-being platform
- Launch of the Florence Pilot to enable staff to receive the automated well-being messages service
- Launch a pilot staff wellbeing sharepoint portal to enable easy access to wellbeing information
- Launch a quarterly approach to staff excellence awards
- Reward each staff member with a thank you card and commemorative pin badge to thank them for their work during Covid-19 so far
- Continue to supply refreshments to the 23 wellbeing hubs
- Launch and embed the Agile working approach, including staff engagement messaging
- Manage the national staff survey and generate reports and feedback to directorates and teams, providing OD support and intervention where appropriate
- Monitor staff's annual leave to encourage staff to take regular breaks to support their wellbeing
- Deliver the Flu Vaccination for staff
- Re-institute the Well-being at Work Group meetings to ensure early identification of any additional areas of support to staff during Winter.

Working in Partnership

Strong partnership working with trade unions is well established within the health board and this has enabled us to respond at pace in implementing new ways of working. The enhanced engagement put in place during quarters 1&2 with our staff side colleagues has proven highly successful and will continue during quarter 3&4 as all parties recognise the need to be able to continue to adapt in a rapidly changing environment, to protect the health and wellbeing of staff and the Powys population.

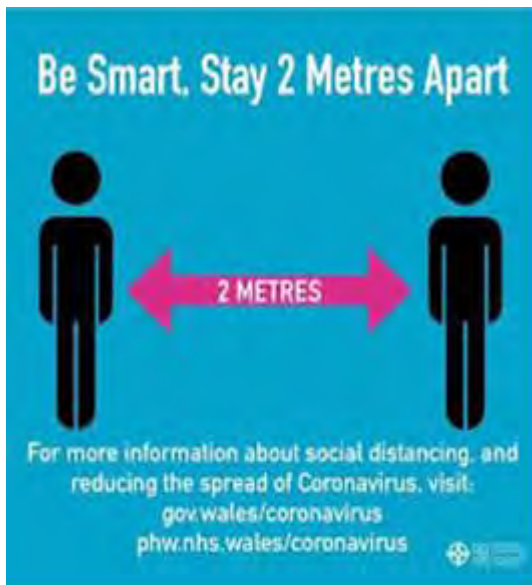
Building on the work undertaken in Q2, we will:

- Continue bi-weekly meetings between the Executive Director of Workforce, OD and Support Services and the Executive Director for Primary, Community Care and Mental Health with Staff Side colleagues
- Support the development and communication of the National Workforce Q&A
- Reinststate the Workforce Policy and Review Group meetings with a focus on any local policies in line with the health board's response to Covid-19.

Social Distancing & Health and Safety

Ensuring social distancing and health and safety requirements are implemented for staff and patients continues to be a key area of focus. Clear guidance has been developed and cascaded in consultation with staff side across clinical and non-clinical areas. Dedicated Trade Union Health and Safety Support in implementing the social distancing guidance continues to be provided for each service area. Additional support in developing and embedding risk assessments is essential in enabling the health board to recover and restart non-Covid activity at its sites. The Social Distancing programme board continues to meet weekly to review progress.

Building on the work undertaken in Q2, we will:



- Continue to monitor and support the work programme relating to social distancing
- Communicate and implement the new Interim Agile Working Policy
- Commence additional Risk Assessment support for the developing and embedding of social distancing practices across all sites and services
 - Develop and deliver a series of Risk Assessment Power Hour 'interactive teams' sessions
 - Continue to facilitate the distribution of the All Wales 'keep your distance' badges and lanyards
 - Promote the reminder: Hands, Face, Space posters.

Training and Development

Building on the work undertaken in Q2, we will:

- Induct and train the 8 new HCSW apprentices recruited to date
- Continue to explore the use of online learning and implement the updates in MS Teams. This is already being successfully utilised to deliver virtual Health and Safety training as part of the PTHB Management Development Programme, as well as PADR training, the Corporate Induction and Fire Safety awareness sessions

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- Increase leadership development and introduce the Compassionate and Collective Leadership model through the implementation of an Assistant Director Development Programme
 - Provide support to Tier 3 leaders accessing the HEIW talent programme
 - Deliver virtual Level 5 Diploma in Leadership and Management In partnership with Powys County Council and the University of South Wales
 - Subject to the approval of the initial expression of interest, submit a full business case for the development of an Intensive Learning Academy in conjunction with the University of South Wales and other partners
 - Undertake the first phase of development of the Health and Social Care Academy (H&SCA), including starting work on the renovation of the physical space of the training hub; seek approval of the delivery blueprint
 - Monitor current position of Health Care Support Workers against the qualification framework and reinstate internal recruitment to the Level 2 and Level 3 Qualification where clinical demands allow
 - Work with clinical directorates to identify further training needs in relation to Covid-19 preparedness
 - Recruit to a permanent band 7 clinical skills educator role and continue to deliver Clinical Skills Training, maximising the use of digital technology wherever possible. Where training demands outweigh resources, engage with external education providers to support delivery
 - Continue to support the release of staff for all undergraduate and postgraduate education and training activities as clinical demands allow;
 - Work with the clinical directorates and the Higher Education Institutes to increase the number of clinical placements offered to ensure that the future health professional workforce can develop the appropriate skills and competences
 - expand the Practice Education Facilitator capacity and ensure delivery of Practice Assessor Training and Practice Supervisor Training for Registered Nurses in practice placement areas
 - Review induction programmes and explore virtual platforms to support a multi-modal delivery of training and development programmes
 - Continue to ensure appropriate risk assessments are in place, detailing the numbers of individuals permitted with social distancing measures in place for the training environments
 - Continue to align the 'grow our own' approach with recruitment onto undergraduate programmes, supporting our staff to develop from HCSW to registrant
 - Continue to support the Temporary Staffing Unit with HCSW recruitment and training
 - Ensure that resuscitation training provision is fully reinstated and any cancelled training as a result of Covid-19 is rearranged
- Reinstate the governance arrangements required of the health board as an Agored Cymru Centre.

Test, Trace Protect

We continue to work alongside Powys County Council to resource the Covid-19 Contact Tracing service on a sustainable basis. Recruitment campaigns have seen some success with successful appointment to 50% of the current registered staffing requirements and over half of the unregistered staffing requirements. During quarter 2, we also successfully recruited a dedicated Service Manager and Clinical Lead which is also supported with a Business Support Manager.

We are continually assessing staffing requirements, headroom increases, supply and deficits as demands within the service fluctuate and working together to implement a 12 hour service where required. We are enhancing bank supply within tracing to respond to fluctuations in demand.

As we move into Quarters 3 & 4 we will:

- Assess staffing requirements, headroom increases, supply and deficits as demands within the service fluctuate and continue to recruit
- Work with Welsh Government to maximise performance of Testing services operating in Powys
- Submit a proposal to Welsh Government for a Local Covid 19 Testing (walk in) Centre in Newtown
- Invite all PTHB and WAST staff working in Powys to attend clinics for Covid 19 antibody testing
- Invite 20% of domiciliary care staff working in Powys to attend clinics for Covid 19 antibody testing.

Staff Testing

Covid 19 testing is a priority for staff members who are symptomatic. This is accessed from the Community Testing Units in Bronllys and Welshpool hospitals. Staff are advised to book directly with the Covid-19 Administration Hub in order to expedite the appointment, and to alert Occupational Health of their symptoms.

- Work with Shared Services couriers and PHW laboratories to improve sample test result turn around to the Welsh Government target of 24 hours
- Continue to grow our PTHB Covid 19 testing capacity to ensure that Covid 19 antigen tests are readily available for PTHB staff
- Staff advice on antigen testing from PTHB's Occupational Health Department and from the Clinical Lead for the testing service
- Antigen testing for staff who are not symptomatic is under review
- Offer antibody testing to all PTHB staff at clinics running throughout September 2020.

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Personal Protective Equipment (PPE)

Powys Teaching Health Board continue to ensure appropriate PPE is available by:

- Continuing to provide education training and learning opportunities in relation to providing care and services to people with Covid-19 including access to Covid-19/PPE training sessions and audit compliance
- Supplementing fit testing with exploration and enabling the use of fit testing machines, to improve accuracy, reliability and time taken for fit mask testing
- Ensuring the provision of PPE to Primary Care contractors.

A visual guide to safe PPE



Workforce Performance Measures

The health board will continue to monitor the key workforce indicators such as sickness absence rates, training and performance appraisal compliance.

Performance Measure	WG Target	Current Performance	Previous Month
Percentage of staff completing Statutory & Mandatory Training	85%	78%	85%
Percentage of staff undertaking performance appraisal	85%	73%	72%
Cumulative 12 Month Sickness Absence Rate	4.07%	5.01%	5.07%

PADRs

Compliance has gradually increased over the last 4 months, following a drop to 69% in May 2020, which was due to instruction to Managers at the beginning of April to suspend all business as usual activity due to COVID-19 preparations. Compliance for September 2020 reported a rate of 73%. Working with managers, we will encourage meaningful PADRS's to be complete to improve Q3&4 performance.

Sickness Absence

Actual sickness continues to fall with a reported rate of 4.22% in September 2020, 0.67% lower in comparison to September 2019 (4.89%). However, our rolling sickness absence rate continues to be over 5.00% with a rate of 5.01% for September 2020. It is anticipated that based on previous years modelling we will likely see an increase of around 1% in Q3&4.

As we move in to Q3 and Q4, based upon the average number of staff isolating in Q1&2, should COVID cases continue to rise, we anticipate an increase to the number of staff isolating. This could potentially further impact on our staffing supply, particularly in our patient facing areas.

Supporting staff who are absent from work due to health continues to play a significant part in our response to the COVID 19 pandemic. Alongside our wellbeing activity, we will continue to explore opportunities to enable home working where possible for those staff who may need to isolate.

Statutory and Mandatory Training

A review of safeguarding statutory and mandatory training requirements has resulted in a 7% drop in our current performance in comparison with the previous month. This is the first time in 4 months the health board has not met the national target in respect of statutory and mandatory training compliance.

We will work with managers and staff to improve our compliance as we move in to quarters 3 & 4.

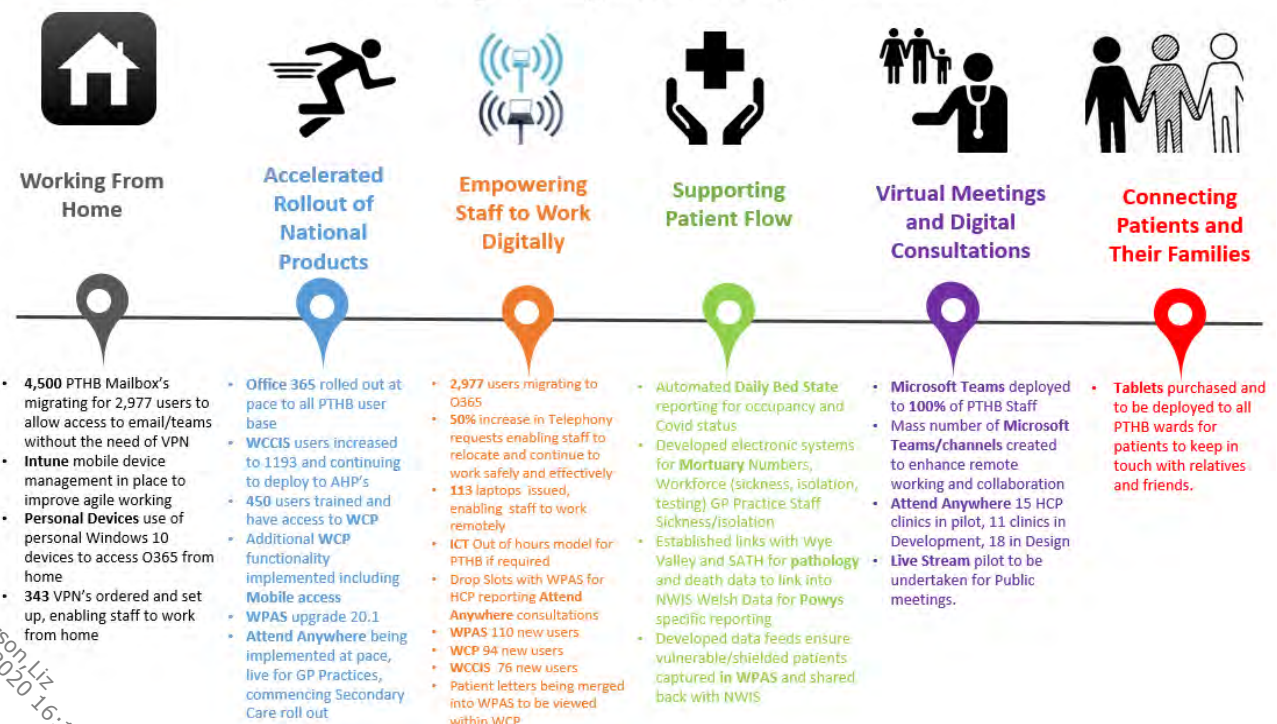
Digital

The Digital Journey has progressed significantly during the Covid-19 crisis. This has meant necessary re-prioritisation of projects and tasks to ensure a pragmatic and responsive approach to sustainable service delivery.



Digital COVID Journey

Setting the Digital Landscape for Health



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Ensuring that we meet the ICT equipment needs, and given the national and world-wide demands meant seizing early opportunities offered by Third party vendors, and fast-tracking decision making with collaboration from Workforce and OD, Information Governance, Local Authority, suppliers and NHS Wales Informatics Service (NWIS) to secure orders and equipment.

Strong Information and IT Governance has been in place and, whilst challenged as 'free' solutions, were introduced and used widely in other sectors (e.g. Zoom, Whatsapp, Facetime). During the Covid-19 pandemic, the UK has seen an increased threat of Cyber-attack, the amount of Phishing emails has significantly increased but the systems we have in place are detecting and deleting fraudulent or suspicious threats to help mitigate and minimise the risk.

Action has been taken to maintain best practice, awareness of Cyber threats to protect our systems, data and network. Access to patient information (via Welsh Clinical Portal - WCP) Cross Border was securely and successfully enabled for out of hours GP services, via the use of O365 secure emails. The Virtual Private Network (VPN) and Internet bandwidth has been significantly improved.

Nationally with the support of NWIS and third parties (such as BT), by delivering large scale change in days, for operational requests for work that would normally take months to complete. Rapid deployment of Teams to work collaboratively and stay connected, Attend Anywhere to deliver Video consultations, Consultant Connect and tablets to enable patients to stay connected is included as deliverables to date.

The following table provides detail on our deliverables for the winter period which hope to achieve the Digital Covid Journey set out in the diagram above.

Key Actions Q3&4
O365
<ul style="list-style-type: none"> Implement Windows Autopilot Active Directory (AD)/Group Policy Object (GPO) Restructure Implementation Personal/One Drive/Shared Drive Migration Develop user Adoption Strategy Develop Training and Knowledge transfer approach (Technical Teams etc.) Develop Digital Champion Community
Mobile working
<ul style="list-style-type: none"> Profiling of our workforce to ensure they have the current equipment / access to meet the needs of their role Review the Mobile Phone contracts and move from Mobile Iron to Intune (cost avoidance)
Telehealth/Tele-care
<ul style="list-style-type: none"> Research and Development for Application Programming Interface (API), Chat bots and Virtual Reality
WCCIS Q3/4 Planned Deliverables
<ul style="list-style-type: none"> Implement WCCIS to the following Services <ul style="list-style-type: none"> Podiatry

<ul style="list-style-type: none"> o Adult Speech and Language Therapy o Local Primary Mental Health o Pulmonary Rehab o Learning Disabilities o Psychology Services o Complex Trauma Service o Pain Management
• Local and National Mobile Pilot Development
• 5.2.13.7 Hot Fix Release testing and implementation
• 5.2.15.1 Release Testing and implementation (Integration release Welsh Clinical Portal (WCP), Welsh Clinical Communication Gateway (WCCG) etc.)
• Hardware Refresh Preparation
• District Nurse Appointment Implementation
Cross Border
• Working to provide access to cross border Patient Administration System (PAS)
• Radiology and pathology results available via Welsh Results Reporting Service (WRRS)/WCP
Eye Digitalisation
• Recruit team to support the programme
Infrastructure
• Complete a Software asset database
• Rationalise system use
• Decommission legacy systems following new ways of information sharing
• Data Centre review with options for cloud hosting
• Develop Power BI platform
• Develop bus case for secure managed print solution
• Develop options for digitalisation of the health record
• Design Digital elements for the Health and Social Care Learning Academy
Information Systems
• Implementation and go live for National Data Resource
• Aim to transition from Ifor to power bi (via National Data Resource)
• Once for Wales Concerns management system implementation
• DBS Window consolidation of Dental systems
• North Powys Programme demand and capacity modelling
• Roll out of electronic test requesting (ETR) to all inpatient wards for Covid-19 virology tests
• Continued roll out of Welsh Nursing Care Record (WNCR)
• Continued roll out of Welsh Patient Administration System (WPAS) bed management system via white board solution
Primary Care
• Widening clinical access to the Welsh Clinical Portal (WCP) for English consultants in SaTH & Wye Valley Trust
• Increase the capability of WCP in Powys and in order to use as a single system
• Enable Pathology & Radiology test results from England to feed into WRRS and WCP
• Evaluate the effectiveness of video consultations and develop communications plan
• Implement the national Once for Wales Concerns Management system

Communications and Engagement

The health board's approach to engagement and communication delivers local and national Covid-related priorities as well as the agreed strategic priorities for Powys Teaching Health Board:



Engagement and communication delivery priorities in Q3/Q4 include:

- Continued delivery of Covid-19 engagement and communication including the Test Trace Protect engagement and communication plan, Keep Wales Safe, restarting Essential Services both in relation to provider services and commissioned services, and the all-Wales SilverCloud offer (Covid / Four Harms)
- Development and delivery of a local programme of engagement and communication for the changes to hospital services in Gwent (South Powys Project)
- Completion of the health board website migration, ensuring compliance with the Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018 (Digital Plan)
- Establishing a programme for intranet migration, to deliver a new platform following retirement of intranet Cascade and ensuring compliance with the Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018 (Digital Plan)
- Support for the national communication plans for winter including flu vaccination (Winter Protection Plan)
- Supporting the development of the Programme Business Case for the North Powys Wellbeing programme (North Powys Wellbeing)
- Ongoing engagement in temporary, interim and ongoing service change, including the delivery of the "A Healthier Wales" continuous engagement offer (All)

Weekly briefings with CHC Officers and fortnightly briefings with CHC Chair and Vice-Chair have been maintained through Q1 and Q2, with formal committee arrangements now in place including CHC Services Planning Committee and

PTHB attendance as appropriate at CHC Local Committees. A large number of services have had to adapt, change and implement new ways of working in response to the pandemic across our provider and commissioned services and a log of these issues / changes has been kept and updated on a continuous basis and shared with the CHC. These arrangements maintain continuous engagement with the Community Health Council in relation to the multiple dimension of service change affecting Powys residents:

- PTHB provider services
- Nationally / Regionally commissioned services (e.g. WHSSC)
- National strategy and policies
- PTHB commissioning
- Provider-led changes (health boards and Trusts in Wales and England)
- Primary Care
- Partnership agendas / integrated health and care (e.g. RPB, PSB)

Key risks in relation to engagement and communication include:

- Complexity associated with the variation in policy and guidance between England and Wales affecting Powys residents, pathways etc.
- Capacity to sustain engagement and communication response during Covid winter including escalation requirements (e.g. Covid clusters & outbreaks, enhanced protection measures etc.)
- Monitoring and responding to changes in services in neighbouring health boards and trusts in both Wales and England, and ensuring meaningful engagement and communication with Powys residents
- Continued reduction in opportunities for face to face engagement requiring the development and delivery of alternative models of engagement that do not create undue disadvantage (e.g. sensory / cognitive impairment, digital access).

Overwhelmed System: Summary Actions for Quarters 3&4

- Implementation of Workforce Plan including:
 - Assessment of workforce supply to include additional temporary workforce and ensuring appropriate skill levels are in place
 - Maintain our redeployment register in order to step up the Clinical Model as appropriate
 - Continue to monitor and provide well-being support, including undertaking risk assessments for staff who are shielding or self-isolating at home as they are identified in the at-risk category
 - Regular review of staff engagement and capture of lessons learnt
- Implementation of Digital Rollout Plan
- Implementation of Communication and Engagement Plans

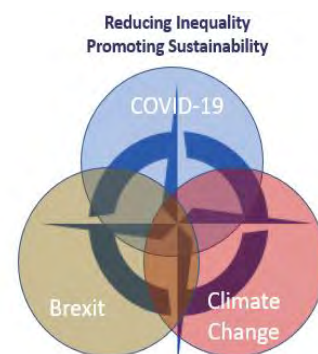
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Wider Societal Actions / Lockdown

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Overview

As the response to the pandemic continues, the health board plans will adapt according to these needs. The health board produced an Integrated Medium Term Plan for 2020 - 2023 which whilst suspended in order to respond to the pandemic, still provides a basis for the longer-term strategic approach as well as informing the key areas of risk and mitigation during the year and through winter 2020/2021. The wider themes of climate change, sustainability and well-being, as well as the more immediate challenges relating to Brexit were all articulated in our medium-term plan and key points are brought forward into this plan for Quarters 3 and 4 2020/2021.



Collaborative working has always been core to the way of working in Powys and strong partnerships exist including the Regional Partnership Board, Public Services Board and Mid Wales Joint Committee for Health and Social Care.

In Powys we already have a shared long-term Health and Care Strategy and a set of Well-being Objectives which were formed following extensive engagement with our communities and partners in Powys.

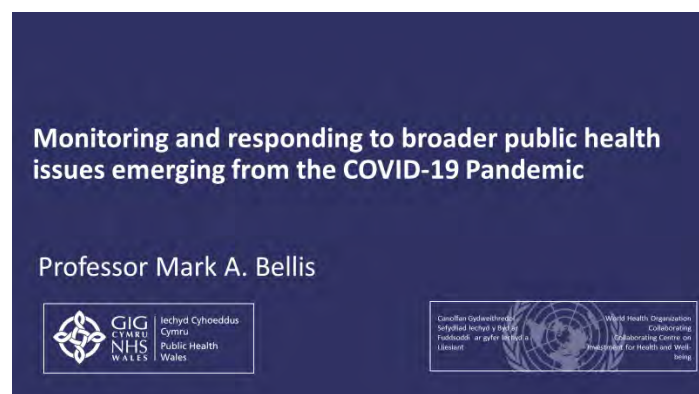
Whilst this will need to be revisited, reimagined and reset into the new context and to respond to broader harms from the pandemic, it provides a foundation stone for recovery of health and care, adapted and revitalised for the future.

The key partnerships have begun to re-establish and reframe key programmes and areas of work and are providing crucial spaces for wider reflection and learning across the region.

These forums will continue to be important in ensuring that system wide impact assessments are written into our longer-term renewal of plans and strategies. The turnaround and pace required to assess the complex and interrelated plans for Covid, non-Covid, essential and non essential routine care still require the greatest amount of effort but there is also a need to frame this within the longer term.

Our plans will take into account both local learning, as part of the 'Learning for the Future' exercise and external research and policy including Public Health Wales.

An analysis carried out by Powys County Council of the wider impacts of the Covid-19 pandemic in Powys is summarised in the diagram below:



Understanding the Impact of COVID-19 in Powys 'on a page'

In order to consider how Powys may look in the future, it is necessary to clearly see the current situation, what has changed or stayed the same and what this might mean for the County over the short (6 months), medium (1 year) and long term (5 years).

Economy

Business Support - £46.6m paid out to 4,020 businesses with a further support package to be made available for small charities in Powys

Employment trends - 23% of Powys' workforce (13,100 employees) furloughed. From March to May claimant count increased 156% (+2,225) in Powys

Impact on key sectors - Accommodation & food services have been the worst hit since COVID-19, with an estimated fall in GDP of 92%



Vibrant, connected & resourceful communities

Volunteers - 372 health and care volunteers across PCC and PTHB. 66% volunteer increase on powys.volunteering-wales.net

Community provided services - 5,504 vulnerable persons in Powys communities are recognised

Environmental impacts - massive reduction in airborne pollution, most noticeably reduction in Nitrogen Dioxide (NO2) and particulate matter



Residents start well, live well & age well

Referral numbers - Referrals to Adult social care increased by 11%. Children's referrals have reduced, mostly because of the schools closures (schools usually refer 10%) this could imply a safeguarding risk to young people

Homelessness and housing impacts - 112 homeless as at 29th May 2020, 119% increase compared to May 2019. 80% of those accommodated are single persons



Short, medium, long term
March and April 2020 compared to 2018 Powys, it is estimated that:

Short term Powys' GVA decreased by 24.5% with 25.2% fewer jobs

Medium term Powys' GVA decreased by 11.8% with 18.1% fewer jobs

Long term Powys' GVA decreased by 4.4% and 7.3% fewer jobs



Short, medium, long term
Communities with high numbers of vulnerable persons continue to need additional help

Medium term A possible rise in the need for food banks in the most 'financially stretched and urban adverse' areas

Long term Risk that smaller Environmental NGOs may be lost without additional funding



Short, medium, long term
Adult support will continue, delivered virtually where possible

Medium term Referrals will increase. More homeless once private landlords can enforce evictions

Long term Adult social care needs will be met in the community. Increase in homelessness for family groups due to unemployment



Capable, confident & fulfilled residents

Pupil and student trends - 16 childcare hubs, 307 pupils accessing. 1,413 devices and MiFi dongles distributed

Free school meals - 14% increase in students who are eligible, 20% increase in free school meal take up since Sept 2019

Well-being of pupils and students - Demand for children and young people's counselling service increased by 60 referrals since lockdown to 190 active cases



Short, medium, long term
The impact on children, young people and education staff is yet unknown

High Performing & well run council

Financial outlook for the council - potential £16m deficit for financial year 2020/21. 201 staff furloughed recouping £206k March-May

Service Performance Impacts - Significant changes to the way the council is operating. +1,100% daily VPN connections, +634% in Teams activity

Well-being of staff - 562 staff have responded so far. 66% staff reported they have increased productivity and 70% have better work/life balance



Short, medium, long term
Short term Significant loss of income
Medium and long term Revisit our MTFs, austerity means we are likely to have a significantly worse financial settlement in future years

The Powys County Council report 'Understanding the impact of Covid-19 in Powys' sets out the new context for partnership working particularly within the Regional Partnership Board and Public Services Board:

"The Covid-19 pandemic is changing the World at a rate that is unprecedented in modern times, and that cultural seismic shift is perhaps more readily felt in rural areas such as Powys. The changes are being felt by residents and visitors, workers in the private and public sector, by businesses and care providers and by young and old alike. Many of these changes have been disconcerting, upsetting and unwelcome and their effect on the population of Powys will be felt over a very long period. There have also been some positive alterations in the way many of us work and live. These changes carry with them the opportunity to consider whether, when life starts to return to normal, we might wish to grasp the opportunity to do some things differently and how that might be achieved."

The report notes that while the full impact of the virus will not be known for some time, some trends are already becoming apparent at both a national and international level and when applied to Powys may provide some indication of the effects that may be expected on the economy and on our communities over the short, medium and long term.

The full report is available at

<https://sway.office.com/sxfU525TCBDFv9PE?ref=Link&loc=play>

Health Inequalities

As noted above, the key partnerships have started to re-establish and reframe priority areas of work which are designed to address health inequalities in Powys, including the North Powys Well-being Programme which is detailed in a separate section of this report.

In addition to the partnership work, PTHB have also approved and published a Strategic Equalities Plan which is available at <https://pthb.nhs.wales/about-us/key-documents/equality-and-welsh-language/>.

The Objectives reflect the medium term aims and objectives set out originally within the PTHB Integrated Medium Term Plan 2020-23 and Annual Plan 2020-21 and subsequently used as the background work for Operational Plans due to the Covid-19 pandemic. This approach was taken to ensure that equality issues continue to be embedded in every area of the health board business.

The Action Plan has been aligned to these objectives and supports the work towards reframing and realising our long-term aims. Additional actions are also being identified within the proposed Equality and Diversity Local Action Plan which focus on specific areas of equality.

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Safeguarding and Vulnerable Groups

PTHB have developed a monthly newsletter to ensure staff are aware and up to date on some key issues surrounding Violence Against Women, Domestic Abuse and Sexual Violence. This newsletter contains information for staff including:

- Continue to share publicity regarding 'Home is not always a safe place' to staff and wider population
- Continue to promote VAWDASV Training Programme to staff
- Review the re-introduction of physically visiting Looked After Children where safe to do so, to undertake Looked After Children's Health Care Assessments following Welsh Government guidance.
- Review the re-introduction of physically visiting hospital settings where safe to do so, to undertake Best Interest Assessments following Welsh Government guidance.
- Continue to enhance the awareness and profile of safeguarding across the whole of the health board from Ward to Board.
- Maintain the offer of safeguarding supervision and support to practitioners as children return to school, it is anticipated there will be an increase of complex disclosures of harm from children requiring our professionals to be available to children.

Children's Well-being

Midwifery and Maternity

The full range of services has been maintained and continue to be delivered. They have been operating as an essential service through Covid-19 period and supported with the sufficient workforce and Personal Protective Equipment. The service has currently completed the relevant Social Distance Health & Safety risk assessments to support the environments that they are operating from. Midwifery and Maternity Ultrasound Scans have Covid-19 Standard Operating Procedures based on Royal College of Midwifery and Royal College of Obstetricians guidance to support the new ways of working.

Health Visiting / Healthy Child Wales Programme

Health Visitors deliver the Healthy Child Wales programme and whilst this programme was initially directed by Welsh Government to be scaled back at the height of the Covid-19 crisis, it was restored at the end of May. However, many contacts are provided on a virtual basis, with face to face contacts provided on a risk assessed basis.

School Nursing

Whilst school nursing continued to provide statutory safeguarding work during Covid19, with schools re-opening at the end of May, the school nursing service is being reinstated.

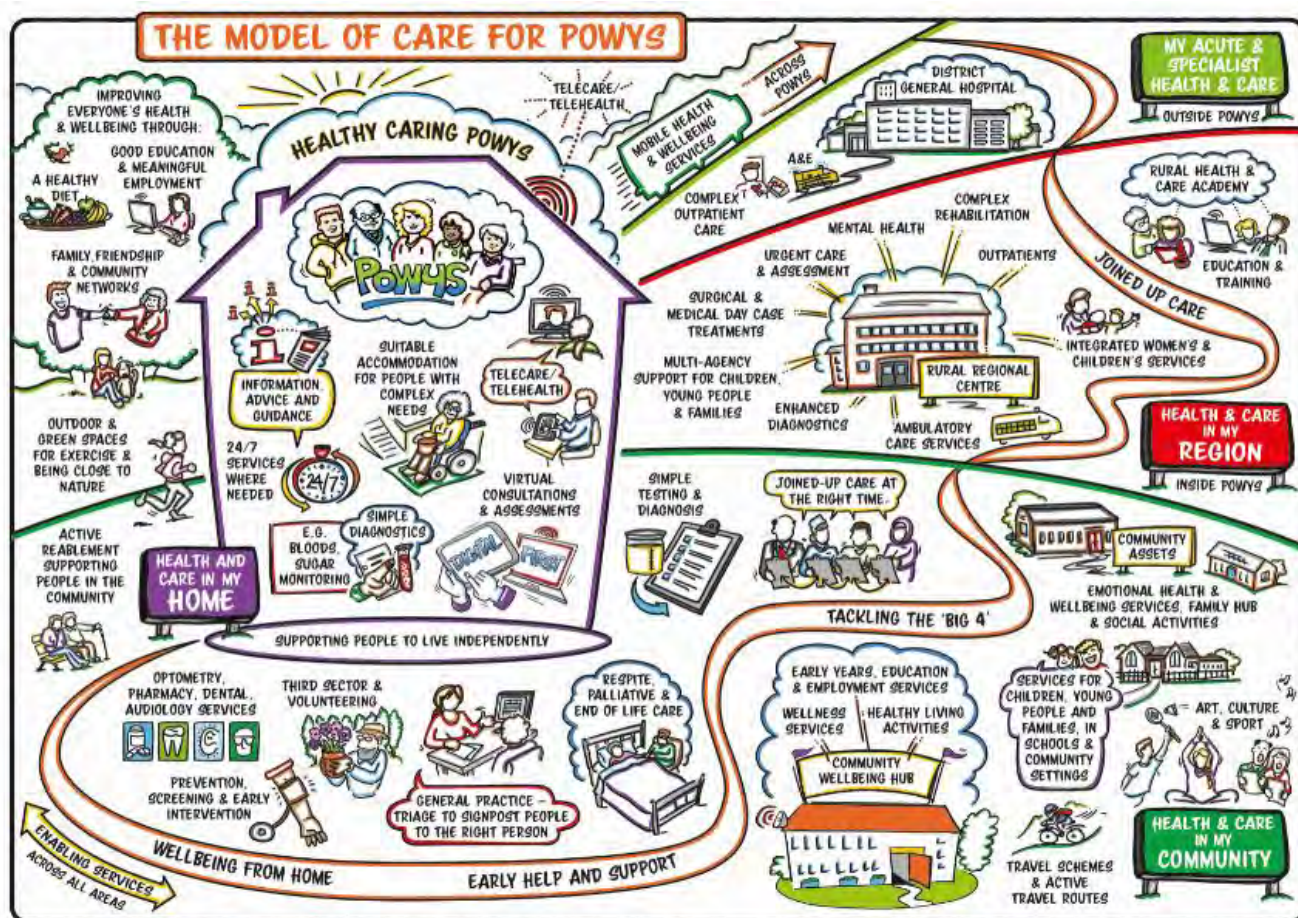
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Transformation Plans

North Powys Well-being Programme

The purpose of the Programme is to test and deliver a new model of care in North Powys and support effective learning and transfer Pan Powys. Prior to Covid19, Powys established the North Powys Wellbeing Programme to deliver a new model of care, which includes the development of a new multi-agency wellbeing campus. The programme utilises transformation funding to deliver both short term and long-term change across the whole system.

After a period of engagement, the model of care was approved by Cabinet and PTHB Board during Quarter 1 as outlined in the following diagram:



The programme was suspended during the pandemic.

When Q2 plans were submitted the programme had not been formally re-commenced, the information in the Q2 plan set out broadly the key areas of focus for the programme at that point in time. Following Programme Board on 24th July the following priorities were agreed during Q2:

- Finalise Programme Business Case
- Finalise Outcomes Framework
- Respond to WG Business Case/Exit strategy

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Current status against agreed priorities:

- The Programme Business case is progressing and will be finalised ready for approval at Board on the 22 October. Submission to Welsh Government by end of October (subject to approval by Sovereign bodies)
- The Outcomes Framework was signed off by the RPB during September, further work is required to develop in indicators and monitoring arrangements.
- The WG Business Case / Exit strategy – Clarity Consulting have been appointed to undertake the work, This involves:
 1. the review and potential re-focus of the acceleration for change priorities to understand where support is required for the 'recovery model'
 2. initial evaluation of what has changed/ impact of Covid-19
 3. outline of funding for post march 2021.

The detailed planning for Q3 and Q4 will be undertaken in October (this has been put on hold, due to current focus on the PBC (Programme Business Case)). The following areas will be key priorities:

- Procure the Strategic Outline Case and demand, capacity and financial modelling
- Continue to progress the agreed areas of acceleration for change to support pandemic and recovery response
- Commence the detailed service design.

Progress against the Q2 Actions

Action	Update
Publicise and promote the model of care with public, communities, staff and other stakeholders in north Powys, through highlighting and building on the new ways of working that have been delivered so far during Covid19	Updated revised model of care to reflect Covid situation is being finalised for publication. Communication Campaign to be developed.
Streamline governance, delivery via RPB sub groups and agile working	In progress, currently still operating within reduced arrangements, but arrangements have been significantly strengthened within the RPB.
Support with embedding an ethos of change within communities in north Powys	Change management framework drafted
Evaluate and implement new models of care with a focus on wellbeing, third sector, rehabilitation personalised care/re-shaping social care offer, digital technology and strengthening local provision to support external provider plans	The above is to be agreed and is linked to the external report and submission of Exit strategy/business case for WG
Baseline and start to test new models in Newtown with focus on wellbeing,	Conversations are taking place across multi-agencies to look at what's

joint working and pooling resource to improve service user outcomes	working well now and where there are further opportunities. Baseline and evaluation approach being developed. Case studies developed to strengthen the PBC.
Re-position the PBC to focus on broader economic recovery from Covid-19 and pandemic future proofing across the multi-agencies – school, housing, social care, health and third sector i.e. outdoor classrooms, single rooms, patient flows	PBC finalised for Board/Cabinet approval during October. Case has been updated to reflect learning.
Look for opportunities to undertake more detailed service design work (required for the business case) in line with the recovery model	This is scheduled for Q3&4.

South Powys Pathways Programme

Before the Covid-19 pandemic Powys Teaching Health Board had established a South Powys Pathways Programme Board. Chaired by the CEO, involving the Welsh Ambulance Service NHS Trust (WAST), Cwm Taf Morgannwg University Health Board (CTMUHB) and Aneurin Bevan University Health Board (ABUHB), the Programme Board had been convened to prepare for changes:

- anticipated under the South Wales Programme
- in response to the opening of The Grange University Hospital in Spring 2021
- and under the Powys Health and Care Strategy.

In 2014, following public consultation five health boards and WAST had approved recommendations in relation to the future configuration of consultant-led maternity and neonatal care, inpatient children's services and emergency medicine (A&E) for South Wales and South Powys. Under this Prince Charles Hospital (PCH) in Merthyr Tydfil was recognised as being of strategic importance for South Powys offering the nearest DGH for the majority of the South Powys population.

The Programme Board was suspended in order to deal with the first Covid peak of 2020, but was reinstated as swiftly as possible in the recovery period. The winter of 2020/21 is expected to be extremely difficult due to Covid. This year has been one of unprecedented challenge for all and civil contingency arrangements remain in place. Aneurin Bevan University Health Board (ABUHB) was one of the areas hardest hit in Wales in the first peak and its experience led it, understandably, to seek Ministerial approval to bring forward the opening of the Grange University Hospital (GUH) to mid-November 2020 from spring next year. The approval for this was given on the 27th August 2020.

Responding to the early opening of the Grange has been identified as a key strategic priority for the Board. The scope of the PTHB Programme Board has

been revised to address the changes now needed in a compressed timescale ahead of the opening GUH in mid-November 2020.

PTHB is currently working on the basis of the following assumptions:

- "Time critical" journeys by WAST (usually "Reds" and "Amber 1s") will be to the closest District General Hospital (DGH) with an Emergency Department (ED). For most of South Powys this will be PCH.
- PCH is also the closest DGH for most South Powys WAST calls classified as "Amber 2s, 3s and Greens" (helping to ensure ambulances are away from Powys for the least time possible).
- Once the changes at Nevill Hall Hospital (NHH) in Abergavenny take place, the closest DGH ED for the majority of patients who are "walk-ins" from South Powys will be PCH.
- PCH will be the main DGH ED and hospital for paediatric emergency flows for most of South Powys.
- Powys GPs may refer adults, fitting the clinical criteria, in hours, to the NHH Medical Assessment Unit (MAU).
- Powys patients will use the PTHB Minor Injury Units (MIUs) where appropriate
- PTHB will work closely with CTMUHB to accelerate movement of patients back to Powys from the PCH ED and wards.

The compressed timescale of the opening, whilst also managing the active pandemic, is a significant challenge for all those involved. Working together to ensure the safety of patients within this period of civil contingency is the crucial focus. Phase 1 of the PTHB programme now covers the accelerated changes in emergency flows needed. (When NHH becomes a 'Local General Hospital' it will still provide a range of routine and diagnostic services).

Wider Actions / Lockdown: Summary Actions for Quarters 3&4

- Review and strategic oversight including Recovery planning in longer term via key partnerships including Regional Partnership Board and Public Services Board to include health inequalities in context of Powys
- Continual review and use of intelligence including planning assumptions in line with national, regional and local context including health inequalities
- Implementation of actions for safeguarding and vulnerable groups
- Implement rehabilitation pathways to support any harm from lockdown and other pathways (cross reference to Covid and Non Covid Section)
- Phased assessments for a re-introduction to Healthy Child Wales Programme
- Implementation of the North Powys Well-being Programme
- Implementation of the South Powys Pathways Programme

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Finance and Capital

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Finance

Overview

The Month 6 Monthly Monitoring Return (MMR) and accompanying narrative report submitted on the 13th October 2020 will provide Welsh Government and the Board with the full details on the financial position reported at the end of September for Financial Year 2020/21 on both Covid and the wider Health Board position, along with the assumptions that underpin this position and forecast.

The sections below are a summary of the details reported via the Month 6 Monthly Monitoring Return and the key elements of the technical templates that accompany the Q3/Q4 Operating Framework.

Summary Q3/Q4 Finance Templates

Q3/Q4 Finance Tabs	Summary Data Reported
Revenue Plan	<p>The revenue plan details:</p> <ol style="list-style-type: none"> 1. The forecast year-end position for 2020/21 is to deliver breakeven. 2. The current position at the end of Month 6 is £0.302M overspent. 3. Current assessment of the Full Year Effect of this year's finance on the 2021/22 position shows that due to the PTHB being unable to deliver the savings profile in 2020/21 there will be an opening deficit in 2021/22 of £4.5M. Further work will be undertaken on this as part of the financial planning process for 2021/22.
Income Assumptions	<p>This table summarises the allocation income received to date from Welsh Government. At the end of September, Powys Teaching Health Board (PTHB) has received £322M of funding and is assumed / is due to receive a further £27.3M before the end of the financial year. All of this income will be built into the Forecast Year End position reported through the Revenue Plan and Net Expenditure tables.</p>
Net Expenditure	<p>This provides detail of all income and expenditure over the various expenditure headings, outlining the position to date and provides a profile of the income and expenditure over the remaining 6 months of the year. It summarises the position to date of £0.302M overspent and the balanced forecast to the end of the year.</p>
Finance Other	<p>This provides 2 separate additional pieces of information on the PTHB financial position at the end of Month 6:</p> <ol style="list-style-type: none"> 1. Risks and Opportunities which are not reflected in the financial forecast but are areas that will need to be closely monitored and managed over the remaining 6 months of the financial year (to deliver breakeven). 2. Performance on the delivery of savings. At the start of the year PTHB had a savings target of £5.6M and plans to deliver £5.5M. However, as a direct result of Covid-19 the PTHB is only anticipating delivery of £0.487M of savings.

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Capital & Asset Investment	<p>Provides a summary of capital and assets of the organisation.</p> <p>To note is:</p> <ol style="list-style-type: none"> At the end of Month 6 PTHB had a Capital Resource Limit of £2.2M, within which is discretionary and specific funding for WG approved schemes (this will increase as Covid related capital expenditure increases as agreed with WG capital team).
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Overview Covid-19 Revenue:

Table 1 provides a summary of the total anticipated spend on Covid-19 which at the end of September is forecast to be £26.5m (this includes Powys County Council forecast costs in relation to TTP).

Table 1: Summary Covid-19 Revenue

Area	YTD		Q3/Q4		2020/21	
	£'000		£'000		£'000	
Pay General C-19 TTP	854 63	917	2,673 1,301	3,974	3,527 1,364	4,891
Non Pay						
PC	286		147		433	
PPE	263		829		1,092	
Provider	2,551		4,284		6,835	
LTA	1,476		1,808		3,284	
TTP	97		5,000		5,098	
		4,674		12,068		16,742
Non Delivery Savings		2,702		2,450		5,152
Reduction Spend		- 202		-		- 202
TOTAL		8,091		18,492		26,583

However, there are some key assumptions that underpin this forecast:

- The Operating Framework for Q3/Q4 allocated the PTHB £15.5m in addition to the £0.709m received in Q1 (£16.209M). However as per the framework there will be separate funding streams from WG for PPE, TTP, Care Homes and the Mass Vaccinations (Extended Flu & Covid).
- The plan is for the Health Board to remain within the funding envelope provided assuming all costs associated with TTP, PPE, Care Homes and Mass Vaccinations costs are funded.
- The funding allocation of £16.209M will need to support all 'fixed' Covid anticipated costs. This will include any additional staffing posts agreed by Gold, Block LTA Contracts (£3m), non-delivery of savings (£5m), loss of Dental income (£1.5m), and prescribing pressures (£1.7m).

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- The balance of funding will then be required to support the required Winter Baseline Bed Plan and additional Surge capacity. The underlying assumptions which underpin the Covid financial position are:
 - Increase in staffing resource to support Winter Baseline Plan from mid-November to end December.
 - Further increases in staffing resource to support Surge up to 197 for 6 weeks during January and February.
 - Return to Winter Baseline Plan from mid-February to end of March

Any material changes to the assumptions of anticipated expenditure trends for the remaining 6 months may result in the Health Board being unable to remain within the Covid-19 funding envelope.

Capital

 <p>Llandrindod Wells Hospital</p> <ul style="list-style-type: none"> • Development of Programme Business Case (PBC) for Phase 2 complete <p>Next Steps Q3 2020/21:</p> <ul style="list-style-type: none"> • Submission to Board on 22 October • Formal submission of PBC to WG • Completion of Endoscopy AHU replacement • Proceed with contractual claim process with Design Team to replenish £280k overspend related to Endoscopy AHU and associated issues 	<p>Bro Ddyfi / Machynlleth Wellbeing Project</p> <ul style="list-style-type: none"> • Detailed design work completed by Willmott Dixon and project has been market tested including review changes related to COVID-19 • Planning permissions have been secured including redesign of improved junction layout • Full Business Case (FBC) approved at Board on 30 September <p>Next Steps Q3 2020/21:</p> <ul style="list-style-type: none"> • FBC submission to Welsh Government in October for consideration • Conclude section 278 negotiations on land purchase from Housing Association • Enabling work discussion with Willmott Dixon for potential start on site in Q4  <p>Brecon Car Park</p> <ul style="list-style-type: none"> • Currently progressing detailed design to enable Business Justification Case to be submitted to WG for funding; £550K has been raised by the community, with circa £450K required from WG to initiate construction activity 	 <p>Bronllys Health and Care Academy</p> <ul style="list-style-type: none"> • Architect appointed to develop Basil Webb building at Bronllys Hospital: detailed design Q3 2020/21 • Integrated Care Funding £0.446M • Steering Group set up and concept designs being reviewed • Currently engaging contractor via SEWSCAP framework 	
 <p>North Powys Wellbeing Programme</p> <ul style="list-style-type: none"> • Innovative Environment Workstream involving health and care, education and housing jointly developing Programme Business Case • Focus on key benefits and what synergies a campus approach would deliver, promote decarbonisation agenda and COVID-19 review • Programme Business Case (PBC) complete with submission to Board for 19 October 2020 • Submission of PBC to Welsh Government in Q3 for endorsement • Consideration of Strategic Outline Case approach for next stage activity 			

Overview

Key projects generated in support of the COVID-19 response which required Capital funding are as follows: -

- Oxygen supply to COVID-19 wards: Three Vacuum Insulated Evaporators (VIE's – bulk oxygen storage tanks) have been installed with the close support of NWSSP-SES in the three main COVID-19 response hospitals at Brecon, Llandrindod Wells and Newtown, with costs for enabling works including adaptation of medical gas pipeline systems, concrete bases, security fencing, CCTV, etc. This will now support a significant increase in the potential to provide bedside oxygen in sustainable volumes across the ward areas of the three main hospitals.

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- Mechanical Ventilation to COVID-19 wards: Ventilation systems were only available for a proportion of Brecon hospital pre-COVID-19 and the outcome of risk assessments undertaken in conjunction with Infection Prevention Control and NWSSP-SES indicated that the introduction of mechanical ventilation would provide significant risk mitigation for patients and staff in COVID-19 ward areas. Phase 1 of the project is ongoing to install mechanical ventilation systems to the remainder of the wards in Brecon, Llandrindod Wells and Newtown hospital – this aligns with the oxygen enhancement strategy for Powys. Phase 2 will support measures to introduce 12 air changes per hour in a smaller number of rooms in ward areas across Powys to support high risk aerosol generating procedures (AGP) to be undertaken, furthermore, dentistry units across Powys also require a similar intervention.
- Shower and Change Facilities: Enhanced IPC measures and pandemic response activity led to a Working Group review and assessment of risk related to existing staff shower and change facilities supporting staff involved in COVID-19 areas. This resulted in a targeted scheme involving refurbishment and reconfiguration of key facilities across the health board.
- Other works: Project activity has been required in support of surge bed activity as a consequence of COVID-19, the creation of one-way systems for Hot Clinics, activity in support of conversion of space for Testing units, etc.

These projects will be undertaken within the agreed funding envelope of £1.928M as confirmed in latest submission to WG on 14th October 2020. The £1.928M will be committed on the projects detailed above across multiple sites within Powys.

Summary

Financial Forecast 2020/21 (Revenue)

As detailed on the Revenue Plan and Net Expenditure tabs, the Health Board continues to report a forecast breakeven position to the 31st March 2021. A summary of the plan is provided in table 2 below:

Summary Financial Plan 2020/21	
Areas	£ '000
1. Opening IMTP	- 21
2. Generic Budgetary Pressures/Removal Underlying Underspends:	2,582
3. Recognised Risks Incorporated Into Forecast	397
4. Recognised Opportunities Incorporated into Forecast	- 4,420
5. In Year Operational Pressures	2,387
6. Anticipated Technical Adjustments	330
7. Covid Related Expenditure (exc. TTP/PPE)	19,288
8. Funding Assumptions	- 20,543
TOTAL Deficit / (Surplus)	-

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A summary of the key assumptions for each of the points above is provided in the narrative below:

- *Point 1 Opening IMTP* – this is the starting point reported in the IMTP submitted on 31 January 2020.
- *Point 2 Generic Budgetary Pressures / Removal Underlying Underspend* – the Health Board has historically reported an underlying deficit, even though it has balanced year on year. This ability to balance was a result of underspend and opportunities in all budgetary areas. This line represents the reduction in budgets required to formally realign and remove the underlying deficit. But the delivery against target has not been delivered in part as a result of Covid and the wider resources required to support the pandemic.
- *Point 3 Risks* – these are currently the recognised risks that are feeding into the forecast plan for 2020/21 and include the impact of Welsh Risk Pool risk share agreement.
- *Point 4 Opportunities* – in part these will support point 2 and the historic ability to deliver but are also required this year to mitigate the increasing operational pressures detailed in point 5. One of the key deliverables to achieve balance is to see a reduction in the PTHB commissioning costs as well as utilising underspend on projects and other funding streams, which may be needed to be re-provided in 2021/22.
- *Point 5 In Year Operational Pressures* – in addition to non-delivery of point 2 there is a significant increase in spend above the 2020/21 budgetary plan. Whilst this is under constant review and challenge it is assumed the current patterns of spend will continue as we head into the winter period.
- *Point 6 Technical Adjustments* – it is recognised there are adjustments that are only recognised in I&E as part of the annual accounting adjustments. This covers areas such as bad debt provision and AME. The figures are indicative for 2020/21 at this point.
- *Point 7 Covid* – this relates back to Table B3 but excludes the impact of TTP and PPE.
- *Point 8 Funding* – whilst the majority of this is already secured this does assume £1.2m for Powys share of the proposed Emergency Care £30m funding with costs already included as part of the winter response plan actions.

In summary whilst the Health Board is continuing to report a balanced financial plan (based on the current forecast and assumptions as detailed above), there remains a significant amount of risk in the delivery of this position if there are any material movements against the assumptions as stated. In addition, there are further risks and opportunities which will also need to be appropriately managed over the remaining period of 2020/21.

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Schedule of NHS Wales Q3 Q4 Operating Framework Requirements

(With signposting to the Section of the PTHB Q3 Q4 Plan)

Annex A - Areas of the Quarter 3 / Quarter 4 Plan - Aspects which must be covered

Requirement	PTHB Response – Section in Q3 Q4 Plan
1. Local Prevention and Response Plans including Test Trace and Protect	<p>The Prevention and Response Plan for Powys sets out the detail of how partners in Powys and the wider region will address the management of local outbreaks and incidents.</p> <p>This is summarised in the Q3 Q4 Plan in the section <u>Covid Itself</u> Pages 29 - 38</p> <p>Technical detail is provided in the Minimum Data Set Return.</p>
2. Essential Services	<p>PTHB have refreshed the Planning Framework for Phase 3, the winter period up to the end of March 2021 – this includes a refresh of the Clinical Response Model. A detailed assessment has been undertaken of PTHB provided and commissioned services, to assess, plan and manage the delivery of services, in line with the guidance for Essential and Non Essential services.</p> <p>This is included in the <u>Covid and Non Covid Section</u> of the Q3 Q4 Plan Pages 54 - 81</p> <p>The <u>Overwhelmed System Section</u> of the Q3 Q4 Plan provides more detail on the Support Services Model and the management of logistics including PPE and Social Distancing and enablers including Digital and Workforce Pages 85 - 97</p> <p>The bed model is set out in the <u>Covid Section</u> of the Plan Pages 41 - 44</p> <p>The <u>Strategic Context</u> also sets out the overarching arrangements for Governance and Risk Management Pages 20 - 22</p> <p>Technical detail is provided in the Minimum Data Set Return.</p>

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<ul style="list-style-type: none"> • Planned Care 	<p>This is part of the assessment and planning of services noted above</p> <p>This is included in the <u>Covid and Non Covid Section</u> of the Plan Pages 54 - 81</p> <p>Technical detail is provided in the Minimum Data Set Return.</p>
<ul style="list-style-type: none"> • Outpatients 	
<ul style="list-style-type: none"> • Cardiac investigations and Interventions 	
<ul style="list-style-type: none"> • Cancer 	
<ul style="list-style-type: none"> • Imaging & Diagnostics 	
<ul style="list-style-type: none"> • Rehabilitation 	
<ul style="list-style-type: none"> • Mental Health 	
<ul style="list-style-type: none"> • Children's Services 	
<ul style="list-style-type: none"> • Screening Programmes 	
<p>3. Primary and Community Care</p>	<p>As above, this is a key component of the PTHB Planning Framework for Phase 3 (Q3 and Q4 Plan) and the Clinical Response Model which has been refreshed for the winter period. A detailed assessment has been undertaken to assess, plan and manage the delivery of services.</p> <p>This is included in the <u>Covid and Non Covid Section</u> of the Q3 Q4 Plan Pages 54 - 81</p> <p>The <u>Overwhelmed System Section</u> of the Q3 Q4 Plan provides more detail on the Support Services Model and the management of logistics including PPE and Social Distancing and enablers including Digital and Workforce Pages 85 - 97</p> <p>The bed model is set out in the <u>Covid Section</u> of the Plan Pages 41 - 44</p>

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	<p>The <u>Strategic Context</u> also sets out the overarching arrangements for Governance and Risk Management Pages 20 - 22</p> <p>Technical detail is provided in the Minimum Data Set Return.</p>
4. Preparing Urgent and Emergency Care for Winter	<p>This is part of the Planning Framework, Clinical Response Model and the assessment and planning of services noted above.</p> <p>The detailed operational winter plan is being finalised with partners in the Regional Partnership Board in line with the NHS Wales Winter Protection Plan and the Six Goals. This is due for submission separately to Welsh Government at the end of October.</p> <p>A Summary is included in the Q3 Q4 Plan, in the <u>Covid and Non Covid section</u> Pages 51 – 53 and part of the underpinning assessment for Primary and Community Services Pages 54 - 81</p> <p>(Associated strategic context, bed model, logistics and enablers set out in relevant sections as noted above and in the Minimum Data Set Return).</p>
Flu and COVID-19 Vaccination Programmes	<p>The PTHB Mass Vaccination Plan is in development and a summary is included in the Q3 Q4 Plan – in the <u>Covid Itself Section</u> Pages 32 - 38</p> <p>The PTHB Flu Vaccination Plan is summarised in the Q3 Q4 Plan in the <u>Covid and Non Covid Section</u> Pages 53 - 54</p> <p>Technical detail is provided in the Minimum Data Set Return.</p>

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<p>5. Working with partners</p>	<p>This is cross referenced throughout the Q3 Q4 Plan</p> <p>Several areas of work are being led jointly between health and care and these are set out throughout the Plan</p> <p>The DGH and Regional work programme is included in the <u>Covid and Non Covid Section</u> of the Plan Pages 78 - 82</p> <p>Particular reference is made to the Public Services Board and Regional Partnership Board programmes of work in the <u>Wider Societal Actions/Lockdown Section</u> Pages 99 - 101</p> <p>Key partnership transformation programmes - North Powys Well-being Programme and the South Powys Programme are included in the <u>Wider Societal Actions & Lockdown Section</u> Pages 103 - 106</p>
<p>Care Homes</p>	<p>An interagency Plan for Care Homes has been developed in Powys which brings together planning and delivery across partners in the Regional Partnership Board.</p> <p>This is summarised in the <u>Covid Itself Section</u> Pages 39 – 41</p> <p>It is also cross referenced in relevant areas throughout the Plan, particularly in reference to operational winter planning and delivery.</p>

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<p>6. Organisational Capacity Plans</p>	<p>PTHB has refreshed the Clinical Response Model as part of the Planning for winter protection and Phase 3. This is included in the <u>Strategic Context section</u> of the Plan Page 6 and in the description of the PTHB Phase 3 Planning Framework in the Covid and Non Covid Section Page 48</p> <p>A summary of the modelling work carried out to inform the PTHB bed plan (community bed model) is included in the <u>Covid Itself section</u> Pages 41 - 44 and this is also included in the Minimum Data Set (Bed Plan tab).</p> <p>The modelling of Powys residents bed requirements in English and Welsh acute providers is also included in the <u>Covid Itself Section</u> Pages 41 with further detail in the <u>Covid and Non Covid /DGH and Regional Section</u> Pages 78 – 82. These form part of the bed modelling of these neighbouring providers' plans.</p> <p>The requirements of Powys residents in relation to critical care provided by English and Welsh acute providers is part of the PTHB Acute / Regional worksteam which is outlined in the <u>Covid and Non Covid Section</u> Pages 78 – 82. This forms part of the bed modelling of <u>neighbouring providers' plans</u>.</p>
<p>7. Organisational Workforce Plans</p>	<p>Workforce planning including assumptions, logistics and key delivery areas as well as a focus on wellbeing, is included in the <u>Overwhelmed System section</u> as a key enabler across all of the planning and delivery for Q3 and Q4. Pages 86 - 93</p> <p>Technical detail is provided in the Minimum Data Set Return.</p>
<p>8. Finance Plan including Capital</p>	<p>The Month 6 Monthly Monitoring Return (MMR) and accompanying narrative report submitted on the 13th October 2020 provides the full details on the financial position at the end of September for Financial Year 2020/21 on both Covid and the wider Health Board position, along with the assumptions that underpin this position and forecast and capital.</p> <p>A summary is included in the Q3 Q4 Plan in the <u>Finance and Capital Section</u> Pages 107 - 112</p> <p>Technical detail is provided in the Minimum Data Set Return.</p>

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Annex B – Areas for reporting by exception

Requirement	PTHB Response – Section in Q3 Q4 Plan
Routine Services	This is part of the assessment and planning of services noted in the above table - included in the <u>Covid and Non Covid Section</u> Pages 54 - 81 .
Research and Development	The 'Learning For The Future' programme is capturing learning and practical application of new ways of working This is included in the <u>Strategic Context</u> of the Q3 Q4 Plan, Pages 25 – 26 together with a summary of both local research and contribution to national work.
EU Transition	There is a separate plan in place to manage the EU Transition work – this is summarised in the Q3 Q4 Plan in the <u>Strategic Context section</u> Pages 23 – 24 ; also available in separate board reporting.
Stakeholder Management Communication and Engagement	The approach to Communication and Engagement is set out in the <u>Overwhelmed NHS and Social Care System Section</u> of the Q3 Q4 Plan Pages 96 - 97

Annex C – Assurance Framework (Essential Services)

Requirement	PTHB Response – Section in Q3 Q4 Plan
Board Assurance on Essential Services	The <u>Strategic Context</u> also sets out the overarching arrangements for Governance and Risk Management Pages 20 - 22 . Technical detail is provided in the Minimum Data Set Return.

Annex D – Minimum Data Set

Requirement	PTHB Response – Section in Q3 Q4 Plan
Minimum Data Set return	This is being submitted to Welsh Government with the Q3 Q4 Plan return.

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BOARD MEETING		DATE OF MEETING: 22 October 2020
Subject:	NORTH POWYS WELLBEING PROGRAMME (NPWP) - PROGRAMME BUSINESS CASE	
Approved and Presented by:	Senior Responsible Officer	
Prepared by:	Programme Team	
Other Committees and meetings considered at:	CRROG/Regional Partnership Board Joint Partnership Board NPWP Programme Board PTHB Strategy & Planning Committee PTHB Executive Committee PCC Strategic Asset Board PCC Social Services Board PCC Cabinet/Executive Management Team	

PURPOSE:

To receive an update on the current status of the North Powys Wellbeing Programme and to approve the Programme Business Case in readiness for submission to Welsh Government.

RECOMMENDATION(S):

- To NOTE the current position and progress made in relation to the programme.
- To APPROVE the draft Programme Business Case ready for submission to Welsh Government at the end of October 2020.
- To NOTE the position in relation to the need to secure agreement on the preferred site known as 'the Park site' as part of the approval of the Programme Business Case.

Approval/Ratification/Decision	Discussion	Information
✓	✓	✗

EXECUTIVE SUMMARY:

The North Powys Programme was formally launched in May 2019 to test and deliver a new integrated model under the remit of the Health and Care Strategy. The programme has received £2.5m of Welsh Government Transformation funding to support the delivery of:

- long-term change of a new integrated model which is being tested in north Powys initially; this includes a new development of a new multi-agency wellbeing campus
- short term areas of acceleration of change in relation to new ways of working that can be implemented to deliver a new integrated model.

Since the programme commenced, there has been engagement with local communities, staff and key stakeholders to co-design a new integrated model, which is also based on a robust population needs assessment and case for change. The new integrated model was approved by Cabinet Member decision and PTHB Board during quarter one 2020.

During Covid-19 the North Powys Wellbeing Programme was suspended and the team were redeployed to directly support the pandemic. Upon recommencement of the programme in July 2020 the programme team have been focused on finalising both the Programme Business Case for submission to Welsh Government and the development of an Outcomes Framework to support the Regional Partnership Board. Both of these areas of work have been finalised and the Programme Business Case has been prepared ready for formal submission to Cabinet and PTHB Board.

The Programme Business Case is presented to secure agreement on the preferred site, known as 'the Park site' in the centre of Newtown and for approval by the Sovereign Bodies, ready to issue to Welsh Government for endorsement to enable the programme to formally proceed to the next stage of business case planning (the Strategic Outline Case). In the Strategic Outline Case more detailed work will be undertaken to confirm the service scope and how service models will be delivered on the site; this will include understanding the activity and capacity and revenue implications.

Following approval of the Programme Business Case by Cabinet on the 20th October 2020 and PTHB Board on the 22nd October 2020, the Programme Business Case will be submitted to Welsh Government for endorsement on the 23rd October 2020.

The Programme now continues to progress during the pandemic although there has been some impact on delivery and increase in associated risks. A brief summary of the current position and next steps is provided within the detailed assessment to support with the approval of the Programme Business Case.

DETAILED BACKGROUND ASSESSMENT:

The North Powys Programme was formally launched in May 2019 to test and deliver a new integrated model under the remit of the Health and Care Strategy. The programme has received £2.5m of Welsh Government Transformation funding to support the delivery of:

- long-term change of a new integrated model which is being tested in north Powys initially; this includes a new development of a new multi-agency wellbeing campus
- short term areas of acceleration of change in relation to new ways of working that can be implemented now to deliver a new integrated model

Since the programme commenced, there has been significant engagement with local communities, staff and key stakeholders to co-design a new integrated model, based on a robust population needs assessment and case for change. The new integrated model was approved by Cabinet Member decision and PTHB Board during quarter 1 of 2020.

During Covid-19 the North Powys Wellbeing Programme was suspended and the team were redeployed to directly support the pandemic. During this time the technical elements of the Programme Business Case (PBC) were progressed on the basis of key pieces of work that had previously been undertaken (i.e. the approved integrated model, case for change, etc). Since recommencement of the programme in July 2020, there has been some engagement activities to test the approach predominately around the benefits of the campus, strategic case and how services could potentially fit on the preferred site. Various partners have been engaged in these discussions including the Regional Partnership Board and Joint Partnership Board members.

Since July 2020, the programme team have been focused on finalising both the Programme Business Case for submission to Welsh Government and the Outcomes Framework to support the Regional Partnership Board. Both of these areas of work have been finalised and the Programme Business Case has been prepared ready for formal submission to Cabinet and PTHB Board with comments and feedback from committees logged and to be addressed in the next more detailed development stages of the business case process where appropriate. Following approval the Programme Business Case it will be submitted to Welsh Government on the 23rd October 2020.

The Programme Business Case is an essential step in supporting the long-term change of the new integrated model. It seeks endorsement for the Regional Partnership Board (RPB) to further develop plans to create a collaborative, multi-agency wellbeing campus (the "Campus") for the population of north Powys, delivered by the North Powys Wellbeing Programme (NPWP). The Programme is a once in a generation opportunity to

bring together partner organisations to enhance and transform the way services are delivered to the local community.

The Programme Business Case demonstrates the ambition across partner organisations and the broader PSB to develop a new integrated model for the area, bringing partners together across education, health and social care, housing, community and third sector, with opportunities for further linkages to leisure, police and ambulance services. The integrated model seeks to tackle the determinants of ill health via the magnification of wellbeing services and bringing partners together to work collaboratively. There is also an opportunity through collaborative working to support, consolidate and coordinate the existing multi-agency homelessness provision; a pre-existing issue exacerbated particularly in the Newtown area due to Covid-19.

The location and proposed configuration of the site will also maximise mental and physical wellbeing and leisure prospects via essential links with vast outdoor green spaces through Open Newtown, providing play and outdoor activities to help support wellbeing and leisure opportunities for children, adults and families, which will in turn assist in tackling obesity across the life span. The location of the site also lends itself to further opportunities to enhance wellbeing, enhancing collaborative working with partners such as Oriel Gallery, Third Sector and local businesses. Furthermore, there are opportunities for strengthening community resilience by utilising the partners assets on the site to support wellbeing activities and ensure value for money.

The indicated preference for a new build English-medium primary school on the campus forms part of a wider 21st Century Schools programme focusing on the educational requirements of the Newtown population. Welsh-medium primary school provision is already in Newtown at Ysgol Dafydd Llwyd, which opened in a new building in 2016. There is currently no identified need for additional Welsh-medium provision in Newtown.

The Third Sector has a strong presence in north Powys and there are many examples of wellbeing services that are in operation and could be enhanced and offered from the Campus. By providing spaces in a wellbeing hub, that are accessible and multi- purpose; groups and wider will offer services in a more joined up way. Sharing resources, together offering and meeting the needs of individuals and groups, building and developing their skills and transferring knowledge. When groups and teams work from the same spaces it provides opportunities to try new ways of working, to test innovative approaches.

The location and proposed configuration of the site will help to support economic growth and regeneration of the area, in line with the National Development Framework, which identified Newtown as an important regional centre. The scheme will also have strong links with the town centre supporting Welsh Government's initiative "Town Centres First". Though the programme is largely health and care focused, the benefits of delivering the

programme span much wider than health and care; regeneration and economic growth is recognised as one of the key benefits that the scheme will deliver. The social and economic benefits are, as yet, unquantified, however are thought to include job creation from both construction and general increased activity post build phase, increased footfall on the high street and retail activity, from both new facilities and the potential developments on the disposal sites, as well as opportunities for additional Local Authority revenues such as rates and council tax resulting from the above.

A core aim of the programme is to provide significantly improved and enhanced local services, delivered from a single location within sustainable and fit-for-purpose accommodation. The PBC demonstrates how the campus will maximise efficiency, integration and innovation across multiple sectors which will represent significant benefits for the local community, including a wider range of services being delivered in county.

The Programme Business Case (PBC) is an overarching “live” document detailing the RPB’s strategic direction. It will be supported with more detailed service design work around how the partners can work together on the site to deliver the integrated model and RPB outcomes. The output of this work will then be taken forward through a series of individual sector specific business cases and the Programme Business Case will be updated accordingly.

The Programme Business Case has been prepared using the agreed standard and format for business cases using the Five Case Model, which comprises the following key components:

- The Strategic Case: this sets out the strategic context and the case for change, together with the supporting investment objectives for the programme.
- The Economic Case: this dimension of the five cases focuses on options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities.
- The Commercial Case: this describes the development and procurement of the potential deal, ensuring it is commercially viable and attractive to the supply side.
- The Financial Case: this focuses on the whole life costs of the proposed deal, confirming the programme is affordable and is fundable over time.
- The Management Case: this demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality and focuses on the implementation arrangements for the proposal.

The main focus of the Programme Business Case is to:

- Demonstrate the scheme is aligned to national and local policy.
- Outline the benefits of a multi-agency wellbeing campus in Newtown.
- Confirm the preferred site for the development as 'the Park site'.
- Demonstrate the desired service scope will fit on the preferred site.
- Outline the economic and financial elements of the scheme and commercial intentions.
- Outline the management arrangements and indicative timescales for delivery.

The Programme Business Case builds on the initial feasibility work undertaken in 2018, this work appraised all the available sites in the Newtown area, identifying a preferred site of which further work was undertaken to test the level of ambition would fit on this site. The feasibility report was approved by Cabinet in February 2019 and there was a decision 'in principle' by Cabinet to utilise 'the Park site' for the Multi-agency Wellbeing Campus. Further work throughout the Programme Business Case has strengthened the initial feasibility work by further testing of the level of ambition and fit on the site alongside the development of the commercial case.

Alongside the PBC, work continues to accelerate short term changes to support delivery of the integrated model. During the pandemic there has been significant pace around digital opportunities and third sector voluntary support, however there are some areas of change which have not been able to progress as planned due to resources being re-directed to COVID-19. Recently Welsh Government have announced the opportunity to extend the funding period by 12 months (until April 2022) with additional funding for each of the Regional Partnership Boards. This will enable the Programme to continue to deliver both on the long term and short term change associated with delivery of the new integrated model.

There are a number of ongoing risks attached to delivery of the programme.

- Ability to upscale acceleration for change projects.
- Not having sufficient operational resource available to support the delivery of the programme.
- Failure to achieve the level of Stakeholder support necessary to deliver the new integrated model.
- Partnership agreements may not be in place in a timely manner.
- Funding may not be secured to support scheme.

These risks will continue to be mitigated as part of the next stage of the programme. Stage 2 of the Programme will focus on three areas:

1. Detailed service planning; looking at innovative practice and pathway changes, demand, capacity and financial modelling and revenue business case development for major service developments.

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2. Development of the business cases (SOC, OBC, FBC) for each of the respective parts of the campus.
3. Delivery of the integrated model via the areas of acceleration for change and existing Regional Partnership arrangements, business as usual arrangements.

Following approval of the Programme Business Case, further work is due to commence collaboratively with partners during Quarter Three to undertake more detailed service design work on how the multi-agency campus responds to delivery of the integrated model and RPB Outcomes Framework.

Following this, more detailed service requirements across the individual sector partners for each of the Strategic Outline Cases will be undertaken before each aspect of the scheme move into the more detailed planning contained within the Outline Business Case and Full Business Case. The Health and Care Academy will also be further explored, and the opportunities that will bring in terms of training, education and employment for the local population will be brought to the surface and further defined. For the health and care aspects of the scheme, this will also include more detailed service planning work looking at innovative practice and pathway changes, demand, capacity and financial modelling and revenue business case development for major service developments. As part of the detailed design work, we will also be looking to strengthen how the scheme supports other national policy drivers such as, Welsh Government's Tackling Poverty Plan, Welsh Language Measure (Wales) 2011, The Housing (Wales) Act 2014 and the Well-being of Future Generations Act.

Whilst the Programme Business Case provides high-level options at this stage to outline the initial economic and financial benefits, a more defined and detailed options appraisal will be undertaken as part of the Strategic Outline Case, this will consider in more detail the appraisal of the options in relation to the economic benefits and intended outcomes.

Next Steps:

- Submit the Programme Business Case to Welsh Government for consideration and endorsement
- Agree Strategic Outline Case approach to progress scheme development ensuring appropriate funding, stakeholder consultation and governance is in place

Bwrdd Partneriaeth
Ranbarthol Powys
Iechyd a Gofal
Cymdeithasol



Powys Regional
Partnership Board
Health and
Social Care



Programme Business Case

North Powys Wellbeing Programme



30 September 2020

Final Draft for Comment



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



Date	Version	Issued to:
03.04.20	Draft 1	PTHB
09.04.20	Draft 2	PTHB
17.04.20	Draft 3	PTHB for onward transmission to team
22.04.20	Version 1	PTHB for onward transmission to team
30.04.20	Version 2	PTHB for onward transmission to team
07.05.20	Version 3	PTHB; costs included in exec summary, economic/financial cases
28.09.20	Final Draft	PTHB for Strategy & Planning Committee

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1 Document Structure

This Programme Business Case (PBC) has been prepared using the agreed standard and format for business cases using the Five Case Model, which comprises the following key components:

- The Strategic Case: this sets out the strategic context and the case for change, together with the supporting investment objectives for the programme
- The Economic Case: this dimension of the five cases focuses on options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities
- The Commercial Case: this describes the development and procurement of the potential deal, ensuring it is commercially viable and attractive to the supply side
- The Financial Case: this focuses on the whole life costs of the proposed deal, confirming the programme is affordable and is fundable over time
- The Management Case: this demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality and focuses on the implementation arrangements for the proposal

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1 Executive Summary

This Programme Business Case (PBC) seeks endorsement for the Regional Partnership Board (RPB), led by Powys Teaching Health Board (PTHB) and Powys County Council (PCC) ("the Partnership") to further develop plans to create a collaborative, multi-agency wellbeing campus (the "Campus") for the population of north Powys, delivered by the North Powys Wellbeing Programme (NPWP). The Programme, established in 2019, is a once in a generation opportunity to bring together partner organisations to enhance and transform the way services are delivered to the local community.

The PBC will demonstrate the ambition across partner organisations to develop a new integrated model for the area, bringing partners together across education, health and social care, housing, community and third sector, with opportunities for further linkages to leisure, police and ambulance services. It will also maximise wellbeing and leisure opportunities via essential links with green spaces through Open Newtown and collaborative working with partners in the Third Sector and local business.

It will support economic growth and regeneration of the area, in line with the National Development Framework, which identified Newtown as an important regional centre. It will also have strong links with the town centre supporting Welsh Government's initiative "Town Centres First". The emerging model for the campus is illustrated below:

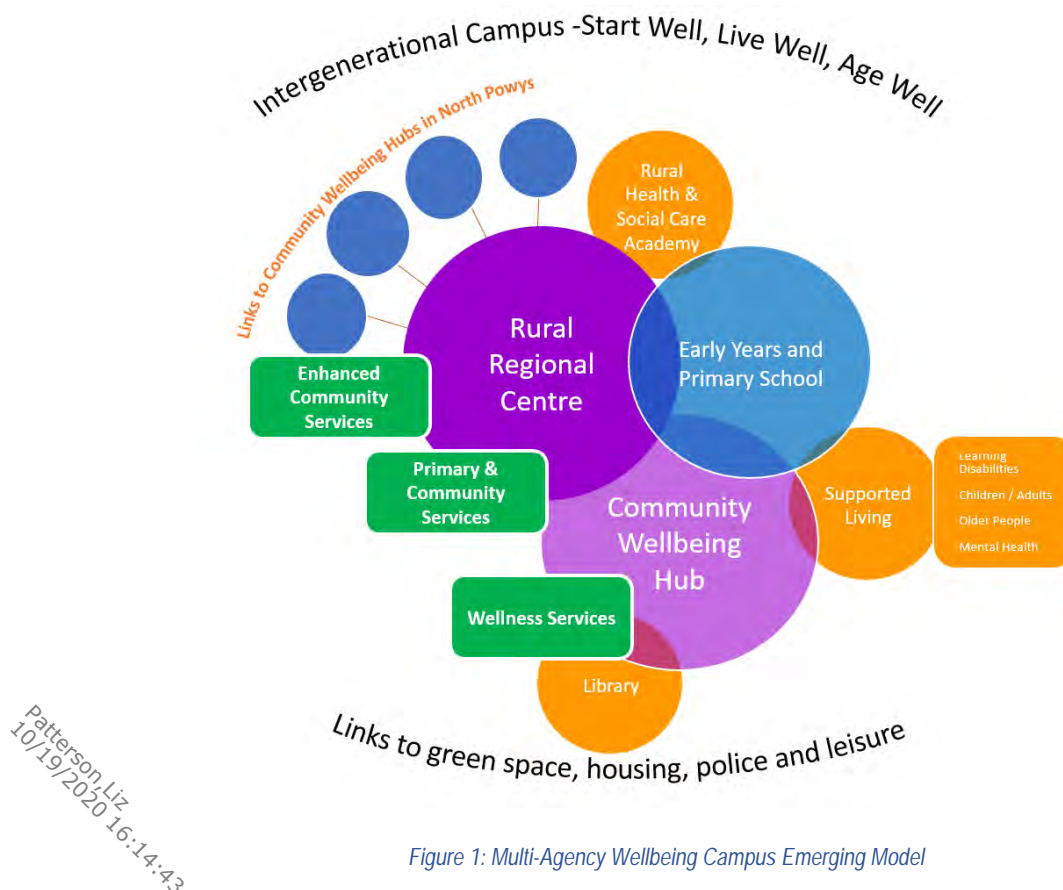


Figure 1: Multi-Agency Wellbeing Campus Emerging Model



A core aim of the programme is to provide significantly improved and enhanced local services, delivered from a single location within sustainable and fit-for-purpose accommodation. This approach will maximise efficiency, integration and innovation across multiple sectors which will represent significant benefits for the local community, including a wider range of services being delivered in county. The PBC is an overarching “live” document detailing the RPB’s strategic direction and will be supported by a series of sector specific Business Cases as detailed below:



Figure 2: Business Case Plan

These supporting Business Cases will further develop the principles outlined in this PBC, which itself will also be updated as individual projects progress. The proposed sequencing for the programme is outlined below:

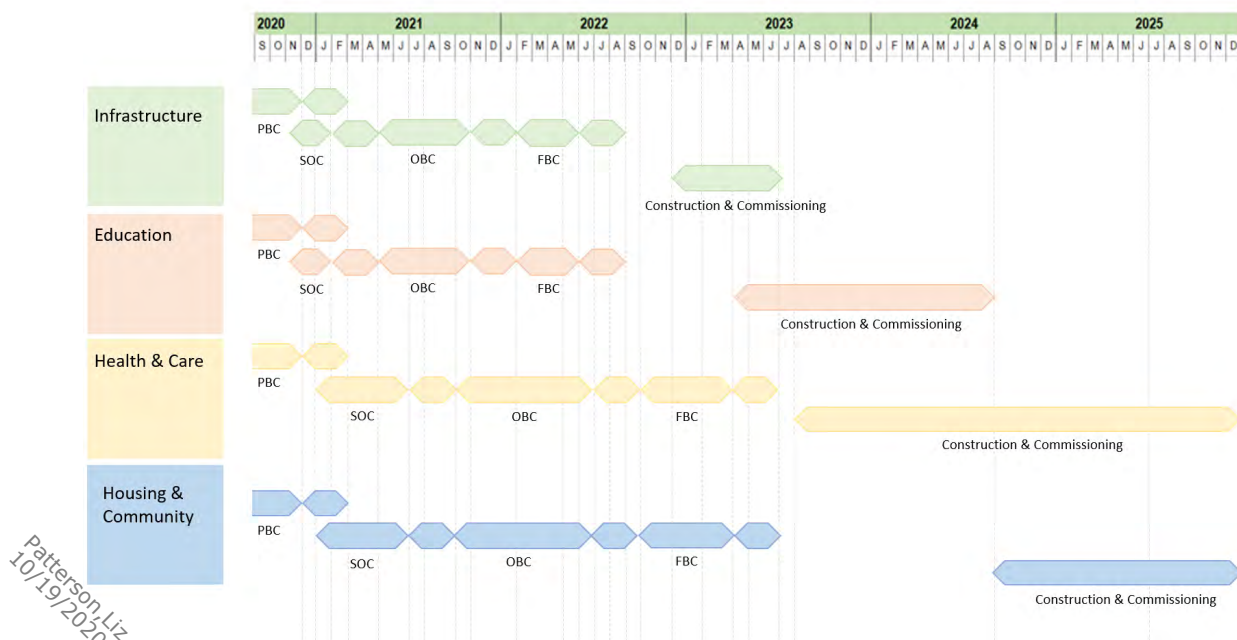


Figure 3: Proposed Programme Timeline



The **Strategic Case** describes how the North Powys Wellbeing Programme fits within the existing business strategies of PTHB, PCC and third sector organisations, outlining a compelling case for change in terms of existing and future needs.

The **Strategic Context** provides an overview of PTHB/PCC and the current services being delivered in north Powys. This section confirms that there is a strategic fit between the proposed programme and national/local policy and objectives and that the programme supports the proposed vision for service delivery and changes in activity.

Nationally, this will focus on how the programme supports The Well-being of Future Generations (Wales) Act 2015 and The Environment (Wales) Act 2016, with particular reference to the National Climate Change Emergency and how the proposed works will contribute to carbon reduction. The programme will consider all viable low carbon construction options such as Passivhaus and set ambitious targets against standards such as BREEAM and Building Regulations. Low carbon engineering options such as ground or water source heat pumps, solar panels and hybrid heating systems will be considered and evaluated including their impacts on the environment and society both upstream and downstream whilst also considering carbon offsetting and biodiversity impacts. Other primary national guidance includes: A Healthier Wales: our Plan for Health and Social Care, Prosperity for All: The National Strategy (Wales) and 21st Century Schools and Colleges Programme.

Locally, this programme supports the vision, objectives and outcomes of the RPB's Health and Care Strategy: 'A Healthy Caring Powys', including the development of health services to form Rural Regional Centres and Community Wellbeing Hubs and is fully aligned with PCC's Vision 2025 and PTHB's Integrated Medium Term Plan 2019/20-2021/22 (IMTP).

The development of the school element of the campus is also aligned with the Strategy for Transforming Education in Powys 2020-2030 which sets out the following vision statement for education in Powys:

"All children and young people in Powys will experience a high-quality, inspiring education to help develop the knowledge, skills and attributes that will enable them to become healthy, personally fulfilled, economically productive, socially responsible and globally engaged citizens of 21st century Wales".

The proposals also support a move to a "Carbon Positive Powys" as set out in the Public Service Board's Wellbeing Plan and the emerging Regional Energy Plan.

The Strategic Context will also demonstrate that the projects and activities detailed in this programme align with other programmes and projects within the Partnership's strategic portfolio.

The **Case for Change** examines the existing arrangements/Business as Usual (BAU) and related business needs for the future of north Powys. This element of the case will focus on improvements/developments required under the main headings of Service delivery and Estates compliance.

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In service delivery terms, the programme offers the Partnership the opportunity to redesign the way in which services are delivered across north Powys and implement changes to support the service strategy and integrated model of care.

In order to enable residents in Powys to live longer, healthier and 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 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 enables health, social care and other partner systems 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.

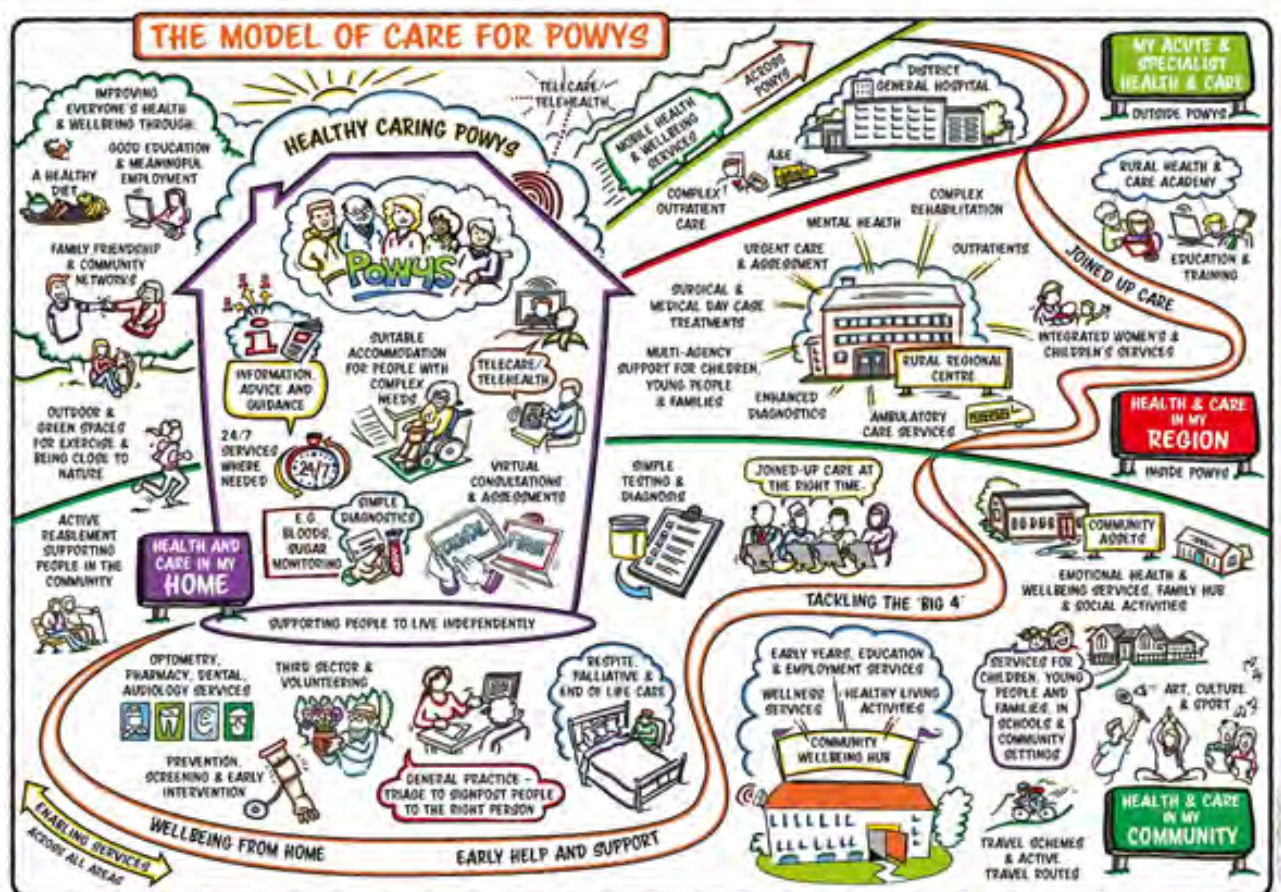


Figure 4: Model of Care for Powys



The Campus will support the current and future population needs and provide more care closer to home in north Powys in order to mitigate against the impact on planned care arising from the Future Fit programme, in addition to addressing compliance issues of an ageing estate.

During 2019, work has been undertaken to assess the local population needs and to develop a robust case for change to underpin a new integrated model. Communities, staff, partners and key stakeholders have been extensively engaged during this time and co-participated in the development of a new integrated model of care which was approved by the RPB and sovereign bodies in March 2020. Further development of the integrated model of care, including demand, activity and capacity planning, is due to be undertaken in 2020/21 as part of the Health and Social Care Strategic Outline Case (SOC) which will further support the development of these services.

For Education, PCC has already received approval in principle of its Strategic Outline Programme (SOP) for Band B of the 21st Century Schools Programme to invest in Newtown (summer 2017). Feasibility work has been concluded, indicating a preference for a new build English-medium primary school within the Campus, replacing the current Ladywell Green Infants School and Hafren Junior School.

Schools in Powys play a central role in their communities, therefore this programme will consider how the development can support more collaborative working to improve wellbeing through early years provision, childcare support, multi-agency services, library services, and include areas for community activity, where appropriate. Not only does this provide an efficient, value-for-money approach that will support the continuation of community services especially in rural areas, it also provides a unique opportunity to deliver an innovative service model.

The Library service is underpinned by a holistic community-centric philosophy and works closely with other public services to provide for the information and learning needs of the whole community. The service promotes wellbeing and aims to counter loneliness. There is therefore an opportunity for this service to draw together the other elements of the PBC and act as the front door to all the other services, reinforcing the philosophy of "no wrong door".

In compliance terms, PTHB has one of the oldest estates within Wales with over 35% pre-dating the NHS (pre 1948). Similarly, much of PCC's existing estate is of poor quality, with the two existing schools being identified as condition categories C and D. As such, the Partnership is managing sites with high levels of backlog maintenance, which have significant or high risks of non-compliance or failure. By working collaboratively and combining services into a Campus-style approach, the programme aims to significantly reduce the backlog maintenance across a number of sites whilst benefiting from more efficient space utilisation. In addition, this would release surplus building stock, delivering either cash releasing benefits or potential development opportunities.

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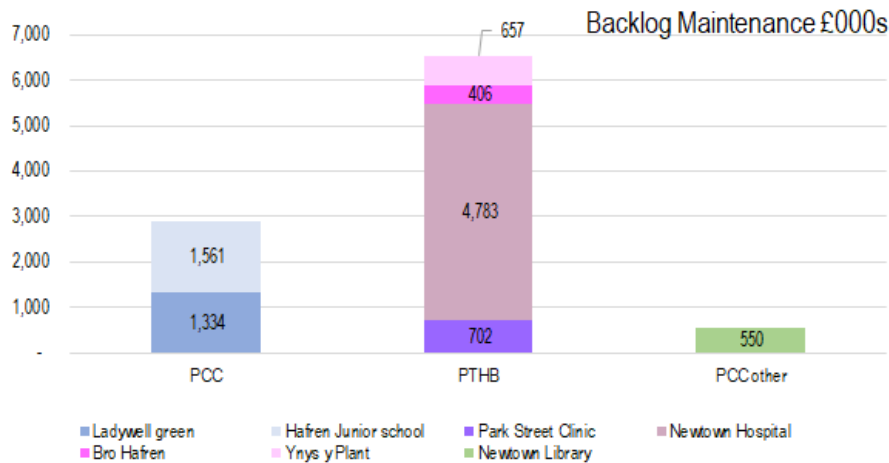


Figure 5: Current Backlog Maintenance in Newtown

As demonstrated in the diagram above the current backlog maintenance across the built estate is £10 million. Properties that are no longer suitable for service delivery will be identified when progressing with the Campus, resulting in an estate of better performing buildings leading to a reduction in the running costs and a more sustainable, innovative “fit for purpose” property portfolio, with no residual high or significant compliance risks across the Partnership.

The **Key Benefits** associated with this programme are further detailed in Section 2.2.10 and are summarised below:



Figure 6: Benefits Framework

It is acknowledged that some benefits will be sector specific, however, a primary focus of this programme is to identify the benefits associated with the integration and co-location of services. The key themes are outlined in the diagram below:

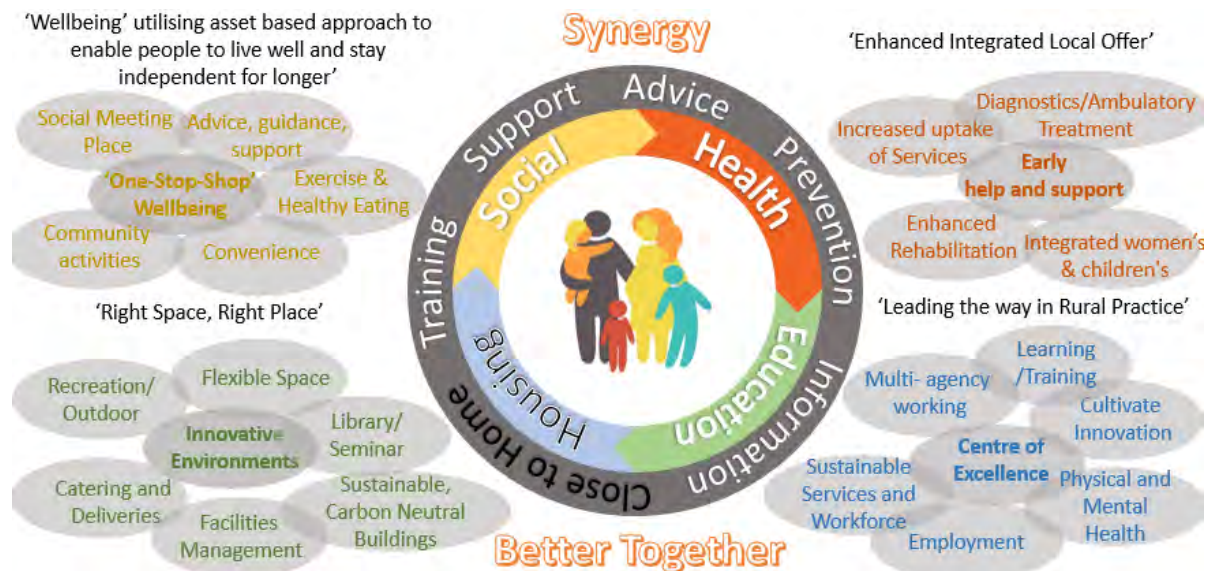


Figure 7: Integration Opportunities

The Campus approach has allowed the programme team to explore the opportunities for shared spaces which can offer a number of benefits including maximised space utilisation, more efficient use of building footprint, economic benefits and greater opportunities for integration, collaboration and innovation across disciplines. The key opportunities to be further investigated are detailed below:

- Offices/Seminar Rooms/Training Suite/IT Suite
- Catering and Dining
- Car Parking
- Hydrotherapy Pool
- Outdoor Spaces
- Carbon Reducing Technologies
- Hard and soft FM services including deliveries, receipt and distribution, domestic services

Details of the potential scope of the programme are detailed in Section 2.2.8, however the main services and key integration links are as follows:

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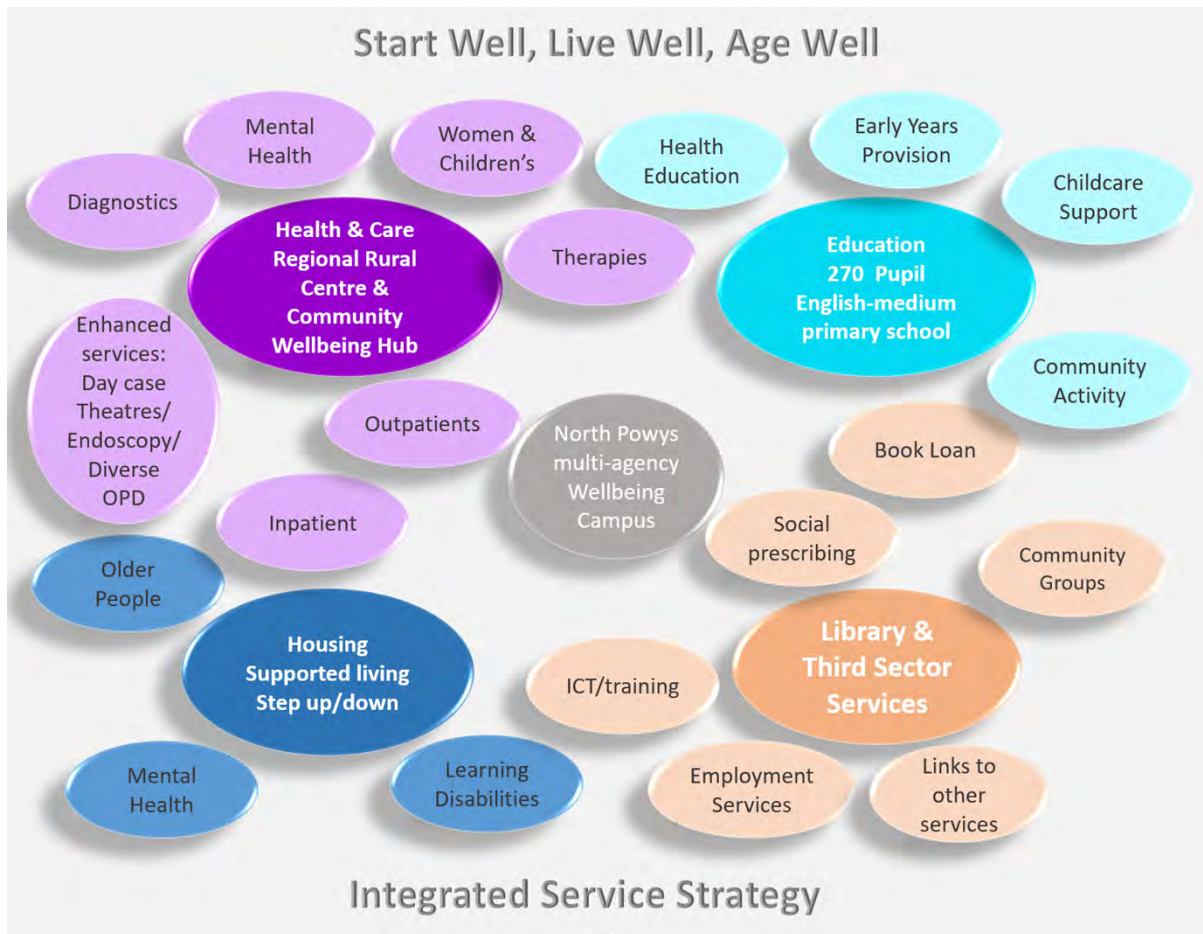


Figure 8: Service Strategy

The purpose of the **Economic Case** is to identify and appraise the options for the delivery of the programme objectives and benefits and to recommend the option that is most likely to offer best Value for Money (VfM) or social value to society, including wider social and environmental effects as well as economic value.

As part of initial feasibility work, a full site options appraisal has been undertaken, details of which can be found in Appendix XXX. The preferred site is illustrated in the image below:

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Figure 9: Preferred Site Plan

The preferred site measures 4.6 hectares (45,904sqm). The table below details what the preferred site currently comprises of and what buildings are in close proximity to the site:

Current Site	Close Proximity
Ladywell Green Infant and Nursery School	Afon House (Job Centre)
Hafren Junior School	Park Office (Council Offices)
Newtown Library	Ladywell House (Council Offices)
Integrated Family Centre	Newtown Police Station
Park Day Centre	Robert Owen House (formerly mental health team office and now a housing development opportunity)
Park Clinic	

Table 1: Buildings on and in close proximity to the Preferred Site

The consensus of the site appraisal was that the preferred site offers:

- ✓ A good location, accessible to centre of the town, to the Open Newtown programme, recent housing initiatives and to other transport and amenities
- ✓ Links to the school's investment in the area
- ✓ Appropriate size to facilitate the potential scope of the programme
- ✓ No policy designations
- ✓ Owned and know site near existing public amenities and assets
- ✓ Flat, serviced site with potential expansion scope

A therapeutic site, ideal for promoting well-being; open green spaces, views, on the banks of the Severn



Having identified a preferred site, the options appraisal focuses on developing the proposed scope of the programme. A long list of options has been developed and categorised under the headings of Technical Scope, Service Solution, Service Delivery, Implementation and Funding (see Section 3.3). By appraising a wide range of realistic and possible options, the following short list of options for economic appraisal has been identified, which will be developed further in subsequent Business Cases.

	Option 1	Option 2	Option 3	Option 4
Scope/Technical	Intermediate 1	Intermediate 1	Intermediate 2	Intermediate 2
Service Solution	Core & Desirable	Core & Desirable plus	Core & Desirable	Core & Desirable plus
Delivery	In-House	In-House	In-House	In-House
Implementation	Phased	Phased	Phased	Phased
Funding	Public	Public	Public	Public

Table 2: Preferred Way Forward

The technical and service scope of these options is summarised below:

Options	Description
1	<p>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do minimum” in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services enhanced to provide greater links to Health, Social, Housing & employment services</p>
2	<p>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do maximum” in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services as above with the addition of Health promotion and community resource centre</p> <p>Develop site as a joint training academy</p>
3	<p>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</p>

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Options	Description
	Health and Care: consolidation of new integrated model of care into a single location. "Do minimum" in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care Library and Third Sector services enhanced to provide greater links to Health, Social, Housing & employment services
4	New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation Health and Care: consolidation of new integrated model of care into a single location. "Do maximum" in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care Library and Third Sector services as above with the addition of Health promotion and community resource centre Develop site as a joint training academy

Table 3: Options Summary

The shortlisted options indicate that the spatial requirements for the identified site would range from 23,350sqm to 30,595sqm:

Campus Elements	Minimum (sqm)	Maximum (sqm)
School/Field	15,000 [inc. 2,215 building]	18,000 [inc. 2,620 building]
Health & Care	7,500	10,500
Library	850	850
Specialist Housing	-	1,245
Sub Total	23,350	30,595
External Space tbc	22,554	15,309
TOTAL	45,904	45,904

Table 4: Spatial Requirements

Using the proposed areas derived from the preferred way forward, the potential configuration of the site can be developed. A core objective of this PBC is to demonstrate that the range of options above will "fit" on the site facilitating the desired campus approach, taking into account the desired location of each service on the site and consideration of issues such as safeguarding. It is appreciated that access, green and shared spaces, infrastructure and car parking are key to "unlocking" the preferred site and phasing requirements. Areas of particular note with this site include:

- Phasing: the school is programmed to be complete by September 2024, with the two schools operating as usual; planning will ensure that the construction does not disrupt live services on the site
- The site has minimal access points (they only exist as entrances to the current buildings on site) so consideration needs to be given to access to the site and construction traffic during the build
- There is a floodplain to the north of the site that cannot be built on
- The level and nature of car parking needs to be determined

Further work on the site masterplan will be undertaken during the development of the SOC's. However, during the PBC development, several site configurations were appraised at a high level with a number of stakeholders, with feedback being incorporated into a potential site configuration (pictured below):



Figure 9: Potential Site Configuration

Having established that the range of options to be taken forward could work on the proposed site, a high-level financial appraisal was undertaken on the preferred way forward:

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Economic appraisal summary £000s	BAU	Option 1	Option 2	Option 3	Option 4
Capital Costs (excl. VAT)	-	54,736	65,235	58,058	70,038
Backlog Maintenance	9,993	-	-	-	-
Disposal Proceeds					
- Montgomery County Hospital	-	(550)	(550)	(550)	(550)
- Bro Hafren	-	(140)	(140)	(140)	(140)
- Ynys Y Plant	-	(160)	(160)	(160)	(160)
- Park Street Clinic	-	(130)	(130)	(130)	(130)
Socio Economic Benefits	-	NQ	NQ	NQ	NQ
Net Capital Cost (excl VAT)	9,993	53,756	64,255	57,078	69,058

Table 5: High Level Economic Options Appraisal

Further information to be developed for 'ranges' rather than set costs to suit WG requirements.

The preferred option will need to be determined once benefits, risks and revenue costs have been factored into the assessment, which will be included in each of the subsequent project business cases.

The [Commercial Case](#) outlines the procurement/delivery options available for the programme and will allow for the flexibility to complete specific elements of work as part of a wider project.

The Partnership has a track record of working together to develop services for the people of Powys and have a history of working with communities and other stakeholders and partners to deliver improvements for their population. The Partnership is well placed to jointly contribute to the exciting development of a multi-agency wellbeing Campus for north Powys.

The Partnership is keen to minimise the revenue implications of the overall programme as a key objective. Capital investment and asset ownership is therefore the preferred method of delivery for the programme but would be the subject of detailed review in each of the supporting business cases. The Partnership is flexible in terms of the approach to land ownership having worked collaboratively on land transfers, and is keen to support the more appropriate ownership structure for each element of the programme as required.

To unlock the site, the most appropriate first stage would be to consider the roads, parking and services infrastructure for the Campus to ensure that this key first stage of the development has the appropriate capacity, orientation and resilience to support the scheme as a whole. This also has the advantage of allowing the stakeholders to deliver their specific built environment requirements within their areas of expertise (housing, education, health & care) using their familiar procurement delivery methods as subsequent phases.

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Due to the indicative timescales (driven by the need for the school to be completed by September 2024) it is anticipated that the enabling works, infrastructure and school construction will be undertaken by a single contractor who will be appointed via the 21st Century schools programme framework. Procurement options would include utilising a regional framework such as SEWSCAP, South West Wales Regional Contractor Framework (SWWRFC) or North Wales Schools and Public Buildings Contractor Framework or via a separate OJEU Procurement route.

The Health & Care elements of the programme are likely to be procured via the Building for Wales framework. The framework aims to deliver core objectives on behalf of the Welsh Government, including Best Value for Money and Development of Best Practice and Sustainability, amongst others, and is managed by a dedicated team of professionals employed by NWSSP.

It is assumed that the majority of this programme will be funded by public funding (All Wales Capital Funding), with the school being funded by Welsh Government and PCC (50/50 split). However, due to the complexity of the Campus, with wide-ranging services, buildings and policies governing the site, it is recognised that there are multiple funding streams that could contribute to its development. The ability to access a single point of funding would make the development of the Campus simpler.

The **Financial Case** will detail the capital funding requirements for the programme, which is currently estimated at £64m to £83m (including VAT) across the options, after including VAT but before the benefit of any disposal proceeds (estimated to be in the range of £0.9m to £1.1m), as set out below:

Cost Summary £000s	BAU	Option 1	Option 2	Option 3	Option 4
GIFA m ²	5,703	10,641	14,046	11,641	15,291
Capital costs (excl VAT)	9,993	54,736	65,235	58,058	70,038
Less disposal proceeds	-	(980)	(980)	(980)	(980)
Economic Case	9,993	53,756	64,255	57,078	69,058
Add back disposal proceeds	-	980	980	980	980
Add VAT	-	10,947	13,047	11,612	14,008
Financial Case (funding requirement)	9,993	65,683	78,281	69,670	84,045
Subsequent reduction for disposal process	-	(980)	(980)	(980)	(980)
Net funding requirement	9,993	64,703	77,301	68,690	83,065

Table 6: Reconciliation of Economic to Financial Case costings

The investment would also eradicate the need to incur approximately £10m of backlog maintenance costs as previously noted. Furthermore, the programme would deliver a number of additional social and economic benefits that are, as yet, unquantified, but include job creation from both construction and general increased activity post

build phase, increased footfall on the high street and retail activity, from both new facilities and the potential developments on the disposal sites, as well as opportunities for additional Local Authority revenues such as rates and council tax resulting from the above.

Some initial revenue savings have been identified such as those relating to maintenance and running costs and those associated with travel however, more detailed revenue assessment including the benefits of repatriating services and associated staff costs will be further developed during SOC/OBC development.

The **Management Case** demonstrates that each element of the programme is achievable and can be delivered successfully to cost, time and quality. This section details RPB's programme management arrangements as well as the key appointments required to deliver the programme. The governance arrangements are illustrated below:

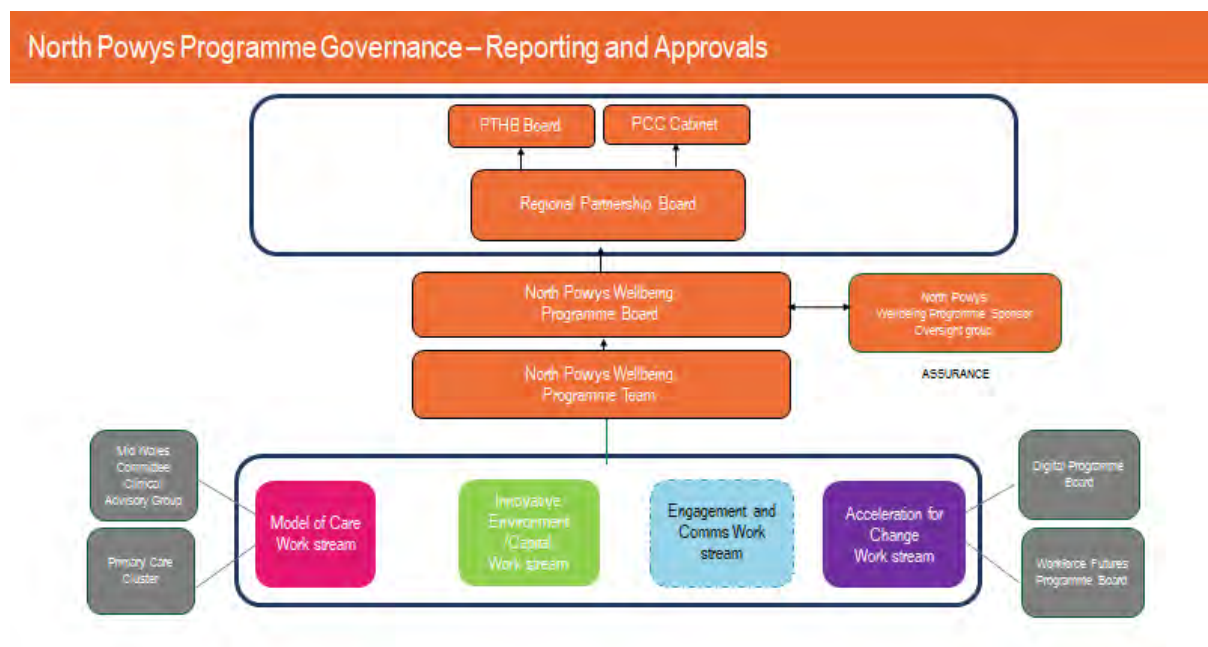


Figure 10: North Powys Programme Governance Structure: Reporting and Approvals

The Programme operates within the agreed Governance arrangements as per the diagram above. A Programme Oversight Group is in place and meets quarterly, this includes Independent Members and Portfolio Holders. The Programme Board meets monthly and is jointly chaired by the CEO's of the Council and the Health Board. The day to day management of the Programme is run through the Programme team and four workstreams with links to other key operational groups to support with delivery.

The production of this PBC began a few months before the COVID-19 pandemic escalated in the UK in March 2020. Partnership staff were redeployed from "business as usual" to strategic and operational roles surrounding the control of the coronavirus.



Once resumed, the PBC was updated to include learning from the COVID-19 pandemic and what impact this may have on current and future services including; virtual consultation, agile working, digital, social distancing and planning for future pandemics. Whilst it is understood that work on the development of these services are ongoing, a formal "lessons learned" process is currently underway and will be further detailed in subsequent SOC's.

1.1 Recommendation

Based on the information contained within this PBC, it is recommended that the programme be endorsed to continue to develop a series of SOC's/OBC's/FBC's, to create a collaborative, multi-agency, well-being Campus for the population of north Powys to support delivery of the RPB outcomes via the integrated model of services.

Signed:		Signed:	
Dated:		Dated:	
Alison Bulman, Powys County Council Senior Responsible Owner, North Powys Wellbeing Programme		Hayley Thomas, Powys Teaching Health Board Senior Responsible Owner, North Powys Wellbeing Programme	

Signed:		Signed:	
Dated:		Dated:	
Dr Caroline Turner, Powys County Council Programme Sponsor, North Powys Wellbeing Programme		Carol Shillabeer, Powys Teaching Health Board Programme Sponsor, North Powys Wellbeing Programme	

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2 The Strategic Case

This Business Case is seeking approval to proceed with a programme of works in order to develop a multi-agency wellbeing campus in Newtown (the “Campus”). The purpose of this section is to demonstrate how the proposed North Powys Wellbeing Programme of works fit within the existing business strategies of the RPB and outlines a compelling case for change, in terms of existing and future service and estate needs. The strategic case is split into 2 sections:

Part A: The Strategic Context

The Strategic Context contains an overview of the partnership organisations, confirms that there is a strategic fit between the proposed programme and national/local policy and objectives and that the scheme supports the proposed vision for care delivery and changes in activity.

Part B: The Case for Change

The Case for Change describes the current challenges faced by the Partnership and the need for increased focus on wellbeing, early help and support, new/improved services and facilities. This section highlights ‘Business as Usual’ (BAU), describing the problems with the existing service model and facilities in Newtown, as well as detailing the investment objectives, benefits and risks associated with the proposed programme.

2.1 Part A: Strategic Context

The purpose of this programme of work is to develop a new integrated model of health, care and wellbeing services in north Powys. The North Powys Wellbeing Programme (NPWP) 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 RPB is fully committed to the delivery of a new integrated model of care for north Powys, which includes a Rural Regional 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 in Health and Care Strategy: ‘A Healthy Caring Powys’ which was agreed in 2018. “A Health Caring Powys” is fully aligned with PCC’s Vision 2025 and PTHB’s Integrated Medium Term Plan. To support delivery of the programme, Transformation Funding was secured from Welsh Government in mid-2019, enabling the delivery of the long-term change associated with the new integrated model of care which includes the 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 services. The scope of the programme includes:

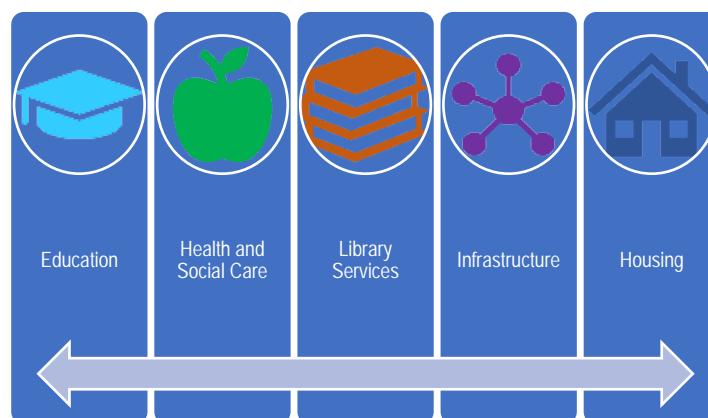
- The testing and delivery of a new integrated model to a rural population which focuses strongly on evidence based of innovative practice to deliver the highest value and efficient system

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- 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

The programme aims to bring partners together across education, health and social care, housing and third sector, with opportunities for further linkages to leisure, police and ambulance services. It will also maximise essential links with green spaces through Open Newtown as well as the town centre supporting Welsh Governments initiative “Town Centres First”. The purpose of this section is to explain how the development of the Campus fits within the existing business strategies of the Partnership. As this is a multi-agency programme, the following symbols have inserted into the header where information relates to these sectors only:



Organisational Overview

2.1.1.1 [Introduction](#)

PCC and PTHB are partners in the Regional Partnership Board that oversee the NPWP.

2.1.1.2 [Powys County Council](#)

PCC is responsible for delivering a range of services to approximately 132,000 residents across Powys and has a strong vision for the future, with four strategic priorities which focus on the economy, health and care, learning and skills, and residents and communities. It is one of the largest employers in Powys delivering health and social care services, education, highways and leisure. The county of Powys covers a quarter of the land mass of Wales and is one of the most sparsely populated areas in the UK, with many residents living in rural upland areas and historic market towns. Some of the services PCC delivers include:



- Social care (including adult and children's services)
- Schools and Nurseries
- Construction and maintenance of roads, parks and other infrastructure
- Planning and building control services
- Waste collections
- Environmental Health
- Libraries
- Housing (including homelessness)

PCC receives money in three ways:

- Welsh Government
- Income raised through fees and charges
- Council tax

Key challenges for PCC are to continue to manage demand for social care whilst achieving significant financial savings. Key to achieving this will be keeping people safe and independent at home through increased use of digitally enhanced services and more integrated ways of working, as well as increased wellbeing, early help and support services to reduce demands on statutory provision. This programme will support the integration of community wellbeing services, to improve health outcomes and reduce health inequalities for residents in deprived communities in north Powys, thus reducing the need for admission to hospital and care homes in the future.

Since early 2018, PCC has been working with schools in Newtown to develop plans for the development of a schools' infrastructure which will strengthen local communities. A primary aim of this programme is to integrate an "all through" primary school (which is to be developed following the merger of an infant school and junior school in Newtown) into the Campus in line with PCC's Strategy for Transforming Education in Powys 2020-2030, which states that new developments should support community-focussed schools which act as a central point for multi-agency services to support children, young people, families and the community.

2.1.1.3 Powys Teaching Health Board

Like PCC, PTHB is one of the largest employers within Powys and shares many of the same challenges in terms of delivering diverse services across a large and sparsely populated rural region. It is responsible for commissioning secondary health care and hospital services and co-ordinating the delivery of primary care services. It also directly delivers community care services such as district nursing, child health, midwifery, and community services in nine local community hospitals.

As PTHB is primarily a commissioning organisation, the largest proportion of its budget is devoted to commissioning NHS services in the community by primary care contractors and the Third Sector. Additionally,



secondary care services are provided through commissioning arrangements with other Health Boards in Wales and NHS Trusts in England. These multiple complex arrangements mean that, as an organisation, PTHB has a highly developed ability to provide coherence across multiple strategies, providers and pathways. PTHB has three strategic challenges for the future:

- Designing and delivering a clinically and financially sustainable rural service model, providing as much care as close to home as possible through a continued shift from hospital to community-based models of care
- Meeting the changing needs of Powys residents as demographic change and improvements in healthcare continue to make their impact felt on demand for, and cost of, services
- Working with partners and the public to support sustainable rural communities in a period of public sector austerity

A primary aim of this programme is to support the development of a Rural Regional Centre in Newtown, a key priority of the Integrated Medium-Term Plan 2019/20-2021/22 (IMTP). Rural Regional Centres are already under development within existing healthcare buildings in Llandrindod Wells and Brecon, and the development of this model at Newtown will create a central spine through Powys, focussing on enhanced and extended local services to reduce inequity of the current offer, improving care closer to home and maximising the range of services which can sustainably be delivered in county.

2.1.1.4 Integration

The Partnership serves the same population, largely experiencing the same challenges and opportunities of the sparsely populated, highly rural county. The Partnership have a track record of working together to develop services for the people of Powys and have a history of working with communities and other stakeholders and partners to deliver improvements. Powys is also the first region in Wales to have an approved joint Health and Care strategy.

PCC and PTHB are key partners in the Regional Partnership and Public Service Boards. Integrated working is a key priority with a series of Section 33 arrangements bringing teams together to deliver integrated backroom and frontline services.

The impact of this integration is to shift the balance of services towards an increased emphasis of wellbeing, early help and support and to provide more joined up care when people need to access services. This is being demonstrated across Powys, including at planned developments such as those at Bro Ddyfi Community Hospital in Machynlleth as well as within Newtown where partners are already working together to improve wellbeing. There are many initiatives where the community is being drawn together in Newtown, with linkages to the school, police, PAVO, Open Newtown and many other organisations (detailed in Section 2.2.8.1.6).

2.1.2 Why North Powys and Newtown?

The Powys Population Wellbeing Assessment¹ identified that the health and social care need was greater in north Powys compared to mid and south Powys, making it a priority for investment and more innovative and effective health and care delivery, as well as being identified as requiring investment in education services. The key issues are described below; with further details available in [Appendix XXX](#).

2.1.2.1 [Determinants of Health](#)

Social determinants of health are the conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy, his/her risk of illness and life expectancy. Social inequities in health, the unfair and avoidable differences in health status across groups in society, are those that result from the uneven distribution of social determinants². The conditions which make up the social determinants of health are wide-ranging and include the following:



Figure 11: Conditions that make up the social determinants of health

In addition to each individual factor, these influences interact with each other in a complex way. For example, poor health or lack of education can impact on employment opportunities which in turn constrain income. Health is certainly influenced by behaviours, with smoking, alcohol consumption, unhealthy diet and physical inactivity most prominent among behaviours that are related to ill health in the UK. However, these behaviours are largely themselves influenced by social determinants of health including income, employment and access to healthy environments. Also, where healthcare is important for improving health and combatting illness, the access to and

¹ Powys Public Service Board (2017) Well-Being Assessment

² The World Health Organization (WHO) (<https://www.who.int/>)

use made of that healthcare is affected by social determinants of health. This has led some people to call social determinants the causes of the causes of poor health.

The impact of the social determinants of health and especially material deprivation is shown clearly through health inequalities as set out 10 years ago in the Marmot report. People in richer areas live longer than those in poorer areas. Not only that, but there is an even bigger difference in healthy life expectancy, the length of time that people live in good health. People in poorer areas live shorter lives and for more of that time they are in poor health. There are many reasons for these differences, but most at their core come down to social determinants of health³.

The NPWP and proposed Campus aims to reduce the inequalities faced by the residents in north Powys and enable residents to “Start Well, Live Well, Age Well”.

2.1.2.2 Demography

The population of north Powys is 63,271⁴, with Newtown being the largest town not just in north Powys, but the whole of Powys (population 11,319). Apart from the 4 largest towns, the rest of the population are widely dispersed in smaller centres, hamlets and across many rural properties.

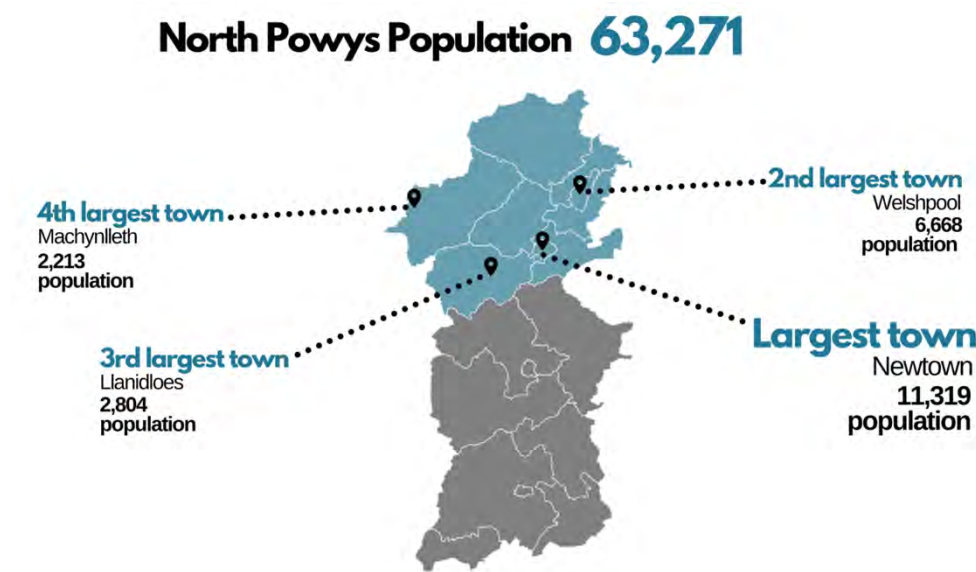


Figure 12: Map of North Powys depicting population of largest towns

Powys has an ageing population and it is projected that 38% of the population will be aged over 65 by 2036, who will require access to services, public transport, and accommodation. While people are living longer, these years are not always healthy. New treatments are also being developed which could help more people live for longer,

³ Local Government Association (July 2020) Social determinants of health and the role of local government

⁴ Powys County Council Business Intelligence Unit February 2020

but they are costly. To meet future demand, the way in which services are delivered must be changed, so that they are both affordable and sustainable.

Powys also has a dispersed rural population with nearly 59% of the population living in villages, hamlets and rural areas, making access to services challenging and, in some areas, limited. The age bandings for North Powys are detailed below:

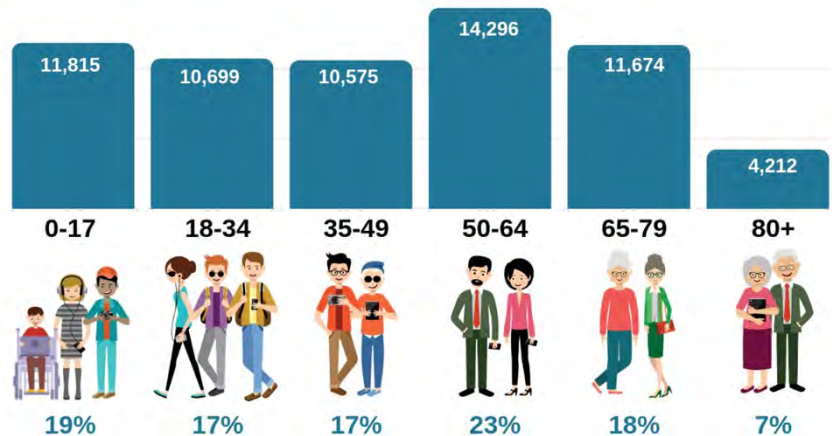


Figure 13: North Powys population age banding percentages

2.1.2.3 Accessibility

Powys' rurality affects every element of service development and delivery. The indicators are already clear that the workforce of Powys is shrinking. This is in all areas of the Powys economy, not just the health and social care sector. The population is ageing both because older people see rurality as a retirement dream (only to see it become challenging as frailty begins to manifest itself) and the younger age groups see moving away as the route to achieve their own ambitions⁵.

The Department for Transport estimates that people in rural areas of England and Wales travel approximately 40% further than people in most urban areas and almost all of this extra distance travelled by rural residents is by car. The car-dependent nature of travel in many rural areas means that there is a rising risk of mobility-related exclusion particularly amongst the oldest and those with health needs and Community Hospitals are an integral part of healthcare provision in many rural areas.

People in Powys rely on health services around the county's borders. Each of these systems link into their own wider health economies which mean people can travel further away from Powys for specialist care. Due to the geography and population size of Powys, it is not feasible to develop a District General Hospital in the county, and as a result most specialist care has continued to be provided through the five health systems around its borders.

⁵ North Powys Wellbeing Programme (Jan 2020) Case for Change



Closest Hospitals by Rank	Distance ⁶ (miles)	Min Travel Time (mins) ⁷	Max Travel Time (mins) ⁷
Royal Shrewsbury Hospital	32	58.1	155.2
Robert Jones & Agnes Hunt	32	57.8	155.8
Bronglais Hospital	44	56.8	154.9
Wrexham Maelor Hospital	44	56.9	156.4
Telford Hospital	48	56.7	155.5

Table 7: District Hospitals serving North Powys residents (with min and max travel time)

North Powys is strategically important in strengthening health and care services for mid Wales and providing an opportunity to reduce the impact of reconfiguration proposals around its borders. There are also opportunities to work in partnership with these health systems and to upskill our local workforce to provide some of these services more locally in north Powys.

A key consideration for service providers is to deliver as much care as possible in Powys, avoiding out of county travel and providing a better experience for the individual. The current hospital model is proving increasingly challenging to sustain, and a key future goal is to redesign this clinical model and, in the process, strengthen the primary care sector to support a sustainable future for health and social care in the community.

In north Powys there is currently no local service provision for day cases; approximately 5,000 people travel out of county each year for relatively straight forward operations that could be undertaken in a day-case facility in north Powys. There are also around 60,000 outpatient appointments which take place each year outside Powys, a large proportion of which could be delivered more locally or via virtual digital clinics if there was access to the right infrastructure, diagnostics, workforce and facilities. Investment in digital technology and new facilities will enable the delivery of local day cases, diagnostics and one stop services in north Powys, this will hugely overcome travel distances and multiple visits to District General Hospitals providing value-based healthcare and improving the experiences for some of the most deprived communities in Wales by reducing unnecessary travel.

Inequalities in service provision are significant in north Powys. People in north Powys rely heavily on health services from within Shropshire's Shrewsbury and Telford Hospital Trust (SaTH). Many of these services are changing under the Future Fit reconfiguration programme and a large proportion of services including planned care are going to be transferred to the Telford Hospital site, resulting in people having to travel much further for routine care that could be provided locally in Powys. Recently the CQC have reported concerning quality issues in relation to the standards of care at the Shrewsbury and Telford Hospital Trust, and discussions are ongoing in

⁶ <http://www.rac.co.uk/route-planner/> using the town clock in Newtown SY16 2BB and the fastest route

⁷ Powys County Council Business Intelligence Unit February 2020



partnership around more short term measures which could be taken to support a reduction in admissions to SaTH and to improve discharge planning.

2.1.2.4 [Deprivation](#)

By growing up in a deprived area, children are more likely to have poorer health and adults are more likely to adopt unhealthy lifestyles which will impact on the rest of their lives. Evidence shows that over a 10-year period, cognitive outcomes for children from a low socio-economic status is significantly lower than for those from a high socio-economic status.

In Powys, just over 1 in 5 children are estimated to be living in poverty after housing costs are taken into consideration. Across Wales, there is a clear correlation between levels of deprivation and rates of overweight or obesity, ranging from 28.4% of children living in the most deprived areas being overweight or obese to 20.9% in the least deprived. This is particular concern in the Newtown and Welshpool areas which both score highly on a number of factors associated with the Welsh Index of Multiple Deprivation (WIMD). With a reducing child population, resources need to be focused on both universal and targeted support to those families with the highest needs or risk⁸.

Unhealthy lifestyles increase demand on health and social care services and reduce people's ability to live a fulfilling life. Although rates of physical activity in Powys are above the Wales average, nearly 6 in 10 adults are overweight or obese and this figure is predicted to rise. Just under 1 in 5 adults in the county smoke, and 4 in 10 drink more than the recommended amount.

2.1.2.5 [Health and Wellbeing Indicators](#)

The PCC Business Intelligence Unit conducted a detailed analysis of over 40 datasets split into three reports:

1. Focus on Wellbeing
2. The Big Four
3. Joined Up Care

The same methodology was utilised in all three reports: indicators were coloured red, amber or green, depending on how far off the Powys Average (mean average) they were, with green being better than average. The ratings have been converted into percentages, allowing the team to analyse the areas with the greatest proportion of "red". The figure overleaf shows that the north Powys area with the highest level of "below average" measures relating is Newtown South-West:

⁸ North Powys Wellbeing Programme (Jan 2020) Case for Change

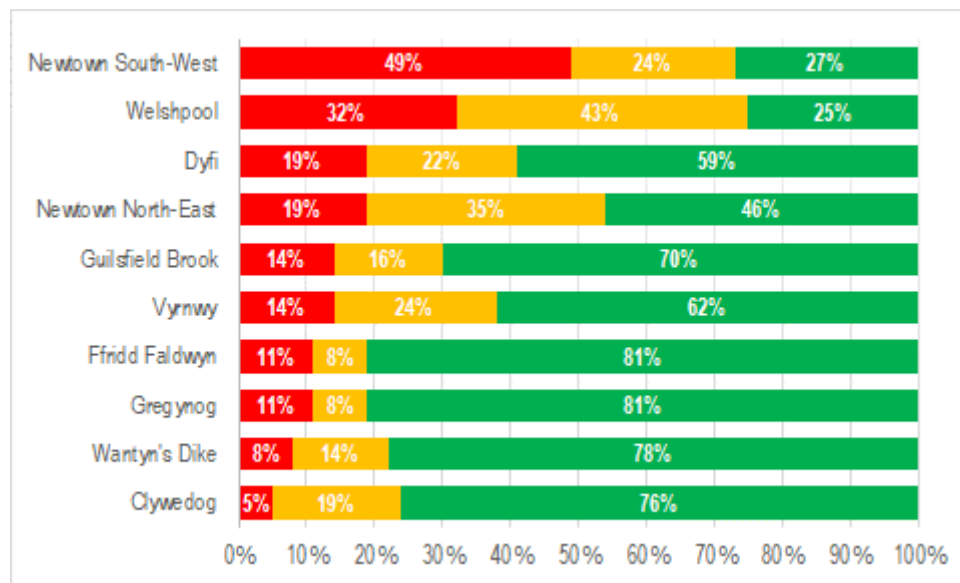


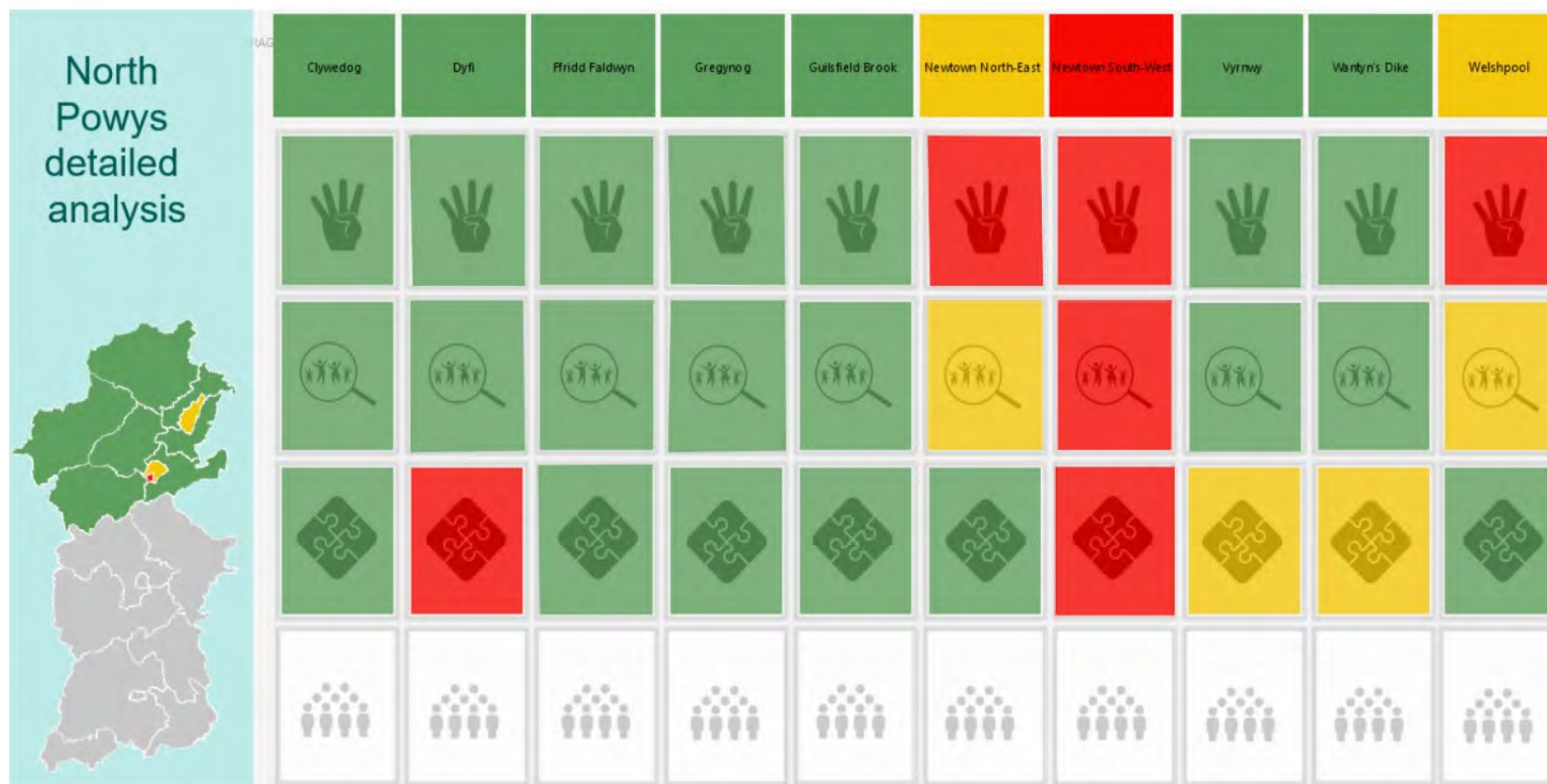
Figure 14: North Powys health indicators (wellbeing, big 4, joined-up care)

The analysis also found:

- Newtown has a higher average of children living in poverty
- The lowest levels of home ownership for north Powys are in Newtown and Welshpool
- People in Newtown South West have a higher average for those struggling to keep up with bills
- Newtown South West has the highest average unemployment and, in general, unemployment is rising steeply in Powys
- The lowest level of satisfaction with the local area is Newtown South West
- Lowest levels of two parent households are in Newtown South West
- Children on the child protection register average rates are high in Newtown and Welshpool
- The number of unpaid carers on average is higher in Welshpool and Newtown South West
- The rate of people receiving domiciliary care is higher in Newtown South West and Dyfi localities

The following visual shows the variation across the ten areas in north Powys. The overall RAG for an area is shown on the top row, and the underlying rows represent The Big Four, Focus on Wellbeing and Joined Up Care. It can be seen that the areas with the lowest RAG ratings are Newtown North East and Newtown South West (full details can be found in Appendix XXX)

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Figure 15: North Powys health indicators (detailed analysis)



2.1.2.6 [Education Indicators](#)

Between 2014 and 2019, Powys' population fell by around 0.71%, or 949 people⁹. This decline is set to continue for the foreseeable future. This population decline will not be evenly distributed across all age groups and it is expected that the number of young people in the county will reduce by 14% over the next 20 years¹⁰. This will create additional pressures on an already stretched education system, necessitating the removal of the infant/junior split in some areas to create "all-through" primary schools, as in the proposed Campus.

As is the case nationally, there is a significant gap in educational outcomes between pupils from low-income families and those from more affluent backgrounds in Powys. The schools included in the Campus have between 22%-27% of children eligible for free school meals, compared to a national average of 18%. With a focus being placed on tackling inequality across Wales, concentrated effort is required to close the attainment gap between those eligible for free school meals and those who are not.

2.1.2.7 [Housing and Regeneration](#)

The average household size in Powys is projected to decrease from 2.24 persons in 2011 to 2.13 persons in 2026 (based on the 2011-based Local Authority Population Projections produced by the Welsh Government). Smaller households, and changes to the welfare system, will increase the need and demand for 1- and 2-bedroom properties, although these must be designed with adequate amenity space.

2.1.3 [National Policy Drivers](#)

Nationally, the programme aligns with the key principles of The Well-being of Future Generations (Wales) Act 2015 and The Environment (Wales) Act 2016, with particular reference to the National Climate Change Emergency and how the proposed works will contribute to carbon reduction. The key national drivers for this programme are outlined below:

2.1.3.1 [A Healthier Wales: Our Plan for Health and Social Care \(2019\)](#)

This document sets out a level of ambition to bring health and social care services together, working seamlessly across the whole system, designed and delivered around the needs and preferences of individuals, with much greater emphasis on keeping people healthy and well. It sets out ten national design principles for change and transformation. The NPWP is driven by these design principles as follows:

⁹ Powys Wellbeing Bank: population projection 2014-2019 (all ages)

¹⁰ Powys Wellbeing Bank: population projection for 2039 (ages 0-15)



Principles	Initial Assessment of the NPWP against "A Healthier Wales" Principles
Prevention and Early Intervention	<ul style="list-style-type: none"> • shift the whole system to focus on prevention, early help and support in a rural setting to reduce unnecessary hospital admissions and attendances
Safety	<ul style="list-style-type: none"> • a sustainable workforce will underpin the new integrated model, this will upskill people and provide effective learning and development through a networked approach • ensure seamless service provision and provide a fit for purpose environment
Independence	<ul style="list-style-type: none"> • support people to remain independent at home for as long as possible, but feel connected to their communities • support carers and disabled people to live a fulfilled life utilising new technology where possible
Voice	<ul style="list-style-type: none"> • embed a co-production approach in the programme of work • develop the workforce and systems to be flexible enough to achieve what matters most to the individual and their families
Personalised	<ul style="list-style-type: none"> • joint care planning will be fundamental • we will support a cultural change which enables people to respond to people's holistic needs and reach their potential through a coaching approach
Seamless	<ul style="list-style-type: none"> • service will be designed from the service user perspective • integrate services, through multiple levels of integration i.e. <ol style="list-style-type: none"> 1) health, social care, education, housing, ambulance and leisure 2) physical and mental health 3) secondary, community and primary care
High Value	<ul style="list-style-type: none"> • project evaluation will provide evidence of value • integrated, system-wide planning and resource deployment will be designed to reduce avoidable and duplicated demand, services and cost. • Condition and procedure specific, whole system pathways will be designed to provide right service in the right place at the right time to minimise avoidable demand and provision.
Evidence Driven	<ul style="list-style-type: none"> • The design of the new integrated model will be based on both national and international best practice. • The benefits realisation and project evaluation will provide evidence on effectiveness of the new integrated model before roll out across Powys.
Scalable	<ul style="list-style-type: none"> • A programme management approach will allow project outcomes to be defined and measured, along with system wide performance. This will provide evidence of what works well and what doesn't work well.
Transformative	<ul style="list-style-type: none"> • A new integrated model to redesign the whole health and care system will transform the way health and care is provided in the future in Powys. The stakeholder involvement in the work will be key to support the broader roll out across Powys.

Table 8: Initial Assessment of the NPWP against "A Healthier Wales" principles

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2.1.3.2 [Prudent Health Care \(2015\)](#)

The principles of prudent health and care informed and influenced the Health and Care Strategy and the local principles for Powys. They will be a core part of the design framework that have underpinned the process for developing a new integrated model for north Powys.

2.1.3.3 [The Social Services and Wellbeing Act \(2014\)](#)

This Act imposes duties on local authorities, health boards and Welsh Ministers to promote the wellbeing of those who need care and support, or carers who need support. It seeks to ensure people have greater control over what support they need with an equal say in the support they receive; partnership and co-operation underpin service delivery and prevention of escalating needs.

This Act has been fundamental to the design of the new integrated model, shifting the focus of the current system to wellbeing and early help. It will prevent people from becoming ill in the longer term, reduce people being admitted to hospital, help people to remain independent at home and to enable people to live a fulfilled life.

For those people who continue to need to access services, these will be joined up through effective care coordination and integrated multi-disciplinary teams which provide seamless care in the community and at home. These teams will be supported via Community Wellbeing Hubs and Rural Regional Centres.

2.1.3.4 [The Well-being of Future Generations \(Wales\) Act 2015](#)

Wales faces several challenges both now and in the future. These include climate change, poverty, health inequalities, jobs and growth. To tackle these issues the National Assembly for Wales passed legislation in 2015 which requires a range of public bodies across Wales to work together to give current and future generations a better quality of life.

The Act places a duty on all public bodies to carry out sustainable development - the process of improving the economic, social, environmental and cultural well-being of Wales. It requires all public bodies to change the way they work in order to improve well-being for the whole population, by acting in accordance with the sustainable development principle, and meeting the 7 Well-being Goals (see figure below):

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Well-being Goals

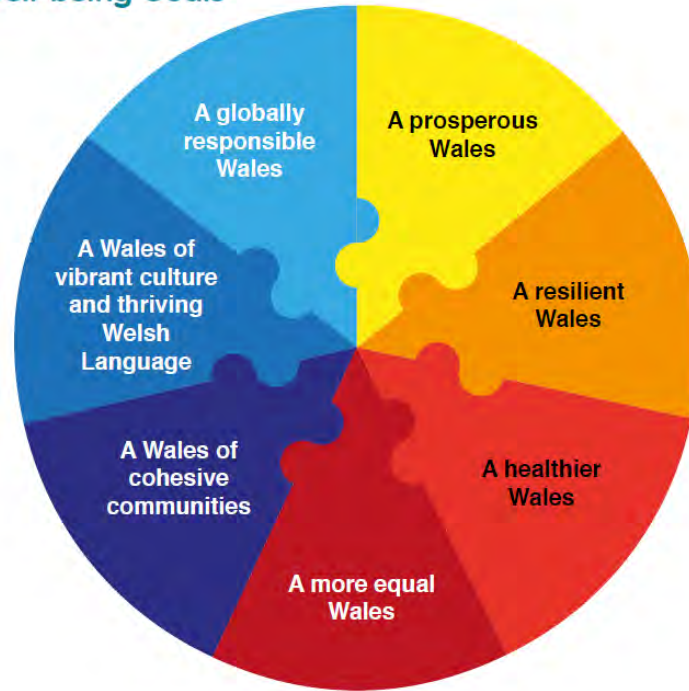


Figure 16: Well-being Goals

By considering the 7-well-being goals, PTHB can better meet the needs of its current population without compromising the ability of future generations to meet their own needs. Sustainable developments connect the environment in which we live, the economy in which we work, the society which we enjoy and the cultures that we share to the people that we serve and their quality of life. The Act places duties on public bodies to consider how key decisions impact on the longer term. It sets out 5 key ways of working. The five ways of working will provide a framework for the programme as follows:

5 Key Ways of Working	North Powys Wellbeing Programme
Long-Term	Developed within the context of the Powys Wellbeing Plan setting out what the Public Service Board wants Powys to look like in 2040
Prevention	Key focus on wellbeing and the provision of early help and support, healthy lifestyles, early years and maintaining independence
Integration	Joined up services to improve people's experiences, through new models of care, co-location and integration of services
Collaboration	Collaboration between communities, public, partners, universities and other organisations to deliver greater benefits and opportunities, involving health, care and wellbeing
Involvement	New models of care, services and facilities co-produced with communities, public, partners, and other organisations around "what matters most to the individual"

Table 9: 5 Key ways of Working in the context of the NPWP



During 2019, the programme was audited by the Future Generations Commission against its ability to deliver the five ways of working under the Act; the outcomes of the audit demonstrated that there was alignment and some aspects were identified as good practice for other regions to consider.

[2.1.3.5 National Development Framework 2020-2040](#)

The National Development Framework (2020-2040) (NDF) identifies a range of important regional centres which, through specific policies in Strategic and Local Development Plans, should retain and enhance the commercial and public service base that make them focal points in their areas.

The Welsh Government supports the role of the regional centres of Carmarthen, Llandrindod Wells, Newtown, Aberystwyth and the four Haven Towns (Milford Haven, Haverfordwest, Pembroke and Pembroke Dock), recognising that these places play important sub-regional roles, providing jobs; leisure and retail; education and health services; and connectivity infrastructure that is used and relied on by both their own populations and communities around them. It is important that these settlements maintain their regional role and support a managed growth approach that allows their roles to be enhanced.

[2.1.3.6 The Environment \(Wales\) Act 2016](#)

The Environment (Wales) Act 2016 aims to promote the sustainable management of Natural Resources through ensuring the use of, and the impacts on, our natural resources, do not result in their long-term decline. The Act aims to achieve this through sustainably managing natural resources in a way and at a rate that meets the needs of the present generation without compromising the needs of future generations and which contribute to the seven well-being goals in the Well-being of Future Generations (Wales) Act 2015.

[2.1.3.7 The Public Health \(Wales\) Bill \(November 2016\)](#)

The Public Health (Wales) Bill was introduced into the National Assembly on 7th November 2016. Whilst health is improving, Wales still faces a number of specific and significant challenges. These range from challenges such as an ageing population, high levels of chronic disease and differences in the health of people in different areas.

The Bill brings together a range of practical actions for improving and protecting health. It focuses on shaping social conditions that are conducive to good health, and where avoidable health harms can be prevented. If passed, the Bill will, amongst other things, restrict smoking in school grounds, hospital grounds and public playgrounds, require local authorities to prepare a local strategy for toilet facilities for public use, require public bodies to carry out health impact assessments in specified circumstances and change the pharmaceutical list of health boards to a system based on the needs of local communities.

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2.1.3.8 [Taking Wales Forward \(2016-2017\)](#)

More recently the Welsh Government document, Taking Wales Forward (2016-2017) affirms the NHS needs to reflect the needs of the modern society, with closer links between health and social services, strengthened community provision and better organisation of general hospital and specialised services. The document emphasises that more care and services will move from hospitals into communities, supported by integrated and sustainable Health and Care Services capable of meeting current demand and future need. Services will deliver timely care and treatment to patients when they need it. Key priorities for delivering improvements include:

- Improving our Healthcare Services
 - Continuing to improve access to GP surgeries, making it easier to get an appointment
 - Investing in community pharmacies to take pressure off our GP surgeries
 - Increase investment in facilities to reduce waiting times and exploit digital technologies to help speed up the diagnosis of illness
 - Invest in a new generation of integrated health and social services centres alongside the transformation of our hospital estate
- Healthcare Staff
 - Take action to attract and train more GPs, nurses and other health professionals across Wales
 - Ensure more nurses, in more settings, through an extended nurse staffing levels law
- Healthy and Active
 - Implement the Healthy Child Wales programme to ensure consistent delivery of universal health services up to age seven
 - Work with schools to promote children and young people's activity and awareness of the importance of healthy lifestyle choices
 - Continue to promote exercise and good nutrition, reduce excessive alcohol consumption and cut smoking rates in Wales to 16% by 2020

2.1.3.9 [Prosperity for All: The National Strategy \(Wales\) 2017](#)

The four key themes of this strategy are the same as those in Taking Wales Forward. Each theme consists of a vision, showing how they will contribute to prosperity for all, and how delivering in a more integrated and collaborative way can enhance the well-being of the people of Wales. The key themes and objectives are pictured below:

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Figure 17: Well-being Objectives

The strategy identifies five cross-cutting themes as having the greatest potential contribution to long-term prosperity and well-being, where fully integrated services and early intervention will have the greatest impact. The North Powys Wellbeing programme will contribute to the five cross-cutting themes as follows:

Theme	North Powys Wellbeing Programme Contribution
Early Years	The new model will focus on “start well” and the importance of the first 1,000 days in preventing adverse childhood experiences. Focus will be on family planning; keeping children safe, emotional health and wellbeing and preparing children for school
Housing	There is an ambition to provide intergenerational supported living accommodation on the Campus in Newtown. This could provide technology enabled accommodation for older people, people with mental health conditions, continuing healthcare needs and people with learning disabilities and/or in transition. This will prevent people from being placed out of county
Social Care	The new integrated model will provide greater focus on wellbeing and early help and support, integration of physical and mental health, and improving quality and effectiveness of services
Mental Health	Keeping people healthy and independent for longer and enabling them to live within their home and be part of the community will be fundamental to the new integrated model
Skills and Employability	The proposed capital development includes a potential Rural Academy for Health and Care to be based on the Campus in Newtown. This will enable local training and development in rural care
Education	Education is the most important determinant of health. It drives aspiration, the ability to synthesise information and make informed choices. It enables getting a better job which will have an effect on relative poverty and mental health and will enable accessing better accommodation and have a better working environment.

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Theme	North Powys Wellbeing Programme Contribution
Relative Poverty	Relative poverty has an effect on mental health as well as physical health through living in poorer accommodation. People in relative poverty are also more likely to have less health working environments.

Table 10: Wellbeing Objectives: NPWP Contribution

2.1.3.10 [The Housing \(Wales\) Act 2014](#)

The Housing (Wales) Act 2014 introduced several new duties in relation to homelessness for local authorities. It brought into law the “prevention of homelessness” focus which had been the key direction of national policy development over recent years. This approach focussed on providing services which focussed on finding housing solutions for all households in housing need, rather than processing people through the legal “homelessness” process. This reflects a broader national policy direction around areas such as health and social services which aim to put prevention at the heart of services to avoid more costly options.

There is also increasing evidence through international research that the usual approach to managing homelessness is focussing too much on the point of crisis, rather than on prevention and longer-term support. A recent Welsh Audit Office report concluded that “Local Authorities continue to focus on managing people in crisis rather than stop it from happening”.

2.1.3.11 [21st Century Schools and Education Programme](#)

The 21st Century Schools and Education Programme is a unique collaboration between Welsh Government and Local Authorities. It is a major long-term strategic capital investment programme with the aim of creating a generation of 21st Century Schools in Wales. The Programme represents the largest strategic investment in Welsh educational infrastructure since the 1960s and has been designed to end the piecemeal “patch and mend” approach to investment in educational infrastructure that characterised earlier funding packages. Key Criteria of the programme include:

- Improving the condition of educational assets;
- Reductions of surplus capacity and inefficiency in the system;
- Expansion of schools and colleges in areas of increased demand for educational services;
- Provision of sufficient places to address growth in demand for Welsh medium education

2.1.3.12 [Additional Welsh Guidance](#)

Other significant national policy drivers which have influenced this PBC are listed below:

- The Welsh Government’s Tackling Poverty Plan
- The Welsh Language Measure (Wales) 2011
- The Housing (Wales) Act 2014

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2.1.4 Local Policy Drivers

Locally, this programme supports objectives of “A Healthy Caring Powys” and supports a move to a “Carbon Positive Powys” as set out in the Public Service Boards Wellbeing Plan and the emerging Regional Energy Plan. The key local drivers for this programme are outlined below:

2.1.4.1 [Strategy for Transforming Education in Powys 2020-2030](#)

In April 2020, PCC launched a new Strategy for Transforming Education in Powys 2020-2030. The strategy was developed following engagement with a range of stakeholders between October 2019 and March 2020. The strategy sets out a new vision statement for education in Powys, which is as follows:

“All children and young people in Powys will experience a high-quality, inspiring education to help develop the knowledge, skills and attributes that will enable them to become healthy, personally fulfilled, economically productive, socially responsible and globally engaged citizens of 21st century Wales”.

The strategy also sets out a number of guiding principles which will become the foundation of the Powys education system going forward. These are as follows:

- A world class rural education system that has learner entitlement at its core
- Schools that are fully inclusive, with a culture of deep collaboration in order to improve learner outcomes and experience
- A broad choice and high quality of provision for 14-19 year old learners, that includes both academic and vocational provision, meeting the needs of all learners, communities and the Powys economy
- Welsh-medium provision that is accessible and provides a full curriculum in Welsh from Meithrin (early years) to age 19 and beyond
- Provision for learners with Special Educational Needs (SEN)/Additional Learning Needs (ALN) that is accessible as near to home as is practicably possible, with the appropriate specialist teaching, support and facilities that enables every learner to meet their potential
- A digitally-rich schools sector that enables all learners and staff to enhance their teaching and learning experience
- Community-focused schools that are the central point for multi-agency services to support children, young people, families and the community
- Early years provision that is designed to meet the needs of all children, mindful of their particular circumstances, language requirements or any special or additional learning needs
- Financially and environmentally sustainable schools
- The highest priority is given to staff wellbeing and professional development

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In bringing forward any proposals, PCC will adhere with the Welsh Government's School Organisation Code, but, in addition, the following will apply:

- The best interests of learners are at the forefront of all proposals and decision-making
- PCC will always operate in an open and transparent manner
- Staff and learners will be fully supported through any process of change.

The strategy also includes the following four Strategic Aims, which will shape PCC's work to transform the Powys education system over the coming years:

STRATEGIC AIMS			
1	2	3	4
We will improve learner entitlement and experience for pre-16 learners	We will improve learner entitlement and experience for post-16 learners	We will improve access to Welsh-medium provision across all key stages	We will improve the provision for learners with SEN/ALN

Table 11: Strategy for Transforming Education in Powys 2020-2030 Strategic Aims

The Strategy also includes a number of Enabling Actions (EA), which will support the implementation of the four Strategic Aims, one of which (EA1) is the implementation of a major capital investment programme that will ensure that schools in Powys have inspiring, environmentally sustainable buildings that can provide opportunities for wider community activity, including where possible childcare services, early years, ALN, multi-agency support and community and leisure facilities. This will also include developing a reliable high-quality digital infrastructure.

2.1.4.2 The Health and Care Strategy: A Healthy Caring Powys

The RPB jointly developed "The Health and Care Strategy for Powys" in 2017. The strategy builds on the early insights from the Powys Well-being Assessment which has been developed by the Powys Public Services Board in support of the Well-being and Future Generations Act 2014. The strategy is not a response to the act but the vision for Health and Care in Powys which also forms a key component of the Powys Well-being Plan.

The strategy sets out the direction of travel for health and care in Powys to 2027 and beyond. It offers ideas built on the contributions of over 1,000 people to what the future could look like. The vision for the future is 'a Healthy Caring Powys' to be delivered throughout people's lives to enable children and young people to "Start Well", for people to "Live Well" and older people to "Age Well". The strategy focuses on wellbeing, early help and support, tackling the big four and joined up care; to be achieved by a number of enablers to include workforce, digital, innovative environment and working in partnership.

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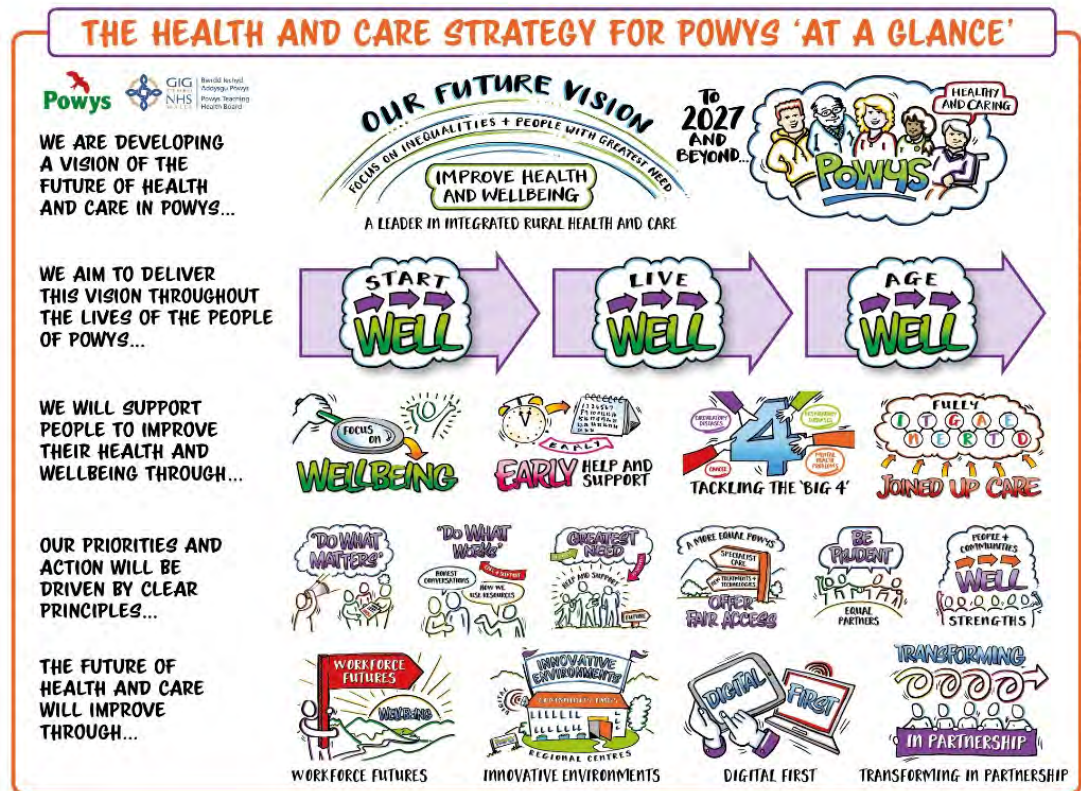


Figure 18: Powys Health and Care Strategy "at a glance"

The Strategy sets out an integrated model of care predicated on a network approach, with four angles to the model:

- Care closer to home
- Community Wellbeing Hubs within key market towns
- Rural Regional Centres to provide more enhanced services within the county
- Out of county to access acute and specialist provision

2.1.4.3 Model of Care

Significant work has been undertaken during the last 18 months to further design, define and update the integrated model of care initially developed to support the delivery of a Joint Health and Care Strategy for Powys. This has been underpinned by a detailed population needs assessment and evidence to support a robust case for change. This information has been used alongside a co-designed approach with key stakeholders with "what matters to you" at the core of the engagement methodology. An extensive engagement exercise was undertaken to obtain the views of a range of stakeholders, spanning residents of all ages, clinical/non-clinical staff, and specialist groups that included Syrian family refugees, people who access mental health services via Ponthfaren and their staff, arts groups, Open Newtown and school children across north Powys. The integrated model of care was approved by RPB and Cabinet Member Decision, PTHB Board in March 2020. (see Appendix CXX for model of care).

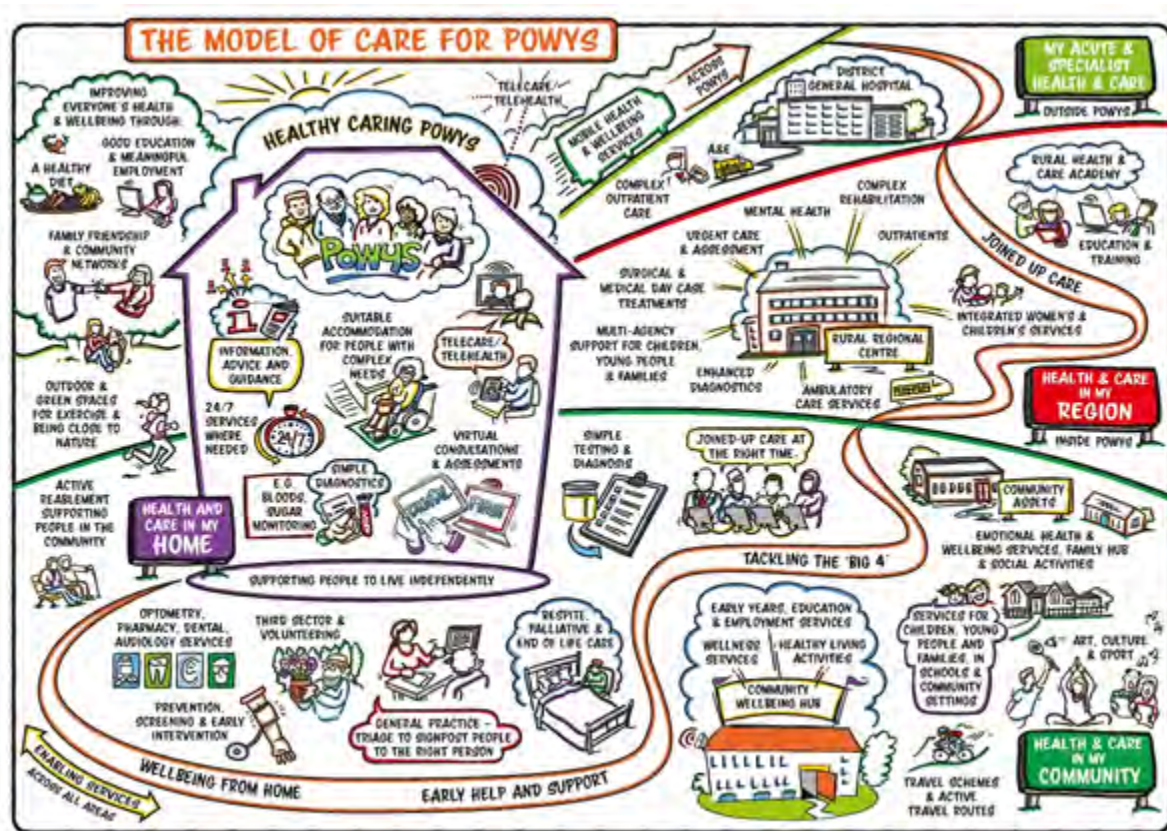


Figure 19: The Model of Care for Powys

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 RPB are seeking to 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 local day cases, diagnostics and one stop services in north Powys, this will hugely overcome travel distances and multiple visits to District General Hospitals providing value-based healthcare and improving the experiences for some of the most deprived communities in Wales by reducing unnecessary travel. The Rural Regional Centre is key to strengthening local provision, minimising the impact of the strategic changes taking place around Powys' border and improving outcomes and experiences for the local population.

The multi-agency wellbeing campus will facilitate a new integrated model for the area, bringing partners together across education, health and social care, housing, community development and third sector, with opportunities for further linkages to leisure, police and ambulance services. It will also maximise wellbeing and leisure opportunities via essential links with green spaces through Open Newtown and collaborative working with partners in the Third Sector and local businesses.

2.1.4.4 Rural Regional Centre and Community Wellbeing Hub

A hub and spoke network will link Home and Community Wellbeing Hubs to Rural Regional Centres across Powys; there will be no wrong door.

The RPB will work with local communities to develop and strengthen community assets that support people to feel safe, with opportunities to benefit from and take part in environmentally based schemes, live healthily for longer and contribute to their communities for the benefit of all. Community Wellbeing Hubs will be a key feature in supporting delivery of this approach.

Rural Regional Centres will introduce an innovative "investigative and diagnostic" treatment model which reduces the number of outpatient appointments and reduces the number of people needing to travel to hospital or out of county for routine non-complex services. It will provide an opportunity to develop skills in primary and community care through strong networks with neighbouring acute hospitals. Enabling more enhanced services such as medical and surgical day cases, local and remote diagnostics and one stop ambulatory care services to be provided within the region.

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Such centres should reflect the unique nature of the rural context of Powys and therefore include strong relationships with providers of services that cannot be delivered currently in Powys. The Health and Care Strategy set out three areas as being strategically important in developing Rural Regional Centres; these are Newtown, Llandrindod Wells and Brecon. According to the Welsh Index of Multiple Deprivation (WIMD) these pockets of these areas have been identified as being among the worst 30% of areas in Wales. The link between deprivation and poor health is well recognised. People in the most deprived areas have higher levels of mental illness, hearing and sight problems, and long-term conditions.

2.1.4.5 Model of Care Benefits and Outcomes

The following high-level benefits will be derived from the delivery of the integrated model of care:

- Integration of health and care services
- Improve access and reduce unnecessary travel time for people
- Strengthen Powys as a place to work
- Create new service development and partnership opportunities
- Improve service user experience

The integrated model of care will support delivery of the following RPB outcomes, as set out in their Outcomes Framework (overleaf). The Framework has recently been developed by conducting a desktop review of key strategic documentation across Powys RPB and undertaking interviews with stakeholders and key partners. This aligns with Welsh Government policy and will be underpinned by an indicator dashboard and monitoring arrangements to support with decision making in relation to priorities and deployment of resources. The NPWP will be monitored and evaluated against its ability to deliver these outcomes through the new integrated model.

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Draft Strategic Outcome Framework

POWYS REGIONAL PARTNERSHIP BOARD DRAFT STRATEGIC OUTCOME FRAMEWORK









Figure 20: Draft Strategic Outcome Framework

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2.1.4.6 [Powys Environmental Policy](#)

In line with Welsh Government's Seven Wellbeing Goals, PTHB's ISO14001 (2015) accredited Environmental Management System and Estates Decarbonisation Plan are both effective systems for driving through and monitoring the changes needed to help meet government ambitious environmental targets as set out in the Environment (Wales) Act 2016:

	Goal	PTHB Response
	A prosperous Wales	By linking in with national and regional developments, this co-produced program and subsequent work will support delivery of an innovative, productive and low carbon future. PTHB aims to support and upskill staff and contractors to prepare for a decarbonised future whilst ensuring buildings and services use resources productively, efficiently and effectively
	A globally responsible Wales	Through this program, PTHB will be working towards a long-term strategy of its estates and the services it provides, by balancing the decisions it makes on the short-term needs with the long-term impacts and the ability of future generations to meet their needs. Through support and effective communications, PTHB will bring about a culture change within the organisation to one of proactive actions, to safeguard what is good and to improve areas where negative long-term impacts might otherwise occur. By working in partnership, it will tackle the supply chain to better address the three pillars of sustainability: economy, environment, society.
	A resilient Wales	This program will look to understand the important natural aspects of the site and look to protect and enhance them, leading to an increase in biodiversity provision supporting Nature Recovery aspirations. Opportunities will be realised throughout the program to support a well-educated workforce and general public as well as providing space for 'social prescribing'.
	A healthier Wales	By supporting a decarbonised future, PTHB will help avoid the worst impacts of Climate Change and help mitigate unavoidable effects. By protecting and enhancing functioning green spaces, PTHB will support the delivery of the Health and Care strategy and its wellbeing objectives.
	A more equal Wales	PTHB will work in a way which identifies and consults with stakeholders and allows them a chance to develop ideas co-productively for a better, more joined up future. By working with procurement and commissioning services, PTHB will look to implement better and fairer systems which are inclusive and open to all. PTHB will work with businesses and organisations to upskill staff so they are better able to deliver appropriate services in the future.
	A Wales of cohesive communities	Local communities and stakeholders have been engaged from the very start and will continue to be throughout. This will ensure a truly co-produced and effective development which will be sympathetic to the local needs and add to local and national culture as an integral part of our Environment and Decarbonisation framework; from development to delivery. PTHB recognises climate change and sustainability affects everyone everywhere and so a co-productive approach is essential to ensure joined up and effective project delivery.

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	Goal	PTHB Response
	A Wales of vibrant culture and thriving Welsh language	Through careful and considerate development and delivery, the Campus will be sympathetic to local cultures and engender a sense of pride in Wales; a small nation who now has a big international role to play. Engagement is enhanced with the acknowledgement that this is a bilingual country and its culture is engrained in that language.

Table 12: PTHB's Environmental Management System and Estates Decarbonisation Plan

2.1.5 Response to Policy and Strategic Drivers

In response to the strategic drivers outlined above, the RPB is working towards a model of services which aims to:

- further develop the integrated delivery of community-based services
- reduce carbon emissions by addressing compliance and backlog maintenance issues and embracing less carbon intensive technologies
- develop an estate that is fit-for-purpose and better meets service needs
- maximise opportunities to deliver integrated services as close as possible to where people live
- make best use of the resources available
- reduce commissioning costs for out-of-county providers by striving to bring as many services back into Powys as possible
- deliver services in county where it is both safe and appropriate to do so
- extend the range and volume of services available
- ensure children and young people get the best start in life to enable them to become personally fulfilled, economically productive, socially responsible and globally engaged citizens

2.1.5.1 PTHB Capital Developments

In response to the strategic objective to develop an estate that is fit-for-purpose and better meets service needs, PTHB has completed a Strategic Outline Programme to outline a five year programme of capital investment to address the considerable concerns in respect of health and safety compliance in the health board's estate. During 2020/21, PTHB will develop a long-term estates strategy building on the Health and Care Strategy 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 following capital developments are already completed/underway:

2.1.5.1.1 Brecon War Memorial Hospital Development

In order to develop BWMH into a Rural Regional Centre the hospital has already benefitted from significant investment over the past 5 years (Circa £2m) to improve and enhance services. Most notably significant

improvements to Endoscopy, X-ray, the Children's Centre (including a new audiology booth and changing places facility) and ward upgrades. In addition, BWMH already offers the following enhanced services, which is part of the Health Boards model for Rural Regional Centres:



- Day Surgery Unit with laminar air flow theatres
- A dedicated, JAG accredited endoscopy suite sitting within Theatre environment
- Wet AMD Service; from April 2016 patients needing treatment for wet AMD have been able to receive it in Brecon Hospital, saving them from having to travel out of the county for treatment

2.1.5.1.2 *Llandrindod Wells Community Hospital Development*

Initial development phases at Llandrindod Wells Community Hospital (LWH) have already seen in excess of £10M Capital investment since 2016 in order to reconfigure departments, maximise capacity, improve experience and productivity, and provide fit for purpose accommodation.

The hospital is strategically placed in Powys to support the repatriation of services from neighbouring District General Hospitals. This phase of the development, which completed in early 2020, provides further capacity to repatriate activity from secondary care and to opportunities to develop and expand existing services within the hospital. Some of the enhanced services now being offered at LWH include:

- a dedicated JAG accredited endoscopy suite adjacent to main theatres
- an extended outpatient department to facilitate increased activity and support the "do more in Powys" strategy
- an extended Renal Dialysis service including isolation room (ensuring more patients can be treated in County)
- a new midwife-led Birth Centre with a dedicated Day Assessment Unit (DAU)
- improved access, waiting and support facilities to dental
- enhanced public facilities including enhanced waiting area and sanitary facilities
- improved reception area, FM and staff facilities
- a new "off-site" staff car park in order to alleviate parking pressures associated with increased activity

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Figure 21: The new facilities at LWH, visited by Vaughan Gething, Minister for Health and Social Services

2.1.5.1.3 Bro Ddyfi Community Hospital Health and Well-being Project

PTHB are developing a business case (due for submission to WG in Q3 2020) in order to upgrade of the front block of Bro Ddyfi Community Hospital (BDCH). 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 BDCH 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.

2.1.5.1.4 PCC Capital Developments

During Phase A of the 21st Century School Programme, nine school building projects have been completed in Powys, with almost £56m being invested by PCC and the Welsh Government as part of the programme's first wave of investment. One high school and seven primary schools have been built and another primary school refurbished.



Figure 22: Ysgol Dafydd Llwyd, Newtown, opened in January 2016

Every project is unique and responds to local needs with a strong emphasis on community benefits, including examples of co-location of library services, community meeting and sporting facilities as well as facilities which

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centre around the needs of the family. Many developments have also seen the amalgamation of schools by removing the infant/junior split and creating “all-through” primary schools in order to secure long-term sustainability.

These developments also provide a model for providing additional services to the community e.g. early years provision, childcare support, multi-agency services, library services, and include areas for community activity, where appropriate. Not only does this provide an efficient, value-for-money approach that will support the continuation of community services, it also provides a unique opportunity to deliver an innovative service model.

The NPWP aims to continue PCC’s objectives of maximising integration and amalgamation of resources where appropriate, in order to improve the school estate, create workforce resilience and contribute to the long-term sustainability of the local community.

2.2 Part B: The Case for Change

2.2.1 Existing Arrangements

This section will examine the existing arrangements/Business as Usual (BAU) and related business needs which will form the proposed scope of the programme. It will also detail the main benefits and objectives for the scheme as well as its risks, constraints and dependencies.

It sets out some of the detailed information that describes the key challenges faced by the Partnership. It serves to confirm that if we do not respond now to the challenges across the whole system, it is almost inevitable that we will fail to improve wellbeing and deliver the future services that the residents of north Powys need and deserve.

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2.2.2 Education

Primary education in Newtown is delivered by the following schools:

- Ladywell Green Infants School (English-medium infant schools)
- Hafren Junior School (English-medium junior school)
- Penygloddfa C.P. School (English-medium primary school)
- Treowen C.P. School (English-medium primary school)
- Maesyrhandir C.P. School (English-medium primary school)
- St. Mary's R.C. (A) Schcool (English-medium Roman Catholic primary school)
- Ysgol Dafydd Llwyd (Welsh-medium primary school)

In addition, Newtown High School delivers secondary education to pupils aged 11-18, and Ysgol Cedewain is a special school for pupils aged 2-19. In total, over 1,000 primary pupils are currently taught in Newtown.

Pupil numbers at the primary providers have decreased over the last few years, mainly as a result of the change in the age of admission to primary schools in September 2017. Going forward, total primary pupil numbers in the town are projected to remain fairly stable over the coming years.

Apart from Ysgol Dafydd Llwyd, which opened in a new building funded by the 21st Century Schools Programme in 2016, there has been no significant investment in Newtown schools for many years. Plans are currently being developed for a new building for Ysgol Cedewain.

Ladywell Green Infant School and Hafren C.P. Junior School are two English-medium schools located on the proposed site of the Campus in Newtown and mainly serve the pupils living within the town.

2.2.2.1 Ladywell Green Nursery and Infant School

There are 107 pupils aged four to seven years at the school. Pupils are taught in two ordinary and two mixed age classes. There are three full-time and three part-time teachers, including headteacher. Statistically¹¹:

- around 27.4% of pupils are eligible for free school meals, which is above the national average of 18%
- 89% of pupils are white British and come from homes where English is the main language
- 7.3% of children are learning English as an additional language
- a very few children speak Welsh at home
- around 20% of pupils have additional learning needs, which is close to the national average of 21%
- 3.1% of pupils are looked after by the local authority
- no children have a statement of special educational needs

¹¹ Powys County Council (August 2019) Options Appraisal



Ladywell Children's Centre is a private provider operating from Ladywell Green Infant School, offering both morning and afternoon sessions for the over 3's.

2.2.2.2 [Hafren Junior School](#)

There are 168 pupils aged seven to eleven at the school. There are five classes taught by four full-time and four part-time teachers. These include three mixed age classes. Statistically¹²:

- around 22% of pupils are eligible for free school meals, which is above the national average of 18%
- 91% of pupils are white British and come from homes where English is the main language
- 4.2% of children are learning English as an additional language
- a very few children speak Welsh at home
- around 31% of pupils have additional learning needs, which is above the national average of 21%
- 0.6% of pupils are looked after by the local authority
- no children have a statement of special educational needs

2.2.2.3 [Schools Merger](#)

PCC has recently carried out the statutory process to merge Ladywell Green Infant School and Hafren C.P. Junior School, to establish a new primary school for pupils aged 4-11 in the buildings currently occupied by the two schools. In March 2020, the PCC's Cabinet made a final decision to proceed with this merger, which will take effect from the 1 September 2021.

2.2.2.4 [Case for Change](#)

In the summer of 2017, PCC identified its priorities for Band B of the Welsh Government's 21st Century Schools Programme. This identified the need for investment in a number of projects in Newtown and the surrounding area. Since then, PCC has been working with schools in Newtown to develop future plans for the school's infrastructure, and identified the need to proceed with merging Ladywell Green Infants School and Hafren Junior School, as a first step towards replacing the current poor quality accommodation in the future.

2.2.2.4.1 [Estate](#)

There are significant concerns regarding the quality of accommodation at both Ladywell Green and Hafren schools. The latest condition assessments carried out for the two schools has assessed building condition as follows:

¹² Powys County Council (August 2019) Options Appraisal



School	Condition
Ladywell Green Infants School	C/D
Hafren Junior School	C

Table 13: Ladywell Green Infant School and Hafren Junior School Building Condition

The following table provides descriptions of the condition grades:

Condition	Description
Category A	Good; performing as intended
Category B	Satisfactory, performing as intended, but exhibiting minor deterioration
Category C	Poor; exhibiting major defects and/or not operating as intended.
Category D	Bad; life expired and/or serious risk of imminent failure

Table 14: Condition Survey Grades

Ladywell Green Infants School is the building in the poorest condition, assessed to be condition C/D, suggesting that the building is nearing end of life.

The schools have an estimated combined backlog maintenance cost of £2.9 million.

2.2.2.4.2 Pupil Numbers

There are over 300 surplus places across the primary estate in Newtown, suggesting a need to review primary provision in the town in accordance with the Council's new Strategy for Transforming Education in Powys, which includes a strategic objective to "reconfigure and rationalise primary provision".

2.2.2.5 University

There is no university in Powys; the closest Welsh university is in Aberystwyth. Part of the reason for the reduction in the population of the 18-45 age group is that students leave Powys to go to university and do not come back. The lack of a university contributes to the large net outward migration of 18-20-year olds from the county. Although there is a net gain from inward migration of this age group, it needs to be higher if the size of workforce is to be sustained in Powys.

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2.2.3 Health and Social Care

The following health and social care services are currently undertaken in Newtown, serving the town and surrounding areas:

2.2.3.1 [Children's and Adult's Social Care](#)

To support families across Powys there are approximately 220 staff in Children's Services across a range of teams including fostering, adoption, children's locality teams (0–18), care leavers teams, children with disabilities, youth justice service, integrated family service team, Powys people direct, safeguarding & quality assurance and children & young people's partnership.

Powys Adult Services works alongside people in need of support, in partnership with others to enable people to make decisions about how they can live as independently as possible. The work is broad ranging, but all delivered through the principles of identifying how people's needs can be met by exploring their strengths, understanding what matters, and meeting eligible needs in a cost-effective way. The service delivers against the following broad areas:

Adult Social Care	Service Delivery
Managing demand through the front door of the Council	Adult Social Care operate an effective front door which provides information, advice and signposting which enables residents to make informed choices in relation to their care and wellbeing. A service which focuses on resolution at the earliest opportunity for the resident
Managing demand from hospitals	To work with NHS Partners to have in place a set of arrangements that allow for the speedy transfer of people from hospital, to achieve the best possible outcomes for those people
Working in partnership with Health to promote recovery	To work with the Powys Teaching Health Board to adopt and reinvigorate a recovery approach to all health and social care services
Effective short-term interventions for people in the community	There is timely, targeted and effective use of reablement, rehabilitation and support that has a focus on enabling independence and self-management and avoiding the over-prescription of care
Designing the care system for people with long term care and support needs	People with long-term care needs have a care and support plan with a focus on achieving the maximum possible independence (as is realistic and possible for their individual circumstances) and delivers the desired outcome. Plans are regularly reviewed based on outcomes achieved

Table 15: Powys Adult Social Care Service Delivery

Increasingly, the social care team is working more closely with PTHB, with several integrated teams, and working towards more joined up working with partners across the county. There are also strong ties with the voluntary and independent sectors in order to build resilience within communities. Staff are based in the Park Offices, Newtown.

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2.2.3.2 Children's Services

The following children's services for north Powys are delivered from three different buildings in Newtown:

Ynys Y Plant	Park Street Clinic	Integrated Family Centre
<ul style="list-style-type: none">• Action for Children• ALAS (wheelchair assessment, adjustment)• CAMHS• Speech & Language Therapy• Community Paediatric Nursing• Community Paediatrician• Health Visitors• Occupational Therapy• Orthotics• Physiotherapy• Safeguarding• School Nursing• Social Services (Children with Disabilities)	<ul style="list-style-type: none">• Flying Start (Health Visitors)• Children's Speech & Language Therapy	<ul style="list-style-type: none">• Flying Start (Health Visitors)• Children's Services• Early Help• Family Information Service• Parenting• Youth Service• Action for Children• Health Visitors.• Home Start Cymru• Reflect Project• Powys County Council• Youth Services• Credu

Table 16: Children's Services

Newtown Integrated Family Centre was developed following a Welsh Government grant allowing for shared office, training, family and contact spaces for professionals, children, young people and families. This has resulted in a number of teams working together in one office space, allowing for sharing of information and a joined multi-agency approach and staff have gained awareness of each other's roles and all that can be offered from a wealth of teams. Working in this way will encourage creative, new and innovative ways to deliver services. For example, creative projects encouraging children and young people to explore and develop their artistic skills. There are also many groups using the Integrated Family Centre on a bookable basis:

Montgomeryshire Family Crisis Centre	Health Teams	Community Mental Health Teams	Speech and Language
Children's Services contact	Pupil Referral unit	PCC Training unit	Team Around the Family Panel
Zenzone (Yoga)	Newtown Together Meetings -local partners	Breast Feeding Support	Home Schooling group

Figure 23: Bookable Services at the Integrated Family Centre

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Children's Services undertook a complete restructure in April 2019; the focus has been on recruitment of new staff alongside training, development and upskilling of existing staff. However, due to the configuration of the buildings, staff are working in cramped conditions and it is not possible to maximise opportunities for joint or multi professional working centred on the individual's needs.

2.2.3.3 [Primary Care Services](#)

Primary care services are facing increasingly unsustainable pressures and, as such, need to transform the way services are provided to reflect these growing challenges. These include:

- an ageing population, growing co-morbidities and increasing patient expectations, resulting in a large increase in consultations
- increasing pressure on NHS financial resources
- the need to address access to services
- the need to address inequalities in access to primary care
- workforce pressures including recruitment and retention

2.2.3.3.1 [GP Practice](#)

The GP practices close to the proposed site are:

- Newtown Medical Practice
- Ladywell Surgery (branch of Montgomery Medical Practice in Montgomery)

The main surgery, Newtown Medical Practice, offers generic GP primary care services in addition to Baby Clinics (health visitors), Diabetic Clinics, Asthma Management, Heart Disease Clinics, Chronic Obstructive Pulmonary Disease (C.O.P.D) Clinic, Hypertension Clinic (High Blood Pressure) and Minor Surgery.

2.2.3.3.2 [Pharmacy](#)

There is a dispensary adjoining Newtown Medical Practice in addition to the Superdrug, Boots, Lloyds and Morrison's pharmacies in the town.

2.2.3.3.3 [Optometry](#)

There are three optometrist practices operating from Newtown town centre:

- Evans and Jones Opticians
- Specsavers
- Mehta Opticians

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2.2.3.4 [Minor Injuries](#)

Newtown Medical Practice also provides a Minor Injuries services, operating 08:00-18:30 weekdays (not at the weekend or on Bank Holidays). Patients requiring this service need to report to reception and are seen by healthcare professional within 15 minutes.

2.2.3.5 [Community Dentistry](#)

The community dentist service practices from two dental surgery rooms at Park Street Clinic. Treatment and care is provided for a wide and very diverse group of patients, who are unable to obtain the more specialised and tailored care that they require within the primary dental services. The dental rooms are small, particularly for those in a wheelchair, and do not meet the requirements of the Equality Act 2010.

2.2.3.6 [Podiatry](#)

The podiatry service is delivered from one room at Park Street Clinic. The podiatry room does not have any support facilities and does not meet the recommendations of either the Welsh Health Building Notes (WHBN) or Welsh Health Technical Memoranda (WHTM).

2.2.3.7 [Hospital Services](#)

The following services are delivered from the Montgomeryshire Royal Infirmary (Newtown Hospital) site:

Outpatients	Diagnostics [X-Ray, Sonography, Radiography, ENT]	Women's Services [Midwife-Led Birthing Unit, Obstetrics]	Inpatient Stroke Beds
Day Services	Therapies [Physiotherapy, Occupational Therapy, Speech & Language]	Community Services [Dietetics, District Nursing, Continence]	Adult Audiology
Podiatry	Mental Health Services	Integrated Autism Service	Specialist Nursing [Respiratory, Cardiac, Parkinson's, Tissue Viability, Palliative, Continence, Diabetes]

Figure 24: Services delivered from Newtown Hospital

Not only do some patients have to contend with going out of county for services, but they are having to go to multiple sites in order to be fully assessed, diagnosed and treated, rather than having a one stop shop where most aspects of treatment can be done in one place. For some disciplines, almost all activity goes out of north Powys, particularly to Shrewsbury and Telford and, in some cases, as far as Cardiff for a face to face consultation.



2.2.3.8 Mental Health Services

The following children's services for north Powys are delivered from three different buildings in Newtown:

Park Street Clinic	Fan Gorau	Bro Hafren
<ul style="list-style-type: none">• Psychology• Primary care mental health team• Learning disability clinical services	<ul style="list-style-type: none">• Base for health and social care mental health staff and facilities for clinical meetings with service users	<ul style="list-style-type: none">• Learning disabilities team, mental health, crisis team, social workers

Table 17: Mental Health Services

Mental Health Primary Care are mainly provided by GPs and their teams in Powys. Out of Hours Services are provided by "ShropDoc". There are plans in place to transfer the Park Street Clinic mental health services to the Old College as a short term solution.

The Powys Community Mental Health Teams (CMHTs) are a secondary care service for adults made up of Psychiatrists, Community Psychiatric Nurses (CPNs), Support Workers and Social Workers. The team are based Fan Gorau on the Newtown Hospital site.

Powys Child and Adolescent Mental Health Services (CAMHS) offers assessment and treatment for children and young people, up until their 18th birthday, who have or are thought to have mental health problems or emotional health difficulties. The team includes Clinical Psychologists, Consultant Child & Adolescent Psychiatrists, Specialist Nurses, Primary Mental Health Workers, Child Psychotherapists and Counsellors. The teams work from Ynys y Plant and Park Street Clinic (detailed in Section 2.2.3.2 above).

The learning disabilities team, mental health, crisis team, social workers have had to move into Bro Hafren, a building that had been vacated as it was not fit for purpose. However, due to a fire in Robert Owen House, staff have had to be temporarily placed there until something more suitable can be procured.

2.2.3.9 Third Sector Services

The Third Sector has a strong presence in north Powys and there are many examples of Wellbeing services that are in operation and could be offered from the Campus (some of which are listed in Figure 25 below). By providing spaces in a wellbeing hub, that are accessible and multi- purpose; groups and wider will offer services in a more joined up way. Sharing resources, together offering and meeting the needs of individuals and groups. Building and developing their skills and transferring knowledge. When groups and teams work from the same spaces it provides opportunities to try new ways of working, to test innovative approaches. For example, taking an art project into the outdoors following discussions with young people, listening to their ideas and producing a mural that showcases their work, thoughts and ideas, for everyone to see and notice.



• Pilates • Tea and Old Time Singing • Men's Shed • Seated Exercise/Yoga • Art Club • Dru Yoga • Dance Exercise • Wellbeing Wednesday including Family History • Tai Chi • Hatha Yoga • Wellbeing Club • Gardening • Advice: all age including Family Information • Financial Guidance • Knitting • Crochet Club • Self-Care • Mind • Learn a Language • Montgomeryshire Parkinson's Group • MS Society Montgomeryshire Group • Newtown Access Group/Accessibility Group • Dementia Friendly Newtown • Dementia Meeting Centre • Newtown (Dementia Matters in Powys) • Age Cymru • Salvation Army • Food Bank • Rotary Club: runs Memory Café • A Voice for You: Advocacy for people with LD • Severn Valley Social Club • Action on Hearing Loss: Hear to Help • ECLO: Eye Care Liaison Officer RNIB • Visually-Impaired Club • Celf Able: inclusive art • Cruse Bereavement Care • Severn Hospice • Montgomeryshire Family Crisis Centre • British Red Cross: Home from Hospital • Powys Befriending Services • Credu • Open Newtown • Walking Newtown • Ponthafren • Oriel Gallery • Homestart • Breastfeeding Support • Baby Massage • Incredible Years Parenting and School Based Programmes • Early Help • Youth Support and Groups • Healthy Eating/Cooking • Café run by volunteers with locally-sourced food •

Figure 25: Wellbeing Services in North Powys

2.2.3.10 Case for Change

There are many elements that influence the case for change for health and social care in north Powys, including demography and epidemiology, deprivation and accessibility as detailed in Section 2.1.2, in addition to:

- promoting wellbeing
- offering early help and support to people
- tackling the big four diseases that limit life (cancer, circulatory diseases, mental health, respiratory diseases)
- providing joined up, holistic care

Supporting healthy lifestyles will be a key contributor, as unhealthy lifestyles place greater demand on health and social care services and reduce people's opportunity to live fulfilling lives. In Powys, although rates of physical activity are above the Wales average, nearly 6 in 10 adults are overweight or obese, this is predicted to continue to rise. Just under 1 in 5 adults currently smoke and 4 in 10 adults drink in excess of guideline amounts. The impact of unhealthy lifestyles on individuals and wider health and social care services means that prevention and early help and support is a key strategic focus in relation to delivering a new model in north Powys.

2.2.3.10.1 North Powys Residents

In order to develop a new integrated model of care, we first had to listen and learn about 'what matters most' to people in their home and community to further understand what is good now, and what they would like to see change in the future. As we were asking people to share a comment about their health and wellbeing, we needed to frame it in a way that would start a 'conversation' and then guide the response to frame it to home, community, region, or out of county.



A full programme of meaningful face to face and online engagement with residents on health and care related issues is paramount in the co-production of a new integrated model of care for north Powys. Giving residents the opportunity to have their say on what they would like to see improved, their personal experiences, insights and own perspective on how that could happen, will ensure residents feel empowered in the knowledge that their feedback has contributed to the new service design and delivery of a new integrated model of care. This programme of engagement has been guided by the National Principles for Public Engagement in Wales.

In response to engagement undertaken in June 2019 by the NPWP team¹³, to the question “what could be done better” resident feedback includes the following:

- “most hospital services are outside the county”
- “I find it hard to access healthcare around my own work and care commitments”
- “I’m having to travel to Shrewsbury for treatment”
- “the move to Telford of specialist outpatient appointments means a longer, regular journey. We need a hospital and for consultants to come to us”
- “many services are currently available over the telephone only, it can be hard getting through to someone, most people like to be able to speak to individuals face to face”
- “should have a life skills club at schools with an after-school club that has a wellbeing officer to do groups of kids to learn to cook, pay taxes, write cheques, do a CV, apply for a job, clean a house, learn to live”
- “I would like to see community wellbeing services in the local area; things that people can access, such as yoga, meditation and other proven improvers of health and wellbeing”
- “a community-funded exercise class with advice on keeping healthy”
- “in Llanfyllin we find it useful to use people of our community to lead on local activities, i.e. patients with a condition leading an activity session”
- “wellbeing courses need to be run more often in our communities”
- “more services, e.g. yoga, tai chi in order to keep the person active and then healthy”
- “it would be lovely/beneficial to see mindfulness in our health/education system as a first stop to help improvement. Teachers would benefit from mindfulness too”

From the feedback above, it is clear that no two communities in Powys are the same. The face-to-face conversations and online feedback highlighted that people each have a different perspective as to what keeps them safe and well in their community, and what they feel needs to change. There are a number of common themes where change is felt needed; improved access to GP; public and private transport, improved road and path infrastructure; mental health services; locally enhanced health and care services; and activities for young people

¹³ North Powys Wellbeing Programme (Jan 2020) Case for Change



and adults alike. But there are many deep-rooted behaviours that keep many people well in their community, especially from a cultural perspective.

2.2.3.10.2 Workforce

The current configuration of health and care services in Powys is fragile in areas, often it is difficult to staff services in multiple locations with low levels of activity and this results in services being provided less frequently, with reduced productivity and high costs. The key reasons are due to the geographical size of Powys and the population base, this makes it difficult to provide services in multiple locations and for staff to gain the right level of experience and skills working in a rural setting.

Effective teamwork and collaboration are fundamental to the delivery of continually improving, high-quality care. Where multi-professional teams work together, patient satisfaction is higher, health care delivery is more effective, there are higher levels of innovation in ways of caring for patients, lower levels of stress, absenteeism and turnover, and more consistent communication with patients¹⁴. Additionally, recruitment and retention of staff are often issues experienced in rural areas, and for this reason the Partnership is committed to establishing a sustainable rural workforce. Central to this is the development of “centres of excellence” and creating facilities which provide the best environments in which to train and to work.

2.2.3.10.3 Services

At present, north Powys cannot always provide patient-centred, holistic care as some services are not undertaken in Powys which can be challenging for residents and clinicians alike. The feasibility of repatriating services is a key aim of the integrated model of care work in addition to:

- Greater use of technology enabled care can enable more people to be able to access health and social care support closer to home, and with many technologies being accessible directly from people's homes
- Affordability and sustainability of current services
- There are increased opportunities to support people in their own homes and communities
- Services around the county's borders are changing. Some District General Hospital services are becoming more concentrated whilst others can be delivered more locally. There are timely opportunities to respond to the reconfiguration of services in the Shrewsbury and Telford Hospital NHS Trust which is the main acute hospital provider for many north Powys communities
- There is variation in service provision across the county. Some services are not provided in Powys, and people rely on services around the county's borders and access can be challenging.

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¹⁴ Kings Fund: Improving NHS culture



- In north Powys there is currently no local service provision for day cases; approximately 5,000 people travel out of county each year for relatively straight forward operations that could be undertaken in a day-case facility in north Powys
- There are approximately 60,000 outpatient appointments which take place each year outside of Powys, a large proportion of these could be delivered more locally with access to the right digital infrastructure, diagnostics, workforce and facilities

2.2.3.10.4 Estate

The geographical distribution of PTHB's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated. Similarly, the majority of PCC's estate is based on outdated models of delivery and requires significant investment to transform the way care is provided. Backlog maintenance in Health and Social Care PTHB and PCC sites in Newtown currently stands at £6.9 million as follows:

Property	Age of Building	Backlog Maintenance	Comment
Park Day Centre	1970s	£0.2m	the building needs substantial improvement works to ensure it continues to be capable of delivering day services as it is not functional for its current use, the roof requires replacing and the internal fabric requires updating
Park Street Clinic	1970	£0.7m	too small and has limited facilities that support children and young people
Integrated Family Centre	1980	£0	the building is in need of significant improvement. The building had circa £250,000 improvement works undertaken to maintain the facility for its current use, but it remains unviable longer term. It lacks toilet provision and is not fit for purpose for delivering multiagency support.
Park Offices	1950	£0.2m	the building is not easily adapted. Changes to service delivery requires significant remodelling of the building to provide a space where service users can be met in a safe and mutually beneficial environment
Newtown Hospital, inc. Fan Gorau	1911-2000	£4.8m	Various departments are encountering difficulties with the size and capacity of their current location and the lack of space for expansion will hinder the delivery of the new integrated model of care
Bro Hafren	1991	£0.4m	had been unoccupied due to the building condition/suitability. However, staff have been temporarily moved in due to the unexpected closure of PCC Robert Owen House

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Property	Age of Building	Backlog Maintenance	Comment
Ynys Y Plant	1980	£0.6m	A report undertaken in November 2016 ¹⁵ identified several shortcomings in this accommodation and stated that "there is a clear and pressing need for the issues with the physical environment to be addressed"
Old College	unknown	leasehold	provides office accommodation and a small area for delivering contact with service users. It cannot be adapted well for service users with a physical disability and cannot be extended. Changes to service delivery are likely to mean the building becomes unfit for purpose in the coming years

Table 18: Health and Social Care Estate

Properties that are no longer suitable for service delivery will be identified when progressing with the Campus, resulting in an estate of better performing buildings leading to a reduction in the running costs and a more sustainable, "fit for purpose" property portfolio, with no residual high or significant compliance risks across the Partnership.

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¹⁵ Powys Community Health Council (25.11.16) CHC Inspection of Ynys y Plant Children's Centre, Plantation Lane, Newtown



2.2.4 Library Services

The library service is run by Powys County Council, which currently has 18 branches made up of:

- six core branches (Ystradgynlais, Brecon, Llandrindod Wells, Newtown, Welshpool and Machynlleth)
- ten smaller branches (Builth Wells, Llanwrtyd Wells, Knighton, Presteigne, Talgarth, Llanfair Caereinion, Llanfyllin, Hay on Wye, Llanidloes and Rhayader)
- two mobile library services visiting rural locations on a monthly basis

Newtown Library is the county headquarters and new books are delivered here for onward transmission to the other libraries in Powys. It welcomes an average of 500 people per day. As well as traditional library activity (reading on site, borrowing from the loan collection, and using computer workstations) it supports a surprising range and quantity of other activities as follows:

Education	Wellbeing	Health	Infrastructure
<ul style="list-style-type: none">• Book loan• PCs• iPads (in child area plus access to online catalogue)• local studies• school visits to learn about books, local history, finding info• Lego Club• After School homework• Newspapers• Adult Learners Wales hire meeting room	<ul style="list-style-type: none">• Customer service for council (pay council tax, phone and online access to Council, blue badge application, bus pass and parking permits)• Document scan for housing benefits and Blue Badge• Knit and Natter• Poetry Group• Reading Group• Craft activities• Baby Yoga and rhyme-time• Bus timetables• Mental Health wellbeing coffee, cake and conversation• Prime Cymru group (those out of work who are aged 54+)• Tai Chi	<ul style="list-style-type: none">• Books on prescription• Dementia service: singing with Hafren school – intergenerational friendly music group• Loaning of blood pressure monitors• Drop in hearing aid clinic• PAVO – Community Connector drop-ins• Counselling course• Sensory Garden• Victim support• Carer library cards• Large print and audio books for visually impaired	<ul style="list-style-type: none">• Support for people who don't have their own computer (digital strategy)• WiFi• Computer course• One to one digital drop-in sessions• Local job hunting

Table 19: Newtown Library Services



The library service is underpinned by a holistic community-centric philosophy and works closely with other public services to provide for the information and learning needs of the whole community. The service promotes wellbeing and aims to counter loneliness. Displays and exhibitions on topics of interest are frequently mounted, attracting local residents into the premises.

Libraries are regarded as trusted spaces that welcome everyone and offer safe environments. Consequently, libraries can reach many different audiences, particularly children, young people and their families, as well as older people. All of these groups have specific information and learning needs. The service provides assisted on-line access to key health information sites, valuable information and signposting.

Library staff have a high skill base and have the capability and capacity to assist users in the search for information; either traditional or on-line.

2.2.4.1 [Case for Change](#)

2.2.4.1.1 *Finance*

Over the past decade, funding to local authorities across the whole of the UK has been reducing year on year as part of the government's austerity measures and often library services are affected. For 2019/20 Powys had a cut of 0.5%, which equates to £0.87m in funding.

Over the past decade, PCC has saved over £100m by restructuring and reducing its workforce and changing the way it delivers some services. More savings, which could total up to £46m, are likely to be required over the next three years. This puts huge pressure on all services, and libraries are not exempt from this pressure, even though engagement has shown that resident satisfaction with them remains high¹⁶. In order to counteract the cuts, some libraries have been relocated into other public sector buildings in order to save on costs.

2.2.4.1.2 *Estate*

Newtown Library is located on the proposed site in a 1970s building that has had considerable extensions and was refurbished in 2011. Backlog maintenance was identified as £550,000 over 10 years in a condition survey undertaken by Capita Symonds in 2011.

By co-locating this service with education and health and social care, the library can fully realise its central role in signposting and providing resource for wellbeing services in north Powys.

¹⁶ Powys County Council (June 2019) *Feedback Report: The Future of Powys Libraries*

2.2.5 Infrastructure and Shared Space

The services currently provided in Newtown are delivered from disparate buildings located within the town (as shown in the diagram below):



Figure 26: Key Buildings in Newtown

A number of these buildings are now not fit for purpose and are in poor condition and/or are struggling with capacity issues. The buildings are often not functional as they were designed for different purposes, or for different models of care. In addition, several services are being delivered from multiple sites which can have a negative impact on the workforce providing seamless, joined up care.

2.2.5.1 Case for Change

2.2.5.1.1 Workforce

Powys already knows that it faces several significant challenges for future years ahead as its rurality affects every element of service development and delivery. The indicators are already clear that the workforce of Powys is shrinking, hence the necessity for more training and development in order to create a sustainable rural workforce. The RPB is committed to work together to achieve the following by 2022¹⁷:

- lay the foundations for a Health and Care Faculty in Powys that offers a wide range of practical, academic and digital learning opportunities for employed staff, volunteers and carers
- use accurate and up-to-date training needs analyses to inform the education offer

¹⁷ Powys Teaching Health Board (March 2020) Health & Care Academy of Learning Hub-Proposal Paper



- provide learning opportunities up to degree level through increased partnerships with training and education providers
- increase apprenticeships and work experience opportunities for all ages

The Powys workforce will benefit with improved access to education, training and development and employment. Powys needs environments that encourage learning and development for partners across health and care and improving research and development (R&D) capacity, whilst building better relationships with education providers. This will also be reliant on a digital infrastructure to support better access across a wide rural county.

Investment in laying the foundations for a Health and Care Academy of Learning in Powys, that offers a wide range of practical, academic and digital learning opportunities for employed staff, volunteers and careers, and local communities, will not only support the Partnership locally to achieve aspirational health and care outcomes for communities of Powys, but will have a significant impact on the economy of Powys and improve employment opportunities.

2.2.5.1.2 *Service Provision*

Due to the rurality of north Powys, there are occasions when residents need to make multiple journeys to different locations in order to receive diagnosis and treatment.

The sharing of services will enable more joined up services, the development of one-stop-shops, with greater convenience for the residents of north Powys. By designing more efficient pathways through integrated teams, residents can be treated holistically, improving health outcomes.

2.2.5.1.3 *Estate*

The estate in Newtown needs updating and streamlining. The creation of a Campus will enable the sharing of services that will:

- create efficient, functional and flexible space that is future-proofed and can be used by multiple services
- reduce backlog maintenance (as detailed in Section 2.2.3.10.4)
- enable the integrated model of care
- provide opportunities for getting more value from the estate, for example, by supporting multi-purpose spaces that can be shared and saving money by avoiding duplication of estate
- enable collaboration between the Partnership and other organisations, such as voluntary sector organisations, and taking advantage of the opportunities that come from working at scale
- enable the disposal of ageing buildings that cannot support future service delivery

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2.2.6 Housing

PCC acts as landlord of 5,400 homes, in addition to a small portfolio of shops and garages throughout the county. The housing service provides the following services:

- help with the prevention of homelessness
- strategic housing
- housing enforcement in the private sector (i.e. inspecting premises for standards)
- disability grants
- housing regeneration

2.2.6.1 Demand for Accommodation

PCC has the ambition of building 250 council houses by 2023 and is investing in housing stock, one third of which will be for older people. There is a requirement to ensure properties are fit for purpose for the next generation of older people to allow them to be as independent as possible.

There is a large housing stock in Newtown (detailed in the table below). As of February 2020, there were 1,226 on PCC's housing waiting list in north Powys, 700 of which are considered to be in Bands 1-3 (i.e. they have the most urgent requirement). The majority of applicants require one-bedroom accommodation and, as demonstrated in the table below, there is not enough supply of one-bedroom accommodation to meet demand:

Newtown	Bedrooms						Total
	1	2	3	4	5	6	
Bungalow	33	34	0	0	0	0	67
Flat	339	177	2	0	0	0	518
House	2	349	687	68	2	2	1,110
Maisonette	1	8	6	0	0	0	15
TOTAL	375	568	695	68	2	2	1,710
Waiting List	713	330	127	47	6	3	1,226
Surplus/Deficit	-338	238	568	21	-4	-1	484

Table 20: PCC and Housing Association Stock in Newtown

The current pipeline for Registered Social Landlord (RSL) developments in Montgomeryshire amount to 220 units, dependent on available funding. These schemes will be social rent, or a mix of social rent and rent to own, the majority of which will be one-bedroomed. Current developments at planning stage in Newtown include:

- Robert Owen House: 18-20 one/two-bed flats
- Bowling Green: 30-40 one-bed flats
- Red Dragon Public House: 18 affordable dwellings

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2.2.6.2 [Learning Disabilities](#)

A range of long-term and short-term accommodation services are commissioned in Powys, including residential care placements and supported living tenancies. However, there are also people that are placed out of county. These placements include small domestic settings, residential homes, residential specialist colleges, specialist behavioural facilities and larger residential communities catering for a diversity of service users with differing disabilities, care needs and behaviours which challenge services. To enable these people to return home would require an appropriate infrastructure within health and social care to sustain local placements.

2.2.6.3 [Extra Care Housing](#)

Extra Care schemes provide an independent living option where older people can live in their own self-contained home while accessing a wide range of communal facilities and access to personal care support packages.

PCC has invested in these schemes via the Integrated Care Fund, including the first one in Newtown; 47 one-bed apartments developed in partnership with Wales and West Housing at Llys Glan-yr-Afon. In addition to older people, this development has a block that also houses adults with learning difficulties.

There is also a further scheme planned in Welshpool; 66 one-bed apartments developed in partnership with ClwydAlyn Housing at Neuadd Maldwyn.

Whilst it is recognised that there is a need for further extra care facilities in Newtown, PCC cannot support the development of extra care apartments on the Campus, as other towns in Powys also have a need and have not benefited from investment to date like Newtown. If such a provision was to be included, it would require a private provider. However, there is a need to reduce admissions to care homes by providing interim accommodation for people who need an enhanced level of reablement post admission, which could be linked to Campus.

2.2.6.4 [Homelessness](#)

Whilst Powys does not have the level of rough sleeping that the more urban areas of the country experience, the numbers of people reported as rough sleeping is increasing. Homelessness is, of course, more than about rough sleeping. It is often referred to as the “hidden homeless”; people may be in insecure accommodation, fleeing domestic abuse, or experienced a relationship breakdown with family or partner.

Homelessness is highest in north Powys (approximately 60-70% of the 700 homeless in Powys are in north Powys) and is often accompanied by mental health issues, including drugs and alcohol. PCC has a small dedicated homelessness prevention and housing options team which comprises of a Team Leader, four homelessness prevention and housing options officers, 2 officers who engage with the private rented sector to secure accommodation options and an apprentice; one of the offices is based in Newtown. The team is responsible for the prevention and relief of homelessness across the County, sourcing suitable housing options and the provision and management of temporary accommodation.

During COVID19, PCC has accommodated a number of complex cases and over 70% of households accommodated, have been single person households. Currently the largest age group are the under 35's, who present with complex care and support needs, needing a wide range of interventions, including police, mental health, substance misuse and trauma informed services.

2.2.6.4.1 Triage Centre Bid

PCC is currently bidding for funds under Phase 2 of the Planning Guidance for Homelessness and Housing Related Support Services (3 June 2020). The main principle of the bid is to establish Triage Centres in Powys, which will establish new provision but also consolidate and co-ordinate existing multi-agency provision, enabling the implementation of the Homeless Strategy objectives and the transition to the "New Normal". It is proposed to establish two main Triage Centres, in Newtown and Llandrindod Wells, which will support and resource, three satellite centres in Welshpool, Brecon and Ystradgynlais.

2.2.6.5 Case for Change

2.2.6.5.1 Finance

When comparing need, the Newtown area has more extra care provision than the rest of north Powys:

North East Powys: Llanfyllin, Welshpool & Montgomery	North Central Powys: Newtown, Llanfair Caereinion & Llanidloes	North West Powys: Machynlleth
Pressures and Supply¹² Key measures: 85+ population in 2036 ¹ 2,369 people Delayed Transfers of Care (DTOC) ²⁴ Average number of people: 0.85 Residential EMI per 1000 75+ population 8 beds Nursing EMI per 1000 75+ population 12 beds Extra Care units per 1000 75+ population 0 units Sheltered housing per 1000 75+ population ²⁶ 115 units Distance travelled per 1000 75+ population ²⁵ Residents placed >10 miles from original home 2 people 5 Care homes located in the community area 105 residential beds 130 nursing beds	Pressures and Supply¹² Key measures: 85+ population in 2036 2,086 people Delayed Transfers of Care (DTOC) Average number of people: 1.21 Residential EMI per 1000 75+ population 16 beds Nursing EMI per 1000 75+ population 9 beds Extra Care units per 1000 75+ population 19 units Sheltered housing per 1000 75+ population 130 units Distance travelled per 1000 75+ population Residents placed >10 miles from original home 7 people 4 Care homes located in the community area 69 residential beds, 40 nursing beds, 49 dual beds	Pressures and Supply¹² Key measures: 85+ population in 2036 522 people Delayed Transfers of Care (DTOC) Average number of people: 0.29 Residential EMI per 1000 75+ population 25 beds Nursing EMI per 1000 75+ population 0 beds Extra Care units per 1000 75+ population 0 units Sheltered housing per 1000 75+ population 132 units Distance travelled per 1000 75+ population Residents placed >10 miles from original home 4 people 2 Care homes located in the community area 31 residential

Table 21: Housing Pressures and Supply in North Powys

Whilst the need remains in Newtown and its surrounds for extra care housing, the focus of PCC funding will not be here as there are currently other areas in Powys with a greater need for this resource.



There is an aspiration to move from residential care to preventative community-based services, in line with a strong strategic fit to the Powys Health and Care Strategy, the Older Person's Commissioning Strategy, and the Adult Social Care Service Improvement Plan.

Financial savings have to be delivered and in part expected to be achieved through new models of care to older people. In addition, the longer-term Medium Term Financial Plan has an expectation of additional savings through the accommodation strategy. Collaborative working will be a necessity in respect of developments, capital funding and asset/land availability. It is anticipated that there will be a shift in revenue spend from long-term care with reinvestment into preventative models¹⁸.

2.2.6.5.2 Estate

PCC requires a market that offers good quality specialist housing that meets the needs of Powys residents and enables them to live independently for as long as they can. There is currently insufficient accommodation choice to meet the projected demand.

The current supply of accommodation available across the county is limited and there is a clear message from Powys residents that they generally want to stay at home and therefore require alternative provision to residential care. Research suggests that inaccessible or inappropriate housing can significantly reduce the ability of people who have ill-health or a disability to lead good quality lives and in many cases is a direct contributor to unnecessary entry into long-term care.

2.2.6.5.3 Commissioning Intentions

Powys is expected to see an increase in the number of elderly residents unable to perform basic domestic tasks and requiring domiciliary care and assistive technology. Home ownership for older people is in line with the National average for England and Wales and feedback from our older population suggests they want to stay in their homes for longer.

Some current care provision is no longer suitable and other options need to be explored such as specialist housing with and without care, sheltered housing and/or extra care, to support people to live independent lives and remain in the community of their choice.

¹⁸ Powys County Council (June 2018) Accommodation for an Ageing Population: Market Position Statement



2.2.7 Business Needs

The business needs for the programme are detailed as follows:

- To deliver a new primary school to replace Ladywell Green Infant School and Hafren Junior School
- To transform health and wellbeing services through a new integrated model of care
- To create a Multi-agency Wellbeing Campus in the heart of Newtown
- To improve the condition, functionality, utilisation and efficiency of the Partnership estate in Newtown
- To make financial savings by delivering services that deliver best value for money
- To provide good quality specialist housing that enables people to live independently
- To improve access to services
- To provide service, estate and workforce integration
- To create a sustainable rural workforce
- To reduce backlog maintenance costs
- To maximise opportunities for repatriation and provide as many services as possible close to where people live

2.2.8 Potential Scope

The scope of the Campus is highlighted in the diagram below. The multi-agency approach aims to deliver a number of benefits as set out in Section 2.2.10.

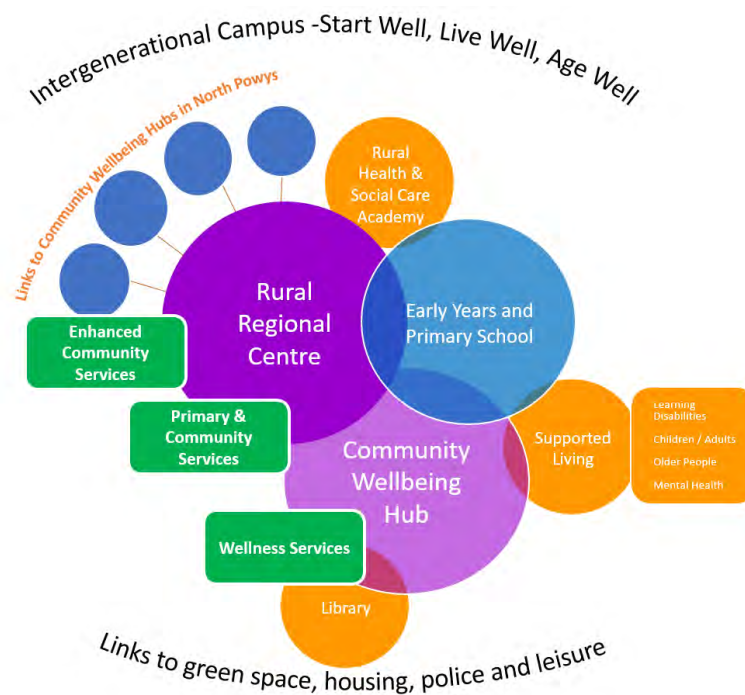


Figure 27: Multi-Agency Wellbeing Campus Emerging Model

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There is already a lot of joined up working in the Newtown area and the Campus will strengthen this by providing further opportunities to deliver joined-up services to particularly support wellbeing and early help and support to enable people to start well, live well and age well. The main services and key integration links are as follows:

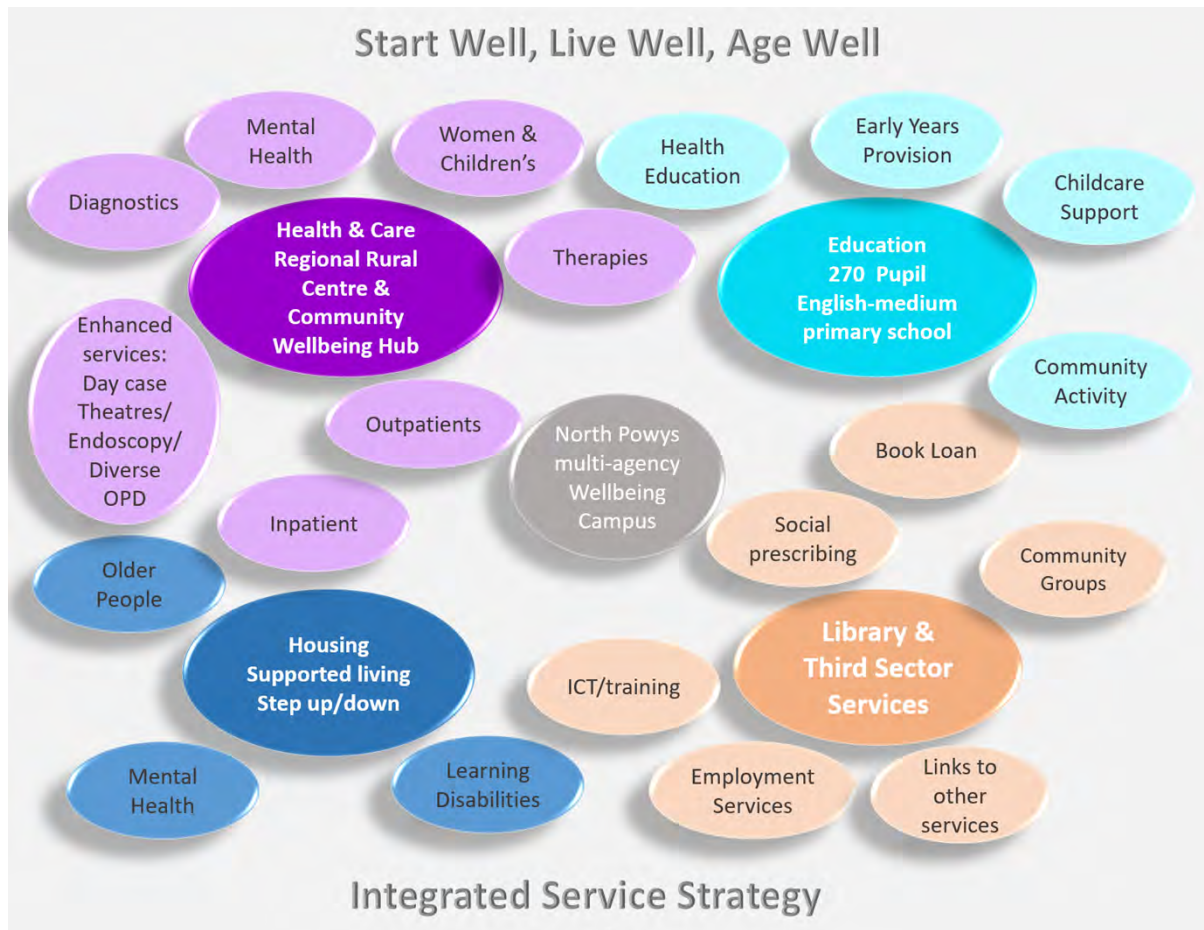


Figure 7: Service Strategy

In terms of **Health and Care**, the Campus will support the delivery of the new integrated model of care, incorporating a Rural Regional Centre and a Community Wellbeing Hub. The vision for the integrated model of care is to enable the following:

- To provide as many services as possible locally reducing the need for residents to travel out of county
- Access a range of personalised, joined up services enabling them to improve their wellbeing and access early help and support when needed
- Develop services that fit around peoples' busy lives; providing choice, accessible and equitable services more locally
- Information, guidance, self-help community/ exercise activities and social space
- Flexible working areas for staff and partners, improving communication and joined up working

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- Technology enabled environment improving access to services and facilitating a network of care and support across north Powys
- Co-location and integration of services/assets where it provides benefits to individuals through a one stop shop experience
- Learning and development opportunities for staff and people living in or wanting to move to Powys

Work is ongoing regarding the range of services to be delivered from the centres. Growth assumptions have not been fully explored and demand and capacity modelling work will be undertaken at SOC stage. However, preliminary discussions have allowed a range of options to be developed, representing a range between a “minimum/core” requirement and a “maximum” requirement (see Section 3.3).

The Campus will support the development of a satellite Health and Social Care Academy which will enable Powys to “grow their own workforce” and to attract people to come and work in Powys by being an innovator in rural practice. In January 2020, the RPB approved a Joint Framework for the Powys Health & Care Workforce, this is closely aligned to the NPWP and will be key to developing a sustainable workforce to underpin the new integrated model of care.

The integration links already existing with the [Third Sector](#) in north Powys will be strengthened by delivering wellbeing services on the Campus. Colleagues across voluntary, statutory and private sectors will have more seamless ways of communicating, ensuring that support offered to individuals, families and carers can be provided in a timely fashion.

The inclusion of Third Sector health and wellbeing services are expected to reap many benefits, including:

- Less social isolation and a reduction in reports of loneliness, leading to increased membership within the community in activities such as sports teams, singing, and drama
- “One front door” for access to support, information and advice for individuals, families and carers
- Reduced use of GP’s for non-medical needs
- An increase in people likely to engage with other services and attend a group/service/activity
- Third Sector involvement in multi-disciplinary team meetings, making referrals seamless and improve response times

In the longer term, it is hoped that the Campus will enable the community to have trust and confidence in the health and social care systems, including the third sector, where the needs of the community can be more simply fed into the commissioners, resulting in jointly commissioned services and pooled resources.

The [Primary School](#) is considered to be the anchor of the site due to the fact that funding is in place to rebuild the schools as one English-medium primary school through the 21st Century Schools and Education Programme and is due for completion in September 2024.

The plans for investment in Newtown primary provision to date have focussed on a replacement building for Ladywell Green Infants School and Hafren Junior School as part of the North Powys Well-being Programme, in order to address the immediate issues with the Ladywell Green building. However, the development has also been considered in the context of the broader plans for Newtown schools and the site has been tested in order to consider whether a maximum option of a 360-pupil school is feasible. However, on 18 September 2020, PCC's Transformation Delivery Board endorsed the development of a new 270-place school on the site of Hafren/Ladywell schools.

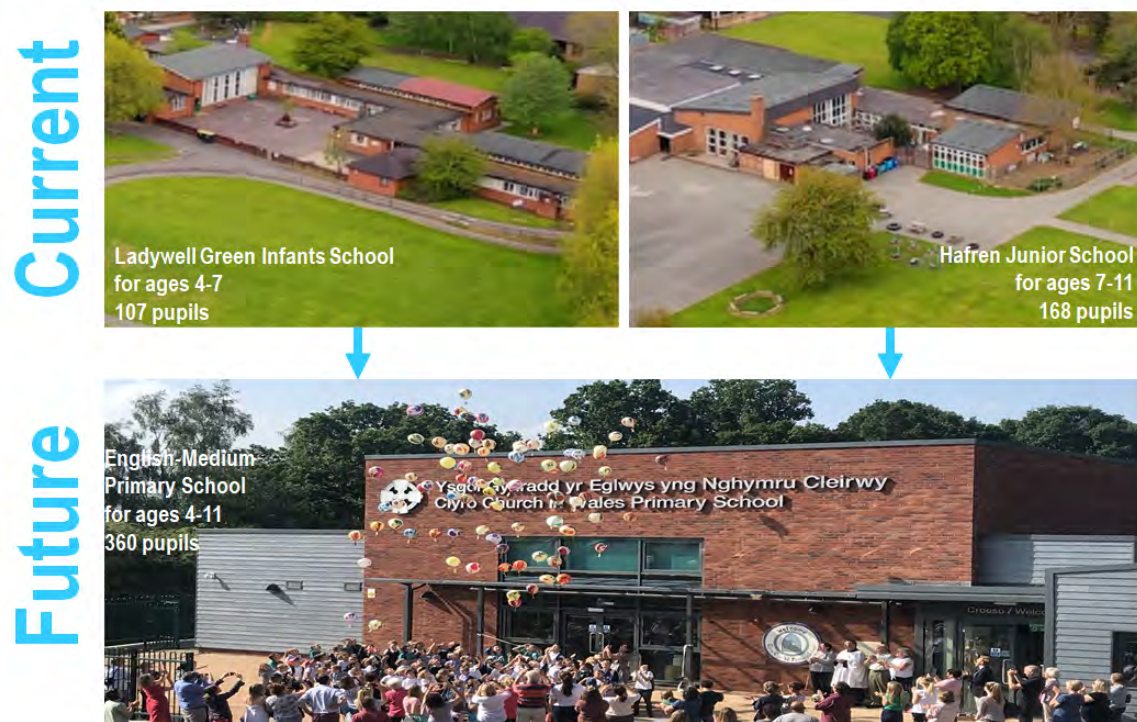


Figure 28: Merger of Ladywell Green Infant and Hafren Junior Schools

Within the school infrastructure element, PCC is required to provide **Nursery Accommodation** for aged 3+ children for 10-hours education and 20-hours childcare. It is assessed that 2 classrooms will be required, but this will be reviewed. In determining whether a nursery is designed into a new primary school building, the decision is based on community need and the evaluation of local competition. It is unlikely that additional space will be provided for a private nursery in Newtown as there are several private nurseries already delivering this service.

Infrastructure and Shared Space are key to “unlocking” the preferred site and phasing requirements. This programme also offers further opportunities for the Partnership (as well as voluntary and third-party service providers) to integrate services, which will offer the following potential benefits:



Creation of a "One-Stop-Shop"	Opportunities for Innovation	"Right Space, Right Place"	Training and Employment
<ul style="list-style-type: none">• improved access/uptake of services: "No Wrong Door"• improved pathways; reduce multiple visits• focus on wellbeing, health education and prevention• provide a "hub" for local community services	<ul style="list-style-type: none">• flexible multi-use spaces• maximise cross sector working; "the watercooler moment"• carbon neutral/positive buildings• maximise digital technologies• The ability to use space across the river (ideally via a new footbridge) which would provide access to additional green space	<ul style="list-style-type: none">• provide as much care as possible closer to people's homes• integrated women and children's services• integrated Mental Health services• providing early help and support• opportunities to amalgamate Third Sector services	<ul style="list-style-type: none">• create a sustainable rural workforce• centre for employment

Table 22: Benefits of Integrating Services

In developing the proposed scope for the programme, the innovative environment work stream (along with other key stakeholders) have held a number of workshops to evaluate which elements could potentially be shared whilst remaining sensitive to potential conflicts such as safeguarding and privacy and dignity. Work with the school explored the potential synergies between education and the rest of the site (below):

Health & Social Care	Wellbeing	External	Other Services Off-Site
<ul style="list-style-type: none">• school nurses• health visitors• school dentist• whole family support• meeting room• social services• safeguarding• speech & language therapy• sensory• CAMHS• physiotherapy• family centre• audiology	<ul style="list-style-type: none">• library• learning about health• nutrition• community kitchen• breakfast club• employment connections• extracurricular opportunities• healthy lifestyles• active lifestyle• expressive arts• education welfare services	<ul style="list-style-type: none">• green spaces• biodiversity• cycle track• walking• forest trail• sport facilities	<ul style="list-style-type: none">• youth club• scouts• leisure centre• young farmers club• rugby club• football club

Table 23: Potential Sharing with Education

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The workshops demonstrated that sharing spaces offer a number of benefits including maximising space utilisation, more efficient use of building footprint, economic benefits and greater opportunities for integration and innovation across disciplines. The key opportunities to be further investigated in the Infrastructure SOC are detailed in the table below:

Sharing Opportunity	Description
Offices/Seminar Rooms/Training Suite/IT Suite	ensuring people are working from appropriate facilities will be more efficient (right place, right space approach). This should include the consideration of adjacencies to the site such as Ladywell House, over the road from the preferred site, which provides newly refurbished office facilities; separate office accommodation will be more cost effective than office accommodation spread across clinical buildings
Health and Care Academy of Learning	creation of a shared space to house education, development and training for the workforce across Health and Care, including more opportunities for paid staff, carers and volunteers across multi-generations
Catering and Dining	central kitchens could provide a range of services including school meals, patient meals, staff canteen and healthy eating education. The full opportunities for sharing are to be fully explored during the design stage
Car Parking	for the site, regardless of service
Hydrotherapy Pool	to support children with special needs, adult/child rehabilitation, as well as community use
Outdoor Spaces	school fields or "outdoor classrooms" that could be utilised by the community out-of-hours, to include an interactive outside space set within the wonderful countryside that typifies Powys, bringing the benefits of green space to the creative and learning experience and well as offering fantastic opportunities for reflection in a peaceful setting with woodland walks and mature gardens See Appendix B for details of Newtown's green spaces run by Open Newtown
Carbon Reducing Technologies	such as river source heat pump for the entire Campus
Deliveries	Hard and Soft Facilities Management (FM) services

Table 24: Potential Sharing Opportunities

The **Library** offers a variety of services, which draws together the other elements of the PBC together and will support focus on wellbeing services. Further engagement is required with the library service in terms of future plans and inclusion in the Campus, however, there is an opportunity for the library service role to be extended and act as the front door to all the other services, reinforcing the philosophy of "no wrong door", signposting people to services, care, support and information, as demonstrated below:

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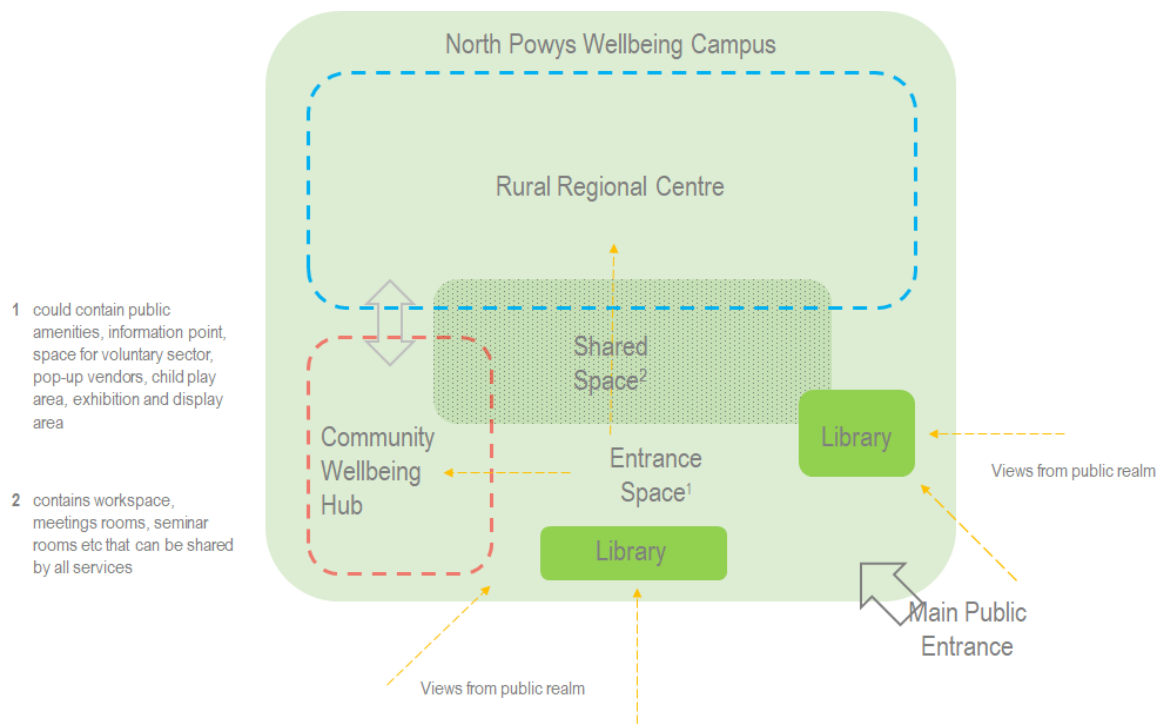


Figure 29: Potential Role of Library Services

The exact scope of the **Housing** element needs further development, but early discussions have indicated a requirement for: 12-15 one-bedroom flats serving the following potential service groups:

- Training Flat: transition from child to adult with a stay of approximately 6 months
- Older Person transition/reablement flats
- 16+ supported accommodation (children on the verge of becoming homeless)
- Children and Young People temporary/emergency out of hours accommodation
- People with Learning Disabilities (PLD) step down/step up
- Supported living: 150 people with disabilities living out of county at the moment

There are developments in and around Newtown already, which will act as a “do minimum” option for housing, with the aim that these sites link with the services in the Campus. Children’s and adult services are currently in discussions as both are seeking accommodation for crisis scenarios, under a variety of different needs (mental health, looked after children, learning disabilities, care being provided outside of county). There is also a need for additional extra care units within the Newtown area; however, PCC has allocated its extra care funding to other parts of Powys with greater need, such as Machynlleth, but this does not preclude inviting interest from private providers.

Workshops have been held in order to define how the team could deliver the programmes investment objectives and benefits through **energy efficient building performance and sustainable design**. The programme



will consider all viable low carbon construction options such as Passivhaus and set ambitious targets against standards such as BREEAM and Building Regulations. Low carbon engineering options such as ground or water source heat pumps, solar panels and hybrid heating systems will be considered and the most appropriate applied to the entire Campus to reduce carbon emissions from the building, embodied energy from materials, upstream and downstream environmental impacts in its widest sense, including social and socioeconomic factors.

It will be the projects' objective to generate and source as much local "green energy" as possible. The flat unshaded site with the River Severn running alongside presents a number of viable options for energy generation and all engineering solutions will be considered. It may even be possible to, at times, generate excess energy and heat which can be sold into the grid or networked locally as a community benefit.

As an important local green space in Newtown, there are also opportunities to enhance biodiversity through sympathetic site design with green walls and green roofs through to planting schemes to create habitats. This also lends itself to the creation of environmental outdoor learning areas for children attending the school, and the local community. The Welsh Government recognises outdoor space as an important part of the nation's education and is now part of the national curriculum and the government funded "Eco Schools" program.

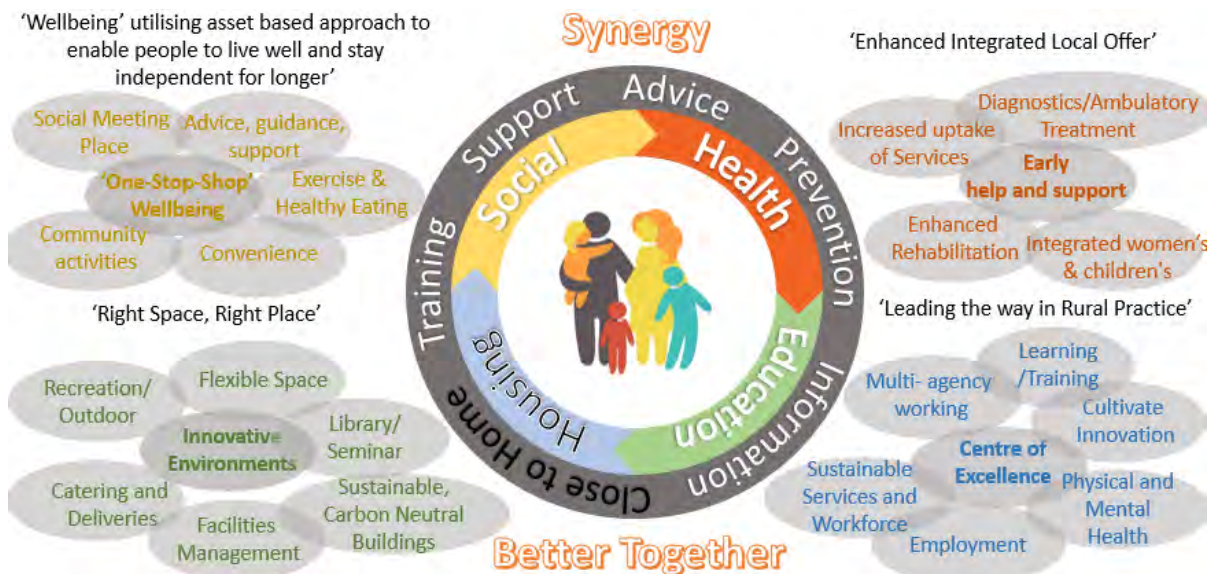
The RPB recognises that the construction and use of the proposed Campus will be carbon positive, however, through design and well considered service planning (reducing the need for out of area travel) the programme can be a sustainable model for the future which maximises community benefits.

Finally, the program will look to directly offset build and run carbon emissions by planting plants and trees on and offsite with partner organisations which will also act as a community benefit, a place for recreation and a place for nature to thrive.

Should housing be part of the scope following economic appraisal, the programme will look at the "Home Grown Homes Project"; using UK and Welsh grown timber to help the local supply chain, which will benefit the rural economy of Wales. The Bowling Green in Newtown is a three-storey development of one and two-bedroom flats. Through the Project, Woodknowledge Wales and delivery partners TRADA, Coed Cymru and Cardiff Metropolitan University are helping to inform on the construction method to help improve the quality of the build and the use of locally sourced timber.

The **key synergies** envisaged for the Campus can be summarised below:

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2.2.8.1 Impact of COVID-19

The production of this PBC began a few months before the COVID-19 pandemic escalated in the UK in March 2020. Partnership staff were redeployed from "business as usual" to strategic and operational roles surrounding the control of the coronavirus. Since then, it is apparent that the COVID-19 pandemic has forced massive transformation on the public sector by:

- forcing organisations to work together, recognising the need for system leadership and joint working at a national and sub-national level
- children being taught remotely
- cancelled school examinations
- clinicians seeing patients virtually where possible via phone or video calls
- staff working from home where possible, for example, Multi-Disciplinary Team (MDT) meetings are happening online
- behaviours have completely changed where people are reluctant to go into hospitals, health facilities and public buildings for concern about contracting the virus or burdening services

Whilst the COVID-19 pandemic has resulted in some transformation change activities being reduced, it has also forced massive transformation on the system by enabling some areas to accelerate at significant pace, particularly digital technology: virtual self-care Apps, virtual clinics via "Attend Anywhere" and "Consultant Connect" and virtual triage and assessment services have all been accelerated. Many teams are also working virtually in Powys to develop new ways of delivering services and the workforce has adapted and changed to respond to this. There has also been significant work with the Voluntary sector to develop the Community Emergency Response Services. All of these have contributed towards delivery of the integrated model of care.



Undoubtedly many of the changes due to COVID-19 have been undertaken as part of the emergency response and further work is being undertaken to assess longer term sustainability and to take advantage of this window of opportunity to support new ways of working in the long-term. It is paramount that any changes are supported by the estate and digital infrastructure, particularly around digital support which will need to improve as virtual consultations continue. Without the urgent implementation of these enablers there is a risk that we return to the old ways of working by default.

This PBC has been updated to include learning from the COVID-19 pandemic and what impact this may have on current and future services including; increase in virtual consultations, agile working, digital, social distancing and planning for future pandemics. Whilst it is understood that work on the development of these services are ongoing, a formal "lessons learned" process is currently underway and will be further detailed in subsequent SOC's. There are a number of strategic priorities to consider which include:

2.2.8.1.1 Clinical Accommodation

- Enablement for clinicians to consult remotely
- Integrated Mental Health Services: bringing both existing and new staff into a single location aligning with the Health and Care Strategy for Powys, as it will provide the opportunity for integrated working between PTHB, PCC and the third sector
- Greatly improved patient accommodation, increased infection prevention and improved health and safety requirements and statutory compliance, including compliance with the Equality Act 2010 and Standards for Healthcare
- PTHB is currently developing a scheme to put 12 ac/hr (air changes per hour) for all hospitals (apart from Knighton) in a small number of rooms and full ventilation at Brecon, Welshpool and Llandrindod. The Project will be completed at pace before winter pressures

2.2.8.1.2 Office Accommodation

COVID-19 has fast-tracked home working and many people are now considering whether they need to work at the office every day of the week. Social distancing measures have been implemented in many offices, such as:

- larger spacing between desks
- reduction in hot-desking
- introducing screening
- creating one-way systems
- creating safe entry and exit points

Space could be used to make more of an office hub where people come together for team building or training, leaving the more focused style of work for the home.



To reduce the number of people being in the office at the same time, other changes to working patterns could be applied, for instance, whole teams could come into the office for a couple of days a week and work remotely for the remainder of the week, whilst other teams came in on opposing days. This has the added benefits of allowing teams to have the face to face contact that is necessary for team building, planning, peer support etc but reduces the space requirement in the office thus allowing the creation of a safe working environment.

2.2.8.1.3 *Design*

Whilst it is still unclear what the full impact of COVID-19 will be, it is clear that there will be a long-term requirement for staff, pupils, visitors, etc, to maintain a safe distance between each other. Potential changes in the office environment will be considered during the design of new office/admin space, such as:

- greatly reducing the number of desks required
- separating large open plan offices into smaller areas with screening, whilst still keeping workstations a safe distance apart
- hot desks needing to be “booked” and fully cleaned in between users
- reducing the capacity of single, cellular offices to one person
- providing hand-sanitiser at entry and exit points
- providing additional lockers for storage of personal items and clothing

2.2.8.1.4 *Car Parking*

Consideration will be given about how staff get into the office, for example, staff may not want to use public transport, especially trains, during peak travel time. More people may choose to drive into work and therefore would require parking spaces, but the number of parking spaces required overall may actually reduce if staff are only occasionally coming into the office. This may also have the added benefit of reducing staff parking subsidies. Greater flexibility around working hours could mitigate some of the public travel concerns, maybe with staff working longer days to allow them to spend some time with colleagues, but to come in less frequently.

2.2.8.1.5 *Housing*

When the COVID-19 pandemic emerged, the pressures facing the service increased significantly. At one stage, presentations to the service increased by 300%.

In response to the pandemic, the service set up a Centralised Homelessness Co-ordination Cell, as did other local authorities across the country. The purpose of the Cell was to co-ordinate the response to homelessness in the County and bring together partners who could form a multi-agency approach to dealing with issues that arose and finding viable solutions.

The Cell, which currently meets twice per week for one hour, pulls together partners including the homelessness service, Police, Probation, PTHB, social services, youth services, mental health services, substance misuse



experts and the third sector. The Cell has been recognised as working very effectively, with Powys highlighted as being an example of excellent multi agency working.

The service has brought additional units of temporary accommodation into use in order to ensure anybody in need of a roof over their heads is provided with one. The development of the single bed flats will provide flexibility for supporting any future pandemics and any learnings will be further considered as part of the SOC.

2.2.8.1.6 *Third Sector*

A number of organisations joined as a group, known as the Newtown Network, with the initial objective of supporting meal and food deliveries to the needy in the town, to work with the Powys Library Service to provide a home delivery for readers, and to assist in the development of a Volunteer networks.

2.2.8.2 Development of the Preferred Site

In the development of the PBC, desktop analysis of the site was undertaken, to provide current site information in the following key areas:

- Use Zones: schools occupy the largest area (71.3%), health and social care (12.9%) and the library (9.7%)
- Built Area: the footprint of all the buildings occupy only 14% of the total site
- Green Areas and Landscaping: a significant proportion of the site contains grass and garden (59%); there are mature trees around the perimeter of the site
- Parking: there are approximately 116 parking spaces on the site
- Permeability: the site is impermeable and acts as a barrier between the town centre & residential areas
- Flood Plain: the area affected is relatively small at the North West end of the site
- Sun Path: the site configuration does not indicate any constraint on building orientation to sun path

2.2.8.2.1 *Concept Site Plan*

A core objective of this PBC is to demonstrate that the scope of services developed in Section 2.2.8 will “fit” on the site facilitating the desired campus-style approach. It is also critical for local stakeholders to confirm that the following seven key design concepts can also be delivered on the site:

1. flexibility
2. supporting collaboration
3. managing safeguarding
4. ability to potentially expand into nearby sites
5. access and car parking
6. connectivity/social catalyst/cohesion
- buildability/deliverability (such as the timescales required for the completion of the new school)

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Using the maximum scope derived from the programme scoping, the potential configuration of the site has been tested. This accounts for the desired location of the school and other services on the site and consideration of the seven key design concepts. Access, green and shared spaces, infrastructure and car parking are key to “unlocking” the preferred site and phasing requirements

Work on the masterplan design will be undertaken during the development of the SOC's and OBC's, however, during the PBC development, several site configurations were appraised at a high level with a number of stakeholders and their feedback has been incorporated into an initial concept site configuration plan (pictured below). This concept plan is produced only to demonstrate that the site can deliver a collaborative multi-agency wellbeing campus and the plan will undoubtedly change as a result of further design work:



Figure 30: Site Plan to test Maximum Scope will fit on site

The ideas and concepts that have been incorporated into the concept site plan include:

- Idea 1: co-locate buildings around public space to enable shared use of “front of house space” and clear civic impact
- Idea 2: create new walking routes within/through the site that link with existing walking routes
- Idea 3: create new buildings that avoid existing buildings, specially the schools, so that the new school can be built without disruption to existing services

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- Idea 4: preserve as much existing landscape as possible
- Idea 5: suggested access: Park Lane is a principal public frontage with parking and access to school and health hub

Please see the attached Appendix E for an initial analysis of the preferred site.

2.2.8.2.2 *Site Masterplan*

The next step following the approval of the PBC will be the production of a detailed site masterplan, with the aim of addressing the following key issues:

- sustainability and energy to deliver carbon targets and green initiatives
- delivering an integrated community of services by connecting the buildings, the site and the Town
- creating an open, green site with public space (whilst managing school safeguarding issues)
- promoting health and wellbeing by encouraging walking, cycling and social interaction
- delivering a detailed transport plan, including access and car parking
- delivering a detailed ecological plan

2.2.8.2.2.1 Planning

High level planning advice has been sought regarding the preferred site and the following points will be considered at the masterplanning stage:

- Place-making is at the forefront of planning, so to re-use a previously developed town centre site close to other services and facilities will be viewed favourably
- The site is adjacent to listed buildings, a conservation area and a SAM; understanding and assessing the development proposal's impact on heritage assets will be important and will inform the design
- Highway access is important. Access by non-car modes/active travel will be considered, particularly with the site's connections to adjoining areas
- Sustainable drainage will be designed in from the outset to avoid being an after-thought
- Ecology and biodiversity enhancement measures will be considered
- Avoidance of the C2 flood-zone to the north of the site
- Consider of the scale of development upon adjoining land uses such as the existing residential developments

2.2.8.2.2.2 Next Steps

Further concepts to be considered at the next stage include:

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- The opportunity exists to introduce sustainable technologies into the new development that may be linked to and provide environmentally and economically beneficial source(s) of heat/energy to the new build, Key drivers for this are:
 - carbon reduction
 - decarbonisation
 - Public Sector cost reduction: futureproof spend on energy against future price rises
 - local economic regeneration
 - effective building and facilities management
- Engagement with the Centre for Alternative Technology (CAT) based in Machynlleth
- Newtown & Llanllwchaearn Town Council (NLTC) has received a £0.5 million grant to improve access from Newtown railway station to the town centre, providing a more attractive walkway. In addition, improvement works are planned for the bus interchange, close to the preferred site
- Engagement with Open Newtown regarding internal and external connectivity
- A travel plan for the north Powys area and beyond the borders, with a view to the repatriation of services and development of the Rural Regional Centre, which could also increase traffic to the area

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2.2.9 Spending Objectives

The following table describes the spending objectives of the NPWP:

INVESTMENT OBJECTIVE 1: INTEGRATED LOCAL SERVICES	INVESTMENT OBJECTIVE 2: SUSTAINABLE WORKFORCE	INVESTMENT OBJECTIVE 3: DECARBONISATION	INVESTMENT OBJECTIVE 4: REGENERATION	INVESTMENT OBJECTIVE 5: INNOVATIVE ENVIRONMENT
To implement a new, integrated, collaborative service model which improves the health, education and wellbeing outcomes for the population of north Powys, including the repatriation of services by 2025	To deliver seamless services to the local population of north Powys, through the training and development of a multi-agency, collocated and sustainable workforce, maximising the utilisation of digital and technological solutions for the long term (10 to 30 years)	To integrate energy saving and low carbon technologies to support decarbonisation in the public sector by 2025 and beyond	Contribute to the economic growth and regeneration of north Powys over the medium to long term (10 to 30 years)	To provide services in flexible, fit for purpose accommodation, which increases utilisation and efficiency through space sharing and achieves statutory and regulatory compliance by 2025

Table 25: Spending Objectives

2.2.10 Main Benefits Criteria

The key benefits are summarised in the table overleaf, with benefit measurements detailed in Appendix F:

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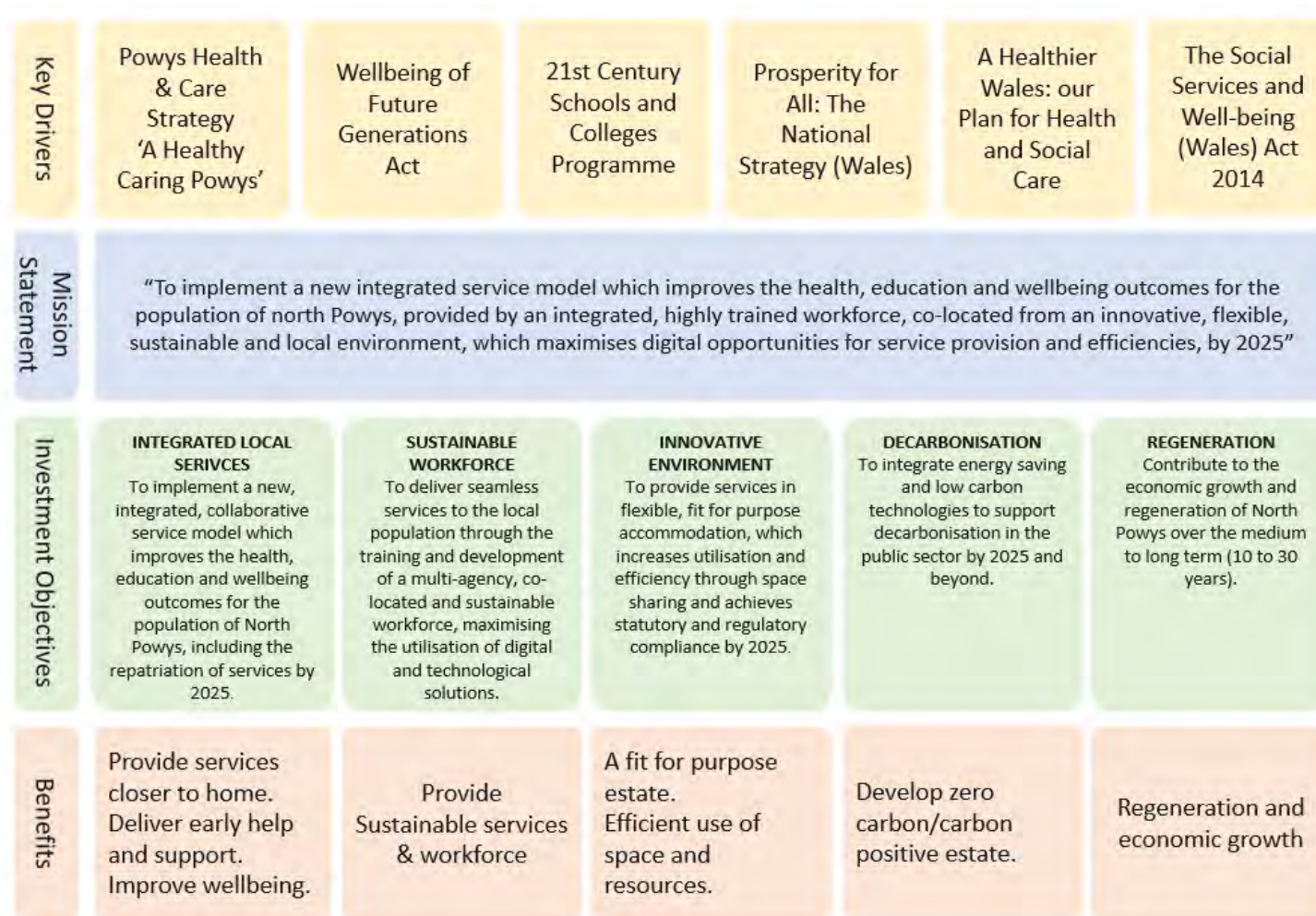


Figure 31: Benefits Framework

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2.2.11 Main Risks

The main business and service risks associated with the potential scope for this programme are shown below and will be developed further in separate SOC's:

- Risks associate with COVID-19
 - Impact on programme whilst responding to the pandemic
 - Impact on programme should there be an increase in new cases
 - Changes in working practices which underpin current thinking
 - Impact on clinical and office accommodation requirement
- Planning permission
- Delays in business case process
- Failure to secure funding/affordability
- Stakeholder support
- Increase in Cost
- Increase in timescales

2.2.12 Constraints and Dependencies

The proposed NPWP scheme has the following constraints and dependencies:

2.2.12.1 Constraints

- There is a floodplain to the north of the site that cannot be built on
- The school must be constructed first, with the infant school and junior school open as usual until the end of the Summer term 2024
- The available site area is limited with little or no room for expansion as there are live services on site, any proposed build solution is constrained by existing site boundaries
- The site has minimal access points (they only exist as entrances to the current buildings on site) so consideration needs to be given to access to the site and construction traffic during the build
- The projects detailed within the programme should be flexible to respond to fluctuations in resource and available Welsh Government Funding

2.2.12.2 Dependencies

- Works must be planned to have the minimum possible disruption to live services
- The Campus will be built in phases, each phase dependent on the previous; plans will be put in place to mitigate the failure of any phase not proceeding
- Each phase will be carefully planned in order to position services on the site to dovetail with the requirement to decant services and keep them operational

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3 Economic Case

3.1 Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the PBC documents the options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities.

3.2 Critical Success Factors (CSF's)

The Critical Success Factors (CSF's) identified for this programme are as follows:

Critical Success Factors	How well does the option...
Strategic Fit and Business Needs (Strategic Case)	<ul style="list-style-type: none">• meet and support the over-arching aims of local and national strategy/legislation
Potential Value for Money (Economic Case)	<ul style="list-style-type: none">• maximise the return on the required investment in terms of the economy• minimise associated risks
Capacity and Capability (Commercial Case)	<ul style="list-style-type: none">• deliver the required level of service and functionality
Potential Affordability (Financial Case)	<ul style="list-style-type: none">• deliver the projects within the ascribed capital and revenue envelope
Potential Achievability (Management Case)	<ul style="list-style-type: none">• deliver the projects within the agreed timescale• deliver operational and fit-for-purpose facilities• satisfy the level of skills required to deliver the projects successfully

Table 26: Critical Success Factors

3.3 Main Options for Investment

As part of initial feasibility work, a full site options appraisal has been undertaken (see Appendix XXX). The preferred site is illustrated in the image below:

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Figure 32: Preferred Site Plan

The preferred site measures 4.6 hectares (45,904sqm). The table below details what the preferred site currently comprises of and what buildings are in close proximity to the site:

Current Site	Close Proximity
Ladywell Green Infant and Nursery School	Afon House (Job Centre)
Hafren Junior School	Park Office (Council Offices)
Newtown Library	Ladywell House (Council Offices)
Integrated Family Centre	Newtown Police Station
Park Day Centre	Robert Owen House (formerly mental health team office and now a housing development opportunity)
Park Clinic	

Table 27: Buildings on and in close proximity to the Preferred Site

The consensus of the site appraisal was that the preferred site offers:

- ✓ A good location, accessible to centre of the town, to the Open Newtown programme, recent housing initiatives and to other transport and amenities
- ✓ Links to the school's investment in the area
- ✓ Appropriate size to facilitate the potential scope of the programme
- ✓ No policy designations
- ✓ Owned and know site near existing public amenities and assets
- ✓ Flat, serviced site with potential expansion scope
- ✓ A therapeutic site, ideal for promoting well-being; open green spaces, views, on the banks of the Severn

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Having identified a preferred site, the options appraisal focuses on developing the proposed scope of the programme.

After examination of the issues associated with Business as Usual (BAU), the potential benefits as well as risks and constraints, the Programme Team have identified the following potential options:

Technical Scope			
	Option	Brief Description	Investment Appraisal
1.1	Do nothing: No Action	All services would continue to be delivered from their current locations with no improvements	This option would fail to address any of the investment objectives. The built estate would continue to deteriorate with an increased risk of failure. This option would not support strategic plans for service improvement, integration or environmental impact. Listed as a comparator only Discounted
1.2	Do minimum: Refurbishment of existing facilities	All services would continue to be delivered from their current locations refurbishing the existing estate to address all significant and high compliance risks and improve environment quality	This option would address the significant and high compliance risks associated with the Estate. However, it would not support strategic plans for service improvement, integration or environmental impact Discounted
1.3	Intermediate: New build – combined English medium primary school (270 pupils). Refurbish Health and Social Care provision	Replacement of the current Ladywell Green Infants School and Hafren Junior School. Health and Social Care would continue to be delivered from the existing buildings which would benefit from a refurbishment to address all significant and high compliance risks and improve environment quality	This option would achieve PCC's vision for the future delivery of school services and also address significant and high compliance risks associated with the remaining estate. However, it would not support strategic plans for service improvement & integration Discounted
1.4	Intermediate 1: New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities	Replacement of the current Ladywell Green Infants School and Hafren Junior School in addition to new Health and Wellbeing accommodation. Re-provide Library and associated services	The Partnership would benefit from new build accommodation addressing backlog maintenance and compliance issues and reducing environmental impact. However, it would not fully support strategic plans for service improvement & integration Possible
1.5	Intermediate 2: New build – combined English medium primary school (360 pupils)	Replacement of the current Ladywell Green Infants School and	The Partnership would benefit from new build accommodation addressing backlog maintenance



Technical Scope			
	Option	Brief Description	Investment Appraisal
	pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation	Hafren Junior School in addition to new Health and Wellbeing accommodation. Re-provide Library and associated services as well as the creation of purpose-built supported living accommodation	and compliance issues and reducing environmental impact. It would also maximise opportunities for service improvement & integration Possible
1.6	Do Maximum: As above plus housing development	As above but including a new build private accommodation development	As above, however the need and appetite for a further housing development co-located on the site remains unknown Not taken forward at present

Table 28: Long List of Options: Technical Scope

Service Solution			
	Option	Brief Description	Investment Appraisal
2.1	Do nothing: Business as Usual	Services would remain unchanged	This option would fail to meet key investment objectives including integration, repatriation and services closer to home. Listed as a comparator only Discounted
2.2	Core: Business as usual with enhanced services	Re-provide existing services enhanced to include further integrated family and mental health services and greater links with third sector services Education services amalgamated to provide a 270-pupil primary school Library and Third Sector services remain unchanged	This option would address education objectives and partially meets the Partnership aspirations for greater integration. However, it will not maximise repatriation and efficiency opportunities Discounted
2.3	Core + Desirable: As above with further opportunities for repatriation and integration	Health and Care: consolidation of new integrated model of care into a single location. "Do minimum" in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care Library and Third Sector services enhanced to provide greater links to Health, Social, Housing & employment services	This option would address education objectives and partially meets the Partnership aspirations for greater integration. PTHB would be able to offer a wider range of services closer to home Possible

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Service Solution			
	Option	Brief Description	Investment Appraisal
2.4	Core + Desirable plus: As above with further opportunities for repatriation, integration and enhanced services	<p>Health and Care: consolidation of new integrated model of care into a single location. "Do maximum" in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services as above with the addition of Health promotion and community resource centre</p> <p>Develop site as a joint training academy</p>	<p>This option will maximise the value of the investment and would address education objectives and fully meet the Partnership aspirations for greater integration. PTHB would be able to offer a wider range of services closer to home. The Partnership would benefit from training facilities, supporting a sustainable rural workforce</p> <p>Possible</p>
2.5	Core + Desirable plus + Optional: As above with additional services	<p>As above with further enhancement of services</p> <p>Education services as above with enhanced leisure facilities</p> <p>Library services as above</p> <p>Further housing provision</p>	<p>As above, however the need and appetite for a further housing development co-located on the site remains unknown</p> <p>Not taken forward at present</p>

Table 29: Long List of Options: Service Solution

Service Delivery		
	Option	Investment Appraisal
3.1	In-House	Preferred: This option provides the most acceptable solution in terms of use of staff, skills and resources
3.2	Outsource	Discounted: This option has been discounted as it fails to deliver integration of services
3.3	Strategic Partnership	Discounted: This option has been discounted as it is unclear whether it delivers integration of services, and because of the increased complexity and achievability issues

Table 30: Long List of Options: Service Delivery

Implementation		
	Option	Investment Appraisal
4.1	Single Phase	Discounted: Due to the extent of the works, a single phased approach would fail to provide the required flexibility



Implementation		
	Option	Investment Appraisal
4.2	Phased	Preferred: This option offers the most flexibility. Elements of the works can be phased in terms of clinical demand, resource and available funding

Table 31: Long List of Options: Implementation

Funding		
	Option	Investment Appraisal
5.1	Private Funding	Discounted: Third Party Development funding has been excluded as a viable funding option as the Health Board is not in a position to absorb the revenue pressures that this would entail
5.2	Public Funding	Preferred: This scheme will be publicly funded and is part of the NHS Capital Expenditure Programme

Table 32: Long List of Options: Funding

3.4 Preferred Way Forward

By appraising a wide range of realistic and possible options, the following preferred way forward has been identified, which will be developed further in subsequent Business Cases.

	Option 1	Option 2	Option 3	Option 4
Scope/Technical	Intermediate 1	Intermediate 1	Intermediate 2	Intermediate 2
Service Solution	Core & Desirable	Core & Desirable plus	Core & Desirable	Core & Desirable plus
Delivery	In-House	In-House	In-House	In-House
Implementation	Phased	Phased	Phased	Phased
Funding	Public	Public	Public	Public

Table 33: Preferred Way Forward

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3.5 Economic Appraisal of Short-Listed Options

The table below details the estimated costs for the available options. The cost analysis is in Appendix G:

Options	Description	Estimated capital cost (excl VAT)
1	<p>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</p> <p>Health and Care: consolidation of new integrated model of care into a single location. "Do minimum" in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services enhanced to provide greater links to Health, Social, Housing & employment services</p>	£54m – £55m (range includes estimated disposal proceeds for surplus sites)
2	<p>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</p> <p>Health and Care: consolidation of new integrated model of care into a single location. "Do maximum" in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services as above with the addition of Health promotion and community resource centre</p> <p>Develop site as a joint training academy</p>	£64m – £65m (range includes estimated disposal proceeds for surplus sites)
3	<p>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</p> <p>Health and Care: consolidation of new integrated model of care into a single location. "Do minimum" in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services enhanced to provide greater links to Health, Social, Housing & employment services</p>	£57m – £58m (range includes estimated disposal proceeds for surplus sites)
4	<p>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</p> <p>Health and Care: consolidation of new integrated model of care into a single location. "Do maximum" in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p>	£69m – £70m (range includes estimated disposal proceeds for surplus sites)

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Options	Description	Estimated capital cost (excl VAT)
	Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care Library and Third Sector services as above with the addition of Health promotion and community resource centre Develop site as a joint training academy	

Table 34: Cost Comparison of Options

High level schedules of accommodation were developed in order to describe the minimum and maximum scope of services required for the Campus. The shortlisted options indicate that the spatial requirements for the identified site would range from 23,350sqm to 30,595sqm:

Campus Elements	Minimum (sqm)	Maximum (sqm)
School/Field	15,000 [inc. 2,215 building]	18,000 [inc. 2,620 building]
Health & Care	7,500	10,500
Library	850	850
Specialist Housing	-	1,245
Sub Total	23,350	30,595
External Space tbc	22,554	15,309
TOTAL	45,904	45,904

Table 35: Spatial Requirements

The table above shows the entire footprint requirement for each of the Campus elements. The table below sets out the high-level capital cost estimates for the built element of the shortlisted options:

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Cost Summary £000s		BAU	Option 1	Option 2	Option 3	Option 4
GIFA m ²		5,703	10,641	14,046	11,641	15,291
Building & External works		-	25,304	33,280	27,804	36,704
External works		-	6,007	5,624	6,018	5,602
Demolition and other		-	1,150	1,150	1,150	1,150
Non-works (15 % per Arcadis)		0.0%	-	-	-	-
Fees		12.0%	-	3,895	4,806	5,215
Risk		2.5%	-	909	1,122	1,217
Inflation		2.5%	-	1,118	1,150	1,247
Equipment & IT		Per Arcadis	-	6,497	6,497	6,497
Trust Direct costs		Per Arcadis	-	734	-	734
Optimism Bias		20%	-	45,614	53,628	48,382
Total costs (excl VAT)		-	54,736	65,235	58,058	70,038
VAT		20%	-	10,947	13,047	11,612
Total costs (incl VAT)		-	65,683	78,281	69,670	84,045
Costs before Optimism Bias £/m ²		-	4,286	3,870	4,156	3,817
Optimism bias (effective rate)		0.0%	20.0%	20.0%	0.0%	20.0%
VAT (effective rate)		0.0%	20.0%	20.0%	0.0%	20.0%

Table 36: High Level Capital Cost Appraisal

Appendix G sets out the detailed workings in respect of the above, including notes from the cost consultants in preparing the base construction costs (buildings, external works and demolition).

Other assumptions have then been included to represent additional capital costs such as fees, inflation, equipment, contingency and optimism bias. By necessity, these are high level and have not been reviewed by either the finance teams of the Partnership. The key assumptions are:

- Optimism Bias 20%
- Equipment costs (included at a total cost of £6.5m per the previous feasibility study)
- Direct Health Board costs (estimated at £0.75m)
- No provision for additional costs in respect of sustainable, green initiatives (e.g. Passivhaus requirements)

The costs and assumptions will be reviewed in detail as part of the ensuing projects.

Based on the cost assumptions noted above and calculations set out in Appendix G, the table below summarises the high-level financial assessment for each of the above options:

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Economic appraisal summary £000s	BAU	Option 1	Option 2	Option 3	Option 4
Capital costs (excl VAT)	-	54,736	65,235	58,058	70,038
Backlog maintenance	22,003	-	-	-	-
Disposal proceeds					
- Montgomery County hospital	-	(550)	(550)	(550)	(550)
- Bro Hafren	-	(140)	(140)	(140)	(140)
- Ynys Y Plant	-	(160)	(160)	(160)	(160)
- Park Street Clinic	-	(130)	(130)	(130)	(130)
Socio Economic benefits	-	NQ	NQ	NQ	NQ
Net capital cost (excl VAT)	22,003	53,756	64,255	57,078	69,058
Options ranking	1	2	4	3	5

Table 37: High Level Economic Options Appraisal

The capital costs are as previously set out. The backlog maintenance costs are included for the business as usual options but would not be incurred under Options 1 to 4, as the existing buildings would be replaced and/or be disposed of on completion of the programme.

The BAU option has been presented above, however, this is included as a comparator only as this is not a viable option. Furthermore, whilst this is the lowest cost option, once benefits and risk have been factored into the rankings, this would be ranked below the options, as it does not meet the strategic objectives of the programme.

As a result of the creation of the Campus, several existing sites would become surplus to requirements and therefore an estimate of disposal proceeds has been included above. These are illustrative and do not represent a formal valuation (see notes in Appendix G). Furthermore, these proceeds would only be available once the Campus was operational and services had been fully transferred.

Given the anticipated redevelopment of the site, a number of additional social and economic benefits could reasonably be expected from the programme. Whilst these have not been quantified at this stage, an assessment could be made to quantify the following benefits:

- Employment Impacts: Gross Value Added (GVA) is an indicator of wealth creation, measuring the contribution to the economy of economic activity associated with the construction of the development proposal. The programme is expected to generate temporary jobs during the construction period and permanent jobs at the operational stage
- Local Authority benefits: Following the development of the community hub, certain sites will be released for development. If these are subsequently developed for residential purposes, additional PCC revenues could be generated from council tax, and potentially provide an increase in affordable housing, subject to specific development plans

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- Retail footfall: the additional economic activity is likely to increase footfall to the high street. Further footfall could also result from additional developments on released sites, whether commercial or residential. Increased footfall is likely to increase spend on the high street, bringing overall benefits to the area, including the potential for increased business rates, council tax and other local authority revenues

The expected benefits for the programme have been assessed in detail. These have been summarised in the Strategic Case section of this report and a template for assessing each benefit is detailed in Appendix F. These will, therefore, be reviewed and scored for each of the project business cases, in line with the template, to ensure that the full benefits of the programme are captured and included in the detailed economic appraisals.

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4 Commercial Case

4.1 Introduction

This section of the PBC sets out the potential arrangements in relation to the preferred way forward outlined in The Economic Case. The aim of the Commercial Case is to demonstrate that the preferred way forward will result in a viable procurement and well-structured deal. It will set out the high-level intentions and over-arching principles to be applied to the underlying projects, rather than a specific and detailed commercial project plan.

As this PBC consists of individual projects and/or collections of projects, different procurement arrangements will be implemented at different stages of the development and will be detailed further in subsequent project business cases. However, all procurement arrangements will comply with PCC's and PTHB's Capital Procedures and will be managed by NWSSP Procurement.

4.2 Commercial Objectives

The development of the commercial objectives in each SOC will seek to support the overall Campus by:

- delivering on time and on budget
- delivering value for money
- supporting supplier innovation and seeking innovative solutions from suppliers
- contributing towards Powys' commitment to the sustainability agenda
- supporting joined up working
- providing an opportunity for local employment and stimulating the local economy

The Partnership have a track record of working together to develop services for the people of Powys and have a history of working with communities and other stakeholders and partners to deliver improvements for their population. The Partnership is well placed to jointly contribute to the exciting development of a multi-agency wellbeing Campus for north Powys.

The Partnership is keen to minimise the revenue implications of the overall programme as a key objective. Capital investment and asset ownership is therefore the preferred method of delivery for the programme but would be the subject of detailed review in each of the supporting business cases.

4.2.1 Land and Asset Ownership

The proposed 4.6Ha site is largely owned by PCC; PTHB owns the Park Street Clinic (measuring approximately 500sqm/0.05Ha). The Partnership is flexible in terms of the approach to land ownership having worked collaboratively on land transfers and is keen to support the more appropriate ownership structure for each element of the programme as required. Furthermore, the development of the Campus will create opportunities to dispose of unfit-for-purpose public sector estate to deliver the optimum solution for the area as a whole.



Regarding the ownership of buildings and public space for the Campus, early thoughts indicate that it is likely that PTHB will own the Rural Regional Centre and Community Wellbeing Hub, with PCC retaining ownership of the school. Further consideration will need to be given to the shared elements of the Campus, requiring detailed negotiation between the Partnership to derive an optimum, yet equitable, solution.

4.2.2 Campus Management

PCC, along with Kier Group (a leading property, residential, construction and services group), entered into a 50:50 joint venture partnership in 2017, known as Heart of Wales Property Services Limited (HoWPS). The partnership is responsible for the repairs and maintenance work to council homes and public buildings across Powys. A consultancy service is also provided, which delivers PCC's major capital investment programme, small works projects and a design and build service. In addition, PTHB has an Estate's Works department located in Newtown, which would be relocated to the Campus. Whilst the Partnership have experience of jointly operating and maintaining sites, it is intended to evaluate the benefits of PTHB accessing services from HoWPS, which will need to be agreed and negotiated before putting forward for approval.

4.3 Procurement Process

4.3.1 Consultants

The RPB has currently procured business case writer consultants to work in collaboration with the Partnership to produce the Programme Business Case (PBC). In December 2019, gbpartnerships was appointed via an open tender manager through NHS Wales Shared Services Partnership Specialist Estates Services (NWSSP-SES). Consultants will be appointed to produce subsequent business cases including the SOC/OBC/FBC for both Health and Care and Infrastructure projects via the Healthcare Planning Framework. The business case for Education will continue to be managed directly by PCC.

4.3.2 Construction

Sustainable procurement will be undertaken to best effect in order to bring the embodied energy from the design and construction phases down and carbon offsetting will be explored to mitigate a proportion of the rest, helping to move this programme towards carbon neutral. For example, through procurement, it will be possible to source local recycled materials for the build and specify low environmental and social impact materials such as FSC (Forest Stewardship Council), PEFC (Programme for the Endorsement of Forest Certification) or BRE (Building Research Establishment) green-rated products. Procurement scoring will be weighted towards contractors and manufacturers with good corporate social responsibility (CSR) practices to recognise their efforts and to support an industry fit for the future in keeping with the Partnership and the Welsh Government's vision for a low carbon economy.

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4.3.3 21st Century Schools Programme Framework

Due to the indicative timescales (driven by the need for the school to be completed by September 2024) it is anticipated that the enabling works, infrastructure and school construction will be undertaken by a single contractor who will be appointed via the 21st Century schools programme framework. It is anticipated that the procurement will be via a regional framework such as (SEWSCAP3), South West Wales Regional Contractor Framework (SWWRCF) or North Wales Schools and Public Buildings Contractor Framework (NWSPBCF) or via a separate OJEU Procurement route.

4.3.4 Health and Social Care: Building for Wales Framework

The Health & Care elements of the programme are likely to be procured via the Building for Wales Framework. The framework is the NHS in Wales's construction procurement and delivery vehicle for major capital projects with construction costs in excess of £4 million, based on the fundamental principles of collaborative working, integrated supply chains and continual improvement. The framework aims to deliver core objectives on behalf of the Welsh Government, including Best Value for Money and Development of Best Practice and Sustainability, amongst others, and is managed by a dedicated team of professionals employed by NWSSP.

4.3.5 Framework Benefits

Each of the above frameworks have been pre-procured through an OJEU tender process which enables Public Organisation schemes to begin immediately, without mini competition, whether a new build, maintenance or refurbishment programme. As a result, frameworks benefit public sector clients in diverse ways:

- Each framework has been through an "OJEU" tender, satisfying requirements of EU Procurement Directives
 - These frameworks are accessible by any UK public sector organisation
 - Open book costing ensures Value for Money can be demonstrated
 - Typically, the processes are simple to follow
 - Sub-contract work would be subject to competitive tendering allowing local suppliers to bid for aspects of the project
 - Early engagement of the contractor in the process typically leads to:
 - Improved Risk management
 - Reduced programme of design and construction
 - Greater predictability in relation to cost and programme
 - Such frameworks result in improved performance monitoring procedures, with higher quality of design and construction, less defects and reduced accident rates on site
- Community benefits can also be delivered

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It is important to note that the current stage means framework selection is currently flexible and more detailed, specific arrangements will be set out in subsequent project business cases.

4.4 Required Services

At this stage in the development, the following key appointments/specialist advisors are to be determined:

- Ecology surveys
- Site investigation and topographical survey
- BREEAM
- Demand and Capacity Modelling
- Masterplanning and transport planning
- Energy assessment and feasibility study

The programme team has had high level discussions with various consultants regarding the above, in order to inform the PBC, and these will be developed further as each project progresses.

4.5 Contractual Arrangements

Different forms of contracts are likely to apply for different projects and the contractual relationships between the various parties are subject to the rules and regulations of the individual frameworks. However, each project should set out, with respect to their individual adopted framework, the following key terms and clauses:

- Details of whether the contracts are pro-forma or bespoke contracts (and the reason for any deviation from standard contracts)
- Pricing mechanisms, including agreed fixed price schedules for works and services
- The process for any changes to the scheme and the impact on pricing and timing
- The proposed timeline of the project, phasing arrangements and key milestones
- Risk transfer (see below)

The general principle is that risks are passed to “the party best able to manage them”, subject to value for money. The table below highlights the typical apportionment of service risks in the design, build and operational phases for a project, which should be reviewed and assessed for each project:

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	Risk Category	Risk Allocation		
		Public	Private	Shared
1	Design risk			✓
2	Construction and development risk			✓
3	Transition and implementation risk			✓
4	Availability and performance risk			✓
5	Operating risk	✓		
6	Variability of revenue risks	✓		
7	Termination risks	✓		
8	Technology and obsolescence risks			✓
9	Control risks	✓		
10	Residual value risks	✓		
11	Financing risks	✓		
12	Legislative risks	✓		
13	Other project risks	✓		

Table 38: Risk Transfer Matrix

4.6 Funding

It is assumed that the majority of this programme will be funded by public funding (All Wales Capital Funding), with the school being funded by Welsh Government and PCC (50/50 split). However, due to the complexity of the Campus, with wide-ranging services, buildings and policies governing the site, it is recognised that there are multiple funding streams that could contribute to its development. The ability to access a single point of funding would make the development of the Campus simpler.

4.7 Timing

The proposed timeline of the programme is estimated as 3-5 years, dependant on phasing arrangements and the availability of resource and funding. A schedule of key dates is summarised below:

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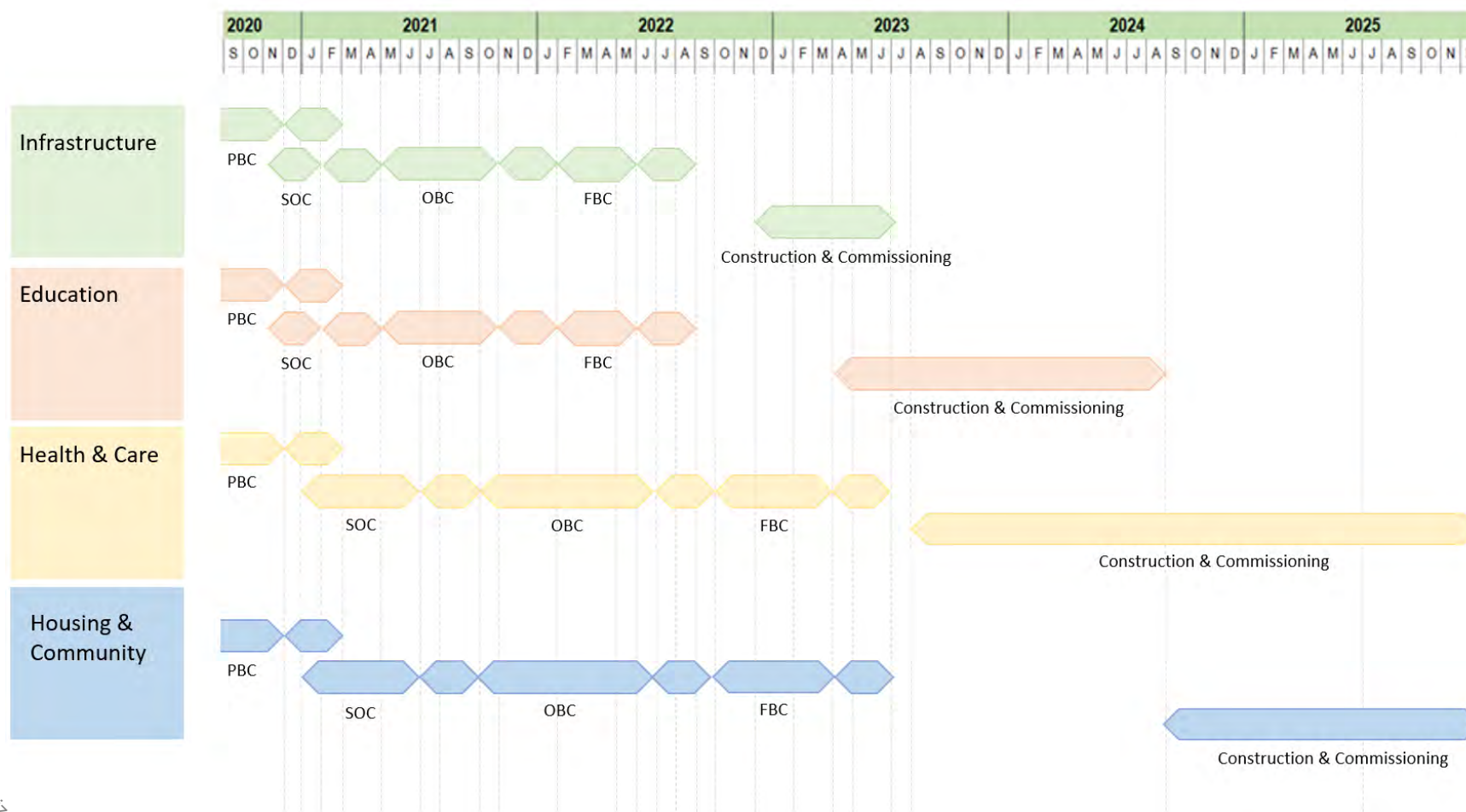


Table 39: Schedule of Key Dates

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4.7.1 Phasing

The Programme Team will further explore the development of the SOC's resulting from this PBC. However, to unlock the site, the most appropriate first stage would be to consider the roads, parking and services infrastructure for the Campus. This will require an appropriate level of understanding of the needs of all of the parties to ensure that this key first stage of the development has the appropriate capacity, orientation and resilience to support the scheme as a whole. This also has the advantage of allowing the stakeholders to deliver their specific built environment requirements within their areas of expertise (housing, education, health & care) using their familiar procurement delivery methods as subsequent phases.

It is essential that the stakeholders push the boundaries and leave preconceptions behind in terms of what shared space could look like across the sectors. Whilst the less visible innovative working patterns of the constituent parties will be one of the key determinants of success of the programme, the more visible built environment embodies an opportunity to act as a flagship and demonstrate the benefits of a shared Campus. It is anticipated that the shared space, more obviously elements such as offices, meeting and training facilities, canteens, engineering, etc. could be part of the cross-organisational core infrastructure offering.

Whilst it is clear that SOC's will be developed for the School, for Health and Social Care Services, and for Infrastructure, further consideration needs to be given to the allocation of the remaining Campus services, as they have synergies with all SOC's (such as Third Sector, Library, Housing). Initial thoughts have considered that the Infrastructure SOC will also contain Housing and Community Development services. More clarity will be gained following the development of the SOC's and masterplanning work. It is envisaged that the phasing will be as follows:

- 1a. Infrastructure (which will unlock the site for subsequent projects, but specifically for the immediate requirements of the school given the timeline requirements)
- 1b. School
2. Housing/Community Development/Library (to be confirmed)
3. Health and Social Care

However, it will be dependent on the production of the masterplan and ability to fund and decant. The Oversight Group and Programme Board will come together to decide who is best placed to lead each project, ensuring that each element will be built in a sequence that benefits all parties.

4.8 Personnel Implications (including TUPE)

Transfer of Undertakings (Protection of Employment) Regulations 1981 (TUPE) will not apply, directly or indirectly to this programme proposal. Generally, the anticipated increase in staff resource to support enhanced activity,

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particularly Library Services in its proposed pivotal role, will be in accordance with the Partnership Workforce guidance.

4.9 Accountancy Treatment

The accountancy treatment for each project will be subject to the delivery route adopted and agreements as to who will own the land and buildings. As a result, the capital and revenue consequences of this will be different for each party.

For the owner of the fixed asset, upon completion of the works, the asset will be valued by the District Valuer when brought into use. As the asset will have been valued by an external professional, the life expectancy will be updated to reflect a revised life expectancy which will differ for each Campus building/project. Depreciation charges will then need to be calculated accordingly.

The accounting for capital and revenue implications will be set out in the individual project business cases, as each scheme evolves.

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5 Financial Case

5.1 Introduction

This section sets out the financial case for the capital investment being requested. By necessity, the financial case for the PBC is high level, as each project will need to separately develop financial assumptions at the next stage of the programme. Furthermore, the financial case is dependent on elements of the commercial strategy in terms of delivery and procurement options and again further clarity on this area will be achieved as the programme evolves into individual business cases.

5.2 Financial Appraisal of Options

An appraisal of the identified options has been undertaken to assess the overall value for money in the Economic Case (Section 3.5). The capital cost of each option has been quantified and compared. Annual revenue costs will be detailed in the individual business cases, with an analysis of current "Business as Usual" (BAU) revenue property costs included in Appendix H. A summary of the capital costs of the shortlisted options is shown below:

5.2.1 Capital Cost Comparison

A high-level summary of the capital cost for each short-listed option is shown below.

Options	Brief Description	Capital Costs
1	New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities Health and Care: consolidation of new integrated model of care into a single location. "Do minimum" in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care Library and Third Sector services enhanced to provide greater links to Health, Social, Housing & employment services	£54m (excl. VAT) £65m (incl VAT) before disposal proceeds
2	New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities Health and Care: consolidation of new integrated model of care into a single location. "Do maximum" in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care Library and Third Sector services as above with the addition of Health promotion and community resource centre Develop site as a joint training academy	£65m (excl. VAT) £78m (incl VAT) before disposal proceeds

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Options	Brief Description	Capital Costs
3	<p>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</p> <p>Health and Care: consolidation of new integrated model of care into a single location. "Do minimum" in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services enhanced to provide greater links to Health, Social, Housing & employment services</p>	<p>£58m (excl. VAT) £70m (incl VAT) before disposal proceeds</p>
4	<p>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</p> <p>Health and Care: consolidation of new integrated model of care into a single location. "Do maximum" in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services as above with the addition of Health promotion and community resource centre</p> <p>Develop site as a joint training academy</p>	<p>£70m (excl. VAT) £84m (incl VAT) before disposal proceeds</p>

Table 40: Capital Cost Comparison

5.2.2 Capital Costs of Preferred Option

It is assumed that the capital costs of the development will be funded by the Welsh Government (WG) and, based on the preferred programme options, these are summarised in the table below

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Cost Summary £000s		BAU	Option 1	Option 2	Option 3	Option 4
GIFA m ²		5,703	10,641	14,046	11,641	15,291
Building & External works		-	25,304	33,280	27,804	36,704
External works		-	6,007	5,624	6,018	5,602
Demolition and other		-	1,150	1,150	1,150	1,150
Non-works (15 % per Arcadis)		0.0%	-	-	-	-
Fees	12.0%	-	3,895	4,806	4,197	5,215
Risk	2.5%	-	909	1,122	979	1,217
Inflation	2.5%	-	1,118	1,150	1,004	1,247
Equipment & IT	Per Arcadis	-	6,497	6,497	6,497	6,497
Trust Direct costs	Per Arcadis	-	734	-	734	734
		-	45,614	53,628	48,382	58,365
Optimism Bias	20%	-	9,123	10,872	9,676	11,673
Total costs (excl VAT)		-	54,736	65,235	58,058	70,038
VAT	20%	-	10,947	13,047	11,612	14,008
Total costs (incl VAT)		-	65,683	78,281	69,670	84,045
Costs before Optimism Bias £/m ²		-	4,286	3,870	4,156	3,817
Optimism bias (effective rate)		0.0%	20.0%	20.0%	0.0%	20.0%
VAT (effective rate)		0.0%	20.0%	20.0%	0.0%	20.0%

Table 41: Capital Cost Summary

A further breakdown of costs can also be found in Appendix G. These costs are a high-level estimate, prepared by gbpartnerships, based on discussions with the Partnership, by reference to earlier feasibility work (undertaken by Arcadis) and reports provided by Cost Consultants providing a high-level appraisal of construction costs. It should be noted that these are illustrative only, and that detailed costs will be prepared for each project, at the relevant stage of the business case preparation process. These will, therefore, be subject to further economic scrutiny as each project progresses.

5.2.3 Value Added Tax (VAT)

VAT set out above has been applied to the capital cost forecast at the current rate of 20%, with the exception of professional fees regarding Employer appointed consultants. The recoverability or otherwise of VAT will partly depend on the delivery and procurement options selected. For example, VAT is typically a non-recoverable cost for the health sector, but could be recoverable by PCC, assuming they own and opt to tax the building. This, however, would need a detailed review by the individual public sector bodies to assess the impact of this on any VAT partial exemption calculations and implications for the wider organisations. Overall, the assessment of VAT is particularly complex, and it is suggested that a specialist is appointed to assess the likely liability.

5.2.4 Impact on the Statement of Financial Position

The impact on the Partnership's Statement of Financial Position will need consideration and will depend on the procurement and delivery options selected.

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5.3 Revenue Affordability

The current revenue costs for Business as Usual are set out in Appendix H, together with data gathered on the existing estate (including backlog maintenance costs). Revenue costs for each of the options have not been estimated at this stage of the programme and will depend on the commercial and procurement strategy for each project. The detailed revenue costs will, therefore, be set out in the individual project business cases as they develop.

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6 Management Case

6.1 Introduction

This section of the PBC focuses on the implementation arrangements demonstrating how the programme will be delivered successfully to time, cost and quality verifying that it will adopt a methodology that is based on standards of best practice and quality management principles. The management of future projects will be described in more detail in subsequent SOC's.

6.2 Programme Management Arrangements

Under the sovereign body of the Partnership, the governance arrangements for the North Powys Wellbeing Programme (NPWP) are delivered under the Regional Partnership Board (RPB) via the Cross-Cutting Resource Overview Group (CCROG).

6.2.1 Programme Structure

The programme is supported by four work-streams as set out in the figure below. There may also be a requirement to establish sub task and finish groups as the programme progresses:

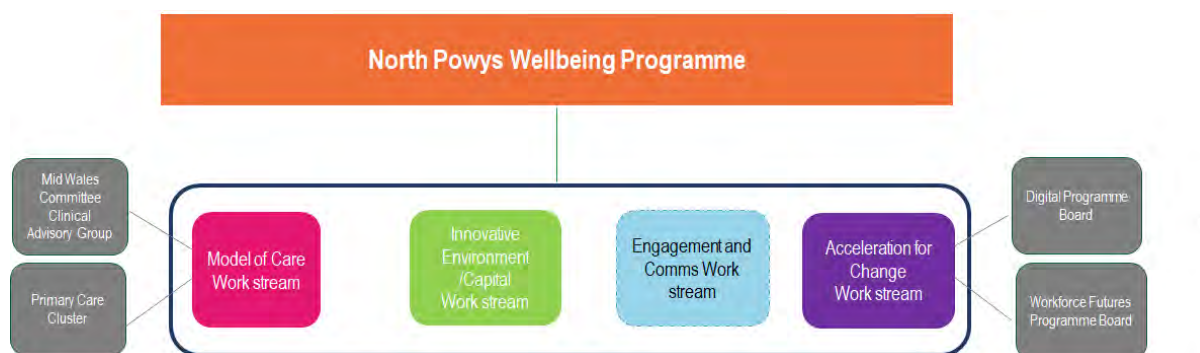


Figure 33: North Powys Programme Governance Structure (Overarching)

6.2.2 Programme Reporting Structure

Reporting and assurance mechanisms are summarised below.

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North Powys Programme Governance – Reporting and Approvals

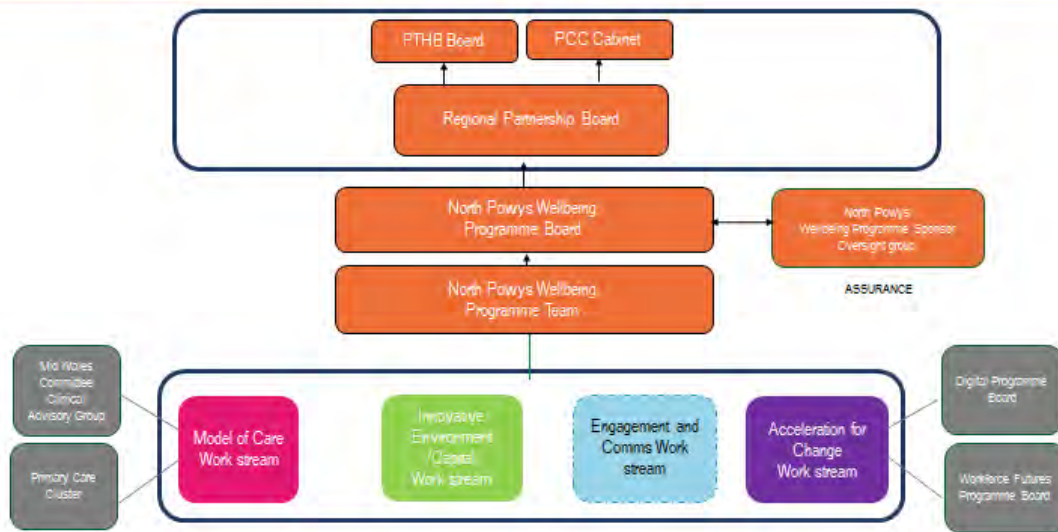


Figure 34: North Powys Programme Governance (Reporting)

Reporting will be undertaken as follows:

- Workstream progress will be reported monthly to the Programme Team (chaired by the Programme Lead)
- The Programme Team will present all programme related documentation for approval via the Programme Board. The escalation process will follow the same pattern
- Quarterly Integrated Care Fund and Transformation Fund reports will be via the Programme Board (RPB membership present) followed by quarterly reporting to Welsh Government
- Progress to be reported to the Regional Partnership Board (via the Cross-Cutting Resource Overview Group) every six months to ensure strategic oversight
- Progress Reports will also be reported quarterly to the Public Service Board and to PCC Transformation Board in line with an agreed timetable
- The Programme Board will report progress quarterly to the North Powys Programme Oversight Group. The Programme Oversight Group will provide strategic assurance, scrutiny, guidance and feedback to the Programme Board to ensure the best possible outcome

Throughout the programme, progress reports, assurance and approval of key documents or proposals will be presented to the governing body of each sovereign organisation as required, and sufficient time will be allowed to meet all approvals and governance requirements of the programme.

Programme Roles and Responsibilities

The following figure details the governance regarding programme roles and responsibilities:

North Powys Programme Governance – Roles/Reporting

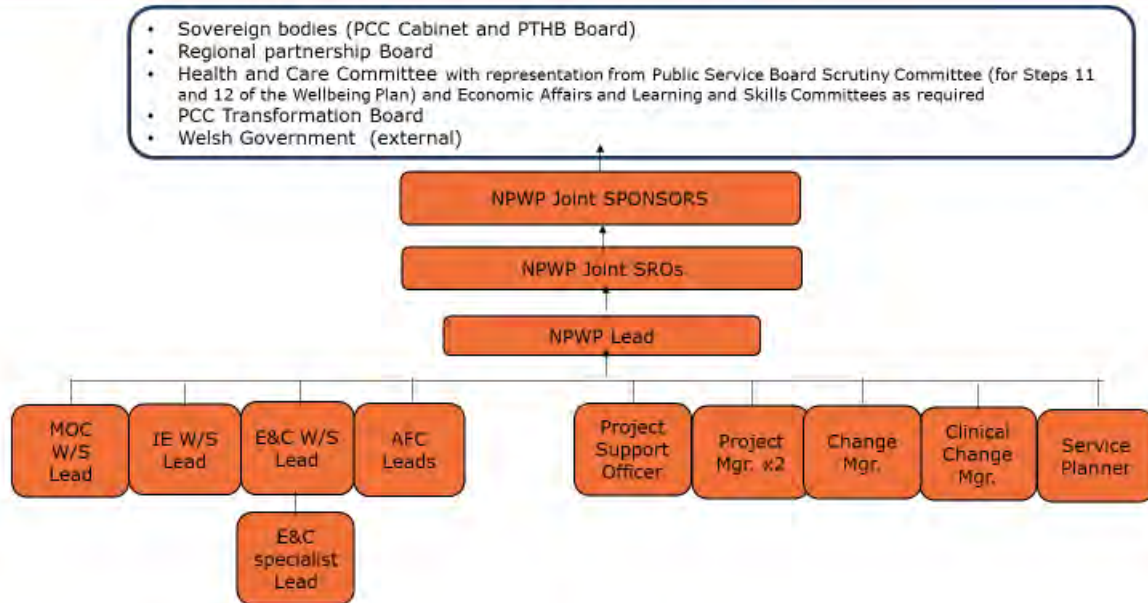


Figure 35: Programme Governance: Roles/Reporting

The table below details the responsibilities of each role:

Role	Description
Programme Sponsors: Carol Shillabeer (PTHB) Dr Caroline Turner (PCC)	<ul style="list-style-type: none"> Accountable to the Board/Cabinet To sponsor and own the business case To champion the programme
Senior Responsible Owners: Alison Bulman (PCC) Hayley Thomas (PTHB)	<ul style="list-style-type: none"> To define the programme objectives and ensure that they are met Appoint the Programme Lead Ensure appropriate reporting to reference committees and boards Resolve escalation of risks and issues
Programme Lead: Carly Skitt (PTHB)	<ul style="list-style-type: none"> To produce the programme mandate and plan Ensure all work is defined in a manner suitable for purposes of control Lead and direct efforts of the programme team towards successful delivery of the programme objectives Ensure adequate communication mechanisms exist within the programme between the programme and external stakeholders and between the programme and the rest of the Health Board and Cabinet Ensure all work is planned, resource is made available and work is carried out in accordance to the programme plan Let contracts and monitor performance of external contractors Ensure adequate procedures are in place to monitor and control cost, time and quality Ensure procedures are in place to manage issues Ensure full handover of the programme to the operational teams and manage post completion programme evaluation
Project Manager:	<ul style="list-style-type: none"> To provide project management support to the programme lead and ensure adherence to an agreed methodology



Role	Description
Tanya Summerfield (PTHB)	<ul style="list-style-type: none"> • Ensure appropriate plans are in place to support delivery of workstream objectives • Provide regular progress reporting • To manage and escalate risks in accordance with the agreed risk framework
Project Manager: Sali Campbell-Tate (PCC)	<ul style="list-style-type: none"> • To provide project management to the workstreams ensuring that the workstreams' objectives are aligned to the programme mandate and ensure adherence to an agreed methodology • Ensure appropriate workstream plans are in place to support delivery of the objectives and key outputs • Provide regular workstream progress reporting • To manage and escalate workstream risks in accordance with the agreed risk framework
Project Support Manager: Hayley Grigg (PTHB)	<ul style="list-style-type: none"> • To provide programme support to assist the programme lead in delivering the programme objectives • Manage the programme office to include updating and monitoring of workstream plans, programme reporting, document management, taking minutes and actions in all programme meetings
Workstream Leads	<ul style="list-style-type: none"> • To provide leadership to the workstream team, ensuring successful delivery of the agreed workstream objectives and outputs • To chair workstream meetings • To ensure workstream plans are developed and deliver the required outputs • To provide regular progress reports • To liaise with and ensure the input from their respective colleagues in PTHB/PCC
Service Planner	<ul style="list-style-type: none"> • Lead on the development of new models of care, service plans, service specifications and pathways • Provide service planning expertise to support delivery of the programme business case
Clinical Change Manager	<ul style="list-style-type: none"> • Lead and implement agreed service change across the organisation to ensure the outcomes and benefits of the North Powys Wellbeing Programme are achieved • Work with clinicians, managers, staff, professionals, partners and other key stakeholders to provide leadership and expertise in change management • Accelerate and scale up changes to support a new integrated model across north Powys
Change Manager	<ul style="list-style-type: none"> • Lead and implement agree service change across the organisation to ensure the outcomes and benefits of the North Powys Wellbeing Programme are achieved • Work with clinicians, managers, staff, professionals, partners and other key stakeholders to provide leadership and expertise in change management • Accelerate and scale up changes to support a new integrated model across north Powys

Table 42: Roles and Responsibilities

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6.2.4 Programme Plan

6.2.4.1 Programme

A Phase 1 master programme has been developed for the programme of projects up to December 2022 and is attached at Appendix I.

6.2.4.2 Communication

A communication strategy has been developed for the programme and is summarised below:

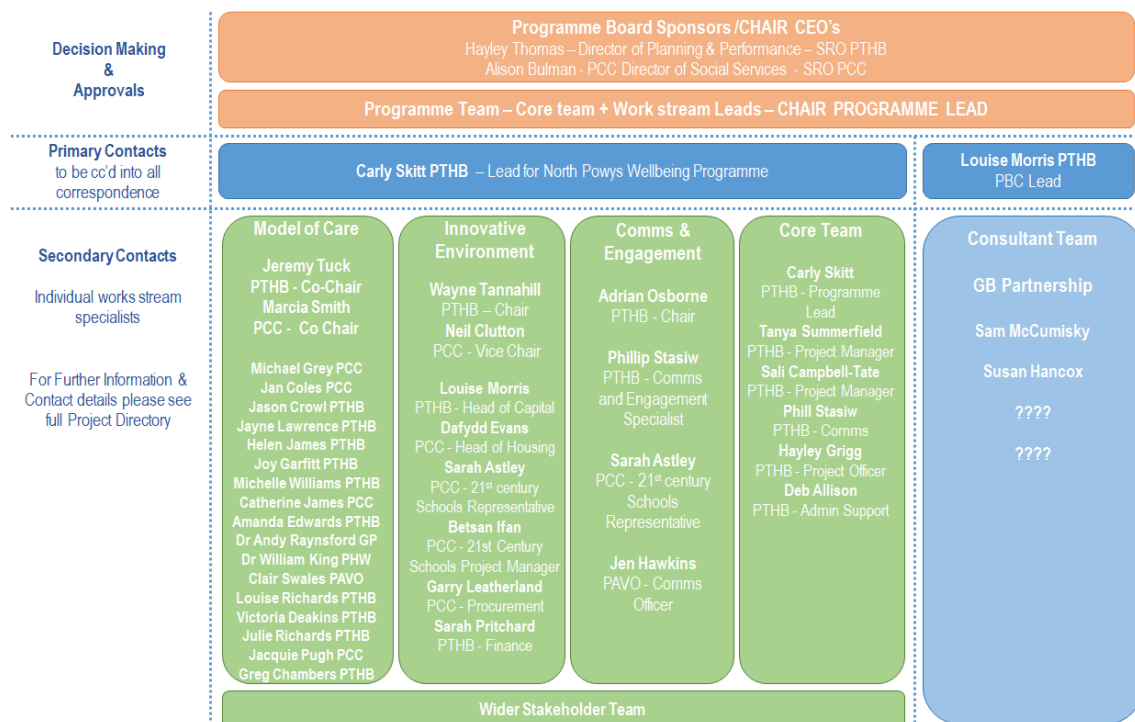


Figure 36: North Powys Programme Communication Strategy

This strategy will represent the flow of communication and information between the different stakeholder groups. The appointed Project Manager will manage the process to ensure the process functions effectively.

6.2.4.3 Meetings

The following groups currently meet on a monthly basis; however, the number and frequency of meetings will be reviewed regularly and be reflective of the stage and complexity of the projects being undertaken:

- Programme Sponsor Oversight Group
- Programme Board
- Programme Team
- Model of Care Workstream
- Innovative Environment Workstream



- Engagement and Communication Workstream
- Acceleration for Change Co-Ordination Group

6.3 Use of Special Advisors

A series of internal and specialist advisors will be required for each project in the programme:

6.3.1 Internal Advisors

As the programme and projects develop, the use of internal advisors from the Partnership will be determined.

6.3.2 External Advisors

At this stage in the programme, it is envisaged that the following key appointments/specialist advisors will be required:

- Ecology
- Site Investigation and topographical survey
- BREEAM
- Demand and Capacity Modelling
- Masterplanning and transport planning
- Energy assessment and feasibility study

If further expertise is required, this will be documented in each individual SOC going forward.

6.4 Arrangements for Change Management and Evaluation

Change management resource has been secured to support the whole system change required to underpin the delivery of the integrated model and to ensure the outcomes and benefits of the North Powys Wellbeing Programme are achieved. A combined programme and change management approach is being applied to delivery of the programme to support change and this is being linked with the evaluation approach to ensure transfer of learning and best practice across Powys. Independent evaluators have been appointed to support with evaluation, transfer and learning of the programme.

6.5 Stakeholder Engagement

On 14 June 2019, the programme team officially launched the North Powys Wellbeing Programme at two events in north Powys; one in Llanidloes (rural) and one in Newtown (urban). These two launch events started a series of engagement sessions with residents, staff and partners to learn about what matters most to people in the local communities across north Powys. Through this approach, the community and professional insights have supported the "Case for Change" to design and deliver a new integrated model, and further understand the unconstrained

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“ideas” people have about the future health and care system, what the current provision is, and what barriers may exist.

In order to develop a new integrated model, residents were consulted on “what matters most” to people in their home and community. Being able to understand what health and care services are like today, and what people would like to see change in the future, has helped to shape the future of health and care services to meet their needs for future years to come. This programme of engagement was guided by the National Principles for Public Engagement in Wales, where the programme team considered how, when and where engagement took place.

Our programme of engagement focussed on the following key stakeholders listed below.

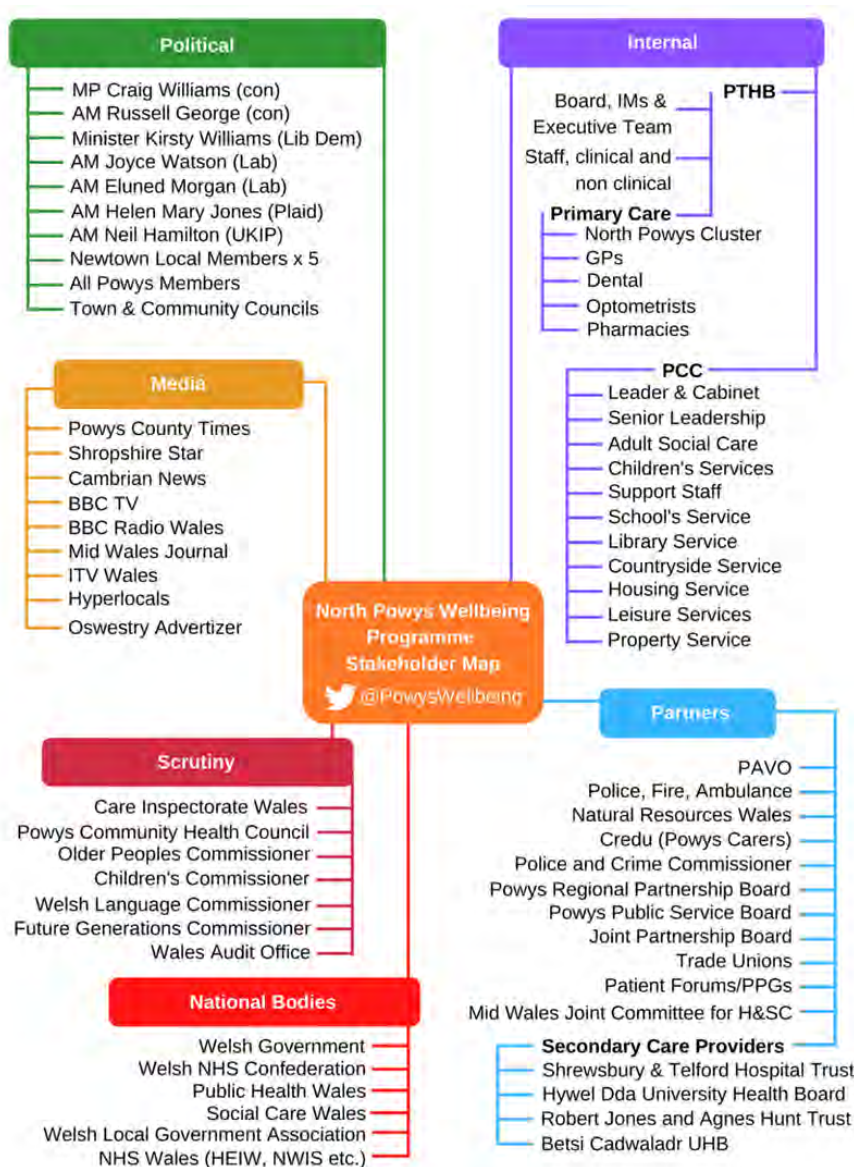


Figure 37: Key Stakeholders

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The programme officially launched on 14 June 2019, ending 15 September 2019, with a further online survey in January 2020. Through engagement activity, responses have been received from:

- 250 people (approx.) attended drop-in sessions in different locations across north Powys providing over 1000 comments
- 59 people provided detailed comments online through the Citizen Space engagement portal
- 20 written submissions from people who have difficulty accessing the internet
- Local community representative and stakeholder groups through individual meetings; Hafren/Ladywell School Governors/Teachers; Newtown Town Council; Open Newtown; Montgomery Medical Practice Association; North Powys GP Cluster; Patient Forums; Syrian Families; NPTC Coleg, Newtown
- 60 people attended a Start Well/Live Well/Age Well workshop to 'check & challenge' the draft Model of Care
- School children from both primary and secondary schools have expressed their views through a mix of images and text

6.6 Arrangements for Benefits Realisation

Based on the benefits detailed in Section 2.2.10, a benefits realisation plan will be developed detailing the management and delivery of benefits. This will be aligned with the RPB Outcomes Framework to ensure appropriate baseline and monitoring underpins programme delivery and is linked with the evaluation process.

The plan will include the benefits of the programme, the category of each benefit (in economic terms) how they will be measured and quantified, and who is responsible for their realisation.

This document focuses on the key benefits which the programme is intended to deliver, rather than providing a comprehensive list of all benefits. This plan is a management tool which addresses the specific benefits as a result of the programme. An action plan will be developed to deliver the benefits, the results of which will be validated by the Project Board.

6.7 Arrangements for Risk Management

The Framework for Risk Management is attached at Appendix J and a programme risk register is under development which will set out who is responsible for the management of risks and the required counter measures.

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7 Appendices

- 7.1 Appendix A: North Powys Wellbeing Programme Case for Change
- 7.2 Appendix B: Health Indicators
- 7.3 Appendix C: Open Newtown
- 7.4 Appendix D: Arcadis Site Feasibility Study January 2019
- 7.5 Appendix E: Site Analysis and Concept Masterplan
- 7.6 Appendix F: Benefits Framework
- 7.7 Appendix G: Capital Cost Appraisal of Short-Listed Options
- 7.8 Appendix H: Revenue Costs Appraisal of Short-Listed Options
- 7.9 Appendix I: Programme (REQD FROM PROG TEAM)
- 7.10 Appendix J: Programme Risk Register (REQD FROM PROG TEAM)

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BOARD MEETING		Date of Meeting: 22 October 2020
Subject:	Llandrindod Wells War Memorial Hospital: Programme Business Case	
Approved and Presented by:	Hayley Thomas, Director of Planning and Performance	
Prepared by:	Wayne Tannahill, Associate Director Estates and Property	
Other Committees and meetings considered at:	Strategy and Planning Committee: 6 October 2020 Innovative Environment Group: 1 October 2020 Project Board: 11 August 2020	

PURPOSE:

The purpose of this paper is to seek approval from the Board for the Llandrindod Wells War Memorial Hospital, Programme Business Case (PBC) for Phase 2 works, and for subsequent submission to Welsh Government.

A separate paper, Innovative Environments: Interim Framework, has been approved by the Board in its September 2020 meeting and this framework acts as a reference point and context for this business case in relation to the wider strategic intent of the health board.

RECOMMENDATION(S):

That the Board APPROVE the Llandrindod Wells War Memorial Hospital, Programme Business Case (PBC) for Phase 2 works, with subsequent submission of the business case to Welsh Government.

Approval/Ratification/Decision¹

Discussion

Information

✓

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

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

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

EXECUTIVE SUMMARY:

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 works, in an active hospital setting, were phased over an extended period to minimise operational disruption, and have delivered a number of departmental reconfigurations, expansions and significant upgrades. Works have supported the Health Board's strategy to provide more care 'closer to home'.

Llandrindod Wells Community Hospital; 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 help address 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.

The paper also provides a general update in relation to the broader programme of major project business cases related to the IMTP five-year capital programme aligned with the development of the Innovative Environments Strategic Framework for PTHB.

DETAILED BACKGROUND AND ASSESSMENT:

General Strategic Approach: 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 regional rural 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.

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.

Capital Programme; work has commenced on the production of an Innovative Environments Strategic Framework which will reflect the status of the built estate but also set out how this can be developed in the future to support health and care needs. The Board approved an interim Innovative Environments Strategic Framework at its meeting in September 2020. Due to the concertina effect of dealing with the COVID-19 pandemic, a number of business cases will be presented to Board over the next three months. The short term schedule for PTHB Board approval is as follows: -

Site	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

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 Board's strategy to provide more care 'closer to home' by repatriating services which will deliver increased number of out-patient appointments by approximately 9,500, day cases by 1,160 and endoscopy cases by 924 per annum.

Llandrindod Wells Community Hospital; 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 (BJC) 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 review 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.

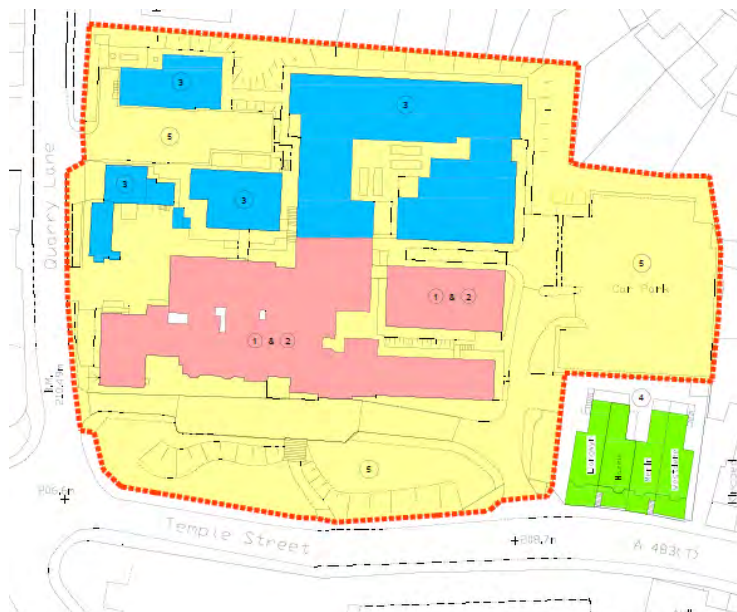


Figure 1: Proposed Phasing Plan, Llandrindod Wells Hospital

- Package 1 - Works outside of original scope required to complete front block

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■ Package 2 - Additional works required to remainder of the hospital

■ Package 3 - Upgrade of adjacent properties

■ Package 4 - External works

The advantage of an overarching Programme Business Case is that it is a live document which can be updated as the strategic intent for the Regional Rural Centre at Llandrindod develops, but is also flexible enough to allow more immediate investment in more obvious building fabric and building services infrastructure needs. This could be accommodated by a series of Business Justification Cases submitted over a 3 to 5 year programme with the PBC being routinely updated to reflect the development intent. Strategically, this work activity sits between the more immediate major project activity at Machynlleth (2021-2022) and the potential start on site for the health and care element of the multi-agency campus in North Powys (2023-2025).

It is anticipated that package 1 would commence first as this would 'complete' the works to the front block and has also been fully costed. In addition, this package will have minimal impact in terms of disruption, phasing and decant arrangements. The benefit of this approach is it would also deal with some higher risk items such as the age and condition of the lift which is prone to failure. The projects making up the remaining packages can be phased flexibly allowing PTHB to prioritise the works and respond to changes in priority, buildability, impact on operational activity, funding and strategy. For example, the Capital Control Group (CCG) have recently received Project Request Forms (PRF's) relating to the condition of the houses adjacent to the hospital which currently accommodate mental health teams and health and safety concerns relating to the pedestrian routes around the building. There are also a number of opportunities being considered including the possibility of moving the ambulance station off-site. PTHB will continue to work with Welsh Government and stakeholders to develop the scope of projects which will make up future BJC's.

The current estimated cost for the completion of this programme is £13,500,000 to £15,000,000. These costs are based on high level assessments undertaken by both client-appointed cost consultants and PTHB internal project managers.

RI SKS: these can be expressed as follows: -

- Building Condition Status; the Phase 1 investment offers significant patient benefits and the advantages of providing care closer to home; it is also clear that there are works to the building fabric, not included in the original development of the business case circa a decade ago, which were not 'in scope'. It is important that the building services and fabric issues are addressed to protect the initial investment, and the issues

apparent in the remainder of the buildings and site are also addressed in conjunction with the Rural Regional Centre development.

- COVID-19; the risk is currently unspecified but could impact programme and cost, but would be assessed as part of the submission of each separate BJC.

General Major Project Programme:

- Major project activity; it is apparent, and acknowledged by Welsh Government, that in a broader sense the comparatively low value of the discretionary capital allowance for PTHB compared to other health boards, makes the carrying of risk for major projects a significant factor in itself. Once a business case is approved then the WG default position is that any overspend is picked up from discretionary capital, although WG have sought to work very closely with the health board when issues arise. As PTHB continues to bid successfully for additional All Wales Capital Funding, the risk to the discretionary capital funding increases proportionally.
- PTHB Estates and Capital team and Finance resource; the expanding portfolio of projects, major projects and business cases puts pressure on the core team although this can be mitigated by the inclusion of additional resource costs within the capital bids. The greater emphasis on major project activity does mean that the capacity and capability of the team needs to develop in step.
- Environment and Sustainability; WG have indicated that the first point of scrutiny for every future business case submission will relate to the decarbonisation agenda and the public sector carbon neutral target by 2030. It is important to evidence not only carbon dioxide (CO2) savings but also alignment with the Well-being of Future Generations Act in the decision making and processes around capital investment. This will also bring opportunities to seek funding opportunities set up by WG to support this important agenda.

NEXT STEPS:

- Submission of the PBC to WG for consideration and endorsement
- Make provisional plans and arrangements for the preparation of suitable Business Justification Cases

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

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			
Statement				
No impact				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	x			
Financial		x		
Corporate	x			
Operational			x	
Reputational	x			
Statement				
The risk to Discretionary Capital is identified if an overspend situation arises and operational services would be impacted if funding is not made available and the business case is unsuccessful.				

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Programme Business Case

Llandrindod Wells Memorial Hospital

Powys Teaching Health Board

October 2020

DRAFT 5

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Date	Version	Issued to:
09.10.2019	Draft 1	Wayne Tannahill, Hayley Thomas, Sarah Pritchard, Hing Chung, Stuart Douglas – For Comment
18.01.2020	Draft 2	Llandrindod Project Board – For Comment
03.02.2020	Draft 3	Ian Gunney, Nigel Davies – Draft submission
23.07.2020	Draft 4	Project Board Review
14/10.2020	Draft 5	PTHB Board – for approval

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1 Document structure

This PBC has been prepared using the agreed standard and format for business cases using the Five Case Model, which comprises the following key components:

- ❖ **The Strategic Case:** this sets out the strategic context and the case for change, together with the supporting investment objectives for the programme.
- ❖ **The Economic Case:** this dimension of the five cases focuses on options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities.
- ❖ **The Commercial Case:** this describes the development and procurement of the potential deal, ensuring it is commercially viable and attractive to the supply side.
- ❖ **The Financial Case:** this focuses on the whole life costs of the proposed deal, confirming the programme is affordable and is fundable over time.
- ❖ **The Management Case:** this demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality and focuses on the implementation arrangements for the proposal.

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2 Executive Summary

This Programme Business Case (PBC) seeks endorsement for PTHB to develop a series of capital projects to complete the development of Llandrindod Wells Hospital (LWH) into a Regional Rural Centre, a key priority of the refreshed Integrated Medium-Term Plan 2019/20-2021/22 (IMTP). The programme of works detailed within this case aims to further enhance services at LWH while making further significant improvements to compliance, reductions in backlog maintenance, improved efficiency and lower environmental impacts.

This will be an overarching 'live' document detailing PTHB's strategic direction and will be supported by a series of detailed Business Justification Cases (BJC). The programme has been categorised into distinct elements, each containing a series of projects which focus on a specific area of the hospital (see below). This will assist PTHB in planning the works and complex phasing arrangements whilst allowing for flexibility in terms of resource and funding availability. The first package of work is being developed and costed and is anticipated to be undertaken in 2021/22 related to the front block of the building. Further development of the remaining packages is being planned and will be updated in future iterations of this document.

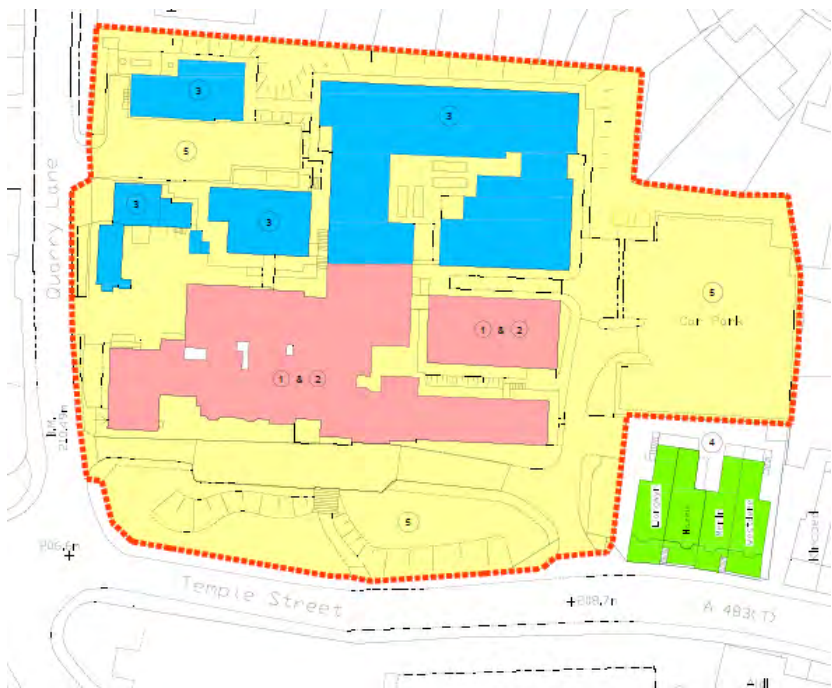


Figure 1: Proposed Phasing Plan, Llandrindod Wells Hospital

- Package 1 - Works outside of original scope required to complete front block
- Package 2 - Additional works required to remainder of the hospital
- Package 3 - Upgrade of adjacent properties
- Package 4 - External works

The advantage of an overarching Programme Business Case is that it is a live document which can be updated as the strategic intent for the Regional Rural Centre at Llandrindod develops, but is also flexible enough to allow more immediate investment in more obvious building fabric and building services infrastructure needs. This could be accommodated by a series of Business Justification Cases submitted over a 3 to 5 year programme with the PBC being routinely updated to reflect the development intent. Strategically, this work activity sits between the more immediate major project activity at Machynlleth (2021-2022) and the potential start on site for the health and care element of the multi-agency campus in North Powys (2023-2025).

It is anticipated that package 1 would commence first as this would 'complete' the works to the front block and has already been considered in outline. In addition, this package will have minimal impact in terms of disruption, phasing and decant arrangements. The benefit of this approach is it would also deal with some higher risk items such as the age and condition of the lift which is prone to failure. The projects making up the remaining packages can be phased flexibly allowing PTHB to prioritise the works and respond to changes in priority, buildability, impact on operational activity, funding and strategy. For example, the Capital Control Group (CCG) have recently received Project Request Forms (PRF) relating to the condition of the houses adjacent to the hospital which currently accommodate mental health teams and health and safety concerns relating to the pedestrian routes around the building. There are also a number of opportunities being considered including the possibility of moving the ambulance station off-site. PTHB will continue to work with Welsh Government and stakeholders to develop the scope of projects which will make up future BJC's.

The current estimated cost for the completion of this programme is £11M to £14M. These costs are based on high level assessments undertaken by both client-appointed cost consultants and PTHB internal project managers.

The Key Benefits associated with this programme are summarised below:

Benefit	Measures
Complete works necessary to develop LWH into a Regional Rural Centre	<ul style="list-style-type: none">✦ Improve patient experience & environmental quality, to remaining hospital services✦ reconfigure remaining services in line with PTHB strategic direction and emerging models of care✦ Improve end of life care with the provision of fit-for-purpose palliative care suite✦ Improved resilience of services delivered within county✦ Protect existing investment by making further improvements✦ Re-evaluate remaining services delivered on site including inpatient care
Support Decarbonisation	<ul style="list-style-type: none">✦ Estimated CO2e reductions associated with the replacement infrastructure and equipment of the catering department

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	<ul style="list-style-type: none"> ❖ Total estimated energy savings of between 45-70% representing a CO₂e reduction of 124+ tonnes per annum ❖ Additional carbon sequestration of between 10-15% (50+ tonnes of CO₂e per annum) with added amenity and biodiversity improvements ❖ Improved comfort and efficiency and environmental impact associated with replacing the windows in the front block. Target: reduction of 817w ❖ Improved monitoring of heating system through BMS to improve efficiency and reduce carbon footprint Target: 15-25% of the total savings (25+ tonnes CO₂e per annum) ❖ Reduction in CO₂e emissions through efficient building systems and insulation. Target: 5-10% of total savings (50+ tonnes of CO₂e per annum) ❖ Improve environmental performance through boiler house upgrade by exploring alternative technologies. Target: 15-25% (74+ tonnes of CO₂e per annum) ❖ Utilise carbon reducing technologies such as PV's. Target: 5-10% (25+ tonnes of CO₂e per annum)
Provide innovative environments which are able to support advancements in technology	<ul style="list-style-type: none"> ❖ Add further infrastructure resilience including increased Wi-Fi capability ❖ Reconfigure Inpatient accommodation to make full use of telemedicine and virtual ward ❖ Further improve staff facilities through the upgrade of catering department and staff dining facilities ❖ Upgrade of IT to training facilities ❖ Further opportunities to explore integration of primary care and third sector services ❖ Provide enhanced conference and training facilities on-site
Develop a fit for Purpose Estate	<ul style="list-style-type: none"> ❖ Reduce backlog maintenance to the front block from £3.9m to <£500k ❖ Improve access and health and safety issues across the site ❖ Remove all significant and high-risk backlog maintenance issues associated with the rear of the hospital ❖ Upgrade of remaining clinical services to HTM standards ❖ Improve audit and health and safety position through further site improvements thus reducing risk

The Strategic Case will revisit the national, local and organisational policies, initiatives and targets which have underpinned developments at LWH in order to ensure they are still valid and support further investment into this strategically important site within Powys. Nationally, this will focus on how this programme supports The Well-

being of Future Generations (Wales) Act 2015 and The Environment (Wales) Act 2016 with particular reference to the National Climate Change Emergency and how the proposed works will contribute to carbon reduction. Locally, this programme would conclude the redevelopment of LWH into a Regional Rural Centre, a key priority of the refreshed Integrated Medium-Term Plan 2019/20-2021/22 (IMTP) based on the objectives of the Health and Care Strategy: A Healthy Caring Powys. The Strategic Context will also demonstrate that the projects and activities detailed in this programme align with the projects already completed/underway at LWH as well as with the other programmes and projects within PTHB's strategic portfolio.

The Case for Change will examine the existing arrangements/business as usual (BAU) and related business needs for the future of LWH. It will review the 'progress so far' at the hospital and identify the outstanding works required and remaining business needs which will form the proposed scope of the programme. This element of the case will focus on further improvements required to the site under the main headings of Estates Compliance and Service Improvement.

In compliance terms, Powys has one of the oldest estates within Wales with circa 42% predating the NHS (pre 1948). As such PTHB are managing sites with high levels of backlog maintenance and which have significant or high risks of non-compliance or failure. As part of the developing Innovative Environments Strategic Framework incorporating the more traditional estates strategy and IMTP, the focus will be in tackling these historic building issues as part of strategically significant site redevelopments such as those planned at Machynlleth and those already undertaken at LWH which has already reduced the backlog maintenance by 25%. The remaining backlog maintenance on the site that this programme will address is estimated at £3.9M.

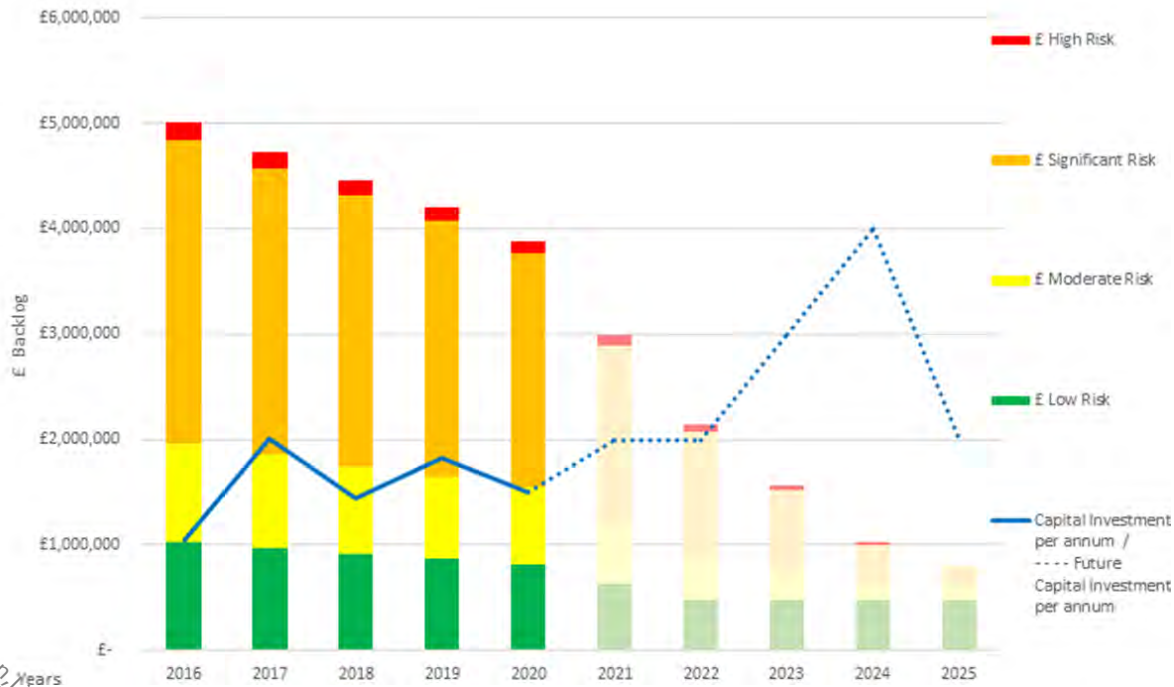


Figure 2: Backlog Maintenance

The above graph demonstrates how current and future capital investments at LWH will reduce backlog maintenance and tackle all remaining significant and high-risk issues for PTHB.

The programme also offers PTHB the opportunity to examine the remainder of services being delivered from LWH and what further changes can be made to support the new model of care. Issues to be addressed will include the impact of developments such as 'The Grange' which will affect how services are delivered out of county and how PTHB can provide resilient services for the people of Powys. Further development of the model of care and activity and capacity planning is due to be undertaken in 2021/22 which will further support the development of these services. This will also include learning from the COVID-19 pandemic and what impact this may have on current and future services including; agile working, digital, social distancing and planning for future pandemics. Whilst it is understood that work on the development of these services are ongoing, PTHB have a number of strategic priorities which include:

- ✦ Upgrading ward environments to current guidance, in particular those relating to ventilation, improved oxygen supply and availability and bed spacing in light of COVID-19.
- ✦ Improvements to inpatient care based on bed activity and reflecting aspirations for therapeutic and community-based care.
- ✦ Providing fit-for-purpose end of life care environments.
- ✦ Integrated Mental Health Services – bringing both existing and new staff into a single location aligning with the Health and Care Strategy for Powys as it will provide the opportunity for integrated working between PTHB, PCC and the third sector.
- ✦ Improvements to Services being delivered from the rear of the hospital including Minor Injuries Unit (MIU) and Physiotherapy.
- ✦ Greatly improved patient accommodation, increased infection prevention and improved health and safety requirements and statutory compliance, including compliance with the Equality Act 2010 and Standards for Healthcare.

Based on the information above a potential scope for the programme has been developed and is detailed in section 3.2.4 Package 1, which focuses on completing the works at the front of the hospital necessary to achieve the original scope, has been prioritised by PTHB.

It is important to note the significant lessons learnt during the original LWH scheme, which was the first major investment in Powys for over a decade and how this has had a positive impact on the both the scope and planning of this programme to ensure all issues are addressed. For example, the original scope of the scheme focused on priority clinical services but in delivering these improvements in a 'piecemeal' fashion the scheme did not fully address supporting infrastructure and building fabric issues. The age and condition of the building was not fully

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reflected in the contingency allowance for the scheme and there were significant unforeseen issues uncovered during the construction works.

Therefore, the works outlined in package 1 detail the works required to address these issues, complete works to the front block and as a result protect the original investment made.

These proposed works along with the remaining projects detailed in this programme, will provide compliant, modern hospital facilities to further improve the services provided in Powys. The reconfiguration will improve efficiency of space and upgrade infrastructure of the hospital remove risks associated with the age and condition of the building, as well as providing more useable space.

In addition to the scope of this programme, PTHB are also proceeding with a number of projects at LWH in response to COVID-19 such as oxygen tanks and ventilation. For further details see section 3.2.3.1.

The purpose of the Economic Case is to identify and appraise the options for the delivery of the programme and to recommend the option that is most likely to offer best Value for Money (VfM) or social value to society, including wider social and environmental effects as well as economic value.

This is achieved in two steps: first, by identifying and appraising a wide range of realistic and possible options identifying the 'preferred way forward'; and second, by identifying and appraising a reduced number of possible options in further detail identifying the 'preferred option'.

After examination of the issues associated with BAU and the various potential benefits as well as risks and constraints, the Project Team have identified the following potential Scope/Technical options:

	Option	Brief Description	Investment Appraisal
1	Do nothing: No Action	There would be no further development at LWH	This option would fail to complete the works to the front block of the hospital, leaving historic maintenance issues associated particularly with the building envelope and infrastructure and therefore risking damage to the works completed to date. It would fail to make any improvements to the remainder of the hospital which would continue to deteriorate and potentially fail requiring greater financial investment to remedy the problems, or become unusable as accommodation. This option would not support PTHB's strategic plans for improvements to clinical services or to make improvements to the environmental impact of the site. Listed as a comparator only. Discounted
	Do minimum: Essential Works Only	Undertake the necessary works required to complete the current scheme plus tackle significant and	This option would address the issues associated with the completion of the front block of the

	Option	Brief Description	Investment Appraisal
		high-risk maintenance issues to the rest of the hospital	hospital as well as some essential high-risk maintenance issues. However, it would still not fully address the remainder of the hospital, surrounding buildings and grounds which are likely to require further investment to repair and maintain. There is no scope within this option to address clinical services or to make any significant improvements to the environmental impact of the site. There may be technical difficulties associated with tackling significant and high risks only. Discounted
3	Intermediate: Address majority of backlog maintenance within the main hospital building only (including upgrade of clinical services)	Undertake the necessary works required to complete the current scheme plus carry out full refurbishment and reconfiguration of clinical services to the main hospital only	This option would address the issues associated with the completion of the front block of the hospital as well as the rest of the main building. However, it would still not fully address the surrounding buildings and grounds which are likely to require further investment to repair and maintain. The suitability of the adjacent houses for clinical use (not considered in this option) has already been noted at audit and some H&S concerns raised regarding safe access around the site. Possible
4	Intermediate Plus: Address the majority of backlog maintenance across the whole site (including upgrade of clinical services)	Undertake the necessary works required to complete the current scheme plus carry out full refurbishment and reconfiguration of clinical services to remainder of the site and adjacent buildings	This option will maximise the value of the investment already undertaken at LWH by bringing the rest of the site to a compliant standard and significantly reducing issues associated with backlog maintenance allowing future works to be strategically planned for other sites across Powys. Preferred
5	Do Maximum: Re-provide hospital		Previously discounted, this does not support the considerable investment already made at LWH which will improve services and reduce backlog maintenance for 15 years. Discounted

Table 1: Assessment of Available Options

The *preferred* and *possible* options identified above were then carried forward into the short list for further appraisal and evaluation which will be further detailed in subsequent BJC's.

	Option 1	Option 2
Scope/Technical	Intermediate	Intermediate plus
Service	In-House	In-House
Implementation	Phased	Phased
Funding	Public	Public

Table 2: Preferred Way Forward

Work is currently underway to develop the service scope for these options. Opportunities being considered include the possibility of moving the ambulance station off-site and how the wider vision for mental health services will be delivered. This will include looking at the use of alternative buildings and establishing a long-term solution for the terraced houses. These properties require significant improvement work but are unlikely to be able to provide suitable clinical accommodation from which to deliver services. One option being considered is to utilise these buildings to provide an improved focus on training. Linking to plans to develop a 'Health and Care Academy' at Bronllys, for example, upgrading the houses to provide accommodation and some training/meeting spaces could offer better value than major reconfiguration works to try and create functional clinic/office space.

PTHB will continue to work with Welsh Government and stakeholders to develop the scope of projects which will make up future BJC's.

The Commercial Case outlines the procurement/delivery options available for the programme and will allow for the flexibility to complete elements of works individually or as part of a wider project. At the point of submission commercial/procurement arrangements are not known but will need to be carefully selected to support the scale of projects being submitted under each BJC. Recently, PTHB have utilised the SCAPE framework, which offers a 'free of charge' feasibility stage, timescale advantages and early contractor engagement with SEWSCAP also having been used successfully. In addition, PTHB will continue to engage with WG colleagues, NWSSP-Procurement Services and the Building for Wales (BfW) framework to ensure the most appropriate procurement route is selected.

The Financial Case will detail the funding requirements for the programme, which is currently estimated at £11M - £14M. It will currently focus on package 1 of the programme which has been fully costed. The funding required to complete this element of the works is circa £2.5-£4M.

The table below details the estimated costs for the available options. Full cost forms can be found in [Appendix A](#). It should be noted that only package 1 has been fully costed. The remaining packages will be subject to further economic scrutiny which will be detailed in the project BJC's.

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Options	Description	Phases	Estimated Project cost (incl. VAT & Fees)
Option 1	Intermediate: Undertake the necessary works required to complete the front block and carry out full refurbishment and reconfiguration of clinical services to the main hospital only.	Package 1 - Works required to complete front block	£2.5 - £4m
		Package 2 - Additional works required to remainder of the Hospital	£4.5m - 6m
		Total	£7m – 10m
Option 2	Intermediate plus: As above plus remainder of site	Package 3 - Upgrade of adjacent properties	£2.5m - £3m
		Package 4- External works	£0.9m - £1.3m
		Total (additional to option 1)	£3.4m – £4.3m

Table 3: Cost Comparison of Options

The Management Case demonstrates that each element of the programme is achievable and can be delivered successfully to cost, time and quality. This section details PTHB's internal project management arrangements as well as the key appointments required to deliver the programme.

A Project Board has been convened for the duration of the project, which is an extension of the Project board established for the main scheme at LWH. This will ensure a smooth transition into phase 2 as well as maintaining knowledge and lessons learned from the original scheme. The Project Board is attended by the following:

Board Member	Position
Hayley Thomas	Senior Responsible Owner Director of Planning and Performance
Wayne Tannahill	Project Director Associate Director Estates and Property
Louise Morris	PTHB Project Manager Head of Capital
Lesley Saunders	Community Service Manager (Mid)
Peter Richards	Finance Business Partner
Jason Crowl	Operational Lead: Assistant Director
Dr Jon Matson	LWH Clinical Lead
ABC	Project Manager

Table 4: Project Board Members

Further details of the management arrangements can be found in section 7.2.

Based on the information contained within this case the Recommendation is to gain endorsement by Welsh Government for PTHB to develop a series of capital projects to complete the development of Llandrindod Wells Hospital (LWH) into a Regional Rural Centre, a key priority of the refreshed Integrated Medium-Term Plan 2019/20-2021/22 (IMTP). The programme of works detailed within this case aim to further enhance services at LWH while making further significant improvements to compliance, reductions in backlog maintenance, improved efficiency and lower environmental impacts.

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3 The Strategic Case

The purpose of this section is to demonstrate how the proposed programme of works at LWH fits within the existing business strategies of PTHB and outlines a compelling case for change, in terms of existing and future operational needs. The strategic case is split into 2 sections:

Part A: The Strategic Context

The Strategic Context contains an overview of PTHB and the current services being delivered in Powys. This section confirms that there is a strategic fit between the proposed programme and national/local policy and objectives and that the scheme supports the proposed vision for care delivery and changes in activity.

Part B: The Case for Change

The Case for Change describes the current challenges faced by the PTHB and the need for new/improved facilities. This section highlights the problems with the 'Business as Usual' (BAU) describing the existing facilities at LWH as well as detailing the investment objectives, benefits and risks associated with the proposed programme.

3.1 Part A: Strategic Context

This Strategic Context demonstrates why the further development of LWH has been included as a priority scheme for Powys Teaching Health Board (PTHB) and that the scheme fundamentally supports the Health Boards strategic direction. This section will revisit the national, local and organisational policies, initiatives and targets which have underpinned developments at LWH in order to ensure they are still valid and support further investment into this strategically important site within Powys. Nationally, this will focus on how this programme supports The Well-being of Future Generations (Wales) Act 2015 and The Environment (Wales) Act 2016 with particular reference to the National Climate Change Emergency and how the proposed works will contribute to carbon reduction. Locally, this programme would conclude the redevelopment of LWH into a Regional Rural Centre, a key priority of the refreshed Integrated Medium-Term Plan 2019/20-2021/22 (IMTP) based on the objectives of the Health and Care Strategy: A Healthy Caring Powys. A key objective of which is the development of 'Innovative Environments' which will provide safe, effective and sustainable physical environments and facilities for patients, visitors and staff. It is also about fostering the space for innovation and taking forward bright ideas to support the delivery of PTHB's vision. The strategic context will also demonstrate that the projects and activities detailed in this programme align with the projects already completed/underway at LWH as well as with the other programmes and projects within PTHB's strategic portfolio.

The case has also been updated to include learning from the COVID-19 pandemic and what impact this may have on current and future services including; agile working, digital, social distancing and planning for future pandemics.

Whilst it is understood that work on the development of these services are ongoing, A formal lessons learned process is currently underway and will be further detailed in subsequent BJC's. **(Appendix B)**

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3.1.1 Organisational Overview

PTHB was established on 1 April 2003 and is responsible for commissioning secondary health care and hospital services and co-ordinating the delivery of primary care services. It also directly delivers community care services such as district nursing, child health, midwifery, and community services in ten local community hospitals.

As PTHB is primarily a commissioning organisation, the largest proportion of its budget is devoted to commissioning NHS services in the community by primary care contractors and the Third Sector. Additionally, secondary care services are provided through commissioning arrangements with other Health Boards in Wales and NHS Trusts in England, as shown in the figure below:

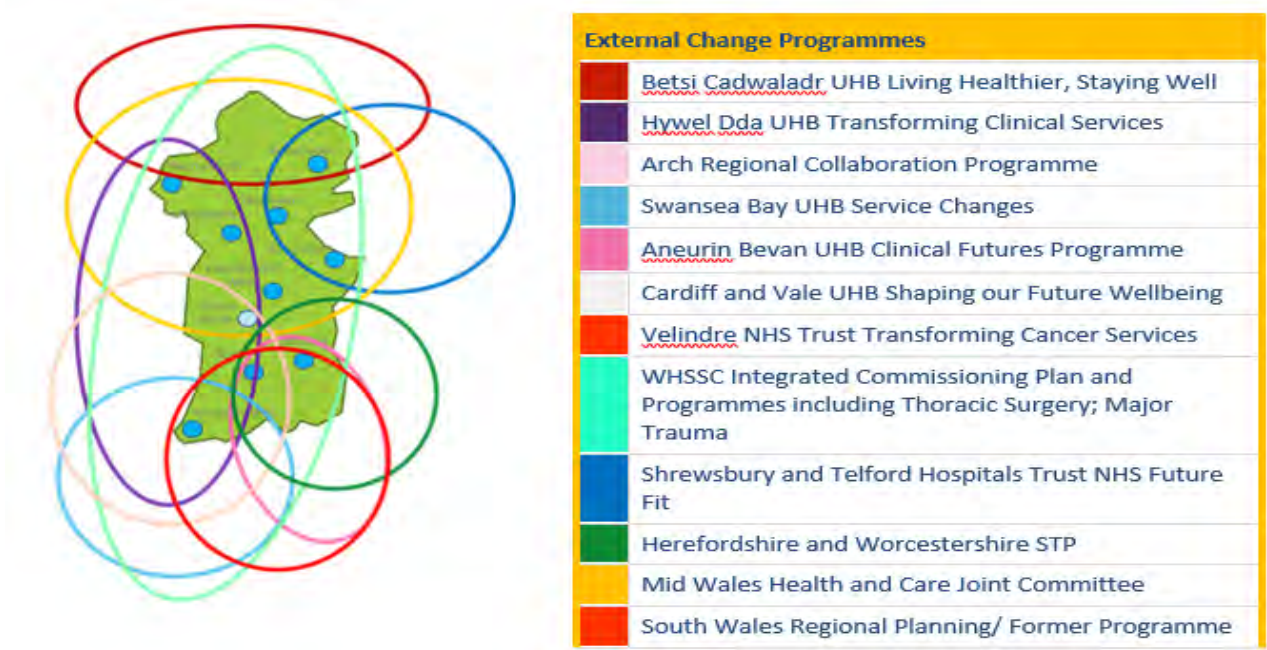


Figure 3: PTHB Commissioning Arrangements

These multiple complex arrangements mean that, as an organisation, PTHB has a highly developed ability to provide coherence across multiple strategies, providers and pathways, simplifying arrangements is essential.

PTHB has three strategic challenges for the future:

- ❖ Designing and delivering a clinically and financially sustainable rural service model, providing as much care as close to home as possible through a continued shift from hospital to community-based models of care.
- ❖ Meeting the changing needs of Powys residents as demographic change and improvements in healthcare continue to make their impact felt on demand for, and cost of, services.
- ❖ Working with partners and the public to support sustainable rural communities in a period of public sector austerity.

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A primary aim of this programme is to support the development of LWH into a Regional Rural Centre, a key priority of the refreshed Integrated Medium-Term Plan 2019/20-2021/22 (IMTP). This model, also being developed at Brecon and Newtown, focuses on enhanced and extended local services, offering more care closer to home and maximising the range of services which can sustainably be delivered in county.

At Brecon War Memorial Hospital (BWMH) there has already been significant investment over the past 5 years to develop this model. Circa £2m of investment (including significant investment from PTHB's discretionary Capital Budget (£1.43m per annum) has been made to support the following enhanced services:

- ✦ Day Surgery Unit with laminar air flow theatres
- ✦ A dedicated, JAG accredited endoscopy suite sitting within Theatre environment
- ✦ Wet AMD Service - From April 2016 patients needing treatment for wet AMD have been able to receive it in Brecon Hospital, saving them from having to travel out of the county for treatment.

In North Powys a PBC is currently being developed for a new multidisciplinary wellbeing Campus in Newtown which is due for submission to Welsh Government (WG) in Q3 2020/21. The Campus will facilitate a new integrated model for the area, bringing partners together across education, health and social care, housing and third sector, with opportunities for further linkages to leisure, police and ambulance services.

A core aim of the programme is to provide significantly improved and enhanced local services, delivered from a single location within sustainable and fit-for-purpose accommodation. This approach will maximise efficiency, integration and innovation across multiple sectors which will represent significant benefits for the local community, including a wider range of services being delivered in county. A priority scheme for PTHB, completion of the Regional Rural Centre (as part of this 'Campus approach') is planned for 2025.

3.1.1.1 Demography and Health Needs

Powys covers 25% of the land-mass of Wales with only 5% of the population. Its population is estimated at 132,500 (2017), making it one of the most sparsely populated counties in England and Wales, with just 26 persons per square kilometre in mid-2013 (Wales average: 149 persons per square kilometre). The catchment area covered by Health Board is illustrated below:

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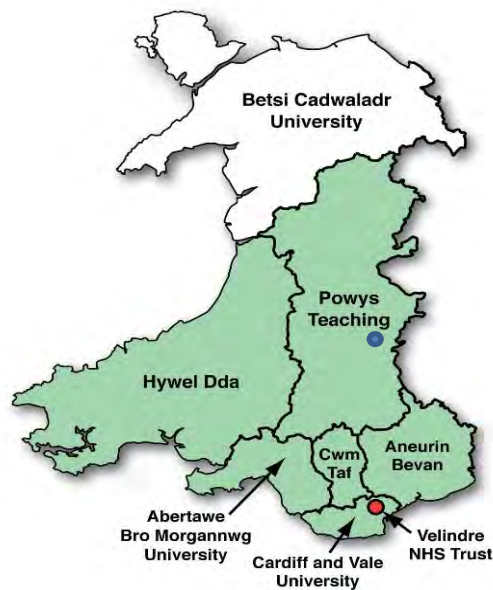


Figure 4: Map of Wales indicating Powys

Powys is largely rural, which leads to many particular challenges, including those of isolation, transport demands and lack of critical mass. It is widely recognised that some of the major determinants of health such as physical and social isolation, access to transport services, poor housing and lower than average earnings, impact disproportionately on rural communities.

3.1.1.2 Population Profile

The demographic trends for Powys present a significant challenge to PTHB in delivering a sustainable health care system. There has already been a 20% increase in the number of people aged 65 and over since 2008 and a further increase of 60% is anticipated by 2033, resulting in almost 14% of people in Powys being over the age of 80. The health needs of older people will drive a growing demand for services; the increase in the proportion of older people living in Powys means that the number of people with long term conditions such as diabetes and dementia will increase.

The LWH development presents an opportunity to provide future health services that are responsive to the demographic demands of the locality by providing local facilities and community services that enable residents to receive the best possible care and support and remain independent for longer.

3.1.1.3 Deprivation

The link between deprivation and poor health is well recognised. People in the most deprived areas have higher levels of mental illness, hearing and sight problems, and long-term conditions, particularly chronic respiratory diseases, cardiovascular diseases and arthritis.

There is hidden poverty in Powys associated with rural communities, with pockets of poverty in larger towns such as Ystradgynlais, Brecon, Llandrindod and Newtown. People who live in the most deprived parts of Powys live

more years in poor health compared to people in the least deprived areas which is why it is imperative to have good local access to community and social services in Llandrindod in order to create a positive impact on the prevention of health issues associated with areas of social deprivation and poverty.

3.1.1.4 Accessibility

A primary issue in health service need and delivery in Powys is access to appropriate services. The population is rural, spread thinly across a large area and consequently, where facilities and services require a critical mass of people to be economically or socially sustainable, they will out of necessity be spread out, making factors of accessibility and transport critically important. A key resulting factor of this is the absence of a District General Hospital and the consequent outflow of patients to hospitals and health services out-of-county for treatment.

The Department for Transport estimates that people in rural areas of England and Wales travel approximately 40% further than people in most urban areas and almost all of this extra distance travelled by rural residents is by car. The car-dependent nature of travel in many rural areas means that there is a rising risk of mobility-related exclusion particularly amongst the oldest and those with health needs and Community Hospitals are an integral part of healthcare provision in many rural areas.

Powys residents have to travel out of county for specialist services, complex care and Accident and Emergency to District General Hospitals that are run by other Health Boards/Trusts:

Acute Hospital	Distance from LWH (miles)*	Journey Time*
Nevill Hall Hospital, Abergavenny NP7 7EG	39	1 hour, 1 minute
Hereford County Hospital, Hereford HR1 2ER	41	1 hour, 5 minutes
Bronglais Hospital, Aberystwyth SY23 1ER	44	1 hour, 7 minutes
Prince Charles Hospital, Merthyr Tydfil, CF47 9DT	47	1 hour, 8 minutes
Royal Shrewsbury Hospital, Shrewsbury SY3 8XQ	56	1 hour, 22 minutes
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, SY10 7AG	56	1 hour, 22 minutes
Royal Gwent Hospital, Newport NP20 2UB	59	1 hour, 35 minutes
Morriston Hospital, Swansea SA6 6NL	62	1 hour, 32 minutes
Princess Royal Hospital, Telford TF1 6TF	62	1 hour, 38 minutes
Singleton Hospital, Swansea SA2 8QA	65	1 hour, 45 minutes
Wrexham Maelor Hospital, Wrexham LL13 7TD	68	1 hour, 39 minutes
University Hospital of Wales, Cardiff CF14 4XW	69	1 hour, 35 minutes

Table 5: District Hospitals serving Powys residents, including distance and journey time from LWH

* using RAC Route Planner (<http://www.rac.co.uk/route-planner/>) starting from LWH, postcode LD1 5HF

A key consideration for PTHB is to provide as much care as possible in Powys, avoiding out of county travel and providing a better experience for the individual. The current hospital model is proving increasingly challenging to

sustain, and a key future goal is to redesign this clinical model and, in the process, strengthen the primary care sector to support a sustainable future for healthcare in the community. There is also provision of an increasing range of consultant-led outpatients, day theatre and diagnostics in Powys community facilities, bringing care out of the acute hospital setting.

3.1.2 [National Policy Drivers](#)

Nationally, the programme aligns with the key principles of the The Well-being of Future Generations (Wales) Act 2015 and PTHB's Wellbeing Objectives as well as the emerging Regional Energy Plan and supports a move to a 'Carbon Positive Powys' as set out in the Public Service Boards Wellbeing Plan.

The key national drivers for this programme are outlined below:

3.1.2.1 [Prosperity for All: the national strategy \(Wales\) 2017](#)

The four key themes of this strategy are the same as those in *Taking Wales Forward*. Each theme consists of a vision, showing how they will contribute to prosperity for all, and how delivering in a more integrated and collaborative way can enhance the well-being of the people of Wales. The key themes and objectives are pictured below:



Figure 5: Well-Being Objectives

The strategy identifies five areas as having the greatest potential contribution to long-term prosperity and well-being, where fully integrated services and early intervention will have the greatest impact:

- ✦ Early Years
- ✦ Housing
- ✦ Social Care

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- ✦ Mental Health
- ✦ Skills and Employability.

3.1.2.2 The Well-being of Future Generations (Wales) Act 2015 (WFG Act)

The WFG Act requires all public bodies to change the way they work in order to improve well-being for the whole population, by acting in accordance with the sustainable development principle, and meeting the 7 Well-being Goals (see figure below):

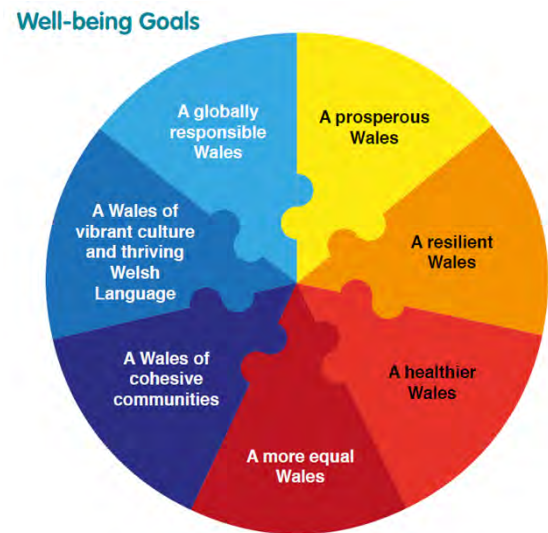


Figure 6: Well-Being Goals

By considering the 7-well-being goals, PTHB can better meet the needs of its current population without compromising the ability of future generations to meet their own needs. Sustainable developments connect the environment in which we live, the economy in which we work, the society which we enjoy and the cultures that we share to the people that we serve and their quality of life.

PTHB is working with partners through the Powys Public Service Board to think about the long term and how to stop problems happening in the first place in order to improve the population's health and well-being.

3.1.2.3 The Environment (Wales) Act 2016

The Environment (Wales) Act 2016 aims to promote the sustainable management of Natural Resources through ensuring the use of and the impacts on our natural resources do not result in their long-term decline. The Act aims to achieve this through sustainably managing natural resources in a way and at a rate that meets the needs of the present generation without compromising the needs of future generations and which contribute to the seven well-being goals in the Well-being of Future Generations (Wales) Act 2015.

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3.1.2.4 The Social Services and Well-being (Wales) Act 2014 (SSWB Act)

The SSWB Act will change the way people's needs are assessed and the way services are delivered; people will have more say in the care and support they receive. It also promotes a range of help available within the community to complement and reduce the need for formal care. The Act sets an expectation that:

- ✦ Services will be available to provide the right support at the right time.
- ✦ More information and advice will be available.
- ✦ Assessment will be simpler and proportionate to the needs of the individual (addressing "what matters").
- ✦ Carers will have an equal right to be assessed for support.
- ✦ There will be stronger powers to keep people safe from abuse and neglect.

In order to ensure PTHB is working in ways which benefit future generations and ensure sustainability, a joint wellbeing and population assessment has been undertaken by Powys Public Service Board (PSB) members & the Powys Regional Partnership Board.

3.1.3 Local Policy Drivers

3.1.3.1 Health and Care Strategy: A Healthy Caring Powys

PTHB in partnership with Powys County Council has developed and approved 'The Health and Care Strategy: A Healthy Caring Powys'. The strategy has been developed by working with communities, staff, partners and stakeholders through a series of mini workshops and stakeholder events to consider the development of the Case for Change and to set the vision for future care.

The strategy builds on the early insights from the Powys Well-being Assessment which has been developed by the Powys Public Services Board in support of the Well-being and Future Generations Act 2014. The strategy is not a response to the act but the vision for Health and Care in Powys which also forms a key component of the Powys Well-being Plan.

The strategy sets out the direction of travel for health and care in Powys to 2027 and beyond. It offers ideas built on the contributions of over 1000 people to what the future could look like. The vision for the future is 'A Healthy Caring Powys' delivering 'truly integrated care centred on the needs of the individual', based on the aims of:

- ✦ Improving health and well being
- ✦ Ensuring the right access to the right service at the right time in the right place
- ✦ Striving for excellence
- ✦ Involving the people of Powys
- ✦ Making every pound count
- ✦ Valuing, supporting and developing our staff.

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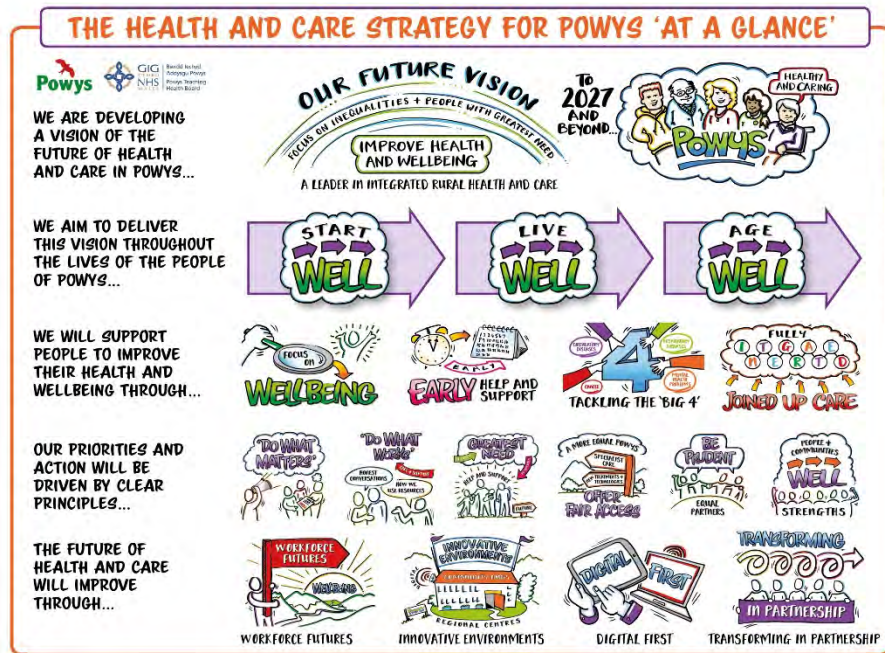


Figure 7: Powys Health and Care Strategy 'At A Glance'

The strategy was developed in order to enable children and young people to 'Start Well', for people to 'Live Well' and older people to 'Age Well' and sets out an integrated model of care predicated on a network approach, with four angles to the model:

- Care closer to home
- Community Wellbeing Hubs within key market towns
- Rural Regional Centres to provide more enhanced services within the county
- Out of county to access acute and specialist provision

3.1.3.2 Model of Care

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.

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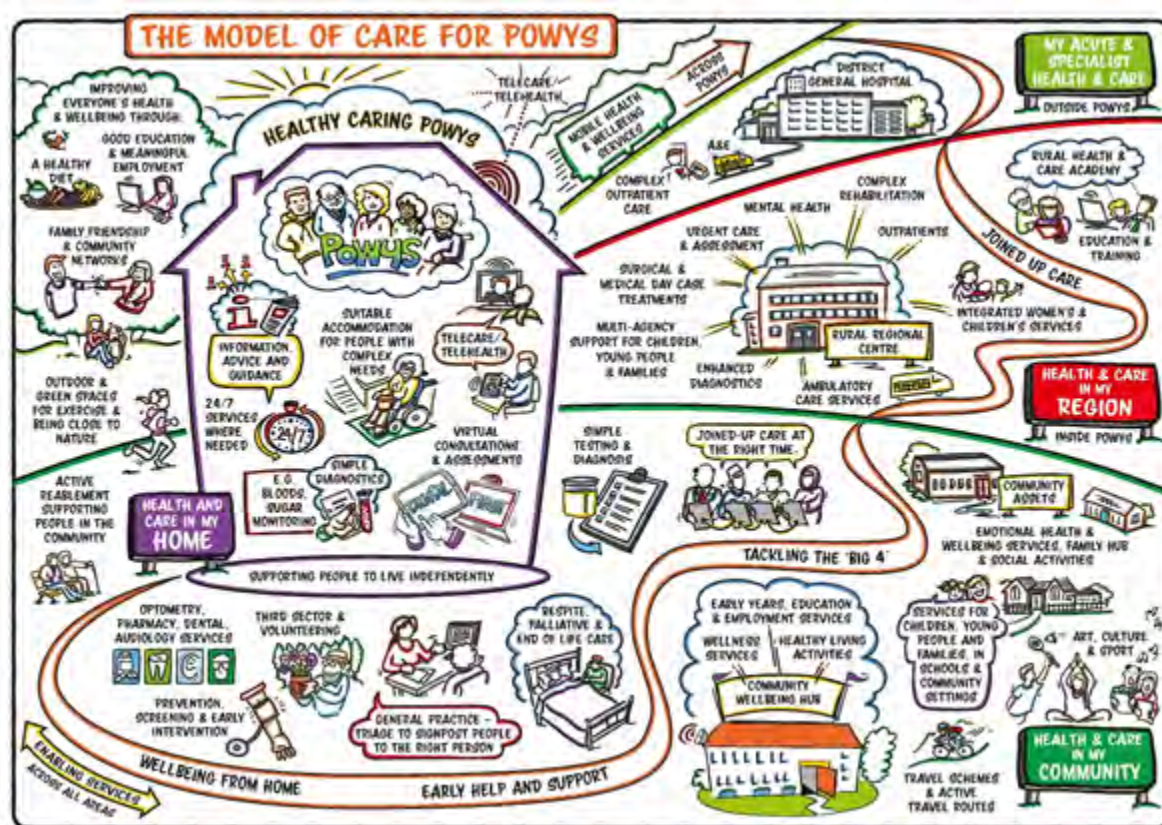


Figure 8: The Model of Care for Powys

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. PTHB are seeking to 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 will be essential in reducing travel distances and multiple visits to District General Hospitals providing value-based healthcare and improving the experiences for some of the most deprived

communities in Wales by reducing unnecessary travel. The Rural Regional Centre is key to strengthening local provision, minimising the impact of the strategic changes taking place around Powys' border and improving outcomes and experiences for the local population.

3.1.3.3 Regional Rural Centres

Regional Rural Centres will introduce and innovative 'investigative and diagnostic' treatment model which reduces the number of outpatient appointments and reduces the number of people needing to travel to hospital or out of county for routine non-complex services. It will provide an opportunity to develop skills in primary and community care through strong networks with neighbouring acute hospitals. Enabling more enhanced services such as medical and surgical day cases, local and remote diagnostics and one stop ambulatory care services to be provided within the region.

A hub and spoke network will link Home and Community Wellbeing Hubs to Rural Regional Centres across Powys, there will be 'no wrong door'.

Such centres should reflect the unique nature of the rural context of Powys and therefore include strong relationships with providers of services that cannot be delivered currently in Powys. These centres would provide additional services to Wellbeing Community Hubs and will provide the opportunity of delivering more services in Powys that are currently provided out of Powys, for example, this could include day case surgical services and/or advanced physiotherapy and rehabilitation services. The scale and scope of the centres will need to reflect the nature of the population they serve e.g. population size, health need, demography, deprivation and also the services (and service changes) in partner commissioned services that currently serve those populations.

Three areas have been identified as strategically important in developing Regional Rural Centres, these are Newtown, Llandrindod Wells and Brecon. According to the Welsh Index of Multiple Deprivation (WIMD) these areas have been identified as being among the worst 30% of areas in Wales. The link between deprivation and poor health is well recognised. People in the most deprived areas have higher levels of mental illness, hearing and sight problems, and long-term conditions.

Powys is also identified as one of the most deprived area in Wales for access to services, the population is spread thinly across a large area. Developing three Rural Regional Centres, (supported by Wellbeing Community Hubs) geographically spread across Powys will improve access to services and as previously mentioned prevent people travelling out of county for some services, improving their experience. The development of Rural Regional Centres will also support community development. PTHB will work with local communities to develop and strengthen community assets that support people to feel safe, with opportunities to benefit from and take part in environmentally based schemes, live healthily for longer and contribute to their communities for the benefit of all.

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Figure 9: Central spine of Regional Rural Centres

3.1.3.4 Core to the Model of Care

- ✦ Integrate health and care services to meet holistic needs of individuals.
- ✦ Move services (where safe and effective) from secondary care out of county hospitals into our Regional Rural Centres.
- ✦ Utilise digital technology to provide virtual clinics accessing secondary care professionals.
- ✦ Linkage to and provision of adequate supported living accommodation and nursing homes.
- ✦ Community development and stakeholder involvement to deliver wider community benefits. To offer one stop services and deliver as much of the care pathway as locally as possible within Powys.

3.1.3.5 Model of Care Benefits

- ✦ Integration of health and care services.
- ✦ Improve access and reduce unnecessary travel time for people.
- ✦ Strengthen Powys as a place to work.
- ✦ Create new service development and partnership opportunities.
- ✦ Improve service user experience.

3.1.3.6 Powys Environmental Policy

In line with Welsh Government specification, the further development of LWH will be developed to BREEAM Very Good and a lifecycle approach will be adopted as detailed in PTHB's Environment Policy and EMS procedural documentation.

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As it will not be possible to deliver the programme, and resulting services, carbon natural PTHB will work with contractors, businesses and local charities to develop carbon-offsetting projects. PTHB will also look to support small to medium sized enterprises (SME's) to bid for work and to offer them support with developing environment and social policies so they are better able to deliver the services Powys will need now and in the future.

PTHB will actively support business who have good environmental and social responsibility such as carbon offsetting or employment of vulnerable and hard to reach people including NEETS or 'not in employment education or training'. If appropriate, we will look to support those businesses bidding for work who support apprenticeship schemes and those which use low carbon products and services.

To reduce carbon emissions PTHB will:

- ✦ Increase efficiencies in the fabric of the building.
- ✦ Increase efficiencies in heating, cooling and electrical infrastructure.
- ✦ Increase effective controls over the building systems.
- ✦ Decrease carbon intensive technologies.
- ✦ Decarbonise gas systems and prioritise alternatives technologies.

The LWH re-development has considered the four pillars of sustainability, PTHB continue to learn lessons and strengthen this during the proposed programme. This learning will be carried forward to other capital schemes to ensure PTHB are developing in a sustainable way, fit for the future.

PTHB's ISO14001 (2015) accredited Environmental Management System and Estates Decarbonisation Plan are both effective systems for driving through and monitoring the changes needed to help meet government ambitious environmental targets as set out in the 'The Environment (Wales) Act 2016'.

3.1.4 [Key Aims and Strategic Objectives](#)

Taking into account the local and national policy drivers, PTHB's purpose, vision and strategic goals set out the long term aims of the Board. The vision "A Healthy, Caring Powys" is supported by the following aims and strategic objectives:

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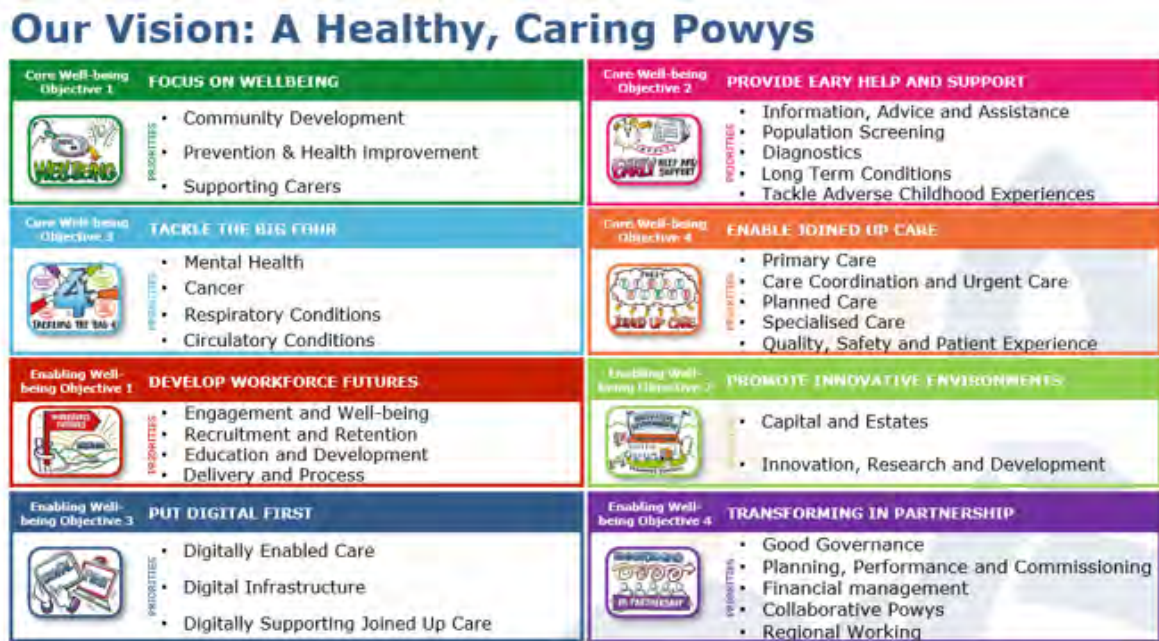


Figure 10: PTHB Aims and Objectives

In line with Welsh Government direction, PTHB has five organisational principles underpinning the refreshed Integrated Medium-Term Plan 2019/20-2021/22 (IMTP):

1. Prudent Health and Care
2. Quality, Safety and Patient Experience
3. Well-being of Future Generations
4. Health Inequalities
5. Integration (Including Social Services and Well-being Act)

3.1.5 Response to Policy and Strategic Drivers

In response to the strategic drivers outlined above, PTHB is working towards a model of services which aims to:

- ❖ further develop the integrated delivery of community-based health and social care
- ❖ reduce carbon emissions by addressing compliance and backlog maintenance issues and to allow for the effective management of systems. Prioritising carbon reduced engendering solutions and to remove carbon intensive technologies
- ❖ maximise opportunities for delivering safe and cost-effective care to patients as close as possible to where they live
- ❖ make best use of the resources available
- ❖ reduce commissioning costs for out-of-county providers
- ❖ striving to bring as many services back into Powys as possible

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- ❖ deliver services in county where it is both safe and appropriate to do so
- ❖ extend the range and volume of services.

The projects undertaken to date at LWH have significantly improved both the quality and number of services available locally. The further improvements outlined in this PBC aim to improve the remaining services delivered from this site, continuing the development of LWH into a 'Rural Regional Centre', whilst also tackling the remaining backlog maintenance and estates risks within the main hospital and surrounding buildings. As such, this PBC aims to deliver:

- ❖ A completed fit for purpose hospital in a strategic location within Powys.
- ❖ Upgraded ward environments to meet current guidance, in particular those relating to ventilation, oxygen supply and bed spacing in light of COVID-19.
- ❖ Further reductions in estates risks and backlog maintenance. Overall reduction from £3.9m to <£500k plus the removal of all 'high' and 'significant' risks
- ❖ Improved efficiency of the building fabric and systems leading to more comfortable conditions, reduced running costs and reductions in CO2e.
- ❖ Upgrades to existing infrastructure to support existing and future services.
- ❖ Improvements to Catering and dining facilities.
- ❖ Upgrade of main entrance circulation routes and lift – improving physical environment, wayfinding and accessibility.
- ❖ Further enhanced range of local services supporting PTHB's strategy of developing a central spine of Regional Rural Centres within Powys.
- ❖ Improvements to inpatient care based on bed activity and reflect any aspirations for therapeutic and community-based care.
- ❖ The development of an appropriately located and designed palliative care suite supporting PTHB's strategy for improving end of life care locally.
- ❖ Improvements to Services being delivered from the rear of the hospital including Minor Injuries Unit (MIU) and Physiotherapy.
- ❖ Integrated Mental Health Services – bringing both existing and new staff into a single location aligning with the Health and Care Strategy for Powys as it will provide the opportunity for integrated working between PTHB, PCC and the third sector.

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- ✦ Greatly improved patient accommodation, increased infection prevention and improved health and safety requirements and statutory compliance, including compliance with the Equality Act 2010 and Standards for Healthcare.

3.1.6 [Capital Developments](#)

In response to the strategic objective to develop an estate that is fit-for-purpose and better meets service needs, PTHB has completed a Strategic Outline Programme to outline a five-year programme of capital investment to address the considerable concerns in respect of health and safety compliance in the health board's estate. As part of the developing Innovative Environments Strategic Framework incorporating the more traditional estates strategy and IMTP, the focus will be in tackling historic building issues as part of strategically significant site redevelopments such as those planned at Machynlleth and those already undertaken at LWH which has already reduced the backlog maintenance by 25%. Key to the framework is developing plans to ensure the best use of the current built environment and maximising opportunities to deliver modern fit-for-purpose facilities for the citizens of Powys. The following capital developments are already completed/underway:

3.1.6.1 [North Powys Wellbeing Programme \(Newtown\)](#)

As part of the emerging model of care and the plans to develop a spine of Rural Regional Centres throughout Powys plans are being developed for a new multidisciplinary wellbeing Campus in Newtown.

A Programme Business Case (PBC) is currently in development and is due for submission to Welsh Government (WG) in Q2 2020/21.

A core aim of the programme is to provide significantly improved and enhanced local services, delivered from a single location within sustainable and fit-for-purpose accommodation. This approach will maximise efficiency, integration and innovation across multiple sectors which will represent significant benefits for the local community, including a wider range of services being delivered in county. A priority scheme for PTHB, completion of the Regional Rural Centre (as part of this 'Campus approach') is planned for 2025.

3.1.6.2 [Brecon War Memorial Hospital \(BWMH\) developments](#)

In order to develop BWMH into a Regional Rural Centre the hospital has already benefitted from significant investment over the past 5 years (Circa £2m) to improve and enhance services. Most notably significant improvements to Endoscopy, X-ray, the Children's Centre (including a new audiology booth and changing places facility) and ward upgrades.

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Figure 11: Developments at BWMH

In addition, BWMH already offers the following enhanced services, which is part of the Health Boards model for Regional Rural Centres:

- ❖ Day Surgery Unit with laminar air flow theatres
- ❖ A dedicated, JAG accredited endoscopy suite sitting within Theatre environment
- ❖ Wet AMD Service - From April 2016 patients needing treatment for wet AMD have been able to receive it in Brecon Hospital, saving them from having to travel out of the county for treatment.

3.1.6.3 Llandrindod Wells Community Hospital developments

In addition to the works to be undertaken as part of this programme, the following works have already been progressed/completed at LWH:

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3.1.6.3.1 Business Justification Case 1: Roof and Front Elevation Works

This BJC sought approval for £450,649 to undertake improvement works to the roof and front elevation of LWH which would enable the reconfiguration/refurbishment of existing departments to take place by ensuring the integrity of the building envelope. This element of work is now complete.



Figure 12: Images of Roof and Elevation Works

3.1.6.3.2 Business Justification Case 2: Development of New Birth Centre

The second BJC sought approval for £1,268,810 to undertake works to decant the administrative and community services from the Annexe of LWH; re-house the services into the newly acquired Waterloo Road building; extend and renovate the Annexe; and relocate and develop the Birth Centre to provide compliant accommodation and improve the quality of the staff and patient environment for a minimum period of 15 years.

The Birth Centre has been completed and was opened by the Welsh Government Minister Vaughan Gething in November 2016 (pictured below). This project enabled by providing additional decant space. Additionally, the first floor of the vacated Annexe was fitted out as a shell, with appropriate drainage and power points installed as part of the BJC2 works, which subsequently formed part of the Day Case/Endoscopy relocation developed as part of the main reconfiguration scheme.



Figure 13: Images of the New Birth Centre

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Figure 14: Image of refurbished Waterloo Rd treatment room

3.1.6.3.3 FBC – Llandrindod Wells Hospital reconfiguration Project

The LWH reconfiguration scheme secured £4.9m Welsh Government funding in 2017 was completed February 2020. This development reconfigured departments in the front block of the hospital maximising capacity and delivering improvements in patient experience and throughput. Upgrades to the existing building fabric has also resulted in much improved patient accommodation, greater infection control and improved health and safety requirements and statutory compliance, including compliance with the Equality Act 2010 and Standards for Healthcare. This block was identified as a priority as it also offered an opportunity to enhance the quality and number of services available at LWH. Driven by the policy aim of delivering care closer to home, the scheme has benefitted from a JAG accredited Endoscopy service and a significantly improved and expanded Outpatient department with the capability of repatriating a number of services (currently not available in county) including Wet AMD and a number of other specialist OPD services. The scope of the project briefly comprised:

- ❖ Maximising clinical expansion by decanting non-clinical services off site
- ❖ Extending OPD to facilitate increased activity and support the 'do more in Powys' strategy
- ❖ Improving patient and staff environment and increase compliance to as much of the estate as possible
- ❖ Providing a JAG accredited Endoscopy service
- ❖ Providing improved accommodation for day-case patients, tackling the issues of privacy and dignity, compliance, efficiency and throughput
- ❖ Improving accessibility, waiting and support facilities to dental
- ❖ Extending the newly configured Birth Centre
- ❖ Enhancing public facilities including enhanced waiting area and sanitary facilities
- ❖ Improving reception area, FM and Staff facilities.

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Figure 15: Completed departments at LWH



Figure 16: Ministerial visit LWH

3.1.6.3.4 Business Justification Case: Renal Dialysis Unit

This project, which was completed in November 2019, has extended the existing department to provide 2 additional spaces (including 1 private room) providing the opportunity to commission additional dialysis capacity in accordance with Welsh Renal Clinical Network guidance and National Service Framework guidance.

This project offers the following key benefits:

- ✦ Further capacity to repatriate patients who have to travel out of county for treatment
- ✦ Additional capacity to respond to changing demands especially during Holiday season
- ✦ Reduction in patients living locally having to attend Birmingham for RRT rather than their local subsidiary unit in Llandrindod due to lack of isolation facilities; if a patient displays diarrhoea/vomiting symptoms, they cannot attend the local unit

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order to provide convenient dedicated parking for patients. The project has been extremely successful and has also demonstrated the benefits of continued collaborative working with Powys County Council (PCC).

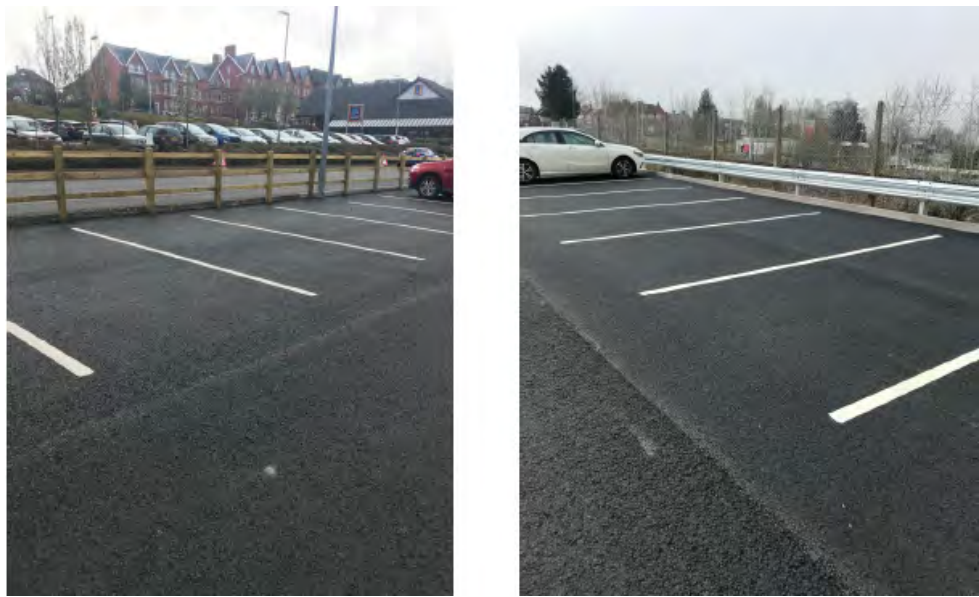


Figure 18: Crescent Rd Car Park

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3.2 Part B: The Case for Change

This section will examine the existing arrangements/Business As Usual (BAU) and related business needs. It will review the 'progress so far' at LWH and identify the outstanding works required and remaining business needs which will form the proposed scope of the programme. It will also detail the main spending objectives for the scheme as well as its benefits, risks, constraints and dependencies.

3.2.1 Background

Llandrindod Wells War Memorial Hospital (LWH) was opened in 1881 under the title "Llandrindod Wells Cottage Hospital and Convalescent Home", and the original building remains in use today. Llandrindod Wells has a population of approximately 5,000 but the hospital caters also for the large rural hinterland. The Royal Welsh Showground is approximately seven miles from the hospital and hosts a range of large events throughout the year for which LWH provides the nearest Minor Injuries Unit (MIU). The health facilities in Builth Wells and Knighton are unable to meet complex care needs of patients, resulting in LWH being the focal point for services in Mid Powys.

LWH plays an essential part in preventing unplanned admissions to an out-of-county District General Hospital where there is no clinical reason to do so and in supporting the delivery of diagnostic and day surgical care in a local setting. This prevents the need for patients to make what are otherwise time-consuming and unnecessary journeys to distant District General Hospitals. The development of local services not only includes those provided by consultants, but also those provided by other health care professionals such as specialist nurses.

There are two main GP practices involved with the hospital based in Llandrindod Wells and Rhayader. Both these practices admit patients directly to the general ward providing all medical care requirements.

3.2.2 Existing Arrangements

3.2.2.1 Site Location

LWH is located in on the A483 which is a 5 minute walk from the centre of Llandrindod. The hospital has excellent transport links, being situated on a regular daily bus route and just a 5 minute walk from the towns train station making the hospital a valuable asset to PTHB and the local population. Car parking has previously been an issue on the site with only 74 spaces available for both visitors and staff, however, this has been alleviated through the acquisition and development of an area of land a short walk away from the site providing an additional 70 spaces. This development was supported by Welsh government funding in recognition of increased activity on the site.

3.2.2.2 Hospital Estate

As well as the main hospital building there are additional buildings on the site as follows:

- ✦ Boiler House
- ✦ Mortuary (providing a facility for both hospital and town use including bariatric deceased)
- ✦ Ambulance Station

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- ❖ Terrace of four three-storey houses adjacent to the site.

Additionally, PTHB has acquired a property off-site, approximately 1 mile from the hospital that includes community services and houses patient services and medical records at Waterloo Road.

3.2.2.3 Current Facilities

The existing arrangements/Business as usual (BAU) and related business considers the 'progress so far' at LWH (including the current reconfiguration programme which is due for completion in spring 2020) identifying the outstanding works required and remaining business needs which will form the proposed scope of the programme.

The works undertaken to date briefly comprise:

- ❖ Roof and façade work - Improvements to the integrity of the building envelope. Completed 2016.
- ❖ Waterloo Rd phase 1 - Acquisition and refurbishment to part of the building to provide decant space for Women and children's services and enable the refurbishment of the annexe at LWH. Completed 2016.
- ❖ Birthing Unit phase 1 – The creation of a standalone, maternity led birthing unit at LWH improving patient choice and experience for expectant mothers and their families. Completed November 2016.
- ❖ Waterloo Rd phase 2 – Further refurbishment to house patient services and medical records previously located within the main building. Completed February 2018.
- ❖ Crescent Road Car Park – Acquisition and development of additional 'off-site' parking for staff alleviating parking pressures on site associated with increased activity. Completed September 2018.
- ❖ Reception - Providing fit for purpose accommodation for staff and visitors with a front of house area which is fully accessible as well as improved and efficient 'back of house' services. Completed October 2018.
- ❖ Endoscopy – Reconfiguration to provide a fully JAG accredited service as well as a new day surgery recovery area adjacent to main theatres. Completed October 2018.
- ❖ X-ray – Replacement of end of life equipment alongside a refurbishment to improve efficiency and accessibility. Completed March 2019.
- ❖ Outpatients phase 1 – Significantly improved and extended Outpatient clinic which provides 9 consult exam rooms and 2 procedure rooms. Completed August 2019.
- ❖ Birthing phase 2 – Further improvements to the department to include a dedicated scanning facility. Completed November 2019.
- ❖ Dental – Relocated department with a new dedicated reception and waiting room. Completed November 2019.

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- ✦ Renal – Extend the existing department to provide 2 additional spaces (including 1 private room) providing the opportunity to commission additional dialysis capacity in accordance with Welsh Renal Clinical Network guidance and National Service Framework guidance. Completed November 2019.
- ✦ Outpatients phase 2 – Providing dedicated waiting and sanitary facilities for patients as well as 2 additional clinic rooms. Completed February 2020.



Figure 19: Current plans indicating scope of works already undertaken

As demonstrated in the plans above, the works undertaken so far concentrated predominantly on the front block of the hospital. Not only did this represent the greatest opportunity for service improvements, expansion and repatriation but was also identified as a priority in improving the quality of the estate.

It is important to note the significant lessons learnt during the original LWH scheme, which was the first major investment in Powys for over a decade and how this has had a positive impact on the both the scope and planning of this programme to ensure all issues are addressed. For example, the original scope of the scheme focused on priority clinical services but in delivering these improvements in a 'piecemeal' fashion the scheme did not fully address supporting infrastructure and building fabric issues. The age and condition of the building was not fully reflected in the contingency allowance for the scheme and there were significant unforeseen issues uncovered during the construction works.

Therefore, the works outlined in package 1 detail the works required to address these issues, complete works to the front block and as a result protect the original investment made.

The remaining facilities/services delivered from the main hospital include:

- ✦ Catering and staff dining
- ✦ Theatres
- ✦ Minor injuries
- ✦ Therapies: Occupational and Physiotherapy
- ✦ Adult inpatient ward
- ✦ Mental health ward.

3.2.3 Business Needs

The business needs for the programme can be split into two main categories:

- ✦ Service needs
- ✦ Compliance.

3.2.3.1 Service needs

As the current investment phase is nearing completion, PTHB have the opportunity to examine the remainder of services being delivered from LWH and what further changes can be made to support the emerging model of care.

Current services include:

- ✦ Claerwen Ward (General) – Originally a 24-bed ward, some rooms have been utilised for other functions leaving 21 bed spaces. Future works to the area would need to be based on bed activity and reflect any aspirations for therapeutic or community-based care. In addition, the space is in need of an appropriately located and designed palliative care suite supporting PTHB's strategy for improving local end of life care.
- ✦ Clywedog Ward (Elderly Mental Health) – Currently a 10-bed unit (with the capacity for 8 patients). Scoping work for this department will be progressed during 2020/21. Further details on the proposed development of this service will be included in a subsequent BJC.
- ✦ Minor Injuries unit (MIU) - Scoping work for this department will be progressed during 2020/21. Further details on the proposed development of this service will be included in a subsequent BJC.
- ✦ Physiotherapy - Scoping work for this department will be progressed during 2020/21. Further details on the proposed development of this service will be included in a subsequent BJC.
- ✦ Mental Health Services – Currently being delivered from a number of areas within the four houses adjacent to the main hospital, known as Llangwyn, The Hazels, The Merlins and Westdene. The current

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service is experiencing accommodation pressures which would be increased by the confirmed opportunity to improve service delivery across a number of PTHB community services in the locality. The intention is to bring existing mental Health staff into a single location to join new staff who are being appointed due to a) demand on service and b) new revenue introduced for Mental Health to develop new services (DHTT, MAS and Older Adult MH outpatient department, possible CST groups being facilitated, Eating Disorders, EIP, Suicide Prevention, Dual diagnosis). The details of these service improvements are still in development but the direction of travel aligns fully with the Health and Care Strategy for Powys as it will provide the opportunity for integrated working between PTHB, PCC and the third sector.

- ✦ Learning from COVID-19 has also highlighted the importance of upgrading inpatient areas to reflect current guidance including appropriate bed spacing and infection prevention measures. In addition, PTHB are currently undertaking works to install oxygen 'VIE' tanks mechanical ventilation.

Issues to be addressed will include the impact of developments such as the Grange which will affect how services are delivered out of county and how PTHB can provide resilient services for the people of Powys. Further development of the model of care and activity and capacity planning is due to be undertaken in 2020/21 which will further support the development of these services.

In addition to the scope of this programme, PTHB are also proceeding with the following COVID-19 related schemes at LWH:

- ✦ Oxygen tanks

As part of the county's ongoing response to Coronavirus (COVID-19) a 4.3 metre tall oxygen tank known as a VIE ("Vacuum Insulated Evaporator") has already been installed at Breconshire War Memorial Hospital.



Further tanks were installed at Welshpool and Llandrindod Wells allowing PTHB to provide Coronavirus (COVID-19) patients with oxygen therapy. One of the typical features of COVID-19 is hypoxemia – or low oxygen in the blood. Providing patients with supplemental oxygen using oxygen therapy helps to ensure that the right amounts of oxygen are getting into the bloodstream. This is a central element of therapy and helps to ensure that patients remain stable and can be cared for locally.

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Figure 20: VIE Installation BWMH

❖ Ventilation

PTHB are currently developing a scheme to put 12 ac/hr for all hospitals in a small number of rooms and full ventilation at Brecon, Welshpool and Llandrindod. The project will be completed at pace before winter pressures.

3.2.3.2 Compliance

In compliance terms, Powys has one of the oldest estates within Wales with circa 42% predating the NHS (pre-1948). As such PTHB are managing sites with high levels of backlog maintenance and which have significant or high risks of non-compliance or failure. As part of the developing Innovative Environments Strategic Framework incorporating the more traditional estates strategy and IMTP, the focus will be in tackling these historic building issues as part of strategically significant site redevelopments such as those planned at Machynlleth and those already undertaken at LWH which has already reduced the backlog maintenance by 25%. The remaining backlog maintenance on the site that this programme will address is estimated at £3.9m.



Figure 21: LWH 6 Facet Survey Ground Floor Plan

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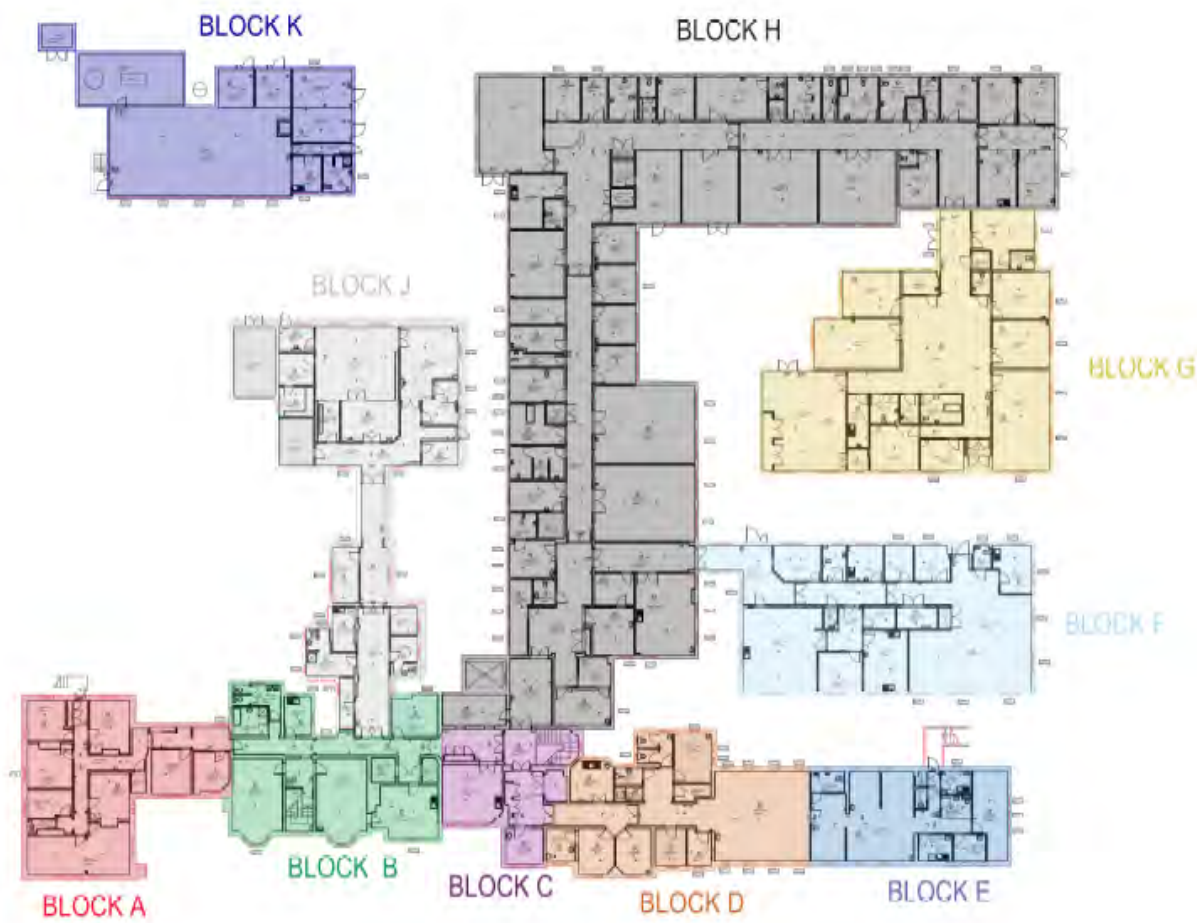


Figure 22: LWH 6 Facet Survey First Floor Plan

Backlog Maintenance by Block	Low	Moderate	Significant	High	Total
Block A	£75,000	£60,000	£110,000	£5,000	£250,000
Block B	£90,000	£51,000	£157,000	£000	£298,000
Block C	£70,000	£8,000	£9,000	£8,000	£95,000
Block D	£186,000	£58,000	£258,000	£1,000	£503,000
Block E	£7,000	£2,000	£74,000	£1,000	£84,000
Block F	£126,500	£11,000	£50,000	£000	£187,500
Block G	£84,000	£47,000	£9,500	£000	£140,500
Block H	£349,000	£38,000	£157,000	£1,000	£545,000
Block I	£000	£6,000	£70,000	£000	£76,000
Block J	£000	£75,000	£000	£000	£75,000
Block K	£19,000	£8,000	£105,000	£13,500	£145,500
Site wide	£25,500	£570,000	£1,873,000	£135,000	£2603,500
Total	£1,032,000	£934,000	£2,872,500	£164,500	£5,003,000

Table 6: Table Demonstrating total backlog maintenance 2016

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Backlog Maintenance by Block	Low	Moderate	Significant	High	Total
Block A	£000	£30,000	£000	£000	£30,000
Block B	£55,000	£38,000	£85,000	£000	£178,000
Block C	£70,000	£8,000	£9,000	£8,000	£95,000
Block D	£94,000	£30,000	£125,000	£1000	£250,000
Block E	£000	£000	£000	£000	£000
Block F	£126,500	£11,000	£50,000	£000	£187,500
Block G	£84,000	£47,000	£9,500	£000	£140,500
Block H	£349,000	£38,000	£157,000	£1,000	£545,000
Block I	£000	£6,000	£70,000	£000	£76,000
Block J	£000	£75,000	£000	£000	£75,000
Block K	£19,000	£8,000	£105,000	£13,500	£145,500
Site wide	£20,000	£440,000	£1,600,000	£100,000	£2,160,000
Total					£3,882,500

Table 7: Table Demonstrating total estimated backlog maintenance 2020

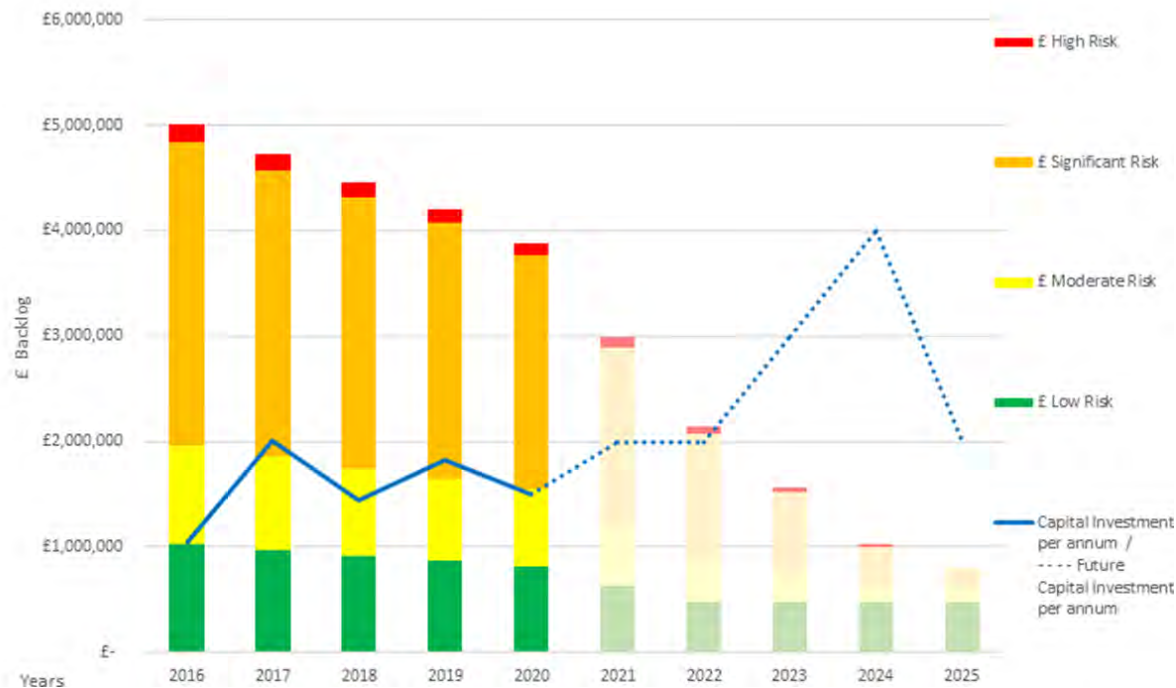


Figure 23: Backlog Maintenance

The above diagrams demonstrate how current and future capital investments at LWH will reduce backlog maintenance and tackle all significant and high risks.

The individual projects detailed in this programme have been categorised into 4 packages which focus on different areas of the hospital which will assist PTHB in planning the works and complex phasing arrangements whilst

allowing for flexibility in terms of resource and funding availability. Package 1, which focuses on completing the works at the front of the hospital, has been prioritised by PTHB.

These proposed works along with the remaining projects detailed in this programme, will provide compliant, modern hospital facilities to further improve the services provided in Powys. The reconfiguration will improve efficiency of space and upgrade infrastructure of the hospital remove risks associated with the age and condition of the building, as well as providing more useable space.

3.2.4 Potential Scope

Based on the information above the programme details the following potential scope:

3.2.4.1 Package 1 - Works required to complete front block

This part of the development proposes a number of projects required to 'complete' the improvements to the front block of the hospital. It is envisaged that these works will commence during 2020/21. The estimated cost for this phase of works is circa £2,500,000 - £4,000,000

Basement asbestos Removal – Estimated project value £90-125K

At present both basement areas of Llandrindod Wells Hospital have been surveyed and the presence of Asbestos Containing Materials (ACMs) has been confirmed and both areas are currently closed off due to this. Licensable work is required to remove these materials and ensure the area is safe to enter. Both basements contain live service pipework runs and as such access is required to undertake essential maintenance work.

The benefits associated with the works include:

- ✦ Provide safe working area.
- ✦ Allow access for future maintenance work.
- ✦ Improved records in Asbestos register.
- ✦ Ensure future compliance to HTM's & CAR 2012.

The scope of works for this element will briefly comprise of:

- ✦ Removal all identified ACMs from both basement areas by certified and licensed specialist asbestos removal contractors.
- ✦ Full environmental clean and air test performed by a UKAS accredited laboratory to satisfy that the areas are clear and risk free.

Replacement Water Tanks – £90-125K

There are currently 2 x 8000 litre water tanks installed at Llandrindod Wells Hospital. After undertaking research into the quantity of water used on site during peak periods now that the majority of departments are live it has become apparent that the capacity of these tanks is excessive and not required. According to WHTM 04-01 "Storage should be designed to minimise residence time in the cistern and maximise turnover of water to avoid stagnation and deterioration of water quality". The proposal is to remove these tanks and install an appropriately

sized alternative. These works would provide improvements in water safety at LWH which has received an improvement notice in a recent Health & Safety Executive (HSE) site visit.

The benefits associated with this work include:

- ✦ Minimise potential water safety and legionella risks but limiting the volume of water stored on site without impacting upon required quantity.
- ✦ Ensure future compliance with HTM's.
- ✦ Removal of tanks will allow access into tank room for required asbestos removal and free up additional space for installation of required plant.

The scope of work for this element will briefly comprise of:

- ✦ Drainage and removal of existing tanks from roof. This will require the use of a crane and will be phased in a way as to ensure continued capacity is available.
- ✦ Installation of 3000L alternative. Splitter tank to be specified to allow for maintenance and cleaning to be undertaken without affecting supply.
- ✦ Removal of asbestos within tank room to create safe working environment.

Catering and Kitchen – Estimated project value £650-950K

The current kitchen and catering facilities within the hospital have been highlighted within the 6 facet survey as requiring replacement. Issues within the area have previously been picked up by the EHO, presenting possible hygiene and health and safety risks. In addition, the staff dining room and sitting room that are used alongside the kitchen are in need of refurbishment as they currently have limited power and heating. In upgrading the catering equipment and supporting infrastructure, PTHB have the opportunity to replace carbon intensive technologies and promote alternative solutions.

The benefits associated with the works include:

- ✦ A Kitchen that is fully compliant with not only HTM regulations but also the required hygiene standards.
- ✦ Improved staff welfare facilities.
- ✦ Improved catering facilities resulting in the potential for upgraded menu for patients and staff.
- ✦ Reduction of backlog maintenance costs.
- ✦ Reduced CO2e emissions.
- ✦ More comfortable working conditions resulting from the reduction of excess heat.

The scope of works for this element will briefly comprise of:

- ✦ Strip out of existing kitchen and kitchenette areas. Installation of new Mechanical and Electrical services including power, lighting, ventilation, heating and cooling to the Kitchen area.
- ✦ Install new ceilings, wall finishes and floor finishes to the whole kitchen area along with new kitchen equipment in line with BRE green ratings and our own standard specifications.
- ✦ Refurbished canteen areas improving staff welfare and morale.

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Lift Refurbishment – Estimated project value £100-135K

The existing 26 person capacity lift at the hospital has reached end of life and requires upgrading to bring it in line with required regulations. While the lift is still operational, the lifting gear is very old and worn while the electrical control gear is non-compliant leading to potential safety concerns.

The benefits associated with the works include:

- ❖ Improved safety and access for patients and staff.
- ❖ Reduction in maintenance and service call charges.
- ❖ Installation of fully compliant lift control gear.

The scope of works for this element will briefly comprise of:

- ❖ Undertake specialist survey to determine existing condition of lift.
- ❖ Replace all outdated lift control and hoisting gear with compliant equipment in line with regulations.
- ❖ Refurbish the interior of lift car to create a more modern space.

Improved Plant Access – Estimated project value £50-80K

With the addition of new plant equipment to the roof space above dental it has become apparent that the method of access is not easy to traverse, particularly as staff will be required to carry tools to allow them to undertake essential maintenance checks regularly. In the event of a fire, this is the only means of escape currently available and does not comply with recommendations made within WHTM 05-02 regarding plant area means of escape.

The benefits associated with this work include:

- ❖ Improved access to allow regular maintenance to be undertaken and also more appropriate means of escape through the installation of an external staircase.
- ❖ Ensure future compliance with HTM's.
- ❖ Minimised disruption to Endoscopy where current access is located.

The scope of work for this element will briefly comprise of:

- ❖ Installation of external steel staircase along with walkway and landing area.
- ❖ Fire rating of existing windows within vicinity.
- ❖ Security gate to restrict access.

Main entrance area – Estimated project value £180-250K

As clinical areas were the main focus of work for the original scope of works, the main entrance into the hospital was not included within the programme of works. This entrance area is extremely dated with flooring conditions poor and services non-compliant. This not only creates a negative first impression for patients visiting the hospital but also raises potential safety concerns. This initial negative impression is further highlighted by the fact that the surrounding areas of the hospital have recently been refurbished. The disabled access door to the hospital is also not compliant with relation to the Equality Act 2010 and requires upgrading.

The benefits associated with the works include:

- ✦ Reduced risk of slips, trips and falls with improvements to flooring and lighting.
- ✦ Improved access to the hospital with the installation of new compliant automatic doors.
- ✦ A modern aesthetic in line with surrounding areas of the hospital.
- ✦ Future HTM compliance.

The scope of works for this element will briefly comprise of:

- ✦ Replace all flooring within area (In line with PTHB standard specification low environmental impact flooring).
- ✦ Replace automatic doors with compliant alternative and improve ramped access.
- ✦ Upgrade all mechanical and electrical services in line with HTM requirements.
- ✦ Fully decorate area to match renovated areas, improving continuity for patients moving through hospital.

Window Replacement front Block – Estimated project value £300-450K

The existing windows to the front of LWH are currently anodised aluminium single glazed windows, fitted into softwood sub frames. Many of these sub-frames are showing signs of deterioration, some are rotten and there is evidence of repairs which have been carried out. The aluminium single glazed windows are suffering from interstitial condensation and offer U values of 5 or below, resulting in significant heating loss affecting patient and staff comfort as well as affecting in the health boards ability to meet national carbon reduction targets.

The benefits associated with the works include:

- ✦ Improved thermal efficiency for the hospital.
- ✦ Reduced CO₂e emissions.
- ✦ Reduced energy bills.
- ✦ Improved air tightness.
- ✦ Improved patient and staff comfort.
- ✦ Reduction in backlog maintenance.
- ✦ Enhanced front façade of the hospital.

The scope of works for this element will briefly consist of:

- ✦ Erect scaffolding to allow required access.
- ✦ Replace all existing windows within the front block of the hospital with A+ rated energy efficient alternatives in line with BS 7412.
- ✦ All required internal and external decoration.

Boiler-house upgrade – Estimated project value £550K - £1.5M

The hospital is supplied by two gas-fired boiler-houses at present, one external and one internal. The internal plant room houses DHWS calorifiers, associated controls and pumping sets along with BMS controls and electrical distribution equipment. The external plant room houses CH boilers and also acts as a workshop and washroom

facility for the maintenance staff. Much of the equipment in these boiler houses is old and inefficient, prone to maintenance issues and has been highlighted in the 6 facet survey as requiring upgrading or replacing. As part of these proposed improvements PTHB will be exploring opportunities to provide a 300kw low carbon heating system. The capital cost of this system is greater than a traditional boiler replacement (circa £1.2M) and will be subject to availability of funding.

The benefits associated with the works include:

- ✦ New plant which will be for purpose and lifecycle.
- ✦ New low carbon technologies to support national decarbonisation targets.
- ✦ Upgraded BMS system allowing full control, improved monitoring and efficiency, leading to significant improvements in staff and patient comfort and up to 25% financial and CO2e savings.
- ✦ Upgraded electrical distribution system for future HTM compliance.
- ✦ Suitable workshop / restroom facilities.

The scope of works for this element will briefly consist of:

- ✦ Undertake detailed survey to determine the most optimum solution to update the central boiler house.
- ✦ Installation of improved plant and controls to minimize maintenance requirements and improve efficiency.
- ✦ Improve workshop and restroom facilities for staff to achieve HTM compliance.

3.2.4.2 Package 2 - Additional works required to remainder of the Hospital

This package will focus on the remaining services being delivered from LWH, specifically those at the rear of the hospital which were outside the scope of the original scheme. It is acknowledged that further work is required to determine a service strategy for this area which will be detailed in a BJC which is planned for submission to Welsh Government in 2020/21. Due to the 'live' nature of the hospital (which includes inpatient beds) careful consideration will be required to the planning and phasing of these works. The estimated cost for this phase is circa £4,500,000 - £6,000,000

Claerwen ward – Estimated project value £2.2-3million

As indicated above, Claerwen is a general ward with 21 bed spaces. The area is in need of substantial refurbishment to patient and staff conditions and achieve required HTM and Building Regulations compliance. The existing layout does not meet clinical requirements with many elements of infrastructure no longer being fit for purpose. There is also confirmed ACM's within the roof void above the ward which requires removal by a licensed contractor. This would also address issues connected with the shower areas, raised during a recent HSE site visit.

The benefits associated with the works include:

- ✦ Improved conditions for patients and staff, reduced infection control risks and safer clinical space.
- ✦ Ensure future HTM compliance and reduced backlog maintenance which is particularly high for this block.
- ✦ Fit for purpose working environment for staff.

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- ❖ Carbon reductions from efficient lighting and heating.

The scope of works for this element will briefly consist of:

- ❖ Upgrades to all service infrastructure, including electrics, lighting, heating and water, nurse call and fire detection to achieve HTM and Building Regulations compliance.
- ❖ Reworking of clinical areas into more suitable configuration, including a fully compliant palliative care suite to support PTHB's strategy for improving local end of life care.
- ❖ Removal of ACM's from roof space to improve maintenance access in future and provide safe working space.

MIU Refurbishment – Estimated project value £1.2-1.6million

The current layout of the MIU department hinders coherent patient flow, the waiting room is too small and the treatment rooms are inadequate. Any patients who require beds are sent to another ward located away from the MIU which is impractical as the MIU staff remain responsible for them. The area requires renovation and reconfiguration to provide a fit for purpose service.

The benefits associated with the works include:

- ❖ Reconfiguration of area to maximise potential available space to improve service.
- ❖ Fit for purpose treatment rooms with upgraded mechanical and engineering services to ensure future HTM compliance.
- ❖ Improved patient and visitor access to site, improving patient experience. Also improved access for emergency services.

The scope of works for this element will briefly consist of:

- ❖ Altered layout of area to improve patient flow and improving access, including sufficient waiting area.
- ❖ Renovation of treatment areas.
- ❖ Provide additional treatment and administration space.

Physio Refurbishment – Estimated project value £720-970K

Similar to the MIU department, Physiotherapy requires reconfiguration to improve patient flow and allow for better usage of the available space. There are also access issues with a replacement automatic door required and a canopy to shield patients from inclement weather while entering the area.

The benefits associated with the works include:

- ❖ Improved patient and visitor access to clinic.
- ❖ Future HTM compliance.
- ❖ Fit for purpose department.

The scope of works for this element will briefly consist of:

- ❖ Complete upgrade of all mechanical and electrical services, new flooring and redecoration throughout.

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- ✦ Reconfiguration of department, including relocation of staff and patient toilets.
- ✦ Improved automatic door and canopy to improve patient access.

Theatres Means of Escape – Estimated project value £35-45K

At present in the Theatre department there is no way to evacuate a bedbound patient in an emergency should the main theatre entrance be blocked. There is an escape for ambulant patients and staff to exit via the rear of theatres onto the car park but any patient unable to walk would be unable to utilise this. Endoscopy vacating the previous washroom has made space available to improve the means of escape within the department.

The benefits associated with the works include:

- ✦ Future HTM compliance.
- ✦ Improved patient safety.
- ✦ Faster evacuation times in an emergency.

The scope of works for this element will briefly consist of:

- ✦ The relocation of washroom wall to allow for the widening of existing fire exit.
- ✦ Redecoration of area both internally and externally.
- ✦ Relaying of external paving to ensure safe and level escape route.

3.2.4.3 Package 3 - Upgrade of adjacent properties

This package focuses on the buildings adjacent to the main hospital which are in need of upgrade. It is acknowledged that a medium-long term plan needs to be developed for the future of the adjacent houses which are not suitable to provide clinical patient services. The Estimated value of this phase is circa £2,500,000 - £3,000,000.

Upgrade of adjacent houses – Estimated project value £1.5–2million

There are four properties located adjacent to the Hospital - Llangwyn, Hazels, Merlins and Westdene. Three of the properties are currently used by Community Mental Health Team (CMHT) while Westdene is currently unused due to its condition. CMHTs are made up of Psychiatrists, Community Psychiatric Nurses (CPNs), Support Workers and Social Workers and the current configuration of the properties does not allow for co-ordinated delivery of the services. All four properties are Victorian built in Circa 1880 and are very energy intensive. They require major refurbishment to bring them into compliance with current regulations access is currently poor with no compliant disabled access. In order to develop a scope for this element a full option appraisal will be undertaken in order to establish the best use for these properties which are not designed to house clinical functions.

The benefits associated with the works include:

- ✦ Improved airtightness leading to better building fabric efficiency, comfort and lower CO2e.
- ✦ Improved insulation of the building leading to heating efficiency and CO2e reductions.
- ✦ Low carbon heating technologies reducing CO2e.

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- ✦ Improved visitor and staff access and experience along with compliant disabled access.
- ✦ Improvement to the delivery of services through the provision of fit for purpose facilities.

The scope of works for this element will briefly consist of:

- ✦ Major refurbishment and renovation of properties, including any required structural improvements and improved access.
- ✦ Installation of new and compliant infrastructure including all mechanical and electrical services.
- ✦ Creation of fit for purpose clinical spaces to allow improvement to services.

The Mortuary Building – Estimated project value £100-145K

The mortuary building at Llandrindod is currently used on a regular basis by local undertakers. The building requires some external works to improve water tightness. The internal condition of the mortuary is very dated and requires refurbishment to improve the experience of those utilising the chapel of rest. There is an individual combi boiler servicing the mortuary but there are no temperature controls in place, leading to inefficiency.

The benefits associated with the works include:

- ✦ Improved airtightness leading to better building fabric efficiency, comfort and lower CO2e.
- ✦ Improved insulation of the building leading to heating efficiency and CO2e reductions.
- ✦ Low carbon heating technologies reducing CO2e.
- ✦ Improved resistance to external elements.
- ✦ Enhanced visitor experience during difficult period.
- ✦ Reduction in heating output wastage.

The scope of works for this element will briefly consist of:

- ✦ Carry out repair work to gutters, fascia boards and roof (including lead work).
- ✦ Full renovation of chapel of rest and mortuary, including flooring, decoration and required electrical services.
- ✦ Improved mechanical services, including temperature control unit.

Ambulance Station – Estimated project value £125-180K

PTHB currently lease this building to the ambulance service and as such have responsibilities as landlord. The facilities are rudimentary and need modernising to provide suitable work space and mess facilities for the Ambulance crews. Washrooms, showers and a lounge should be provided for the staff. A workshop is also necessary, for staff to carry out daily vehicle checks and basic maintenance.

The benefits associated with the works include:

- ✦ Future HTM compliance on all mechanical and electrical services.
- ✦ Compliance with all landlord legislative requirements.
- ✦ Improved welfare for ambulance staff which can positively affect morale.

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- ✦ Improved airtightness leading to better building fabric efficiency, comfort and lower CO2e.
- ✦ Improved insulation of the building leading to heating efficiency and CO2e reductions.
- ✦ Low carbon heating technologies reducing CO2e.

The scope of works for this element will briefly consist of:

- ✦ Renovation of building, including reconfiguration to include lounge, workshop and compliant wash room and dining facilities.
- ✦ Installation of complaint mechanical and electrical services.

3.2.4.4 Package 4 - External works

Package 4 examines the external works required to the site which will predominantly deal with Health & Safety concerns and improved access. The estimated cost for this phase is circa £920,000 - £1,300,000.

Car parking enhancements – Estimated project value £400-600K

Parking on site at Llandrindod has been an ongoing issue. As such, a new staff car park was developed in 2018 to ease pressures and improve patient parking. However, this car park is located opposite the Main Hospital and is separated by a busy main road with no dedicated means of crossing to access the Hospital. The patient parking area within the hospital also requires attention.

The benefits associated with the works include:

- ✦ Improved sustainable transport infrastructure with the addition of Electric vehicle charge points.
- ✦ Improved access/egress to the external car park, minimising risk to staff.
- ✦ Increased patient parking with improvements to surfaces.
- ✦ Greater safety with improved walkways and pavements.

The scope of works for this element will briefly consist of:

- ✦ Inclusion of pedestrian crossing from car park to hospital to provide staff with safe route.
- ✦ Resurfacing of existing patient car park including white lining to maximise number of spaces available.
- ✦ Improvements to walkways along patient transit routes.

Land adjacent to Hazels – Estimated project value £220-340K

Adjacent to the Llangwyn property on site is a plot of land which has previously been used as a garden area but has now fallen into disrepair and is no longer actively in use. Subject to planning approval, this land could be developed to house a meeting hub championing simple low or now carbon materials and technologies. Meeting spaces are extremely limited within the hospital and an inclusion of such a building would be welcomed by numerous departments.

The benefits associated with the works include:

- ✦ Creation of a new dedicated meeting space which is vitally needed on site.
- ✦ A new fit for purpose facility which would benefit both staff and the estate.

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- ✦ Low carbon building.
- ✦ Centre for the promotion of green products and technologies to engender a culture shift amongst staff and the public.
- ✦ Visual improvement of space which is overrun and not maintained.

The scope of works for this element will briefly consist of:

- ✦ Clearance of existing overgrown vegetation and construction of new foundations and drainage for new sustainable building.
- ✦ Construct new building on the developed plot of land.
- ✦ Development of effective communications to champion green materials and technologies.

3.2.4.5 Summary

It is anticipated that package 1 would commence first as this would 'complete' the works to the front block and have also been fully costed. In addition, this package will have minimal impact in terms of disruption, phasing and decant arrangements. The benefit of this approach is it would also deal with some higher risk items such as the age and condition of the lift which is prone to failure. The projects making up the remaining packages can be phased flexibly allowing PTHB to prioritise the works. For example, the Capital Control Group (CCG) have recently received Project Request Forms (PRF's) relating to the condition of the houses adjacent to the hospital which currently house mental health teams and health and safety concerns relating to the pedestrian routes around the building (Appendix C).

These proposed works will provide compliant, modern hospital facilities to better improve the services provided in Powys. The reconfiguration will improve efficiency of space and upgrade infrastructure of the hospital remove risks associated with the age of the building, as well as providing more useable space.

These works would improve the quality of the staff and patient environment and support the PTHB strategic plans for the delivery of services across Powys for a minimum period of 15 years.

The case has also been updated to include learning from the COVID-19 pandemic and what impact this may have on current and future services including; agile working, digital, social distancing and planning for future pandemics. Whilst it is understood that work on the development of these services are ongoing, A formal lessons learned process is currently underway and will be further detailed in subsequent BJC's.

3.2.5 Spending Objectives

By examining the business needs both in terms of service delivery and estates compliance the following spending objectives have been identified:

1. To provide safe and sustainable services in response to the current and future health and well-being needs of the local population.

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2. To integrate energy saving and low carbon technologies into a historic building to support decarbonisation in the public sector.
3. To move care closer to people's homes by increasing the range of local services and enhancing the provision of Care in County where safe and appropriate to do so.
4. To provide innovative environments which are able to support advancements in technology such as telemedicine, virtual ward etc.
5. To provide services in modern, fit-for-purpose accommodation which achieves statutory and regulatory compliance.
6. To develop a sustainable, skilled and integrated workforce fit to meet the needs of the population of Powys.

3.2.6 [Benefits Criteria](#)

This section describes the main outcomes and benefits associated with the implementation of the potential scope in relation to business needs. The four categories of benefit are as follows:

- ✦ CRB: Cash Releasing Benefits
- ✦ Non-CRB: Non-Cash Releasing Benefits
- ✦ QB: Quantifiable Benefits
- ✦ Non-QB: Non-Quantifiable or Qualitative Benefits

The individual benefits associated with each phase of works will be fully detailed in future BJC's however the overall benefits associate with this programme are summarised below:

Investment Objective	Benefit	Category
To provide safe and sustainable services in response to the current and future health and well-being needs of the local population	Allow continuity of works to the main scheme	QB
	Ensure all services to the front block are maintained leaving no legacy infrastructure issues	QB
	Improve the environment of all areas outside the original scope, bringing the entire block up to a compliant standard	QB
	Improve patient experience & environmental quality, to remaining hospital services	QB
	reconfigure remaining services in line with PTHB strategic direction and emerging models of care	QB
	Improve end of life care with the provision of fit-for-purpose palliative care suite	QB
	Improve access and H&S issues across the site	QB

Table 8: Benefits Criteria based on Investment Objective 1

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Investment Objective	Benefit	Category
To integrate energy saving and low carbon technologies into a historic building to support decarbonisation in the public sector	Estimated CO2e reductions associated with the replacement infrastructure and equipment of the catering department	QB
	Total estimated energy savings of between 45-70% representing a CO2 _e reduction of 124,110 248.221 tonnes per annum	QB
	Additional carbon sequestration of between 10-15% (50-45 tonnes of CO2 _e per annum) with added amenity and biodiversity improvements	
	Improved comfort and efficiency and environmental impact associated with replacing the windows in the front block Target: reduction of 817.983w (CO2 _e saving .818 tonnes per annum)	CRB
	Improved monitoring of heating system through BMS to improve efficiency and reduce carbon footprint realise up to 15-25% of the total savings (25-124 tonnes of CO2 _e per annum)	CRB
	Reduction in CO2e emissions through efficient building systems and insulation; 5-10% of total savings (50-74.5 tonnes of CO2e per annum)	QB
	Improve environmental performance through boiler house upgrade by exploring alternative technologies 15-25% (74.5-124 tonnes of CO2e per annum)	QB
	Utilise Carbon reducing technologies such as PV's 5-10% (25.-50. Tonnes of CO2 _e per annum)	QB

Table 9: Benefits Criteria based on Investment Objective 2

Investment Objective	Benefit	Category
To move care closer to people's homes by increasing the range of local services and enhancing the provision of Care in County where safe and appropriate to do so	Improved resilience of services delivered within county	QB
	Protect existing investment by making further improvements	QB
	Re-evaluate remaining services delivered on site including inpatient care	QB

Table 10: Benefits Criteria based on Investment Objective 3

Investment Objective	Benefit	Category
To provide innovative environments which are able to support advancements in technology such as telemedicine, virtual ward etc.	Add further infrastructure resilience including increased WI-FI capability	QB
	Reconfigure Inpatient accommodation to make full use of Telemedicine and virtual ward	QB

Table 11: Benefits Criteria based on Investment Objective 4

Investment Objective	Benefit	Category
To provide services in modern, fit-for-purpose accommodation which achieves statutory and regulatory compliance.	Reduce backlog maintenance to the front block from £3.9m to <£500k	QB
	Improve compliance to HTM'S and CAR2012	QB
	Remove all significant and high-risk backlog maintenance issues associated with the front block	QB
	Target backlog maintenance issues associated with the rear of the hospital	QB
	Upgrade of remaining clinical services to HTM standards	QB
	Improve audit and HSE position through further site improvements thus reducing risk	QB

Table 12: Benefits Criteria based on Investment Objective 5

Investment Objective	Benefit	Category
To develop a sustainable, skilled and integrated workforce fit to meet the needs of the population of Powys.	Further improve staff facilities through the upgrade of Catering department and staff dining facilities	QB
	Upgrade of IT to training facilities	QB
	Further opportunities to explore integration of primary care and third sector services	QB
	Provide enhanced conference, meeting and training facilities on-site	

Table 13: Benefits Criteria based on Investment Objective

3.2.7 Main Risks and Countermeasures

The main business and service risks (design, build and operational over the lifespan of the scheme) associated with the scope for this project are shown below, together with their counter measures. A risk register will be developed for each phase of works, to be included in subsequent BJC's.

Main Risk	Counter Measure
Design Development:	
Supplier	Design team engaged early through approved NWSSP frameworks – selected consultants to have a proven track record in the delivery of healthcare projects
Specification	Full engagement with Shared services, users, infection prevention, FM, Estates ensure the correct specification is established which is verified through the Project board. Clinical work stream to be established to ensure that the project is in line with the HB strategic direction and developing models of care

Main Risk	Counter Measure
Timescale	Consultation process to be well documented and establish key stakeholders/decision makers early in the process. Schedules of meetings to be agreed at the outset.
Change Management and Project Management	Potential changes are minimised through a robust engagement process. Necessary changes are managed through the change management agreements set out in the contractual arrangements
Implementation Risks:	
Supplier	Choosing the right suppliers based on a robust two tier tender process
Timescale	Robust planning of complex phasing arrangements for a live hospital site. Ensure contingency plans are in place to minimise disruption
Specification	Robust protocol in place for site inspections to verify agreed specifications are adhered to
Cost Risks	Early Warning Notice (EWN) process established and risk register continually updated through risk workshop process
Change Management and Project Management	contractual arrangements set out clear processes and protocols are established for changes through the implementation phase
Training and User	Full user engagement including relevant training needs to be established and 'soft landings' in place ensure relevant training is given
Operational Risks:	
Work force demands/recruitment	Identify the correct personnel required to deliver the proposed services. Scheme design which focuses on the recruitment, retention and training in order to develop a sustainable workforce
Changes in service delivery	Ensure user groups are engaged in any planned changes and the correct level of training is available
Life cycle	The life cycle of the facility is based on the requirement to provide new within 15 years
Operating Cost	Investing in new technology and equipment which is more efficient in terms of energy and output and are less prone to failure
Further repatriation/service growth	Build in an element of Futureproofing as well as streamlining existing patient pathways

Table 14: Main Risks and Countermeasures

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3.2.8 Constraints and Dependencies

The proposed LWH scheme has the following constraints and dependencies:

3.2.8.1 Constraints

- ✦ The available site area is limited with little or no room for expansion, meaning any proposed build solution is constrained by existing site boundaries – there is limited space for contractor's compound and the number of subcontractors on site at any time will be limited.
- ✦ As a predominantly refurbishment scheme the proposed solution is largely constrained by the existing building footprint.
- ✦ Refurbishment is taking place on a live hospital site – careful consideration must be given to phasing arrangements and contingency planning.
- ✦ Resource and Funding – the projects detailed within the programme should be flexible to respond to fluctuations in resource and available Welsh Government Funding.
- ✦ Ecology – Ecology surveys have been undertaken with issues likely such as the presence of bats.
- ✦ COVID-19 – The pandemic has delayed the Capital pipeline for 2020/21 and is also likely to have a detrimental affect on funding availability. In addition current and future works need to be planned to take in to account social distancing guidelines as well as operational peaks and troughs in activity.

3.2.8.2 Dependencies

- ✦ Works must be planned to have minimum possible disruption to current services.

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4 The Economic Case

4.1 Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the PBC documents the options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities.

4.2 Critical Success Factors (CSF's)

The Critical Success Factors (CSF's) identified for this programme are as follows:

Critical Success Factors	How well does the option...
Strategic Fit and Business Needs (Strategic Case)	<ul style="list-style-type: none">• meet and support the over-arching aims of local and national strategy/legislation
Potential Value for Money (Economic Case)	<ul style="list-style-type: none">• maximise the return on the required investment in terms of the economy• minimise associated risks
Capacity and Capability (Commercial Case)	<ul style="list-style-type: none">• deliver the required level of service and functionality
Potential Affordability (Financial Case)	<ul style="list-style-type: none">• deliver the project within the ascribed capital and revenue envelope
Potential Achievability (Management Case)	<ul style="list-style-type: none">• deliver the project within the agreed timescale• deliver an operational, fit-for-purpose facility• satisfy the level of skills required to deliver the project successfully

Table 15: Critical Success Factors

4.3 Main Options for Investment

After examination of the issues associated with BAU and the various potential benefits as well as risks and constraints, the Project Team have identified the following potential options:

	Option	Brief Description	Investment Appraisal
1	Do nothing: No Action	There would be no further development at LWH	This option would fail to complete the works to the front block of the hospital, leaving historic maintenance issues associated particularly with the building envelope and infrastructure and therefore risking damage to the works completed to date. It would fail to make any improvements to the remainder of the hospital which would continue to deteriorate and

	Option	Brief Description	Investment Appraisal
			potentially fail requiring greater financial investment to remedy the problems, or become unusable as accommodation. This option would not support PTHB's strategic plans for improvements to clinical services or to make improvements to the environmental impact of the site. Listed as a comparator only. Discounted
2	Do minimum: Essential Works Only	Undertake the necessary works required to complete the current scheme plus tackle significant and high-risk maintenance issues to the rest of the hospital	This option would address the issues associated with the completion of the front block of the hospital as well as some essential high-risk maintenance issues. However, it would still not fully address the remainder of the hospital, surrounding buildings and grounds which are likely to require further investment to repair and maintain. There is no scope within this option to address clinical services or to make any significant improvements to the environmental impact of the site. There may be technical difficulties associated with tackling significant and high risks only. Discounted
3	Intermediate: Address majority of backlog maintenance within the main hospital building only (including upgrade of clinical services)	Undertake the necessary works required to complete the current scheme plus carry out full refurbishment and reconfiguration of clinical services to the main hospital only	This option would address the issues associated with the completion of the front block of the hospital as well as the rest of the main building. However, it would still not fully address the surrounding buildings and grounds which are likely to require further investment to repair and maintain. The suitability of the adjacent houses for clinical use (not considered in this option) has already been noted at audit and some H&S concerns raised regarding safe access around the site. Possible
4	Intermediate Plus: Address the majority of backlog maintenance across the whole site (including upgrade of clinical services)	Undertake the necessary works required to complete the current scheme plus carry out full refurbishment and reconfiguration of clinical services to remainder of the site and adjacent buildings	This option will maximise the value of the investment already undertaken at LWH by bringing the rest of the site to a compliant standard and significantly reducing issues associated with backlog maintenance allowing future works

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	Option	Brief Description	Investment Appraisal
			to be strategically planned for other sites across Powys. <i>Preferred</i>
5	Do Maximum: Re-provide hospital		Previously discounted, this does not support the considerable investment already made at LWH which will improve services and reduce backlog maintenance for 15 years. <i>Discounted</i>

Table 16: Assessment of Available Options

4.3.1.1 Summary of Available Options

The table below summarises the assessment of each option against the investment objectives and critical success factors:

Option:	1	2	3	4	5
Description:	Status Quo	Minimum	Intermediate	Intermediate +	Maximum
Investment Objectives					
To provide safe and sustainable services in response to the current and future health and well-being needs of the local population	✓	✓	✓	✓	✗
To integrate energy saving and low carbon technologies into a historic building to support decarbonisation in the public sector	✗	✗	✓	✓	✗
To move care closer to people's homes by increasing the range of local services and enhancing the provision of Care in County where safe and appropriate to do so	✗	✗	✓	✓	✗
To provide innovative environments which are able to support advancements in technology such as telemedicine, virtual ward etc	✗	✗	✓	✓	✓
To provide services in modern, fit-for-purpose accommodation which achieves statutory and regulatory compliance.	✗	✗	✓	✓	✓
To develop a sustainable, skilled and integrated workforce fit to meet the needs of the population of Powys.	✗	✗	✓	✓	✓
Critical Success Factors					
Strategic Fit and Business Needs (Strategic Case)	✗	✗	✓	✓	✗

Potential Value for Money (Economic Case)	✗	✗	✓	✓	✗
Capacity and Capability (Commercial Case)	✓	✓	✓	✓	✗
Potential Affordability (Financial Case)	✓	✓	✓	✓	✗
Potential Achievability (Management Case)	✓	✓	✓	✓	✗
Summary	Discounted	Discounted	Possible	Preferred	Discounted

KEY	✗	does not meet	✓	partially meets	✓	meets
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Table 17: Summary of Available Options

4.3.2 Service Delivery Options

The following range of options considered the technical options for service delivery in relation to the preferred scope and solution. The range of service delivery options are detailed below:

- ✦ Option 3.1: In House – management and delivery of services by the Health Board
- ✦ Option 3.2: Outsource – management and delivery of services by an external organisation
- ✦ Option 3.3: Strategic Partnership – a managed arrangement between the Health Board to jointly manage and deliver services

4.3.2.1 Overall Conclusion: Delivery Options

Each option was assessed against the investment objectives and critical success factors. The findings of this assessment are summarised below:

Option		Findings
Service Delivery		
3.1	In-House	Preferred: This option provides the most acceptable solution in terms of use of staff, skills and resources.
3.2	Outsource	Discounted: This option has been discounted as it fails to deliver integration of services.
3.3	Strategic Partnership	Discounted: This option has been discounted as it is unclear whether it delivers integration of services, and because of the increased complexity and achievability issues.

Table 18: Service Delivery Options Findings

4.3.3 Implementation Options

This range of options gave consideration for implementation in relation to the preferred scope, service solution and method of service delivery. The range of implementation options is detailed below:

- ✦ Option 4.1: Single Stage – All service changes delivered within a single phase
- ✦ Option 4.2: Phased – Service changes are implemented in multiple phases

4.3.3.1 Overall Conclusion: Implementation Options

Each option was assessed against the investment objectives and critical success factors. The findings of this assessment are summarised below:

Option		Findings
Implementation		
4.1	Single Phase	Discounted: Due to the extent of the works a single phased approach would fail to provide the required flexibility
4.2	Phased	Preferred: This option offers the most flexibility. Elements of the works can be phased in terms of clinical demand, resource and available funding

Table 19: Implementation Options Findings

4.3.4 Funding Options

The range of options considered the choices available for funding and financing the scheme in relation to the preferred scope, technical solution, method of service delivery and implementation. The ranges of funding options available are detailed below:

- ❖ Option 5.1: Private Funding: the scheme is delivered via a 3rd party developed scheme utilising private capital monies.
- ❖ Option 5.2: Public Funding: the scheme is delivered via the NHS Capital Expenditure Programme.

Welsh Government has confirmed that, subject to the submission of a satisfactory business case, this scheme will be publicly funded. It is clear that the Health Board is not in a position to absorb the revenue pressures that alternative means of funding would entail.

Option	Scope	Findings
Funding		
5.1	Private Funding	Discounted: Third Party Development funding has been excluded as a viable funding option as the Health Board is not in a position to absorb the revenue pressures that this would entail.
5.2	Public Funding	Preferred: This scheme will be publicly funded and is part of the NHS Capital Expenditure Programme.

Table 20: Implementation Options Findings

4.4 Preferred Way Forward

The preferred and possible options identified above were then carried forward into the short list for further appraisal and evaluation.

	Option 1	Option 2
Scope/Technical	Intermediate	Intermediate plus

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Service	In-House	In-House
Implementation	Phased	Phased
Funding	Public	Public

Table 21: Preferred Way Forward

4.5 Economic Appraisal of Short-Listed Options

4.5.1 Capital Costs

The table below details the estimated costs for the available options. Full cost forms can be found in **Appendix A**. It should be noted that only package 1 has been fully costed. The remaining packages will be subject to further economic scrutiny which will be detailed in the project BJC's.

Options	Description	Phases	Estimated Project cost (Incl. VAT & Fees)
Option 1	Intermediate: Full upgrade of Hospital only	Package 1 - Works required to complete front block	£2.5m - £4m
		Package 2 - Additional works required to remainder of the Hospital	£4.5m - £6m
		Total	£7 - £10m
Option 2	Intermediate plus: As above plus remainder of site	Package 3 - Upgrade of adjacent properties	£2.5m - £3m
		Package 4 - External works	£0.9m - £1.3m
		Total (additional to option 1)	£3.4m - £4.3m

Table 22: Cost Comparison of Options

All the identified short-listed options were subjected to a financial appraisal incorporating a Discounted Cash Flow (DCF) calculation in order to derive an Annual Equivalent Cost (AEC) thus demonstrating value for money.

4.5.2 Revenue Costs

The revenue implication for the initial packages of work will be minimal and mostly be revenue savings associated with a more energy efficient building envelope and upgraded infrastructure. The revenue implications for the latter phases of the programme are currently being developed which will be based on model of care and demand and capacity modelling. These costs will be further detailed in subsequent BJC's.

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4.5.3 [Summary of NPV and AEC Appraisal](#)

The AEC will be illustrated at each Business Justification Case Submission. A DCF will be incorporated in the value for money table to assess the impact of both non-financial and financial impact.

4.5.4 [Value for Money Assessment](#)

The Value for Money Assessment for the project will be highlighted at each Phase submission but will include proposed revenue costs and capital costs.

4.6 Preferred Option

Following the financial and non-financial appraisals it is confirmed that the preferred option is Option 2 as detailed in this PBC, namely to provide:

- ✦ A completed fit for purpose hospital in a strategic location within Powys.
- ✦ Further reduction in estates risks and backlog maintenance.
- ✦ Improved efficiency of the building fabric and systems leading to more comfortable conditions, reduced running costs and reductions in CO2e.
- ✦ Upgrades to existing infrastructure to support existing and future services.
- ✦ Improvements to Catering and dining facilities.
- ✦ Upgrade of main entrance circulation routes and lift.
- ✦ Further enhanced range of local services supporting PTHB's strategy of developing a central spine of Regional Rural Centres within Powys.
- ✦ Improvements to inpatient care based on bed activity and reflect any aspirations for therapeutic and community-based care.
- ✦ The development of an appropriately located and designed palliative care suite supporting PTHB's strategy for improving end of life care locally.
- ✦ Improvements to Services being delivered from the rear of the hospital including Minor Injuries Unit (MIU) and Physiotherapy.
- ✦ Integrated Mental Health Services – bringing both existing and new staff into a single location aligning with the Health and Care Strategy for Powys as it will provide the opportunity for integrated working between PTHB, PCC and the third sector.
- ✦ Greatly improved patient accommodation, increased infection prevention and improved health and safety requirements and statutory compliance, including compliance with the Equality Act 2010 and Standards for Healthcare.

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The works identified within package 1 was taken forward to establish tendered costs. The remaining phases have yet to be taken forward to procurement, this will be done in line with the proposed timeline for the BJC submissions.

5 The Commercial Case

5.1 Introduction

This section of the PBC sets out the negotiated arrangements in relation to the preferred option outlined in *Section 4: The Economic Case*. The aim of the Commercial Case is to demonstrate that the preferred option will result in a viable procurement and well-structured deal. This section describes the planning and management of the procurement. As this is a Programme Business Case made up of individual projects and/or collections of projects, different procurement arrangements may be implemented at different stages of the development and will be detailed further in subsequent BJC's. However, all procurement arrangements will comply with PTHB's Capital Procedures and will be managed by NWSSP Procurement.

Recently, PTHB have utilised the SCAPE framework, which offers a 'free of charge' feasibility stage, timescale advantages and early contractor engagement with SEWSCAP also having been used successfully. In addition, PTHB will continue to engage with WG colleagues, NWSSP-Procurement Services and the Building for Wales (BfW) framework to ensure the most appropriate procurement route is selected.

5.2 Required Services

During the next phase of planning PTHB will make the following key appointments:

Service	Appointment
Design Team Lead	TBC
Architect	TBC
Structural & Civil Engineering	TBC
Mechanical & Electrical Engineering	TBC
Project Manager	TBC
Cost Advisor	TBC
Construction Contractor	TBC

Table 23: PTHB Appointments

5.3 Contractual Arrangements

During recent Capital developments PTHB have utilised the NEC 3 Option A form of contract. However, the contractual arrangements for each package of works will be further developed and confirmed at BJC stage.

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5.3.1 Change Control

Any successful Change Control process needs to have an agreed baseline of scope and cost against which change can be measured and evaluated. Thus, at an early but appropriate stage, the baseline cost plan and design upon which it is predicated must be set. Once done, a transparent and simple control process can be adopted to recognise, evaluate and make decisions upon acceptable or unacceptable change.

The Project Manager will establish a Change Control process from the point of creation of the baseline, and as definition and design work progresses, any person involved with the scheme may identify the need or opportunity for a change to the baseline parameters. If this happens, the Employers team should complete Section 1 of the Change Proposal Form. The Contractor should complete and issue an Early Warning in accordance with contract requirements. It is important to specify the correct reason codes for the proposed change:

1. Insufficient or incorrect information at baseline
2. Change to Employers requirements
3. Change to stakeholder requirements
4. Benefit to construction of the building
5. Benefit to operation of the building

and also:

- a) Change (a distinct change to the baseline parameters)
- b) Clarification
- c) Design Development (less distinct changes that occur during the progression of design)

Once Section 1 of the Proposal Form has been completed, this is passed to the Project Manager for authorisation to proceed. If the Project Manager decides that the Change Proposal is valid, he will arrange circulation.

The Project Manager will log the proposal, allocate a number and circulate electronically to the relevant parties, as a minimum, to the:

- ✦ Employer's Representative
- ✦ Contractor
- ✦ CDM Co-Ordinator
- ✦ Cost Manager.

Any other party who has been involved in agreeing the baseline should also be copied. These parties have a maximum period to respond with comments and further information as necessary (budget, programme and design detail).

Once all comments have been returned, the Project Manager logs an updated version of the form with the information provided by the Team. The Employer then takes a decision on how to proceed with the change. The Project Manager will provide the Employer with advice and recommendations as necessary. Further meetings or clarification may be required.

Should the Employer decide to proceed with the change, the Project Manager will either issue an Early Warning or formally instruct the Contractor to implement the change. The relevant parties that are responsible for updating specifications, drawings, programmes and budgets should do so accordingly. In particular, any associated budget changes should be logged such that there is a clear audit trail to track the changes.

It is important to note the link between this Change Control procedure and the Early Warning Notice system implemented under the NEC contract. This Change Control procedure should be used in all instances where a deviation from the project baseline is proposed or is likely to occur. The Early Warning Notice is used specifically for those instances where a change to the contract cost or programme is proposed or likely to occur. Only when the change itself occurs will a Compensation Event be raised.

Where the change in question is dealt with via the Compensation Event process, there is no requirement to raise an additional Change Proposal form. However, in some instances, a change will not necessarily imply a Compensation Event. Specifically, these circumstances are:

- ✦ If the change occurs within the project but outside the contract (for example, to third party costs)
- ✦ If the change occurs before formation of the contract
- ✦ If the change involved a shift in parameters other than time or cost, for example, a change in technical specification that does not affect the cost or programme but influences the design or operation of the final product

In these circumstances, a Change Proposal Form should be raised.

5.3.2 [Programme Duration](#)

The proposed timeline of the programme is estimated as 3-5 years, dependant on phasing arrangements and the availability of resource and funding.

A schedule of key dates is summarised below:

Milestones	Key Dates
Submission of Programme Business Case	December 2020
Submission of BJC Phase 1	early 2021
Submission of BJC Phase 2	TBC
Submission of BJC Phase 3	TBC
Submission of BJC Phase 4	TBC
Programme Completion	TBC

Table 24: Schedule of Key Dates

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5.3.3 [Payment Mechanisms](#)

NEC3 ECC Option A is a priced contract with activity schedule. It is a lump sum contract in which the total contract sum is broken down in the activity schedule into a number of smaller sums, which are termed the Prices. The total of the Prices in the activity schedule is the contract sum.

The Contractor is paid for work at the tendered prices and carries all risks other than those which are expressly stated in the contract to be the Employer's risks or which are the result of defined compensation events.

The activity schedule sets the contract sum by reference to activities that are to be completed rather than by reference to a bill of quantities. Accordingly, it is the Contractor who carries the risk of changes to quantities during the work.

The Contractor is paid at monthly intervals. The interim payment is termed The Price for Work Done to Date (PWDD). In Option A, the PWDD is defined as the total of the Prices for:

- ✦ each group of completed activities
- ✦ each completed activity which is not in a group.

Due to payments being linked to completed activities, it is generally the case that the Final Account calculations on Option A contracts are concluded relatively soon following completion of the Works.

5.3.4 [Agreed Risk Transfer](#)

The general principle is that risk is passed to 'the party best able to manage them', subject to value for money. The table below highlights the agreed apportion of service risks in the design, build and operational phases:

	Risk Category	Risk Allocation		
		Public	Private	Shared
1	Design risk			✓
2	Construction and development risk			✓
3	Transition and implementation risk			✓
4	Availability and performance risk			✓
5	Operating risk	✓		
6	Variability of revenue risks	✓		
7	Termination risks	✓		
8	Technology and obsolescence risks			✓
9	Control risks	✓		
10	Residual value risks	✓		
11	Financing risks	✓		
12	Legislative risks	✓		

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13	Other project risks	✓		
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Table 25: Risk Transfer Matrix

5.4 Personnel Implications (including TUPE)

Transfer of Undertakings (Protection of Employment) Regulations 1981 (TUPE) will not apply, directly or indirectly to this project proposal. Generally, the anticipated increase in staff resource to support enhanced activity will be in accordance with Health Board Workforce guidance.

5.5 Accountancy Treatment

The accountancy treatment for phase 1 of the PBC is that it is enhancing a fixed asset currently held within PTHB's balance sheet. Upon completion of the works, the asset will be revalued by the District Valuer when brought into use. Upon revaluation, it is anticipated that there will be an impairment of approximately 25% of value that will be subject to an Annually Managed Expenditure Impairment to be funded by Welsh Government.

As the asset will have been valued by an external professional, the life expectancy will be updated to reflect a revised life expectancy which, for the purposes of this business case, is expected to be 30 years. This new assessed life expectancy will define the depreciation adjustment going forward for future years. It is expected that PTHB will operate within the building for a minimum of 15 years.

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6 The Financial Case

6.1 Introduction

This section sets out the financial case for the capital investment being requested, particularly with reference to including an assessment of revenue affordability regarding the preferred option.

The revenue costs will be based on full year costs for the 2019 financial year. This business case assumes that the source of capital funding will be via a Capital Resource Limit allocation from the Welsh Government. Impairment funding will be required once the scheme is completed, following revaluation of the assets.

6.2 Financial appraisal of options

An appraisal of the identified options has been undertaken to assess the overall value for money – see section on economic appraisal. The capital costs of each option have been quantified and compared. Cash flows have also been compared over fifteen years, on the basis that this is an appropriate period to consider this capital investment and asset use.

A summary of the capital costs of the shortlisted options is shown below:

6.2.1 [Capital cost comparison](#)

A summary of the capital cost comparisons for each option are shown below. These provide a comprehensive breakdown of costs of scheme works. The capital costs were prepared by PTHB advisors and include VAT at 20% and contingency at 10% on all costs.

Options		Capital costs
1	Undertake the necessary works required to complete the current scheme plus carry out full refurbishment and reconfiguration of clinical services to the main hospital only	£7 – £9m
2	Undertake the necessary works required to complete the current scheme plus carry out full refurbishment and reconfiguration of clinical services to remainder of the site and adjacent buildings	£10.4m - £14.3m

Table 26: Capital cost comparison

A further breakdown of costs can also be found in [Appendix A](#).

6.2.2 [Capital Costs of preferred option](#)

It is assumed that the capital costs of the development will be funded by the Welsh Government (WG) and, based on the preferred option, these are summarised in the table below. These costs have been prepared by Cost Advisors on behalf of PTHB. It should be noted that only phase 1 has been fully costed. The remaining phases will be subject to further economic scrutiny which will be detailed in the project BJC's.

Options	Description	Phases	Estimated Project cost (incl. VAT & Fees)
Option 1	Intermediate: Full upgrade of Hospital only	Package 1 - Works required to complete front block	£2.5m - £4m
		Package 2 - Additional works required to remainder of the Hospital	£4.5m - £6m
		Total	£7 – £10m
Option 2	Intermediate plus: As above plus remainder of site	Package 3 - Upgrade of adjacent properties	£2.5m - £3m
		Package 4 - External works	£0.9m - £1.3m
		Total (additional to option 1)	£3.4m – £4.3m

Table 27: Capital cost Summary

Phasing to be determined based on progression of individual business justification cases

Phasing	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Packages to be determined	TBC	TBC	TBC	TBC	TBC	

Table 28: Phasing

6.2.3 Value Added Tax (VAT)

VAT is calculated at 20%. For the purpose of this PBC, no VAT recovery is included as this will be determined at each subsequent BJC.

6.2.4 Impairment

Once complete, the development will be independently valued by the District Valuer. On this basis, there will an impairment, due to the change in asset value when brought into use, but it cannot be calculated at this stage. It is assumed that the impairment will be funded by Welsh Government, through AME (Annually Managed Expenditure) based on the actual impairment identified.

6.2.5 Impact on the Statement of Financial Position

The impact on the THB's Statement of Financial Position, based on the preferred option, will be an increase in Fixed Assets. This will be calculated by the capital project costs of less the impairment.

6.3 Revenue Affordability

It is assumed the revenue costs with the exception of the additional depreciation charges will be within the current revenue envelope and all Business Justification Schemes submitted for each phase will outline the revenue and capital implications of each phase.

6.3.1 Capital Charges

Capital Charges consist of depreciation. In line with similar developments it is assumed that the District Valuer will assess the revised asset life to be approximately 30 years. This will increase the capital charges for the site by up to £0.375M per annum based on the maximum of the range of costs.

6.3.2 Funding Implications

An analysis of the capital and revenue costs and savings will be identified at each Business Justification Case submission to demonstrate the affordability and pay-back of the preferred option. This cannot be done at initial Programme Business Case submission due to a number of phases still to be determined to reflect the service delivery model yet to be defined.

6.3.3 Impact on the Statement of Comprehensive Net Expenditure

At each Business Justification Case submission, it will be defined within the financial case all impact on the financial budgets and Accounts of the THB.

6.3.4 Assessing Affordability

The following assumptions have been made in assessing the affordability of the preferred option within this business case:

- ✦ This will deliver a saving to the health board that will contribute to the ongoing financial sustainability.
- ✦ In terms of cash flow, that the Health Board will receive additional Capital Resource Limit and Cash Limit in line with the phasing of the project.
- ✦ The development will increase the asset base of the Health Board and therefore there are no additional risks in terms of assets and liabilities.

6.4 Summary of Key Assumptions that Underpin Affordability

The working assumptions in calculating the above costs are as follows;

- ✦ the estimated impairment, as a result of the change in asset value on bringing into use the redevelopment, will be funded by Welsh Government based on the actual impairment identified;
- ✦ Costs are based on standard rates at 2020 prices and are indicative. Any changes in inflationary cost pressures would be managed as part of the IMTP financial management process;

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- ✦ The current patient demand is projected to continue and therefore the assumptions regarding levels of activity that can be repatriated are considered to be reasonable.
- ✦ Facilities costs will not change significantly.
- ✦ No significant costs have been identified in relation to any disruption as a result of undertaking capital works on site.

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7 The Management Case

7.1 Introduction

This section of the PBC addresses how the scheme will be delivered successfully verifying that the programme will adopt a methodology that is based on standards of best practice and quality management principles.

The management of future phases will be described in more detail in subsequent BJC's. However, as phase 1 of the development had an established management structure it is envisaged that many of the key roles within PTHB will remain the same and be supplemented by relevant key stakeholders for each phase. As described above, package 1 has been prioritised by PTHB as these essential works are required to complete the front block, all the works have been fully costed and are anticipated to begin in 2020/21. The remaining works proposed in this programme will be undertaken as separate projects and as such will require various consultant, contractor and specialised advisor appointments, these will be detailed within future BJC's.

7.2 Project Management Arrangements

The project will be managed in accordance with PRINCE 2 methodology and in line with PTHB's Capital Procedures (Appendix D).

7.2.1 Project Structure

A Project Board has been convened for the duration of the project, which is an extension of the Project board established for the main scheme at LWH. This will ensure a smooth transition into phase 2 as well as maintaining knowledge and lessons learned from the original scheme. The Project Board is attended by the following:

Board Member	Position
Hayley Thomas	Senior Responsible Owner Director of Planning and Performance
Wayne Tannahill	Project Director Head of Estates and Properties
Louise Morris	PTHB Project Manager Head of Capital
Lesley Saunders	Community Service Manager (Mid)
Peter Richards	Finance Business Partner
Jason Crowl	Operational Lead
Dr Jon Matson	LWH Clinical Lead
TBC	Project Manager

Table 29: Project Board Members

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7.2.2 Project Reporting Structure

The project delivery organisation structure is detailed below. Mott MacDonald, the project manager for PTHB, is responsible for maintaining the programme and project organisation charts and distributing them to the project team.

The reporting organisation and the reporting structure for the project are outlined in the following diagram:

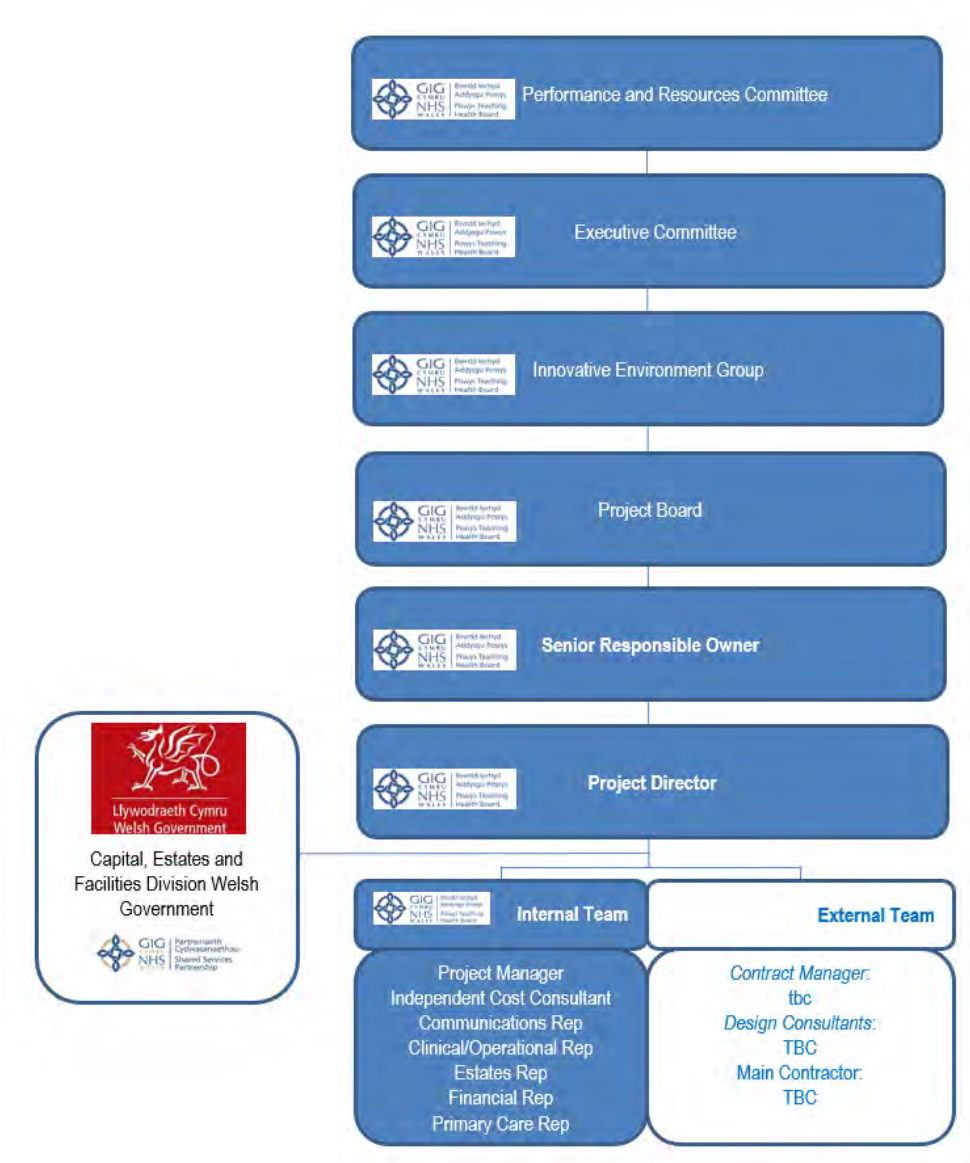


Figure 24: Project Delivery Organisation Structure

7.2.3 Project Roles and Responsibilities

7.2.3.1 Project Board

The Project Board's key accountabilities are to:

Provide strategic leadership and direction

- ✦ Provide support and facilitate change
- ✦ Facilitate training and development
- ✦ Review performance (KPI, financial, etc.) and relationships
- ✦ Help to avoid but, if necessary, resolve disputes
- ✦ Specify and implement Project Governance criteria
- ✦ Approve Project priorities and plans
- ✦ Ensure that the Project Budget is managed and controlled and remains within agreed delegated limits
- ✦ Monitor the Programme to ensure it remains on course to deliver expected benefits within agreed timescales
- ✦ Manage Strategic Risks and define criteria for reporting project status, escalation of risks and issues
- ✦ Approve and oversee the strategy for community consultation, communications, publicity and wider stakeholder relationships
- ✦ Approve all funding submissions and ensure that funding applications are prepared in accordance with recognised best practice.

PTHB Capital Procedures are relevant to all Powys staff involved in the planning, procurement and delivery of projects or equipment with a value over £5,000 Delegated limits, key roles and responsibilities are detailed in PTHB Capital Policies and Procedures.

7.2.3.2 Senior Responsible Owner

The Senior Responsible Owner (SRO) is the Director of Planning and Performance, whose role is to:

- ✦ to agree the business case and budget for the project, ensuring it meets the business objectives, for approval by the Investment Decision Maker
- ✦ to establish an appropriate project organisation structure and communication processes
- ✦ to recruit a Project Director and agree Terms of Reference for the Project Board
- ✦ to ensure that a brief is developed which clearly defines the product and is agreed by the users
- ✦ to establish a progress and reporting procedure to determine the performance of the project
- ✦ to approve major changes to the scope of the project and the approach to delivering the product, including the role of arbiter on any disputes which occur on the client side
- ✦ to alert the Investment Decision Maker with a recommendation on action to take should there be a trend toward cost escalation or delay, or if the objectives of the project change radically
- ✦ to ensure adequate resources are made available to the Project Director for the delivery of the project
- ✦ to be seen to demonstrate commitment to the project, clearly promoting it and the benefits that it will bring.

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7.2.4 Project Plan

7.2.4.1 Programme

A master programme will be developed for the works which will consider; necessary phasing arrangements, available funding and resource as well as how the works are to be collectively delivered as projects.

7.2.4.2 Management Plan

In accordance with PTHB Capital Procedures a Project Initiation Document (PID) will be developed for each project or series of projects within this programme. Phase 1 of the programme will be managed in line with the existing updated PID developed for the current scheme (Appendix E). Throughout the scheme PTHB have managed and monitored Performance via a 6 monthly review of Key Performance Indicators (KPI's). These KPI's have been developed to ensure the programme objectives and critical success factors are measured, monitored and delivered (Appendix F).

7.2.4.3 Project Communication

A communication strategy has been developed for the programme (Appendix G). This strategy will represent the flow of communication and information between the different stakeholder groups. The appointed Project Manager will manage the process to ensure the process functions effectively. All formal communication and information between the Employer and the Contractor must flow through the appointed Project Manager and PTHB project Manager.

7.2.4.4 Project Meetings

Meetings will be scheduled and managed by the appointed Project Manager providing details of required meetings. This schedule is prepared to ensure the project team is aware of all meetings that are to be undertaken, all actions are executed prior to the meeting and any preparatory work (for reports, etc.) is complete prior to the relevant meetings or on a pre-arranged date.

An agenda for each meeting and workshop will be prepared by the Project Manager, who will chair all meetings or delegate the responsibility to an appropriately skilled person. A nominated person dedicated to capture the meeting notes is identified prior to the meeting taking place to avoid confusion at the commencement of the meeting.

The following meeting types have been undertaken as part of the governance arrangements for this programme, the number and frequency of which will be reviewed regularly and be reflective of the stage and complexity of the projects being undertaken:

7.2.4.4.1 Project Board Meetings

The purpose of these meetings is to discuss project related issues (design, programme, phasing, cost, contractual matters, health and safety, etc.). Meetings are held on a monthly basis. PTHB capture and compile the meeting notes for circulation to the Project Delivery team.

7.2.4.4.2 Risk Reduction Meetings

These meetings are held to capture and manage/eradicate risk on a regular basis. This process encapsulates the early warning system. The project risk register has been updated after every meeting. Meetings are held on a fortnightly basis. The Project Manager captures and compiles the meeting notes for circulation to the Project Delivery team.

7.2.4.4.3 Design Team Meetings

The purpose of these meetings is to discuss design matters in detail. Meetings are held on a monthly basis. The Designer captures and compiles the meeting notes for circulation to the Project Delivery team.

7.2.4.4.4 Progress Meetings

To be held on site once the construction has started to consider progress against programme, information required etc. Meetings will be on a monthly basis. The Project Manager will capture and compile the meeting notes for circulation to the Project Delivery team.

7.2.4.4.5 Site Co-ordination Meetings

Weekly site co-ordination meetings will be held for the site teams. The Contractor will capture and compile the meeting notes for circulation to the Project Delivery team.

7.2.4.5 Actions Tracker (AT)

In order to track outstanding actions from all of the above meetings, the Project Manager maintains an 'Action tracker' to capture all action points from all meetings and track the progress of the action points. A traffic light system (GREEN/ AMBER/ RED) is used to assess if actions are complete, due or overdue. This log is a live tool which is formally sent to the project team on a monthly basis, although actions are pro-actively chased on a weekly basis.

7.2.4.6 Reports

The Project Manager will co-ordinate the preparation of a monthly report. The monthly report is shared with all members of the project team clearly and concisely detailing progress against the programme and any outstanding issues.

7.3 Use of Special Advisers

A series of specialist advisors will be required throughout the programme, these include:

7.3.1.1 Internal Advisors

In line with PTHB Capital Procedures each project detailed within this programme will be subject to a pre-tender sign off process by a series of internal champions, these include:

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Area	Nominated Person	Signature	Date	Comments
Asbestos	Cefin Francis			
Electrical	Steve Watkins			
Facilities	Andrew Creswell			
Fire	Gwyn Lewis			
Health & Safety	Paul Tranter			
User	<<Insert Name>>			
Ventilation	Steve Watkins			
Water	Steve Watkins			
Works	Gareth Jones			
Anti-ligature	Ruth Derrick			
Environment	Steven Bromley			
Infection Control	Beverley Gregory			
IT - Voice and Data	Nicola Clements			
Medical Gases	Steve Watkins			
Principle Designer	<<Insert Name>>			
NWSSP-SES	<<Insert Name>>			

Table 30: Internal Specialist Advisors sign off Sheet

This sign off sheet forms part of the Capital Booklet (Appendix H)

7.3.1.2 External Advisors

A number of external specialist advisors have already been appointed for the current scheme and will continue to be engaged with phase 1 of this programme:

Ecology

- ✦ Ecology Project Ecologist: Opus International Consultant Ltd
- ✦ Ecology Lead: Laura Hammerton (Opus International Consultants Ltd)
- ✦ Specialist & Local Consultants: Eric Palmer (Link Ecology), Penny Lewns and David Lewns (both from Protected Species Ecology Ltd).

Asbestos

- ✦ Rehills: Specialist Environmental Consultancy
- ✦ Burroughs: Engineering Consultancy <http://burroughs.co.uk/> to advise on how the proposed alterations can be carried out without compromising the structural integrity of the building.

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7.4 Arrangements for Change Management

PTHB recognises the importance of effective change management and that it requires thoughtful planning and sensitive implementation, and above all, consultation with, and involvement of, the people affected by the changes. The reconfiguration of LWH represents a number of large organisational changes in order to maximise the clinical efficiency of the hospital. These include:

- ✦ Decanting services and staff to offsite premises
- ✦ The repatriation of services to Llandrindod thus impacting staff teams and relationships
- ✦ Supporting integration with community and third sector services
- ✦ Increasing capacity
- ✦ Changing/modernising working practices.

The staff affected by the changes have been consulted with and understand the need for change, have contributed to how the change will be managed and have been involved in the planning and implementation of the change.

7.4.1 [Leadership](#)

Clinical leadership is a crucial ingredient for successful change programmes and has been apparent at all stages. It is invaluable both for the decent design of interventions and for the credibility of change programmes, so that clinicians will embrace the change instead of reacting against it.

LWH has a clinical lead who is also the local GP, and he has been involved in the project from its inception, attending all meetings in order to engage with PTHB and key stakeholders.

7.4.2 [Stakeholder Engagement](#)

Regular Operational Team Meetings will continue to be held with identified departmental “Champions”. The meeting is chaired by the Primary & Community Care lead and the project team is represented by PTHB’s Internal Project Manager. These meetings provide an essential voice for clinical departments, ensuring views were heard and reporting back to the department regarding the progress of the project and minimising operational impact as a result of the works.

7.5 Arrangements for Benefits Realisation

Based on the benefits detailed in section 3.2.6 a benefits realisation plan will be developed detailing the management and delivery of benefits. The plan will include the benefits of the project, the category of each benefit (in economic terms) how they will be measured and quantified, and who is responsible for their realisation.

This document focuses on the key benefits which the project is intended to deliver, rather than providing a comprehensive list of all benefits. This plan is a management tool which addresses the specific benefits as a result of the development. An action plan will be developed to deliver the benefits, the results of which will be validated by the Project Board.

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As outlined in Welsh Government guidance an evaluation will be undertaken to review and evaluate the success of the project against its original objectives and success criteria. The achievement of these benefits will form the basis of that review. A more in-depth post project evaluation will be carried out 4-6 months after the new facility has been commissioned, and will cover:

- ✦ the overall success factors of the project in terms of time and cost
- ✦ extent to which the design meets the users' needs
- ✦ if the benefits described in the Business Case have been delivered.

7.6 Arrangements for Risk Management

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

- ✦ Regular Risk workshops will take place (as required) involving key members of the project, design and contractor teams – ensuring early identification of risks and thus reduce their potential impact to an absolute minimum. Benefits of regular risk workshops include:
 - The skill and decision power of the workshop participants is optimised in identifying, analysing, and managing project risks
 - The commitment of the key stakeholders to the workshop decisions is secured
 - Project decisions are made in a timely manner
- ✦ Risks will be graded appropriately according to probability and impact. The matrix of probability and impact enables the risks to be prioritised in terms of their severity.
- ✦ A Risk Register will be developed and managed by the Project Delivery Team. It provides a systematic and continued process consisting of identification, assessment, monitoring and response to risk in a controlled framework
- ✦ Risks will be allocated to the party most able to carry the risk.

A programme risk register is under development which will set out who is responsible for the management of risks and the required counter measures.

7.7 Commissioning and Completion

A commissioning/witnessing/inspection plan is to be agreed between the Contractor, Project Manager, and Supervisor for formal acceptance of completed construction elements at key stages of each project. In line with HTM guidance specialist commissioning such as medical gases, ventilation etc. shall be commissioned and/or inspected by NHS Wales Shared Services Partnership Specialist Estates Services (NWSSP-SES), this process will be coordinated/managed by PTHB Estates team.

7.7.1 Handover

PTHB have developed a handover strategy presentation (Appendix I) which is shared with key stakeholder groups in order to establish key roles and responsibilities and ensure that these are understood by all parties. The key elements covered in the presentation include:

- ✦ What is a handover?
- ✦ Handover – Typical Information
- ✦ Key Stakeholders
- ✦ Design Freeze
- ✦ Handover Process
- ✦ Understanding Defects

In order to complete a handover, inspections are required to be undertaken by the contractor, supervisor(s), NWSSP-SES (as required) and PTHB Estates and relevant specialist advisors. The following information is required:

- ✦ Operations & Maintenance Manuals (O&M's)
- ✦ Names & details of duty holders
- ✦ 'As installed' or 'as built' drawings
- ✦ Manufacturers data sheets and declarations of conformity
- ✦ Commissioning test results
- ✦ Records of inspections or test witnessing
- ✦ Details of any training, or instruction delivered
- ✦ New or revised arrangements and risk assessments for using, maintaining or managing assets
- ✦ Third party approvals (e.g. Fire Officer, Building Control etc)
- ✦ Schedule of Defects
- ✦ Schedule of keys & equipment to be passed over.

7.7.2 [Post Project Review](#)

The primary objective of the post-project review is to identify and feed-back best practice to all parties such that continuous improvement can be sustained.

For each project, and in line with PTHB's Capital Procedures, an Internal Project Manager Evaluation form (CP7.1) and a Client Evaluation Form (CP7.1a) will be completed, formally documenting what went well, identifying areas for improvement and logging how the main benefits of the project were realised.

The lessons learnt and the activities celebrated for success will be recorded and implemented into future projects to ensure continuous improvement is achieved on future projects.

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8 Recommendation

Based on the information contained within this case the Recommendation is to gain endorsement by Welsh Government for PTHB to develop a series of capital projects to complete the development of Llandrindod Wells Hospital (LWH) into a Regional Rural Centre, a key priority of the refreshed Integrated Medium-Term Plan 2019/20-2021/22 (IMTP). The programme of works detailed within this case aim to further enhance services at LWH while making further significant improvements to compliance, reductions in backlog maintenance, improved efficiency and lower environmental impacts.

Signed (to be signed following board approval)

Date:

Senior Responsible Owner:

Director of Finance:

Chief Executive:

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