

## Agenda item: 3.1

BOARD MEETING		Date of Meeting: 25 <sup>th</sup> November 2020
<b>Subject:</b>	<b>Performance Overview against National Outcome Framework – Month 7, 2020/21</b>	
<b>Approved and Presented by:</b>	Executive Director of Planning and Performance	
<b>Prepared by:</b>	Lead Performance Information Analyst	
<b>Other Committees and meetings considered at:</b>	Executive Committee, 18 <sup>th</sup> November 2020	

### PURPOSE:

This report is to be used for information and provides a brief update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position for Powys Teaching Health Board month 7 2020/21, and a high-level overview of COVID performance.

### RECOMMENDATION(S):

The Board are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

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

**EXECUTIVE SUMMARY:**

This report provides the Board with a performance update against the 2020/21 NHS Delivery Framework.

This continues to be an interim process as a result of the COVID pandemic in the absence of the regular Integrated Performance Report.

This report contains a high-level summary of COVID e.g. infection rates, mortality and Test Trace and Protect performance.

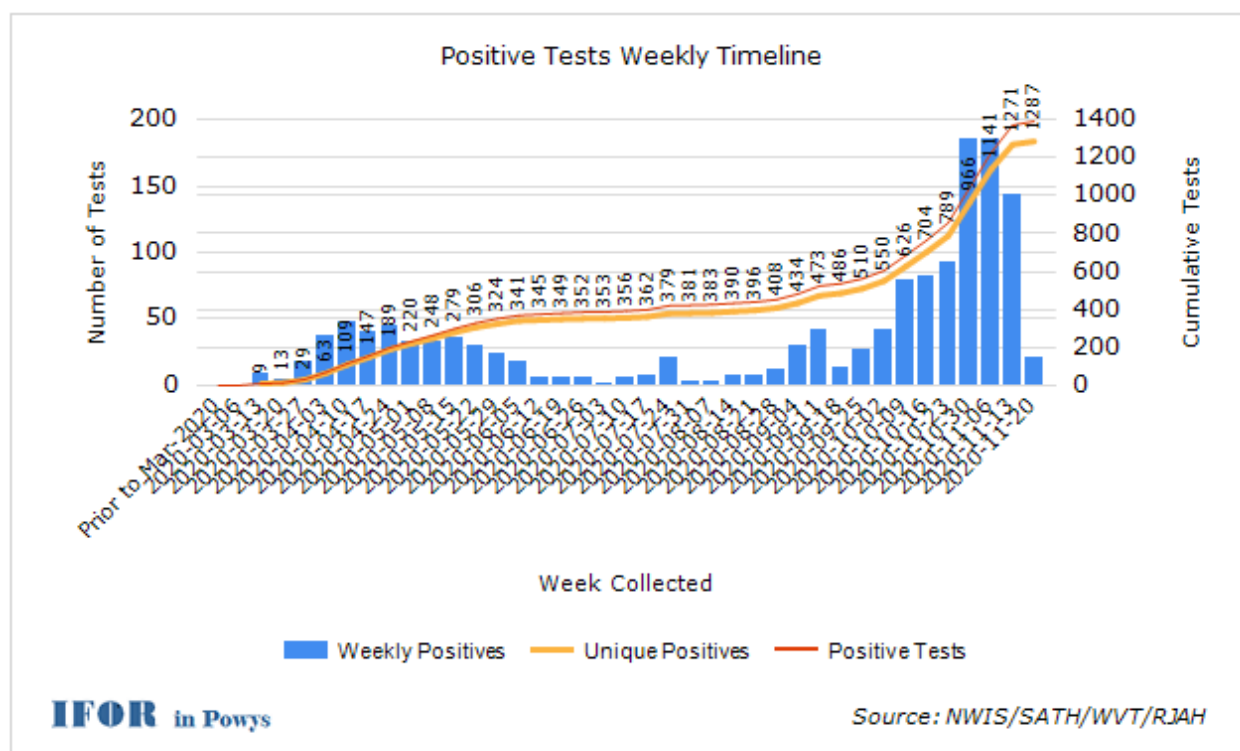
A brief update on Powys Teaching Health Board's (PTHB) performance, set against the 4 aims and their measures including a dashboard showing the levels of compliance against the National Framework. Using this data, we highlight performance achievements and challenges at a high level, as well as brief comparison to the All Wales performance benchmark where available.

An essential services update has also been provided with a brief overview of our position as a provider, and those services that we manage or provide whilst meeting the national guidance to ensure patients receive their required care during the pandemic.

## DETAILED BACKGROUND AND ASSESSMENT:

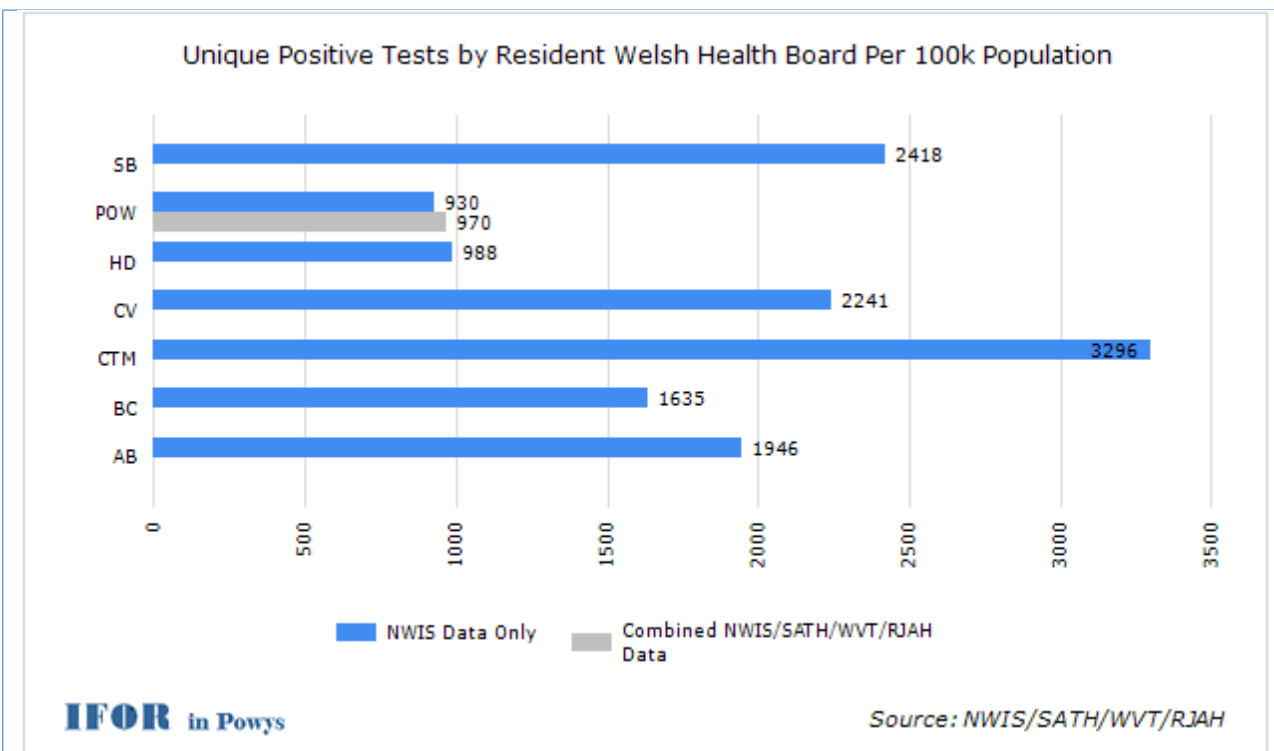
### COVID-19 Powys Resident Positive Cases – 16/11/2020

The latest position for COVID shows cumulatively **1287** unique residents have had a positive test outcome. The graph below shows the incidence of positive tests has significantly increased with the second spike of infection. It should be noted that testing capacity is significantly higher than during phase one of COVID, this makes positive incidence non-comparable to the initial peak.



\*N.B Incomplete data for week 20/11/20.

Using a health board residency breakdown, PTHB has the lowest rate of unique cumulative positive cases per 100k (graph below). At a local authority level, several areas including Gwynedd, Pembrokeshire and Ceredigion have a lower rate per 100k than Powys. Working against the challenge of infection, Powys key measures are in place. These include mass & mobile testing, Test, Track and Protect, media awareness and rapid response via strategy and incident groups to assess and react in a prompt manner."

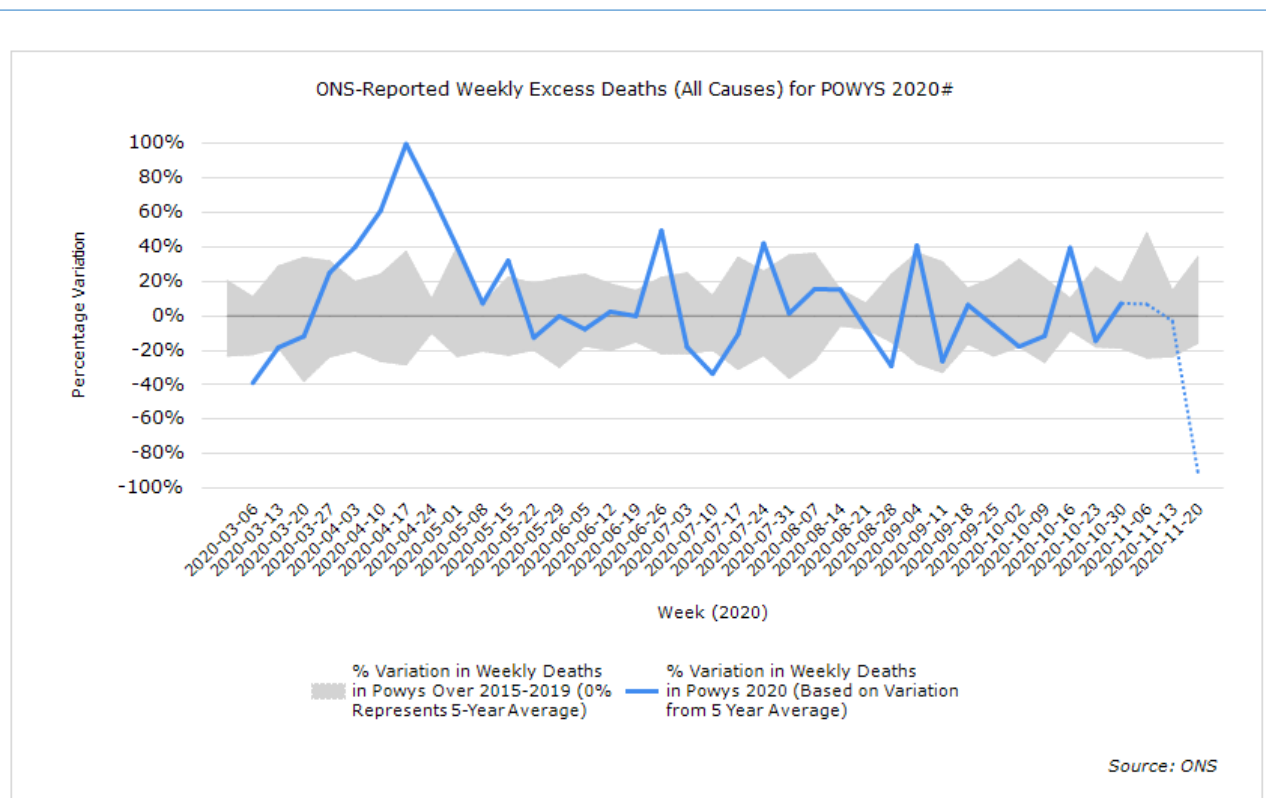


## Resident Deaths – Source ONS

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

In Powys the cumulative total deaths from COVID is **124** since the pandemic started, this is the latest snapshot and includes those patients awaiting a death certificate confirmation e.g. unvalidated. Predominately Powys resident COVID deaths occur within the care home setting, with the last peak in April. The second infection spike has started to show early markers of increased deaths but confirmed data will not be available for several weeks.

The below graph shows the maximum and minimum range of weekly deaths over the previous 5 years 2015-2019 as a percentage range (grey bar) and the % variation observed deaths over or under the average of what would normally be expected (blue line). We can see that during the April and May period COVID caused excess deaths within the population. Since the initial spike excess deaths have remained predominately within expected values through the summer months, as new deaths from COVID are reported we will understand if these are excess to normal expectation.

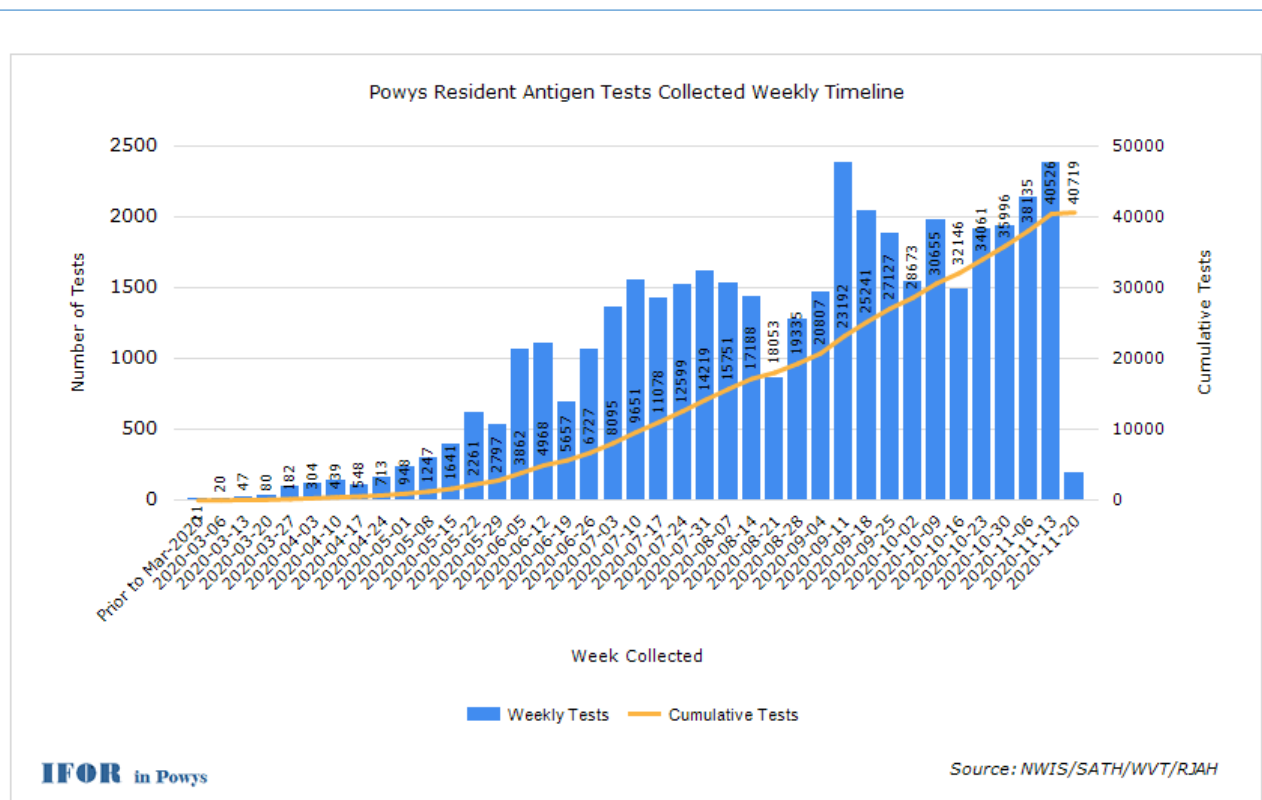


## TEST, TRACE, PROTECT

The COVID-19 seven-day case incidence rate for the week ending 14<sup>th</sup> November was **86.1 cases per 100,000 population**. The test positivity rate was **9.4%**.

Approximately 2,400 tests were performed on Powys residents during the week ending 13<sup>th</sup> November. A timeline of weekly testing is shown below.

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



\*N.B Incomplete data for week 20/11/20.

In the first two weeks of November, **297 positive cases** were identified for contact tracing, of which **86%** were followed up within 24 hours. Contact tracing identified **935 contacts**, of which **92%** were followed up within 48 hours.

*This data based on the TTP CRM data for Powys health board residents irrelevant of testing team.*

## **NHS DELIVERY FRAMEWORK PERFORMANCE**

The NHS Delivery Framework has had significant changes for 2020/21.

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

- **Quadruple Aim 1:** People in Wales have improved health and well-being and better prevention and self-management.
- **Quadruple Aim 2:** People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

- **Quadruple Aim 3:** The health and social care workforce in Wales is motivated and sustainable.
- **Quadruple Aim 4:** Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes.

It should be noted that the Delivery Framework and its measures were set out prior to the COVID pandemic, it is expected that the resulting impact and challenge to the NHS has triggered national workplans to provide revision of existing systems such as risk stratifying of waiting lists as a long-term plan, and further rules or processes to optimise patient outcomes. This will result in further revisions of the measures.

### **PTHB Performance**

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

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

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider							Welsh Government Benchmarking (*in arrears)	
			Performance					
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	Q1 20/21	503.5	451.4	277.8	4th	280.3
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%	Sep-20		63.6%	54.5%	6th	No National Compliance Figure Available
10b	MH Part 2 - % residents with CTP 18+	90%	Sep-20		92.7%	93.0%	1st	
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%

- The percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 met the nationally set target. Even with the challenge of COVID during Q1 2019/20 the levels of vaccination have remained robust with performance above national average and the provider is ranked 2<sup>nd</sup> in Wales.
- The percentage of children who received 2 doses of the measles mumps & rubella (MMR) vaccine by age 5 has not met the national target. The provider has the highest level of uptake in Wales and has shown slow but steady improvement over the last five quarters, the national average is 92.4% and PTHB ranks 1<sup>st</sup> in Wales.
- Smoking cessation services have shown that cumulatively at the end of 2019/20 more patients have attempted to quit smoking. With national campaigns, and the highlighted risk of smokers from COVID we see an improved uptake, the health board has achieved a +1% uptake increase on 2019/20. CO-validated quitters at 4 weeks did not meet



the national target (40%) with 37.7% compliance, this is still an improved position on the equivalent period 2018/19.

- Reviewing the uptake of influenza vaccination in Powys at the end of 2019/20 we can clearly see that increased uptake has occurred on all measures except clinical staff. Where the national target has not been met for +65 years and <65 years at risk we are benchmarked closely to the national average or slightly above. Pregnant women and staff uptake were very good in comparison nationally. It is expected that the national drive and associated COVID risk should see the performance levels improve through 2020/21.
- The new cancer screening measures added for 2020/21 show that in 2018/19 Powys Teaching Health Board had similar uptake to screening as the national picture. For the uptake of bowel screening 58.3% of residents ranked us 1<sup>st</sup> in Wales for uptake and with improving trend. Breast screening services had a 69.1% uptake ranking us 7<sup>th</sup> with a national average of 72.8% (lowest in Wales). Cervical screening performance for 2018/19 placed Powys 1<sup>st</sup> with 76.1% significantly higher than the all Wales average of 73.2%.
- The Mental Health Part 2 measure focuses on the care treatment plan (CTP) compliance for health board patients, as part of the 2020/21 framework revisions all Mental Health is reported within two distinct age categories under 18 and 18+. Monthly performance for CTP's in the +18 category has continued to meet the target in September (93.0%). Compliance for the <18 category has not been so robust with only 54.5% receiving a CTP within the required timescale. Poor performance has been linked to data collection and recording process errors, new and robust measures have been put in place for October by the head of service, and performance is expected to improve by the start of Q4.
- Estimated dementia diagnosis by GP's remains low when compared to the 54.7% national average during 2018/19. Powys Teaching Health Board reports a downward trend ranking 7<sup>th</sup> overall in Wales.

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

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider					Performance		Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest available	12month Previous	Previous Period	Current	Ranking	All Wales
17	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20			56.3%	5th	59.70%
18	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q4 19/20	64.2%	63.0%	63.2%	6th	68.6%
20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Oct-20	57.6%	62.1%	50.6%	6th	60.8%
22	MIU % patients who waited <4hr	95%	Sep-20	100%	100%	100%	1st	76.5%
23	MIU patients who waited +12hrs	0	Aug-20	0	0	0	1st	3,729
32	Number of diagnostic breaches 8+ weeks	0	Oct-20	0	221	120	1st *	60,967 *
33	Number of therapy breaches 14+ weeks	0	Oct-20	6	704	596	4th *	9,072 *
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Sep-20	97.7%	48.6%	43.3%	1st **	44.8% **
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Sep-20	0	867	1060	1st **	168,944 **
36	Number of patients waiting for a follow-up outpatient appointment	<=5581	Sep-20	8289	6338	6503	1st	775,059
37	Number of patient follow-up outpatient appointment delayed by over 100%	< 290	Sep-20	450	513	589	1st	199,111
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Sep-20	Not Available	83.6%	81.9%	1st	45.7%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Sep-20	Not Available	4.1%	1.9%		
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%	Sep-20	93.1%	90.5%	88.9%	5th	74.0%
41a	MH Part 1 - Assessments <28 days <18	80%	Sep-20	100.0%	100.0%	100.0%	1st	No national compliance figure available
41b	MH Part 1 - Assessments <28 days 18+	80%	Sep-20	81.0%	94.7%	99.0%	1st	
42a	MH Part 1 - Interventions <28 days <18	80%	Sep-20	100.0%	100.0%	100.0%	1st	
42b	MH Part 1 - Interventions <28 days 18+	80%	Sep-20	52.3%	85.8%	89.4%	3rd	
43	Children/Young People neurodevelopmental waits	80%	Oct-20	94.9%	23.0%	26.1%	4th *	25.7% *
44	Adult psychological therapy waiting < 26 weeks	80%	Oct-20	74.5%	88.2%	89.9%	2nd *	56% *
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	Oct-20	2.58		2.58	PTHB is not nationally benchmarked for infection rates	
46b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Oct-20	0		1.29		
46c	HCAI - C.difficile per 100k pop cum	TBC	Oct-20	11.62		6.44		
47a	HCAI - Klebsiella sp per 100k pop cum	TBC	Oct-20	2.58		1.29		
47b	HCAI - Aeruginosa per 100k pop cum	TBC	Oct-20	0		1.29		
48	Number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Q2 2019/20	< 5	< 5	0	1st	12
* Benchmark provided from previous period (national benchmark outdated)								
** Ranking for RTT nationally includes D&T specialties								

- Measure 17 the percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS and Measure 18 - Percentage of children regularly accessing NHS primary dental care within 24 months are both new to the 2020/21 outcome framework. Further work with their respective leads will be required to assess, analyse and provide further narrative for Quarter 4.
- WAST monthly performance against Red 8-minute calls has not met the target required since May 2020, various challenges including geography (location), ambulance handover times at DGH's and other complications including low number variation regularly resulting in poor compliance against the target.
- MIU access compliance remains excellent, it should be noted that the number of new attenders has reduced during October to a level similar of that found in May 2020.
- Diagnostic performance, the latest validated position for patients waiting over 8 weeks has improved significantly in October, a total of 120 patients now wait over the 8-week target (221 waited longer than 8 weeks in September). This reduction is predominately linked to an increased flow through Non-Obstetric ultrasound. COVID had caused a significant impact and backlog of patients, but working within COVID safety guidelines an increase in capacity has enabled activity levels to return to similar pre-covid position. Endoscopy services continue to be restored in South Powys focusing on urgent and USC patients. This remains a challenging diagnostic specialty with 74 waiters over 8 weeks, capacity remains at around 50% of pre covid levels with ongoing impacts of PPE, distancing, ventilation between patients and cleaning. All diagnostic referrals, and waiting patients are risk stratified to provide the safest service possible. There is further risk to the waiting list and capacity as a result of clinical in-reach which is under significant pressure during the current second peak of COVID. The All Wales picture for September remains challenging with 61,000 Welsh residents waiting over 8 weeks but this has improved when compared to August. The impact nationally is that PTHB residents will be within this cohort waiting for scans and other diagnostics that are not available locally, or are delayed due to COVID restrictions around aerosol generating procedures (AGP).
- Therapies performance has improved with a reduction to 596 patients waiting longer than 14 weeks. Various actions have been used to reduce the backlog and increase patient flow, temporary staff to deliver additional sessions and the usage of virtual solutions in specialties such as Dietetics. This restoration of service work has significantly improved

the position when compared to the June peak of 986 breaches. Most therapy specialties are planning to be at normal waiting time levels (i.e. in target) before end of the calendar year if not before. Long waiter challenges however remain in, physiotherapy and podiatry. An example of these challenges is reduced clinical capacity resulting from space, ventilation and cleaning limitations.

- The latest validated provider RTT position for September is that 43.3% of 3910 patients were waiting less than 26 weeks (excluding D&T), but the number of patients that had waited 36+ weeks increased to 1060, of these a total of 128 are waiting longer than 52 weeks. The challenge remains that services were suspended during the initial COVID phase, this resulted in a backlog and presently restoration of services cannot provide enough capacity to resolve this in the short term. Further risk for recovery is predicted with a second peak of COVID, this will likely result in reduction of in-reach Consultant services. With the significant concerns for long waiting patients within this backlog, work is being undertaken with Welsh Government, regional groups and local operational teams to develop solutions, these include options such as outpatient transformation strategy, which would potentially result in service re-designs to allocate care via risk basis, rather than the current referral to treatment pathway rules/system to enhance access. This would allow patients to be equitably treated by their risk to harm for their care pathway.

The All Wales position is similar to PTHB with 44.8% of patient waiting under 26 weeks, and over 168,000 patients waiting longer than 36 weeks. The number of long waiters across Wales, are expected to increase during Q3/Q4 with the second COVID peak likely to cause further planned care service disruption. The health board continues to work closely with all Commissioned service providers via the Commissioning Assurance process and strategy meetings to ensure that the most equitable and timely care is carried out within their risk stratification processes during the pandemic.

Table summarising RTT performance as a provider:

Powys Teaching Health Board RTT Performance (excluding D&T)	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020
% of patients waiting < 26 weeks for treatment	90.5%	79.8%	71.1%	60.0%	48.6%	43.3%
Number of patients waiting < 26 weeks for treatment	3208	2852	2576	2229	1879	1692
Number of patients waiting 26 - 35 weeks	313	634	807	973	1119	1158
Total Patients waiting 36 weeks and over	24	86	239	512	867	1060
Total Patients waiting	3545	3572	3622	3714	3865	3910

<b>RTT- Waits Open Pathway Snapshot September 2020 (excl. D&amp;T) - Source NWIS</b>			
Snapshot Month: Sep 2020			
Specialty	<26 weeks	26-35 weeks	36+ weeks
100 - GENERAL SURGERY	225	110	128
101 - UROLOGY	91	66	45
110 - TRAUMA & ORTHOPAEDICS	252	222	226
120 - ENT	286	253	125
130 - OPHTHALMOLOGY	311	185	209
140 - ORAL SURGERY	50	97	141
143 - ORTHODONTICS	5	28	38
191 - PAIN MANAGEMENT	39	0	0
300 - GENERAL MEDICINE	20	29	<5
320 - CARDIOLOGY	70	53	48
330 - DERMATOLOGY	33	18	37
410 - RHEUMATOLOGY	71	16	<5
420 - PAEDIATRICS	35	<5	<5
430 - GERIATRIC MEDICINE	24	14	35
502 - GYNAECOLOGY	180	65	20
<b>Total</b>	<b>1692</b>	<b>1158</b>	<b>1060</b>

Table below summarising Commissioned RTT percentage for residents waiting under 26 weeks and the number waiting longer than 36 weeks for definitive treatment within English and Welsh Commissioned services.

### Commissioned RTT Position (excluding D&T)

Source NWIS	Sep 2020	
Welsh Providers	% of Powys residents < 26 weeks for treatment	Patients waiting 36+ weeks
Aneurin Bevan Local Health Board	50.3%	481
Betsi Cadwaladr University Local Health Board	33.4%	162
Cardiff & Vale University Local Health Board	39.9%	133
Cwm Taf Morgannwg University Local Health Board	36.4%	152
Hywel Dda Local Health Board	48.0%	280
Swansea Bay University Local Health Board	38.2%	598
Source NWIS	Aug 2020	
English Providers	% of Powys residents < 26 weeks for treatment	Patients waiting 36+ weeks
English Other	65.6%	21
Robert Jones & Agnes Hunt Orthopaedic & District Trust	48.5%	430
Shrewsbury & Telford Hospital NHS Trust	52.4%	656
Wye Valley NHS Trust	55.2%	462

- The Commissioned RTT position for our residents mirrors the local challenge, a large cohort of patients remains in the system as back log. All providers are challenged to restore capacity with urgent cases taking the clinical priority. The numbers of long waiters and backlog across Welsh and English providers are due to increase during Q3/Q4 with the second COVID peak expected to cause further planned care service delays. As above enhanced work with the Commissioning assurance framework to assess patient risk is being carried out, and from an informatics perspective work with the National Informatics team is being carried out to enhance the cross border flows for long waiter information.
- Follow-up (FUP) outpatient measure performance is not meeting the 20% reduction target from the March 20 baseline, and has seen an increase in total waiters. The challenge for waiters is that FUP patients are waiting longer due the capacity challenges of the service e.g. risk stratification for priority patients. With COVID infection rate rising during month 7 the risk of in-reach service retraction will place further challenges on timely patient FUP appointments.
- The Eye Care service in Powys remains a positive story of restoration and recovery, in the adverse COVID environment with support from optometry (community and hospital optometry) for WET AMD and glaucoma management/risk stratification, patient care and quality has been good. The health board did not meet the national measures target on R1 patients waiting within their clinical date target date (81.9%) but performed significantly higher than the All Wales average of 45.7%. It should be noted that risk to capacity for Q3/Q4 is directly linked to in-reach services, there are challenges in maintaining the service as a result of second wave COVID pressures on contracted services.
- Mental Health performance has remained robust so far in 2020/21, the performance of CAMHS has ensured that 88.9% of young people wait less than 28 days for an outpatient department appointment, against the 80% national target. Mental Health part 1 assessments are 100% compliant for under 18's and 99% compliant for the 18yr and older category. For therapeutic interventions in under 18yr patients compliance is 100%, for 18+ there was a compliance challenge, but this has seen a significant improvement. Performance for the 18+ category was 57.8% in April 2020 but has lifted to 89.4% in September, this is in line with service predictions and improvement work, which aimed to meet the national target by Q4 20/21.



- Powys Teaching Health Board's neurodevelopment service for children prior to COVID had the highest performance position in Wales. With the impact of COVID, the service was suspended and has been significantly affected. It should be noted that performance data for this measure was re-submitted to NWIS following data validation. The service had been under reporting performance and the correct August position should have been 30.7% (14% reported incorrectly at the time). The latest data for October (26.1%) has shown slight improvement when compared to September. As part of service restoration there is a robust recovery plan in place. This will address the increased waiting time for initial assessments, the work continues in parallel to the COVID period workstreams, which saw 64 children receive a diagnosis between March and August. New appointments were offered from October and the pathway has been enhanced. Proactive changes include telephone (virtual) consultations, with a team approached face to face follow-up within 4-8 weeks. These processes ensure that all patients both new and existing get a timely diagnosis within best possible time period. This is a challenged speciality and the Director is working with the Assistant Director of Women and Childrens (who leads the service) as well as the Assistant Director for Mental Health and Learning Disabilities to develop proposals for a sustainable service as a priority.
- National Delayed Transfers Of Care (DTOC) reporting remains suspended, the health board continues to track performance locally and there is a strong operational focus on managing flow. Assurance of delays is now carried out in a weekly capacity snapshot with Welsh Government.
- For the safety and quality measures around infections PTHB continues to report low levels of incidence, the health board is not nationally benchmarked.

## **Cancer**

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

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

The COVID pandemic significantly challenged the Cancer services across Wales and disrupted referrals from primary care, diagnostics, consultant appointments and treatment. For resident assurance, all Commissioned



providers have this essential service restored, although the second wave of infection is placing significant challenge to the system. The latest data for PTHB shows that during October 26 USC referrals were received (returning to pre COVID referral levels), and during the same period 14 patients were downgraded following a USC referral. The compliance for downgrade within the recommended 28-day period has continued to remain high at 71.4% even with an increasing demand on clinical and diagnostic teams.

For the reported care of Commissioned patients sourced via the Welsh Government breach report, 100% of our residents in Aug-20 were treated within 62 days on the USC pathway, and 81.3% were treated within 31 day NUSC pathway.

For English providers via direct breach reporting, 2 breaches were reported in Wye Valley NHS Trust during September and 4 further breaches in Shrewsbury and Telford NHS Trust. All English breaches had a root cause analysis carried out to provide assurance of care pathways.

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

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest available	12month Previous	Previous Period	Current	Ranking	All Wales
50	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2019/20	93.1%		87.9%	5th	88.60%
53	Performance Appraisals (PADR)	85%	Sep-20	75.3%	72.5%	73.0%	3rd (Jul-20)	62.7% (Jul-20)
55	Core Skills Mandatory Training	85%	Aug-20	84.8%	85.3%	85.4%	2nd (Jul-20)	80.0% (Jul-20)
57	(R12) Sickness Absence	12m↓	Sep-20	4.57%	5.08%	5.01%	3rd (Jul-20)	5.97% (Jul-20)
60	Concerns & Complaints	75%	Q2 20/21	46%	45%	53%	9th (Q1 20/21)	58.6% (Q1 20/21)

- PADR compliance has not met the national target in September. Compliance has gradually increased over the last 4 months, following a drop to 69% in May 2020. The reduction was in part due to guidance issued 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%, which is lower in comparison to September 2019. As a health board we regularly benchmark above national average and within the top cohort of health care providers.
- Staff members continue to meet their mandatory core skills and training requirements against the national target of 85%. Following a paper to the Executive Committee in Autumn 2019, a full review of core Statutory

and Mandatory Training has been undertaken to enable more accurate reporting of compliance. This has seen an introduction of Safeguarding Level 3 for Adults and Children as well as Mental Capacity Act training, which applies to a large number of staff members. Following this review, as expected, the mandatory training compliance rate in September 2020 has fallen to 78%, mainly due to the inclusion of the additional Safeguarding requirements, especially as AHPs are a recent addition to the level 3 training.

- The rolling 12 figure for sickness is reported at 5.01% in September, this slight improvement monthly but doesn't meet the 12-month reduction target. Actual monthly sickness continues to fall with a reported rate of 4.22% in September 2020 (1.20% short term and 3.02% long term), 0.67% lower in comparison to September 2019 (4.89%). There is a greater focus by the Business Partners and HR Advisors in monitoring and reviewing long term sickness cases which are highlighted through a fortnightly caseload tracker. The Business Partners are also exploring opportunities to return staff to work in a different capacity where possible. They continue to work proactively with managers to ensure they are complying with the policy trigger points and identifying areas of concern which require additional intervention and support.
- Work is currently being undertaken to review the management of concerns within the health board. A recent Public Services Ombudsman for Wales (PSOW) special report issued under section 28 of the PSOW Act, highlighted the poor management of concerns for one complainant. The recommendations of the report have been accepted and in ensuring its implementation a review of complaints handling, the team and its capacity to deal with complaints has been progressed, the first part is the completion of a fact finding assessment focusing on systems and processes, the team capacity, profile and training; and this is due to report in mid-December.
- Serious incident compliance has been removed from the 2020/21 NHS Delivery Framework as a reportable measure. The health board is eager to report meaningfully in relation to serious incident performance and outcomes, as a provider and a commissioner. Previous methodology has focussed on timeliness and although an indicator of quality, is one measure that has limited meaning in isolation e.g. process rather than outcome. The Delivery Unit has recently taken on responsibility for serious incident reporting with a whole system change anticipated in categories for reporting, performance management and quality assurance. In the meantime, local reporting will reflect the number of new serious incidents reported in the 4 weeks immediately

prior to the report, the total number of incidents overdue by the date of reporting, along with the number of incidents due for closure in the 4 weeks immediately prior to the reporting period.

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

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

2020/21 NHS Outcome Framework Summary - Key Measures					Performance		Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest available	12month Previous	Previous Period	Current	Ranking	All Wales
61	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	11	Q1 20/21			1	8th	Total 3486
62	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	1	Q1 20/21			0	8th	Total 19
63	Crude hospital mortality rate (74 years of age or less)	12m↓	Sep-20	2.0%	3.1%	3.4%	Not applicable	1.24%
68	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q1 20/21	95.6%	96.0%	96.6%	6th	98.1%
69	Total antibacterial items per 1,000 STAR-PUS	267.6↓	Q4 19/20	260.8	262.4	260.6	1st	307.5
70	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q4 19/20	285	475	483	1st	total 10,006
72	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q4 19/20	4011.3	4086.7	3926.2	2nd	4428.5
76	R12 Number of procedures postponed for specified non-clinical reasons	<=81 Mar-21	Oct-20	84	61	58	*1st	12,055 *
77	Agency spend as a percentage of the total pay bill	12m↓	Jul-20	5.9%	5.2%	6.1%	9th	3.83%
78	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual improvement	2019/20	93.80%		95.9%	2nd	93.9%

\* Benchmark provided from previous period (national benchmark outdated)

- The uptake of patients for Health care research has not met the Welsh Government target, one patient has been recruited in Q1 2020/21.
- Crude Mortality rate in the health board has consistently increased through 2020/21 to 3.4% in September 2020, this is the highest reported position of any health board in Wales, although PTHB is not officially benchmarked by Welsh Government as a non-acute care provider. The measure of reduction from a service perspective will be hard to achieve. Predominately the deaths of this under 75-year age group are linked to cancer diagnosis and our services are used to support palliative care pathways. Another complication when measuring crude mortality is that during COVID regular admissions have significantly reduced (lower denominator), this directly affects the

percentage calculation. Detailed Mortality reporting is undertaken through the Experience, Quality and Safety Committee.

- Powys performance in relation to new medicines availability, is at 96.6% (Q1 2020/21). This does not meet the required performance level of 100% for new medicines recommended by AWMSG and NICE being made available within 2 months of publication of NICE Final Appraisal Determination or the AWMSG appraisal but is an improvement when compared to the equivalent time period 12 months prior.
- For antibacterial prescribing, a reduced rate of 199.6 in Q1 2020/21 meets the new national target for Powys, the health board is ranked 1<sup>st</sup> in Wales.
- Prescriptions for antipsychotics in the 65+ patient age group have reduced in Q1 2020/21 to 478, this is a slight decrease from Q4 2019/20 (483) meeting the national target. It should be noted that although we have prescribed the least in Wales and rank 1<sup>st</sup> our resident population is smaller, nationally the number of prescriptions has increased quarterly when compared to the comparative period in 2019/20.
- PTHB are compliant for the new Opioid measure with 4001.2 per 1000 patients in Q1 2020/21 against the national target of 4 quarter reduction, the health board is ranked 2<sup>nd</sup> in Wales.
- The number of procedures postponed for non-clinical reason has reduced to 58 (R12) meeting the Welsh Government target of 81 or less. This year one suspension for non-clinical reasons has been made, for the same period in 2019/20 38 non-clinical cancellations had occurred up until the end of October. This is a direct impact of COVID with a significant reduction in procedures and limited restoration of specialties.
- The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has been met with our July performance reported at 6.1%. We rank 9<sup>th</sup> in Wales and the national figure for the same period was 3.83%.
- Powys Teaching Health Board consistently provides good compliance to coding requirements, in July 97.5% of records were coded with a valid primary diagnosis code within the required target. During 2019/20 coding accuracy improved to 95.9% where the health board ranks 2<sup>nd</sup> in Wales, the national average is 93.9%.

## **Essential Services – Provider update as at 16/11/2020**

Essential services guidance was produced and updated by Welsh Government in Q2 and is available from the link below.

[https://gov.wales/sites/default/files/publications/2020-07/nhs-wales-covid-19-operating-framework-quarter-2-2020-2021\\_0.pdf](https://gov.wales/sites/default/files/publications/2020-07/nhs-wales-covid-19-operating-framework-quarter-2-2020-2021_0.pdf)

Powys Teaching Health Board is a non-acute care provider, significant essential services for life-saving, life-impacting including neonatal and specialist paediatric care services happen within commissioned provider care within England or Wales.

All Commissioned providers are scrutinised by either NHS Wales or England to ensure that they are providing the best possible service for patients during the pandemic and further work, scrutiny and assurance is undertaken by the Commissioning assurance process.

The below list is for Powys provided or part provided essential services, the list breaks the essential requirement into 3 categories.

- unavailable or suspended,
- meeting national guidance
- working normally.

With COVID pandemic pressures, the services are routinely assessed and could become unavailable or suspended at very short notice, especially when utilising in-reach clinical staff.

This list is accurate as of 16/11/2020. Other pieces of work carried out to support the essential services include comparative activity levels, and demand and capacity flow work.

### **Essential Services currently unavailable or suspended including restorative actions.**

- No Powys provider applicable essential service is currently unavailable or suspended.

### **Essential Services maintained in line with national guidance:**

#### **Access to primary care services**

- General Medical Services
- Community pharmacy services
- Red alert urgent/emergency dental services
- Optometry services

- Community Nursing/Allied Health Professionals services
- 111/OOH (Shropdoc)

#### Urgent cancer treatments

Please note although PTHB does not provide treatment, all provider available diagnostics and first outpatient appointments are being carried out to support the patient pathway.

#### Life Saving Medical Services

- Stroke Care (Stroke Rehab service) Diabetic Care (service provided by specialist nursing team)
- Diabetic Care (Emergency podiatry services)
- Neurological conditions
- Rehabilitation (Community Physio & OT)

#### Life-saving or life-impacting paediatric services

- Immunisations and vaccinations
- Screening (Blood Spot)
- Screening (Hearing)
- Screening (New Born) – Provider births only
- Screening (6-week physical exam)
- Community Paediatric service for children with additional/continuous health care needs

#### Maternity Services

- Community midwifery and obstetric ultrasound service

#### Termination of Pregnancy

- Service provided by British Pregnancy Advisory Service (BPAS)

#### Other infectious conditions (sexual non-sexual)

- Other infectious conditions (sexual non-sexual) – PHW supported testing via post
- Urgent services for patients

#### Mental Health, NHS Learning Disability Services and Substance Misuse

- Inpatient Services at varying levels of acuity
- Community MH services
- Substance Misuse services that maintain a patient's condition stability – operating via remote consultation

#### Renal care-dialysis

- Renal network commissioned, run out of PTHB sites in Llandrindod & Welshpool.

Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions

- Service continued throughout COVID with no flagged challenges

#### Blood and Transplantation Services

- Limited provider service to testing & transfusion has continued, but PTHB does not provide bone marrow, stem cell or solid organ services.

#### Palliative Care

PTHB continues to provide both community and admitted patient care

#### Diagnostics

- PTHB provides limited diagnostic services for X-Ray, Ultrasound Inc. Obstetric and Cardiac echo, Endoscopy, Phlebotomy and Urodynamic testing in line with national guidance.

#### Therapies

- PTHB provides essential therapies including, Occupational therapy, Physiotherapy, Dietetics, Podiatry and Speech and language therapy in line with national guidance.

### Essential Services running with reported normal operation

#### Mental Health, NHS Learning Disability Services and Substance misuse

- Crisis Services including perinatal care

#### Emergency Ambulance Services

- Service provided by WAST

Further Essential services details will be provided at the next Experience Quality & Safety Committee (December 3<sup>rd</sup>).

### **NEXT STEPS:**

With the predicted return of increasing COVID 19 infection rates the health service in Wales is again being challenged to provide essential and urgent care for its residents. There is currently a risk that successfully restored services during Q2 & Q3 will potentially be disrupted going into the winter period especially for care pathways that utilise in-reach clinicians and their teams or out-reach diagnostics e.g. CT and MRI.

Welsh Government have continued to implement plans to reduce the COVID impact, a 2-week firebreak to regulate the pressure on the NHS has recently finished, and the impact will drive further national policy. The second wave has caused infection numbers confirmed by increased testing in our rural communities to increase more than originally predicted. The health board



and its admitted care has faced increasing pressure to the system, including supporting repatriation of patients.

To help mitigate the challenge increased use of robust operational planning and management are being utilised to robustly manage the challenge of COVID and essential services going into the winter period. Some examples of this work include daily review of infection and mortality data including test, trace and protect, regular operational delivery and coordination groups, GOLD escalations, and commissioned services coordination to provide the best integrated health and social care possible in the present climate.



# Powys THB Finance Department Financial Performance Report Board

**Period 07 (October 2020)  
FY 2020/21**

**Date Meeting: 25<sup>th</sup> November 2020**

**Agenda Item: 3.2**

Patterson, Liz  
11/20/2020 12:36:25



<b>Subject:</b>	<b>FINANCIAL PERFORMANCE REPORT FOR MONTH 7 OF 2020-21</b>
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Assistant Director of Finance
Other Committees and meetings considered at:	Performance & Resources Committee Board

<b>PURPOSE:</b>
This paper provides the Board/Committee with an update on the October 2020 (Month 7) Financial Position including Financial Recovery Plan (FRP) delivery.
<b>RECOMMENDATION:</b>
<p>It is recommended that the Board/Committee:</p> <ul style="list-style-type: none"> <li>• DISCUSS and NOTE the Month 7 2020/21 financial position.</li> <li>• NOTE that actions will be required in 2020/21 to deliver a balanced position at the 31<sup>st</sup> March 2021.</li> <li>• NOTE and APPROVE Covid-19 Revenue position in main report and the Capital and TTP positions detailed in appendix 1.</li> <li>• NOTE additional risks on delivery of balance position at 31<sup>st</sup> March 2021.</li> </ul>

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
<b>Strategic Objectives:</b>	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• Put Digital First	✗
	• Transforming in Partnership	✓
<b>Health and Care Standards:</b>	• Staying Healthy	✗
	• Safe Care	✗
	• Effective Care	✗
	• Dignified Care	✗
	• Timely Care	✗
	• Individual Care	✗
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✗

Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Green	-43	↓
Reported Year To Date financial position – deficit/(surplus) – Amber	259	↓
Planned year end forecast – deficit/(surplus) – Forecast Green	0	→

Capital		
Financial KPIs : To ensure that the costs do not exceed the capital resource limit set by Welsh Government	Value £'000	Trend
Capital Resource Limit	2,200	→
Reported Year to Date expenditure	1,487	↑
Reported year end forecast – deficit/(surplus) – Forecast Green	0	→

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value £'000	Trend
Cumulative year to date % of invoices paid within 30 days (by number) @end Q2 - Amber	92.5%	↑

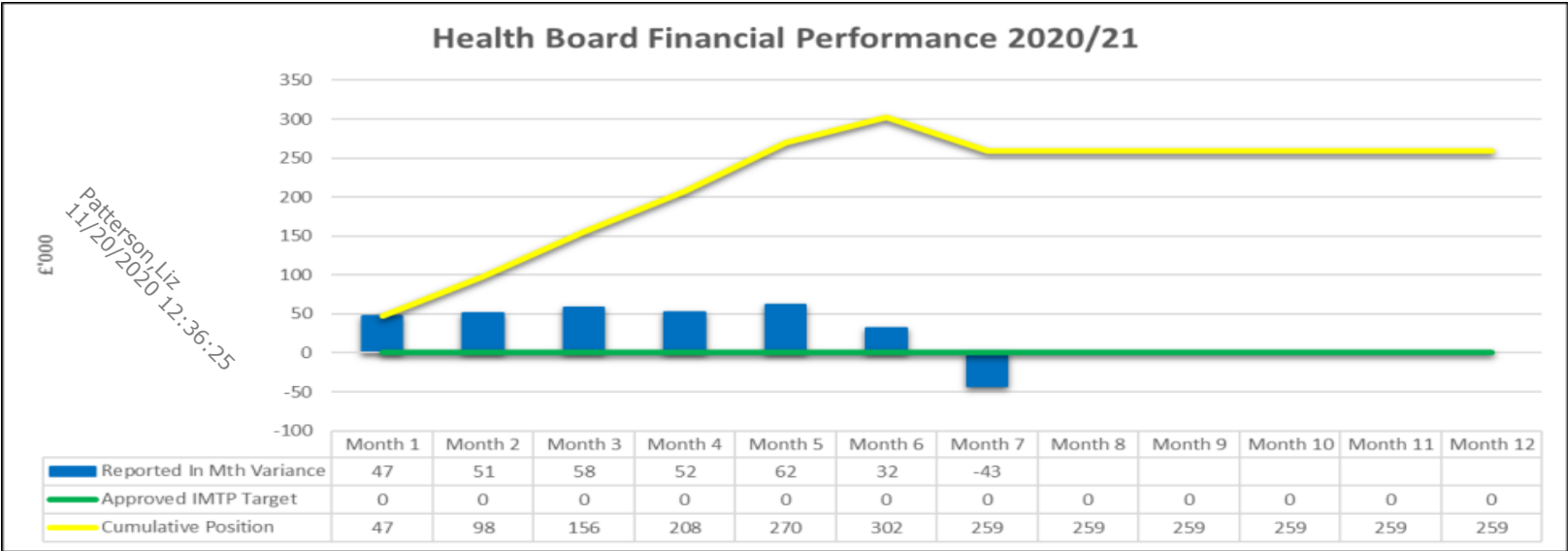
Powys THB 2020-21 IMTP was recognised by WG as approvable on 19<sup>th</sup> March 2019. The plan is balanced and represented by the green line of the chart opposite.

Spend in relation to Covid -19 is included in the overall position but is offset by an anticipated allocation for WG, so is not directly contributing to the £0.259m overspend in Mth 6.

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

PTHB continues to forecast a balanced year end position but there are significant risks and opportunities that the Board need to effectively manage to ensure this can be delivered, these are detailed later in the pack on pages 9-10.

PSPP – improvement in the figure during Q2 which has resulted in an improvement in the cumulative position from 87.8% to 92.5%



## Overall Summary of Variances YTD £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(198,761)	(198,761)	0
02 - Capital Donations	(76)	(76)	0
03 - Other Income	(3,409)	(2,662)	747
<b>TOTAL INCOME</b>	<b>(202,246)</b>	<b>(201,500)</b>	<b>747</b>
05 - Primary Care - (excluding Drugs)	23,699	22,490	(1,209)
06 - Primary care - Drugs & Appliances	16,531	18,089	1,558
07 - Provided services - Pay	47,271	46,241	(1,030)
08 - Provided Services - Non Pay	14,846	12,883	(1,962)
09 - Secondary care - Drugs	586	626	40
10 - Healthcare Services - Other NHS Bodies	80,530	82,172	1,642
12 - Continuing Care and FNC	8,387	8,949	562
13 - Other Private & Voluntary Sector	1,795	1,707	(88)
14 - Joint Financing & Other	6,526	6,526	0
15 - DEL Depreciation etc	2,046	2,046	0
16 - AME Depreciation etc	29	29	0
18 - Profit\Loss Disposal of Assets	0	0	0
<b>TOTAL COSTS</b>	<b>202,246</b>	<b>201,759</b>	<b>(488)</b>
<b>TOTAL</b>	<b>0</b>	<b>259</b>	<b>259</b>

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

Workstream	Revised 2020/21 £ 000
Medicines Mangt	492
Pathways	2,630
Procurement, Non Pay & CHC	741
Workforce Efficiency	1,624
<b>Total</b>	<b>5,487</b>

Original Target 2020/21 =  
**£5.638m**

As result C-19 outbreak a full review of all schemes is undertaken monthly and using information available at each point it is assessed that likely delivery for 20/21 would be £0.487m based on a number assumptions

Revised Planned Scheme  
2020/21 = **£0.487m**

Workstream	Revised 2020/21 £ 000
Medicines Mangt	98
Pathways	51
Procurement, Non Pay & CHC	85
Workforce Efficiency	253
<b>Total</b>	<b>487</b>

1. Shortfall in Financial Plan = **£5.1m** (£5.638m-£0.487m)

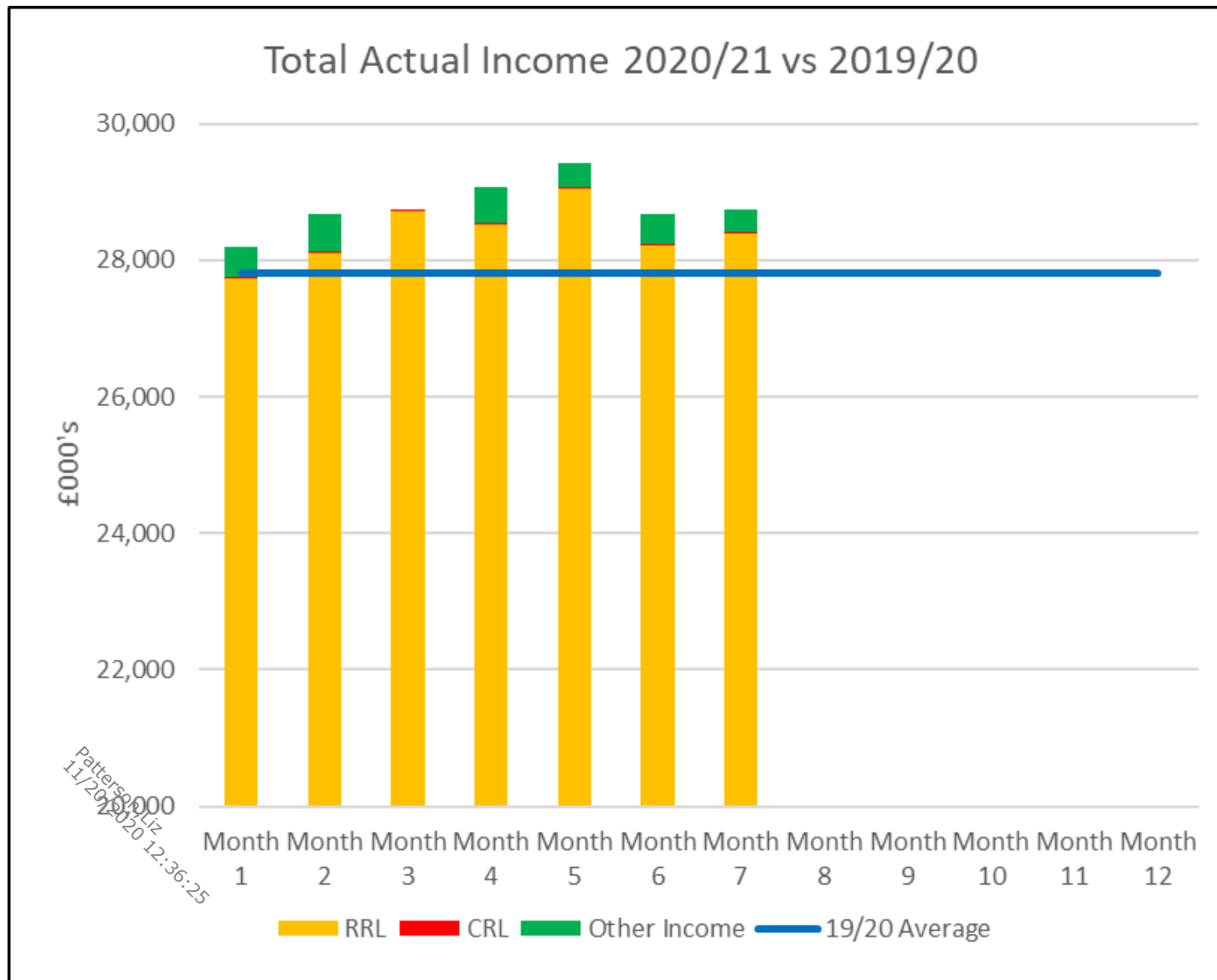
2. Movement from Original Planned Schemes = **£5.0m** (£5.487m - £1.746m)

**Shortfall in delivery of agreed savings plan for 2020/21 met by WG £15.5m Covid-19 funding**

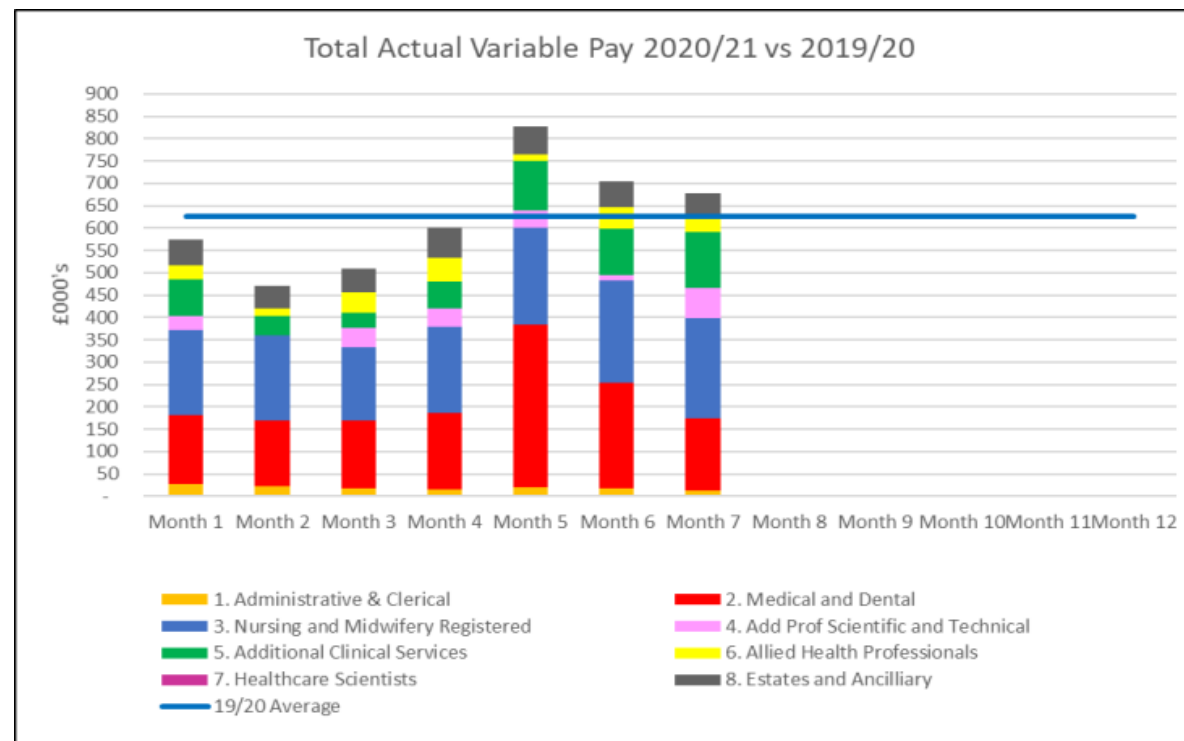
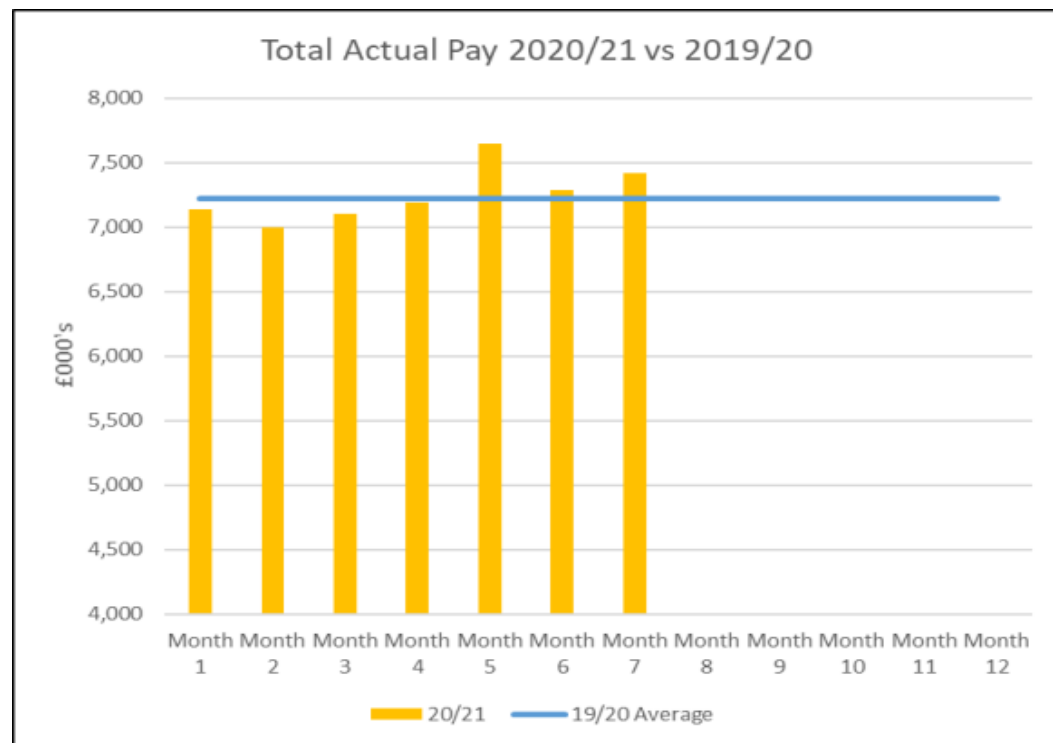
Further details on the Savings positions, the assumptions underpinning the revised plan and actions going forward are documented in the WG Narrative Report attached to Appendix 1

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

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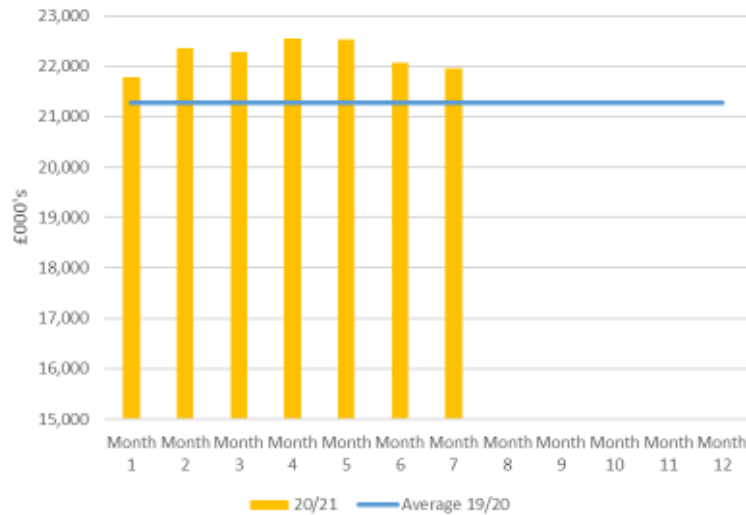
- The total income received in 2020/21 is higher than the average for 2019/20. In the main this will relate to the allocation uplift provided by WG as well as additional in year funding.
- Other income reduced significantly in month 3 which is linked to the issue on Dental Patient Charges Income, which is no longer expected to be in line with 19/20 trends due to the impact of C-19 in dental services, but this loss will be charged to C-19.



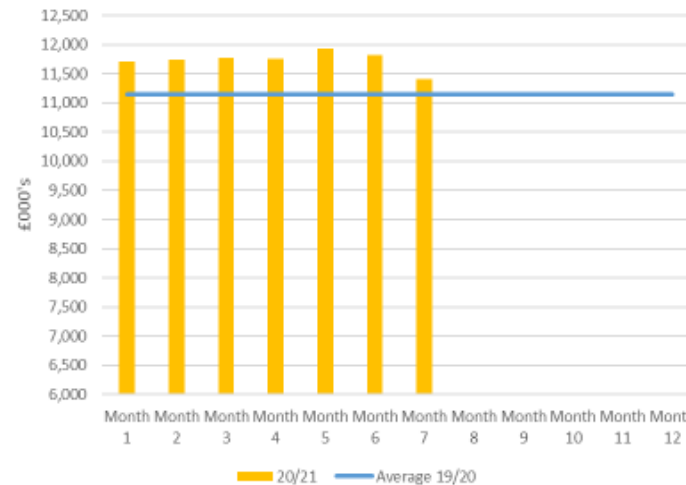
- The month 7 YTD pay is showing an underspend of £1.030mm against the year to date plan. Underspends are being experienced across a number of the service areas.
- Variable pay costs have increased significantly compared to the 19/20 monthly average during Mth 5 and has remained above average in Mth 6 and Mth 7. For Mth 5 and 6 this predominantly relates to medical locum costs and work but Mth 7 saw an increase in variable pay linked to Nursing.

- Actual Non Pay spend in 2020/21 is significantly higher than the average trend from 2019/20. There are 3 key drivers for this increase:
  - Commissioning – currently the LTAs are paid on a Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. This is based on the Mth 9 position for England and Year End Position for Wales plus uplifts. Therefore the costs are anticipated to remain above the 19/20 levels and funded from the Covid Allocation of £15.5m.
  - ChC – as per Mth 1 and 2 CHC continued to overspend against budget, with a significant increase due to the number of new cases in Mth 6 and Mth 7. CHC remains an area of risk for the organisation and is reported as such to WG – see Risk & Opportunity slide.
  - Prescribing – At Mth 1 and 2 no prescribing data was available as it is always 2 months in arrears so these figures were based on estimates. The first actual Prescribing data was received at the end of June. Given the level of increase above 19/20 levels the HB is continuing to monitor this closely both in terms of the impact of Covid and issues with No Cheaper Stock Obtainable and Cat M pricing. This presents a significant risk to the organisations ability to deliver breakeven - see Risk & Opportunity slide.

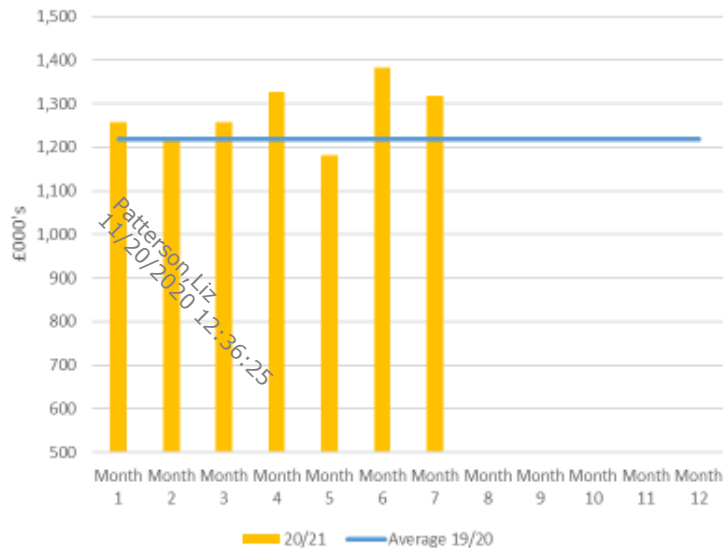
Total Actual Non Pay 2020/21 vs 2019/20



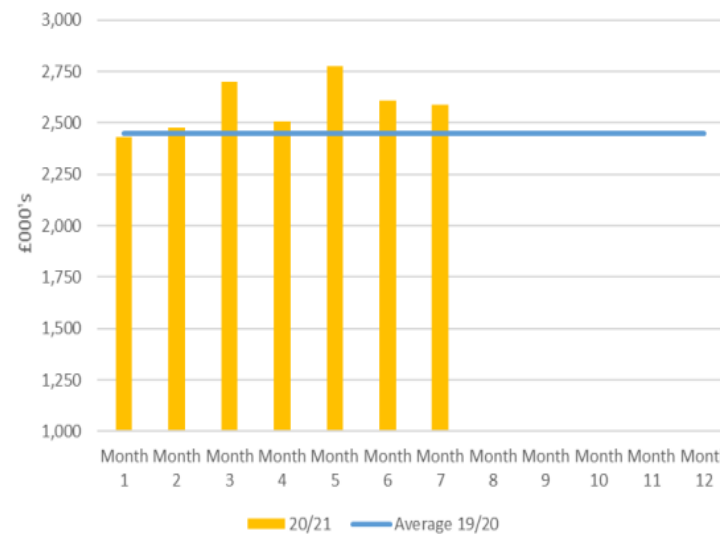
Total Actual Health Care Services Provided by Other NHS Bodies 2020/21 vs 2019/20



Total Actual CHC 2020/21 vs 2019/20



Total Actual Primary Care Drugs 2020/21 vs 2019/20





## Summary Actual Forecast Covid-19 Revenue Expenditure 2020/21

Area	YTD		Mth 8-12		2020/21	
	£'000		£'000		£'000	
<b>Pay</b>						
<b>General C-19</b>	1,080		2,460		3,540	
<b>Mass Vaccination</b>	-		914		914	
<b>TTP</b>	63		1,176		1,239	
		1,143		4,551		5,694
<b>Non Pay</b>						
<b>PC</b>	306		127		433	
<b>PPE</b>	312		705		1,017	
<b>Provider</b>	2,687		4,544		7,231	
<b>LTA</b>	1,778		1,507		3,285	
<b>Mass Vaccination</b>	18		449		467	
<b>TTP</b>	260		2,710		2,970	
		5,361		10,042		15,403
<b>Non Delivery Savings</b>		3,125		2,027		5,152
<b>Reduction Spend</b>		- 202		-		- 202
<b>TOTAL</b>		<b>9,428</b>		<b>16,619</b>		<b>26,047</b>

## Key Points:

- Health Board is to remain within the funding envelope provided by WG, which includes £15.5m allocated as part of the Q3/Q4 plan
- Funding for TTP, PPE and Mass Vaccinations will be provided in addition to the core Covid-19 allocation detailed above
- All fixed Covid anticipated costs need to be top sliced from £15.5m funding which includes additional staffing posts agreed by Gold, Block LTA Contracts (£3m), non delivery savings (£5m), loss Dental income (£1.5m), Prescribing pressures (£1.7m)
- Remainder will support Surge Beds & the underlying assumptions include:
  - Increase staffing resource to support Winter Baseline Plan from mid-November to end December
  - Further increase 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
- Mass Vaccinations (Extended Flu & Covid-19) – indicative costs have been included in the submission to WG in Mth 7. However further work is underway on the model which may impact on the financial costs of the programme and any updates will be included in future WG submissions.

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
<b>TOTAL Deficit / (Surplus)</b>	<b>-</b>

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<sup>st</sup> January 2020.

*Point 2 Generic Budgetary Pressures / Removal Underlying Underspends* – 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 underspends 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 WRP.

*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 operations pressures detailed in point 5. One of the key deliverables to achieve balance is to see a reduction in the HB commissioning costs as well as utilising underspends on projects and funding, 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.

*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 as 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.

So, 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.

**Table 1: Risk Reflected MMR Mth 7**

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outtum via Tracker	-31	Medium
Continuing Healthcare	-250	Medium
Prescribing	-160	Medium
Pharmacy Contract	0	-
WHSSC Performance	-356	Medium
Other Contract Performance	0	-
GMS Ring Fenced Allocation Underspend Potential Claw back	0	-
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
Blended Model if Surge Requirement Exceeds Q3/Q4 Plan	-1,215	Medium
Operational Growth Pressures	-250	Medium
NEPTs Pressures (Taxi Services)	0	-
EASC - Share £1.8m Not Agreed by CEO's	0	-
<b>Total</b>	<b>-2,262</b>	

**Table 2: Opportunities Reflected MMR Mth 7**

Opportunity	£ '000	Likelihood
Red Pipeline schemes (inc AG & IG)	0	Low
Potential Cost Reduction	160	Low
Blended Model if Surge Not Required as per Q3/Q4 Plan	857	Medium
Funding Slippage / Divert Funding to C-19	135	Medium
<b>Total</b>	<b>1,152</b>	

## Key Messages

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

- Health Board has an approvable IMTP for 2020/21 which had a number of assumptions detailed in the Resources Plan presented to Board, but in summary:
  - Savings target agreed in IMTP need to be met
  - HB must identify opportunities to support financial position
  - General expenditure to remain at 19/20 level.
- Covid-19 represents a risk to the organisation if it cannot remain within the funding envelope and if the Surge requirements planned for Q3/Q4 exceed the funding provided by WG.
- Savings required and agreed by the Board in the IMTP was £5.6m. Whilst there were plans to deliver this the Covid-19 pandemic has had a significant impact of the HB ability to deliver. The assessment undertaken at end September, which not been adjustment for in Mth 7, reduced the likely delivery to £0.5M and this could reduce further pending a further reviews during 2020/21.
- There are further potential risks to the position which are detailed on page 10 of the report above those included in the Forecast (page 9)
- Page 9 provides a summary of the current financial plan and forecast for 2020/21. To deliver this all risks must be minimised and mitigated and all opportunities within the plan delivered to achieve a balanced plan in 2020/21.

## Summary

In summary this paper identifies that:

- PTHB is reporting an over spend at month 7 for FY 2020/21 of £0.259M.
- Financial Forecast to 31<sup>st</sup> March is to maintain a balanced plan based on assumptions detailed on slide 9.
- Plan is based on the HB remaining within the funding envelop provided by WG for Covid-19.
- PTHB has an assumed £0.5M savings against the target of £5.6M. The £5.1M shortfall is being met from the £15.5M Covid funding from WG. Any further deterioration will impact on the funding available to support Surge and the baseline winter plan.
- PTHB has an Capital Resource Limit of £2.2M and has spent £1.487M to date. £0.601m of the spend to date relates to Covid-19 capital spend, in line with the update provided to WG at the start of November and embedded into appendix 1 .

# Powys THB Finance Department

## Financial Performance Report - Appendices

**Period 07 (October 2020)**  
**FY 2020/21**

Patterson, Liz  
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Embedded below are extracts from the Period 07 Monthly Monitoring Return submitted to Welsh Government on Reporting Day 9 and the most recent Covid Capital submission.

MMR Narrative



Microsoft Word  
Document

MMR Key Tables



Microsoft Excel  
Worksheet

TTP Tables #



Microsoft Excel  
Worksheet

Capital Submission



Powys THB Covid Capital Update as at end October .msg

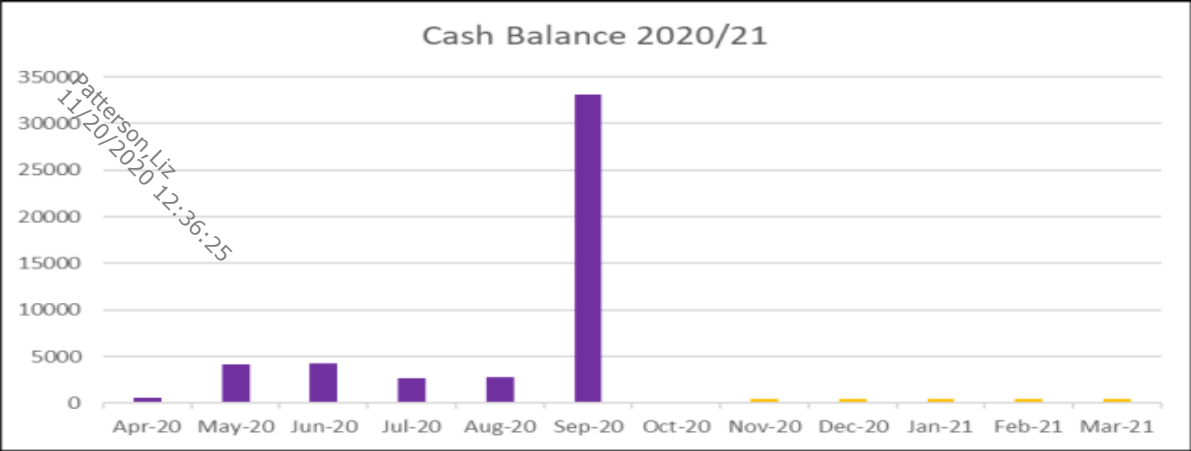
*For information, following completion of the tables and the approved narrative the Local Authority then revised the overall quantum for Tracing costs following discussions with WG Policy Lead. This change will only impact on the Local Authority element of the TTP submission which will see their costs reduce from £2.7m to £1.5m. PtHB Finance will work with the Local Authority to ensure the updated figures are re-profiled over the remaining months of the year and look to resubmit the TTP return to WG in w/c 16<sup>th</sup> November. The revised figures will be provided to Board as part of the reporting on future month financial position.*

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st October 2020
<b>WG CRL FUNDING</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>
Discretionary Capital	1.431	1.431	0.762
Sale of Mansion House	0.250	0.250	0.000
Pharmacy Equipment	0.040	0.040	0.000
19.20 Slippage (Pharm Equipment - clinical pharmacy at a distance) into 20.21	0.067	0.067	0.005
19.20 Slippage (Digital Priority Investment Fund) into 20.21	0.078	0.078	0.067
19.20 Slippage (19.20 Year End Capital - Dental Equipment) into 20.21	0.042	0.042	0.030
Covid-19 Digital Devices	0.022	0.022	0.021
Covid-19 - Tranche 2 (July 2020)	0.230	0.230	0.230
Covid-19 - Forecast Expenditure - Funding not yet on CRL	0.000	1.698	0.351
Covid-19 - DPIF	0.040	0.040	0.021
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
<b>TOTAL APPROVED FUNDING</b>	<b>2.200</b>	<b>3.898</b>	<b>1.487</b>

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	540	504	4193	4275	2719	2811	33156	117	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	31265	29920	29330	30510	26500	57580	0	27610	29837	27023	29372	26609
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	-120	0	-240	-120	-120	-240	0	-120	-120	-120	-120	-120
WG Revenue Funding - Other (e.g. invoices)	1489	7	351	99	4	4	83	1000	10	1000	200	3000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	0	400	0	200	2196	633	282	0
Income from other Welsh NHS Organisations	838	479	211	365	371	351	368	400	400	400	400	400
Other	781	462	173	224	277	446	295	300	300	300	300	300
Total Receipts	34253	30868	29825	31078	27032	58541	746	29390	32623	29236	30434	30189
Payments												
Primary Care Services : General Medical Services	2556	2405	2679	2587	1970	2237	2555	2300	2400	2600	2400	2200
Primary Care Services : Pharmacy Services	1617	571	222	623	0	277	470	0	900	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	1229	1150	1366	2546	0	1322	2563	0	2400	0	1200	1200
Primary Care Services : General Dental Services	382	403	265	408	439	456	450	400	400	400	400	400
Non Cash Limited Payments	130	128	127	113	116	133	68	80	80	80	80	80
Salaries and Wages	6817	6825	6832	6850	6896	6846	6918	6800	6800	6800	6800	6800
Non Pay Expenditure	21448	15693	18034	19447	17338	16607	20165	18826	18935	18723	18723	18841
Capital Payment	110	4	218	60	181	318	596	601	708	633	381	218
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	34289	27179	29743	32634	26940	28196	33785	29007	32623	29236	30434	30189
NET CASH FLOW IN MONTH	-36	3689	82	-1556	92	30345	-33039	383	0	0	0	0
Balance c/f	504	4193	4275	2719	2811	33156	117	500	500	500	500	500



Purple = Actual Closing Balance  
Yellow = Forecast Closing Balance

Note – increased cash balance at end of September was at the request of WG.



	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr 20	Oct 20	Mar 21
	£'000	£'000	£'000
Tangible & Intangible Assets	74,674	76,226	76,226
Trade & Other Receivables	23,815	24,604	23,791
Inventories	156	156	156
Cash	540	115	500
<b>Total Assets</b>	<b>99,185</b>	<b>101,101</b>	<b>100,673</b>
Trade and other payables	35,164	28,401	36,000
Provisions	23,140	22,810	22,810
<b>Total Liabilities</b>	<b>58,304</b>	<b>51,211</b>	<b>58,810</b>
<b>Total Assets Employed</b>	<b>40,881</b>	<b>49,890</b>	<b>41,863</b>
<b>Financed By</b>			
General Fund	768	9,777	1,750
Revaluation Reserve	40,113	40,113	40,113
<b>Total Taxpayers' Equity</b>	<b>40,881</b>	<b>49,890</b>	<b>41,863</b>

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**Agenda item: 3.03**

<b>BOARD MEETING</b>		<b>Date of Meeting: 25 November 2020</b>
<b>Subject:</b>	<b>Breathe Well: Respiratory Transformation Programme Update</b>	
<b>Approved and Presented by:</b>	Director of Therapies and Health Science	
<b>Prepared by:</b>	Assistant Director Commissioning Development & Transformation Programme Manager (Breathe Well)	
<b>Other Committees and meetings considered at:</b>	The updated Breathe Well Programme Initiation Document was discussed by the Breathe Well Programme Board on 29 September 2020.	

**PURPOSE:**

The purpose of this paper is to provide an update to the Board on the progress of the Breathe Well Transformation Programme and to present the Breathe Well Programme Initiation Document.

**RECOMMENDATION(S):**

The Board is asked to NOTE this update and the Breathe Well Programme Initiation Document.

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
<b>x</b>	<b>✓</b>	<b>x</b>

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

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

**EXECUTIVE SUMMARY:**

The Breathe Well Programme was formally stood down at the start of the first Covid-19 peak in March 2020, however several key actions which aligned to the PTHB Covid-19 Response Plan were fast-tracked during this period. The Breathe Well Programme has been formally reinstated in line with the revised PTHB strategic priorities for Q3/4 2020/21. The Breathe Well Programme Initiation Document has been updated and approved by the Executive Committee following discussion at the Programme Board.

**DETAILED BACKGROUND AND ASSESSMENT:**

**Background**

The Breathe Well Respiratory Transformation Programme forms part of the health board's response to tackling the 'Big Four' diseases that limit life as identified in *The Health & Care Strategy for Powys – A Vision to 2027 and Beyond*.

The programme was formally established in 2019 to lead on and deliver respiratory transformation in Powys. The Breathe Well Programme will:

- ✦ transform the wellbeing, primary and community service model within a whole system approach
- ✦ improve respiratory clinical outcomes, symptom management and patient experience

- ❖ improve outcomes for children and young people, through the implementation of the national model for the management of asthma

Up to February 2020 the Programme had achieved:

- ✓ Gap Analysis carried out in early 2019;
- ✓ Breathe Well Workshop held on 15 March 2019;
- ✓ Breathe Well Model of Care developed from the workshop;
- ✓ Clinically-led Programme Board established;
- ✓ Breathe Well Programme Team established;
- ✓ Breathe Well Programme Initiation Document developed and agreed by PTHB Executive Committee on 3 July 2019;
- ✓ Breathe Well Programme Plan developed;
- ✓ Essential adult respiratory standards and essential paediatric respiratory standards compiled and an impact assessment by members of the Breathe Well Programme Team completed to determine the impact of the proposed new respiratory model for Powys;
- ✓ Successful recruitment of permanent Programme Manager, who came into post on 21 November 2019;
- ✓ Review of patients who receive oxygen in some parts of Powys carried out by the PTHB Community Respiratory Team, with oxygen removed or equipment reduced, where clinically appropriate, resulting in savings of £22k between April-November 2019;
- ✓ Respiratory Delivery Plan 'stock-take' template submitted to Welsh Government on 6 January 2020;
- ✓ Joint respiratory response pilot project with WAST, where a PTHB Respiratory Nurse Specialist and WAST Paramedic responded to appropriate respiratory-related calls to 999 in South Powys, began operation in February 2020;
- ✓ Full proposal for a PTHB Adult Sleep Apnoea Service developed by a locum clinician over a 4-week period in February 2020;
- ✓ Options appraisal document under development to inform the next phase of the Breathe Well Programme.

### **Progress during the first Covid-19 peak**

In March 2020, the Breathe Well Programme, along with many other areas of work, was formally stood down due to the Covid-19 pandemic. Many of the staff directly supporting the programme, or involved in taking its work forward, had to prioritise Covid-19 related work. Despite this, some areas of work from the Breathe Well Programme were fast-tracked during April - July 2020/21 as they aligned to the health board's response to the pandemic.

The achievements during the Covid period have been:

- ❖ PTHB Executives approved the fast-tracking of a PTHB Specialist Respiratory Physiologist post. The job description was developed, agreed, advertised, shortlisted, interviewed for and the post was successfully appointed to, with the individual commencing in post on 4 May 2020;

- ❖ Assurance was sought of the steps taken by commissioned providers for patients with domiciliary non-invasive ventilation or continuous positive airway pressure to ensure patients were aware of the potential Covid-19 risks from aerosol generating devices;
- ❖ The roll out of the NHS Wales respiratory apps for adults with COPD, adults with asthma and parents of children with asthma developed nationally by the Respiratory Health Implementation Group (RHIG) was supported by PTHB;
- ❖ A virtual pulmonary rehabilitation programme was developed and commenced in September 2020.

On 29 July 2020, the PTHB Board agreed its revised strategic priorities for Q3 and Q4 of 2020/21 which included respiratory as below:

<p>Big 4: Respiratory</p>	<ul style="list-style-type: none"> <li>• COVID-19 as well as predominant winter presentations are respiratory illnesses.</li> <li>• Implement improved care pathways/outcomes for the winter 2020/21.</li> </ul>
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### **Reinstating the Breathe Well Programme**

The Breathe Well Programme was reinstated in Q2 2020/21, with the Breathe Well Programme Team meeting virtually on 18 August 2020. The key aims of this meeting were to bring everyone back around the table, to recognise that several staff had changed roles and to consider the progress made during the first Covid-19 peak against the Breathe Well Model of Care in order to help determine the next steps.

Following the Breathe Well Programme Team meeting, the Breathe Well Programme Board reconvened virtually on 29 September 2020, led by its new chair, PTHB Director of Therapies and Health Science, following the departure of the former Breathe Well Chair, Wyn Parry, PTHB Medical Director, who left the organisation at the end of July 2020.

The Breathe Well Programme Board discussed the progress against the Breathe Well Model of Care and recognised the opportunity to fast-track the development of certain parts of the model through a bid for Transformation Funding via the North Powys Wellbeing Programme. This bid will include:

- ❖ building on the existing successful MDT approach in the North East Powys Respiratory Team to develop an MDT for Mid & North West Powys for admission and referral avoidance;
- ❖ diagnostic equipment to enable appropriate Powys patients awaiting diagnosis of adult sleep apnoea beyond RTT timescales out of county to be diagnosed within Powys;
- ❖ a proposal for 'season' of drive-through spirometry clinics to help address the backlog of individuals awaiting diagnostic spirometry and to help to determine whether this approach going forward.

The Programme Board will also continue to consider when the pilot with WAST can be reinstated when it is safe to do so.

The Programme Board has also recommended an updated version of the Breathe Well Programme Initiation Document (PID), attached as Appendix 1, for approval by PTHB Executive Committee. The key changes are updates in relation to individuals who are members of the Programme Board (the change of Chair, the addition of a representative from CTMUHB and inclusion of a consultant psychologist leading work on long term conditions). The Covid-19 pandemic also means that the high level plan contained within the PID no longer aligned with the delivery of the programme. As a result, the high level plan has been removed from the PID and a separate detailed plan has been developed.

### **NEXT STEPS:**

For the Board to note the agreed Breathe Well Programme actions for Q3/Q4 2020/21 which are to:

- 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)
  - Developing the successful MDT approach from North East Powys in Mid & North West Powys

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# Breathe Well

PTHB Respiratory Clinical Transformation  
Programme

## Programme Initiation Document

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	Introduction, Background and Purpose	4
	Definition, Scope and Objectives	11
	Approach	12
	Governance	15
	Programme Interfaces	23

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## DOCUMENT CONTROL

<b>Version</b>		
Number	Date	Author
Draft 1	08.04.19	Assistant Director of Commissioning Development
Draft 2	For 09.05.2019 PTHB Executive Committee	Assistant Director of Commissioning Development
Draft 3	For 20.06.19 Breathe Well Programme Board	Assistant Director of Commissioning Development
	For 03.07.2019 PTHB Executive Committee	Assistant Director of Commissioning Development
Final	Approved EC 24.07.19	
Draft 4	29.09.20	Transformation Programme Manager (Breathe Well)

<b>Distribution</b>	
	Date
Breathe Well Programme Board	08.10.19
Breathe Well Programme Board (Draft 4)	29.09.20

<b>Sign Off</b>		
		Date
Approved	Executive Committee	24.07.19

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## INTRODUCTION, BACKGROUND AND PURPOSE

The Breathe Well Programme will:

- Transform the wellbeing, primary and community services model, within a whole system approach;
- Improve respiratory clinical outcomes, symptom management and experience for the people of Powys.

The ten year vision for health and care in Powys is set out in the Health and Care Strategy, which was published in March 2017. The long term vision identified the importance of enabling people to "Start Well", "Live Well" and "Age Well" through focusing on wellbeing, early help and support, the "big four" health challenges (including respiratory disease) and joined up care.

Nationally 1 person in 12 has a respiratory illness. Tobacco smoking remains the single biggest preventable cause of death. Across the NHS in Wales £400m is spent on respiratory disease each year, which means it is the 5<sup>th</sup> highest area of spend across all disease categories. In terms of disability-adjusted-life-years chronic respiratory diseases feature from birth and the biggest impact is in the early years through to adulthood.

Welsh Government has set out an ambitious programme for improving respiratory health through the implementation of the Respiratory Health Delivery Plan 2018-2020. The strategy and delivery plan have been translated into priority actions in Powys Teaching Health Board's rolling three year Integrated Medium Term Plan (IMTP) and the Annual Plan.

This programme is focused on the areas which will be **transformational** for people with respiratory conditions in terms of:

- Improving wellbeing
- Providing early help and support
- Providing services closer to home in Powys
- and joining up care

A workshop, on the 15<sup>th</sup> March 2019 gathered together:

- clinicians from a range of disciplines including medicine, nursing, occupational therapy, physiotherapy, physiology and pharmacy
- national clinical leads spanning services for children and adults
- patient, carer and parent representatives
- Local authority and third sector partners
- and "enabling" professionals including those involved in information technology planning, commissioning, finance and management.

The purpose of the workshop was to identify the key transformational priorities for the Powys programme over the next three years. This is in addition to the Delivery Plan requirements.

### Gap Analysis

A gap analysis was undertaken which considered:

- What should be happening? (national standards, requirements, evidence and best practice)
- What's actually happening? (local intelligence, performance and variation)
- What's the gap?

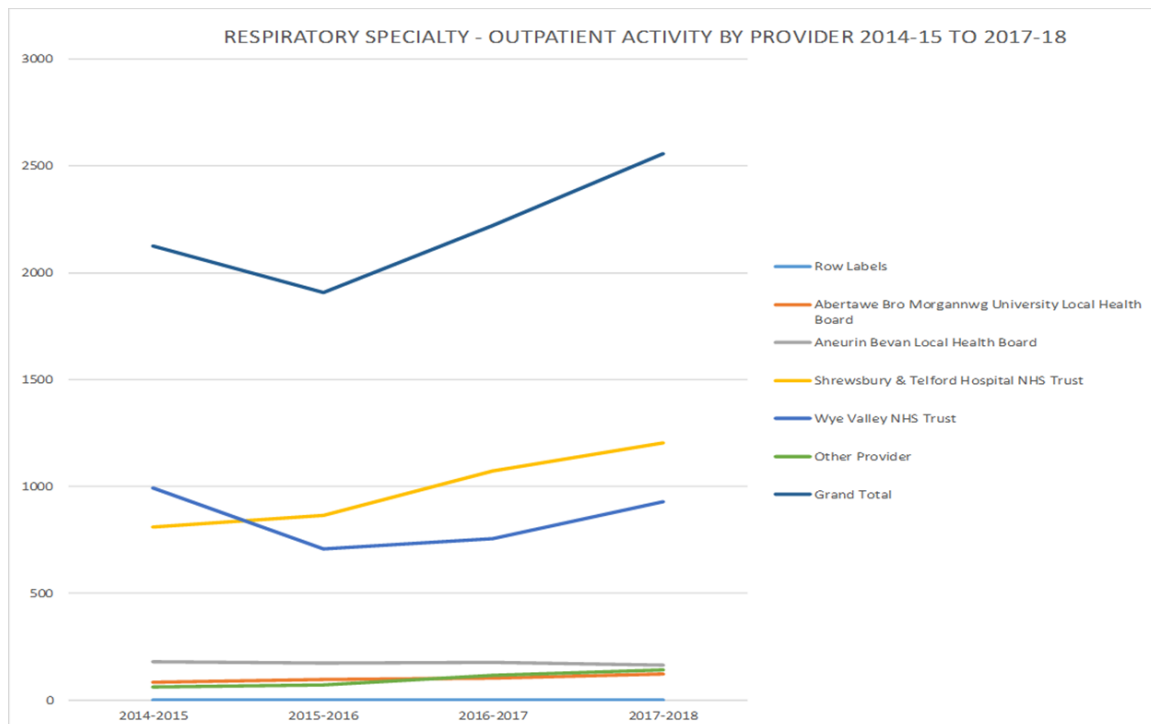
#### What Should Be Happening?

Up-take of vaccinations in line with government targets (notably influenza)  
Treated smokers in line with government targets (delivery of health board actions in the National Tobacco Control Delivery Plan)  
People informed about actions to improve wellbeing  
Self-managing, expert patients, connected to beneficial third sector activities, including exercise  
Infection control and antimicrobial policies implemented  
Exercise programmes (including pulmonary rehabilitation) available  
Accurate and timely diagnosis across primary and secondary care (including implementation of ARTP spirometry practitioners programme across GP practices and hospitals)  
Reduction in unscheduled activity  
Appropriate referrals and use of secondary care  
Appropriate use of Oxygen  
Compliance with prescribing guidelines  
Access to community based sleep disorder service  
Appropriate use and access to Non Invasive Ventilation  
Age appropriate services (including compliance with requirements for children and young people)  
Compliance with requirements for Tuberculosis, including the designation of a TB lead clinician  
Appropriate use of outpatient services (new and follow-up) delivered closer to home where possible  
Compliance with NICE and all Wales guidelines (including COPD, Bronchiolitis, Cough)  
Compliance with condition based pathways (e.g. Asthma)  
Increased utilisation of self-management plans  
Access to specialised services (including for Interstitial Lung Disease)  
Equity of access across Powys  
Services benchmarking well compared to services for a similar population  
Services cost effective using value based health care  
Appropriate care of patients in residential settings including care homes  
Workforce plan in place  
Appropriate palliative and end of life care

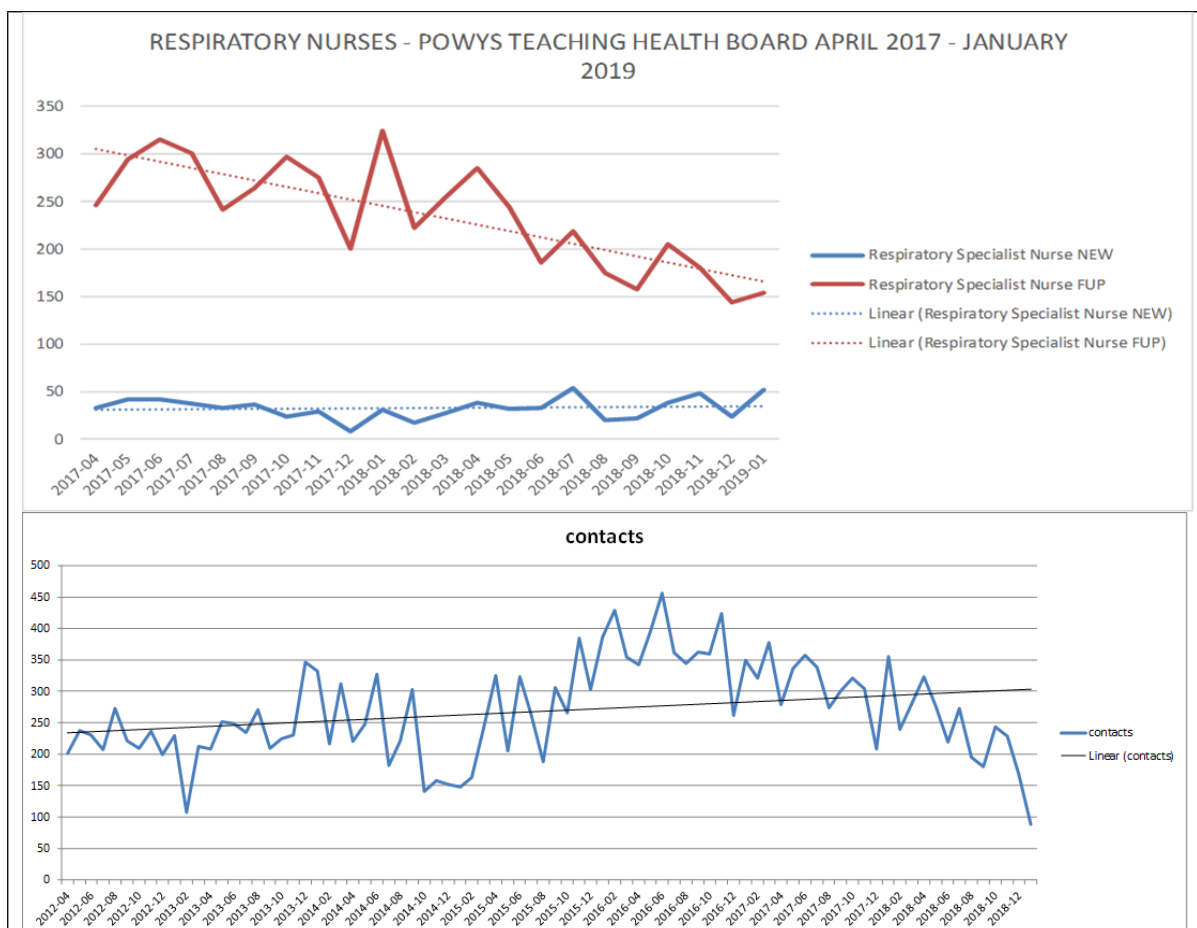
Intelligence and performance regularly reviewed (including clinical indicators)  
 Evidence of positive patient experience  
 Evidence of positive patient reported outcomes  
 Evidence of improved clinical outcomes

The available intelligence was considered and the key **gaps** identified. It must be emphasised that these are the exceptional and critical issues (as opposed to the areas where the health board is already making good progress.) The key areas which must change were identified as:

- The need to transform outpatient services.



- The need to ensure that investment in respiratory nurses is delivering value based healthcare.



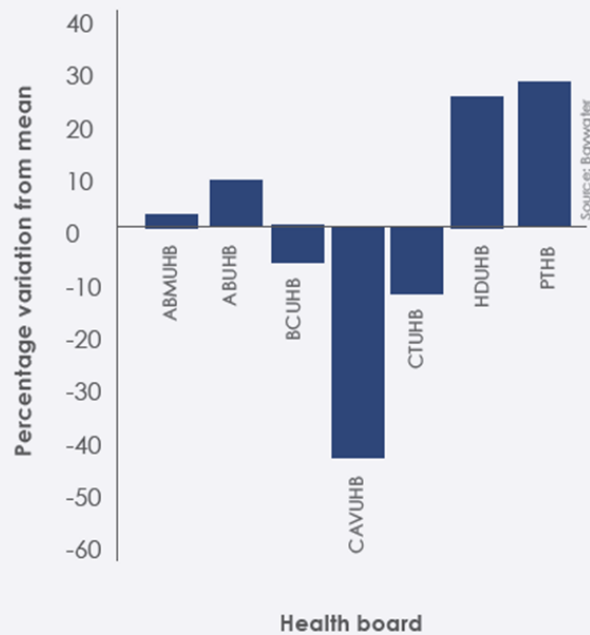
A workforce plan is needed to ensure that the investment in respiratory nurse specialists is delivering the activity needed and continuity of service provision.

- The need to hit government targets for vaccination, particularly for Influenza.

Sub Domain	Measure	Report Period	Current Performance	Previous Performance	In Month Trend	National Target
Influenza	65 year olds and over	Mar-18	66.3%	63.9%	⬆️	75%
	Under 65s in risk groups	Mar-18	47.9%	46.0%	⬆️	55%
	Pregnant women	Mar-18	100%	85.7%	⬆️	75%
	Health care workers (Direct clinical contact)	Mar-18	65.4%	57.9%	⬆️	60%

- The need to ensure the appropriate use of Oxygen.

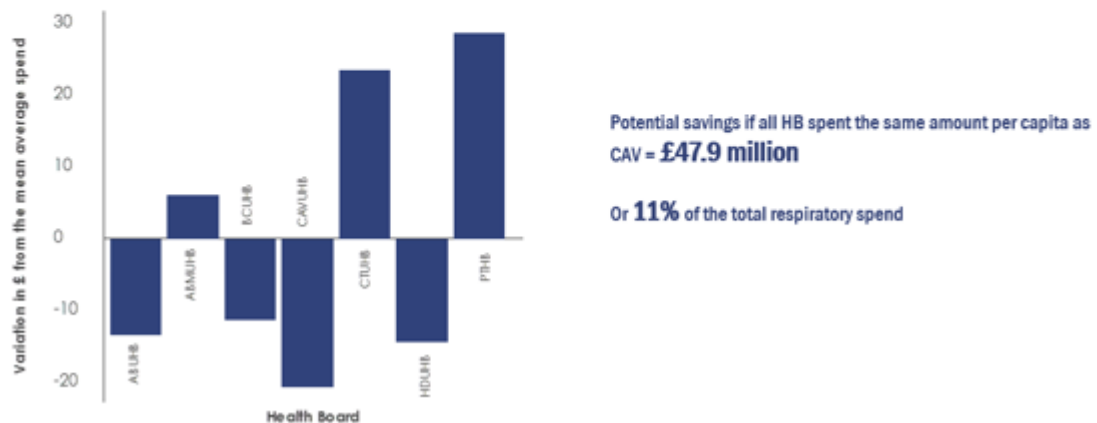
Graph 33: Percentage variation from the mean for oxygen spend on COPD by Health Boards 2016-17



- The need to ensure the best use of resources.

### Spend (£) per capita by Health Board, Wales, 2017.

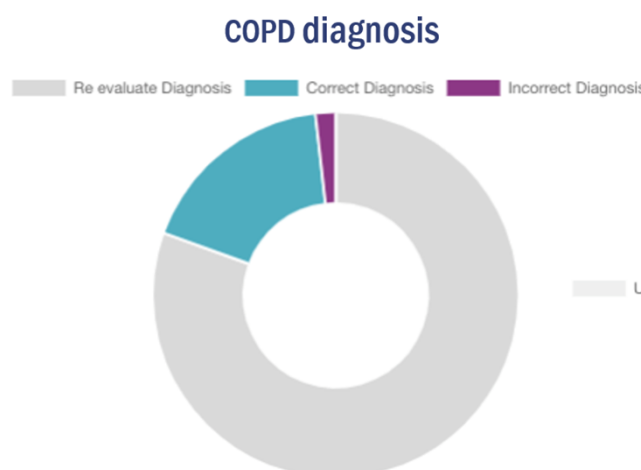
	AB	ABM	BC	C&V	CT	HD	P	Average
Spend per annum per adjust population	£132	£151	£134	£125	£167	£132	£173	£145





Some of the Health Board's investments to date are not achieving the desired impact. For example, over 50 staff have been trained in ARTP and there has been investment in equipment, which should give each GP Practice access to spirometry testing. Yet some patients are being left without the tests needed, as there is not a shared view about how GP practices are re-numerated for this work.

Diagnosis is not always accurate. National audit shows that 25% of patients on CoPD registers may not have the condition.



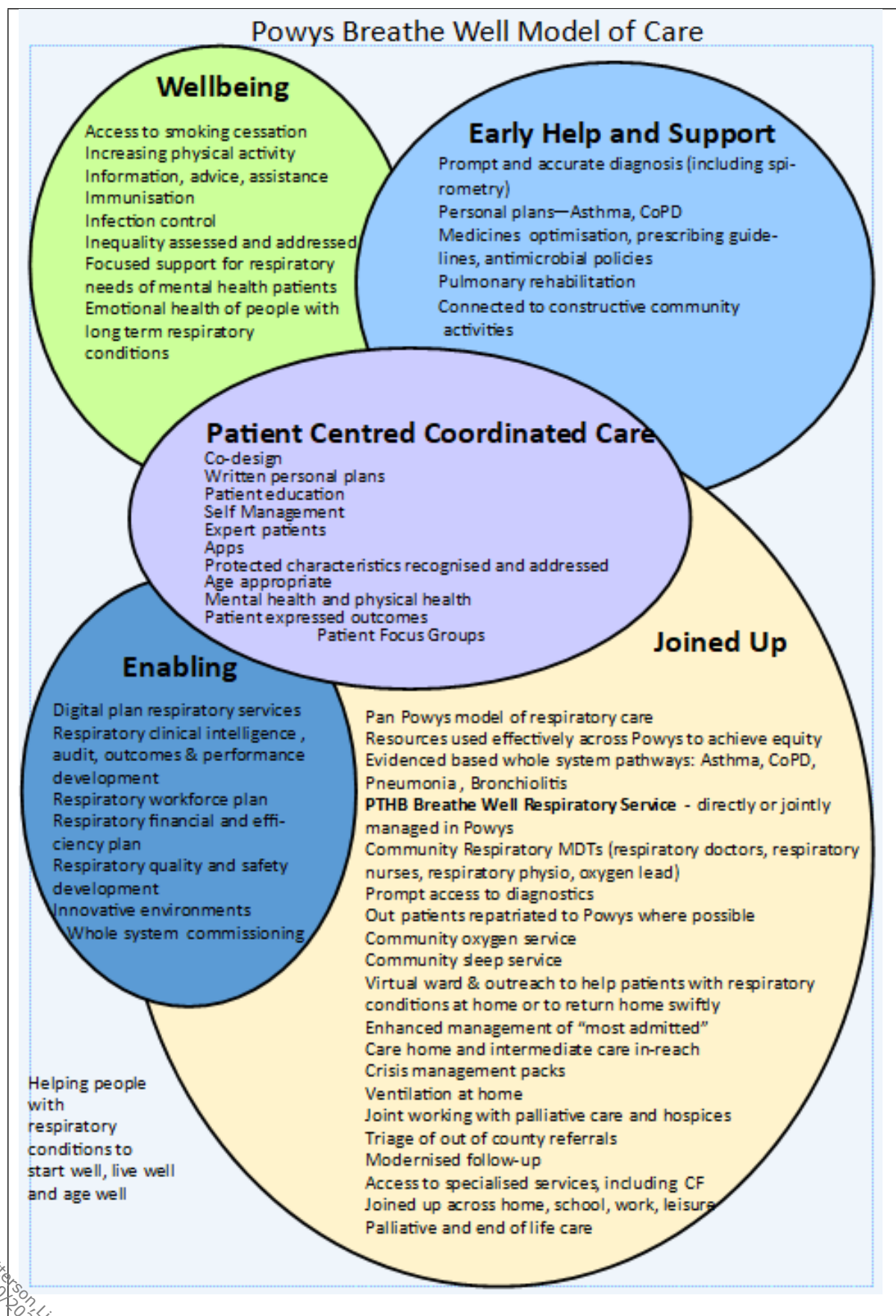
The current configuration of services has an unacceptable level of complexity and variation for one county. The arrangements for delivering services need to reflect the Health and Care Strategy, with services delivered in or close to home where possible. There is a need to ensure that Powys people have access to a consistent and effective service model for respiratory services, with a smooth interface with district general hospital and specialised services delivered out of county. There is a particular need to strengthen services in mid Powys.

The workshop also provided advice about the criteria which would be most important in decision making about services, in order to help with future option appraisals.

(The full gap analysis is available.)

A Breathe Well Model of Care was derived from the workshop, which is set out overleaf.

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## DEFINITION

The Breathe Well Programme will:

- Transform the wellbeing, primary and community services model, within a whole system approach:
- Improve respiratory clinical outcomes, symptom management and experience for the people of Powys.

## SCOPE

The Breathe Well Programme is focusing on the key transformational actions needed for Powys people, as opposed to all of the actions required within the Respiratory Health Delivery Plan. It will focus on the areas where considerable change is needed as opposed to areas where improvement is "business as usual".

It will tackle the areas where there is adverse variation in Powys.

The Breathe Well Programme spans:

- All of Powys
- All ages
- All people who are the responsibility of PTHB
- The whole-pathway and continuum of services for Powys people, including wellbeing, universal services, new models of community and continuing care services, secondary and tertiary services including those delivered out of county in DGHs and specialised settings, planned care and unscheduled care.

Respiratory conditions include:

Asthma

Chronic Obstructive Pulmonary Disease

Cystic Fibrosis

Interstitial Lung Disease

Lung Cancer

Mesothelioma

Pneumonia

Pulmonary Fibrosis

Respiratory conditions

Sleep apnoea and snoring

Tuberculosis

End of Life

## OBJECTIVES



- The Breathe Well Programme will ensure there is a consistent and effective service model for all Powys residents by transforming wellbeing, primary and community services, within a whole system approach.

- ## APPROACH

## Respiratory Services: 1 of our Big 4



The Breathe Well programme will take forward the objectives set out in the PTHB Integrated Medium Term Plan.

<p><b>Core Well-being Objective 1</b> <b>FOCUS ON WELLBEING</b></p>  <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>Wider Determinants of Health</li> <li>Health improvement &amp; Disease Prevention and Population Screening</li> <li>Information, Advice and Assistance</li> </ul>	<p><b>Core Well-being Objective 2</b> <b>PROVIDE EARLY HELP AND SUPPORT</b></p>  <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>Primary and Community Care</li> <li>Cluster Working</li> <li>Connecting Communities</li> </ul>
<p><b>Core Well-being Objective 3</b> <b>TACKLE THE BIG FOUR</b></p>  <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>Mental Health</li> <li>Cancer</li> <li>Respiratory Conditions</li> <li>Circulatory Conditions</li> </ul>	<p><b>Core Well-being Objective 4</b> <b>ENABLE JOINED UP CARE</b></p>  <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>Care Coordination and Urgent Care</li> <li>Planned Care</li> <li>Specialised Care</li> <li>Quality and Citizen Experience</li> </ul>
<p><b>Enabling Well-being Objective 1</b> <b>DEVELOP WORKFORCE FUTURES</b></p>  <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>Well-being and Engagement</li> <li>Recruitment and Retention</li> <li>Workforce Design, Efficiency and Excellence</li> <li>Skills and Development</li> </ul>	<p><b>Enabling Well-being Objective 2</b> <b>PROMOTE INNOVATIVE ENVIRONMENTS</b></p>  <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>Capital, Estates and Facilities</li> <li>Research, Development and Innovation</li> <li>Rural Health &amp; Care Alliance</li> </ul>
<p><b>Enabling Well-being Objective 3</b> <b>PUT DIGITAL FIRST</b></p>  <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>Digital Care – Telehealth/ care</li> <li>Digital Access – National ICT Programme</li> <li>Digital Infrastructure &amp; Intelligence</li> </ul>	<p><b>Enabling Well-being Objective 4</b> <b>TRANSFORMING IN PARTNERSHIP</b></p>  <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>Good Governance</li> <li>Financial Management</li> <li>Planning, Performance and Commissioning</li> <li>Partnership Working</li> </ul>

**Value Based Healthcare:** The Breathe Well Programme will take a value based healthcare approach, drawing from the national Health Delivery Plan, tackling inappropriate variation and implementing best practice to rebalance funding to where it is most needed.

**Clinically led and working with partners across the system:** The Breathe Well Programme will be clinically led. Within a whole system approach, from wellbeing through to specialised services, this will involve a range of disciplines including public health, medicine, nursing, physiotherapy, occupational therapy and physiology. This will include clinicians outside the borders of Powys who help to treat Powys patients.

**Co-design:** The programme will embrace a co-design approach drawing on the insight of patients, carers and parents. There will be a multiagency approach including local authority, third sector and independent sector partners. It will also involve professional staff from “enabling” areas such as information technology, planning, commissioning, finance and management.

The focus of this work is on clinical transformation. It is not “business as usual”. A Delivery Plan will still be co-ordinated and submitted by the Planning Department.

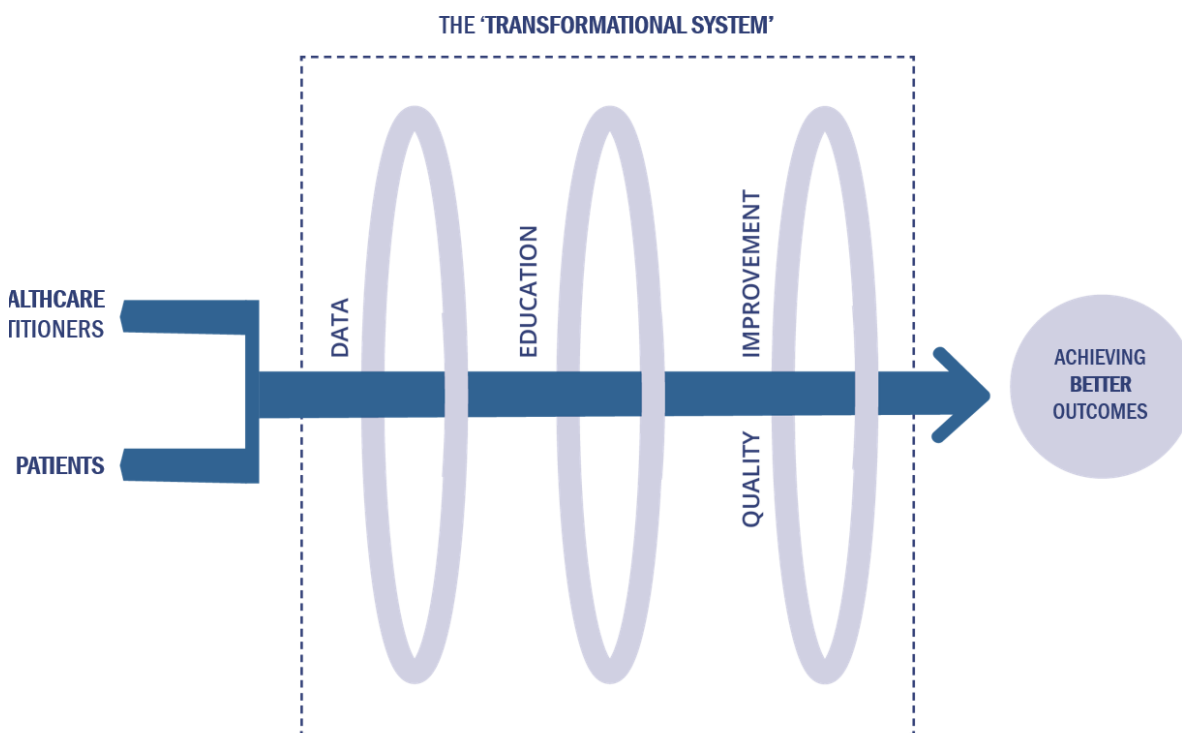
There will a high level plan covering the phasing of the project and the key milestones over the next three years.

There will “one plan in one place” covering the different work streams of the programme.  
The programme will have a “lean” approach, focusing on what actually adds value.

The Breathe Well Programme will have a **whole system approach to transformation** which is summarised in the table below (including commissioned services).

<b>ANALYSE</b> <i>What should be happening?</i> <i>What’s actually happening?</i> <i>What’s the gap?</i>	<b>PLAN</b> <i>What needs to change?</i> <i>What are the priorities?</i> <i>When?</i> <i>How are we going to do this?</i>
<b>DO</b> <i>Implementation</i>	<b>REVIEW</b> <i>Is it working?</i> <i>(Cycle)</i>

The programme will also recognise and use the Respiratory Health Improvement Group’s Clinical Transformation approach and will seek to draw advice and guidance partners in the Respiratory Health Improvement Group to ensure that best practice is being delivered in Powys.





The Programme will be continuously informed by clinical intelligence and evidence including:

- The reasons for variation – including use of the Efficiency Framework
- The Clinical Health Knowledge System
- Whole pathway information (including specialised services)
- Public Health information
- The evidence base
- All-Wales solutions
- Clinical and other expertise

### **Communication, Engagement and Consultation**

There will be a continuous process of communication and engagement with stakeholders. The programme will identify and manage appropriately any requirements for statutory engagement and consultation arising from significant service changes for patients or staff. There will be an engagement and communication plan.

**Externally commissioned services:** The whole pathway approach includes externally commissioned services, there will be appropriate engagement and written notice of changes to commissioned services.

**Prioritisation:** The workshop held in March 2019 initiated work on prioritisation. It also considered criteria for decision making:

- Safe and Clinically effective
- Focus on wellbeing
- Early help and support
- Sustainable
- Prudent and cost effective
- Fair access tackling inequality
- Joined up care
- Closer to home (right care and treatment as locally as possible)

## **PROGRAMME GOVERNANCE**

### **HIGH LEVEL PLAN & PHASING FOR TRANSFORMATION PROGRAMME**

The Programme Board will agree a high level plan spanning the key milestones for each year across each quarter, which will be kept updated.

### **PROGRAMME PLAN: WORK STREAMS**



## **There will be four key work streams:**

- **Transformed clinical model for wellbeing, primary and community services, within a whole system approach**

### **Phase 1**

- Agree proposed service model, within a whole system approach.
- Impact assessment and risk mitigation of the proposed model.
- Interim strengthening actions, particularly in Mid Powys (medical and nursing) whilst service model agreed, tested and implemented.
- Establish consistent and effective multidisciplinary teams, including consultant in-put and access to respiratory nurse specialists.
- Out patient services will be modernised and managed within Powys where possible.
- Ensure effective use of e-referral and triage.
- Implement the national model for sleep services.
- Review and ensure appropriate Oxygen service.
- Implement self-management approaches for key conditions including personal plans and Apps.
- Develop integrated physical and mental health approaches.
- **Improve outcomes for children and young people**
  - Implementation of the national model for the management of Asthma
- **Develop intelligence and performance reports**
- **Establish project and governance arrangements**

The key work streams will be supported by cross-cutting “enabling” professionals for:

- **Digital & intelligence**
- **Finance and efficiency**
- **Workforce**
- **Quality and Safety**
- **Whole system commissioning**

### **Phase 2**

Implementation of the agreed model will include improved:

- access to local diagnostics
- care home in-reach
- care at end of life

**BUDGET AND RESOURCES**

		Time Contribution
Executive Lead	Director of Therapies and Health Science	
Senior Responsible Officer	Assistant Director Commissioning Development	Minimum 24 days per year.
Programme Manager	Transformation Programme Manager (Breathe Well)	1 WTE
Budget for Programme	TBC	

**PLANNING AND FINANCIAL CONTROL OF HEALTH BOARD EXPENDITURE DURING RESPIRATORY TRANSFORMATION PLAN**

There will be an efficiency plan. The Programme Board will receive detailed reports on expenditure across the system to ensure it is aligned to the agreed transformation.

**ROLES AND RESPONSIBILITIES**

Recommendations of the Programme Board to the Executive Committee of PTHB need to be supported by two Executive Directors of PTHB. The quorum is two Executive Directors of PTHB. The Programme Board may co-opt further representatives in an advisory capacity (for example, a university representative) subject to the agreement of the Executive Committee.

**Programme Board**

Claire Madsen	Director of Therapies and Health Science	Executive Lead, Chair of Programme Board
Hayley Thomas	Director of Planning & Performance	Executive Lead for the 'Big Four'
Paul Buss (Deputising Officer Jeremy Tuck)	Interim Medical Director	
Peter Hopgood	Director of Finance & Information	
Jamie Marchant	Director of Primary & Community Care and Mental Health	
Fleur Thompson	Chair, Mid Powys Cluster	

Recruitment is currently underway	Assistant Director of Therapies and Health Science	Proposed as Vice Chair of Programme Board
Aled Phillips/Ingrid Du Rand	Clinical lead respiratory services/Respiratory Consultant Wye Valley NHS Trust	Advisory
Saskia Jones	Respiratory Consultant, Shrewsbury and Telford Hospitals NHS Trust	Advisory
Simon Barry	Clinical Lead, Respiratory Health Implementation Group	Advisory
TBC	Hywel Dda University Health Board	Advisory
TBC	Cwm Taf University Health Board	Advisory
Peter Skitt	Programme Director, Mid Wales Joint Committee	
TBC	Regional Partnership Board	
Owen Hughes	Consultant Psychologist and Head of Pain and Fatigue Management Service	
Clare Lines	Assistant Director of Commissioning Development	Senior Responsible Officer Chair of Programme Team

#### **Programme Team**

Clare Lines	Assistant Director of Commissioning Development	Senior Responsible Officer Chair of Programme Team
Jason Crowl	Assistant Director Community Services	
Nigel Broad	Adult respiratory Nurse Specialist	

Jason Carol	Medicines Management	
Helen James	Children and Young People	
Aled Falvey	Physiotherapy	
Nicola Kelly	Senior Manager Planned Care	
Sue Hamer	Information Technology	
Peter Richards	Finance	
Owen Hughes	Pain and Fatigue Management Service	
Ruth Derrick	Mental Health (on request)	
Will King	Public Health (on request)	
On Request	Workforce	
On Request	Information	
On Request	Quality and Safety	
On Request	Planning	
John Morgan	Programme Manager	
On Request	Communications Team	
On Request	Advice from National Delivery Plan monitoring lead.	

### **QUALITY MANAGEMENT**

There will be impact assessments against quality and safety standards; independent assurance processes; readiness testing; and the development and monitoring of key quality and safety metrics.

### **RISK REGISTER AND ISSUE MANAGEMENT**

There will be a risk register for the programme spanning:

The presenting level of risk

The Programme Plan action to address that risk

The current level of risk

The target for risk reduction.

Risks and issues will be identified by the Programme Team, work stream leads and Programme Board. The Programme Board will consider the risk register and risk management at each meeting.

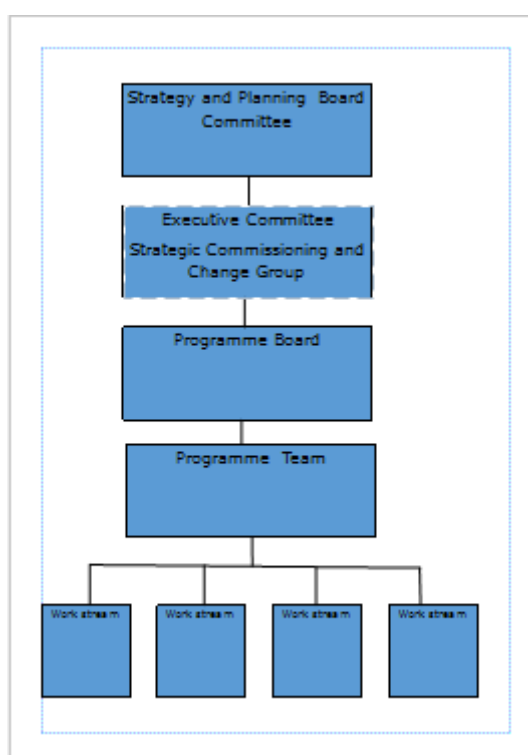
## ***BENEFITS REALISATION***

Key benefits to be realised are:

- Reduction in inappropriate variation
- A consistent service model across Powys, with reduced complexity
- Greater proportion of outpatient care within Powys
- A relative reduction in emergency activity for respiratory patients
- Patient expressed outcomes collected and achieved
- Evidence of improved clinical outcomes
- Access to sleep clinics within the community
- Improved diagnosis of Asthma and CoPD
- Optimisation of medication
- Up-take of vaccinations in line with government targets (notably influenza)
- Reduce admissions
- Appropriate use of Oxygen
- More effective use of resources

## ***REPORTING AND GOVERNANCE***

The reporting arrangements for the Programme Board, Programme Team and Work streams is set out below.



Reporting to the Executive Committee and the relevant Board sub-committee will be by exception.

A table clarifying the interface between different programmes is set out on page 22.

### ***OUTPUTS***

All major deliverables will be reviewed and agreed initially by the project team and SRO before submission for final review and approval by the Board.

### ***CHANGE CONTROL***

Any changes to the proposed scope of the project, or to the final products, will be considered in the first instance by the Programme Board prior to submission for approval to the Executive Committee.

Patterson, Liz  
11/20/2020 12:36:25



**Agenda item: 3.04**

BOARD MEETING		Date of Meeting: 25 <sup>th</sup> November 2020
<b>Subject:</b>	<b>EU Transition Planning Update</b>	
<b>Approved and Presented by:</b>	Director of Public Health	
<b>Prepared by:</b>	Civil Contingencies Manager	
<b>Other Committees and meetings considered at:</b>	This paper has not been presented at any other committee.	

**PURPOSE:**

The purpose of this paper is to update the Board on preparations for the end of the EU Transition Period on the 31<sup>st</sup> December 2020.

**RECOMMENDATION(S):**

PTHB Board members are asked to NOTE and DISCUSS the contents of this update paper.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

Patterson, Liz  
11/20/2020 12:36:25



**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:	• Staying Healthy	✗
	• Safe Care	✗
	• Effective Care	✗
	• Dignified Care	✗
	• Timely Care	✗
	• Individual Care	✗
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✓

**EXECUTIVE SUMMARY:**

This paper forms part of a series of regular updates to PTHB Board on the health board's key preparedness activities in respect of EU Transition planning. Given that the planning information available to the NHS and particularly the health board continues to emerge, the work undertaken within the organisation remains iterative and responsive to new relevant information wherever possible.

Since the last update was presented to Board in September 2020, PTHB staff have continued to fully engage in a range of preparedness activities that are taking place at local, regional and national levels, as part of the health board's ongoing preparation for the end of the EU Transition Period on the 31<sup>st</sup> December 2020.

Preparations for the end of the Transition Period have also been incorporated within the health board's COVID-19 Operating Framework for Q3/Q4, recognising the cross-cutting themes involved.

**DETAILED BACKGROUND AND ASSESSMENT:**

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 31<sup>st</sup> December 2020. During this time, the UK remains aligned with EU law, and existing regulatory and customs procedures that are in place.

### **Current assessment**

Whilst the UK Government and EU are at a key point in the negotiation process, there continues to be a number of fundamental differences remaining. At the time of writing this paper, the UK Government has indicated that the UK should 'get ready' for a no-deal or Australia-style trade deal if a Comprehensive Free Trade Agreement cannot be reached by 31<sup>st</sup> 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 a 'no-deal' or a 'thin-deal' being in place between the UK and the EU on the 1<sup>st</sup> 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. Some changes will happen irrespective of whether there is a Comprehensive Trade Deal or not, and some of the longer term social and economic issues need to play a more significant part in the planning arrangements going forward. In response to this, adaptations and refinements to previous 'no-deal' Brexit arrangements are being made, and a number of the challenges exacerbated by the impact of the COVID-19 (for example, supplier readiness, economic impacts and the impact of COVID-19 on previously acquired stockpiles) have been considered as part of planning.

The following section describes the current preparedness activities underway in relation to this area of work.

### **Leadership and Planning**

PTHB continues to be represented on a number of NHS EU Transition planning groups which have been established by Welsh Government as part of the UK's overall governance arrangements for the EU Transition Period. This includes fortnightly meetings of an EU Transition Health and Social Services (H&SS) Senior Responsible Officers' Group, H&SS Contingency Group, as well as other groups established as part of Dyfed-Powys Local Resilience Forum multi-agency arrangements.

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 for the identified key priority areas. The health board's internal EU Transition Planning Group chaired by the Director of Public Health has been reconvened to refresh the health board's internal planning and risk assessment processes. It is important to recognise that actions are being taken on a coordinated basis, with local actions led by a national and UK level response and the work of this group will remain iterative and responsive to new relevant information wherever possible.

Some specific areas of focus for the NHS include:

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- Medicines – at national level, Wales continues to ensure that 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, increasing 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 immigration 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.

Internal communications have been issued to ensure that agreed preparatory measures are being implemented across all service areas, in the lead up to the 31<sup>st</sup> December 2020.

The health board's preparation for the end of the EU Transition Period has been incorporated into the PTHB COVID-19 Operating for Q3/Q4, recognising that there are cross-cutting themes across the concurrent events that the NHS needs to plan for, going into the winter period.

Finally, it is acknowledged that the COVID-19 pandemic has inevitably had a significant impact on the capacity of staff to focus on EU Transition issues. This will be an ongoing challenge for the remainder of the Transition Period, but in stepping up planning arrangements at national and local levels, it is recognised that there now needs to be an increased focus on EU Transition preparations across the range of issues. The experience of responding to the pandemic is helping to inform some of the EU Transition planning activity in some areas, for example how to put in place and maintain robust supply chains.

#### **NEXT STEPS:**

PTHB will continue to:

- Engage in national, regional and local planning arrangements in preparation for the end of the Transition Period.
- Continually review and change plans as necessary, in light of the emerging information available.
- Keep Board members updated on progress throughout the remainder of 2020.

Patterson/Liz  
11/20/2020 12:36:25



**Agenda item: 3.5**

BOARD MEETING		Date of Meeting: 25 November 2020
<b>Subject:</b>	<b>RISK MANAGEMENT UPDATE: NOVEMBER 2020</b> <ul style="list-style-type: none"><li>• <b>CORPORATE RISK REGISTER</b></li><li>• <b>COVID-19 RISK REGISTER</b></li></ul>	
<b>Approved and Presented by:</b>	Rani Mallison, Board Secretary	
<b>Prepared by:</b>	Caroline Evans, Head of Risk & Assurance	
<b>Other Committees and meetings considered at:</b>	Executive Committee, 18 November 2020	

**PURPOSE:**

The purpose of this paper is to provide the Board with the November 2020 version of the Corporate Risk Register for REVIEW and RATIFICATION. In addition, the COVID-19 Risk Register, owned by Strategic Gold Command Group, is included for the Board's awareness.

**RECOMMENDATION(S):**

It is recommended that:

- the Board **REVIEWS** the November 2020 version of the Corporate Risk Register, ensuring that it is a complete and a true reflection of the health board's current high-level risks;
- **APPROVES** the proposed amendments set out within this paper to those risks already recorded within the Corporate Risk Register; and
- **NOTES** the Covid-19 Risk Register at September 2020.

Approval/Ratification/Decision	Discussion	Information
✓	✓	x

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

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

**EXECUTIVE SUMMARY:**

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

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

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

This paper provides the Board with an updated version of the Corporate Risk Register, at November 2020.

The Covid-19 Risk Register provides a summary of the significant risks relating 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).

This paper provides the Board with an updated version of the Covid-19 Risk Register, at November 2020.

## BACKGROUND AND ASSESSMENT:

### Management of Strategic Risks

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 criteria for a risk to be included in the Corporate Risk register is:

- The risk must represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- The risk cannot be addressed at directorate level;
- Further control measures are needed to reduce or eliminate the risk;

A considerable input of resource is needed to treat the risk (finance, people, time, etc.).

The Head of Risk & Assurance has liaised with Executive Directors and Assistant Directors to review and update the Corporate Risk Register.

### **Proposed Changes to the Corporate Risk Register**

The Board is asked to consider the following changes for approval: -

Corporate Risk	Change to Rating	Recommended Change
<b>CRR 001</b> <b>There is a risk that:</b> Some commissioned services are not sustainable or safe, and do not meet national targets	No change proposed to risk description or rating	
<b>CRR 002</b> <b>There is a risk that:</b> The health board does not meet its statutory duty to achieve a breakeven position	No change proposed to risk description or rating	
<b>CRR 004</b> <b>There is a risk that:</b> ICT systems are not robust or stable enough to support safe, effective and up to date care	No change proposed to risk description or rating	
<b>CRR 005</b> <b>There is a risk that:</b> The care provided in some areas is compromised due to the	No change proposed to risk description or rating	

health board's estate being non-compliant and not fit for purpose		
<b>CRR 006</b> <b>There is a risk that:</b> The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors	No change proposed to risk description or rating	
<b>CRR 007</b> <b>There is a risk that:</b> Effective governance arrangements are not embedded across all parts of the health board	No change proposed to risk description or rating	
<b>CRR 008</b> <b>There is a risk that:</b> Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies	Amended Description	<b>There is a risk that:</b> Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic
<b>CRR 010</b> <b>There is a risk that:</b> Resources (financial and other) are not fully aligned to the health board's priorities	No change proposed to risk description or rating	
<b>CRR 011</b> <b>There is a risk that:</b> A UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys	No change proposed to risk description or rating	
<b>CRR 012</b> <b>There is a risk that:</b>	No change proposed to risk description or rating	

The health board does not comply to the Welsh Language standards, as outlined in the compliance notice		
<b>CRR 013</b> <b>There is a risk that:</b> Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures	No change proposed to risk description or rating	
<b>CRR 014</b> <b>There is a risk that:</b> Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	No change proposed to risk description or rating	
<b>CRR 015</b> <b>There is a risk that:</b> South Powys planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients	<b>Risk Rating decreased from 15 (L5 x I3) to 12 (L4 x I3)</b>	It is proposed that the likelihood of this risk occurring be decreased from 'Almost Certain' to 'Likely'
<b>CRR 016</b> <b>There is a risk that:</b> The Health Board is non-compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation	<b>New Risk</b>	Risk proposed for escalation to the Corporate Risk Register Risk Rating 16 (L4 x I4)
<b>CRR 017</b> <b>There is a risk that:</b> A fire incident occurring within health board premises is not effectively managed	<b>New Risk</b>	Risk proposed for escalation to the Corporate Risk Register Risk Rating 16 (L4 x I4)



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The full Corporate Risk Register is attached at **Appendix A**. It should be noted that any updates to the supporting information in the Corporate Risk Register is included in red text for ease of reference.

### Management of Covid-19 Specific Risks

In light of the COVID-19 pandemic, the Chief Executive Officer established a command and control structure under Business Continuity Planning arrangements, led by a Strategic Command (Gold) Group. Gold Group is responsible for determining 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.

In assessing the health board's ability to respond to COVID-19, 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).

There are four risks within the Covid-19 Risk Register that are currently managed to target level, and it is proposed that those risks are archived from the register with a summary of 'managed risks' included at the end of the register to allow Board oversight. This will ensure that focus remains on the significant risks that are not currently within the level of the health board's risk appetite.

### Changes to the Covid-19 Risk Register

At its meeting on 18<sup>th</sup> November 2020, the Executive Committee approved the following changes to the Covid-19 Risk Register: -

Covid-19 Risk	Change to Risk	Recommended Change
<b>C-19RR 001</b> <b>There is a risk that:</b> Modelling assumptions to inform planning and response arrangements are not robust	No change to risk description or rating	

<b>C-19RR 002</b> <b>There is a risk that:</b> Governance arrangements required to effectively respond to COVID-19 are not robust and embedded	<b>Risk Archived</b>	This risk is archived, as it is managed to target level
<b>C-19RR 003</b> <b>There is a risk that:</b> We do not have sufficient leadership and management capacity to design, lead and support the implementation of the Phase 3 (incl. Q3&4) Plan	<b>Risk Archived</b>	This risk is archived, as it is managed to target level
<b>C-19RR 004</b> <b>There is a risk that:</b> Insufficient strategic delivery and benefits realisation and/or loss of reputation due to ineffective communications and engagement arrangements	No change to risk description or rating	
<b>C-19RR 006</b> <b>There is a risk that:</b> Infection, Prevention and Control arrangements are not robust and effective	No change to risk description or rating	
<b>C-19RR 007</b> <b>There is a risk that:</b> Clinical outcomes for patients are compromised	<b>Risk Archived</b>	This risk is archived, as it is managed to target level
<b>C-19RR 008</b> <b>There is a risk that:</b> Arrangements for the deceased are insufficient and compromised	<b>Risk Archived</b>	This risk is archived, as it is managed to target level
<b>C-19RR 009</b> <b>There is a risk that:</b> COVID-19 may be transmitted in the workplace	No change to risk description or rating	
<b>C-19RR 010</b> <b>There is a risk that:</b>	No change to risk description or rating	

We do not have sufficient workforce capacity to achieve implementation of the Clinical Response Model		
<b>C-19RR 011</b> <b>There is a risk that:</b> Our workforce will not have access to the required clinical training to meet the clinical demands of COVID-19	No change to risk description or rating	
<b>C-19RR 012</b> <b>There is a risk that:</b> 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	No change to risk description or rating	
<b>C-19RR 014</b> <b>There is a risk that:</b> The organisation does not have effective planning in place to recover from COVID-19 response	No change to risk description or rating	
<b>C-19RR 015</b> <b>There is a risk that:</b> The total quantum for funding for addressing COVID -19 across Wales remains fluid and uncertain	No change to risk description or rating	
<b>C-19RR 016</b> <b>There is a risk that:</b> The need to monitor oxygen supply arrangements and how we identify whether we are reaching capacity	No change to risk description or rating	
<b>C-19RR 018</b> <b>There is a risk that:</b> People with COVID-19 do	<b>Risk Rating increased from 12 (L3 x I4) to 16</b>	The likelihood of this risk occurring was increased from 'Possible' to 'Likely'

not come forward for testing and pass on infection to others	(L4 x I4)	
<b>C-19RR 019</b> <b>There is a risk that:</b> An effective COVID-19 vaccine is not able to be administered at sufficient scale	No change to risk description or rating	

The Covid-19 Risk Register is attached at **Appendix B** for the Board's awareness.

#### **NEXT STEPS:**

The Corporate Risk Register will continue to be reviewed by Risk and Assurance Group and Executive Committee, to ensure it illustrates a true reflection of the strategic risks that represent a threat to achieving the health board's strategic objectives, or its continued existence.

The Covid-19 Risk Register will continue to be reviewed regularly by Strategic Command (Gold) Group, to ensure it illustrates a true reflection of the strategic risks that represent a threat to the health board's arrangements for responding to Covid-19.

Work is being initiated to support the Delivery Coordination Group and the Prevention & Response Strategic Oversight Group to develop tactical level risk registers, which will feed and inform the Strategic Gold Group Risk Register (Covid-19 Risk Register), in line with the health board's Risk Management Framework and Covid-19 Pandemic Governance Framework.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# **Corporate Risk Register November 2020**

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# CORPORATE RISK HEAT MAP: November 2020

There is a risk that...

Impact	Catastrophic	5					
	Major	4			<ul style="list-style-type: none"> <li>▪ The health board does not meet its statutory duty to achieve a breakeven position</li> <li>▪ ICT systems are not robust or stable enough to support safe, effective and up to date care</li> <li>▪ The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors</li> <li>▪ Effective governance arrangements are not embedded across all parts of the health board</li> <li>▪ Resources (financial and other) are not fully aligned to the health board's priorities</li> <li>▪ South Powys planning and activity assumptions to inform flows / operational response are not robust, which could result in significant harm to patients</li> </ul>	<ul style="list-style-type: none"> <li>▪ The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose</li> <li>▪ Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the COVID-19 pandemic</li> <li>▪ Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)</li> <li>▪ A UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys</li> <li>▪ The Health Board fails is non-compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation</li> <li>▪ A fire incident occurring within health board premises is not effectively managed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Some commissioned services are not sustainable or safe, and do not meet national targets</li> </ul>
	Moderate	3				<ul style="list-style-type: none"> <li>▪ The health board does not comply with the Welsh Language standards, as outlined in the compliance notice</li> <li>▪ Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures</li> </ul>	
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

# CORPORATE RISK DASHBOARD – November 2020

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPP	CRR 001	Quality & Safety of Services	Some commissioned services are not sustainable or safe, and do not meet national targets	5 x 4 = 20	➔	Low	6	✗	Performance and Resources	Organisational Priorities underpinning WBO 1 to 4
DFIIT	CRR 002	Finance	The health board does not meet its statutory duty to achieve a breakeven position	3 x 4 = 12	➔	Moderate	8	✗	Performance and Resources	Organisational Priorities underpinning WBO 8.2
DFIIT	CRR 004	Quality & Safety of Services	ICT systems are not robust or stable enough to support safe, effective and up to date care	3 x 4 = 12	➔	Low	6	✗	Performance and Resources	Organisational Priorities underpinning WBO 1 to 4, 7.1, 7.2 & 7.3
DPP	CRR 005	Quality & Safety of Services	The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	4 x 4 = 16	➔	Low	4	✗	Performance and Resources	Organisational Priorities Underpinning WBO 1 to 4
DWODSS	CRR 006	Quality & Safety of Services	The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors	3 x 4 = 12	➔	Low	6	✗	Performance and Resources	Organisational Priorities Underpinning WBO 1 to 8
BS	CRR 007	Regulation & Compliance	Effective governance arrangements are not embedded across all parts of the health board	3 x 4 = 12	➔	Low	6	✗	Audit, Risk and Assurance	Organisational Priorities Underpinning WBO 1 to 4

DPP	CRR 008	<b>Innovation &amp; Strategic Change</b>	Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic	<b>4 x 4 = 16</b>	➔	High	12	*	Strategy and Planning	Organisational Priorities WBO 1 to 4
CEO	CRR 010	<b>Finance / Resources</b>	Resources (financial and other) are not fully aligned to the health board's priorities	<b>3 x 4 = 12</b>	➔	Low	8	*	Performance and Resources	Organisational Priorities underpinning WBO 1 to 8
DPH	CRR 011	<b>Quality &amp; Safety of Services</b>	A UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys	<b>4 x 4 = 16</b>	➔	Low	9	*	Executive	Organisational Priorities underpinning WBO 3.1-3.4, 4.1, 4.3, 5.2, 8.2
DTHS	CRR 012	<b>Regulation &amp; Compliance</b>	The health board does not comply with the Welsh Language standards, as outlined in the compliance notice	<b>4 x 3 = 12</b>	➔	Low	6	*	Performance and Resources	Organisational Priorities Underpinning WBO 1 to 8
DPCMH	CRR 013	<b>Quality &amp; Safety of Services</b>	Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures	<b>4 x 3 = 12</b>	➔	Low	6	*	Performance and Resources	Organisational Priorities underpinning WBO 4 – specifically 4.3

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DPH	CRR 014	Quality & Safety of Services	Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	4 x 4 = 16	➔	Low	12	*	Executive	Organisational Priorities Underpinning WBO 1 to 8
DPP	CRR 015	Quality & Safety of Services	South Powys planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients	3 x 4 = 12	➡	Low	TBC	*	Executive, Strategy and Planning, Experience, Quality and Safety	Organisational Priorities Underpinning WBO 1 to 4
DWODSS	CRR 016	Quality & Safety of Services	The Health Board is non-compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation	4 x 4 = 16	New	Low	9	*	Executive	Organisational Priorities Underpinning WBO 1 to 4
DWODSS	CRR 017	Quality & Safety of Services	A fire incident occurring within health board premises is not effectively managed	4 x 4 = 16	New	Low	9	*	Executive, Experience, Quality and Safety	Organisational Priorities Underpinning WBO 1 to 8

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**KEY:**

LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

RISK APPETITE		
Category	Appetite for Risk	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

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<b>CRR 001</b> <b>Risk that:</b> Some commissioned services are not sustainable or safe, and do not meet national targets		<b>Lead Director:</b> Director of Planning & Performance <b>Lead Board Committee:</b> Performance and Resources Committee and Experience, Quality and Safety Committee (for experience, quality and safety of commissioned services) <b>Date last reviewed:</b> November 2020																																																				
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 4																																																						
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 5 x 4 = 20</b> Target: 2 x 3 = 6  <b>Date added to the risk register</b> January 2017	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>8</td></tr><tr><td>Apr-17</td><td>16</td><td>8</td></tr><tr><td>Jul-17</td><td>16</td><td>8</td></tr><tr><td>Okt-17</td><td>16</td><td>8</td></tr><tr><td>Jan-18</td><td>16</td><td>8</td></tr><tr><td>Apr-18</td><td>16</td><td>8</td></tr><tr><td>Jul-18</td><td>16</td><td>8</td></tr><tr><td>Okt-18</td><td>16</td><td>8</td></tr><tr><td>Jan-19</td><td>16</td><td>8</td></tr><tr><td>Apr-19</td><td>16</td><td>8</td></tr><tr><td>Jul-19</td><td>16</td><td>8</td></tr><tr><td>Okt-19</td><td>16</td><td>6</td></tr><tr><td>Jan-20</td><td>16</td><td>6</td></tr><tr><td>Apr-20</td><td>20</td><td>6</td></tr><tr><td>Jul-20</td><td>20</td><td>6</td></tr><tr><td>Okt-20</td><td>20</td><td>6</td></tr></tbody></table>	Date	Risk Score	Target Score	Jan-17	16	8	Apr-17	16	8	Jul-17	16	8	Okt-17	16	8	Jan-18	16	8	Apr-18	16	8	Jul-18	16	8	Okt-18	16	8	Jan-19	16	8	Apr-19	16	8	Jul-19	16	8	Okt-19	16	6	Jan-20	16	6	Apr-20	20	6	Jul-20	20	6	Okt-20	20	6	<b>Rationale for current score:</b> PTHB is a predominantly commissioning organisation that must have the capacity, capability and governance processes to commission safely, effectively and compliantly across the whole system. There are <b>five</b> key areas of <b>risk</b> : i) <i>PTHB processes not identifying and addressing risks for Powys residents across the whole system</i> ii) <i>PTHB does not have the right capacity, capability and processes for whole system commissioning</i> iii) <i>Lack of clarity about pathways for Powys patients leading to significant harm (especially in the Midlands); and expenditure will not be in line with budget.</i> iv) <i>Non-compliance with statutory requirements in relation to joint commissioning with the local authority (including Section 33)</i> v) <i>Patients are not able to access safe, sustainable and timely services due to the impact of the COVID-19 pandemic</i>  PTHB’s commissioning arrangements are amongst the most complex in the UK. As a highly rural area with no DGH, 90% of Admitted Patient Care is commissioned from 15 main other NHS organisations across England and Wales. PTHB also commissions primary care; continuing health care; in partnership with the local authority; and participates in all Wales arrangements including for tertiary services.	
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<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Implementation of the Strategic Commissioning Framework (for whole system commissioning) – <b>partially restored</b></li><li>Embedding the Commissioning Assurance Framework (CAF) escalation process <b>partially restored</b></li><li>Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services)</li><li>Regular review at Delivery and Performance Meetings</li><li>Scrutiny by Performance and Resources Committee</li><li>Scrutiny by Experience, Quality and Safety Committee</li><li>Internal Audits</li><li>Contract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Embed whole system commissioning through the implementation of the Strategic Commissioning Framework</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Embed and ensure implementation of the Commissioning Assurance Framework</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Implement commissioning intentions for 2020-21</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Robustly manage the performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr></tbody></table>		Action	Lead	Deadline	Embed whole system commissioning through the implementation of the Strategic Commissioning Framework	DPP	In line with Annual Plan for 2020-21	Embed and ensure implementation of the Commissioning Assurance Framework	DPP	In line with Annual Plan for 2020-21	Implement commissioning intentions for 2020-21	DPP	In line with Annual Plan for 2020-21	Robustly manage the performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework	DPP	In line with Annual Plan for 2020-21																																				
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<ul style="list-style-type: none"> <li>Individual Patient Funding Request Panel and Policy</li> <li>WHSCC Joint Committee and Management Group</li> <li>WHSSC ICP agreed within PTHB IMTP</li> <li>Emergency Ambulances Services Committee</li> <li>Shared Services Framework Agreements</li> <li>Section 33 Agreements</li> <li>Responsible Commissioner Regulations for Vulnerable Children Placed away from Home</li> <li>Specific Organisational Delivery Objectives set out in health board's Annual Plan for 2019-20</li> <li>Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales)</li> <li>Commissioning Intentions set out in IMTP</li> <li>NHS LTA and SLA Overview submitted to the Executive Committee (and approval process) <b>block arrangements in place</b></li> <li>Executive Committee approved LTA and SLA narrative (updated each year)</li> <li>CEO signed LTAs and SLAs for healthcare</li> <li>CAF developed for General Dental Services</li> <li>CAF developed for General Medical Services</li> <li>Recruitment of Public Health Consultant to help strengthen commissioning intelligence</li> <li>Prior approval policy in place</li> <li>EEA policy in place</li> <li>INNU policy <b>in place</b></li> <li>Pooled fund manager for Section 33 Residential Care</li> <li><b>Respiratory and Circulatory Transformation leads in place (but circulatory support temporarily diverted to help manage changes to emergency flows in South Powys in a compressed timescale). Temporary cancer post to help ensure appropriate pathways for patients with cancer.</b></li> <li><b>Participation in cross-border command and control structures</b></li> <li><b>Essential Services Framework implementation underway</b></li> </ul>	Programme of work to strengthen effective processes to develop and manage condition specific and service plans	DPP	In line with Annual Plan for 2020-21
	Strengthening of commissioning intelligence in line with IMTP	DPP	In line with Annual Plan for 2020-21
	Review Patient flows and activity into specialised services to ensure safe and appropriate pathways	DPP	In line with IMTP/ICP
	Strengthen the organisation's capacity, capability and governance processes for commissioning – including interface with specialised services	DPP	In line with IMTP/ICP
	As a member of the Powys Regional Partnership Board, support delivery of the Powys Area Plan which includes commissioning appropriate, effective and efficient accommodation options for older people, individual children and looked after children	DPP	In line with Annual Plan for 2020-21
	Through the Joint Partnership Board, continue to develop opportunities for pooling Third Sector commissioning	DPP	In line with Annual Plan for 2020-21
	Strengthen the whole system approach to the Big 4	DPP	In line with IMTP
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
5 x 4 = 20	<p>During the COVID period the usual commissioning arrangements are not in place, nor the actions set out in the Annual Plan. Health Boards and NHS Trusts providing services for Powys patients have made service changes in response to directions from respective governments in England and Wales <b>through the different phases of the pandemic</b>. Neighbouring English providers have moved into whole system Silver and Gold command arrangements.</p>		

It was not possible to score the Commissioning Assurance Framework (CAF) in the first COVID peak. It has been restored where possible, but not all domains can be scored or escalated in the usual way (for example Finance and NHS LTAs and SLAs are in block arrangements and finance and activity patterns are different to anticipated due to the pandemic.) There are now extensive delays across the NHS for elective procedures with a growing number of patients waiting more than 52 weeks for treatment (capacity across providers is significantly reduced due to social distancing, PPE and the need to maintain surge capacity).

The **cumulative risk** in relation to commissioned services remains extremely challenging: changes to emergency flows in South Powys in a compressed timescale and SaTH's underlying need improvement - against a background of deteriorating waiting times nationally, winter pressures, the path of the COVID-19 pandemic and EU exit.

Mitigating actions in place include: the priorities set out in the Q3&Q4 plan; South Powys Pathways Workstream; DGH & Specialised workstream; participation in the command and control arrangements for neighbouring English regions; monitoring Q&S and maternity information; a weekly DGH log of pathway changes; shared modelling assumptions with NHS partners; implementation of the Welsh Government Essential Services framework; fast-tracking of elements of the Big 4 respiratory work to strengthen local resilience; Exec led meetings with the Ambulance Service; and continued work with the Welsh Health Specialised Services Committee; restoration of the Section 33 Group for residential care; and planning for the next phase.

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<b>CRR 002</b> <b>Risk that:</b> the health board does not meet its statutory duty to achieve a breakeven position		<b>Lead Director:</b> Director of Finance, Information and IT <b>Lead Board Committee:</b> Performance and Resources Committee																																								
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8.2		<b>Date last reviewed:</b> November 2020																																								
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Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and go live from Nov 20.	DFIIT	In Progress																																								
<b>Current Risk Rating</b> 3 x 4 = 12		<b>Additional Comments</b>																																								

<b>CRR 004</b>		<b>Director Lead:</b> Director of Finance, Information and IT																																								
<b>Risk that:</b> ICT systems are not robust or stable enough to support safe, effective and up to date care		<b>Assuring Committee:</b> Performance and Resources Committee																																								
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4, 7.1, 7.2 & 7.3		<b>Date last reviewed:</b> November 2020																																								
<div><div><div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 3 x 4 = 12</b> Target: 2 x 3 = 6</div><div><b>Date added to the risk register</b> January 2017</div></div><div><table><caption>Risk Rating History</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>des-17</td><td>16</td><td>4</td></tr><tr><td>mar-18</td><td>16</td><td>4</td></tr><tr><td>jun-18</td><td>16</td><td>4</td></tr><tr><td>sep-18</td><td>16</td><td>4</td></tr><tr><td>des-18</td><td>16</td><td>4</td></tr><tr><td>mar-19</td><td>16</td><td>4</td></tr><tr><td>jun-19</td><td>16</td><td>4</td></tr><tr><td>sep-19</td><td>12</td><td>6</td></tr><tr><td>des-19</td><td>12</td><td>6</td></tr><tr><td>mar-20</td><td>12</td><td>6</td></tr><tr><td>jun-20</td><td>12</td><td>6</td></tr><tr><td>sep-20</td><td>12</td><td>6</td></tr></tbody></table></div></div>		Date	Risk Score	Target Score	des-17	16	4	mar-18	16	4	jun-18	16	4	sep-18	16	4	des-18	16	4	mar-19	16	4	jun-19	16	4	sep-19	12	6	des-19	12	6	mar-20	12	6	jun-20	12	6	sep-20	12	6	<div><b>Rationale for current score:</b> The risk rating remains high and will do until we are able to<ol style="list-style-type: none"><li>1. Upgrade data center to remove high level risks (e.g. power, air-conditioning, wide area network, physical security) <b>OR</b></li><li>2. Invest in alternative data centre capability to address high risks (such capability could be provisioned via "Cloud", third party data centre, shared data centre or our own new data center) <b>AND</b></li><li>3. Ensure appropriate and capable hot disaster recovery solution (ability to provide services from alternative safe location should primary location be unavailable. Such capability would allow all services to be provided with minimal disruption to users).</li></ol> The recent experience during COVID-19 has helped to inform options for alternative approaches and mitigation to strengthen going forward. With the support of external partners (where needed) a business case will be developed for review and decision.</div>	
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<div><ul style="list-style-type: none"><li>▪ Digital Strategic Framework being developed (delay re impact of COVID-19), high level Digital Plan in place for 2020/21 with support of PCC re Section 33 Links.</li><li>▪ Re-established Digital Transformation Board and supporting sub groups and workstreams to ensure plan is delivered.</li><li>▪ Establishment of a specific Data Centre Programme.</li><li>▪ Engagement and input into the National Implementation Board.</li><li>▪ Disaster Recovery arrangements in place.</li><li>▪ System Performance Measures in place.</li><li>▪ Specific Well-being Objective 7 – Digital First-<i>Digital Infrastructure and Intelligence</i> set as an Organisational Priority in the health board’s Annual Plan for 2020-21.</li><li>▪ Enhanced and accelerated systems implemented in response to COVID-19.</li></ul></div>		<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Increase flexibility for accessing information and systems (anytime/anywhere/any device) including improved connectivity e.g. mobile coverage, broadband, Wi-Fi and modern, agile ready systems with integration by design (e.g. Office 365, attend anywhere, WCP)</td><td>DFIIT</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Improve information storage, server hosting, security and disaster recovery, back up and archiving capabilities</td><td>DFIIT</td><td>In line with Annual Plan for 2020-21</td></tr></tbody></table>		Action	Lead	Deadline	Increase flexibility for accessing information and systems (anytime/anywhere/any device) including improved connectivity e.g. mobile coverage, broadband, Wi-Fi and modern, agile ready systems with integration by design (e.g. Office 365, attend anywhere, WCP)	DFIIT	In line with Annual Plan for 2020-21	Improve information storage, server hosting, security and disaster recovery, back up and archiving capabilities	DFIIT	In line with Annual Plan for 2020-21																														
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<b>Current Risk Rating</b>		<b>Additional Comments</b>																																								

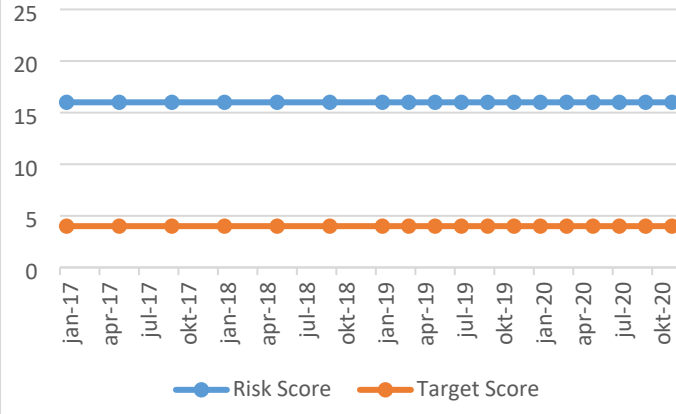
$$3 \times 4 = 12$$

For Local infrastructure IT has continued to improve its Business Continuity and Disaster Recovery process and procedures, including system patching to protect from Cyber-attacks.

IT is exploring the re-location of its data centre to further reduce the risk of outages and its reliance on the Bronllys site. This work is being looked at in conjunction with the Council who has the same risk and will be presented as a business case for decision when complete.

Patterson Liz  
11/20/2020 12:36:25



<b>CRR 005</b> <b>Risk that:</b> the care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Performance and Resources Committee																																																				
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4		<b>Date last reviewed:</b> November 2020																																																				
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<b>ESTATES</b> <ul style="list-style-type: none"><li>Specialist sub-groups for each compliance discipline</li><li>Risk based improvement plans introduced</li><li>Specialist leads identified</li><li>Estates Compliance Group and Capital Control Group established</li><li>Medical Gases Committee; Fire Safety Group; Water Safety Group; Health &amp; Safety Committee in place</li><li>Capital Programme developed for compliance and approved</li><li>Capital and Estates set as a specific Organisational Priority (OP 22) in the health board's Annual Plan for 2019-20 with related Organisational Delivery Objectives</li><li>Address (on an ongoing basis) maintenance and compliance issues</li><li>Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards.</li></ul> <b>CAPITAL</b> <ul style="list-style-type: none"><li>Capital Procedures for project activity</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																																																		
		Implement the Capital Programme and develop the long term capital programme	DPP	In line with Annual Plan for 2020-21																																																		
		Continue to seek WG funding	DPP	In line with Annual Plan for 2020-21																																																		
		Develop capacity and efficiency of the Estates and Capital function	DPP	In line with Annual Plan for 2020-21																																																		
		Review current structure of capital and estates department – delayed due to COVID-19 activity.	DPP	August 2020																																																		

<ul style="list-style-type: none"> <li>▪ Routine oversight / meetings with NWSSP Procurement</li> <li>▪ Specialist advice and support from NWSSP Specialist Estates Services</li> <li>▪ Audit reviews by NWSSP Audit and Assurance</li> <li>▪ Close liaison with Welsh Government, Capital Function</li> <li>▪ Reporting routinely to P&amp;R Committee</li> <li>▪ Capital Programme developed and approved</li> <li>▪ Detailed Strategic, Outline and Full Business Cases defining risk</li> <li>▪ Capital and Estates set as a specific Organisational Priority (OP 22) in the health board's Annual Plan for 2018-19 with related Organisational Delivery Objectives</li> </ul> <p><b><u>ENVIRONMENT</u></b></p> <ul style="list-style-type: none"> <li>▪ ISO 14001 accreditation with ongoing external audit to retain accreditation</li> <li>▪ Environment &amp; Sustainability Group</li> <li>▪ NWSSP Specialist Estates Services (Environment) support and oversight</li> <li>▪ Welsh Government support and advice</li> </ul>			
Current Risk Rating	Additional Comments		
<p>4 x 4 = 16</p> <p>Patterson, Liz 11/20/2020 12:36:25</p>	<p><b>COVID-19</b> has introduced risk pressures in respect of the health board's estate and the ability of the Estates team to manage and prioritise risk mitigation in a number of ways:</p> <p><b>ESTATES</b> – continued significant pressures to rapidly introduce bulk <b>oxygen</b> tanks (VIE) into 3 main hospitals will step up the risk around management of specialist enhanced oxygen systems. NWSSP SES <b>ventilation</b> lead in conjunction with Infection Prevention &amp; Control, Microbiologist and H&amp;S have highlighted the need, particularly related to COVID-19, to ensure ward areas have 6 air changes per hour and 12 air changes where aerosol generating practices take place; the only hospital (part) with mechanical ventilation is Brecon and a cost for introducing across our hospitals is <b>insignificant</b>, with time and access constraints to do the work. <b>Social distancing</b> requests for space planning moves for teams and enhanced measures, such as screens and signs have been delivered. Work group stood up to review quality and adequacy of <b>staff change and shower facilities</b> for COVID activity and to support surge activity. <b>Estates compliance</b> – team continues to focus on statutory compliance along with COVID works, with non-statutory / routine activity stood down, however, prolongation of the current lockdown may see further risks &amp; pressures emerge. <b>CAPITAL</b> stand down of capital activity will put Discretionary Capital programme and Major Capital Schemes at risk following WG funding announcement and stand-up of activity overlapping with COVID will create further risk to timelines &amp; cost. <b>ENVIRONMENT &amp; SUSTAINABILITY</b> accreditation audits for ISO 14001 complete,</p>		

with 2 non-conformances, but prolonged delay in engagement to work towards WG targets for carbon reduction, etc. will affect target attainability. **FIRE** – enhanced risks around oxygen enrichment of wards areas and changes in use and staffing of space at short notice. **PROPERTY** short notice search and lease timelines give rise to potential risk around legal and commercial agreements which are not fully developed (e.g. storage units, testing centres, community surge).

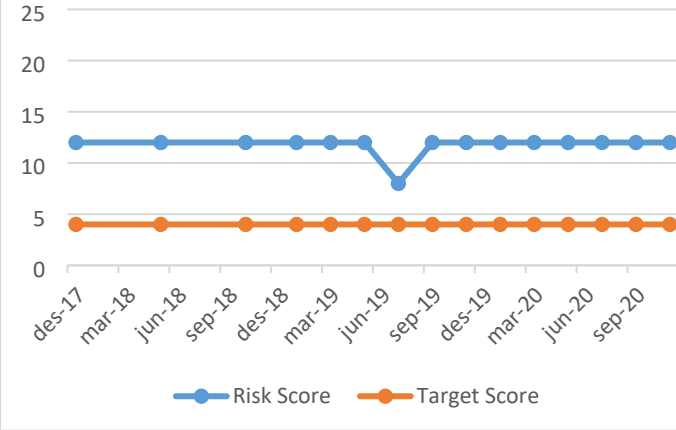
Patterson Liz  
11/20/2020 12:36:25

<b>CRR 006</b>		<b>Director Lead:</b> Director of Workforce & OD and Support Services																																							
<b>Risk that:</b> the health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors		<b>Assuring Committee:</b> Performance & Resources Committee																																							
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 8		<b>Date last reviewed:</b> November 2020																																							
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Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> <li>Regular monitoring of demand to ensure there is a sufficient supply through the temporary staffing unit</li> <li>A Recruitment and Retention delivery plan has been developed via the Strategic Recruitment and Retention group. The Group is monitoring and implementing the programme of work, and escalates any issues in relation to the plan via the Executive Team and the Performance &amp; Resources Committee</li> <li>Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored</li> <li>Developmental roles have been explored due to a difficulty in recruiting to a band 6 ear care role. Discussions are taking place and we are looking to adopt this approach within occupational therapy and other areas where appropriate</li> <li>The health board is using a hard-to-fill (enhanced) rate for shifts that are difficult to cover (Registered Nurses only)</li> <li>Workforce Quality and Efficiency Group established, which uses the Insight System to monitor performance against rosters, bank and agency usage</li> <li>Ensure that recruitment timescales are minimised and that issues of delay are appropriately and proactively managed to ensure recruitment performance indicators are consistent with national targets</li> <li>To maximise the ability to cover short term ad-hoc staffing requirements through bank workers Temporary Staffing Unit aims to reduce agency worker reliance</li> <li>We continue to develop alternative clinical models in response to COVID-19 including: ward, community and hospital-based services, testing units; and Trace, Track and Protect Team</li> <li>Establishments have been reviewed in inpatient areas to assess skill mix and staffing requirements, the aim to review staffing numbers and skill mix against bed numbers and patient needs, reflecting the All Wales Staffing Act 25a</li> <li>Work is progressing to look at developing creative and redesigning roles to meet the changing health needs of the local population. This includes working with the National Nurse Staffing Group to maximise the development of band 4 roles to encourage opportunities for growing and retaining our own staff within the Powys area</li> <li>Band 4 Assistant Practitioner roles are being introduced into community teams as part of the Neighbourhood Nursing pilot</li> <li>Pilot Health Care Support Worker Apprenticeship Programme in place</li> <li>Phase 1 COVID-19 Workforce Model has been developed based on a new</li> </ul>	Action	Lead	Deadline
	Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board.	DWODSS	In line with Annual Plan for 2020-21
	Work with the All Wales team on the implementation of the benefits portal page and ensure that this provides the opportunity to capture any local initiatives that are in place.	DWODSS	In line with Annual Plan for 2020-21
	The health board has been chosen as a pilot area for the new 'Nurse Cadet Scheme'.	DWODSS	TBD
	Recruitment guidance and a recruitment managers training package developed which supports managers in understanding the end to end recruitment process.	DWODSS	In line with Annual Plan for 2020-21
	Implement Standard Operating Procedures for internal operational workforce planning and work with directorates to develop their workforce plans.	DWODSS	In line with Annual Plan for 2020-21
	Implement an approach to succession planning: identify critical posts; run assessment and development centres for tier 4.	DWODSS	In line with Annual Plan for 2020-21
	To support temporary arrangements in response to the COVID-19 pandemic.	DWODSS	TBD

<p>clinical model including redeployment opportunities to staff it</p> <ul style="list-style-type: none"> <li>WOD closely monitors staff absence levels to ensure gaps are filled due to COVID-19 (self-isolation and sickness)</li> <li>Shielding has now been paused, all risk assessments for those staff who were in the shielding category were completed and a number of these staff have been able to return to roles with appropriate adjustments in place. All Wales Risk Assessment Tool (COVID-19) is live on the ESR and all staff will be actively encouraged to complete it</li> <li>New volunteering approach has been developed including central coordination of all volunteering, acknowledgement of the memorandum of understanding between PAVO and PTHB and an introduction of an improved standard operating procedure for the deployment of volunteers in PTHB</li> <li>Agile ways of working have been developed to mitigate impact on recruitment due to COVID-19 work restrictions; this includes virtual interviews and online pre-employment checks</li> <li>Targeted Bank Recruitment - rolling advert out</li> <li>Recruitment campaigns for existing vacancies</li> <li>Streamlining recruitment processes, including review of standardised advertisement pack, shortlisting as applications are received, automatic invite to interview for registered nurses if they provide NMC registration</li> <li>Workforce plans and challenges for winter and covid-19 has been identified to GOLD</li> </ul>			
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
3 x 4 = 12			


Patterson.Liz  
11/20/2020 12:36:25

<b>CRR 007</b> <b>Risk that:</b> effective governance arrangements are not embedded across all parts of the health board <b>Risk Impacts on:</b> Organisational Priorities underpinning Enabling Well-being Objectives 1 to 4		<b>Director Lead:</b> Board Secretary <b>Assuring Committee:</b> Audit, Risk and Assurance, and Respective Committees <b>Date last reviewed:</b> November 2020																																								
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 4 = 12 <b>Current: 3 x 4 = 12</b> Target: 2 x 3 = 6 <b>Date added to the risk register</b> January 2017	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>des-17</td><td>12</td><td>6</td></tr><tr><td>mar-18</td><td>12</td><td>6</td></tr><tr><td>jun-18</td><td>12</td><td>6</td></tr><tr><td>sep-18</td><td>12</td><td>6</td></tr><tr><td>des-18</td><td>12</td><td>6</td></tr><tr><td>mar-19</td><td>12</td><td>6</td></tr><tr><td>jun-19</td><td>8</td><td>6</td></tr><tr><td>sep-19</td><td>12</td><td>6</td></tr><tr><td>des-19</td><td>12</td><td>6</td></tr><tr><td>mar-20</td><td>12</td><td>6</td></tr><tr><td>jun-20</td><td>12</td><td>6</td></tr><tr><td>sep-20</td><td>12</td><td>6</td></tr></tbody></table>	Date	Risk Score	Target Score	des-17	12	6	mar-18	12	6	jun-18	12	6	sep-18	12	6	des-18	12	6	mar-19	12	6	jun-19	8	6	sep-19	12	6	des-19	12	6	mar-20	12	6	jun-20	12	6	sep-20	12	6	<b>Rationale for current score:</b> <p>Wales Audit Office’s Structured Assessment report for 2019 outlined that the health board is generally well led and has a comprehensive plan to continue to strengthen its governance arrangements. An internal audit of risk management arrangements identified gaps in relation to the embedding of the Risk Management Framework.</p> <p>Internal Audit issued a ‘limited assurance’ rated review on Freedom Of Information and a ‘no assurance’ rated review for records management. These reviews make a number of recommendations with regards to the need for improvement in compliance and governance areas.</p> <p>The Board’s Clinical Quality Framework identifies actions for implementation that relate to the strengthening of the organisation’s clinical governance arrangements. Gaps in arrangements at this time will represent a level of risk, noting that mitigating actions will be in place.</p>	
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<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Standing Orders</li><li>Standing Financial Instructions</li><li>Board agreed Committee structure</li><li>Risk Management Framework</li><li>Assurance Framework – Board agreed principles and approach</li><li>Policies related to – gifts and hospitality, legal fees, use of Common Seal, Concerns etc.</li><li>Internal audit arrangements in place and focused on risk areas</li><li>Annual Governance Programme has been agreed by the Board</li><li>Self-assessment against ICO 12-steps undertaken</li><li>Electronic Information Asset Register developed, piloted and populated with pilot services assets</li><li>Mandatory IG e-learning training updated to reflect GDPR</li><li>Schedule of WASPI ISPs and other agreements e.g. DDAs in place and process for developing new ISPs exists</li><li>GDPR requirements reflected in existing fair processing notice for staff</li><li>Updated Intranet and Internet GDPR pages with fair processing / privacy</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Deliver the Annual Governance Programme 2020/21</td><td>BS</td><td>In line with Annual Plan for 2020/21</td></tr><tr><td>Deliver the Records Management Improvement Plan</td><td>BS</td><td>In line with Annual Plan for 2020/21</td></tr><tr><td>Implement the Clinical Quality Framework, in-line with its agreed implementation plan</td><td>DN</td><td>In line with Annual Plan 2020/21</td></tr><tr><td>Ensure the effective implementation of the COVID-19 Governance Framework</td><td>BS</td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	Deliver the Annual Governance Programme 2020/21	BS	In line with Annual Plan for 2020/21	Deliver the Records Management Improvement Plan	BS	In line with Annual Plan for 2020/21	Implement the Clinical Quality Framework, in-line with its agreed implementation plan	DN	In line with Annual Plan 2020/21	Ensure the effective implementation of the COVID-19 Governance Framework	BS	Ongoing																								
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notices (patients and staff) ■ Data Protection Officer in place			
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
$3 \times 4 = 12$	In light of COVID-19, the Board will be required to take a greater level of assurance from the organisation in the absence of some of its committees meeting (Performance & Resources Committee and Strategy & Planning Committee). In addition, the Board will be unable to rely on its audit and inspection programmes for assurance during this period given the temporary suspension of the internal audit programme and delays in the external audit programme commencing. Whilst these matters should not impact upon the controls in place to mitigate risk CRR007, the Board will need to place greater reliance on its 1st and 2nd line of defence (assurances) to satisfy itself that the controls are working effectively.		

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<b>Risk that:</b> fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic		<b>Assuring Committee:</b> Strategy and Planning Committee																																								
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4		<b>Date last reviewed:</b> November 2020																																								
<div><b>Risk Rating</b> (likelihood x impact): Initial: 3 x 3 = 9 <b>Current: 4 x 4 = 16</b> Target: 3 x 4 = 12</div> <div><b>Date added to the risk register</b> January 2017</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>des-17</td><td>9</td><td>4</td></tr><tr><td>mar-18</td><td>9</td><td>4</td></tr><tr><td>jun-18</td><td>12</td><td>4</td></tr><tr><td>sep-18</td><td>12</td><td>4</td></tr><tr><td>des-18</td><td>12</td><td>4</td></tr><tr><td>mar-19</td><td>12</td><td>4</td></tr><tr><td>jun-19</td><td>12</td><td>4</td></tr><tr><td>sep-19</td><td>12</td><td>12</td></tr><tr><td>des-19</td><td>12</td><td>12</td></tr><tr><td>mar-20</td><td>12</td><td>12</td></tr><tr><td>jun-20</td><td>16</td><td>12</td></tr><tr><td>sep-20</td><td>16</td><td>12</td></tr></tbody></table>	Date	Risk Score	Target Score	des-17	9	4	mar-18	9	4	jun-18	12	4	sep-18	12	4	des-18	12	4	mar-19	12	4	jun-19	12	4	sep-19	12	12	des-19	12	12	mar-20	12	12	jun-20	16	12	sep-20	16	12	<div><b>Rationale for current score:</b> As a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England currently, strategic change programmes have been paused or significantly changed. Programme management arrangements externally and internally have been paused and are being progressively restored from Q2. The Grange opening is being accelerated by ABUHB as part of winter preparedness in the context of the response to Covid-19 changing pathways for South Powys patients sooner than originally planned. The usual stocktake and pipeline processes to manage strategic change were ceased in March 2020, however, Strategic Planning and Commissioning restarted in November 2020. Planning capacity in PTHB was redeployed to COVID-19 Planning in March 2020 and is continuing to be deployed to support Gold workstreams and implementation planning and respond to the quarterly plans required by Welsh Government, therefore capacity to respond to strategic change remains limited.</div>	
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<p>A number of critical controls remain in place however some have been paused as a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England. These will be progressively restored dependent on the deployment priorities for the planning and commissioning teams and the North Powys Well-Being Programme Team.</p> <p>Critical controls remaining in place:</p> <ul style="list-style-type: none"><li>- DPP Briefings with CHC; CHC Services Planning Committee restored from July 2020, Local Committee restored</li><li>- Chief Executive and Directors of Planning meetings</li><li>- Quarterly planning cycle in place to respond to Welsh Government quarterly Operating Framework requirements – this includes a review of neighbouring provider plans post submission</li><li>- North Powys Well-Being Programme Team re-established; review of the Programme carried out in light of the response on the pandemic and Programme Business Case developed October 2020 which includes the Powys Model of Care</li><li>- South Powys Programme Board already in place to implement the respond to</li></ul>		<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Provide robust management of and response to the Future Fit Programme in Shrewsbury and Telford Hospital NHS Trust</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Continuous monitoring of impact as Hywel Dda UHB’s Transforming Clinical Services Programme is implemented</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Provide robust management of engagement and response to the Hereford and Worcestershire Sustainability and Transformation Plan and Stroke programme</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Provide robust management of engagement and response to the Clinical Futures programme in Aneurin Bevan UHB</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Robustly manage the response and engagement with external service change programmes and developments as they arise during the year</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr></tbody></table>		Action	Lead	Deadline	Provide robust management of and response to the Future Fit Programme in Shrewsbury and Telford Hospital NHS Trust	DPP	In line with Annual Plan for 2020-21	Continuous monitoring of impact as Hywel Dda UHB’s Transforming Clinical Services Programme is implemented	DPP	In line with Annual Plan for 2020-21	Provide robust management of engagement and response to the Hereford and Worcestershire Sustainability and Transformation Plan and Stroke programme	DPP	In line with Annual Plan for 2020-21	Provide robust management of engagement and response to the Clinical Futures programme in Aneurin Bevan UHB	DPP	In line with Annual Plan for 2020-21	Robustly manage the response and engagement with external service change programmes and developments as they arise during the year	DPP	In line with Annual Plan for 2020-21																					
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<p>the South Wales Programme and the opening of the Grange University Hospital in Spring 21. Scope revised to enable fast-tracking of South Powys pathways by mid November 2020</p> <ul style="list-style-type: none"> <li>- Partnership mechanisms are in place in key areas of work including joint oversight and leadership of Test, Trace and Protect, Care Homes, Unscheduled Care and Winter Preparedness. The RPB and PSB are re-established and have commenced recovery planning</li> </ul> <p>Controls that will be resumed when it is safe and appropriate to deploy capacity back into strategic change planning, from COVID-19 planning: -</p> <ul style="list-style-type: none"> <li>▪ Implementation of the long-term Health and Care Strategy for Powys through the IMTP, Annual Plan and Directorate Planning process</li> <li>▪ Compliance with Wellbeing of Future Generations Act and Social Services and Well-being Act</li> <li>▪ Specific Organisational Well-being Objective – WBO8 – Transforming in Partnership</li> <li>▪ Development of a Model of Care for Powys with Rural Regional Centre and Community Wellbeing Hubs; including taking forward the North Powys/Newtown proposals into a business case process</li> <li>▪ Strategic Change Stocktake process in place and regular updates providing a monitoring tool as part of the reporting cycle for Performance and Resources Committee and PTHB Board</li> <li>▪ Strategic Change Steering Group in place with a role to monitor external change and assess the impact clinically, operationally, and strategically of live consultations and engagement – <b>not currently meeting</b></li> <li>▪ Impact Assessment process in place for detailed analysis of live strategic change programmes</li> <li>▪ Powys Consultation Plans and situation reports developed for each live consultation to ensure PTHB responses consider the impact on Powys residents</li> <li>▪ Regular engagement and updates provided to CHC Services Planning Committee (SPC) and Full Council on live consultations – SPC restored from July 2020</li> <li>▪ Executive Committee Strategic Planning and Commissioning meetings restored <b>November 2020</b></li> <li>▪ <b>Programme Board in place to manage changes under the South Wales Programme, with scope revised to manage fast-tracking of South Powys pathway changes in response to the earlier opening of Grange University Hospital</b></li> <li>▪ Participation in external Programme mechanisms as appropriate for key live programmes either as watching brief / receipt of information or as programme participant in the case of NHS Future Fit</li> </ul>	<p>As a member of the Mid Wales Joint Committee for Health and Care support delivery of the agreed Action Plan</p> <p>The North Powys programme has been put on hold during quarter 1 of the pandemic. Early discussions are taking place with a view to re-starting the programme in July 2020. The team is assessing the impact of COVID-19 to understand potential opportunities to support delivery during 2020/21 and also the longer-term impact on the programme deliverables and timescales</p>	<p>DPP</p> <p>DPP</p>	<p>In line with Annual Plan for 2020-21</p> <p>In line with Annual Plan for 2020-21</p>
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Current Risk Rating	Additional Comments
4 x 4 = 16	

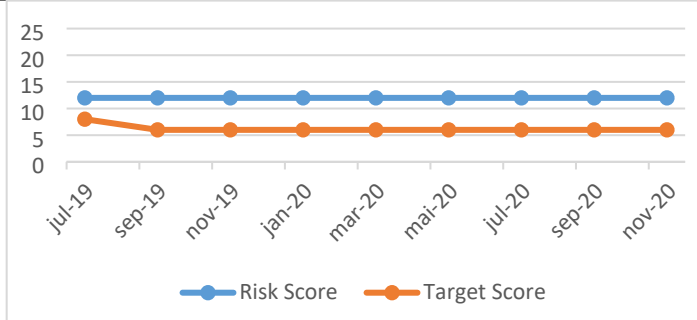
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<b>CRR 010</b>		<b>Director Lead:</b> Chief Executive																																								
<b>Risk that:</b> resources (financial and other) are not fully aligned to the health board's priorities		<b>Assuring Committee:</b> Performance and Resources Committee																																								
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 8		<b>Date last reviewed:</b> November 2020																																								
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Period	Risk Score	Target Score																																								
dec-17	17	4																																								
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<b>Date added to the risk register</b> May 2018																																										
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																																								
<ul style="list-style-type: none"><li>Clear prioritisation/direction from Welsh Government in terms of response to COVID-19 pandemic outlined in Q2 Operating Framework.</li><li>The revision of the Annual Plan to enable agreement of re-prioritisation, which indicates de-prioritisation of previously agreed organizational priorities (May 2020).</li><li>Clear Financial Control Procedures in place to manage expenditure relating to COVID-19, including regular returns to WG, including risks</li><li>Resources allocated to priority areas for fast-tracking supportive action in relation to COVID-19 and non-COVID-19 activity (e.g. Digital)</li></ul>																																										
		<b>Action</b>	<b>Lead</b>																																							
		Further review and revision of the Annual Plan for consideration by Board at end of July	CEO																																							
		Resource (Financial) Plan - revised for rest of Q2 including forward look across rest of financial year	DFIT																																							
<b>Current Risk Rating</b> 3 x 4 = 12		<b>Additional Comments</b>																																								

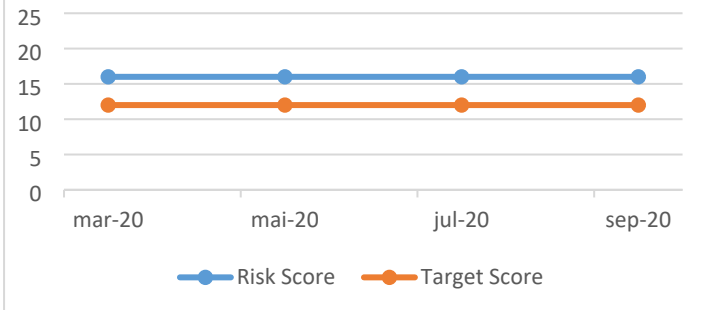
Patterson, Liz  
11/20/2020 12:36:25

<b>CRR 011</b> <b>Risk that:</b> A UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys <b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 3.1-3.4, 4.1, 4.3, 5.2 and 8.2		<b>Executive Lead:</b> Director of Public Health <b>Operational Lead:</b> Civil Contingencies Manager <b>Lead Board Committee:</b> Executive Committee <b>Date last reviewed:</b> November 2020																									
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 3 x 3 = 9 <b>Date added to the risk register</b> <b>January 2019</b>	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-19</td><td>16</td><td>10</td></tr><tr><td>Apr-19</td><td>16</td><td>10</td></tr><tr><td>Jul-19</td><td>16</td><td>10</td></tr><tr><td>Okt-19</td><td>16</td><td>10</td></tr><tr><td>Jan-20</td><td>16</td><td>10</td></tr><tr><td>Apr-20</td><td>16</td><td>10</td></tr><tr><td>Jul-20</td><td>16</td><td>9</td></tr></tbody></table>	Date	Risk Score	Target Score	Jan-19	16	10	Apr-19	16	10	Jul-19	16	10	Okt-19	16	10	Jan-20	16	10	Apr-20	16	10	Jul-20	16	9	<b>Rationale for current score</b> Likelihood – LIKELY. If the UK exits transition with no trade deal by 31 <sup>st</sup> December 2020, it is highly likely that this would have a range of significant impacts on the NHS.  Impact - MAJOR. Impact assessments forecast that the timing of EU departure could have a short-term impact in Q4 2020/21 (compounded by winter pressures and COVID-19), as well as a longer-term impact on the NHS in areas such as workforce and overall public spending. The impact is therefore rated as major.	
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Jan-20	16	10																									
Apr-20	16	10																									
Jul-20	16	9																									
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>PTHB is currently <b>stepping</b> up readiness for a potential UK/EU 'no trade deal' scenario on 1<sup>st</sup> January 2021. <b>An internal planning group is currently meeting monthly to coordinate business continuity planning.</b></li><li>A review of the status of contingencies previously established in the lead up to Brexit (outlined in bullets below), is now underway and will inform next steps in local preparations. This will include:<ul style="list-style-type: none"><li>PTHB membership of/engagement in NHS Wales planning arrangements, through its current governance architecture (including WOD).</li><li>Reviewing and updating PTHB business continuity plan (BCP) and arrangements in line with national directive.</li><li>Continued engagement with Welsh Government, the Welsh NHS Confederation and other NHS partners and the Dyfed Powys Local Resilience Forum).</li><li>Local risk assessment of "No Deal" Brexit, as part of BCP.</li><li>Communications to lead officers.</li></ul></li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Ensure arrangements are in place to continue to review and test local plan(s) as further clarity and information emerges regarding a no UK/EU trade deal scenario.</td><td>DPH</td><td>Up to 31<sup>st</sup> December 2020 and beyond</td></tr><tr><td>Consider the longer-term impacts of UK exit from EU, not previously considered in detail in earlier programmes of work</td><td>DPH</td><td>Up to 31<sup>st</sup> December 2020 and beyond</td></tr><tr><td>Issue further information and actions to PTHB staff, as these emerge as part of national planning arrangements</td><td>DPH</td><td>Up to 31<sup>st</sup> December 2020 and beyond</td></tr></tbody></table>		Action	Lead	Deadline	Ensure arrangements are in place to continue to review and test local plan(s) as further clarity and information emerges regarding a no UK/EU trade deal scenario.	DPH	Up to 31 <sup>st</sup> December 2020 and beyond	Consider the longer-term impacts of UK exit from EU, not previously considered in detail in earlier programmes of work	DPH	Up to 31 <sup>st</sup> December 2020 and beyond	Issue further information and actions to PTHB staff, as these emerge as part of national planning arrangements	DPH	Up to 31 <sup>st</sup> December 2020 and beyond												
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<b>Current Risk Rating</b> 4 x 4 = 16		<b>Additional Comments</b> Welsh Government has given an update on the structure of future EU transition planning in preparation for the 1 <sup>st</sup> January 2021. The Leadership group has been reconvened and is meeting on a regular basis.  It is envisaged that the SRO group, and all other EU transition subgroups will be reconvened in September.																									

<b>CRR 012</b>		<b>Executive Lead:</b> Director of Therapies & Health Sciences	
<b>Risk that:</b> the health board does not comply to the Welsh Language standards, as outlined in the compliance notice		<b>Operational Lead:</b> Welsh Language Services Manager	
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 8		<b>Lead Board Committee:</b> Performance and Resources Committee	
<b>Risk Rating –</b> (likelihood x impact): Initial: 4 x 3 = 12 <b>Current: 4 x 3 = 12</b> Target: 2 x 3 = 6 <b>Date added to the risk register</b> March 2019		<b>Date last reviewed:</b> November 2020	
 <p>The graph displays two data series over time from March 2019 to November 2020. The Y-axis represents the score, ranging from 0 to 25 in increments of 5. The X-axis shows monthly intervals. The 'Risk Score' (blue line with diamond markers) remains constant at 12 throughout the period. The 'Target Score' (orange line with diamond markers) remains constant at 6 throughout the period.</p>		<b>Rationale for current score</b> <ul style="list-style-type: none"> <li>Absence of 'More than just words' action plan</li> <li>Baseline assessment indicates non-compliance of the Welsh Language Standards</li> <li>The findings of a recent Internal Audit identified that compliance with Welsh Language Standards needs improvement. Response to be agreed but no capacity to make changes at the current time due to COVID-19</li> </ul>	
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>	
<ul style="list-style-type: none"> <li>Welsh Language Steering Group continues to monitor progress against the Standards and are sharing and encouraging best practice</li> <li>Response to Internal Audit Report completed and work has begun on implementing the recommendations.</li> <li>Departmental Action Plans updated and fed into compliance matrix. Compliance levels have increased significantly since the baseline assessment was undertaken in January 2019.</li> <li>Overarching Welsh Language and Equality Plan in development.</li> <li>Review of resource and capacity to implement the Standards undertaken. Options paper prepared for Executive Committee.</li> <li>Welsh language awareness session developed and delivered to some key staff groups to promote the Standards and the Active Offer principle.</li> <li>Increased compliance with bilingual communication – patient leaflets, letter templates, website information.</li> <li>WL Annual Monitoring Reports submitted to WG and WL Commissioner demonstrating progress made and highlighting achievements</li> </ul>		<b>Action</b>	<b>Lead</b>
		Develop and implement Welsh Language Improvement Plan	DPCMH
		Implement response to Internal Audit report	DPCMH
<b>Current Risk Rating</b> 4 x 3 = 12		Consider proposals to increase available resources to implement the Standards	<b>Deadline</b> In line with Annual Plan for 2020-21 <b>Ongoing</b> <b>Nov 2020</b>
		<b>Additional Comments</b>	
		Due to COVID-19 pressures staff have little capacity to move WL initiatives forward. Review of current resources to implement the Standards has highlighted serious shortfalls in terms of staffing resource and budget allocations.	


<b>CRR 013</b> <b>Risk that:</b> Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures		<b>Lead Director:</b> Director of Primary, Community & Mental Health Services <b>Lead Board Committee:</b> Performance and Resources Committee and Experience, Quality and Safety Committee (for experience, quality and safety of commissioned services) <b>Date last reviewed:</b> November 2020																															
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 4 – specifically 4.3																																	
<b>Risk Rating –</b>  (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 3 = 12</b> Target: 3 x 2 = 6 <b>Date added to the risk register</b> July 2019	 <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-19</td><td>12</td><td>6</td></tr><tr><td>Sep-19</td><td>12</td><td>6</td></tr><tr><td>Nov-19</td><td>12</td><td>6</td></tr><tr><td>Jan-20</td><td>12</td><td>6</td></tr><tr><td>Mar-20</td><td>12</td><td>6</td></tr><tr><td>May-20</td><td>12</td><td>6</td></tr><tr><td>Jul-20</td><td>12</td><td>6</td></tr><tr><td>Sep-20</td><td>12</td><td>6</td></tr><tr><td>Nov-20</td><td>12</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-19	12	6	Sep-19	12	6	Nov-19	12	6	Jan-20	12	6	Mar-20	12	6	May-20	12	6	Jul-20	12	6	Sep-20	12	6	Nov-20	12	6	<b>Rationale for current score</b> In reach services commissioned from English and Welsh providers, were frequently cancelled / re-booked due to main provider pressures. Services had been continually re-organised at short notice by Directorate teams with limiting any harm to patients or impact on NOF measures.	
Month	Risk Score	Target Score																															
Jul-19	12	6																															
Sep-19	12	6																															
Nov-19	12	6																															
Jan-20	12	6																															
Mar-20	12	6																															
May-20	12	6																															
Jul-20	12	6																															
Sep-20	12	6																															
Nov-20	12	6																															
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																															
<ul style="list-style-type: none"><li>Most services are operating in physical and virtual capacity albeit in reduced scale due to COVID-19. In reach is in place but remains at risk due to pressures in host DGHs</li><li>Implementation of the Strategic Commissioning Framework (for whole system commissioning) includes in reach services commissioned via SLA was in place but currently being managed through direct links with providers including attendance by AD Commissioning at some Silver forum</li><li>NHS LTA and SLA Overview (and approval process)</li><li>Currently performance monitoring by WG has been paused due to COVID-19</li><li>DGH and Specialised Services workstream in place led by Director of Planning and Performance</li></ul>		<b>Action</b> WPP submission includes details of current service delivery across range of services including “essential services”. This remains reduced by COVID-19 requirements and guidance but will be reviewed continually through this period	<b>Lead</b> DPCMH	<b>Deadline</b> 31 <sup>st</sup> Dec 2020																													
		Consultant connect rollout continues to manage new referrals	DPCMH	Ongoing																													
		Interaction with silver commands across neighbours through PTHB command and control mechanisms	DPP	Ongoing																													
<b>Current Risk Rating</b> 4 x 3 = 12		<b>Additional Comments</b> Historically, key services impacted are Ophthalmology, Endoscopy, Trauma and Orthopaedics																															



<b>CRR 014</b> <b>Risk that:</b> Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)		<b>Lead Director:</b> Director of Public Health <b>Lead Board Committee:</b> Executive Committee, Experience Quality and Safety Committee	
<b>Risk Impacts on:</b> Impact on the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		<b>Date last reviewed:</b> November 2020	
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 3 x 4 = 12 <b>Date added to the risk register</b> February 2020		<b>Rationale for current score:</b> Likelihood: 'Likely'. Although new cases of COVID-19 are slowing in response to population level interventions, the absence of herd immunity or an effective vaccine means that the likelihood of a large-scale outbreak remains likely across all parts of the UK, including Powys. Whether Test Trace Protect mitigates the additional risk of a gradual lifting of control measures remains to be seen.  Impact: 'Major'. COVID-19 presents four harms to the population: - 1. The direct harm arising from the disease itself; 2. The harm caused by an overwhelmed NHS; 3. The harm caused by stopping other non-COVID activity; and 4. The wider harm to wellbeing caused by population level measures in response to COVID-19.	
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>	
1. Test Trace Protect programme in place: <ul style="list-style-type: none"><li>RT-PCR testing available for the Powys population via the UK online portal;</li><li>Contact tracing service <b>operating</b>;</li><li>Regional response cell in place for escalated cases and clusters.</li></ul> 2. Joint management and oversight arrangements in place with Powys County Council, <b>including a joint Prevention and Response Group</b> . 3. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements. <b>4. Powys Prevention and Response Plan drafted.</b>		<b>Action</b> TTP is currently being reviewed nationally. Whatever changes to the programme are decided nationally will need to be taken forward locally.	<b>Lead</b> DPH
			<b>Deadline</b> December 2020
<b>Current Risk Rating</b> 4 x 4 = 16		<b>Additional Comments</b>	

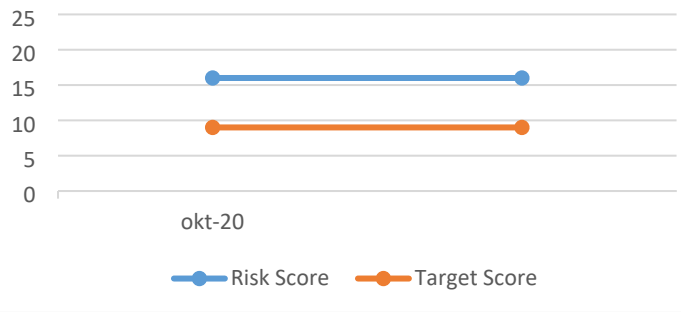
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<b>CRR 015</b> <b>Risk that:</b> South Powys planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients. <b>Risk Impacts on:</b> Flow and activity modelling incorrect or incomplete and regional response system modelling not reflecting operational reality.		<b>Lead Director:</b> Director of Planning and Performance <b>Lead Board Committee:</b> Executive Committee, Strategy and Planning Committee <b>and Experience, Quality and Safety Committee</b> <b>Date last reviewed:</b> November 2020		
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 5 = 15 <b>Current: 3 x 4 = 12</b> Target: TBC	 <p>The graph shows a line for 'Risk Score' starting at 15 in 'sep-20' and ending at 12. A dashed line for 'Target Score' is marked as 'TBC'.</p>	<b>Rationale for current score:</b> Differing models and assumptions across organisations; a lack of a shared understanding and agreement to regional level response resulting in unplanned changes to flows.  This specific risk is now scored 12, but as reported to the Experience, Quality and Safety Committee, there is one programme risk remaining over 15 as the impact of the COVID-19 firebreak is not yet fully known.		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>		
<ul style="list-style-type: none"> <li>South Powys Pathways Programme Board in place chaired by PTHB CEO, with executive level representation from CTMUHB, WAST, PTHB and ABUHB</li> <li>Workstreams in place including patient flows, engagement and communication, operational-clinical pathways and maternity</li> <li>Agreed to reach shared understanding and agreement of planning assumptions and flows across region. Utilise real life example of Emergency Surgery and Trauma flow pre GUH to test assumptions. Ensure they remain continually under review</li> <li>PTHB series of clinical summits held</li> <li>Expected patient flows shared via the Programme Board</li> <li>Agencies have built and capacity into Q3 and Q4 plans and surge plans</li> <li>Winter protection plans to help reduce demand (e.g. Flu vaccination in place)</li> <li>PTHB and CTMUHB weekly bilateral meetings in place (with commitment to weekly monitoring)</li> <li>PTHB review of most admitted paediatric and emergency cases to help prevent emergency admission</li> <li>Therapies part of Programme Plan with close working relationships and pathways established for discharge to help maintain flow with CTMUHB</li> <li>DoPs system readiness assessment agreed &amp; confirmed in ABUHB CEO communication</li> <li>Implementation of South Powys Programme communications and engagement plan</li> </ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
		Ensure join up of engagement and communication planning across region and shared messaging wherever possible	DPP	November 2020
		Agree operational readiness assessment process across the system. Ensure appropriate regional level contingency planning agreed before implementation	DPP	November 2020
		Complete quality and safety assurance review of pathway changes and agree when it is safe to implement. Maintain maternity assurance framework	DPP	November 2020

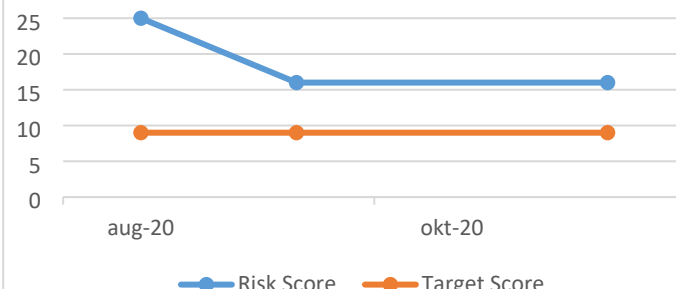
<ul style="list-style-type: none"> <li>• Implement adequate communications and engagement activities across region to ensure public and staff awareness</li> <li>• Close working arrangements with other health boards and WAST</li> <li>• Providers have developed workforce plans. ABUHB workforce resilience improved by early opening of GUH</li> <li>• DoF representation in Programme Board</li> <li>• Programme Board approved Programme resources and budget and support of nominated representatives from all partners</li> </ul>			
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
3 x 4 = 12	<p>As reported to the Experience, Quality and Safety Committee there is one programme risk which remains above 15: -  <i>'Covid-19 cases occurring at the same time as seasonal pressures on DGHs such as flu and the general increase in activity over the winter period whilst undertaking major service and operational changes'</i>.  The actions listed above have been taken to reduce risk: clarification of the expected flows; winter protection plan to try and reduce demand; Q3 &amp; Q4 plans including demand and capacity; review of the most admitted cases to NHH last year in terms of paediatrics and respiratory cases; clinical summits; operational and clinical meetings. However, at the time of submission the impact of the end of the firebreak to try and reduce the rate of COVID-19 infection was not known although there were indications that it was reducing.</p>		

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<b>CRR 016</b> <b>Risk that:</b> the Health Board is non-compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation <b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 – 4		<b>Lead Director:</b> Director of Workforce, OD and Support Services <b>Lead Board Committee:</b> Executive Committee	
		<b>Date last reviewed:</b> November 2020	
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 3 x 3 = 9	 <p>okt-20</p> <p>● Risk Score ● Target Score</p>	<b>Rationale for current score:</b> It is evident from discussions with Service Managers through the Health & Safety workshop that there is an inability to identify and manage H&S risks, with a clear framework and process for recording, training and escalation. The H&S group agreed that there was a significant gap in the ability for Managers to: - <ul style="list-style-type: none"> <li>clearly identify Health &amp; Safety risks</li> <li>be able to complete a comprehensive risk assessment</li> <li>be able to identify and record suitable and sufficient mitigation to manage or reduce the risk</li> <li>ensure staff are involved and understand the risk assessments</li> </ul> In the absence of undertaking risk assessments, unknown risks relating to: compliance with legal obligations; safe environments for staff, visitors, patients and contractors; and, the use of safe equipment could materialise. Failure to identify and manage organisational risks could lead to poor reputation; financial liability; and, legal prosecution and civil claims.	
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>	
<ul style="list-style-type: none"> <li>Health &amp; Safety workshop undertaken</li> <li>Health &amp; Safety work risk assessment work programme identified</li> <li>Develop 'power hour' risk assessment sessions</li> <li>Specialised professional Health &amp; Safety Senior Officer support</li> <li>Specialist sub-groups set up e.g. fire safety, water safety, medical gases, estates compliance, asbestos, radiation</li> <li>Health &amp; Safety Group standing item on risk</li> <li>Responding to issues identified by HSE</li> <li>Responding to issues identified by Internal Audit</li> <li>Risk Management Framework</li> <li>Risk Assessment Toolkit &amp; Template</li> <li>Health &amp; Safety Policies</li> <li>Commenced rollout of IOSH one-day 'Working Safely' training for Managers</li> </ul>		<b>Action</b>	<b>Lead</b>
		Design a framework approach for the identification and management of H&S risks	Assistant Director of OD
		Complete a desktop exercise to identify which services undertake a programme of risk assessments	Assistant Director of OD
		Provide focused support and advice to services to enable them to identify and manage their risks	Assistant Director of OD
		Continued rollout of IOSH one-day 'Working Safely' training for Managers	Assistant Director of OD
		Rollout 'power hour' risk assessment sessions	Assistant Director of OD
<b>Assurances (How do we know if the things we are doing are having an impact?)</b>		<b>Gaps in assurance (What additional assurances should we seek?)</b>	

<ul style="list-style-type: none"><li>• Health And safety reporting</li><li>• Oversight of the executive team</li><li>• Audit and Inspection Programme ensuring compliance with Health &amp; Safety Policies</li></ul>	<ul style="list-style-type: none"><li>• Executive Committee approval of Health &amp; Safety Forward Work Programme</li><li>• Health and Safety risks reported through the Health and Safety Group</li><li>• Aggregation of risks identified through sub-groups e.g. fire safety, water safety, medical gases, estates compliance, asbestos, radiation reporting</li><li>• Organisational Health &amp; Safety risks presented to the Risk and Assurance Group</li><li>• Escalation of non-compliance with risk assessment framework</li><li>• Communication and cascade of Health &amp; Safety information</li></ul>
<b>Current Risk Rating</b>	<b>Additional Comments</b>
4 x 4 = 16	

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<b>CRR 017</b>		<b>Director Lead:</b> Director of Workforce, OD and Support Services										
<b>Risk that:</b> A fire incident occurring within health board Premises is not effectively managed		<b>Lead Board Committee:</b> Experience, Quality & Safety Committee										
<b>Risk Impacts on:</b> Organisational Priorities Underpinning WBO 1 to 8		<b>Date last reviewed:</b> November 2020										
<b>Risk Rating</b> (likelihood x impact): Initial: 5 x 5 = 25 <b>Current: 4 x 4 = 16</b> Target: 3 x 3 = 9	 <table><caption>Risk Rating Data</caption><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr><tr><td>aug-20</td><td>25</td><td>9</td></tr><tr><td>okt-20</td><td>16</td><td>9</td></tr></table>	Month	Risk Score	Target Score	aug-20	25	9	okt-20	16	9	<b>Rationale for current score:</b> There has been a considerable amount of activity recently with regards to surveys and additional preventative maintenance; which has lowered the overall risk rating to 15. There still remains operational gaps in fire management roles and activity to ensure the Health Board can respond in the event a fire. There is still a considerable amount of work to be done as included in the mitigating actions below, to reduce this risk rating to meet target.	
Month	Risk Score	Target Score										
aug-20	25	9										
okt-20	16	9										
<b>Date added to the risk register</b> November 2020												
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>										
<ul style="list-style-type: none"><li>• <b>Fire Service Inspections:</b> series of inspections documented</li><li>• <b>Fire Training:</b> Training programme in place</li><li>• <b>Compartmentation:</b> Surveys are completed for identifying any deficiencies, a continuing programme of remedial works is in place, and improved controls on work activities are in place</li><li>• <b>Fire Doors:</b> Fire door inspections are on the Estates Planned Preventative Maintenance schedule for in-house staff</li><li>• <b>Fire Alarm System:</b> Systems have been risk assessed, and a programme for replacement has been agreed. An asset list is maintained, and they are serviced to identify system failings</li><li>• <b>Fire Extinguishers:</b> New Fire extinguisher maintenance contract currently undergoing quality scoring with the aim of awarding contract during the first week of October 2020</li><li>• <b>Emergency Lighting:</b> Lighting is checked as part of Estates Planned Preventative Programme, and there is a replacement programme of works</li><li>• <b>Responsible Persons/Fire Drills:</b> Fire safety advisors are working with all sites to bring fire drills up to date, and report progress to the Fire Safety Group</li><li>• <b>Waste Compounds:</b> Risks have been identified, and improvements are being actioned by Support Services</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>								
		Improve documentation and plans for ventilation ductwork and fire dampeners	AD Estates & Property	2020								
		New Fire Alarm and Emergency Lighting Maintenance Contract for 2020 to be drafted and put in place. To include one full asset survey to inform future planning	DPP	2020								
		Planned programme for replacement of Alarm Systems at high risk of failure	DPP	Newtown and Machynlleth in 2020								
		Agree funding from WG for a full replacement Programme for Fire Doors. Identify suitably robust door sets to meet fire standards and enable anti-ligature measures to be incorporated	DWODSS	2020								
		Implement the framework of responsible persons to ensure trained roles are in place to drive fire drill process	DWODSS	2020								
		Agree with Support Services and Organisation wide an agreed standard operating procedure for waste and recycling storage around all sites	DWODSS	2020								
		Review fire training to refocus and address any resilience issues	DWODSS	2020								
		Bring all Fire Safety Manuals up to date	DWODSS	2021								

	<p>PTHB is looking at training options for Fire Doors to provide formal accreditation to staff. There are several training options based on the work to be undertaken. On completion of the training PTHB staff will receive formal accreditation to undertake PPM checks and minor repairs, and external specialists are used for significant repairs</p>	DPP	2020
<b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b>	<b>Gaps in assurance</b> <b>(What additional assurances should we seek?)</b>		
<ul style="list-style-type: none"> <li>• <b>Compartmentation surveys</b> have been completed across all PTHB major sites, and a programme of works is in place to address any remedial issues identified</li> <li>• <b>Estates Planned Preventive Maintenance Inspection of Doors, and emergency lighting</b> is completed regularly and reported. New defects will be identified and added to the programme of remedial works, or listed for replacement. Staff to receive formal accreditation</li> <li>• <b>Fire Alarm Systems</b> inspected annually by third party specialist contractor</li> <li>• <b>Fire Drills</b> are carried out across all sites to assure procedures are in place</li> <li>• <b>Fire Training</b> is in place to continually upskill those involved in fire prevention</li> <li>• <b>Fire Service External Inspections</b> carried out by Mid &amp; West Wales FRS as an independent overview of risk</li> <li>• <b>NWSSP</b> carry out an annual audit at one site per year to test compliance</li> </ul>	<ul style="list-style-type: none"> <li>• Fire Policy needs to be revised to reflect Organisational Realignment</li> <li>• New contract will be in place, and monitored for fire alarm, and emergency lighting maintenance</li> <li>• Site Responsible Persons, assisted by the Fire Safety Advisors to reinvigorate drills across PTHB sites by assisting in practical sessions, and providing advice on how and when to carryout future fire drills</li> <li>• Services to proactively undertake fire drills across all departments</li> <li>• Identified site managers to lead on fire issues at each Health Board site</li> <li>• Full and up to date list of all fire wardens across all sites who are trained in the requirements of role</li> <li>• Individuals/Nursing staff need to be appointed as designated persons for isolation of Oxygen to ward areas for patient safety, for Medical Gas Systems</li> <li>• The responsibilities for the inspection, servicing and maintenance of evacuation equipment needs to be identified, along with identifying and training suitable numbers of staff in its use</li> </ul>		
<b>Current Risk Rating</b> 4x4=16	<b>Additional Comments</b>		
	<ul style="list-style-type: none"> <li>• <b>Fire Responsibilities:</b></li> <li>• <b>Fire Training:</b></li> <li>• <b>COVID-19:</b> Additional Fire risk assessments have been undertaken in relation to activities supporting oxygen enrichment in wards, VIE installations, surge bed expansion, social distancing and change of use of space, one- way system, and ventilation.</li> </ul>		

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**NHS**  
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Addysgu Powys  
Powys Teaching  
Health Board

# **COVID-19 Risk Register**

## **Phase 3**

**November 2020**

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## COVID-19 RISK HEAT MAP: November 2020

There is a risk that...

Impact	Catastrophic	5					
	Major	4		<ul style="list-style-type: none"><li>▪ 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</li><li>▪ The need to monitor oxygen supply arrangements and how we identify whether we are reaching capacity</li></ul>	<ul style="list-style-type: none"><li>▪ Modelling assumptions to inform planning and response arrangements are not robust</li><li>▪ The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain</li><li>▪ An effective COVID-19 vaccine is unable to be administered at sufficient scale</li></ul>	<ul style="list-style-type: none"><li>▪ People with COVID-19 do not come forward for testing and pass on infection to others</li></ul>	
	Moderate	3		<ul style="list-style-type: none"><li>▪ The organisation does not have effective planning in place to recover from COVID-19 response</li></ul>	<ul style="list-style-type: none"><li>▪ Infection, Prevention and Control arrangements are not robust and effective</li><li>▪ COVID-19 may be transmitted in the workplace</li><li>▪ Our workforce will not have access to the required clinical training to meet the clinical demands of COVID-19</li></ul>	<ul style="list-style-type: none"><li>▪ Insufficient strategic delivery and benefits realisation and/or loss of reputation due to ineffective communications and engagement arrangements</li><li>▪ We do not have sufficient workforce capacity to achieve implementation of the Clinical Response Model</li></ul>	
	Minor	2					
	Negligible	1					
			1	2	3	4	5
	Likelihood		Rare	Unlikely	Possible	Likely	Almost Certain



## COVID-19 RISK DASHBOARD – November 2020

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPH	C-19RR 001	Leadership & Management	Modelling assumptions to inform planning and response arrangements are not robust	3 x 4 = 12	➔		6	✗	Gold Command	Demand and Capacity and the Clinical Response Model
DPP	C-19RR 004	Communications & Engagement	Insufficient strategic delivery and benefits realisation and/or loss of reputation due to ineffective communications and engagement arrangements	4 x 3 = 12	➔		6	✗	Gold Command	Public understanding and confidence in the organisation's response to COVID-19
DN	C-19RR 006	Service Model	Infection, Prevention and Control arrangements are not robust and effective	3 x 3 = 9	➔		6	✗	Gold Command	Effective prevention of infection, delaying management of infection and inaccurate monitoring of infection
DWOD SS	C-19RR 009	Service Model	COVID-19 may be transmitted in the workplace	3 x 3 = 9	➔		6	✗	Gold Command	Employees, Employee Families and Patients

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DWOD SS	C-19RR 010	Workforce & OD	We do not have sufficient workforce capacity to achieve implementation of the Clinical Response Model	4 x 3 = 12	➔		6	*	Gold Command	The ability of the Health Board to deliver its clinical response model
DWOD SS	C-19RR 011	Workforce & OD	Our workforce will not have access to the required clinical training to meet the clinical demands of COVID-19	3 x 3 = 9	➔		6	*	Gold Command	The ability of the Health Board to deliver its clinical response model
DFIIT	C-19RR 012	Logistics	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	2 x 4 = 8	➔		6	*	Gold Command	The Health Board's ability to provide additional capacity as per the clinical model
DPH	C-19RR 014	Recovery	The organisation does not have effective planning in place to recover from COVID-19 response	2 x 3 = 6	➔		4	*	Gold Command	Lessons learned for future response
DFIIT	C-19RR 015	Leadership & Management	The total quantum for funding for addressing COVID -19 across Wales remains fluid and uncertain	3 x 4 = 12	➔		9	*	Gold Command	Planned outturn for 2020-21

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DPCMH	C-19RR 016	Logistics	The need to monitor oxygen supply arrangements and how we identify whether we are reaching capacity	<b>2 x 4 = 8</b>	➔		4	*	Gold Command	Clinical need - patient demand for oxygen must not exceed oxygen supply and flow rate availability per site, not just at point of admission, but proactively as patient needs change. Watford incident where demand exceeded supply
DPH	C-19RR 018	Test Trace Protect	People with COVID-19 do not come forward for testing and pass on infection to others	<b>4 x 4 = 16</b>	⬆		8	*	Gold Command	Demand on healthcare, ability to remain outside of a 'lockdown' situation
DPH	C-19RR 019	Test Trace Protect	An effective COVID-19 vaccine is not able to be administered at sufficient scale	<b>3 x 4 = 12</b>	➔		4	*	Gold Command and Board	Ability to end the COVID-19 pandemic

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**KEY:**

LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

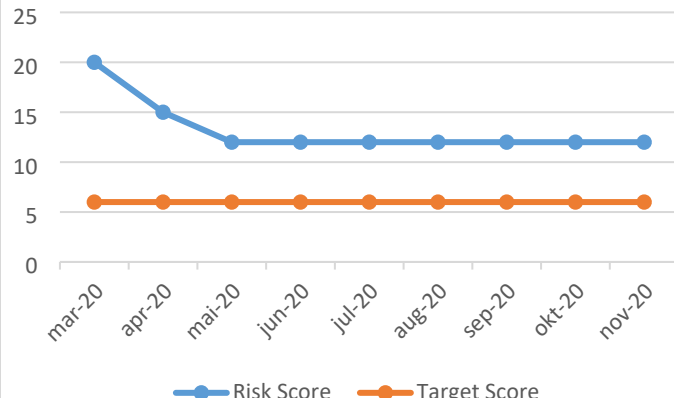
Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

RISK APPETITE		
Category	Appetite for Risk	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

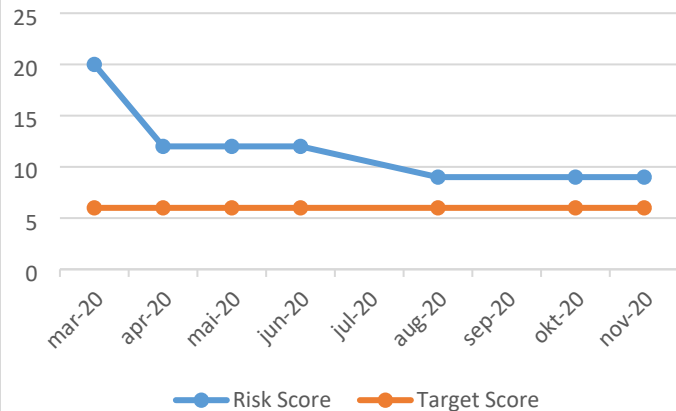
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<b>C-19RR 001 (Leadership &amp; Management)</b>		<b>Lead Director:</b> Director of Public Health																															
<b>Risk that:</b> Modelling assumptions to inform planning and response arrangements are not robust		<b>Oversight Arrangements:</b> Gold Command & Board																															
<b>Risk Impacts on:</b> Demand and capacity may be incorrect and Clinical Response Model may not be sufficient to meet realised need		<b>Date last reviewed:</b> November 2020																															
<div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 5 = 20 <b>Current: 3 x 4 = 12</b> Target: 2 x 3 = 6</div> <div><b>Date added to the risk register</b> March 2020</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>20</td><td>6</td></tr><tr><td>apr-20</td><td>15</td><td>6</td></tr><tr><td>mai-20</td><td>12</td><td>6</td></tr><tr><td>jun-20</td><td>12</td><td>6</td></tr><tr><td>jul-20</td><td>12</td><td>6</td></tr><tr><td>aug-20</td><td>12</td><td>6</td></tr><tr><td>sep-20</td><td>12</td><td>6</td></tr><tr><td>okt-20</td><td>12</td><td>6</td></tr><tr><td>nov-20</td><td>12</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	20	6	apr-20	15	6	mai-20	12	6	jun-20	12	6	jul-20	12	6	aug-20	12	6	sep-20	12	6	okt-20	12	6	nov-20	12	6	<b>Rationale for current score:</b> It is very likely that the differing models and assumptions nationally are not totally robust given the frequent changes in approach, uncertainties in underlying assumptions and complexities of methods. There is considerable uncertainty in the output from these models, because of the lack of transparency in the methods used and the many different assumptions included. The models are trying to make predictions about outcomes in a complex system, and inevitably in this situation a large degree of error comes into projections.	
Month	Risk Score	Target Score																															
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okt-20	12	6																															
nov-20	12	6																															
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>• Modelling and planning assumptions remain continually under review.</li><li>• Demand and Capacity modelling linked into national work.</li><li>• PTHB is represented on the national modelling cell.</li><li>• Emphasising within the Health Board that there is a very great degree of uncertainty around models so that we can guard against overreliance on predictions.</li><li>• Using the 40% compliance scenario from model 2.4 for planning purposes provides a Reasonable Worst Case when compared to actual figures.</li><li>• Model 2.5 provides 'best guess' of the epidemic curves in Powys.</li><li>• We will use further modelling for Powys estimates as it becomes available.</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Regular review of modelling and planning assumptions to ensure they remain up-to-date and in-line with national developments.</td><td>DPH</td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	Regular review of modelling and planning assumptions to ensure they remain up-to-date and in-line with national developments.	DPH	Ongoing																								
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Regular review of modelling and planning assumptions to ensure they remain up-to-date and in-line with national developments.	DPH	Ongoing																															
<b>Assurances (How do we know if the things we are doing are having an impact?)</b> Tracking the gap between previous projections for demand in Powys as compared to the actual figures observed gives assurance there is minimal risk of models underestimating demand based on the current situation.		<b>Gaps in assurance (What additional assurances should we seek?)</b>																															
<b>Current Risk Rating</b> 3 x 4 = 12		<b>Additional Comments</b>																															

<b>C-19RR 004 (Communications &amp; Engagement)</b> <b>Risk that:</b> Insufficient strategic delivery and benefits realisation and/or loss of reputation due to ineffective communications and engagement arrangements <b>Risk Impacts on:</b> Public understanding and confidence in the organisation's response to COVID-19		<b>Lead Director:</b> Director of Planning and Performance <b>Oversight Arrangements:</b> Gold Command, Central Co-ordination Function & Board <b>Date last reviewed:</b> November 2020							
<div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 3 = 12 Target: 3 x 2 = 6</div> <div><b>Date added to the risk register</b> March 2020</div>		<div><b>Rationale for current score:</b> PTHB operates within a complex environment both as a provider and a significant commissioner of services in both Wales and England. Alongside this we have a sparse rural geography with our staff, service users and wider stakeholders spread across 2000 square miles of mid Wales with a complex network of hyperlocal cultural identities. The organisation therefore needs the capacity, capability and governance processes to ensure effective and compliant engagement and communication across the whole system. There are five key areas of risk: i) PTHB processes not identifying and addressing risks and opportunities for engagement and communication with residents and stakeholders across the whole system ii) PTHB does not have the right capacity, capability and processes for engagement and communication including for sustained response to major incidents iii) PTHB business and operational processes not sufficiently aligned with communication and engagement resulting in reactive or non-aligned communication delivery iv) PTHB does not adequately communicate with its staff to enable their delivery of the organisational response and their advocacy on behalf of the organisation v) Non-compliance with statutory requirements (e.g. Welsh Language, Accessibility, Engagement and Consultation) Communications capacity remains challenged and options are being considered to support the whole system TTP and Prevention and Response Plan through the RPB communication resource.</div>							
<div><b>Controls (What are we currently doing about the risk?)</b><ul style="list-style-type: none"><li>Overarching communications framework for COVID-19 in place supported by SOPs for internal, external and stakeholder communications and reviewed for Phase 2</li><li>Key mechanisms in place for internal communication including intranet,</li></ul></div>		<div><b>Mitigating actions (What more should we do?)</b><table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Conclude web migration under way for new platform to support Welsh Language compliance and accessibility standards</td><td>DPP</td><td>March 2021</td></tr></tbody></table></div>		Action	Lead	Deadline	Conclude web migration under way for new platform to support Welsh Language compliance and accessibility standards	DPP	March 2021
Action	Lead	Deadline							
Conclude web migration under way for new platform to support Welsh Language compliance and accessibility standards	DPP	March 2021							

<p>daily bulletin, ask the Chief Executive, Facebook Group</p> <ul style="list-style-type: none"> <li>• Key mechanisms in place for external communication including website, social media, media liaison</li> <li>• Key mechanisms in place for stakeholder communication including briefings with MSs/MPs, briefings with PCC members, ongoing liaison with CHC</li> <li>• Communications <b>processes being reviewed to reflect new delivery arrangements (e.g. Delivery Coordination Group)</b></li> <li>• Partnership communications mechanisms in place including weekly conference call led by Welsh Government, weekly conference call with PCC engagement and communication team, cross-border liaison with English providers and STP</li> <li>• Initial web migration completed on schedule by 1 July 2020 <b>but remaining web migration paused due to capacity challenges</b></li> </ul>	Finalise and agree marketing and communication guidance for Welsh Language compliance	DPP/DoTH S	<b>December 2020</b>
	Finalise and agree guidance for producing documents for digital accessibility	DPP/DoTH S	<b>October 2020</b>
	Continue implementation of O365 including replacement of intranet	DFIIT	<b>March 2022</b>
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
4 x 3 = 12			

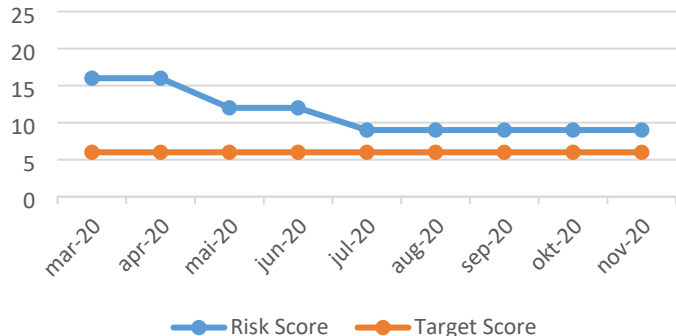
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<b>C-19RR 006 (Service Model)</b>		<b>Lead Director:</b> Director of Nursing and Midwifery																															
<b>Risk that:</b> Infection, Prevention and Control arrangements are not robust and effective		<b>Oversight Arrangements:</b> Gold Command & Board																															
<b>Risk Impacts on:</b> Effective prevention of infection, delaying management of infection and inaccurate monitoring of infection, leading to increased levels of ill health in the population using and providing services		<b>Date last reviewed:</b> November 2020																															
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 5 = 20 <b>Current: 3 x 3 = 9</b> Target: 2 x 3 = 6 <b>Date added to the risk register</b> March 2020	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>20</td><td>6</td></tr><tr><td>apr-20</td><td>12</td><td>6</td></tr><tr><td>mai-20</td><td>12</td><td>6</td></tr><tr><td>jun-20</td><td>12</td><td>6</td></tr><tr><td>jul-20</td><td>12</td><td>6</td></tr><tr><td>aug-20</td><td>9</td><td>6</td></tr><tr><td>sep-20</td><td>9</td><td>6</td></tr><tr><td>okt-20</td><td>9</td><td>6</td></tr><tr><td>nov-20</td><td>9</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	20	6	apr-20	12	6	mai-20	12	6	jun-20	12	6	jul-20	12	6	aug-20	9	6	sep-20	9	6	okt-20	9	6	nov-20	9	6	<b>Rationale for current score:</b> Changing Welsh Government and Public Health Wales policy in relation to the management of environments and people in relation to COVID-19, including protecting, testing, admission and discharge arrangements, multiple stakeholders, domination of COVID-19 related demand with the emergence of a second wave of the pandemic, local lockdown arrangements and the Powys <b>focus on Prevent and Respond</b> , continued fragility of the nurse, medical and therapy staffing model, embedding the refresh and refocus the IPC team, along with the IPC Group and its sub groups, domination of COVID-19 related demand with high reliance on optimum IPC practice, <b>the need to optimise IPC support to care homes.</b>	
Month	Risk Score	Target Score																															
mar-20	20	6																															
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nov-20	9	6																															
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																															
<ul style="list-style-type: none"><li>• <b>Maintained</b> senior leadership of the team from Deputy Director of Nursing, strengthening core team and consolidating wider team</li><li>• <b>Increased frequency care home MDT, multi-agency attendance</b></li><li>• Process for overseeing, reporting an investigating nosocomial transmission</li><li>• Social distancing group active re implementation of WG policy in health board settings</li><li>• Ventilation work approved by Board and scheduled</li><li>• Staff risk assessment as required, led by Workforce and Operational Development</li><li>• IPC and service group involvement in Incident Management meetings, with development of action cards for enhanced settings</li><li>• Formalisation of the enhanced preventative offer to care homes</li><li>• Permanent increase in registrant staffing resource achieved</li><li>• Standard operating procedure supporting role of link workers implemented</li><li>• Engagement of the wider teams with expertise, i.e. health and safety coordinators and Trade Unions</li><li>• IPC structure, Terms of Reference, Sub-group, membership and lines of reporting all revised and being implemented including establishment of new COVID-19 specific sub group following dissolution of the PPE coordination</li></ul>		<b>Action</b> Establish use of fit testing equipment	<table><tr><th>Lead</th><th>Deadline</th></tr><tr><td>DDON</td><td>December 2020</td></tr></table>	Lead	Deadline	DDON	December 2020																										
Lead	Deadline																																
DDON	December 2020																																



<p>group</p> <ul style="list-style-type: none"> <li>• Membership and contribution to the social distancing operational group</li> <li>• Integrated policy and standard operating procedure developed enabling enhanced support to care homes with Powys County Council</li> <li>• Regular staff communications and briefings with ringfenced weekly news/topical area specifically for COVID-19 related items</li> <li>• Rolling training plan enabling availability to all staff groups, spanning awareness raising to FFP3 fit testing</li> <li>• Spot check audits by senior nursing team</li> <li>• Risk based focus for recommencement of services</li> <li>• Fit testing equipment being purchased</li> <li>• Strategic and operational model established, as per national position and all Wales experience, which enables right focus right time to maximise effectiveness and secure the capability and capacity to effectively lead and manage IPC within the health board</li> <li>• Competency assessment for donning and doffing embedded</li> </ul>			
<p><b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b></p>	<p><b>Gaps in assurance</b> <b>(What additional assurances should we seek?)</b></p>		
<ul style="list-style-type: none"> <li>• Increased audit and quality checks in community ward areas</li> <li>• Regular reporting into QGG and EQS Committee</li> <li>• Rolling training plan regularly reviewed and revised, and reported via Gold Strategic Command Group</li> <li>• Regular reporting to Gold</li> </ul>			
<p><b>Current Risk Rating</b></p>	<p><b>Additional Comments</b></p>		
<p>3 x 3 = 9</p>			

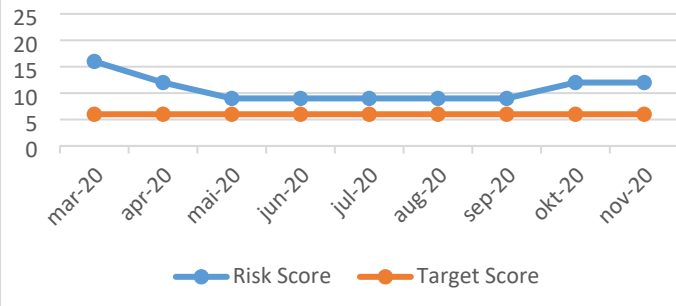
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<b>C-19RR 009 (Service Model)</b>		<b>Lead Director:</b> Director of Workforce & OD																															
<b>Risk that:</b> COVID-19 may be transmitted in the workplace		<b>Oversight Arrangements:</b> Gold Command & Board																															
<b>Risk Impacts on:</b> Employees, Employee Families and Patients		<b>Date last reviewed:</b> November 2020																															
<div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 3 x 3 = 9</b> Target: 2 x 3 = 6</div> <div><b>Date added to the risk register</b> March 2020</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>16</td><td>6</td></tr><tr><td>apr-20</td><td>16</td><td>6</td></tr><tr><td>mai-20</td><td>12</td><td>6</td></tr><tr><td>jun-20</td><td>12</td><td>6</td></tr><tr><td>jul-20</td><td>9</td><td>6</td></tr><tr><td>aug-20</td><td>9</td><td>6</td></tr><tr><td>sep-20</td><td>9</td><td>6</td></tr><tr><td>okt-20</td><td>9</td><td>6</td></tr><tr><td>nov-20</td><td>9</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	16	6	apr-20	16	6	mai-20	12	6	jun-20	12	6	jul-20	9	6	aug-20	9	6	sep-20	9	6	okt-20	9	6	nov-20	9	6	<b>Rationale for current score:</b> Changing Welsh Government and Public Health Wales policy in relation to the management of people and COVID-19. Clinicians required to understand changing needs of patients and the trained staffing model to support. Complexity and changing requirements around the work departments and service areas must do to maintain robust risk assessments, SOPs and safe systems of work, while bring services online. Detailed Social Distancing Implementation Plan in place and currently being rolled-out. Staff required to maintain and role model social distancing measures.	
Month	Risk Score	Target Score																															
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<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																															
<ul style="list-style-type: none"><li>H&amp;S Advice and Guidance to employees, supervisors and managers through the COVID-19 H&amp;S intranet pages</li><li>Detailed plan to implement social distancing approved by the Executive Board and monitored <b>fortnightly</b></li><li>Developing 'tag' teams within services to ensure service delivery isn't compromised</li><li>2 x Health and Safety Trade Union Reps secondments extended until 31<sup>st</sup> Dec 2020 to support with implementation of the social distancing program of work and to assist service areas with developing and embedding Risk Assessments</li><li>Guidance to Managers and Supervisors for vulnerable employees and dedicated risk assessment template</li><li>Support and advice from Occupational Health</li><li>The provision of hand washing advice/guidance and posters in all areas</li><li>Regular Staff updates and bulletins regarding COVID-19</li><li>Regular dialog with the Trade Unions on matters of H&amp;S</li><li>Staff working from home where possible</li><li>The implementation of a new agile working policy</li><li>Additional upskilling sessions for clinical staff – e.g. Basic Life Support</li><li>PPE Coordination Group established to coordinate the rational use of PPE for COVID-19 in Powys. This involves three key strategies: -<ul style="list-style-type: none"><li>1. Identify <b>and use PPE in line with best practice guidance</b></li><li>2. Ensure PPE use is rational and appropriate</li><li>3. Coordinate PPE supply chain mechanisms</li></ul></li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																													
		Departments / teams to confirm that staff who need to work with or may need to work with COVID-19 positive patients have been identified.	DWODSS	TBC																													
		Face Fit Testing	Assistant DoN	TBC																													
		Confirmation that the planned installation of appropriate ventilation systems are in place with a completion date	Assistant Dir Estates	<b>Phase 1 December 2020</b>																													
		To complete work around upgrading showers and changing areas.	Assistant Dir Estates	<b>December 2020</b>																													
		To provide posters / stickers relating to Hands, Face, Space	Social Distance Group	As per national guidance																													
		Continue to provide regular communications to staff, specifically: Hands, Face, Space PPE	Social Distance Group	As per national guidance																													
		To develop flow charts that describe the routes staff should follow in the event: requiring a test or needing to isolate	Social Distance Group	<b>December 2020</b>																													
		Recording onto DATIX, staff positive cases	Assistant Dir O&S	As per returns																													

<ul style="list-style-type: none"> <li>• PPE awareness and update sessions for staff</li> <li>• IP&amp;C and H&amp;S continue to provide PPE information in line with PHW to Managers, Supervisors and employees through the H&amp;S COVID-19 website</li> <li>• Staff who are required to wear FFP3 respirators have been suitably identified and have been fit tested prior to FFP3 respirators being used</li> <li>• Modelling work carried out to forecast demand for PPE during peak weeks to help support adequate supply</li> <li>• Established central control process for issuing PPE – to date the supplier RAG rating has been Green</li> <li>• Ensure PTHB has suitable welfare facilities for changing taking into consideration the potential need for extra staff</li> <li>• The provision of suitable advice and guidance for the laundering of uniforms</li> <li>• Suitable ventilation systems to be provided as advised by shared services to ensure air changes meet the necessary requirements in areas with COVID-19 patients to remove potentially contaminated air and prevent oxygen enrichment</li> <li>• The review and update by operational teams of risk assessments and safe systems of work or SOP'S taking into consideration the risks posed by COVID-19 and implementation of suitable mitigation</li> <li>• Availability of staff testing</li> <li>• Implementation of Track, Trace and Protect</li> <li>• RIDDOR Reporting of staff in line with national guidance – utilizing the All Wales toolkit</li> <li>• Departments/teams to undertake/review/update risk assessments, safe systems of work or SOP's in line with the risk posed by COVID-19 and changing guidance. Where further control has been identified these have been implemented and cascaded to staff</li> <li>• PPE awareness session are recorded on ESR</li> <li>• Virtual service delivery wherever possible using electronic systems</li> <li>• External communication using local media to reinforce messaging</li> <li>• Clear signage on hospital sites alerting potential visitors</li> <li>• Managing the physical environment within the estate to ensure social distancing</li> <li>• Clinical response model designed on site specific activity</li> <li>• Cohorting of patients by site and within sites</li> <li>• Increased cleaning regimes within clinical areas</li> <li>• Safely managing people with actual or suspected COVID-19</li> <li>• <b>Standard Operating Procedure established, articulating admission, transfer and discharge arrangements based on welsh government policy</b></li> </ul>	<p>Implementing revised welsh government policy re test trace and protect to include consideration of people accessing scheduled care and staff providing it</p>	<p>DPH</p>	<p>As per workstream plan</p>
	<p>Monitor control measures and mitigating actions, to ensure they have been implemented and remain robust and fit for purpose.</p>	<p>Dept Managers &amp; Social Distancing Group</p>	<p>December 2020</p>
<p><b>Assurances</b></p>	<p><b>Gaps in assurance</b></p>		

<b>(How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"> <li>• PPE use is consistent with current legislation</li> <li>• A reduction or no reported cases of COVID-19 transmission within the organisation</li> <li>• Social distancing requirements are being met</li> <li>• 573 permanent / fixed-term Powys staff have completed the All Wales COVID-19 risk assessment on ESR and 151 have added the competence</li> </ul>	<b>(What additional assurances should we seek?)</b> <ul style="list-style-type: none"> <li>• Confirmation on ESR that all staff required to wear PPE have been trained</li> <li>• Robust records detailing conformity of PPE required</li> <li>• Confirmation that all departments have undertaken the social distancing risk assessments and cascaded this information to all staff</li> <li>• Confirmation that all departments have implemented suitable control measures to ensure social distancing and to mitigate the risk of any potential transmission of COVID-19 within the organisation</li> <li>• Confirmation where departments required SOP's these have been developed, cascaded to staff and implemented</li> <li>• Audit of departments to ensure compliance</li> </ul>
<b>Current Risk Rating</b>	<b>Additional Comments</b>
3 x 3 = 9	

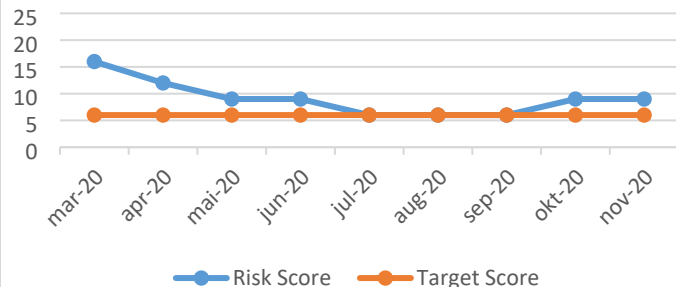
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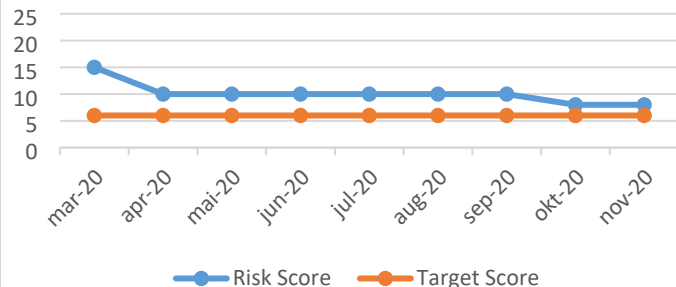
<b>C-19RR 010 (Workforce &amp; OD)</b> <b>Risk that:</b> We do not have sufficient workforce capacity to achieve implementation of the Clinical Response Model		<b>Lead Director:</b> Director of Workforce & OD <b>Oversight Arrangements:</b> Gold Command & Board																															
<b>Risk Impacts on:</b> The ability of the Health Board to deliver its clinical response model		<b>Date last reviewed:</b> November 2020																															
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<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																															
<ul style="list-style-type: none"><li>Recruitment campaigns for existing vacancies (12.2WTE offers made in nursing)</li><li>Additional recruitment of bank staff – rolling advert out</li><li>Review of bank staff supply and demand</li><li>Workforce plans and challenges for winter and COVID-19 have been identified to gold</li><li>Streamlining recruitment processes, including review of standardised advertisement pack, shortlisting as applications are received, automatic invite to interview for registered nurses if they provide NMC registration</li><li>We continue recruitment for HCSW. We had 18 WTE vacancies and have appointed to 9.0 WTE with 9.0 WTE remaining</li></ul> <div>Patterson Liz 11/20/2020 12:36:25</div>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																													
		Confirm staffing models to meet winter and COVID planning assumptions.	DPCC / TTP Programme Director / DWODSS	November 2020																													
		To establish whether is there a need to prioritise services to enable staff to be redeployed to other areas if necessary	DWODSS	November 2020																													
		Confirm any additional recruitment requirements needed to meet winter and COVID-19 planning assumptions	DPCC / TTP Programme Director / DWODSS	November 2020																													
		Review of staff on long term absence to establish if there are opportunities to bring these staff back to work sooner in a different capacity	DWODSS	November 2020																													

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Current Risk Rating	Additional Comments
4 x 3 = 12	Confirmation of additional staffing requirements are needed in a timely way. The recruitment timeframe, pending applicants' timely actions in the process, is likely to amount to at least 2 months from advertisement to final offer. As such, it is likely that recruitment in October is unlikely to result in staff in post until at least December.

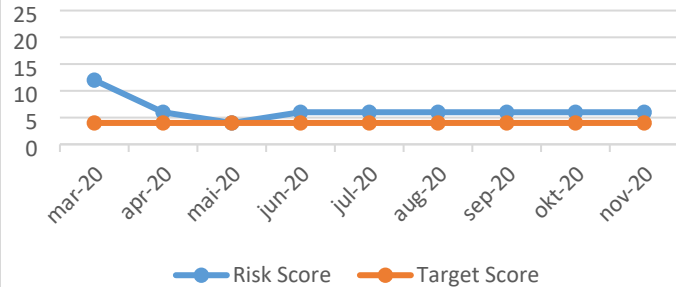
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<b>C-19RR 011 (Workforce &amp; OD)</b>		<b>Lead Director:</b> Director of Workforce & OD																															
<b>Risk that:</b> Our workforce will not have access to the required clinical training to meet the clinical demands of COVID-19		<b>Oversight Arrangements:</b> Gold Command & Board																															
<b>Risk Impacts on:</b> The ability of the Health Board to deliver its clinical response model		<b>Date last reviewed:</b> November 2020																															
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 3 x 3 = 9</b> Target: 2 x 3 = 6	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>16</td><td>6</td></tr><tr><td>apr-20</td><td>12</td><td>6</td></tr><tr><td>mai-20</td><td>10</td><td>6</td></tr><tr><td>jun-20</td><td>10</td><td>6</td></tr><tr><td>jul-20</td><td>7</td><td>6</td></tr><tr><td>aug-20</td><td>7</td><td>6</td></tr><tr><td>sep-20</td><td>7</td><td>6</td></tr><tr><td>okt-20</td><td>10</td><td>6</td></tr><tr><td>nov-20</td><td>10</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	16	6	apr-20	12	6	mai-20	10	6	jun-20	10	6	jul-20	7	6	aug-20	7	6	sep-20	7	6	okt-20	10	6	nov-20	10	6	<b>Rationale for current score:</b> Potential gaps in skills provision of training should the need to step up clinical response to deal with an increase in clinical demands. Restrictions to training arising from social distancing. Risk that we are unable to recruit to the Clinical Skills Educator Roles (Permanent and Temporary) – appointments have been made, but individuals will not start until January 2020. Potentially relying on external training providers to deliver required training which limits flexibility and pace at which it can be provided.	
Month	Risk Score	Target Score																															
mar-20	16	6																															
apr-20	12	6																															
mai-20	10	6																															
jun-20	10	6																															
jul-20	7	6																															
aug-20	7	6																															
sep-20	7	6																															
okt-20	10	6																															
nov-20	10	6																															
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																															
<ul style="list-style-type: none"><li>Current skills trainer secondment coming to an end, new skills trainers have been recruited and will commence role in January, which means there will be a gap of 2 months without anyone in post</li><li>In the interim period we are working with external training provider NPTC to deliver the mandatory HCSW Clinical Induction Training</li><li>We have recruited to 1x WTE 6 months fixed term/secondment contract Band 7 Clinical Skills Educator to support the increased demand for training as a result of the COVID-19 pandemic</li><li>Scoping exercise with the clinical directorates to understand what the unmet training needs are in response to COVID-19 has been completed</li><li>Provide face to face training across clinical sites to minimize staff travel and streamline training delivery</li><li>Online Skype training sessions to provide increased accessibility for staff e.g. Respiratory Training</li><li>Trainers are adhering to social distancing measures (and implementing when practicably possible) when delivering training</li></ul>		<b>Action</b> Discuss with clinical directorate leads to identify potential clinicians who could support elements of training delivery if recruitment is unsuccessful.	<table><tr><th>Lead</th><th>Deadline</th></tr><tr><td>DWODSS</td><td>TBC</td></tr></table>	Lead	Deadline	DWODSS	TBC																										
Lead	Deadline																																
DWODSS	TBC																																
<b>Current Risk Rating</b> 3 x 3 = 9		<b>Additional Comments</b>																															

<b>C-19RR 012 (Logistics)</b> <b>Risk that:</b> 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		<b>Lead Director:</b> Director of Finance & IT <b>Oversight Arrangements:</b> Gold Command & Board																															
<b>Risk Impacts on:</b> The Health Board’s ability to provide additional capacity as per the clinical model		<b>Date last reviewed:</b> November 2020																															
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 5 = 15 Current: 2 x 4 = 8 Target: 2 x 3 = 6 <b>Date added to the risk register</b> March 2020	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>15</td><td>6</td></tr><tr><td>apr-20</td><td>10</td><td>6</td></tr><tr><td>mai-20</td><td>10</td><td>6</td></tr><tr><td>jun-20</td><td>10</td><td>6</td></tr><tr><td>jul-20</td><td>10</td><td>6</td></tr><tr><td>aug-20</td><td>10</td><td>6</td></tr><tr><td>sep-20</td><td>10</td><td>6</td></tr><tr><td>okt-20</td><td>8</td><td>6</td></tr><tr><td>nov-20</td><td>8</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	15	6	apr-20	10	6	mai-20	10	6	jun-20	10	6	jul-20	10	6	aug-20	10	6	sep-20	10	6	okt-20	8	6	nov-20	8	6	<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>Equipment (including beds) – Sufficient equipment to meet Surge 1 Capacity has been secured in line with the National Approach.</li><li>PPE – Central Store and New Management and Control Process Established to Monitor and Control Issue of PPE, monitoring system implemented to identify Number of Days stock based on current burn rates for Restricted Items. Local actions in hand, risk in relation to national supply availability, to date supply has been sufficient to meet demand.</li><li>Oxygen Supply - Secured VIE facility at three sites.</li></ul>	
Month	Risk Score	Target Score																															
mar-20	15	6																															
apr-20	10	6																															
mai-20	10	6																															
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sep-20	10	6																															
okt-20	8	6																															
nov-20	8	6																															
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Equipment – Main items secured to meet Surge 1, outstanding delivery dates monitored for any outstanding items with mitigating actions identified as back up if needed (relocation of existing equipment)</li><li>PPE – Monitor and Control system in place to provide timely information of current stock levels, burn rates and number of days’ supply. Usage rates inform future orders from central supply. Number of key areas identified to establish mini stores to provide emergency supply if needed. This area will be closely monitored for the impact of any changes in activity (core and COVID-19 related) and guidance linked to social distancing</li><li>Oxygen – VIE established at three sites with alternative Oxygen options identified to support or replace VIE if needed. Plan to increase use of bottled gas and Concentrators, a number of concentrators have been delivered with further numbers on order</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Equipment - Regular liaison with clinical leads for respective areas to ensure that equipment available as needed to meet bed capacity as needed up to Surge 1. Additional Storage in place to store additional items as delivery dates are known as contingency plan if needed for Surge 2 and 3.</td><td>Assistant Director Quality &amp; Safety</td><td>Complete and Ongoing</td></tr><tr><td>PPE – Establish minor hubs in key locations (as part of Hub and Spoke model) and continue to monitor usage and forecast future supply with Central Procurement</td><td>Assistant Director Facilities</td><td>Complete and Ongoing</td></tr><tr><td>Oxygen – VIE implemented in 3 sites and supporting bottled gas and concentrator requirements identified</td><td>Assistant Director Estates</td><td>Complete and Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	Equipment - Regular liaison with clinical leads for respective areas to ensure that equipment available as needed to meet bed capacity as needed up to Surge 1. Additional Storage in place to store additional items as delivery dates are known as contingency plan if needed for Surge 2 and 3.	Assistant Director Quality & Safety	Complete and Ongoing	PPE – Establish minor hubs in key locations (as part of Hub and Spoke model) and continue to monitor usage and forecast future supply with Central Procurement	Assistant Director Facilities	Complete and Ongoing	Oxygen – VIE implemented in 3 sites and supporting bottled gas and concentrator requirements identified	Assistant Director Estates	Complete and Ongoing																		
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<b>Current Risk Rating</b> 2 x 4 = 8		<b>Additional Comments</b>																															

<b>C-19RR 014 (Recovery)</b> <b>Risk that:</b> The organisation does not have effective planning in place to	<b>Lead Director:</b> Director of Public Health <b>Oversight Arrangements:</b> Gold Command & Board
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recover from COVID-19 response		Date last reviewed: November 2020																															
Risk Impacts on: Important lessons for how the health board should respond in the future will be lost																																	
<div><div>Risk Rating (likelihood x impact): Initial: 4 x 3 = 12 Current: 2 x 3 = 6 Target: 2 x 2 = 4</div><div>Date added to the risk register March 2020</div></div>	<div><table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>12</td><td>4</td></tr><tr><td>apr-20</td><td>6</td><td>4</td></tr><tr><td>mai-20</td><td>6</td><td>4</td></tr><tr><td>jun-20</td><td>6</td><td>4</td></tr><tr><td>jul-20</td><td>6</td><td>4</td></tr><tr><td>aug-20</td><td>6</td><td>4</td></tr><tr><td>sep-20</td><td>6</td><td>4</td></tr><tr><td>okt-20</td><td>6</td><td>4</td></tr><tr><td>nov-20</td><td>6</td><td>4</td></tr></tbody></table></div>	Month	Risk Score	Target Score	mar-20	12	4	apr-20	6	4	mai-20	6	4	jun-20	6	4	jul-20	6	4	aug-20	6	4	sep-20	6	4	okt-20	6	4	nov-20	6	4	<div>Rationale for current score: Phase 2 planning arrangements, LRF recovery planning meetings and IMT debriefs make it <b>UNLIKELY</b> that phase 1 lessons will not be learnt. If this were to happen then the impact would be <b>MODERATE</b> because of wider Welsh Government planning frameworks shaped by the experience in the first phase of COVID-19.</div>	
Month	Risk Score	Target Score																															
mar-20	12	4																															
apr-20	6	4																															
mai-20	6	4																															
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jul-20	6	4																															
aug-20	6	4																															
sep-20	6	4																															
okt-20	6	4																															
nov-20	6	4																															
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"><li>Revised recovery plan in place</li><li>Dyfed-Powys LRF recovery meetings taking place weekly</li><li>Q3/4 plan in place which seeks to balance Covid-19 work with non-Covid work through to end of 2020/21</li><li>Debriefs being held as part of incident management team (IMT) arrangements</li></ul>		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>The recovery plan can be further developed as new insights into how to plan for recovery are identified</td><td>DPH</td><td>Ongoing</td></tr><tr><td>The Health Board will participate in any wider recovery planning arrangements in Wales</td><td>DPH</td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	The recovery plan can be further developed as new insights into how to plan for recovery are identified	DPH	Ongoing	The Health Board will participate in any wider recovery planning arrangements in Wales	DPH	Ongoing																					
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The Health Board will participate in any wider recovery planning arrangements in Wales	DPH	Ongoing																															
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"><li>Learning will be recorded and positive changes will be embedded.</li></ul>		Gaps in assurance (What additional assurances should we seek?)																															
Current Risk Rating 2 x 3 = 6		Additional Comments																															

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**C-19RR 015 (Leadership & Management)**

**Risk that:** The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain.

**Lead Director:** Director of Finance and IT

**Oversight Arrangements:** Gold Command & Board

**Risk Impacts on:** Potential breach of the planned outturn for 2020-21.

**Date last reviewed:** November 2020

**Risk Rating**

(likelihood x impact):

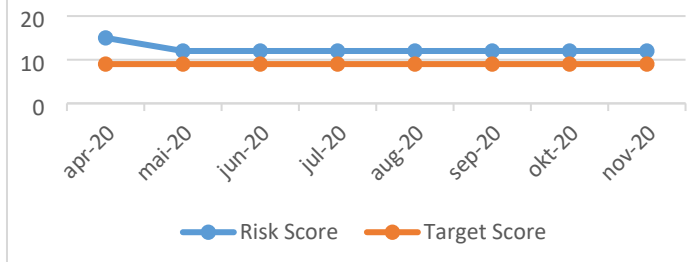
Initial: 3 x 5 = 15

**Current: 3 x 4 = 12**

Target: 3 x 3 = 9

**Date added to the risk register**

April 2020

**Rationale for current score:**

The level of funding required Nationally to meet the costs of COVID-19 is fluid. There is a risk that insufficient funding will be available Nationally and to Powys THB and this would mean that the organisation's operational cost of addressing the pandemic cannot be contained within available funding. The health board has been allocated funding as part of Quarter 3 and 4 Winter Planning Operating Framework and the current forecast of breakeven assumes that the health board will remain within the funding allocated, any additional pressure above planned and assumed **capacity and activity** would put at risk the breakeven forecast and at this stage it is uncertain if additional funding would be available from Welsh Government.

**Controls (What are we currently doing about the risk?)**

- Established strong Financial Controls to support decision making in relation to COVID-19 expenditure including the establishment of a COVID-19 specific Financial Control Procedure (FCP). Clear accountability and delegated authorisation levels for all COVID-19 Expenditure
- COVID-19 Response Plan (and related investment / expenditure) is based on modelling of anticipated patient flows, and the resultant workforce, equipment and operational requirements is managed through Gold command
- Financial modelling and forecasting are coordinated on a regular basis with regular reporting on the position to date and forecast
- Financial reporting to Welsh Government on local costs incurred to inform central and local scrutiny, feedback and decision-making
- Regular monitoring and reporting of the COVID-19 impact against IMTP
- Identify opportunities (from new ways of working) to help offset additional COVID-19 costs

**Mitigating actions (What more should we do?)**

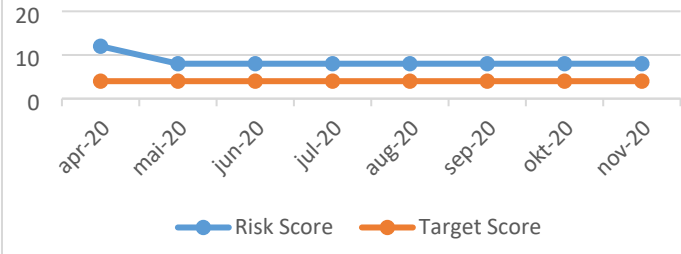
Action	Lead	Deadline
Maintain regular reporting and dialogue with Welsh Government and internally within the Health Board to ensure full understanding and visibility of current position against funding allocated. Early warning of any potential pressure above plan and funding, close attention to management of risks and opportunities	Assistant Director of Finance	Complete and Ongoing
Ensure compliance with COVID-19 FCP and identify areas and opportunities to offset additional costs including any slippage, or non COVID-19 funding opportunities	Assistant Director of Finance	Complete and Ongoing

**Current Risk Rating**

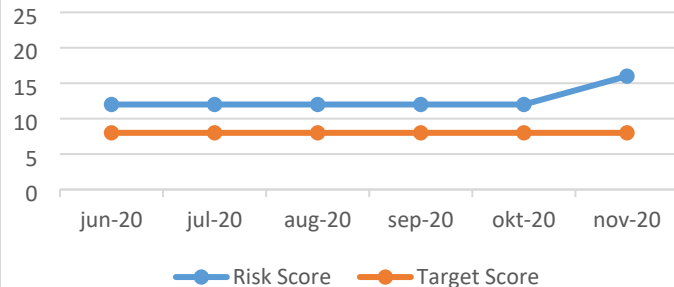
3 x 4 = 12

**Additional Comments**

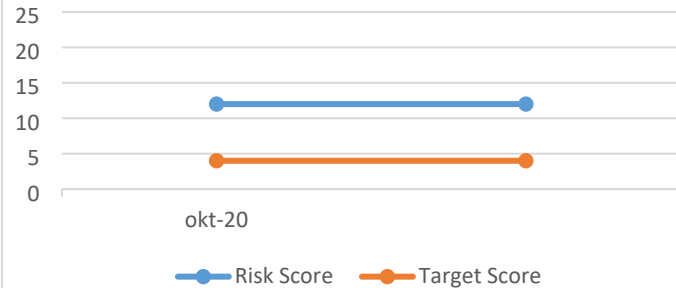
This risk is linked to the Welsh National Position and the ability to fund the total costs of COVID-19 if costs are higher than funding as allocated to date.

<b>C-19RR 016 (Logistics)</b>		<b>Lead Director:</b> Director of Primary, Community and Mental Health																												
<b>Risk that:</b> The need to monitor oxygen supply arrangements and how we identify whether we are reaching capacity		<b>Oversight Arrangements:</b> Gold Command & Board																												
<b>Risk Impacts on:</b> Clinical need - patient demand for oxygen must not exceed oxygen supply and flow rate availability per site, not just at point of admission, but proactively as patient needs change. Watford incident where demand exceeded supply.		<b>Date last reviewed:</b> November 2020																												
<div><b>Risk Rating</b> (likelihood x impact): Initial: 3 x 4 = 12 <b>Current: 2 x 4 = 8</b> Target: 1 x 4 = 4</div> <div><b>Date added to the risk register</b> April 2020</div>	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>apr-20</td><td>12</td><td>4</td></tr><tr><td>mai-20</td><td>8</td><td>4</td></tr><tr><td>jun-20</td><td>8</td><td>4</td></tr><tr><td>jul-20</td><td>8</td><td>4</td></tr><tr><td>aug-20</td><td>8</td><td>4</td></tr><tr><td>sep-20</td><td>8</td><td>4</td></tr><tr><td>okt-20</td><td>8</td><td>4</td></tr><tr><td>nov-20</td><td>8</td><td>4</td></tr></tbody></table>	Month	Risk Score	Target Score	apr-20	12	4	mai-20	8	4	jun-20	8	4	jul-20	8	4	aug-20	8	4	sep-20	8	4	okt-20	8	4	nov-20	8	4	<b>Rationale for current score:</b> The requirement for oxygen availability for PTHB inpatient areas is increased in response to COVID-19. Significant work has been undertaken to increase capacity, through installation of VIEs to 3 core sites – Brecon, Welshpool and Llandrindod. Work now needs to be undertaken to ensure the baseline capacity is explicit for each site, including non-VIE piped and non-piped sites. Clinicians need to understand the changing needs of patients and whether this will impact oxygen ceiling of availability on the particular site. Initial assessment undertaken, but now need to establish how many cylinders could be redeployed across Powys sites to increase capacity.	
Month	Risk Score	Target Score																												
apr-20	12	4																												
mai-20	8	4																												
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<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																												
<ul style="list-style-type: none"><li>The oxygen availability and flow rate capacity need to be defined for each site – VIE installation now in place in Brecon, Llandrindod and Welshpool sites, the VIE includes telemetry deeming these to be higher capacity sites.</li><li>Awaiting potential for release of oxygen cylinders from VIE sites which will enable an increase in capacity at other sites</li><li>Availability of oxygen concentrators = 19 x 5L/min in stock</li><li>Current COVID-19 patient numbers low</li></ul>		<b>Action</b> Medicines Management, Assistant Director for Estates and Head of Nursing to meet to agree process and ensure baseline oxygen availability / flow rates are understood. Ensure a process for monitoring demand/capacity on a site by site basis.	<table><tr><th>Lead</th><th>Deadline</th></tr><tr><td>Chief Pharmacist</td><td>November 2020</td></tr></table>	Lead	Deadline	Chief Pharmacist	November 2020																							
Lead	Deadline																													
Chief Pharmacist	November 2020																													
<b>Current Risk Rating</b> 2 x 4 = 8		<b>Additional Comments</b>																												

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<b>C-19RR 018 (Test Trace Protect)</b>		<b>Lead Director:</b> Director of Public Health		
<b>Risk that:</b> People with COVID-19 do not come forward for testing and pass on infection to others.		<b>Oversight Arrangements:</b> Gold Command & Board		
<b>Risk Impacts on:</b> Demand on healthcare, ability to remain outside of a 'lockdown' situation.		<b>Date last reviewed:</b> November 2020		
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 4 = 12 <b>Current: 4 x 4 = 16</b> Target: 2 x 4 = 8		<b>Rationale for current score:</b> It is <b>POSSIBLE</b> that people with COVID-19 may not come forward for testing, may not self-isolate and may infect others. If the proportion that do not come forward is significant, then the impact could be <b>MAJOR</b> in terms of the demand for health care and a reinstatement of 'lockdown' measures. <b>November 2020: Likelihood of risk escalated in recognition of current case incidence and national firebreak.</b>		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>		
<ul style="list-style-type: none"><li>Prevention and response plan in place</li><li>Test Trace Protect programme in place</li><li>Regional Response Cell coordinating incident/outbreak response</li><li>Incident Management Team arrangements in place</li><li>Testing available via home testing, static sites and mobile units</li><li>National and local media messaging taking place to explain signs and symptoms of COVID-19 and how to access testing via national portal</li><li>Capacity in place to scale up testing and tracing as required</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
		Improve accessibility of testing and promote national test booking routes	DPH	Ongoing
		Implement any changes to TTP following the end of the national firebreak	DPH	December 2020
<b>Assurances (How do we know if the things we are doing are having an impact?)</b>		<b>Gaps in assurance (What additional assurances should we seek?)</b>		
Number of positive cases of COVID-19				
<b>Current Risk Rating</b>		<b>Additional Comments</b>		
4 x 4 = 16				

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<b>C-19RR 019</b>		<b>Lead Director:</b> Director of Public Health		
<b>Risk that:</b> An effective COVID-19 vaccine is unable to be administered at sufficient scale		<b>Oversight Arrangements:</b> Gold Command and Board		
<b>Risk Impacts on:</b> Ability to end the COVID-19 pandemic.		<b>Date last reviewed:</b> November 2020		
<div><div><b>Risk Rating</b> (likelihood x impact): Initial: 3 x 4 = 12 <b>Current: 3 x 4 = 12</b> Target: 1 x 4 = 4</div><div><b>Date added to the risk register</b> October 2020</div></div>	<div><p>okt-20</p><p>—●— Risk Score —●— Target Score</p></div>	<div><b>Rationale for current score:</b> This is <b>POSSIBLE</b> because parts of the mass vaccination pathway are not secured at present. The impact would be <b>MAJOR</b> because vaccination is the only acceptable route out of the pandemic.</div>		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>		
<ul style="list-style-type: none"><li>• Draft mass vaccination plan developed</li><li>• Cold chain equipment ordered</li><li>• Mass vaccination centres being identified</li><li>• Workforce modelling underway</li><li>• Key PTHB staff part of national planning arrangements</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
		Further work is required to develop the mass vaccination model. This includes aspects of workforce planning, vaccine storage and IT	PD P&R	Dec 2020
<b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b>		<b>Gaps in assurance</b> <b>(What additional assurances should we seek?)</b>		
<ul style="list-style-type: none"><li>• Number of doses of vaccine administered</li></ul>		<ul style="list-style-type: none"><li>• </li></ul>		
<b>Current Risk Rating</b>		<b>Additional Comments</b>		
3 x 4 = 12				

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## COVID-19 MANAGED RISKS – RISKS THAT HAVE BEEN MANAGED TO THE DESIRED TARGET LEVEL

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
BS	C-19RR 002	Leadership & Management	Governance arrangements required to effectively respond to COVID-19 are not robust and embedded	2 x 3 = 6	6	✓	Gold Command	Clarity on decision making authority delegations
CEO	C-19RR 003	Leadership & Management	We do not have sufficient leadership and management capacity to design, lead and support the implementation of the Phase 3 (incl. Q3&4) Plan	2 x 3 = 6	6	✓	Gold Command	Grip and pace on the organisation's planning and response to COVID-19
DN MD DTHS	C-19RR 007	Service Model	Clinical outcomes for patients are compromised	2 x 2 = 4	4	✓	Gold Command	Patients undergoing rehabilitative care
MD	C-19RR 008	Service Model	Arrangements for the deceased are insufficient and compromised	1 x 4 = 4	4	✓	Gold Command	Families of deceased, funeral directors, care homes

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<b>Report:</b>	<b>Chief Officer's Report</b>
<b>Author:</b>	<b>Katie Blackburn</b>
<b>Status:</b>	<b>For Information</b>
<b>Date:</b>	<b>25<sup>th</sup> November 2020 (report to 11<sup>th</sup> November 2020)</b>

## 1. Gathering Public and Patient Feedback

Owing to the Coronavirus pandemic, our main way of engaging with the public continues to be online, through our website, social media and email channels. CHC members and staff are also taking part in virtual meetings with a variety of organisations.

### Social Media

- We continue to use social media on a daily basis. We are posting CHC information to our Facebook and Twitter pages.
- We share and re-post information which is provided by Health Boards and Trusts in Wales, Trusts in England, local GP practices, other CHCs, Powys County Council and national NHS organisations.
- We are monitoring the websites of all the above organisations and recording information which relates to health services, in particular looking for information about changes to services and reinstatement of services.

- We are monitoring and evaluating the public reaction to information which is posted.
- The two main issues which people have been commenting about in recent weeks is flu vaccination and changes to services at Nevill Hall Hospital as a result of the opening of The Grange University Hospital.

On flu vaccination, there have been comments from people who have been unable to make an appointment for the vaccine as appointments for the available vaccines were already booked. Some people in the eligible categories say they have not been contacted by their GP Practice and they do not have access to websites or social media so were not aware that they needed to telephone their practice to make an appointment to receive the vaccine.

We have also noted some very positive comments from patients who attended the flu clinics which started in October.

## Surveys

- The national CHC survey on NHS Care During the Coronavirus Crisis is still ongoing. The survey is available at the following link <http://ow.ly/ueeI50BXdQo>
- In Powys, our survey about access to GP services during COVID-19 has ended. We received a total of 819 responses, 114 of which were paper copies. We are in the process of analysing the responses and preparing a report which will be shared with Welsh Government, Powys Teaching Health Board and GP Practices. The report will also be available for the public. Attached is the cover paper that was presented to the Executive Committee meeting on 3<sup>rd</sup> November 2020 and is in the public domain.
- Since w/c 9<sup>th</sup> November 2020, 113 responses have been received -from Powys - to a Board of CHC's National Survey on accessibility to dental services. This is a priority for Powys CHC's 2020-2021 Operational Plan – all responses will be analysed and shared with PtHB.



## CHC National Reports

A national report was published by Community Health Councils (CHCs) about maternity care in Wales during the COVID-19 pandemic. The report highlights how the Coronavirus pandemic has affected people's experiences of maternity care.

- John Pearce, Chair of the Board of Community Health Councils in Wales, said:

"Our report highlights just how much people appreciate the caring NHS staff who made such a difference to them as they went through their life changing experience in difficult circumstances, sometimes without their loved ones with them. We are grateful to all those NHS staff who have consistently put their patients first during what is a very challenging time for everyone. We also heard that this was not everyone's experience, and some women felt let down. The NHS needs to do everything it can so that women and their families feel cared for, supported and properly informed at a time when it may not be possible to have the kind of maternity care everyone would want them to have. Good communication and access to clear and up to date information is key to this.

As the Coronavirus pandemic continues to affect our lives, NHS decision makers need to continue to think about and balance the impact of COVID-19 restrictions with the mental health and wellbeing of women and their families going through this life changing experience in such difficult circumstances."

[Read the full report...](#)

## Powys CHC Website

- The work on a new design website for all CHCs across Wales is progressing. It is hoped that the new Powys CHC website will go live mid November.

## **2. Community Engagement**

Powys CHC has virtually attended the following events between 23<sup>rd</sup> September 2020 and 20<sup>th</sup> November 2020.

<b>Date</b>	<b>Date Venue/Event</b>
11 <sup>th</sup> September	Diabetes Planning & Delivery Group
16 <sup>th</sup> September	Ystradgynlais Community Networkers meeting
23 <sup>rd</sup> September	Shrewsbury & Telford Hospital NHS Trust (SATH) Community Engagement meeting
29 <sup>th</sup> September	SATH Engagement Catch up
8 <sup>th</sup> October	Machynlleth Community networkers meeting
13 <sup>th</sup> October	Powys Sexual Health Networking Event
19 <sup>th</sup> October	SATH Developing a Public Participation Strategy
20 <sup>th</sup> October	Shropshire & Telford & Wrekin Maternity Voices Partnership
22 <sup>nd</sup> October	PtHB AGM
2 <sup>nd</sup> November	Newtown Community Networkers Meeting
3 <sup>rd</sup> November	Wye Valley Trust Stakeholder Council
9 <sup>th</sup> November	Powys Community Transport Network
10 <sup>th</sup> &11 <sup>th</sup> November	Rural Health & Care Wales Virtual Conference
11 <sup>th</sup> November	SATH Community Engagement Meeting
16 <sup>th</sup> to 20 <sup>th</sup> November	PAVO Annual Conference & AGM

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### **3. Service change and patient engagement:**

- ❖ SPC meetings have been re-instated providing the opportunity to discuss service changes and developments (including those temporary/ urgent service changes that have been - and are being put in place- as a result of COVID-19); these meetings also provide a useful opportunity to feedback and feed into the PTHB planning process.
- ❖ Haygarth Doctors informed Powys CHC on 9<sup>th</sup> July 2020 that they intended to reduce the opening hours at both its surgeries from 1<sup>st</sup> October 2020.

Powys CHC remains concerned that the change has now been implemented, yet there are still a number of outstanding assurances that need to be given to both the CHC and the community.

At an extra-ordinary Executive Committee meeting held on 16<sup>th</sup> November 2020 to discuss these continued issues and concerns, Powys CHC unanimously agreed that it would welcome the opportunity to participate in a tri-partite meeting between the Practice and PTHB [and the CHC]. The Executive Committee members agreed that, given that 5 months has now passed from the practice informing the CHC of the proposed changes, the meeting must be outcome focused with clear timescales.

- ❖ A dedicated meeting to discuss the early opening of The Grange was held on 12<sup>th</sup> August 2020, representatives from PTHB and AB attended. Following on from that meeting, PTHB and Powys CHC agreed weekly update meetings with the CEO, Director of Planning and AD Communication and Engagement, the CHC Chief Officer, Chair and Vice-Chair.

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- ❖ In addition, fortnightly “check and challenge” meetings were held with Adrian Osbourne and the Radnorshire and Brecknock Local Committee. These meetings, in particular, have been identified as excellent practice and we anticipate that this approach could be adopted in the future for specific issues/projects.

Powys CHC are extremely grateful for the considerable time and energy that has been put into communicating with both the communities of South Powys and the CHC itself; PtHB and the CHC have also committed to a “lessons learned” exercise in the coming months.

#### 4. **Advocacy** –19<sup>th</sup> September 2020-11<sup>th</sup> November 2020:

	Previous Period	Current period
Redress	<5	<5
Pre-Local Resolution	<5	5
Ombudsman	5	5
Local Resolution	13	11
Further Local Resolution	<5	<5
Serious Incident Review	<5	<5
CHC Funding	<5	<5
<b>TOTAL</b>	<b>31</b>	<b>30</b>

Pre-Local Resolution: An advocate/ ASO needs to provide support regarding concerns which cannot be “cleared” or resolved within the same working day and requires consent form. It is any support provided prior to a written complaint sent to the NHS organisation

Local Resolution: Following the approval of a draft complaint, or previously written letter to the local NHS organisation, which needs to be monitored as per the Putting Things Right (PTR) 30 working day policy.

Further Local Resolution: Local resolution stage following the receipt of response from the first letter of complaint (2<sup>nd</sup> letter, meeting following response, independent expert opinion report)

Redress: Where redress is being considered under PTR from receipt of *Regulation 26* letter.

Ombudsman: The approved draft application to PSOW has been submitted for consideration.

Closed Cases 19 <sup>th</sup> September-11 <sup>th</sup> November 2020:	<b>3</b>
New Cases 19 <sup>th</sup> September-11 <sup>th</sup> November 2020:	<b>2</b>
Enquires 19 <sup>th</sup> September- 11 <sup>th</sup> November 2020:	<b>20</b>
Overdue PtHB Responses as of 11 <sup>th</sup> November 2020:	<b>5</b>

### Summary of Current Complaints

Health Board	Number of Complaints September 2020	Number of Complaints October 2020
PtHB	17 (55%)	18 (60%)
Other (Welsh HBs and English Trusts)	14 (45%)	12 (40%)
Total	31	30

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## **5. Future meetings:**

From the 22<sup>nd</sup> September, Powys CHC reinstated its full programme of meetings. The meetings are being publicised through our normal channels so that we can offer involvement across the county. The meetings will be accessible to members of the public and will be held online.

All those that are interested in joining any of our meetings need to contact our Business Manager [kirsten.jones@wales.nhs.uk](mailto:kirsten.jones@wales.nhs.uk) who will then send further details. The meetings are being held using Microsoft Teams. People that do not have the application can still join our meetings using their usual web browser.

**Katie Blackburn**

**Prif Swyddog / Chief Officer**

**CIC Powys / Powys CHC**

Patterson, Liz  
11/20/2020 12:36:25

<b>Report</b>	<b>Analysis of GP Access Survey</b>
<b>Author</b>	<b>Andrea Blayney, Deputy Chief Officer, Powys CHC</b>
<b>Date</b>	<b>3<sup>rd</sup> November 2020</b>
<b>Status</b>	<b>For information/discussion</b>

## Introduction

COVID-19 has changed the way appointments are conducted in GP practices. We wanted to hear from people about their experience of accessing GP services during the pandemic. In particular, we wanted to hear people's views about telephone and video appointments.

We had a survey available from 2<sup>nd</sup> September to 30<sup>th</sup> September 2020. The survey was available online and in paper format. We promoted the survey on our CHC website, through our social media channels and we circulated it to our MPs, MSs, County Councillors, Town and Community Councils and via email to our list of stakeholders. Posters and paper copies of the survey were delivered to our CHC members around Powys for them to distribute in their local communities.

Please see below the initial analysis of the results of the survey. A full written report is being prepared.

## Analysis of Results

We received a total of **819** responses to the survey and **114** of them were **paper** returns.

**98.5%** of responses were received in **English** and **1.5%** were **Welsh**.

**74.6%** of respondents were **female**, **22.9%** were **male** and **0.5%** identified as **non-binary or transsexual**.

**29.8%** of respondents were aged **51-65**, **28.9%** aged **66-75**, **19.2%** aged **36-50**, **10.4%** aged **76-85**, **9.9%** aged **18-35**, **1.4%** aged **86-95** and **0.4%** were **over 95** years old. We had no responses from people under the age of 18.

**72.5%** of respondents said that they **do not have a disability** and **21.1%** said that they **do have a disability**.

We asked people to specify which GP practice they are registered with and the highest number of respondents were registered with **Crickhowell (119)**, **Ystradgynlais (115)** and **Haygarth (92)**. There were responses from people registered with each practice in Powys. However, there were less than 20 responses each for Dyfi Valley Health, Presteigne, Caereinion and Rhayader practices.

**85.9%** of respondents **had contacted their GP practice** to request an appointment during the COVID-19 pandemic.

We asked people whether they received a call back after making their initial call. **53.1%** of people had a call back from a **GP/doctor**, **28.9%** had a call back from a **nurse**, **7.4%** had a call from a **receptionist**, **5.3%** had a call from **other clinician** and **5.3% did not receive a call back**.

The length of time waiting for a call back was fairly evenly split. **23.2%** of respondents waited **less than 1 hour**, **28.9%** of people waited **1-2 hours**, **25.8%** waited **2-4 hours** and **22.1%** waited **more than 4 hours**.

**77%** of people were **satisfied** with the length of time they waited for the call back. **13.8%** of people were **not at all satisfied** with the wait.

We asked people to tell us whether they were given an appointment. **30.5%** received a **telephone appointment**, **28.9%** attended for a **face-to-face appointment** in the surgery, for **14.5%** of people an **appointment was not necessary** and **10.7%** were asked to **send a photograph or information via email**. **13%** were **not offered an appointment but felt that an appointment was necessary**.



**18 people (2.4%)** were given an appointment for a **video consultation**.

Of the people who received a **telephone appointment**, **48.2%** were either **completely satisfied** or **very satisfied** with the appointment; **12.1%** were **slightly satisfied** and **16.8%** were **not at all satisfied** with the appointment.

We asked people to explain why they were dissatisfied with the telephone appointment.

The most common response was that **people felt that they needed to be examined or that a face to face consultation was necessary**. The next most common response was that **nothing was done**, or that people were **not satisfied with the outcome**.

The main themes for other comments were:

- Feel doctors not taking me seriously / not listened to / feel fobbed off / doctor was rude / doctor was patronising
- Do not believe telephone call gave sufficient opportunity to diagnose condition / don't see how you can be diagnosed without being seen
- Provided prescription / medication without seeing patient or proper checks
- Misdiagnosis, missed diagnosis
- Receptionist unhelpful / difficult getting through the receptionist
- GPs refusing to see patients face to face / what are GPs doing? / GPs do not seem interested or caring
- Difficult to explain fully over phone
- Not given time for telephone call back / they need to be able to provide a time / don't know how long you will have to wait
- I was told that the service I require was not possible during COVID
- Telephone system / telephone appointments very difficult for people with hearing impairment / unable to find a way of contacting the surgery
- Not given chance to discuss everything / very rushed on the phone

Some example comments:

**"I have severe hearing loss and find the phone almost impossible. This creates real problems for me and yet I have as yet been unable to find a way of contacting the surgery"**

**“What really concerns me is the fact that being 96 and very deaf he could not cope with the telephone system to access the surgery. Why can’t a human person answer the calls to put the client through to the correct department. The GPs appear to be putting an insurmountable barrier between them and vulnerable clients. Please do all you can to make GPs accessible to all vulnerable people.”**

**“Because of my [hearing disability], this makes using a telephone extremely difficult at the best of times (even when the context is casual – and considerably worse when the context is important, as with health issues). As a result, I do not cope well with serious telephone conversations (even when the doctor I am consulting is one of the more empathetic ones). Consequently, although I usually prepare my narrative in advance of the call the level of anxiety reduces my ability (a) to cover all essential points I intended to discuss, and (b) reduces my ability to speak as lucidly as I normally think.”**

**“It was for my partner who is mentally disabled and after coming off the phone he’d forgotten what the doctor said. There should be better support and understanding with patients with special needs or mental disabilities.”**

We asked people how easy or difficult it was for them to use the system for a video appointment. **21.4%** said it was **very easy**, **15.7%** said it was **easy**, **22.9%** said it was **neither easy nor difficult**, **22.9%** found it **difficult** and **17.1%** found it **very difficult**.

We asked people to explain what might make the video system easier for them to use. The main comments were:

- Do not have technical knowledge to use it
- Do not have necessary equipment
- Wi-fi / Network too slow for technology
- Had to get someone to help with technology
- Not able to connect
- Video not suitable because of hearing impairment

Some example comments:

**“I would not be able to carry out a video appointment due to my hearing impairment and the need to rely a lot on lip reading.”**

**Video are difficult because the sound and image do not sync, the screen freezes etc. It would not be a reliable method to conduct a consultation."**

**"Lack of confidentiality due to mother not able to do this independently."**

We asked people how satisfied they were with the video appointment. **39%** were either **very satisfied or completely satisfied**; **27.8%** were **moderately satisfied**; **9.3%** were **slightly satisfied** and **24.1%** were **not at all satisfied**.

Comments received were:

**2** people said it was **easy to use**, **one** person said that they received a **text** with the **instructions** which was **great** and **one** person said the system was **better than** the one used at **Newtown Hospital**.

Example comments:

**"Could not connect so I had to send a photo."**

**"Had to undress in work. Nurse couldn't properly examine my rash."**

**"As I had an eye problem it was quite difficult to see the problem on the screen."**

We asked people to explain how they felt if they had to attend the surgery for a face-to-face appointment.

Many people said that they **felt safe** and that **all measures were in place**. The next most common comment was that people had **no concerns** and were **happy to attend**, then a number of people said that they were **nervous or apprehensive** to attend but all precautions in place and **felt at ease when there**.

Other themes were:

- Relieved / pleased to be seen face-to-face
- Told what precautions were in place / everything explained

- Not told that face mask was required / needed better info on what to expect / unsure of where to go
- Process different so unsettling
- Seen at appointment time and did not have to wait

Example comments:

**"Very well organised, felt safe and seemed very responsible. However you have to telephone from car park and unfortunately that area has very poor mobile signal so you need to drive around to find an area where you can phone! This is totally out of the GP's control though."**

**"I felt very safe. The surgery is set up well and the entrance used was completely separate from the general entrance. I only saw the GP so was no in contact with any other staff. PPE was worn. The GP had time for me."**

**"More info on what to expect. As an autistic person change is hard."**

We asked people how they feel about the use of telephone or video appointments in GP practices in the future (if it is appropriate, and no physical examination or blood test is required).

**391** people (**50.5%**) would **prefer to be seen face-to-face** by a clinician; **209** people (**27%**) would be **happy to use again**; **10.1%** **did not know** as they had **not had a telephone or video appointment previously**; **6.8%** would **choose to use again** and **5.2%** were **not sure**.

**6** people commented said they felt **this is the way ahead** for GP appointments or they would be happy to use.

Other comments received:

**"For me I would hate it. It is not a reliable method of communication for me. I often misunderstand when face to face. Over the telephone/video there is even more risk of misunderstanding."**

**“Very disappointed and dissatisfied. Feel it is the duty of care for the GP to physically see me!”**

**“If it’s for a new condition or symptoms not good, but if for repeat or known problem would be ok.”**

We asked people what they think would make their experience of accessing GP services better.

The most common themes were:

- Must be the ability to see GP in person / face to face appointments
- As long as correct procedures in place, GPs should be seeing patients again
- Not to have to phone numerous times before telephone is answered / make it easier to get through on telephone / more telephone lines / phone line dedicated to appointments
- Don’t like to tell the receptionist my condition / receptionists should not be part of triage
- Shorter recorded message at start of call / simplify the phone system
- Find caring/more friendly/approachable receptionists / educate receptionists in empathy / better training for receptionists
- Telephone / video appointments in appropriate circumstance
- Shorter waiting times / need access to GP services in timely manner
- Not always possible to diagnose over the telephone / without seeing face to face
- Need to be more welcoming / more patient friendly
- Worry that Illnesses will be missed / patients’ conditions are deteriorating / misdiagnosis
- Find better ways for people with hearing impairment/ disability/ mental health / elderly to access services
- Ability to book appointment in advance for non-urgent matters
- Provide a specific time for a call back
- Routine checks / services which were stopped need to start running again
- Patient should be given the choice
- Ability to request video call
- Better opening hours / GP services should be 7 days a week and local practices should have a doctor on call in evenings
- Need continuity of care / Would prefer to name doctor I wish to see/speak to for follow up appointments
- Faster response times to initial enquiry
- More appointments available / attainable

- Patients less likely to contact GP when telephone only appointments offered

Some example comments:

**"The intro message is far too long with different options to select, however certain options then cut the call off and you have to redial and listen to the long intro again."**

**"With more telephone only consultations I feel less likely to contact the GP if I have a problem as I am not good at explaining things over the phone, and a video consultation is not always offered."**

**"The current system is excellent. I didn't need to take any time off work to attend the appointment or travel to the surgery."**

**"I am autistic and have found (by trying to access MH health services by phone and video) that it just doesn't work for me at all. I have been advised to speak to GP but haven't rung because of the lengthy automated message, the need to explain to Receptionist something which I would struggle to engage with GP about means I can't phone. Also, knowing they don't want to do F2F appointments anyway."**

**"Simple leaflet to explain new procedures. I was worried in case I made a mistake!!"**

**"I sent photo via email. Very happy with outcome! Quick and easy. Would like to see this service available long-term."**

**"I found it quite repetitive, I had to explain to a receptionist, then a nurse, then a trainee doctor and then another doctor."**

**"It would be better if you got an actual time for your phone app so you don't have to wait all day."**

We asked people if they had any other comments they wished to make.

There were a number of very positive comments about practices:

- Worked well / overall satisfied / great service

- Excellent surgery working so hard in very difficult times / outstanding while under pressure
- Planning and organisation has been good
- Have dealt really well with the pandemic
- Feel safe and cared for
- Staff were amazing / staff doing brilliant job

Some of the main themes for other comments received were:

- NHS / services / routine surgery need to re-open
- Face to face needs to be an option
- Not happy with Haygarth Practice
- It's dreadful / disgraceful / rubbish / unacceptable service
- System puts people off phoning
- Routine services / monitoring of health conditions should be carried out
- Why are GPs not seeing patients? What are they doing?
- Not possible to diagnose properly over the telephone / worry about misdiagnosis
- Using COVID as an excuse
- Dissatisfied with apparent 'lockdown' of GP surgery / GPs need to be seeing patients

Some example comments:

**"I have been lucky had a lovely gp looking after me whilst I've been unwell, I've even been seen face to face which was reassuring. I am now struggling to see that doctor who has been looking after me, she has no appointments. To have consistency in care is really important when you are not well. I also find that a small minority of receptionists are particularly unfriendly."**

**"I think practice needs to be made aware that restricted access to GPs is extremely stressful."**

**"My experience during lockdown has been terrible. I had a baby at the beginning of June with serious complications and had to fight to be seen for an 8 week check up. My son's jabs have also been forgotten at every stage, I have had to call and ask for them to be made, despite being told that the practise would make them on each occasion."**

**"Older patients find the technology and the lack of personal contact especially difficult, confusing and unsatisfactory. My**

**mother-in-law who is 93 has been unable to get a visit despite being very unwell."**

**"The next several months may introduce increased pressures on both patients and Practices. I hope both parties will be understanding and supportive of each other. Might this not be a job for CHC and PtHB to explain and encourage understanding by both parties. PS the local chemist is doing a great job as well !!"**

Patterson, Liz  
11/20/2020 12:36:25



**AGENDA ITEM: 3.7a**

<b>BOARD MEETING</b>		<b>DATE OF MEETING: 25<sup>th</sup> November 2020</b>
<b>Subject :</b>	<b>BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS</b>	
<b>Approved and Presented by:</b>	Board Secretary	
<b>Prepared by:</b>	Corporate Governance Manager	
<b>Other Committees and meetings considered at:</b>	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

**PURPOSE:**

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

**RECOMMENDATION(S):**

The Board is asked to:

- RECEIVE and DISCUSS the summary assurance reports appended to this covering paper

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
	✓	

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11/20/2020 12:36:25

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

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

**DETAILED BACKGROUND AND ASSESSMENT:**

**ASSURANCE REPORTS FROM COMMITTEE CHAIRS**

The following Chair's Assurance Reports with links to confirmed committee minutes are appended for the information of the Board:

Executive Committee

- The Committee Chair's report of the meetings held in October and November 2020 is attached at **Appendix 1**.

Audit, Risk and Assurance Committee

- The Committee Chair's report of the meeting held on 3 November 2020 is attached at **Appendix 2**.

Charitable Funds Committee:

- No meetings have been held since the Board last met, however, an update report is attached at **Appendix 3**

Experience, Quality and Safety Committee

- The Committee Chair's report of the meetings held on 1 October 2020 and 6 November is attached at **Appendix 4**.

#### Performance and Resources Committee

- The Committee Chair's report of the meeting held on 6 October 2020 is attached as **Appendix 5**.
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#### Strategy and Planning Committee

- The Committee Chair's report of the meeting held on 6 October 2020 is attached as **Appendix 6**.

#### **NEXT STEPS:**

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 27 January 2021.

Patterson, Liz  
11/20/2020 12:36:15

Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	4 <sup>th</sup> November 2020
Paper prepared on:	10 <sup>th</sup> November 2020

## KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 7<sup>th</sup> October, 21<sup>st</sup> October and 4<sup>th</sup> November.

### **7<sup>th</sup> October 2020**

#### **1. NORTH POWYS UPDATE**

During Covid-19 the North Powys Wellbeing Programme had been suspended and the team were redeployed to directly support the pandemic. Upon recommencement of the programme in July 2020 the programme team had 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 areas of work had been finalised and the Programme Business Case had been prepared for formal submission to Cabinet and PTHB Board. The paper was presented the Committee as an opportunity to review prior to submission to the Board, RPB and Welsh Government.

The Committee APPROVED the Programme Business Case and APPROVED IN PRINCIPLE the proposed initiatives to be delivered via the Transformation Fund.

#### **2. INVESTIGATION TRAINING**

The Committee RECEIVED an item which proposed a number of actions to put in place a core Investigation Team within the health board, to meet the need to undertake high level investigations in relation to both serious incidents and workforce investigations.

The Committee SUPPORTED the approach.

### **3. BUSINESS MANAGER (HEALTH AND CARE ACADEMY)**

The Committee considered the paper which requested one whole time equivalent fixed term, 6-month position for a Business Manager role to support the programme management of the design, development and delivery of the Health & Care Academy in Powys.

The Committee APPROVED the investment subject to the confirmation of funding.

### **4. WORKFORCE POLICIES AUDIT**

The Committee RECEIVED a proposed audit programme for Workforce and OD policies and procedures to provide assurance that they were being effectively developed, monitored and implemented within the health board. Two areas would be focused upon initially, rostering and recruitment. It was proposed to start the programme in April 2021 due to anticipated COVID-19 and winter pressures.

The Committee SUPPORTED the proposals but NOTED that further discussion was required regarding the assessment process.

### **5. FINANCE STAFFING STRUCTURE**

The Committee RECEIVED a revised structure which had been developed as part of 'Best Chance of Success: Organisational Realignment to Deliver A Healthy, Caring Powys'. It was confirmed that no staff were at risk due to the amended structure and all post amendments were adequately funded.

The Committee APPROVED the realignment consultation paper.

### **6. COMPLIANCE WITH PUBLIC SECTOR (WEBSITES AND MOBILE APPLICATIONS) NO.2 ACCESSABILITY REGULATIONS 2018**

The Committee NOTED that the Public Sector (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018 created new legal obligations to ensure that the information published on the health board's website, on our intranet and on mobile apps is accessible (e.g. readable by screen readers). The Committee recognised the 18-month lead time and significant amount of work to be undertaken.

The Committee APPROVED an initial action plan and recognised that the associated resource implications of implementing the regulations would require further discussion.

### **7. ANNUAL GENERAL MEETING UPDATE**

The Committee NOTED the item which provided an update regarding promotion, meetings schedule and approach to questions from the public, for information.

## **8. FINANCIAL SUPPORT FOR ADULT CARE PROVIDERS IN THE CONTEXT OF COVID-19**

Following the publication of the guidance on 24th August 2020 by Welsh Government there had been a number of discussions between Finance, Complex Care Team and Mental Health colleagues to work through guidance and agree options for action, including payments. The Committee noted the recommendation of the following option:

- Option 1: the health board would provide the £75 and £25 per week support as per the 'Financial Support for Adult Care providers in the Context of Covid-19' guidance in addition to the £17,529 paid in June.

The Committee APPROVED Option 1 as the course of action, it was NOTED that this decision would be considered should further claims for support be received

## **9. NWSSP LEGAL AND RISK SERVICES – IMPACT AND REACH REPORT**

The Committee RECEIVED and NOTED the item for information.

## **10. NWSSP PROCUREMENT SERVICES PPE – WINTER PLAN**

The Committee RECEIVED and NOTED the item for information.

### **21<sup>st</sup> October 2020**

#### **1. STAFF SURVEY UPDATE**

It was reported that the All-Wales approach to surveying staff experience had been approved, with the intent to open the survey for three weeks in on 2<sup>nd</sup> November 2020.

The Committee NOTED the report.

#### **2. WORKFORCE POLICIES**

The Committee RECEIVED and APPROVED the following Workforce policies:

- a. HR069 – Working Time Regulations Policy and Procedure
- b. HR070 – Domestic Abuse and Sexual Violence Policy

#### **3. CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) POLICY**

The Committee RECEIVED the Policy which had been updated in response to legislative changes. The Committee APPROVED the policy and ACKNOWLEDGED its significance in relation to the COVID-19 pandemic.

#### **4. CROSS BORDER ACCESS TO THE WELSH CLINICAL PORTAL (WCP)**

The Committee NOTED that the Welsh Clinical Portal (WCP) was introduced as a digital patient record system across hospitals and health boards in Wales. It shares, delivers and displays patient clinical

information from a number of sources with a single log-on from across all health boards. With information in one place it means clinicians always have access to up to date and accurate patient records.

Due to the Covid-19 pandemic and with more than 50% of Powys Teaching Health Board's Secondary Care provided across the border by other providers such as Shropshire and Telford Hospitals (SaTH) and Wye Valley Trust (WVT), the ability for visiting consultants to access their patient records in a more digitised way was agreed as a necessity in Powys to enable work on the backlog of patients waiting to be seen and progress to a more digitised way of working to avoid any unnecessary delay in patient care. The Committee was requested to agree the actions by PTHB to allocate NADEX accounts for cross border Clinicians to access WCP and related national actions required.

The Committee APPROVED the recommendations within the paper and recognised the improvements to cross border working that this would bring.

## **5. AZURE LANDING ZONE**

The Committee RECEIVED an item regarding the implementation of the Azure Landing Zone to support infrastructure readiness for cloud-based storage. The Committee noted that the platform had been secured at no cost to the health board.

The Committee APPROVED the implementation of the Azure Landing Zone.

## **6. DIGITAL SIGNATURES**

The Committee RECEIVED an item which detailed a pilot approach being undertaken in the Finance Department in relation to digital signatures. It was acknowledged by the Committee that anything requiring the Common Seal would not be eligible for digital signature.

The Committee SUPPORTED the pilot scheme and subsequent roll out if successful.

## **7. HEALTH AND WELLBEING WEBSITE**

The Committee was informed that the health and wellbeing website was ready for launch, approval to publish the site was sought from the Committee.

The Committee APPROVED the publication of the website and WELCOMED the development. It was suggested that website should be promoted to raise awareness.

## **8. CLINICAL CODING POLICY**

The Committee RECEIVED and APPROVED the organisation's Clinical Coding Policy which had been updated as part of a general review.

## **9. IMPLEMENTATION OF AUDIT RECOMMENDATIONS DURING COVID-19**

The Committee NOTED that the Audit, Risk & Assurance Committee had previously approved a re-prioritised approach for audit recommendation implementation, based upon priority levels assigned by Audit, and original agreed deadlines. The Committee was presented with a reprioritised approach for the implementation of outstanding audit recommendations, to support successful delivery of the health board's Winter Protection Plan.

The Committee SUPPORTED the approach.

## **10. CLINICAL POLICIES UPDATE**

The Committee RECEIVED the item which provided an overview of a review that had taken place of the clinical policies and associated documents which are recorded, and categorised, as clinical policies. A recommended approach to the improvement of Clinical Policies was presented to the Committee.

The Committee SUPPORTED the approach.

### **4<sup>th</sup> November 2020**

#### **1. ADDITIONAL LEARNING NEEDS ACT**

The Committee RECEIVED a presentation regarding the implementation of the Additional Learning Needs Act (ALN) from the Assistant Director of Therapies and Health Sciences and Designated Education Clinical Lead of Hywel Da University Health Board. The Committee was informed that despite the pandemic, the implementation date of the conversion from the SEN system to the ALN system remained set at 1st September 2021. Ensuring the health board's readiness impacts both clinical and corporate services/departments and the pursuit of the identified actions as set out in the Regional Health ALN Implementation Plan was discussed. It was NOTED that failure to be ready to implement the ALN system may result in complaints, education tribunals, potentially judicial reviews and compromise the health board's relationship with the Education Services of the Local Authority. The Committee DISCUSSED and AGREED an action plan to support implementation.

#### **2. NEPTS TRANSFER**

The Committee considered the transfer of PTHB Non-Emergency Patient Transport Services (NEPTS) to WAST on 1st December 2020, under the national commissioning approach of Emergency Ambulance Service Committee (EASC). It was suggested that the transfer of budgets would take place in a staged approach outlined below:

1. Core Contract, 1<sup>st</sup> December 2020
2. Additional PTHB NEPTS Contracts, anticipated 1<sup>st</sup> December 2020
3. PTHB NEPTS Call Taking, anticipated 1<sup>st</sup> April 2021



The Committee SUPPORTED the approach recommended and requested that contractual monitoring arrangements regarding patient experience, quality, safety and finance be developed.

### **3. FIRE SAFETY FINAL AUDIT REPORT: LIMITED ASSURANCE**

The Committee RECEIVED the Fire Safety Final Audit Report and received assurance that maintenance of equipment and evacuation procedures had been prioritised as a programme of work, Fire Officers had agreed to undertake a fire drill on each site by the end of December 2020 and Site Management arrangements were under development.

The Committee DISCUSSED and NOTED the management actions in place to address the weaknesses identified.

### **4. HEALTH AND SAFETY RISK MANAGEMENT REVIEW**

The Committee RECEIVED the report which indicated weakness relating to the robustness of the health and safety risk assessment process. The paper recommended an approach to mitigation including, but not limited to, the development of an organisational risk assessment tool to support the organisation in identifying and managing health and safety risks.

The Committee SUPPORTED the recommended approach.

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### **Sub-Groups of Executive Committee**

There are a number of sub-groups of the Executive Committee which enable a greater degree of development and review of specific priorities and issues. The following key agenda items were considered:

#### **a. Strategic Planning and Commissioning Group**

- i. South Powys Pathways Programme Report
- ii. Big 4: Breathe Well Programme Update
- iii. Radiotherapy Satellite Centre Business Case
- iv. CHC Engagement Business Cycle
- v. Demand and Capacity Planning Request

#### **b. Delivery and Performance Group**

- vi. Essential Services Assurance Report
- vii. Workforce Analysis Report-September 2020
- viii. Information Governance Key Performance Metrics
- ix. Digital First Update
- x. Finance Performance Report Month 6
- xi. Performance Dashboard
- xii. Commissioning Assurance Framework Update – Key Issues

### **c. Quality Governance Group**

- i. Clinical Quality Framework, Implementation Plan Update
- ii. Service Group Quality Overview
- iii. Annual Data Quality Report
- iv. Overview of Organisational Quality Governance Assessments
- v. Commissioning Assurance Update, including an update on SaTH
- vi. Inspections and External Bodies Report, including Action Tracking
- vii. Serious Incidents and Concerns Report
- viii. Infection Prevention and Control Report
- ix. Maternity Assurance Framework
- x. Once for Wales Concerns Management System Programme Update

### **ITEMS TO BE ESCALATED TO THE BOARD**

The committee did not indicate any items for Board Committee consideration at this stage, beyond those items already on the Board agenda as outlined.

### **NEXT MEETING**

The next meeting of the Executive Committee is scheduled for 2<sup>nd</sup> December 2020.

Reporting Committee:	<b>Audit, Risk and Assurance Committee</b>
Committee Chair	Tony Thomas
Date of last meeting:	03 November 2020
Paper prepared by:	Head of Risk & Assurance

### KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk & Assurance Committee I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee when it met on 3 November 2020. The confirmed minutes of the meeting held on 8 September 2020 can be found at: [Minutes of ARAC 08 September 2020](#).

The Committee considered the following reports at the November meeting:

- Application of Single Tender Waivers
- Analysis of Single Tender Waivers 2017-2020
- COVID-19 Governance Arrangements: Key Learning Areas
- Re-prioritised approach to the implementation of Audit Recommendations
- Charitable Funds Annual Report and Accounts 2019-20
- Internal Audit Progress Update
- Internal Audit Reports, 2020-21:
  - Fire Safety – Limited Assurance
  - Health & Safety – Reasonable Assurance
  - Annual Quality Statement – Not Rated
  - Advanced Practice Framework – Not Rated
- External Audit Update, November 2020
- Audit Wales Structured Assessment 2020 and PTHB Management Response
- Committee Workplan 2020/21

The following items were escalated for the attention of the Board:

- Structured Assessment and Management Response
- Fire Safety (Limited Assurance) Internal Audit Report
- Charitable Funds Annual Report

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## APPLICATION OF SINGLE TENDER WAIVER

The Committee received the following Single Tender Waiver for ratification made between 1 August 2020 and 30 September 2020.

Single Tender Reference	Request to waive QUOTE or TENDER threshold?	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective/ Retrospective	Appendix Ref
POW2021007	Tender	BAPTT Shopfitters	Construction Works	Urgency of Work due to Pandemic requirements	24/09/2020	£30,000 (inc VAT)	1 Month	Prospective	A1

The Committee RATIFIED the Single Tender Waiver. In addition, the Committee received an analysis of Single Tender Waivers covering the period 1<sup>st</sup> April 2017 to 30<sup>th</sup> September 2020.

The Committee RECEIVED and NOTED the Analysis of Single Tender Waivers 2017-2020.

## COVID-19 GOVERNANCE ARRANGEMENTS: KEY LEARNING AREAS

The Committee RECEIVED the Key Learning Areas and Management Response to the Internal Audit Review of Governance Arrangements during the COVID-19 pandemic.

## RE-PRIORITISED APPROACH TO THE IMPLEMENTATION OF AUDIT RECOMMENDATIONS

The Committee APPROVED the following reprioritised approach for the management of audit recommendations during the COVID-19 pandemic.

Priority level 1	<ul style="list-style-type: none"><li>Action(s) within the Winter Protection Plan are dependent on implementation of this recommendation</li><li>Delivery of the Board's agreed Strategic Priorities are dependent on implementation of this recommendation</li><li>High risk to patient or staff safety / wellbeing identified</li><li>Prioritised Compliance with legal requirement / statutory duty identified</li></ul>
Priority level 2	<ul style="list-style-type: none"><li>Action(s) within the Winter Protection Plan are not supported by implementation of this recommendation</li><li>Low risk to patient or staff safety / wellbeing identified</li></ul>

	<ul style="list-style-type: none"> <li>• Compliance with legal requirement / statutory duty identified</li> </ul>
Priority level 3	<ul style="list-style-type: none"> <li>• Action(s) within the Winter Protection Plan are not supported by implementation of this recommendation</li> <li>• No risk to patient or staff safety / wellbeing identified</li> <li>• No legal / compliance issues identified</li> </ul>

## CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2019-20

The Charity has not exceeded the Charity Commission thresholds for statutory audit for the financial year to 31st March 2020 therefore an Independent Examination is currently being undertaken by Grant Thornton on behalf of Wales Audit Office.

The Committee RECEIVED and NOTED the Draft Charitable Funds Annual Report and Accounts 2019-20.

## INTERNAL AUDIT PROGRESS UPDATE

Progress against the Internal Audit Plan 2020/21 is as follows:

Number of audits finalised	7
Number of audits issued at draft	0
Number of audits in progress	8
Number of audits not started	3
Year-end reporting	2
<b>Total number of audits in 2020/21 plan</b>	<b>20</b>

The Committee RECEIVED and NOTED the update.

## INTERNAL AUDIT REPORTS, 2020-21:

### a) FIRE SAFETY (LIMITED ASSURANCE)

The Firecode (WHTM 05-01: 'Managing Healthcare Fire Safely') provides guidance in respect of the management of fire safety in healthcare organisations.

Therefore, an assessment was undertaken of the controls and practices in place within the health board to ensure that the key fire safety regulatory requirements were adequately addressed and appropriate management arrangements are embedded within the organisation.

The review was cognisant of the outputs from other assurance providers such as NWSSP: Specialist Estates Services (SES).

This was the third audit undertaken of this area [2013/14: No assurance; and 2016/17: Reasonable assurance].

The full report can be accessed at the following link:

<https://pthb.nhs.wales/about-us/the-board/committees-partnerships-and-advisory-groups/powys-teaching-health-board-committees/audit-risk-and-assurance-committee/meetings-of-the-audit-risk-and-assurance-committee/audit-risk-and-assurance-committee-meeting-on-3-november-2020/audit/>

#### **b) HEALTH AND SAFETY FOLLOW-UP (REASONABLE ASSURANCE)**

The purpose of this follow up review was to assess whether the health board has implemented the Internal Audit recommendations made following our health and safety review in 2018/19.

#### **c) ANNUAL QUALITY STATEMENT (NOT RATED)**

The review sought to provide the health board with assurance that operational procedure is compliant with the requirements of the Welsh Health Circular: The Annual Quality Statement 2019/20 Guidance.

#### **d) ADVANCED PRACTICE FRAMEWORK (NOT RATED)**

Given the relatively low number of Advanced Practice posts within the health board, the risk to patient safety from professionals taking on roles and responsibilities that they lack the competence to carry out safely and effectively is considered low. Instead, the risk is opportunities lost from failure to realise the benefits that Advanced Practice roles can bring to the health board and the population it serves.

It was agreed with the Director of WOD and Support Services and the Chief Executive Officer that a full audit of the Advanced Practice Framework would be premature and so fieldwork was not progressed further. It is proposed to defer the full review to the 2021/22 Internal Audit Plan.

The Committee RECEIVED and NOTED the updates.

#### **EXTERNAL AUDIT UPDATE**

The following audit work is currently underway: -

Topic	Executive Lead	Focus of the work	Current status
Orthopaedic services – follow up	Medical Director	This review will examine the progress made in response to the 2015 recommendations. The findings from this work will inform the recovery planning discussions that are starting to take place locally and help identify where there are opportunities to do things differently as the service looks to tackle the significant elective backlog challenges.	Report being drafted

Review of the Welsh Health Specialised Services Committee (WHSSC)	Chief Executive Officer	WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales. This work will use aspects of the structured assessment methodology to examine the governance arrangements of WHSSC. Our findings will be summarised into a single national report.	Fieldwork underway
Test, Track and Protect	Director of Public Health	In response to the Covid-19 pandemic, this work will take the form of an overview of the whole system governance arrangements for Test, Track and Protect, and of the Local Covid-19 Prevention and Response Plans for each part of Wales.	Report being drafted

The Committee RECEIVED and NOTED the External Audit Update.

## **AUDIT WALES STRUCTURED ASSESSMENT 2020 AND PTHB MANAGEMENT RESPONSE**

The Committee received the report that sets out the findings from the Auditor General's 2020 structured assessment work at Powys Teaching Health Board. The work has been 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 report advises that the 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 Committee received the health board's response to the Audit Wales' Structured Assessment 2020. Ongoing oversight of the delivery of recommendations will be provided by the Audit, Risk and Assurance Committee via the Audit Recommendations Tracking System. Management oversight of progress will be monitored by the Executive Committee.

The full report can be accessed at the following link:

<https://pthb.nhs.wales/about-us/the-board/committees-partnerships-and-advisory-groups/powys-teaching-health-board-committees/audit-risk-and-assurance-committee/meetings-of-the-audit-risk-and-assurance-committee/audit-risk-and-assurance-committee-meeting-on-3-november-2020/audit/>

The Committee RECEIVED and NOTED the Audit Wales Structured Assessment 2020 and PTHB Management Response.

## **COMMITTEE WORK PROGRAMME 2020-21**

The Committee RECEIVED and NOTED the Committee Work Programme.

#### **ITEMS FOR ESCALATION TO THE BOARD**

- Structured Assessment and Management Response
- Fire Safety (Limited Assurance) Internal Audit Report
- Charitable Funds Annual Report

#### **NEXT MEETING**

The next meeting of ARA will be held on 26 January 2021.

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CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Reporting Committee:	<b>Charitable Funds Committee</b>
Committee Chair	Tony Thomas (Interim)
Date of last meeting:	1 <sup>st</sup> July 2020
Paper prepared by:	Charity Manager
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>The Board is asked to note that the scheduled Charitable Funds Committee (CFC) meeting of the 17<sup>th</sup> September was cancelled and the next meeting will take place on the 3<sup>rd</sup> December.</p> <p>Due to the above, the minutes of the previous meeting of the CFC on 1st July 2020 have yet to be ratified and uploaded to the PTHB website. These minutes are expected to be included in the next CFC Board report.</p> <p>The Board is asked to note that the following matters were due to be discussed at the CFC meeting on the 17<sup>th</sup> September and will be carried forwards to the next meeting on the 3<sup>rd</sup> December.</p> <ul style="list-style-type: none"> <li>• General Fund Bids (for approval)</li> <li>• COVID Response Fund bids (for ratification)</li> <li>• Expenditure approved under Delegated Authority since the last meeting (for ratification)</li> <li>• PAVO Small Grants Scheme proposals (for ratification)</li> <li>• Charity Activity &amp; Income Report</li> <li>• Charitable Funds Financial Summary Report</li> <li>• Brewin Dolphin – Investment Profile</li> <li>• Charity Reserves Policy</li> <li>• COVID Response Fund Evaluation</li> <li>• Charitable Funds Risk Register</li> <li>• Guidelines for Gifts &amp; Donations</li> </ul> <p>Any urgent business for decision in the interim period has been reviewed via email by the CFC through Chair's action.</p>	

A summary of the items considered by the Committee since the last Board report can be found below, along with other key milestones and activities for the Health Board's Charity.

### **Urgent Matters Considered by the Committee**

The Committee has received the following items for review and a decision ahead of the next meeting (3<sup>rd</sup> December), where the Committee's decisions will be ratified. The following items have been reviewed by the Committee:

- CFC Annual Accounts and Report 2019/20 – After their review by the Audit Risk and Assurance Committee, the CFC reviewed and APPROVED the Charity's Annual Accounts on the 5<sup>th</sup> November for submission to the Board.
- Ystradgynlais Hospital Patti Ward Gardens Renovation – A request for additional funding of £16,000 for accessibility improvements. This was APPROVED by the CFC on 12<sup>th</sup> November.
- End of Life Care Proposal (returning bid) – A returning proposal which requested an additional £3,100 to support with evaluation and proposed a new training strategy for the project. This was APPROVED by the CFC on the 12<sup>th</sup> November.

### **All Wales NHS Charities Collaboration**

The impact of COVID-19 has seen an increase in public interest and support for NHS Charities, which has led to new opportunities for collaboration in Wales. Led by the Swansea Bay Health Charity, Welsh NHS Charities have established an all Wales fundraising campaign which has raised over £185,000 to date. The PTHB Charity has received over £15,000 of funding from this campaign. Following the success of the campaign and the increasing pressure on NHS Charities, an all Wales NHS Charities Group has been formed. The Group will enable greater collaboration and communication between Health Board Charities and the ability to campaign at a national level. The inaugural meeting was on the 9<sup>th</sup> September 2020 and the Group will continue to meet on a quarterly basis.

### **NHS Charities Together Funding**

The PTHB Charity has continued to benefit from the support of the UK membership body, NHS Charities Together (NHS CT), and its COVID-19 Fundraising Appeal. The PTHB Charity received a further grant of

£50,000 in August to support staff and patient wellbeing as part of the response to COVID-19, in addition to the £49,500 received in May 2020. As of November 2020, over £86,000 of this funding has been committed across 38 individual projects throughout PTHB. All applications have been reviewed and approved by the COVID-19 GOLD Group, with larger proposals (over £5,000) also requiring support from the CFC. The funding has been used to support a variety of projects, from staff wellbeing facilities to online support programmes and assistive devices for patients and families. It is anticipated that the remainder of this funding will be committed by the end of the year. The response to a staff evaluation of the fund has been overwhelmingly positive, with the majority of applicants finding the process highly accessible.

In addition to the aforementioned funding, there is an additional opportunity for the PTHB Charity to apply for a further £50-100,000 from NHS CT to develop a programme to support community partnerships and aiding community recovery from COVID-19 across Powys. The fund has a strong focus on collaboration between multiple partner organisations and the PTHB Charity is exploring this opportunity through the Powys Regional Partnership Board for a programme which starts from April 2021.

### **Communications & Engagement**

The PTHB Charity has continued to gradually increase its online presence and engagement with the addition of a new Facebook page to accompany the existing Twitter, Just Giving and Work for Good social media channels as of November 2020. A bi-monthly Charity newsletter is also planned to launch later in the month. Ongoing staff and public surveys are currently running to provide valuable feedback for the development of a new campaigns and engagement strategy for 2021. Alongside the survey, a number of marketing and creative design companies have also been reviewed as part of the shortlisting process for developing a brand identity for the Charity. This work is a priority for the Charity as part of its annual plan and will help to support the delivery of key long-term objectives.

### **Additional Governance Measures**

The significant increase in community gifts and donations to PTHB Staff across 2020 led to the need for new measures to ensure correct governance procedure is being followed throughout PTHB. The Charity Manager created new guidance for all staff members to help outline the appropriateness of charitable gifts and donations along with the steps to correctly record them. A Good Governance of Gifts & Donations

document was created in September 2020 in line with existing PTHB guidance and the Healthcare Financial Management Association (HFMA) recommendations. A new Charitable Funds Risk Register was also established in July 2020 which will be maintained by the Charity Manager and regularly reviewed by the CFC.

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### **Powys End of Life Care Programme**

The CFC approved funding to support a holistic, renewed programme to improve End of Life Care across PTHB in July 2020. The Charity Manager is supporting the development of this ongoing programme in an advisory capacity as a member of the project steering group, which was established in October and will continue to meet on a monthly basis.

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### **NEXT MEETING**

The next meeting of the CFC will be held on 3<sup>rd</sup> December 2020.

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Reporting Committee:	<b>Experience, Quality and Safety Committee</b>
Committee Chair	Melanie Davies
Date of last meeting:	6 November 2020
Paper prepared by:	Head of Risk and Assurance

#### **KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE**

The Committee has met on two occasions since the last Experience Quality and Safety Committee Chair's Assurance Report was presented to the Board. The Committee met on 1 October 2020 and 6 November 2020. The approved minutes from Experience, Quality and Safety on 30 July 2020 are available [here](#).

The Board is asked to note that the following matters were discussed at EQS on 1 October 2020:

- Safeguarding
  - a) Annual Report 2019-20
  - b) Experience Story
- Commissioning Assurance Report
- Serious Incidents and Concerns Report
- Inspections and External Bodies Report
- Mental Health Act Compliance & Powers of Discharge Report
- Staff Well-being and Engagement Report
- Information Governance Quality Report
- The Public Services Ombudsman for Wales Annual Report and Accounts 2019/2020
- Mortality Reporting
- Clinical Audit Report

The Board is asked to note that the following matters were for information at EQS on 1 October 2020:

- Review of Committee Programme of Business
- Putting Things Right Claims and Compensation Annual Report 2019- 2020 (Final)

A summary of the key issues discussed at the meeting is provided below.

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**Thursday 1 October 2020**  
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## **Action Log**

The Committee received and noted the Action Log and were provided updates regarding actions. All actions had been deferred due to COVID-19 and identified as not for immediate action.

The Committee Vice Chair raised that EQS/19/89 infection control of visiting clinicians was should be prioritized for follow-up. The Assistant Director of Quality and Safety responded EQS/19/89 was being followed up on by the Quality and Safety team. The Medical Director confirmed their support in resolving EQS/19/89.

## **Safeguarding**

### **a) Annual Report 2019-20**

The Committee received the paper which provided an overview of the report 2019/20 to the Experience, Quality and Safety Committee. The report outlined the key areas of development and achievement which had supported PTHB to meet its statutory responsibilities in safeguarding the people of Powys during 2019/20. Areas for improvement and recommendations for further development in the forthcoming year are highlighted.

The Committee NOTED and DISCUSSED the paper and thanked the Assistant Director of Nursing Safeguarding.

### **b) Experience Story**

The Committee received the experience story which captured a conversational interview with a looked after child performed by a Children's Nurse who wanted to establish the effects of COVID-19 on looked after children. There were 246 Powys looked after children spread across 10 Children's Homes. 155 are from Powys the others are brought into Powys. PTHB expressed pride for the contribution made by the Looked After Child and Care Workers.

The Committee thanked the Assistant Director of Nursing Safeguarding and NOTED the Experience Story.

### **Commissioning Assurance Report**

The Committee received the paper which highlighted providers in Special Measures or scored as Level 4 at the July 2020 PTHB Internal Commissioning Assurance Meeting (ICAM), which was then considered at the Delivery and Performance Meeting on the 20 August 2020 and 15 September 2020 at the Quality and Governance Group. Due to an issue with the synchronisation of meetings, the report also contains information received after those dates. There were:

- 4 providers with services in Special Measures
- 1 provider at Level 4

The report provides an update on a number of serious matters, particularly:

- Shrewsbury and Telford Hospitals NHS Trust (SaTH)
- Accelerated system change affecting South Powys
- and the deteriorating position in relation to referral to treatment times (RTT) times.

The Committee DISSCUSSED the commissioning assurance report.

### **Serious Incidents and Concerns Report**

The Committee received the paper which provided a summary of patient experience and concerns, including complaints, patient safety incidents and claims for July 2020. The report also outlined serious incidents reported to Welsh Government and Her Majesty's Coroner's enquiries that have been received by the health board.

The data within the report was taken from the Datix system, unless otherwise specified, and was correct at the time it was taken from the system. The data quality and confidence were subject to limitations of the current Datix system, which is subject to change as part of the Once for Wales Concerns Management System initiative, due for implementation by April 2021.

The Committee NOTED and DISSCUSSED the report.

### **Inspections and External Bodies Report**

The Committee received the paper which provided an update on the most recent Regulatory Inspections undertaken and any planned inspections the health board has been notified of. The monitoring and management of the Health Inspectorate Wales (HIW) electronic tracking tool, previously implemented by the Clinical Governance Team, has recently been handed over to the Quality and Safety Team, who will maintain the tracker, and develop means to close completed improvement plans with HIW.

The Committee NOTED and DISCUSSED the paper.

### **Mental Health Act Compliance & Powers of Discharge Report**

The Committee received the paper which provided assurance that Powys Teaching Health Board was compliant with the legal duties under the Mental Health Act 1983 (MHA). Referencing the most recent quarterly management information and activity data in relation to the Hospital Managers' scheme of delegated duties under the MHA including amendments (section 23), the report demonstrates the activity undertaken regarding admissions and other related arrangements. This report was not to be considered as a performance report as the data and activity could not be viewed in that way.

The report provided assurance of the work that had been undertaken during the reporting period that those functions of the Mental Health Act 1983 (the Act), which had been delegated to officers and staff under the policy for Hospital Managers' Scheme of Delegation were being carried out correctly and that the wider operation of the Act across the Health Board area is operating within the legislative framework.

The Committee NOTED the contents of the report.

### **STAFF WELL-BEING AND ENGAGEMENT REPORT**

The Committee received the paper which provided an update on staff well-being and engagement. The wellbeing and engagement of staff was a key strategic priority for PTHB and had been an integral part of the IMTP for a number of years. Immediately prior to COVID-19 emerging as a significant risk, PTHB were externally assessed against the Corporate Health standards and successfully maintained its Gold level



status. The report provided an update on actions taken by the health board in response to the new and emerging issues created by COVID-19 and the support provided to staff during the past 6 months.

The Committee NOTED and DISCUSSED the paper.

### **INFORMATION GOVERNANCE QUALITY REPORT**

The Committee received the paper which provided assurance on the quality of key information governance aspects. The paper had been developed to provide an assessment against key information governance (IG) quality indicators.

The Committee NOTED papers the content.

### **The Public Services Ombudsman for Wales Annual Report and Accounts 2019/2020**

The Committee received the paper which provided an overview of the Public Services Ombudsman for Wales Annual Letter for 2019/2020. The Public Services Ombudsman of Wales had requested by 30 November 2020 outcomes on the following actions:

- Presentation of the Annual Letter to the Board to assist Board Members in their scrutiny of the Board's performance.
- Work with the PSOW Improvement Officer and Complaints Standards colleagues to improve complaint handling practices and standardise complaints data recording.
- Inform the PSOW of the outcome of the Health Board's considerations and proposed actions within the Annual Letter.

The Committee NOTED the content of the paper.

### **Mortality Reporting**

The Committee received the paper which provided an update on the mortality review process implemented across the Health Board together with actions that were being taken to show improvement.

The PTHB approach to case review had been developed to ensure a standardised format and process. This would ensure higher quality,

more consistent reviews, and a robust process for escalation and dissemination of learning. The learning from mortality case review would be used to drive service improvement and offer assurance to patients, stakeholders and the Board that the causes and contributory factors of all deaths had been considered and appropriately responded to.

The Committee NOTED and DISCUSSED the paper.

### **Clinical Audit Report**

The Committee received the paper which informed regarding the progress of the 2020/21 Clinical Audit plan and request permission for changes to the annual audit plan. The report provided the position in relation to the 2020/21 Clinical Audit plan. As the Clinical Audit plan was a Board-owned document, the Directors and Service Leads requested that the Committee acknowledge that new arrangements were being developed to link the future audit programme more closely to professional development through medical and nursing revalidation and organisational risk and to give approval for the proposed changes to the plan requested in this report.

The Committee APPROVED the proposed changes to the annual audit plan.

The Board was asked to note that the following matters were presented for information at EQS on 1 October 2020. A summary of the key items for information at the meeting is provided below.

### **Review of Committee Programme of Business**

The Committee received the paper which provided the 2020/21 workplan, as at September 2020.

The Annual Programme of Business had been developed with reference to:

- The Committee's Terms of Reference as agreed by the Board;
- the Board's Assurance Framework;

- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.

The Committee NOTED the work plan.

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### **Putting Things Right Claims and Compensation Annual Report 2019- 2020 (Final)**

The Committee received the paper which provided information on the progress and performance of Powys Teaching Local Health Board in their management of concerns during 2019-2020. This report included compensation claims management. The report was prepared in line with 'The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011', of which Regulation 51 provided that a responsible body must have prepared an annual report. The report was published in support of PTHB's Annual Quality Statement.

The Committee NOTED the paper for information.

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The Board is asked to note that the following matters were discussed at EQS on 6 November 2020:

- South Powys Pathways Programme

A summary of the key issues discussed at the meeting is provided below.

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**Friday 6 November 2020**

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### **SOUTH POWYS PATHWAYS PROGRAMME**

The Committee received the paper which provided and update on the South Powys Pathways Programme, following the announcement of the

accelerated opening of The Grange University Hospital in Aneurin Bevan University Health Board. The paper provided updated information in relation to risk management and readiness. It also confirmed the PTHB assumptions about expected Powys patient flows (in Phase 1) following the accelerated opening of The Grange University Hospital (GUH).

In summary, the assumptions and expected patient flows for PTHB are:

- There should be alignment with the outcomes of the South Wales Programme
- "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 Prince Charles Hospital (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 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 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.

Formal confirmation of the change going ahead was expected by the week-ending 13 November 2020, ahead of the key changes taking place by 17 November 2020.

The Committee NOTED the report and ENDORSED the progression of the South Powys Pathways Programme.

## NEXT MEETING

The next meeting of Experience, Quality & Safety will be held on 3 December 2020.



Reporting Committee:	<b>Performance and Resources Committee</b>
Committee Chair	Mark Taylor
Date of last meeting:	6 <sup>th</sup> October 2020
Paper prepared by:	Corporate Governance Manager

#### **KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE**

The approved minutes of the previous meeting of the Performance and Resources Committee (P&RC) on 30<sup>th</sup> June 2020 can be found at: [Minutes of P&RC 30 June 2020](#).

The Board is asked to note that the following matters were discussed at P&RC on 6<sup>th</sup> October 2020. There were no matters at this meeting for decision or approval.

- Continuing Health Care Annual Report 2019-20
- Performance Overviews
- Financial Performance Month 05, 2020-21
- Framework for Delivery and Performance of The Health Board Efficiency and Savings Programme
- Information Governance Performance Report
- Primary Care Services Performance Report
- Dental Services Performance Report
- Estates Update

A summary of key issues discussed is provided below.

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#### **Performance Overview**

The Board had been provided with a confirmed number of patients in August 2020 that had been waiting longer than 52 weeks. An updated figure was provided to Committee of 73, the error being due to reporting issues that have been identified and are being resolved. The Welsh Government are reviewing national reporting arrangements and it is intended that focus be given to prioritise cases according to clinical needs.

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### **Financial Performance Month 05, 2020-21**

The Director of Finance and IT advised that confirmation had been received from the Welsh Government that £15.5 million would be made available to cover Covid-19 direct and indirect costs. The Director of Finance and IT confirmed that the Quarter 3/4 Plan could operate within the confirmed funding. However, future demand could result in additional cost pressure and a potential deficit position. Surge capacity would only be provided if and when required.

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### **Framework for Delivery and Performance of the Health Board Efficiency and Saving Programme**

The Director of Finance and IT presented the framework aimed at supporting pathways with resources focussed on patient outcomes. The position on spend and savings is reported to this Committee. The Chief Executive advised that the Interim Medical Director was to work closely across different teams to maximise the ability to deliver across pathways which would result in improved outcomes.

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### **Information Governance Performance Report**

The arrangements for Information Governance were improving however, there was a way to go before becoming fully compliant. It was acknowledged that the pandemic may have impacted this. Some Freedom of Information requests are extremely complex and therefore can take a considerable amount of time and co-ordination to process.

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### **Primary Care Services Performance Report**

Due to the geographical area of Powys it was understood that different GP practices had been affected differently by the pandemic. From October 2020 there was an expectation from Welsh Government that full service provision would be available. All practices would be able to meet this deadline apart from Ystradgynlais who have indicated they are no longer able to provide sexual health services; an alternative service had been put place. The organisation had worked closely with GPs to amend practice standards within the pandemic environment. There were a variety of support packages which were available to practices in respect of recovery plans.

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### **Dental Services Performance Report**

All services were open and offering triage and were bringing people in as necessary, except for two practices who were unable to offer Aerosol Generating Procedures (AGPs). Urgent cases from these practices were being seen by neighbouring practices.

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### **Estates Update**

The newly developed system now facilitates an understanding of the workload and the skill sets that are required within the service. It had been acknowledged that the starting position was low and the development of an environment that people are attracted to work and be treated in was important. This would be a long journey and would take a considerable amount of funding, in order to match the desired model of care.

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### **Other Urgent Business**

Independent Member Tony Thomas was appointed as Vice-Chair for the interim period until the new Independent Members had been appointed when the position would be reviewed.

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**No matters for Information were presented to the Committee.**

### **NEXT MEETING**

The next meeting of P&RC will be held on 14 December 2020

Patterson, Liz  
11/20/2020 12:36:13

Reporting Committee:	<b>Strategy and Planning Committee</b>
Committee Chair	Ian Phillips (Committee Vice Chair)
Date of last meeting:	06 October 2020
Paper prepared by:	Board Secretary

### KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

In light of the COVID-19 pandemic, and as agreed by the Board on 27 May 2020, the Strategy and Planning Committee (S&PC) met on 06 October 2020 to consider essential matters of business only. The Board is asked to note that the matters highlighted below were therefore discussed in detail. There were no matters at this meeting for decision or approval.

The approved Minutes of the meeting held on 09 July 2020 can be found at:

[Minutes of S&PC 9 July 2020](#)

The meeting then resolved to go into Confidential Session where the following items were discussed:

- Winter Protection Plan (Quarters 3 and 4 Operational Plan) – Working Draft
- North Powys Well-being Programme, Programme Business Case – Working Draft
- Llandrindod Hospital, Phase 2: Programme Business Case – Working Draft

The view of the Strategy and Planning Committee were sought for consideration ahead of submission of these three items to Board on 22 October 2020. All three items are available within the Board Meeting papers of this meeting which can be accessed [here](#)



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### **South Powys Pathways Programme**

An update was given to the Strategy and Planning Committee on the urgent work being undertaken ahead of the opening of The Grange Hospital and changes to provision across South Wales. A summary of the potential patient flows was presented together with assurance that the Health Board were working closely with other partners in South Wales to ensure that Powys patients were directed to the correct facility, that there would be sufficient capacity at these locations to meet demand and that arrangements were being made to communicate these changes to residents whose pathways would change.

There was no other urgent business and the date of the next meeting was confirmed as 28<sup>th</sup> January 2021.

### **NEXT MEETING**

The next meeting of the Strategy & Planning Committee will be held on 28 January 2020.

### **MATTERS FOR ESCALATING TO THE BOARD/OTHER COMMITTEES**

There were no matters for escalation to Board or other Committees.

Patterson, Liz  
11/20/2020 11:35:15 AM

**AGENDA ITEM: 3.7b**

BOARD MEETING		DATE OF MEETING: 25 <sup>th</sup> November 2020	
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Carol Shillabeer, Chief Executive		
Prepared by:	Corporate Governance Manager		
Considered by Executive Committee on:	Not before paper submitted to the Board		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none"><li>▪ Welsh Health Specialised Services Committee (WHSSC); and</li><li>▪ Emergency Ambulance Service Committee (EASC); and</li></ul> <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>			
RECOMMENDATION(S):			
<p>It is recommended that the Board:</p> <ul style="list-style-type: none"><li>▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.</li></ul>			
Approval/Ratification/Decision	Discussion	Information	
x	✓	x	

Patterson, Liz  
11/20/2020 12:26:12

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

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

## EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the two Joint Committees of the PTHB Board:

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

## DETAILED BACKGROUND AND ASSESSMENT:

### **Welsh Health Specialised Services Committee (WHSSC)**

The Welsh Health Specialised Services Committee held a virtual meeting on 10<sup>th</sup> November 2020. The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2020-21-whssc-joint-committee> A summary of this meeting is attached at **Appendix 1**.

### **Emergency Ambulance Services Joint Committee (EASC)**

The Emergency Ambulance Services Committee held a virtual meeting on 10<sup>th</sup> November 2020. The papers for the meeting are available at:

<https://easc.nhs.wales/the-committee/meetings-and-papers/>

### **Mid Wales Joint Committee for Health and Social Care**

A virtual meeting of the Mid Wales Joint Committee for Health and Social Care was held on 28<sup>th</sup> September 2020 where the following items were discussed:

- Mid Wales Joint Committee's Priorities and Delivery Programme 2020/21 update
- Rural Health and Care Wales Work Programme 2020/21 Update report
- Mid Wales Joint Committee Sub-Groups Update Reports

#### **NEXT STEPS:**

Updates will continue to be brought to each scheduled meeting the Board.

Patterson, Liz  
11/20/2020 12:30:23

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – NOVEMBER 2020**

The Welsh Health Specialised Services Committee held its latest public meeting on 10 November 2020. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

Written questions from members and answers had been published in advance of the meeting and were embedded within the meeting papers.

The papers for the meeting are available at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2020-2021-meeting-papers/>

### **Minutes of Previous Meetings**

The minutes of the meetings of 8 September and 13 October 2020 were taken as read and approved.

### **Action log & matters arising**

Members noted there were no outstanding actions or matters arising.

Those health boards represented at the meeting confirmed that their Boards were aware of the heightened level of risk to patient harm brought about by the COVID-19 pandemic hindering patient access to specialised services.

### **Chair's Report**

The Chair's Report referred members to a Chair's Action taken on 11 September 2020 to approve the commissioning of the All Wales Traumatic Stress Quality Improvement Initiative by WHSSC, which was ratified.

### **Managing Director's Report**

The Managing Director's report, including updates on Independent Hospitals Commissioning through to 31 December 2020 and work commissioned by Welsh Government whereby the WHSS Team will prepare a paper on all of the work streams currently under way to develop and enhance the Welsh Child and Adolescent Mental Health Service (CAMHS), was taken as read.

## **Neonatal Transport Update**

Members received a paper that updated them on the progress made in establishing a 24/7 neonatal transport service for south and west Wales in accordance with the agreement made by Joint Committee at its meeting in March 2020, and sought agreement on next steps.

Members were advised that a proposal had been received from the three provider health boards for an interim 24/7 model and that a formal response was awaited from WAST in support of this model. It was anticipated that the interim model would commence from January 2021 and run for six months. Progress had been more challenging on the permanent solution.

Members (1) noted the information presented within the report and progress to establish a 24/7 neonatal transport service in both the interim and as a permanent solution; (2) reaffirmed their support that the service should be delivered through a lead provider model; and (3) approved the next steps, that is for WHSST to write to the clinical leads of the current providers confirming the Joint Committee's continued support for a lead provider model and its desire for them to work collaboratively to resolve the clinical risks and concerns concurrent with utilisation of the interim model.

## **Integrated Commissioning Plan 2021-22 and Beyond – Principles and Priorities**

Members received a presentation that explored the principles and priorities to be applied to development of the ICP 2021-22 and beyond. It was noted that the ICP was scheduled to be developed in collaboration with Management Group and brought to Joint Committee in January 2021 for approval.

Members confirmed their support for the principles and priorities described in the presentation.

## **Future of the All Wales Gender Identity Partnership Group**

Members received a paper that gave a brief overview of the work undertaken by the All Wales Gender Identity Partnership Group (AWGIPG) to date and proposals for the next phase of service development.

Members (1) noted the information presented within the report; (2) supported the proposal to disband the AWGIPG; and (3) supported the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC.

## **Way Forward – All Wales Individual Patient Funding Request Panel Report**

Members received a paper that sought approval of revised Terms of Reference (ToR) for the All Wales (WHSSC) IPFR Panel, a sub-committee of the Joint Committee. It was noted that consultation on the changes had been through the IPFR Policy Implementation Group and that the WHSS Team had only recently received feedback on the consultation.

Members (1) received assurance that there are robust processes in place to ensure that prompt individual patient funding decisions are made in line with the All Wales IPFR policy; and (2) requested sight of the responses to the consultation exercise conducted through the IPFR Policy Implementation Group and the WHSS Team comments on those responses, prior to assenting to the revised ToR being approved by Chair's Action.

### **Quality & Patient Safety Committee - Revised Terms of Reference**

Members received a paper that presented them with a revised version of the Terms of Reference for the Quality & Patient Safety Committee for approval.

Members approved the revised WHSSC Quality & Patient Safety Committee Terms of Reference.

### **NCCU - Continuation of Framework for Care Homes**

Members received a paper that set out the case for continuation of the NCCU National Framework Agreement for Care Homes after expiry of the current 'Invest to Save' scheme on 31 March 2021. This matter had been brought to WHSSC as a facilitator for recharging the cost of maintaining the scheme from 1 April 2021 through the WHSSC risk share mechanism and to seek approval of an annual budget of £480k for NCCU maintaining the Framework. The health board repayment schedule of the 'Invest to Pay' funds of £1.6m over three years from 1 April 2021 was also noted.

Members approved (1) the £480k annual budget for NCCU maintaining the Framework; and (2) utilisation of the WHSSC risk share mechanism to re-charge the funding to health boards.

### **Financial Performance Report – Month 6 2020-21**

A paper that set out the financial position for WHSSC for month 6 of 2020-21, including a forecast under spend around £10m at year end, was taken as read.

The Director of Finance reported that, while the full month 7 report was not yet available, the position had continued to improve with a forecast under spend at year end of around £13.7m. A financial recovery was also likely in relation to underperformance between M7-12 on certain English contracts. It was agreed that consideration should be given to whether

some of the forecast under spend should be deployed to support critical performance and sustainability issues in 2020-21.

### **Other reports**

Members also took as read the update reports from the following joint Sub-committees and Advisory Groups:

- Management Group;
- All Wales Individual Patient Funding Request Panel; and
- Quality & Patient Safety Committee.

### **Standards of Behaviour Policy**

Members were advised that work was under way to adapt the all Wales model template developed by the Deputy Board Secretaries Group to suit the needs of WHSSC and that this would be taken forward by Chair's Action ahead of the next scheduled meeting.



Patterson, Liz  
11/20/2020 12:36:25



## AGENDA ITEM: 3.8

BOARD MEETING		DATE OF MEETING: 25 <sup>th</sup> November 2020
<b>Subject :</b>	<b>SUMMARY OF PARTNERSHIP BOARD ACTIVITY</b>	
<b>Approved and Presented by:</b>	Carol Shillabeer, Chief Executive	
<b>Prepared by:</b>	Corporate Governance Manager	
<b>Considered by Executive Committee on:</b>	Not before paper submitted to the Board	
<b>Other Committees and meetings considered at:</b>	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

### PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

### RECOMMENDATION(S):

It is recommended that the Board DISCUSSES and NOTES the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	Discussion	Information
x	✓	x

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

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

## BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

- NWSSP held a meeting on 17<sup>th</sup> September 2020 and the Chair's Report from that meeting is attached at Item **Appendix 1**.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress.

- A meeting of the PPSB was held on 25 September 2020. The draft minutes from that meeting are attached at **Appendix 2**.

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support

services in Powys and to identify opportunity for integration between Social Care and Health.

- The RPB met on the 22 September 2020 where the following items were discussed:
  - Age Well Update
  - RPB Interim Governance Arrangements
  - RPB Outcomes Framework
  - North Powys Well Being Programme
  - Integrated Care Fund Update
  - Draft RPB Annual Report
- The RPB met on the 26<sup>th</sup> October 2020 – information from this meeting is not yet available.

The Joint Partnership Board (JPB): established under The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993 (W.193)) made under section 33 of the NHS (Wales) Act 2006. JPB brings together County Council and Powys Teaching Health Board to provide strategic leadership to ensure effective partnership working across organisations within the county for the benefit of Powys' citizens.

- The JPB met on the 15<sup>th</sup> September 2020 where the following substantive items were discussed:
  - Covid-19 response
  - North Powys Well Being Programme

## **NEXT STEPS:**

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

Patterson, Liz  
11/20/2020 12:36:20

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Mrs Margaret Foster, Chair
<b>Lead Executive</b>	Mr Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	17 September 2020
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<p><i>The full agenda and accompanying reports can be accessed on our website.</i></p> <p><b>1. PPE Winter Plan</b> – Jonathan Irvine, Director of Procurement Services and Andy Butler, Director of Finance and Corporate Services outlined the work that had been done to date to ensure sufficient stocks of PPE would be available throughout the coming winter. The success in responding to the 1<sup>st</sup> wave of the virus with no stock-outs and unbroken continuity of supply was reiterated and positively commented on by members. However, this experience has highlighted the need for a continued focus on refining the assumptions within the Winter planning process to improve the resilience of supply lines and boost the levels of stock-in-hand, alongside the development of Welsh manufacturing capacity to reduce the reliance on external global supply lines. Procurement dashboards have been enhanced to enable more accurate tracking of stock issues and the forecast of future demand. Additional warehousing capacity has been secured and is already in use, and throughout there has been significant reliance on the Surgical Materials Testing Laboratory to identify fraudulent and/or sub-standard equipment. The PPE Winter Protection Plan has been shared and discussed with all stakeholder groups and aims to have 24 weeks of stock-in-hand by the end of November. To achieve this target 442m additional items of PPE will be procured, which will require an additional 100,000 sq. feet of temporary warehouse space which is currently being secured. 14 Welsh suppliers and manufacturers are now involved in helping us to meet this demand.</p> <p><b>2. BREXIT Update</b> – Mark Roscrow, Programme Director, provided an update on BREXIT preparations in the light of a potential no-deal. The main issues to note were:</p>	

- The internal group with Welsh Government representation has now reconvened and are reviewing the status of previous arrangements. This group is reporting into both the EU Transitional Leadership group as well as the SRO Group.
- The stock that was built to deal with Brexit is largely intact and whilst some product was used to support the Covid outbreak this has already been largely re-established. This links into the wider PPE plan that is being developed in conjunction with stakeholders. A review of critical care items will be included as part of this process.
- The arrangements for the NSDR are being reviewed to include IT connectivity, staff resources and testing arrangements. A series of UK tests will be undertaken and Wales will participate in these. Details of this process are being finalised. A number of internal Wales only scenario tests will be run in preparation along similar lines to those that took place the last time. A key part of this will be the clinical decision making which will be revisited and lessons learnt from the previous round of testing taken on board. The SRO group has asked that this be raised again with Medical Directors to try to agree a way forward.
- NWSSP continue to link into the UK groups and information on supplier awareness and planning are being reviewed. This information is being shared, however, we will re-visit this particularly in respect of Welsh only suppliers.
- Unlike 2019, where the supply of Pharmaceutical items was largely via the wholesale distribution route, one of the COVID lessons is around the reliability of this route particularly around some critical drug lines. Discussions are ongoing with Welsh Government colleagues around the potential to look at different options for a range of items.

**3. Scrutiny of Claims and Redress Cases** – Jonathan Webb, Head of Safety & Learning, presented an update following the introduction of the redress case scrutiny via the Welsh Risk Pool Committee (WRPC) and the pilot clinical peer group review process that had been introduced to look at the claims and learning outcomes. The Committee Members were asked to agree a proposal which will involve formally establishing a Panel to scrutinise the learning associated with all clinical negligence and personal injury cases which are presented to the Welsh Risk Pool Committee in accordance with the reimbursement procedures and to make recommendations accordingly to the Welsh Risk Pool Committee. SSPC members were supportive and **APPROVED** this proposal.

#### **4. Managing Director's Update**

The Managing Director updated the Committee on a range of items including:

- **Medical Examiner Service** - The offices in West Wales, North Wales and Central Wales are either open or will be open imminently. By the end of October, there will be four Regional Offices across Wales. These offices will

in the first instance be developing the systems and processes necessary to provide the service and as such will not be routinely scrutinising all eligible deaths at this time. The intention is to be in a position to scrutinise all deaths not referred directly to a Coroner from April 2021.

- **Laundry Services** - The business case has now been presented to Welsh Government, and further detailed information that they subsequently requested has been provided. We are currently waiting for the formal review of the business case by the Welsh Government Infrastructure Board. Further work will be required over the coming months and membership of a revised Project Team will be developed to ensure that it is appropriate for the next stage of the project and the TUPE transfer, which is due to happen in April 2021.
- **IP5** - We continue to work with Welsh Government and NHS colleagues on elements of the Strategic Outline Case. Significant progress has been made on delivering the laboratories on the mezzanine floor for both the UK Lighthouse Project (to support wider testing) and for PHW. Additional capital monies have been requested to provide further racking for IP5 to enable it to store increased stocks of supplies required to both deal with any potential further impacts of COVID and/or BREXIT. In addition to this we have increased capacity at one of our Pandemic Storage facilities, supporting the work being undertaken by the Welsh Government Chief Pharmaceutical Officer, to protect the supply of medicines in the face of the twin threats from COVID and BREXIT.
- **Compassionate Leadership** - The August meeting of the NWSSP SMT included a presentation from Professor Michael West from the King's Fund on the subject of Compassionate Leadership. This was well received and the approach within NWSSP is further underpinned by the work of the Culture and Leadership Group which is chaired by Jonathan Irvine, Director of Procurement Services, and which is tasked with helping to embed the principles of Compassionate Leadership into the ethos and approach of NWSSP. This will clearly take time to fully embed as it is dependent on cultural change throughout the organisation.
- **Staffing Changes** - Andrew Evans has now commenced in post as Director of Primary Care Services, following the retirement of Dave Hopkins. Mark Roscrow, the former Director of Procurement Services, has agreed to continue to lead our agreed BREXIT Preparedness Strategy.

## 5. Items for Approval

**TRAMS Business Case** – The business case was jointly presented by Neil Frow Managing Director, and Colin Powell, Chief Pharmacist, ABUHB. The Committee recognised the significant work that has been undertaken by the project team together with the robust process that has underpinned the final set of recommendations. Mr Powell explained the process followed and the different options that had been explored especially in terms of the operating model and preferred management arrangements. He further explained that significant work had been undertaken with all key stakeholders including the Chief Pharmacists

Group when developing the business case, which have led to clear recommendations for the development and management of this service. All NHS organisations have been involved in these workshops and have been given the opportunity to contribute to the detailed discussions and options appraised. Mr Frow explained that these recommendations had also been endorsed by the TRAMs Project Board for approval at the Committee. Following a detailed discussion the Committee **APPROVED** the Programme Business Case, which will now be submitted to Welsh Government.

**Temporary Medicines Unit (TMU)** – The establishment of the TMU was approved by the Committee in May and the Technical Agreement for the supply of medicines was similarly approved in July. The build of the Unit is now at an advanced stage of completion, with the contractor undertaking their validation activities in the week commencing 21 September. After this, there will be six weeks of TMU staff validation activities, which should conclude on 6 November. Allowing a further week for review of all documentation, the likely date for submission of the MHRA application is therefore 13 November. Recruitment actions have progressed well and we expect to mobilise a full team of staff by the end of October, including both staff recruited from Health Boards, and outside NHS Wales. Since the July meeting of the SSPC a further Technical Agreement covering environmental monitoring with PHW has been prepared, and also a single overarching SLA covering the financial controls and arrangements for ordering medicines from the service. The Committee **APPROVED** both documents.

**Single Lead Employer** - The July meeting of the SSPC received four draft employment management agreements for consideration. These agreements detailed the operational and contractual arrangements to underpin the expansion of the Single Lead Employment (SLE) Model. It was not possible to sign off the Agreements at that time as they had not been fully reviewed and endorsed by the SLE Programme Board due to it not meeting until the 28th July. The Committee agreed that the NWSSP Managing Director could sign these documents on its behalf subject to any significant changes being brought back for further consideration. Following the SLE Programme Board, a number of meetings have been held in August between the respective organisations involved in the Single Lead Employment arrangements to discuss and finalise the proposed Employment Management Agreements. A number of changes have been agreed in relation to the content of the original suite of documents. The key changes are: -

- 1) Changing the proposed agreement to be a 12 month rolling contract between NWSSP and Health Boards;
- 2) Changing the proposed agreement to be a 12 month rolling contract between NWSSP and HEIW;
- 3) A greater emphasis throughout the documents on joint working and joint responsibility in relation to managing some of the risks associated with the model;
- 4) Agreement that the content of the Employment Management Agreements will

be reviewed annually by representatives of the various organisations involved in the Single Lead Employment Model.

The Committee **APPROVED** the updated suite of documents and **NOTED** that the Dental Performers Regulations have yet to be amended to reflect the Single Lead Employment Model

**All-Wales E-Rostering Contract** - Due to changes over the last five years, both in terms of e-rostering systems and the implications with reporting compliance with the Nurse Staffing Levels (Wales) Act 2016, it has become apparent that there is an urgent requirement to address the lack of a consistent rostering product across the UHBs/Trusts and explore the opportunity of an All-Wales e-rostering contract. Contract negotiations have ensued with the current software provider who currently covers six of the seven Health Boards in Wales with a view to widening the scope to encompass all Wales NHS organisations, as well as simultaneously incorporating the addition of 'Safecare', a daily staffing software that matches staffing levels to patient acuity and dependency, thus supporting legislative requirements. This provides opportunities to plan, manage and review nurse staffing levels on a more consistent basis whilst also offering significant financial savings. The Committee **APPROVED** the proposal, which was also being presented to the Directors of Finance Group on September 18. However, Cardiff & Vale, who are the one organisation currently not using Allocate, stated that they would be unable to proceed without investment from Welsh Government.

**Winter Planning** - Alison Ramsey, Deputy Director of Finance, presented the results of the Customer Survey that had been undertaken to assess NWSSP's performance during the pandemic. It was highlighted that the overall feedback was very positive and some of the lessons learnt from this experience will be useful in preparing for the winter months. Concerns for the winter months inevitably focused on PPE, and members were very assured by the earlier presentation on the agenda. The undertaking of virtual pre-employment checks is also an area that NHS organisations would like us to continue, but recognising that the decision on this is outside of NWSSP's gift. Committee members were also reminded about the NWSSP virtual Winter Planning event being held on 2 October. The Committee **NOTED** the report.

**Quality & Safety Committee ToR** – Malcolm Lewis, Medical Director, presented the draft Terms of Reference for a Shared Services Quality & Safety Committee which would be run along the same lines as the Audit Committee for Shared Services. The Committee members were fully supportive and **APPROVED** the terms of reference.

**Staff Benefits Portal** - The Committee has previously agreed to support the creation of an NHS Wales Staff Benefits Portal, led by NWSSP. The Committee were presented with the Business Justification Case for approval, which proposes implementation of an All Wales Staff Benefits Portal website solution, which centralises existing Health Board and Trust arrangements onto one platform and



includes All-Wales contract agreements for salary sacrifice schemes. The Committee **APPROVED** the Business Case.

**HCS Transport Hub Development** – The Committee received a proposal for HCS to acquire a new site in Swansea under a 10 year lease. The existing site is leased from WAST and it is expected that notice will be served on this site shortly. The Committee **APPROVED** the proposal.

## 6. Project Updates

**NHAIS** – Work is on-going with Northern Ireland to implement the new system by October, which will allow three months parallel running with a go-live date in January. Whilst Northern Ireland are still confident of meeting the deadline date, there have been some delays that caused some initial concern but these are largely now being addressed. NHS Digital have agreed to extend the current service to March 2021 to provide more time for the Northern Ireland model to be successfully implemented.

## 7. Governance, Performance and Assurance

**Finance & Workforce Report** - NWSSP continues to report a break-even position based on the expectation that the additional costs incurred through COVID-related expenditure will be fully reimbursed by Welsh Government. The first tranche of costs for reimbursement has now been invoiced to, and agreed with, finance colleagues in Welsh Government. It is likely the risk sharing agreement for the Welsh Risk Pool would be invoked again this year. Detailed work is being undertaken to review each of the relevant cases, but it is anticipated that the final outcome will be a similar position to that reported in the IMTP. Regular updates will continue to be provided to both the Committee and Directors of Finance.

**Audit Wales Review of Counter Fraud Services** – The Committee reviewed the report, which was the 2<sup>nd</sup> phase of an Audit Wales review into Counter Fraud services in the NHS, and both Central and Local Government. While the conclusion of the report is that the NHS is in a far better place than either Local Government or the Welsh Government, there are still areas to improve upon and these are being managed and monitored through the Counter Fraud Steering Group, which reports directly to the Directors of Finance Group.

**Corporate Risk Register** – There are four red risks on the register relating to:

- the replacement of the NHAIS system which has had some technical difficulties due to COVID but is still on-track to go live with parallel running due to start in October;
- the potential impact on services and supplies in the event of a no-deal BREXIT;
- the need to replace the Ophthalmic Payments system where work is on-

going to develop an in-house system but contingency arrangements are in place to cover any delays; and

- the implications for the financial position if NWSSP are not fully funded for all COVID-related expenditure.

## 6. Items for Information

The following papers were provided for information:

- Welsh Risk Pool Annual Report;
- Finance Monitoring Reports (July 2020);
- Annual Review 2019/20; and
- Business Continuity Plan Update.

## 7. Any Other Business

There were no further items discussed.

### Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

### Matters referred to other Committees

N/A

### Date of next meeting

19 November 2020

## **MINUTES OF A MEETING OF THE PUBLIC SERVICE BOARD HELD AT BY TEAMS ON FRIDAY, 25 SEPTEMBER 2020**

### In attendance:

- Councillor Rosemarie Harris (PCC) (In the Chair)
- Julian Atkins (Brecon Beacons National Park Authority)
- Stuart Bourne (PTHB)
- Nigel Brinn (PCC)
- Jamie Burt (PAVO)
- Carl Cooper (PAVO)
- Assistant Chief Fire Officer Iwan Cray (Mid and West Wales Fire and Rescue Service)
- Superintendent Steve Davies (Dyfed Powys Police)
- Vivienne Harpwood (PTHB)
- Simon Hartley (Aecom)
- Kris Kingsley (Mid and West Wales Fire and Rescue Service)
- Huw Lewis (Welsh Government)
- Dafydd Llewellyn (Police and Crime Commissioner for Dyfed Powys)
- Chief Inspector Jacqui Lovett (Dyfed Powys Police)
- Hugh Pattrick (One Voice Wales)
- Derrick Pugh (One Voice Wales)
- Carol Shillabeer (Powys Teaching Health Board)
- Caroline Turner (Powys County Council)
- Ann Weedy (NRW)
- Gillian Wells (NRW)
- Councillor D Elwyn Williams (Mid and West Wales Fire and Rescue Service)
- Ness Young (PCC)

### Supporting

- Steve Boyd (PCC)
- Catherine James (PCC)
- Rhian Jones (PCC)

<b>1.</b>	<b>ATTENDANCE AND APOLOGIES</b>
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Apologies for absence were received from Martin Cox (Natural Resources Wales), Christine Harley (HM Prisons and Probation Service), Peter Kennedy (Welsh Government) and Dan Williams (Department of Work and Pensions).

<b>2.</b>	<b>COVID-19 UPDATE AND RECOVERY PLANNING</b>
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The PSB was advised that instances of Covid-19 were currently relatively low and stable in Powys. The Track Test and Protect team had had their busiest month in September contacting 100% of those who has tested positive and 99% of their contacts. The Chief Executive of Powys Teaching Health Board advised that the number of tests being carried out continued to increase and that Welsh labs and lighthouse labs were being used to maximise testing capacity. The PTHB was working up plans for mass vaccination as soon as a vaccine became available.

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The pandemic had highlighted the importance of partnership working and there had been many examples of good collaboration. A member asked about the Dinas Rock car park run by the NRW that was still open and being used from people outside the county from areas in lockdown. Ann Weedy from the NRW advised that the NRW was keeping this under review.

The pandemic had also underlined the important role of the voluntary sector. The Board was advised that the CSERT teams had been replaced by Community Sector Response Groups established by the RPB and operating through 13 local networks across the county. In addition, over 100 volunteers were working with the Health Board and the County Council supporting statutory services.

Members were reminded about the PSB Recovery Planning Workshop taking place on 6<sup>th</sup> November. The invitation would be sent again. Step leads would be sent a template for completion ahead of the session as preparatory work.

Action: Rhian Jones to circulate invitation and templates for workshop on 6 November 2020.

<b>3.</b>	<b>DYFED-POWYS POLICE AND CRIME COMMISSIONER - OPPORTUNITIES FOR WORKING TOGETHER</b>
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Dafydd Llewellyn, the Police and Crime Commissioner for Dyfed Powys, gave a report on policing in the last 12 months and on his priorities up until the next elections in May 2021.

The Commissioner noted the significant role played by the police in protecting the community during the Covid-19 pandemic. He was committed to ensuring the force had the funding it required to cope with the pandemic.

His priorities were giving victims a stronger voice and supporting young people. He had sought to work in partnership with Community Safety Partnerships and Youth Offending Teams, making £45k available to each Authority for youth offending and prevention services and £25k for Community Safety Partnerships. The Offender Diversionary Scheme had been launched in October 2019 and since then over 450 people had been through the scheme.

The Commissioner advised that the CCTV scheme had been completed. He explained it was not possible to have a CCTV in every town and that there had to be a degree of proportionality in where they were placed. The Commissioner also reported that the Neighbourhood Policy Teams had been refreshed. There were 14 teams across the force area. Participatory budgeting was being piloted in Newtown and would be rolled out in Llandrindod Wells and Ystradgynlais. The Board was updated on the multi-agency triage approach being taken to dealing with people in crisis which sought to de-escalate situations. This was welcomed by the Chief Executive of PTHB.

The Commissioner was asked about police recruitment and he advised that between 60 and 70 officers would be recruited over the next three years which would bring the force up to the level it had been in 2010. He explained the

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service increasingly relied on specialists who worked behind the scenes and would not always be visible to the public. He explained that the force relied on the precept to plug the gap in Home Office funding.

The Board was advised that Helen Quarrel a senior youth worker had been nominated by PCC to the Commissioner's Our Youth Our Future Working Group.

#### **4. WELL-BEING STEP 2 - PSB REPORTING FRAMEWORK**

The reporting framework that had been developed was welcomed. The inclusion of RAG status would make it clear which Steps were progressing and which required further support. It would also be helpful to include additional text outlining what would happen next.

#### **5. WELL-BEING STEP PROGRESS REPORTS**

##### Step 1

Ness Young reported that the PSB Annual report had been published in July. She also reported that PCC had conducted a survey on the impact of Covid-19 with businesses in Powys. She advised that Welsh Government had withdrawn funding for Step 1 activity and that PCC would develop a communications plan after the workshop on 6 November.

##### Step 4

The number of wellbeing dashboards had increased to 72. An officer had been recruited to support communications. A number of actions had been delayed due to Covid-19.

##### Step 6

The main area of progress had been the Council's schools' transformation programme. The apprenticeship talent pool had been launched but as yet no positions had been found for applicants because of Covid-19. A new Regional Skills and Learning Partnership with Ceredigion County Council would be established with effect from 1<sup>st</sup> October 2020.

##### Step 9

The vision for the Mid Wales Growth Deal had been agreed.

##### Step 10

The Support Local Powys and Discover Powys social marketing campaigns had been launched in June. The Live, Work and Play in Powys digital marketing campaign had also just been launched.

##### Step 3

A survey undertaken within the group had found the delivery plan still fit for purpose. Good progress had been made on mapping charging points across the county.

##### Step 7

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Huw Lewis reported that Covid-19 had not impacted too much with good attendance at virtual meetings. The draft strategy would be considered later in the meeting.

#### Step 8

Progress had been impacted by the pandemic and by the NRW having to respond to storms and flooding.

#### Steps 11 & 12

Carol Shillabeer reported that the aim was to deliver a business case for the North Powys Wellbeing Project to Welsh Government by the end of October/start of November.

<b>6.</b>	<b>NATURAL RESOURCES WALES GRANT FUNDING TO SUPPORT DELIVERY OF THE WELL-BEING OBJECTIVES</b>
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Natural Resources Wales had made £25,000 grant funding available to support priorities set out in the PSB Well-being Plan, with a focus on maximising contribution to the nature and climate emergencies.

It was agreed that Ness Young for PCC, Julian Atkins for the NPA Carol Shillabeer for PTHB and Carl Cooper for PAVO would meet to discuss bids before the deadline of 6 October.

<b>7.</b>	<b>WELL-BEING STEP 7 - DRAFT DECARBONISATION STRATEGY FOR POWYS</b>
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Huw Lewis of Welsh Government and Simon Hartley of Aecom presented the draft strategy which had been rebranded as a Decarbonisation Strategy rather than a carbon positive strategy. They were looking for the PSB to adopt the strategy or provide feedback on how it might be changed. Huw advised that the value of the contract with Aecom had been spent and the PSB would need to consider how to resource any communications and engagement activities.

The strategy detailed potential 'pathways' and interventions needed to achieve both a reduction in and offset of CO<sub>2</sub>e. These included

#### **Buildings**

- Improved energy efficiency
- Replace fossil fuels for renewables for heating and industrial processes
- Zero carbon new buildings and industrial processes

#### **Transport**

- Reduce single person car journeys
- Replace petrol/diesel with ELVs and renewables
- Introduce charging/renewables refuelling infrastructure

#### **Land Use / Agriculture**

- More tree planting
- Increased anaerobic digestion, farm-based Carbon Capture and Storage and increased utilisation of renewable energy/fuels for agriculture related processing and transport.

#### **Renewable Electricity**

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- More renewable electricity generation (all technologies)

It was noted that the agricultural sector accounts for around two-thirds of the CO<sub>2</sub>e emissions in Powys, but that it was outside of the control of the statutory bodies on the PSB and therefore it was not part of strategy. Whilst there is work being developed at a national level in Wales to address decarbonisation in this sector, it will likely not be effective enough to lead to a carbon positive outcome for Powys by 2040. PSB discussed whether this was the right approach and agreed to accept the draft strategy as a basis for further consultation. It was agreed that Huw would send the report out for comment with responses to be returned to him by 16 October. Julian Atkins asked if the members of the National Park Authority could receive a briefing on the strategy.

<b>8.</b>	<b>WELL-BEING ASSESSMENT PREPARATION</b>
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The timeline for the review of the Well-Being Assessment and Plan was set out. Partners were asked to inform Catherine James of their lead officers.

<b>9.</b>	<b>PSB DATES 2021</b>
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The dates of PSB meetings in 2021 were noted.

<b>10.</b>	<b>REGIONAL PSB AND RPB MEETING 2020</b>
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PSB noted that that the Annual Regional PSB and RPB Meeting was taking place virtually on 4<sup>th</sup> November 2020, 10:30 – 12:30pm. Anyone wishing to attend was asked to let Rhian Jones know by 16<sup>th</sup> October.

<b>11.</b>	<b>NETHERWOOD FLYNN RESEARCH PAPER</b>
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The PSB received the paper. Members of the PSB were very conscious of the legal duty placed upon the public sector to consider the needs of future generations and felt that the report was unbalanced in its criticism of the sector.

<b>12.</b>	<b>MINUTES</b>
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The Chair was authorised to sign the minutes of the last meeting held on 25<sup>th</sup> June 2020 as a correct record subject to the inclusion of Superintendent Steve Davies of Dyfed Powys Police and Hugh Patrick of One Voice Wales in the list of those in attendance.

<b>13.</b>	<b>ANY OTHER BUSINESS</b>
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There was no other business.

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<b>14.</b>	<b>DATE OF NEXT MEETING</b>
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17<sup>th</sup> December 2020.

**County Councillor Rosemarie Harris**  
**Chair**

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## AGENDA ITEM: 3.9

BOARD MEETING		DATE OF MEETING: 25 <sup>th</sup> November 2020
<b>Subject :</b>	<b>SUMMARY OF ACTIVITY OF THE BOARD'S LOCAL PARTNERSHIP FORUM</b>	
<b>Approved and Presented by:</b>	Director of Workforce & OD	
<b>Prepared by:</b>	Corporate Governance Manager	
<b>Other Committees and meetings considered at:</b>	Not presented at any other meeting	

### PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.

### RECOMMENDATION(S):

It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

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

## DETAILED BACKGROUND AND ASSESSMENT:

**Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.**

**PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.**

**A briefing of the Local Partnership Forum took place on 12<sup>th</sup> October 2020 where the South Powys Programme and Winter Planning were discussed. A meeting of the Local Partnership Forum took place on 19<sup>th</sup> November 2020 and an oral update from this meeting will be provided to Board.**

## NEXT STEPS:

Board Committees: Joint  
Advisory Groups  
Local Partnership Forum

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Board Meeting  
25 November 2020  
Agenda Item 3.9

The next update will be presented to the Board on 27 January 2021.

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