

PTHB Board Meeting

29 July 2020, 10:00 to 14:00
Skype Meeting

Agenda


1. PRELIMINARY MATTERS

 Board_Agenda_29July2020_Final.pdf (3 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. Minutes of previous meeting for approval 29 June 2020

 Board_Item_1.3_2020-06-29 PTHB Board Minutes unconfirmed.pdf (9 pages)

1.4. Matters arising from the minutes of previous meeting

1.5. Board Action Log

 Board_Item_1.5_PTHB_Action_Log_July20.pdf (2 pages)

1.6. Update Reports of the

1.6.1. Chair


1.6.2. Vice-Chair

1.6.3. Chief Executive

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Covid-19 Response: Update on implementation of Phase 2 Plan


2.2. PTHB Quarter 2 Operational Plan


 Board_Item_2.2A_Q2 Plan Final Draft for PTHB Board.pdf (94 pages)


 Board_Item_2.2B_FINAL Draft Q2 Plan_App 1.pdf (27 pages)


2.3. Re-prioritised Annual Plan 2020/21


2.4. PTHB Podiatry Service Engagement outcome

 Board_Item_2.4_Redesigning Podiatry Services.pdf (35 pages)


 Board_Item_2.4a_Podiatry App A Engagement Report.pdf (56 pages)

 Board_Item_2.4ai_Podiatry_App A Annex 1 Engagement Feedback Summary.pdf (15 pages)

 Board_Item_2.4b_Podiatry App B Powys CHC response.pdf (87 pages)

 Board_Item_2.4c_Podiatry App C Equality Impact Assessment Outcome Summary.pdf (23 pages)

2.5. PTHB Standing Orders

 Board_Item_2.5_Temporary Amendments to SOs_July2020.pdf (9 pages)


2.6. Board and Committee Workplans 2020/21

3. ITEMS FOR DISCUSSION


3.1. Exiting the European Union

 Board_Item_3.1_EU Transition Briefing Paper.pdf (4 pages)

3.2. Performance Report, Quarter 1, 2020/21


 Board_Item_3.2_PerformanceOverview_June2020_Final_HT.pdf (14 pages)

3.3. Financial Performance Report Month 03, 2020/21


 Board_Item_3.3_Financial Performance Report Mth3.pdf (16 pages)

3.4. Corporate Risk Register, July 2020

 Board_Item_3.4_CRR_July20.pdf (6 pages)


 Board_Item_3.4a_Corporate Risk Register July 2020.pdf (29 pages)


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


 Board_Item_3.5_CHC CO Report for PTHB July 20.pdf (8 pages)


3.6. Assurance Reports of the Board's Committees


3.6.1. PTHB Committees


 Board_Item_3.6a_A_Committee Chair Reports July 2020 and Annual Reports 2019-20.pdf (3 pages)


 Board_Item_3.6a_App2a_Audit Risk and Assurance Committee Chairs Report 25 June 2020.pdf (29 pages)


 Board_Item_3.6a_App2b_Audit Risk and Assurance Annual Report.pdf (29 pages)


 Board_Item_3.6a_App3_Charitable Funds Chair's Assurance Report July 2020.pdf (13 pages)


 Board_Item_3.6a_App4a_Experience Quality Safety Chairs Assurance Report 4 June 2020 - 2 July 2020.pdf (28 pages)

 Board_Item_3.6a_App4b_Experience Quality and Safety Committee Annual Report 2019-20.pdf (29 pages)


 Board_Item_3.6a_App5a_Performance & Resources Chair's Assurance Report 30 June 2020.pdf (24 pages)

 Board_Item_3.6a_App5b_Performance & Resources Annual Report 2019-20.pdf (28 pages)


 Board_Item_3.6a_App6a_Strategy and Planning Chair's Assurance Report_09July2020.pdf (16 pages)


 Board_Item_3.6a_App6b_Strategy and Planning Annual Report 2019-20.pdf (28 pages)


3.6.2. Joint Committees

 Board_Item_3.6b_A_Joint Committee Reports_July 20.pdf (3 pages)

 Board_Item_3.6b_App1_JC Briefing WHSSC 14072020.pdf (3 pages)

 Board_Item_3.6b_App1i_SSPP Assurance Report 21 May 2020.pdf (5 pages)

 Board_Item_3.6b_App1ii_NWSSP Service Area Infograph-updated.pdf (13 pages)

 Board_Item_3.6b_App2i_Chair's EASC Summary from 14 July 2020.pdf (4 pages)

Patterson, Liz
07/23/2020 14:50:37



Board_Item_3.6b_App2ii_EASC Annual Report
EASC 14 July 2020.pdf

(16 pages)

3.7. Assurance Reports of the Board's Partnership Arrangements



Board_Item_3.7_Partnership Board
Reports_July_20.pdf

(3 pages)

3.8. Update Reports from the Board's Advisory Fora



Board_Item_3.8_Advisory Groups_July_20.pdf

(4 pages)



Board_Item_3.8_Appendix 1_Advisory Groups_LPF
Report July20.pdf

(16 pages)



Board_Item_3.8_Appendix 2_LPF Annual Report
2019-20.pdf

(22 pages)

4. ITEMS FOR INFORMATION

5. OTHER MATTERS

5.1. Any other urgent business

5.2. Close

5.3. Date of next meeting:

Wednesday 30 September 2020, 9:30am, Venue TBC

Patterson, Liz
07/23/2020 14:56:37

POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 29 JULY 2020
10.00am – 2.00pm
TO BE HELD VIRTUALLY VIA
MICROSOFT TEAMS



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
10.00am	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes of Previous Meeting: 29 June 2020 (for approval)	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Board Action Log	Attached	Chair
	1.6	Update from the: a) Chair b) Vice Chair c) Chief Executive	Oral Oral Attached	Chair Vice Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.30am	2.1	COVID-19 Response: Update on implementation of the Phase 2 Response Plan	Attached	Chief Executive
10.50am	2.2	PTHB Quarter 2 Operational Plan	Attached	Director of Planning & Performance
11.05am	2.3	Re-prioritised Strategic Objectives 2020/21	Attached	Director of Planning & Performance
11.20am	2.4	PTHB Podiatry Service Engagement Outcome	Attached	Director of Therapies & Health Sciences
11.40am	2.5	PTHB Standing Orders	Attached	Board Secretary
	2.6	Board and Committee Workplans 2020/21	Attached	Board Secretary
	2.7	Board Development Plan 2020/21	Attached	Board Secretary
COMFORT BREAK				
3: ITEMS FOR DISCUSSION				
12.15pm	3.1	Exiting the European Union	Attached	Director of Public Health

12.30pm	3.2	Performance Overview Report: Q4, 2019/20 & Q1, 2020/21	Attached	Director of Planning & Performance
12.45pm	3.3	Financial Performance Report Month 03, 2020/21		Director of Finance & IT
12.55pm	3.4	Corporate Risk Register, July 2020	Attached	Board Secretary
1.05pm	3.5	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer, CHC
1.15pm	3.6	Assurance Reports of the Board's Committees: a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
	3.7	Assurance Reports of the Board's Partnership Arrangements	Attached	Chief Executive
	3.8	Update Reports from the Board's Advisory Fora	Attached	Chief Executive
4: OTHER MATTERS				
1.30pm	4.1	Any Other Urgent Business	Oral	Chair
	4.2	Close		
	4.3	Date of the Next Meeting: ▪ 30 September 2020, 9.30am, Venue TBC		
In order to be able to use the time in virtual meetings most efficiently, Board Members are invited to submit questions in relation to items on the agenda in advance of the meeting. It is still be possible for Members to ask questions regarding agenda items during the meeting. A summary of questions received outside of the meeting, along with answers, are made available on the health board's website: http://www.powysthb.wales.nhs.uk/board-meeting-29-july-2020				

Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.

The Board is expediting plans to enable its meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of the board, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact Rani Mallison, Board Secretary, rani.mallison2@wales.nhs.uk).

In addition, the Board will publish a summary of meetings held on the Health Board's website within ten days of the meeting to promote openness and transparency.

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

Patterson Liz
07/23/2020 14:56:37



POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON MONDAY 29th JUNE 2020, AT 11.00AM

VIA SKYPE AND IN THE BOARD ROOM, BRONLLYS HOSPITAL

Present

Mel Davies	Independent Member (Chair)
Carol Shillabeer	Chief Executive
Trish Buchan	Independent Member (Third Sector Voluntary) (remote attendee)
Matthew Dorrance	Independent Member (Local Authority) (remote attendee)
Owen James	Independent Member (Community) (remote attendee)
Susan Newport	Independent Member (TUC)
Ian Phillips	Independent Member (ICT)(remote attendee)
Mark Taylor	Independent Member (Capital & Estates) (remote attendee)
Frances Gerrard	Independent Member (University) (remote attendee)
Tony Thomas	Independent Member (Finance)
Pete Hopgood	Interim Director of Finance & IT (remote attendee)
Julie Rowles	Director of Workforce, OD & Support Services (remote attendee)
Stuart Bourne	Director of Public Health (remote attendee)
Hayley Thomas	Director of Planning & Performance (remote attendee)
Wyn Parry	Medical Director (remote attendee)
Claire Madsen	Director of Therapies & Health Sciences
Jamie Marchant	Director of Primary, Community Care and Mental Health (remote attendee)

In Attendance

Rani Mallison	Board Secretary
Adrian Osborne	Assistant Director (Engagement and Communications) (remote attendee)

Frances Hunt	CHC (remote attendee)
Katie Blackburn	CHC (remote attendee)
Elaine Matthews	Wales Audit Office (remote attendee)
Helen Higgs	NWSSP Internal Audit (remote attendee)
Liz Patterson	Corporate Governance Manager (remote attendee)

Apologies for absence

Vivienne Harpwood	Chair
Alison Davies	Director of Nursing & Midwifery
Alison Bulman	Corporate Director Children & Adults (PCC)
Rebecca Collier	Health Inspectorate Wales

PRELIMINARY MATTERS	
RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic / telephony means as opposed to in a physical location. Members of the public will not be able to attend in person or observe on-line. This decision has been taken in the best interests of protecting the public, our staff and Board members. A summary of this Board Meeting will be published on our website within a week of the meeting.	
PTHB/20/22	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.</p>
PTHB/20/23	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were declared.</p>
PTHB/20/24	<p>MINUTES OF MEETING HELD ON 27 MAYH 2020</p> <p>The minutes of the meeting held on 27 May 2020 were received and AGREED as being a true and accurate record subject to the spelling correction of IM Frances Gerrard in the attendance record.</p>
PTHB/20/25	<p>MATTERS ARISING</p> <p><i>In light of information being provided by Welsh Government and others regarding the vulnerability of</i></p>

	<p><i>pregnant BAME patients, are there any plans to look again at the Strategic Equality Plan?</i></p> <p>The Chief Executive advised that there was much emergent learning taking place as the new virus covid-19 spread through the community including in respect of the impact on BAME communities and when intensive interventions were needed. Intensive interventions would be undertaken by colleagues in secondary care. The care and treatment of BAME community members would be an appropriate subject to be considered for a Board Development session.</p> <p>Action: Board Secretary</p> <p>Regarding pregnant BAME residents, a note will be circulated to IMs on this specific point.</p> <p>Action: Chief Executive</p>
PTHB/20/26	<p>BOARD ACTION LOG</p> <p>The Board Secretary confirmed the following position:</p> <p>EQS/19/72 – Board Briefing on CHKS/Data Intelligence</p> <p>PTHB/19/171 – Annual Report of Director of Public Health</p> <p>Both items have been delayed due to the covid-19 pandemic and will remain on the Action Log.</p>
ITEMS FOR APPROVAL, DECISION OR RATIFICATION	
PTHB/20/27	<p>PTHB Annual Accounts, 2019-20, including:</p> <p>a) Audit of Financial Statements (ISA 260)</p> <p>b) Letter of Representation</p> <p>The Director of Finance and IT introduced this report outlining the requirement to submit draft unaudited accounts to Welsh Government and Grant Thornton (auditors) by 22nd May 2020. The accounts were considered at the Audit, Risk and Assurance Committee on 25th June 2020 and were due for consideration and approval at this meeting ahead of submission to Welsh Government on 30th June 2020. PTHB had met its financial targets for 2019/20 with a small surplus of £55k. Whilst a small number of items were noted in the ISA 260 report an unqualified Audit Report had been received.</p> <p>The Chair of Audit Committee congratulated the Finance Team for producing the accounts under difficult conditions</p>

	<p>due to covid-19 and advised that the Audit Committee were submitting the accounts for approval by Board.</p> <p>The Chief Executive reiterated thanks to the Finance Team and extended this to the wider Executive Team and Directorate staff who had supported the production of the final accounts. Attention was drawn to the challenges that would be faced this year and that the expectations of Independent Members would need to be managed. The pandemic was ongoing and therefore the requirements to spend were, as yet, unknown. In addition, Welsh Government were under significant financial pressure and so the problems faced locally would be a common problem across Wales.</p> <p>The Chair advised there were a number of mechanisms which ensured Independent Members were sighted on this matter. The Director of Finance would advise when the organisation reached lines which have previously not been crossed and Independent Members would keep a close watch on covid-19 related spend.</p> <p>The Director of Finance reiterated thanks to the organisation for achieving financial balance and extended his thanks to Grant Thornton for working closely with the team during this difficult time. Reports would be taken to Performance and Resources Committee to advise on the position in relation to the agreed IMTP which would enable appropriate action to be taken.</p> <p>The Chair of the Audit, Risk and Assurance Committee noted there had been considerable spend in England and that consequential funding should feed through to Wales.</p> <p>The Chief Executive confirmed that this was an issue which was under discussion at Welsh Government.</p> <p>The importance of acknowledging the ways of working that have changed for the better as a result of the pandemic, along with the need to retain these features was stressed.</p> <p>The Audit of Financial Statements and Letter of Representation were AGREED.</p>
--	---

Patterson, Liz
07/23/2020 14:56:37

PTHB/20/28	<p>PTHB Annual Accountability Report, 2019-20, including:</p> <ul style="list-style-type: none"> • Corporate Governance Report • Remuneration and Staff Report • Accountability and Audit Report of the Auditor General for Wales <p>The Board Secretary presented this report outlining how it included the Performance Report, the Accountability Report and the Financial Statements. The report had been provided in draft to Welsh Government and the Auditors and had been considered at the Audit, Risk and Assurance Committee. Attention was drawn to the conclusion at page 73 of the report.</p> <p>The Chair of Audit, Risk and Assurance Committee confirmed that this had been considered in Committee and was recommended for adoption.</p> <p>The Chief Executive advised Members that it would be beneficial if it were possible to streamline reports that are required for submission to Welsh Government and which take a considerable amount of time to prepare. Whilst Board may not spend much time considering these reports they were an important record of the work undertaken by the organisation. Attention was drawn to the conclusion and the mechanisms for internal control which continue to be important. An examination of the arrangements in relation to covid-19 would be undertaken. Routine monitoring continues with partners in Welsh Government, Health Inspectorate Wales and Audit Wales. The focus continues to be on improvement to move the organisation towards maturity.</p> <p>The Annual Accountability Report 2019/20 was APPROVED for adoption.</p>
ITEMS FOR DISCUSSION	
PTHB/20/29	<p>COVID-19: Update on Phase 2 of the response plan</p> <p>The Chief Executive advised that the updated plan would be brought to the July Board meeting. The Quarter 2 Plan would be submitted to Welsh Government by 3 July 2020,</p>

	<p>it would be considered by Strategy and Planning Committee on 9 July 2020 ahead of Board on 29 July 2020.</p> <p>It should be remembered that as lockdown eases the country was still in the middle of a pandemic and this was a dangerous phase. The NHS across Wales was concerned, particularly when press reports show people gathering and going to beaches. Prioritisation would be necessary as would the need not to overstretch services. Initial feedback from Welsh Government had been positive and confirms an understanding of the difficulties in planning faced by the organisation with multiple secondary providers.</p> <p>The joint Health Board and Local Authority Test, Trace and Protect programme was now in place. One team was sufficient at present, although arrangements were in place to increase this if required. If this was necessary a report would be brought back to Board in respect of the financial position.</p> <p>Testing had increased since 1st June 2020 and approximately 8% of tests are positive. The drive through testing centre on the Royal Welsh Showground was now bookable through the national system. Management of local outbreaks would be key. Whilst the numbers of positive tests are low the tracing of contacts was proving complex and involvement of the Regional Response Cell had been necessary (for example those cases linked to health care settings or cross border cases). The Regional Response Cell included colleagues from Environmental Health and Public Health. The national system for recording tracing activity had gone live but some developments were still required. These are challenges faced with in common with colleagues across the country.</p> <p><i>The co-operation of local authority colleagues is noted, what involvement have the Army had in these arrangements?</i></p> <p>The Military were still involved in the arrangements for testing and were expected to continue providing support until August 2020.</p> <p><i>How much involvement have the Health Board had in respect of school reopening?</i></p>
--	--

Patterson, Liz
07/23/2020 14:56:37

	<p>During the pandemic there have been 16 school hubs open across Powys. The organisation has had some involvement with the school hubs.</p> <p>Across Wales proactive work was being undertaken in respect of food processors and handlers and a group jointly chaired by the Director of Public Health was producing guidance and advice for schools and food processing sites to enable safe opening and operation. Sample antibody testing of 4,000 school-based staff across Wales had been undertaken as part of surveillance work and it was likely that this would be repeated.</p> <p>The Health Board was developing modelling to plan for the coming months. The different ways in which the four nations were coming out of lockdown brings particular complexities for Powys with the long border with England and the work that the Communications Team do on social distancing was noted. Local intelligence produced from the Test, Trace and Protect programme would assist in planning and the potential for regional rules on lockdown cannot be discounted.</p> <p><i>It appears that pubs and restaurants wish to reduce the social distancing requirements. Who has responsibility for this?</i></p> <p>Social distancing in public areas came under guidance and could not be enforced although there were rules around mass gatherings. However, social distancing in the workplace was subject to regulation in Wales and therefore the Health Board have a responsibility in their role as an employer.</p> <p>The Chief Executive advised that at present there were low numbers of covid-19 patients in the system. There were a significant number of empty beds in PTHB with the benefits of moving to seven day working apparent. The organisation was looking at the benefits of new ways of working to learn from the experience. There had been lower levels of sickness than might have been expected and the organisation had fared better than some others. Sickness had increased by between 0.5 and 0.75 percentage points.</p> <p>The Director of Primary, Community Care and MH advised that staff were being reminded of the social distancing rules</p>
--	--

Patterson, Liz
07/23/2020 14:56:33

	<p>and signage was being put in place for both staff and visitors. The staff side were concerned that complacency might set in and this must be guarded against. Union Health and Safety representatives were working with the organisation on social distancing to ensure a partnership approach. Some demands were starting to come through for non covid cases with around 103 beds occupied and admission and discharge levels similar.</p> <p>The harm from a decrease in non-covid activity would be considered in greater detail at Board in July 2020.</p> <p>Regarding District General Hospital partners and specialists, a considerable amount of joint work had been taking place especially with English Trusts who were working on an increasingly regional basis. In Wales there were varying views on the level of regional working to which different health boards wished to work.</p> <p><i>Given that there is a regional footprint for social services, to what extent would the local authority be involved in this regional working and what would the governance arrangements be?</i></p> <p>There is regional working for social services, however, the regional working in this context related solely to health board arrangements.</p> <p><i>Are all arrangements with Shropdoc working well?</i></p> <p>Out of hours arrangements were working well with no issues being raised. Shropdoc had provided good support for covid-19 positive patients and if there was a second wave of covid-19, Shropdoc might be commissioned to again provide 24/7 advice and monitoring of patients.</p> <p>A Start Well meeting of the Regional Partnership Board had received a report on the impact of lockdown with a focus on children which could be made available. Each of the partnership were re-examining their work plans which had been paused. Work on the North Powys Wellbeing Programme would be taken through Strategy and Planning Committee.</p> <p>Mental Health Services were not stood down during the pandemic and new ways of delivering these services had been found. It was becoming apparent that covid-19 patients who had spent time in intensive care may suffer</p>
--	---

Patterson, Liz
07/23/2020 14:56:37

	<p>from Post-Traumatic Stress Disorder. There was also a wider issue of the effect on mental health because of the impact the pandemic had had on the economy.</p> <p><i>Has the impact of the pandemic on domestic abuse been considered?</i></p> <p>There had been concern regarding the level of domestic abuse during the pandemic together with the increase seen of use of alcohol in the home. Work had been undertaken to increase awareness of where to get help for domestic abuse. Substance misuse services had continued during the pandemic together with safeguarding work. There had also been an increased demand seen for services related to additional learning needs.</p> <p>It was confirmed that Welsh Government had published the Q2 operating framework and this would be brought to Strategy and Planning Committee for consideration.</p>
OTHER MATTERS	
PTHB/20/30	<p>ANY OTHER URGENT BUSINESS:</p> <p>The questions from Independent Members asked in advance of the meeting, together with the answers are available at www.pthb.nhs.wales.</p>
PTHB/20/31	<p>DATE OF THE NEXT MEETING:</p> <p>29 July 2020: Bronllys Hospital (under review)</p>

Patterson, Liz
07/23/2020 14:56:37

Key:

Action Complete
Not yet due
Due
Overdue

BOARD ACTION LOG (Updated June 2020)

Board Minute	Board Date	Action	Responsible	Progress at 29/07/2020	Status
EQS/19/72 meeting 03/12/2019	3 December 2019	A Board Briefing will be arranged on CHKS/Data Intelligence	Board Secretary	<u>29 July 2020</u> In-line with the re-prioritised board development plan (presented to Board 29/07/20), a briefing on data, intelligence and information has not been prioritised for 2020/21. This will be considered for 2021/22, via the annual refresh of the board development plan. It is therefore proposed that this action is closed.	
PTHB/19/171 Annual Report of Director of Public Health Patterson, Liz 07/23/2020 14:56:37	25 March 2020	Annual Report of Director of Public Health to be presented in detail at a future meeting.	Director of Public Health	<u>29 July 2020</u> This item has been scheduled in the Board's Annual Workplan (presented to Board 29/07/20) for presentation to Board in November 2020. The Board will review its workplan at each meeting. It is therefore proposed that this action is closed.	

PTHB/20/25a Matters Arising	29 June 2020	Future Board Development Session on Equalities, including BAME, to be considered.	Board Secretary	<u>29 July 2020</u> In-line with the re-prioritised board development plan (presented to Board 29/07/20), a briefing on Equalities, including BAME, is scheduled for February 2021. It is therefore proposed that this action is closed.	
--------------------------------	-----------------	--	--------------------	--	--

Patterson, Liz
07/23/2020 14:56:37



Quarter 2 Operational Plan

FINAL DRAFT

July 2020

Patterson, Liz
07/23/2020 14:56:37

TABLE OF CONTENTS

Title	Page
Introduction and Strategic Context	3 – 14
Introduction	4
Framework for Phase 2 Response Planning	5
Strategic Context	6
Powys Planning Framework	7
Welsh Government Q2 Operating Framework	8
Learning for the Future	9
Local Response Structure During Quarter 2	10 – 12
Headline Metrics	13 – 14
Test, Trace and Protect	15 – 19
Overview	16
National Principles and Frameworks	16
Work Programme	17
Service Activity	18
Summary of Quarter 1 Achievements and Quarter 2 Priorities	19
Harm from Covid Itself	20 – 32
Overview	21 – 24
Modelling and Surge Planning	25 - 29
Care Homes & Enhanced Settings	30
Rehabilitation and Recovery	31 – 32
Harm from an overwhelmed NHS and social care system	33 – 50
Overview and Context	34 - 36
New Ways of Working – Digital	37 - 39
Re-shaping the North Powys Well-being Programme	40- 41
Responding to the Opening of The Grange / Clinical Futures	41 – 42
New Ways of Working: Capital & Innovative Environments	43
Health Safety and Well-being	44
Workforce	45 – 50
Harm from reduction in Non-Covid Activity	51 - 80
Overview	52 – 53
Essential Services – Initial Assessment of Powys Provider	54
PTHB Provided Services – Performance Position	55 – 58
Primary Care	59 – 61
Women and Children's Services	61 - 62
Unscheduled Care and Winter Preparedness	62 – 63
District General Hospital, Specialised Services and Whole System	64 – 65
Essential Services	66 – 70
Routine Services	71 – 72
Demand and Capacity Modelling	73 – 74
Therapies	74 - 75
Tackling the Big Four	76 - 80
Harm from Wider Societal Actions / Lockdown	81 - 88
Overview	82 - 84
Partnership and Social Care interface	84 – 85
Safeguarding	85
Third Sector	86
Communications and Engagement	87 – 88
Finance and Risk Management	89 - 94
Finance	90 - 92
Risk Management	93 - 94

Introduction and Strategic Context

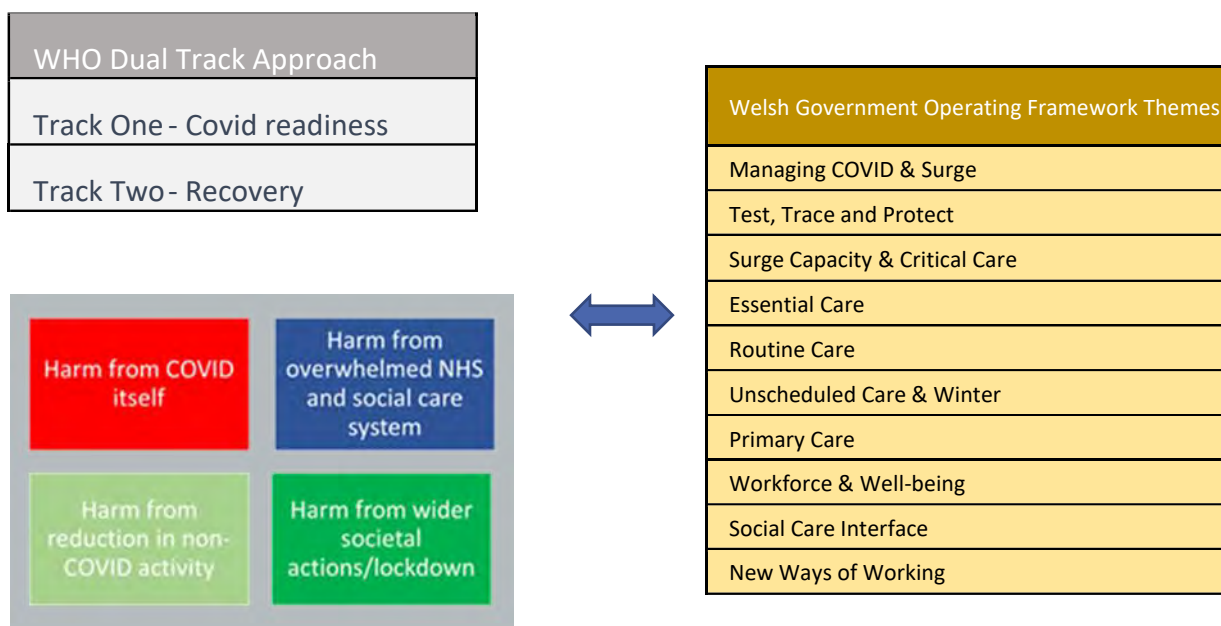
Patterson Liz
07/23/2020 14:56:37

Introduction

This Plan is for the Quarter 2 period (2020-2021) July 2020 - September 2020. It builds on the Phase 2 Response Plan developed for Quarter 1 signed off by PTHB Board on 27 May 2020.

This forms the PTHB response to the Welsh Government Operating Framework for Quarter 2. It is a dual track approach, as defined by the World Health Organisation, reflecting the need to respond to Covid-19 and for Recovery. It is framed by the four types of harm as shown below.

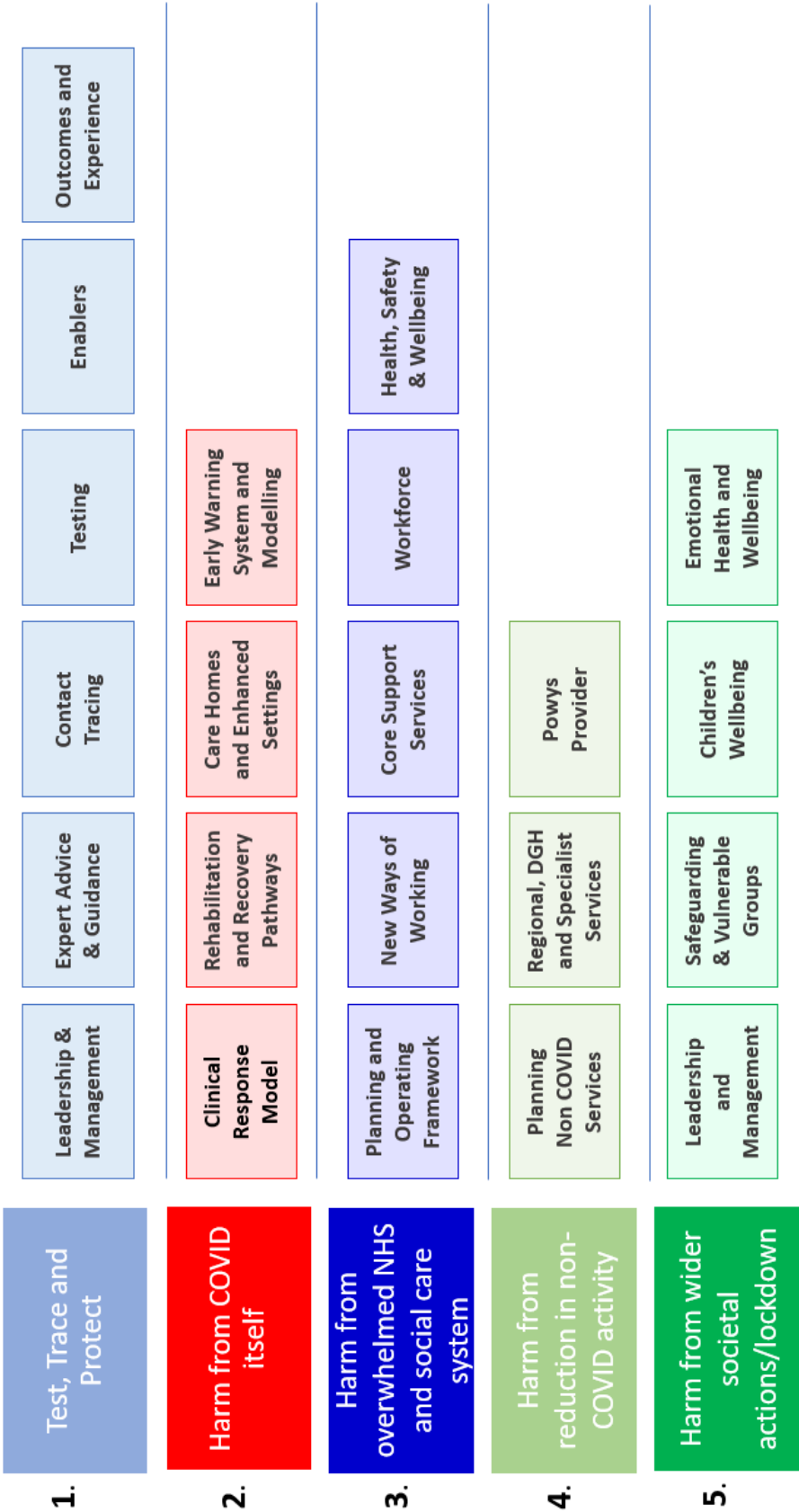
The framework recognises the high degree of uncertainty in the months ahead, especially as we enter the phase of easing lockdown and the importance of the Test, Trace and Protect Programme in controlling the R value.



It is underpinned by principles defined at PTHB Strategic Gold Command:

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

Framework for Phase 2 Response Planning



Patterson, Liz
07/23/2020 14:56:37

This plan builds on the health board's Phase 2 approach which was signed off by the Board in May 2020. The Quarter 2 Plan (July - September 2020) responds in more depth to the changing circumstances relating to the Covid-19 pandemic and reflects the need for a dual track approach, continuing to respond to Covid-19 as well as rebuilding healthcare in the context of the impact of the pandemic.

Whilst the numbers of people directly affected by the Covid-19 infection in Powys were amongst the lowest in Wales and the UK, there were people who suffered from the illness and those who are continuing to deal with the longer-term health consequences. Very sadly there were lives lost in Powys due to Covid-19 and our thoughts are with the families, friends and communities who are dealing with this loss.

The health board has strong partnerships with Powys County Council and other key partners in regional resilience forums across Dyfed Powys, Shropshire Telford and Wrekin and Herefordshire and Worcestershire as well as Welsh Government. Acknowledgement is also given to the third sector who for many in across Powys became the first line of response and support, particularly for people isolating or shielding.

The people of Powys experienced sacrifices to 'lockdown' and continue to deal with the consequences for their families, businesses and lives. Whilst it is difficult to understand the complex impact of the pandemic at this early stage, it is clear that hundreds of people in Powys alone have been saved from the worst effects of this disease to date, whilst knowing that lives have been changed in many ways.

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

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

The health board has a shared health and care strategy, 'A Healthy Caring Powys' and this longer-term vision was born from extensive engagement with our communities, staff and partners. The basis of this strategy remains a foundation stone as we review and learn from the pandemic experience and ensure that well-being, prevention and long-term planning is part and parcel of the health board's role and contribution to the future of Powys. The following diagram maps how the health board's response to the pandemic and its approach to recovery maps to 'A Healthy Caring Powys'.

Patterson, Liz
07/23/2020 14:56:37

Powys Planning Framework - Delivery and Recovery Aligned to Long Term Strategy

		Delivery, recovery and learning as part of our long term strategy to return to 'A Healthy Caring Powys'							
		Focus on Well-being	Early Help and Support	Tackling the Big Four	Joined Up Care	Workforce Futures	Digital First	Innovative Environments	Transforming In partnership
World Health Organisation 'Dual Track' Approach	Track One - Covid readiness	●	●		●	●	●	●	●
	Track Two - Recovery	●	●	●	●	●	●	●	●
	Harm from Covid	●	●		●	●		●	●
Welsh Government Operating Framework - Four Harms	Harm from an overwhelmed health and care system					●	●	●	●
	Harm from reduction in Non-Covid activity	●	●	●	●	●	●	●	●
	Harm from lockdown	●							●
Welsh Government Operating Framework - Themes	Managing COVID & Surge	●			●	●	●	●	●
	Test, Trace and Protect	●	●						●
	Surge Capacity & Critical Care		●		●	●		●	●
	Essential Care	●	●	●	●	●	●	●	●
	Routine Care	●	●	●	●	●	●	●	●
	Unscheduled Care & Winter		●	●	●	●	●	●	●
	Primary Care	●	●	●	●	●	●	●	
	Workforce & Well-being	●	●	●	●	●	●	●	●
	Social Care Interface					●			●
	New Ways of Working					●	●	●	●

Welsh Government Q2 Operating Framework

This plan responds to the Welsh Government Quarter 2 Operational Framework for NHS Wales and the following table outlines the content within the plan that meets the minimum requirements:

Minimum Requirements	Q2 Plan Section
Test, Trace and Protect Plans	Test, Trace and Protect Section
Progress update on compliance with Essential Services and key quality and safety issues	Harm from Non Covid Section
Progress on implementation of guidance on infection prevention and control, including environmental factors and social distancing	Harm from an Overwhelmed System Section
Refreshed surge capacity plans based on updated modelling assumptions – to include NHS surge as well as ongoing requirements for field hospitals and independent sector facilities.	Harm from Covid Section
Update on unscheduled care and planning for winter preparedness	Harm from Non Covid Section
Progress update regarding routine services, including paediatrics	Harm from Non Covid Section
Workforce plans including use of additional temporary workforce.	Harm from an Overwhelmed System Section
Support plans for care homes and social care interface	Harm from Covid and Harm from Wider Societal Actions and Lockdown Sections
Financial implications	Finance and Risk Section
Risks to delivery and mitigations	Finance and Risk Section
Mechanisms for stakeholder engagement, including staff side and Community Health Councils	Harm from Wider Societal Actions and Lockdown Section

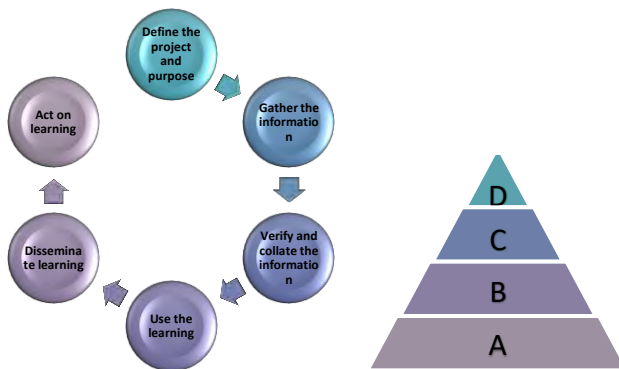
Patterson, Liz
07/23/2020 14:56:37

Learning for the Future

As a Health Board, we will develop a culture of learning, of openness to change and sharing knowledge to support services that are constantly adapting.

“Learning for the Future” provides a platform to:

- Identify key changes made in response to Covid-19
- Evaluate the impact of these changes on staff, service users, digital and leadership
- Capture our organisational learning and ascertain the sustainability of these changes post-Covid-19
- Conduct the evaluation within a short timeframe to facilitate adoption of the lessons learnt



Tier	Who	How
D	1:1	PTHB CEO; Execs; Senior stakeholder from across Powys. 1:1 semi structured conversation.
C	Deepening Thematic Insights	Newly defined groups to discuss at thematic level. TBD by the thematic review of Tiers A&B this may include targeted areas of work such as Care Homes and Community Connectors
B	Deepening Insights: Conditions and Context	Individuals or Team level focus groups / natural groups Partners (selection of question suite)
A	Broad Capture	All PTHB staff

We will seek to understand in some depth what has been learnt in this period when the organisation re-engineered its planning and delivery to respond to the pandemic. There has been extraordinary innovation made in this time, across the whole system by organisations, sectors and communities in Powys. The health board has had great support from across the County and beyond, from businesses, partners, community groups and volunteers.

Activity	M	June (w/c)					July (w/c)				August (w/c)				
	25	1	8	15	22	29	6	13	20	27	3	10	17	24	31
Agree approach to capturing lessons learnt															
Engage CEO and Directors															
Engage project team															
Develop info gathering tools & comms plan															
Engage partners and external stakeholders															
Initiate comms – targeting Heads of/ & widespread															
Information collection stage (P1)				AB	AB	CD	CD								
Collate and verify information (P1)															
Analyse information (P1)															
Use information (P1)															
Draft lessons learned report (P1)															
Disseminate lessons learned (P1)															
Act on lessons learned from P1															
Repeat information collection stage (P2)															
Collate and verify information (P2)															
Analyse information (P2)															
Use information (P2)															
Draft lessons learned report (P2)															
Disseminate lessons learned (P2)															

ABCD indicates tier of gathering implemented
+ indicates that this activity will extend beyond the dates in the Gantt chart

The health board's response to the Covid-19 pandemic required a different approach to governance, planning and performance. The health board participated in national, regional and local response structures including:

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

Local Response Structure During Quarter 2

A Strategic Gold Group, chaired by the Chief Executive was established to manage the response to the Covid-19 pandemic. This group determines the overall strategy and approach for the overall management of the health board's response, with a role to:

- Co-ordinate strategic decision making and effective use of resources throughout the assessment, treatment and recovery phases; ensuring key roles are covered
- Ensure strategic oversight of the response to Covid-19 for the health board as a whole
- To ensure implementation of a tactical plan to deliver the strategic aim and objectives
- Formulate media handling and public communications strategies, as required and necessary
- Protect the wellbeing of staff and patients within the health board
- Decide when the pandemic response arrangements should be stood-down and recovery phase implemented

The Gold Group is constituted by Executive Directors and includes a Military Liaison Officer and the Director of Adult's & Children's Services, Powys County Council. It met daily initially and now meets weekly during quarter 2.

A Clinical Leadership Group, chaired by the Director of Public Health, provided direction, leadership and guidance to the Strategic (Gold) Group and clinical staff responding to Covid-19. This includes all aspects of public health and individual patient care, across all settings, including inpatient, community and primary care services. Specifically, the role of the group was to:

- Provide a central route for clinical issues to be raised, considered and responded to within the health board
- Ensure consistency and accuracy in the clinical advice given to staff
- Support the local interpretation and implementation of national guidance
- Provide direction on clinical issues where national guidance is lacking
- Establish a process for ethical decision making in response to Covid-19
- Establish mechanisms for signposting and directing staff to the most up to date guidance as and when it is published

Membership of the Clinical Leadership Group included the Board's Clinical Directors and professional representation from clinical groups across the organisation.

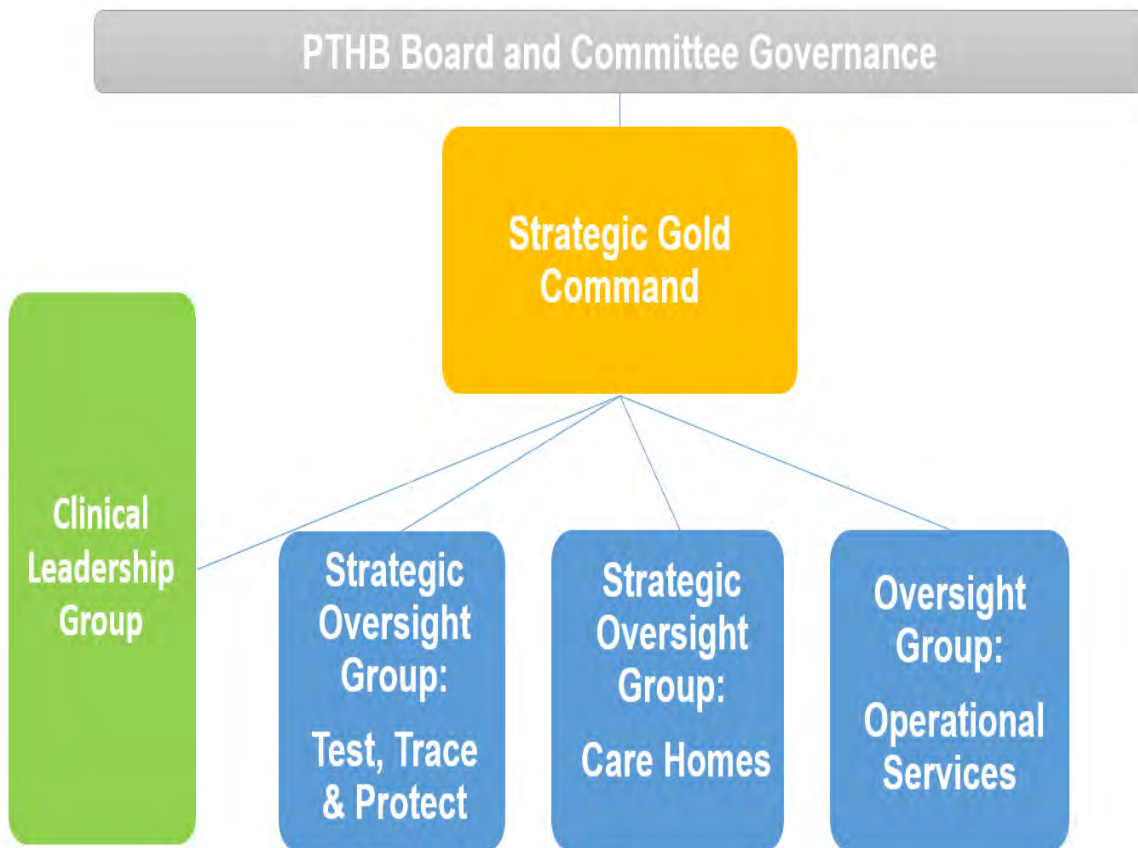
Strategic Context

Management of the response to Covid continues to be overseen by Gold with reporting via the re-established Board and Committee structure as appropriate.

For Phase 2 of Covid-19 GOLD is continuing to meet weekly supported by three Strategic Oversight Groups and the Clinical Leadership Group.

The Strategic Oversight Groups are led by nominated Executive leads, to deliver actions in the Phase 2 Implementation Plan and identify, manage and escalate progress, issues or risks to Gold weekly as appropriate.

- Strategic Oversight Group Operations led by the Director of Primary, Community Care and Mental Health
- Strategic Oversight Group Care Homes led by the Director of Nursing
- Strategic Oversight Group Test Trace Protect led by the Director of Public Health



Patterson, Liz
07/23/2020 14:56:37

Strategic Context

Performance reporting within the health board has been reshaped to provide effective management information within this new context. Key mechanisms include a GOLD Dashboard and a detailed Implementation Plan (As illustrated below, this is updated weekly, the most recent version is provided in the Appendix - Supporting Documents).

GOLD SITREP DASHBOARD - DEV V2.5

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

Service status by site or service.

PTHB Hospital Site by Tier	Staff Levels	Bed Status	Oxygen Status	PPE Supplies
Brecon	G	G	N/A	G
Llandudno Wells	G	G	N/A	G
Westpool	G	G	N/A	G
Brynffylly	G	G	N/A	G
Llandudno	G	G	N/A	G
Machynys	G	G	N/A	G
Ystradgynlais	G	G	N/A	G
Newman	G	G	N/A	G
Knighton	N/A	N/A	N/A	G
Glan Irfon	G	G	N/A	G
Additional Surge 1				
Additional Surge 2				
Escalation issues/Comments				
> Knighton currently closed, patients transferred to Llandudno				

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

GP Surgery Escalation Status	Level 1	Level 2	Level 3	Level 4	02/06/2020
North Powys	5	2	0	0	
Mid Powys	3	2	0	0	
South Powys	0	4	0	0	
Practices at Level 3 or above, and escalation comments					
Primary Care PPE Provision - Weekly Snapshot	G	G	G	G	G
Primary Care staffing type	GP	MDT	Admin		
Percentage of staff group absent	15.58%	12.82%	12.70%		

PTHB Bed Status latest snapshot	Total	Sus C-19	Con C-19	Non C-19	Occupied	Closed	Vacant	Surge < 24h	Surge < 7d	Surge > 7d
	146	2	4	70	76	52.1%	0	70	0	0
Patient Flow last 24 hrs	Admissions	Discharged	Death	No. Patients awaiting Transfer/Repatriation			Hospital Capacity	Total	Occupied	Vacant
	3	5	0	North 0 Mid 0 South 0			Area 1 capacity	38	1	37
Deaths	Cumulative Covid-19 related deaths in PTHB sites					10		631	0	631

Powys Resident DGH & Specialised Care Services Information	SATH	WV1	ABUHB	CTM	C&V	SB	HD	BCU	Other	Totals
Admissions	No data available currently - requires information flow									
Discharges	No data available currently - requires information flow									
Cum. COVID 19	7	5	6	0	0	3	1	0	2	24

DGH & Specialised Care Services Escalation Issues for Consideration

- Further change to shielding arrangements. CMOs seeking consistent cross-border approach. Further WG letter expected.
- Follow-up of cross-border CMH outside hospital continuing - set providers contacted but additional information needed from SATH (SATH to follow)
- CTMH some level 1 scores for essential services - including endoscopy.
- WVH has restarted routine referral process should now be broadly compliant with WG requirements (to check examples)
- Local: Llandudno unit too small for positive and negative patients. Travelling times too great to alternative English providers for WAST Col compliance. Tairn Network working an alternative location involving rHUK (SATH to follow)
- Following via respective commissioning responsibilities in complex cross-border case.

PCC Nursing & Residential Home Flows					Snapshot date: 03/06/2020
Care Home bed availability - total				73	Planned adult social care discharges from community
Residential bed availability (as part of the total)				50	Actual adult social care discharges from community
EMI Residential bed availability (as part of the total)				3	Number of safeguarding alerts
Nursing bed availability (as part of the total)				20	Number of Care Home Providers with workforce short
EMI Nursing bed availability (as part of the total)				0	
Number of care homes unable to accept new Clients				10	Further Carehome Information
Cumulative Covid-19 related death where place of death listed as Care/Residential or Nursing Home (ONS/MPI source - Non PCC sites)				46	
Escalation Issues					

HIGH LEVEL MASTER IMPLEMENTATION PLAN - TEST, TRACE, PROTECT

Ref	Action	Executive Lead	AD / Operational Lead	Q1	Q2	Q3	Q4	Deadline	Status	Comments
1	Establish near phase Test and Trace governance and oversight arrangements	DPH	Stuart Bourne					08/05/20	100%	
2	Appoint operational, clinical and informatics leads for the next phase of testing	CEO/DPH	Stuart Bourne					11/05/20	80%	Operational Lead in Post. Clinical lead taking up post by 12.6.20
3	Appoint operational lead for community contact tracing	CEO	Jy Wreals (PCC)					08/05/20	100%	
4	Produce a plan for next stage testing and tracing that describes the local contribution to capacity, critical roles, closed settings and symptomatic general population testing, as well as contact tracing requirements	DPH	Stuart Bourne, Alison Mann, Nicola Denge					22/05/20	100%	
5	Create a local demand and capacity model for the next stage testing pathway	DPH	W. King					20/05/20	100%	To commence w/17 May
6	Opening model for Regional Response Cell in place and Cell established to provide an expert advice horizon for contact tracing services and under health protection response	DPH	Alison Mann					19/05/20	100%	
7	Links with national health protection support and advice in place	DPH	Stuart Bourne, PCC					19/05/20	100%	
8	Establish a test strategy for placed settings that describes how and when testing will be delivered	DPH	Service Manager & Clinical Lead Nicola Denge					12/06/20	A	Case home testing to be complete by 12.6.20. Amber testing reflects consent arrangements for LD and Children is likely to proceed the first week. In addition, a broader plan is being developed to include enhanced settings e.g. schools
9	Extend electronic request for COVID-19 samples to inpatient areas	DPH/CHM	Service Manager & Clinical Lead Andrew Cresswell					26/06/20	A	
10	Ensure demand for critical worker requirements and results is coordinated prior to national test booking and home sampling being available for Powys residents	DPH	Nicola Denge					30/05/20	100%	National test booking has gone live
11	Establish COVID-19 testing administration hub	DPH	Andrew Cresswell					ASAP	100%	Review of paper required to include additional advice function associated with antibody testing - due for submission on 04/17.6.20
12	Ensure any changes to testing policy and eligibility are implemented quickly	DPH	Service Manager & Clinical Lead Nicola Denge					Ongoing	100%	
13	Develop a plan for adding antibody (i.e. serology) testing to existing antigen testing model	DPH	Andrew Cresswell, Nicola Denge					30/06/20	A	Awaiting info from VGL Liaison ongoing
14	Gain agreement on proposal to extend existing static coventry testing unit (CTU) capacity to 200-400 samples	DPH	Andrew Cresswell					10/06/20	A	
15	Upgrade static testing units as required	DPH	Andrew Cresswell					30/06/20	100%	Unloading not required at present - for ongoing monitoring
16	To develop an operating model for HTUs once military resource is released	DPH								
17	Establish internal laboratory testing capability within 2 hospital sites	DPH						30/06/20	A	In discussion with PHL. Need to identify sites upon which to set up summer test testing facilities
18	Ensure critical worker test result reporting in managed prior to automated test booking and results platform being launched	DPH	Nicola Denge					Ongoing	100%	Online test booking for key workers now in place as of end May 20.
19	Establish an internal test booking and results service with sufficient capacity schedule tests and report results promptly	DPH	Andrew Cresswell					ASAP	A	
20	Establish a test recording and reporting process that provides information on testing activity for all eligible groups	DPH						12/06/20	100%	

1. Test, Trace Protect 2. Ham COVID 3. Overwhelmed System 4. Ham Non-COVID 5. Ham Localities Version Tracker (V)

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

Headline Metrics

Public Health Wales

Rapid COVID-19 surveillance

Confirmed case data (NHS Wales laboratories only)



GIG

CYMRU

NHS

WALES

Iechyd Cyhoeddus

Cymru

Public Health Wales

Data correct as of:

28 Jun 2020 13:00

Cases and tests, by Local Authority of residence

		New cases	Cumulative cases	Cases per 100,000 population	Testing episodes	Testing per 100,000 population	Positive proportion
Aneurin Bevan University Health Board	Blaenau Gwent	0	347	497.8	2,909	4,172.8	11.9%
	Caerphilly	1	718	396.6	6,335	3,499.6	11.3%
	Monmouthshire	2	357	379.2	3,005	3,192.0	11.9%
	Newport	0	856	558.4	5,550	3,620.3	15.4%
	Torfaen	0	351	377.2	3,397	3,650.8	10.3%
Betsi Cadwaldr University Health Board	Anglesey	2	378	540.3	3,549	5,072.8	10.7%
	Conwy	0	656	559.8	6,369	5,435.2	10.3%
	Denbighshire	1	713	747.9	5,759	6,041.1	12.4%
	Flintshire	0	523	336.1	4,366	2,806.0	12.0%
	Gwynedd	1	541	435.7	5,878	4,733.5	9.2%
	Wrexham	2	820	602.4	6,114	4,491.4	13.4%
Cardiff and Vale University Health Board	Cardiff	1	2,231	612.5	14,799	4,062.9	15.1%
	Vale of Glamorgan	0	728	550.8	6,092	4,609.4	12.0%
Cwm Taf Morgannwg University Health Board	Bridgend	1	554	382.4	6,076	4,193.9	9.1%
	Merthyr Tydfil	97	529	879.0	3,627	6,026.6	14.6%
	Rhondda Cynon Taf	2	1,783	742.5	11,002	4,581.7	16.2%
Hywel Dda University Health Board	Cardmarthenshire	1	771	411.1	9,159	4,883.0	8.4%
	Ceredigion	1	58	79.5	1,976	2,707.1	2.9%
	Pembrokeshire	0	285	227.9	5,050	4,038.2	5.6%
Powys Teaching Health Board	Powys	0	300	226.5	4,092	3,089.5	7.3%
Swansea Bay University Health Board	Neath Port Talbot	0	629	440.1	6,144	4,299.3	10.2%
	Swansea	0	1,279	518.9	10,212	4,143.4	12.5%
	Unknown location	3	182		4,177		4.4%
	Wales total*	115	15,589	496.7	135,637	4,321.5	11.5%
	Resident outside Wales	1	128		913		14.0%

Headlines on cases:

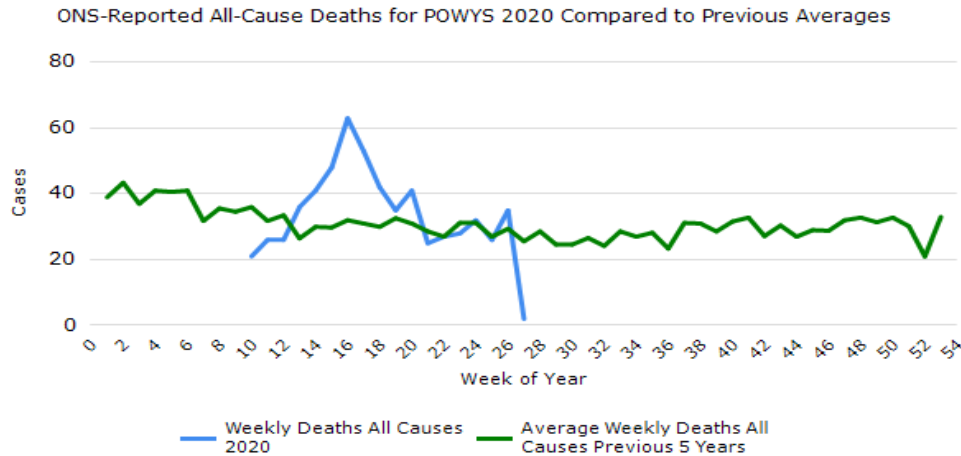
NB – Wales data only; further cases of Powys patients in English Hospitals (hence cases and testing will be higher)

2nd lowest county cases/100,000 population

6th lowest county testing episodes

3rd lowest county on positive cases/proportion to testing

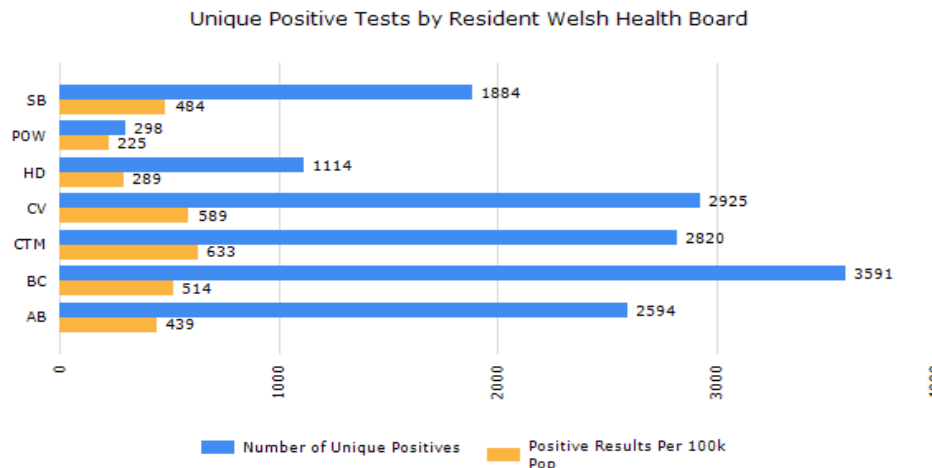
Patterson, Liz
07/23/2020 14:56:37



The graphic shown here weekly deaths for the Powys population averaged over a five-year period (green line) and the number of deaths for the Powys population from all causes for 2020 (blue line). This indicates that in the early part of 2020 there was a spike in the number of deaths as compared to that seen in normal years, consistent with the covid peak that occurred at that time. Since that peak, the number of deaths has stabilised in line with the average. Note that for the most recent time point (the last point on the blue line) data are incomplete because of the timelag in reporting.

IFOR in Powys

Source: NWIS



The graphic shown here indicates the number (blue bars) and rates (orange bars) of unique positive tests for health boards in Wales. Powys has both a low overall number of positive tests and a low rate of unique positive tests as compared to other health boards in Wales. This data does not include test results from tests carried out in England, which tends to disproportionately affect the Powys population. Crosschecking using English data has confirmed however that the effect of adding in English data does not change the overall picture.

Test, Trace and Protect

Test, Trace and
Protect

Harm from COVID
itself

Harm from
overwhelmed NHS
and social care
system

Harm from
reduction in non-
COVID activity

Harm from wider
societal
actions/lockdown

Overview

This plan builds on the health board's Phase 2 approach and Test, Trace and Protect (TTP) continues as a core workstream.

This work is being taken forward jointly with Powys County Council and led by the Chief Executives of those organisations and the Director of Public Health/Director of Public Protection. It is also supported by collaboration with the military on testing sites and assistance with equipment and supply management.

The plan provides detail of the components being taken forward within the workstream which include a focus on overall leadership and management to ensure delivery at the required pace and level of co-ordination.

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

A testing programme has been developed, refined and is now established and in use. National test booking and home testing is in place. Reporting and recording systems are in place. It is supported by a rolling programme of communications and engagement.

Powys is developing its testing programme to respond to the unique characteristics of the county, which is largely rural, with small market towns and a very dispersed population many of whom live in remote and isolated rural areas. The changing nature of the governmental restrictions in relation to population movement and location are also taken into account in the planning processes. Static, mobile and remote testing methods are being deployed.

Community contact tracing has been set up with Powys County Council and whilst it is experiencing low volumes of activity currently, there are deployment plans which can be upscaled for changes in demand going forward, working closely with workforce teams regarding recruitment and redeployment.

All care homes including those for children and people with learning difficulties have received testing for staff and residents and a rolling programme of testing is in place for care home staff.

A clinical lead role at a senior manager level has been successfully recruited to provide expert operational and clinical oversight.

Supporting mechanisms have been put in place at great pace including information governance and communications plans and a joint ICT and telephony system for customer support.

National Principles and Frameworks

- Test, Trace, Protect
- UK Testing Strategy
- Public Health Wales Protection Response Plan
- NHS Wales National Covid-19 test approach
- Key critical workers testing policy: coronavirus (Covid-19)

Patterson, Liz
07/23/2020 14:56:37

Test, Trace & Protect

Work Programme

Leadership & Management	Expert Advice & Guidance	Testing	Contact Tracing	Enablers	Outcomes and Experience
<ul style="list-style-type: none"> Strategic Oversight Group – CEO PCC & PTHB Joint Operational Management Group Testing Workstream 	<ul style="list-style-type: none"> Regional Response Cell in operation providing expert advice function for testing, contact tracing services and wider health protection response Ensure links with national health protection support and advice 	<ul style="list-style-type: none"> Static testing units and mobile testing in line with national strategy (CTU) capacity to 200-400 tests/day Establish internal laboratory testing capability Mobile testing provision for closed settings and community testing utilising 3xMTUs Inpatient testing for community hospitals Antibody testing for keyworkers 	<ul style="list-style-type: none"> Community Contact Tracing Teams established in partnership with PCC Regional Response Cell with generalist and specialist consultant capacity in place 	<ul style="list-style-type: none"> Establish workforce to deliver national testing strategy ICT hardware and software plan Establish, implement recording and reporting mechanisms Ongoing military liaison for mobile testing maintained 	<ul style="list-style-type: none"> Monitor outcomes Provide Testing reporting metrics for performance management Testing strategy for ongoing provision for closed settings

Population Groups:

- Those who are resident in closed settings
- Key workers and members of their household
- Inpatients
- General Population

There are a number of risks which relate to this programme of work:

- Staffing of testing units
- Specialist public health capacity to support regional response cell
- Withdrawal of military support for mobile testing
- Delays to national systems and platforms
- Lack of IT hardware for staff to work remotely
- Services being re-established reduces opportunities for redeployment

PTHB is working closely in partnership with Powys County Council to manage and mitigate these risks and successfully deliver this programme in Powys.

- Clinical Leads and Testing service developed by PTHB; Tracing service managed by PCC
- SOG membership – PTHB & PCC: CEOs, Executive Directors, Programme Management Staff
- Support staff from host organisations
- MoU in development
- Joint Information Governance and Communications Plans developed
- Joint ICT and telephony systems for customer support

Patterson, Liz
 07/23/2020 14:56:37

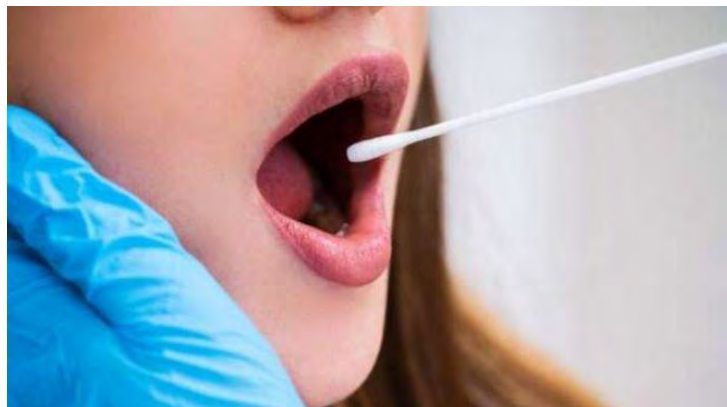
Test, Trace & Protect

Service Activity

Test, Trace Protect commenced at the beginning on June. To date, the community contact tracing team in Powys has contact traced 28 Covid-19 positive cases among Powys residents, as well as more than 20 positive cases from BCUHB as part of mutual aid arrangements. Each positive case is currently generating an average of 3-4 contacts. Over 5,000 tests have been performed, with approximately 300 positive results. The Powys positivity rate is 5.5% against a Wales average of 8.4%.

The work programme aims to:

- Produce plans which describe the approach to testing in the following settings:
 - Schools
 - Care homes
 - Community hospitals (including patients and staff)
 - Supported living
 - Extra care housing
 - Complex community cases
- Create a local TTP reporting dashboard
- Extend electronic test requesting for Covid-19 samples to inpatient areas
- Establish Covid-19 testing administration hub and testing workforce
- Develop plans for antibody (i.e. serology) testing in accordance with WG requirements
- To develop an operating model for MTUs once military resource is extracted
- Improve the timeliness of results reporting
- Establish internal laboratory testing capability within 2 x hospital sites
- Expand the contact tracing workforce as required
- Develop the capability of the CRM system for surveillance purposes
- Improve the capacity of the Regional Response Cell



Patterson, Liz
07/23/2020 14:56:37

Summary of Quarter 1 Achievements and Quarter 2 Priorities

Q1 Achievements:

- A fully costed model and governance plan developed for the Test, Trace and Protect Service
- Recruitment and training of staff required to go live, drawn from a pool of re-deployed staff
- Anti-body testing undertaken with school staff
- Test booking available on national platform supported by local booking processes and data management system
- Contact tracing service established
- Regional Response Cell established to provide expert advice
- Text-based results notification system in place
- Delivery of public and targeted communications with key stakeholders e.g. enclosed settings

Q2 Priorities:

- Embed Test, Trace and Protect operating procedures across the County
- Further development of static and mobile testing facilities to meet demand
- Provide serology testing in line with WG guidance
- Establish internal laboratory testing capability
- Improve capacity within the regional response cell
- Increase contact tracing capacity in line with demand
- Further development of in-patient testing
- Ongoing Communications efforts to increase Test, Trace and Protect awareness
- Further development of data/surveillance intelligence to identify trends/outbreaks

Patterson, Liz
07/23/2020 14:56:37

Harm from Covid Itself

Test, Trace and
Protect

**Harm from COVID
itself**

Harm from
overwhelmed NHS
and social care
system

Harm from
reduction in non-
COVID activity

Harm from wider
societal
actions/lockdown

Patterson, Liz
07/23/2020 14:56:37

Overview

This plan builds on the health board's Phase 2 approach and the response the Covid-19 pandemic, to prevent transmission and infection, minimising the more severe impacts of the illness for some and long-term consequences of the disease, and to save lives.

Whilst the curve has 'flattened' and the incidence and prevalence of Covid-19 has reduced to proportionately low levels in Powys, it is still present both in the County itself and in the areas that Powys residents are increasingly travelling to, as workplaces, schools and other spaces are opened up and restrictions are progressively lifted. Whilst the current impact of the disease is at a low level and past an initial peak, it remains a highly infectious disease in its make up. Similarly while it presents as a mild or asymptomatic infection in many people, it has proven to have had wider impacts than first predicted in terms of those people in the community who may be at higher risk.

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

Powys developed a five-step plan for managing Covid, which reinforced the need for an enormous collective effort across communities and organisations. It is thanks to the high level of compliance with the lockdown that Powys has seen a flattening of the curve to date.

However, there have been particular areas where the disease has spread to small clusters in Powys including care homes and more recently some workplaces and that requires actions of partners locally, regionally and nationally in response, and will continue to be a high priority in the next phase.

A Gold Command function was established in March 2020 in Powys and the Covid Clinical Response and Support Services Models were quickly developed and put in place. Gold now meets weekly to continue to oversee planning and implementation and is able to scale back up to more frequent meetings as required.

The response now is very different to the initial phase which was focused on responding to an imminent peak of high infection, high community need and hospitalisation and potentially high fatalities. Due to significant efforts across Powys, that has not been required to date. Surge plans are still in place, ready for utilisation if they are required and those are outlined in this plan, based on revised modelling assumptions. Powys is a component of multiple system and provider plans in relation to the use of field hospitals and DGH provision and that 'whole system' continues to form the heart of our plan.





The next section outlines the core components of the plan for 'harm from Covid itself' however it must be read in conjunction with the whole plan as all of the healthcare provision of the health board and its partners used by Powys residents are now set in the long term context of the pandemic and the need to keep staff, patients and environments as safe as possible.

Harm from Covid

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

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

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

Stay local and keep Powys safe:

- always observe social distancing
- wash your hands regularly
- if you are meeting one other household, stay outdoors and stay local
- work from home if you can

Stay at home if you or anyone you live with has symptoms.

For more information about Staying Local and Keeping Wales Safe, visit:
gov.wales/coronavirus and phw.nhs.wales/coronavirus

**DIGGELU CYMRU
KEEP WALES SAFE**

**GIG CYMRU
NHS WALES**

**Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board**

Harm from Covid

Clinical Response Model	Rehabilitation and Recovery Pathways	Care Homes and Enhanced Settings	Early Warning System and Modelling	Population Groups:
<ul style="list-style-type: none"> To ensure Clinical Response Model and Support Services continue to be in place to support COVID-19, adapted for use proportionately and as part of the wider plan Capacity remodelled and bed model adapted to continue to support hospital discharge, step up and step down 	<ul style="list-style-type: none"> Implement rehabilitation pathways to support Acute COVID19 pathways Implement rehabilitation pathways for the new normal 	<ul style="list-style-type: none"> To continue the transition of residential and care homes back to restored status via Section 33 To implement a Commissioning Assurance Framework for Care Homes as set out in Section 33 COVID-19 testing protocol in place for residential care settings consistent with Welsh Government policy Monitor primary care input into care homes in line with the DES Community therapy teams to support respiratory need within nursing homes 	<ul style="list-style-type: none"> Implement Early Warning system - 'triggers' / escalation plan linked with R value, surveillance data and other intelligence Implement Early Warning system linked to Test, Trace and Protect 	<ul style="list-style-type: none"> Enhanced Settings Inpatients General Population At risk groups those self isolating / super vulnerable High need COVID Groups at peak periods

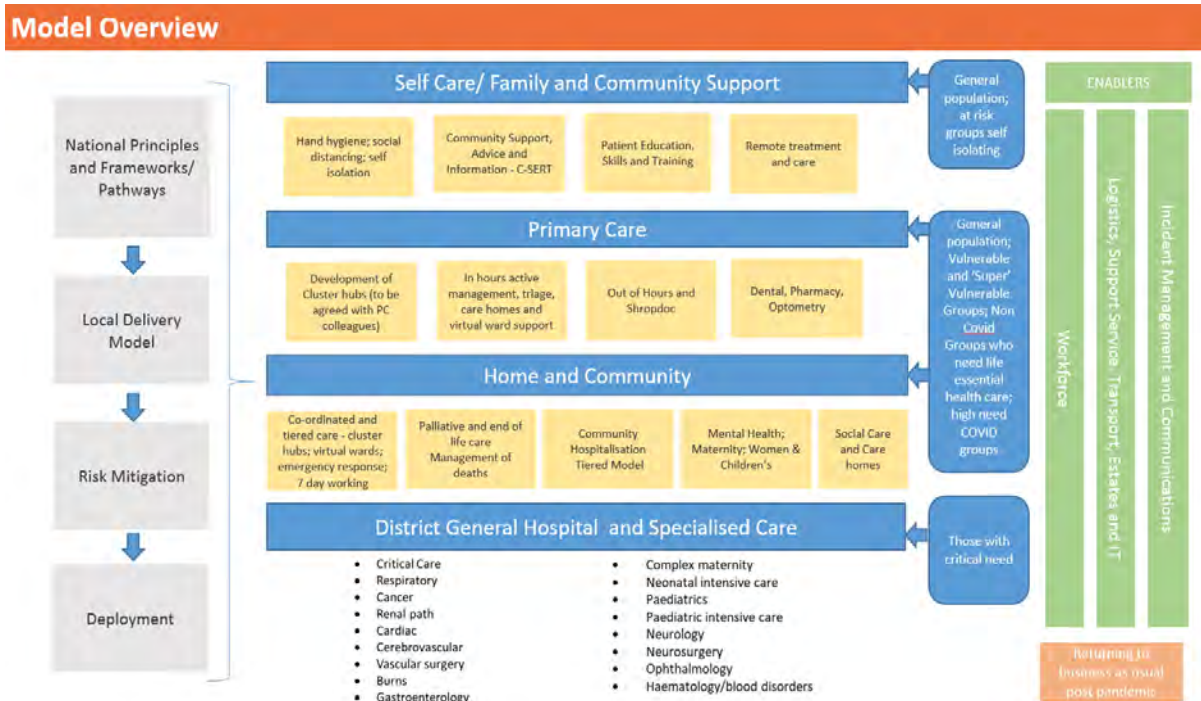
Quarter 1 Progress

- Clinical Response Model and Core Support Services developed and implemented
- Clinical Leadership Group established to support decision making
- Verification of death processes implemented in line with WG Guidance
- Rehabilitation pathways implemented to support Covid-19 and other pathways
- Integrated rapid review and escalation process developed for closed settings
- Primary care and community therapies in place to support closed settings
- Self-Assessment of Children's Homes Practice and Mental Health and LD Homes Practice in relation to Covid-19
- Early Warning system - 'triggers' / escalation plan linked with R value, surveillance data and other intelligence developed

Patterson, Liz
07/23/2020 14:56:37

Harm from Covid

A Clinical Response Model and Support Services Model was developed quickly in response to Covid-19 and has continued to be adapted and used proportionately as the presentation of the pandemic has evolved.



Core Support Services Response Model

This is the Core Support Services Response Model which will support the Clinical Response Model. It will be used to help prioritise resource allocation and deployment across the organisation for the following services / teams:

- Planning
- Strategic Commissioning
- Engagement and Communication
- Estates
- Support Services
- Finance
- Information and Clinical Coding
- Information Communication and Technology (ICT)
- Workforce
- Corporate Governance
- Equipment & Procurement

The model has been updated to reflect phase 2 of COVID-19 and new WG Planning Guidance.

Revised modelling has been carried out and the planning of services (in following sections of this plan) take into account the revised demand assumptions and capacity requirements, including a revised bed model for both core operations and surge.

Modelling and Surge Planning – as a Provider

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

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

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

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

Patterson, Liz
07/23/2020 14:56:37

Modelling and Surge Planning – as a Commissioner

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

Existing agreements are in place for Powys residents in terms of access to key partner DGH provision for acute needs and similarly for access to field hospital provision in extremis if that was required.

Based on the reduced transmission of the virus during the summer months, the reduction in the R rate to below 1 and the cautious approach in Wales to easing lockdown, the Health Board is not expecting a surge in Q2.

Although we do not envisage the levels of Covid 19 activity reaching the volumes stated in the short term we are using the system planning assumptions to ensure we are collectively prepared if a second peak were to materialise, particularly as we head into a winter period.

Field Hospital Capacity and Use of Independent Sector

The bed capacity modelling suggests that the level of surge capacity secured through Field Hospitals will not be used in this quarter across our commissioned services for Covid-19 demand.

This will be further tested once we are able to review the detail all providers' plans across England and Wales.

For example, Swansea Bay UHB have indicated that they will be working through the potential to rationalise their two Field Hospitals onto a single site. The opportunity for this to be used as a regional solution, including a regional workforce model, will be explored.

Further regional discussions are required with all our partners regarding their plans and the health board will be advocating for potential a regional approach to assess field hospitals and use of the independent sector in the context of winter planning and increasing routine activity.

The health board is assured that the Powys population demand will be included in those regional assessments and access to the provision secured if that was required.

Patterson, Liz
07/23/2020 14:56:37

Powys Population Critical Care Demand by Provider

	Critical Care	Acute Beds
All Wales Scenario	350	5,000
Powys total*	14.8	211
Breakdown by Provider **		
AB	3.2	46
BCU	0.2	3
C&V	0.2	3
CTM	0.4	6
Hdda	1.3	19
Swansea	1.4	20
SATH	6.7	95
WVT	1.3	18
English Other	0.1	1
* Based on Powys total population		
** Powys does not provide critical care beds		

The table is based on the table shared on 24 June 2020 by Welsh Government – “Covid Capacity Planning”.

Based on outputs from the Technical Advisory Cell modelling where the Rt value is 1.1 for 3 months. The Powys population requirements for critical care and acute beds is projected using population expected flows to neighbouring providers.

The assessment sets out our interpretation of the Covid only capacity that would be required if a second peak eventuality occurred, the position is based on national modelling outputs and is intended to provide contingency cover.

Demand, Capacity and Surge Planning – Powys Community Hospitals

In order to develop an understanding of potential Covid and non-Covid demand within Powys as it evolves, we used a method based on the principle of scaling the demand seen in the first wave (April), taking account of projections and contingency. Further work is underway to test and refine the bed modelling for workforce and service planning purposes.

Specifically, the method used:

Actual bed usage based on returns sent from PTHB to NWIS

Future Covid estimate of demand based on actual Covid bed usage of 11 (in April) with scaling factors of 1.5, 2 and 3 to look at potential demand.

Future non-Covid estimate of demand based on actual low of 57 in April and actual 'normal' average activity of 148 pre-Covid.

A reasonable worst-case scenario based on the 'high' estimates for Covid and Non-Covid bed usage.

Bed usage - Actual			
	<u>Covid</u>	<u>Non-Covid</u>	<u>Total</u>
Before COVID outbreak	0	148	148
Apr-20	11	57	68
May-20	11	68	79
Jun-20	13	74	87
Jul-20	4	96	99

PTHB future Covid demand based on peak value during previous outbreak i.e. 11.4 and scaling up by factors of 1.5, 2 & 3.

PTHB future Non-Covid demand is based on 3 scenarios - Low: historical low demand in April 2020; High: based on historical bed occupancy numbers; Mid: half way between Low and High

PTHB worst case give total of 187 beds. This compares with a Surge 1 Capacity of 180 (see slide "Bed Capacity – incorporating Covid-19 Guidance for Bed Spacing"). As noted on bed capacity slide, "further work being undertaken to identify any further areas for additional capacity.

COVID future demand	
Scaling factor	<u>Covid bed usage</u>
1.5	20
2	26
3	39

Non-COVID future demand	
Low scenario -	57
Mid-point scenario -	102
High-point scenario -	148

Reasonable Worst Case Scenario	
Covid	39
Non-COVID	148
Total	187

Source: J:\Finance\Information Flows\Covid19\Modelling\Modelling projections\WG Q2 plan\Sitreps_Download from NWIS Datahub 6 July

Field Hospital Capacity in Powys

Collaborative work undertaken with PCC and Military to identify potential surge facility sites pan Powys during phase one of our response has been completed. A Community Surge Facility plan has been developed and appraised and is available to revisit, for a site at the Royal Welsh Showground, Builth Wells, Mid Powys. This facility progressed to lease approval stage and design procurement routes were identified. Estimated time to stand up circa 6 weeks, and this is available if required during a super surge scenario.

Harm from Covid

Bed Capacity incorporating Covid-19 Guidance for Bed Spacing

PTHB: Community Hospital Bed Numbers	Core beds	Surge 1 - Capacity
Brecon	30	37
Llandrindod Wells	21	26
Welshpool	17	24
Bronllys	15	19
Llanidloes	11 (14 August)	17
Machynlleth	14	16
Ystradgynlais	20	22
Newtown	15	19
TOTALS	143 (146 August)	180

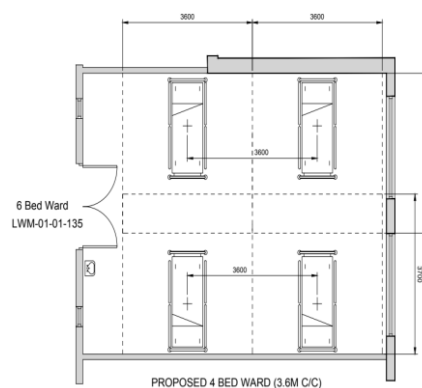
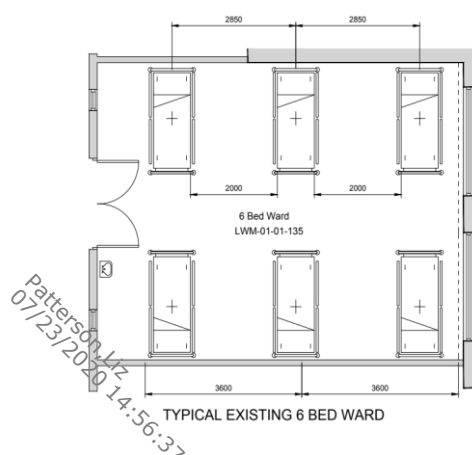
For Powys bed capacity, a revised bed model has been developed based on the refreshed modelling for both core operations and surge requirements.

Work has been completed to plot bed plans for each hospital site. Community hospital bed capacity has been assessed across 8 sites, in accordance with 'Covid-19 Guidance for Bed Spacing in Healthcare Settings'. This has seen, for instance, 6 bed wards capacity reduced to 4 bed to meet guidance.

Overall circa 26 beds have been lost from our Q1 surge plan to meet recent Welsh Government guidance.

There are currently 143 beds open and functional and plans are in place to surge to 180 bed capacity as required, with further work being undertaken to identify any further areas for additional capacity.


This compares to a reasonable worst case demand scenario of 187 beds.



Harm from Covid

Care Homes and Enhanced Settings

Quarter 2 Actions	Progress
Covid-19 testing protocol in place for residential care settings which is consistent with Welsh Government policy	All care homes in Powys have received testing for staff and patients with an ongoing programme established
Monitor primary care input into care homes in line with the DES Community therapy teams to support respiratory need within nursing homes	Powys Assessment of optimal and Consistent Primary Medical Care in Care Homes was undertaken in May 2020. Contract negotiations currently underway on revisions to and the re-introduction of the care homes DES
Community therapy teams to support respiratory need within nursing homes	Remit of the Respiratory Team widened to provide advice and support to care homes
Agree process of transition from Covid escalation to BAU through Section 33 for Residential and Care Homes	The transition from the joint PTHB / PCC Care Home Workstream is underway for completion in Q2
Implement Commissioning Assurance Framework for Care Homes as set out in Section 33	On Track to be delivered in Q2



Document Reference No:	Integrated Monitoring, Assurance & Escalation of Nursing & Residential Care Homes During the COVID19 Pandemic
Version No:	1.5
Issue Date:	April 2020
Review Date:	October 2020
Author:	Director of Nursing & Midwifery PTHB Assistant Director Quality & Safety, PTHB Section 33 Pooled Funds Manager PCC
Document Owner:	Assistant Director Quality & Safety, PTHB Section 33 Pooled Funds Manager PCC
Accountable Executive:	Director of Nursing & Midwifery PTHB Director of Social Services PCC
Approved By:	Gold Command PTHB
Approval Date:	April 2020
Document Type:	Policy / Non-clinical
Scope:	The policy applies to staff within PTHB and PCC who provide services to care homes.

The latest approved version of this document is online.
 If the review date has passed please contact the author for advice.
 Person Tracking Health Board is the operational name of Powys Teaching Local Health Board.
 Cynhad iachyd iachyd Powys i'r enw gweithredol. Rhaid ychyd iachyd iachyd Powys.

Escalation Matrix

Risk Escalation level	Situation	Status
0 No infection	Standard operating processes are functioning and not compromising the service. Care Settings should have in place standard operating procedures for individual residents with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and residents.	Accept
1 Incident Moderate/ manageable pressure	Standard operating processes are functioning as efficiently as possible and not significantly compromising the service. An incident of COVID-19 is a situation where there may only be one suspected or confirmed case of coronavirus present. An incident of COVID-19 will require immediate action so that the individual is isolated and that precautions can be put in place to prevent the spread of the virus.	Tolerate
2 Outbreak Significant Pressure	Enhanced support required with senior managers and Heads of Service working together across the whole care system to provide appropriate support. An outbreak of COVID-19 is when there are three or more suspected or confirmed cases in a setting (triggering the need to notify GJW/PHW).	Collaborate
3 Extreme Pressure	Requires cross intervention from external support to continue service provision	Intervene
4 Service Failure	Nursing / residential care home ceases to be able to continue to provide care and requires contingency such as transfer of residents to an alternative setting and/or external operation of the service	Contingency

Powys Assessment of Optimal & Consistent Primary Medical Care in Care Homes May 2020

Recommended Solutions:

The Welsh Government Task and Finish group have set out the below recommendations to offer a solution to the above identified issues, and also to ensure good practice in Care Homes:

1. Recommendations for the Local Health Board				
Table of Recommendations from the Care Home Task and Finish Group:	Action	Responsible Lead	Assessment	BRAG
LHBs should agree and implement a national escalation framework for care homes	RPBs, CIW and CPW should agree and implement a simple national escalation framework for care homes by 15 th June 2020	Directors of Primary & Community Care	Joint Care Home Response Escalation Matrix agreed and implemented	
LHBs should ensure that they are monitoring care homes daily (e.g. deaths, admissions, infection rates, escalation levels)	RPBs, CIW, PHW and CPW should agree and implement a simple (on/once) monitoring system for care homes by 15 th June 2020	Directors of Primary & Community Care	Daily MOT takes place. Care homes assessed and monitored against Joint Care Home Response Escalation Matrix. Escalations reported through to Exec Oversight Group	

Rehabilitation and Recovery (Those Affected by Covid-19)

- National Principles and Frameworks:
- Healthier Wales 2018
 - A Health Caring Powys: Health and Care Strategy 2017-2027
 - National Clinical Plan for Wales 2019
 - Workforce futures –A strategic framework for Powys Health and Care workforce Jan2020
 - Rehabilitation: a framework for continuity and recovery 2020 to 2021

A programme of work is in place to develop pathways for those affected by Covid-19, building on opportunities for advances in technology and smarter ways of working. For example offers for the specialists to work remotely rather than on location, virtual clinics (Attend Anywhere) and Consultant Connect.

This includes the development of revised staffing models and the mapping of skills and new roles, with bespoke training packages.

There are areas of particular challenge for example ‘right sizing’ community services and addressing the reliance on interdisciplinary team working.

The solution requires integration across specialist and generalist services and strong leadership for transformational change.

This will identify and involves all to maximise opportunity for multiagency integration / all areas equal – increasing demand is everyone’s business

The programme will deliver appropriate and timely rehabilitation to meet the needs of the Powys people to enable them to return to their optimal level of independence and well-being.

There is a complexity in relation to the scope and reach of rehabilitation, timescales and capacity.

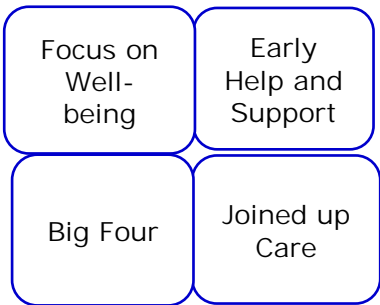
Other risks include issues with the current dataset of existing demand for, or impact of, rehabilitation service. This limits the accuracy of modelling for current and future service use.

The programme will require operational and cultural changes including a move to 7 day working, geographical considerations, workforce and recruitment challenges and the requirement to minimise the spread of infection.

There is a strategic fit with the shared long term strategy for Powys:

Person Centered Stepped Care

- Enable me to Start well, live well and age well
- Enable me to stay well and support myself
- Assess and monitor me closely
- Step up my care and keep me at home
- Give me good care when I am not in my own home
- Step down my care and get me home



A Healthy, Caring Powys

Rehabilitation and Recovery Pathways

- Implement rehabilitation pathways to support Acute COVID19 pathways
- Implement rehabilitation pathways for the new normal.
- Equitable access to the service
- Work in partnership with individuals to promote self-management & well-being
- Target environment that optimises best outcome for the individual
- Utilise newly gained skills & commit to new ways of working developed during pandemic
- Discharge to recover, rehabilitate & assess - D2RRA – facilitate timely discharge from hospital.

Patient Groups:

- Post COVID: There is likely to be an increased demand in rehabilitation in all settings due to the COVID pandemic
- Those who have received or will be receiving Planned care
- Those who avoided accessing during pandemic now at greater risk of disability & ill health
- Those socially isolated or shielding

Multi Professional Multi Agency Integrated Care Pathways

Key actions for Q2 include:

- Rehabilitation Framework for Powys – scope model, components and pathways
- Review Task and Finish Group Terms of Reference – extend membership
- Outline programme plan / phasing and risk register
- Gather baseline data / outcome measures
- Map pathways start to finish
- Rehab programmes for long term conditions supported by technology
- Pulmonary rehab trials

Patterson, Liz
07/23/2020 14:56:37

Harm from an overwhelmed NHS and social care system

Test, Trace and Protect

Harm from COVID itself

Harm from overwhelmed NHS and social care system

Harm from reduction in non-COVID activity

Harm from wider societal actions/lockdown

Patterson, Liz
07/23/2020 14:56:37

Overview

This plan builds on the health board's Phase 2 approach which included the management of risks and impacts arising from an overwhelmed NHS and Social Care system.

The initial short-term risks for the system were focused on the potential for hospitals, as well as primary and community health and social care becoming overwhelmed by a peak in Covid demand itself.

As the weeks have progressed and the lockdown measures have seen the 'flattening of the curve' a different and longer term set of challenges arise across health and care systems which re-directed their operational and support services into the management of the pandemic response.

Routine care was suspended across the UK as part of the Government response and essential care pathways were also curtailed and changed across systems.

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

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

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

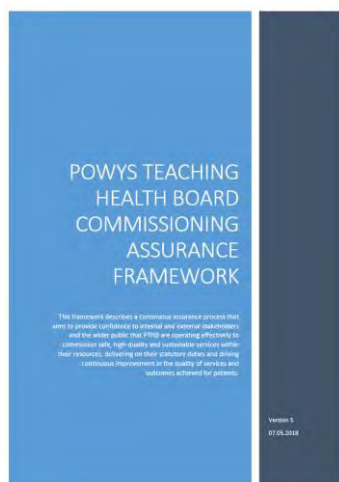
As the system challenge is now known to be longer term in nature, with multiple providers planning progressive returns of services over months and up to two years in the future, the health board will renew and reframe its own long-term strategy to ensure the risks are minimised as far as possible.

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

There is also an important piece of work for Powys in responding to the opening of the Grange hospital by Aneurin Bevan University Health Board and the impact on South Powys pathways particularly those relating to provision at the Nevill Hall Hospital in Abergavenny. This work will recommence during Quarter 2.

Context

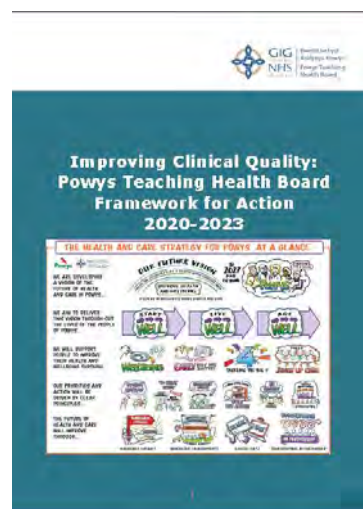
- **Access:** Most routine activity and performance management arrangements for scheduled and unscheduled care were suspended following the letters from central governments. PTHB is monitoring key issues in relation to essential services such as Cancer breaches. In line with other health boards it has reported to Welsh Government on access to essential services.
- **Waiting Times:** Whilst usual information flows have not yet been restored unvalidated data indicates that the number of patients waiting over 52 weeks is increasing. This will have implications in reviewing any potential harm to patients and will also have effects for 2021/2022.
- **Quality and Safety (and Patient Experience):** Where possible quality and safety measures are continuing to be monitored, subject to Government direction regarding the reporting of concerns in both Wales and England.
- **Governance and Strategic Change:** A "District General Hospital Log" is being kept to record the multiple and complex pathway changes taking place.
- **Commissioning Quality Performance and Review Meetings (CQPRMs):** have been incrementally re-established from July 2020. The main English providers for PTHB are working within the regional system command arrangements.
- It is planned to reinstate processes such as the Commissioning Assurance Framework and Clinical Quality Framework in 2020/2021 where possible and safe to do so, subject to government and provider body/ wider system arrangements.



PTHB Commissioning Assurance Framework

It is planned to progressively recover the Commissioning Assurance Framework, which will include a response to Covid-19

Patterson, A.
07/23/2020 11:56:37



PTHB Clinical Quality Framework
It is planned as part of the overall recovery to re-establish the introduction of the PTHB Clinical Quality Framework to realise a **vision of "Systematic, clinically-led, continuous and sustained, year-on-year improvement in the quality of clinical care provided by Powys Teaching Health Board."**

Harm from overwhelmed NHS and Social Care System

Planning and Operating Framework	New Ways of Working	Core Support Services	Workforce	Health, Safety & Wellbeing	Population Groups:
<ul style="list-style-type: none"> Implement Strategic planning framework and review whole system modelling Implement bed occupancy levels, with escalation and trigger points Implement protocols for Streaming of Pathways /flows for COVID and Non COVID Provide primary care hot sites when triggered by practice demand. 	<ul style="list-style-type: none"> Establish a specific focus on new ways of working Capture learning and promote success for spread and scale Reshape the North Powys Well-being Programme Respond to the early opening of The Grange 	<ul style="list-style-type: none"> Continue to implement the digital journey <ul style="list-style-type: none"> -Remote working -Remote Video clinics -Self care apps Deliver the Capital priorities in the context of Covid and Non Covid delivery Implement Transport plan to support Clinical Response Model 	<ul style="list-style-type: none"> Implement Workforce planning, recruitment and supply Work in partnership with Trade Union partners Deliver staff Psychological Wellbeing support services. Monitor and provide wellbeing support for staff who are Shielding Continuous review of medical and non medical leadership arrangements 	<ul style="list-style-type: none"> Continue to update risk assessments Continue to Implement Social distancing measures Continue to provide advice and guidance relating to Infection Prevention Control (IPC) along with training in personal protective equipment (PPE) Continue to support staff with home working arrangements 	<ul style="list-style-type: none"> Staff General Population At risk Groups – Long term conditions Non Covid Groups with life-essential and routine health care needs COVID groups

Progress to Date

- Digital opportunities explored with Office 365 rollout, Attend Anywhere are Consultant Connect being rolled out; switchboard capacity increased to ensure support line in place
- Infection control training programmes for specific staff groups in clinical / non-clinical areas implemented
- Staff Psychological Wellbeing support services agreed via the Wellbeing Hub
- Medical and non-medical leadership arrangements reviewed
- Risk assessments undertaken for ALL staff including BAME; who have underlying conditions identified, in line with national guidance
- The provision of advice and guidance relating to Infection Prevention Control (IPC) along with training in personal protective equipment (PPE) provided; social distancing implemented based on national guidance
- Primary care hot sites in place when triggered by practice demand
- Bulk oxygen storage procured for key sites to improve oxygen capacity
- Social distancing measures implemented across Powys

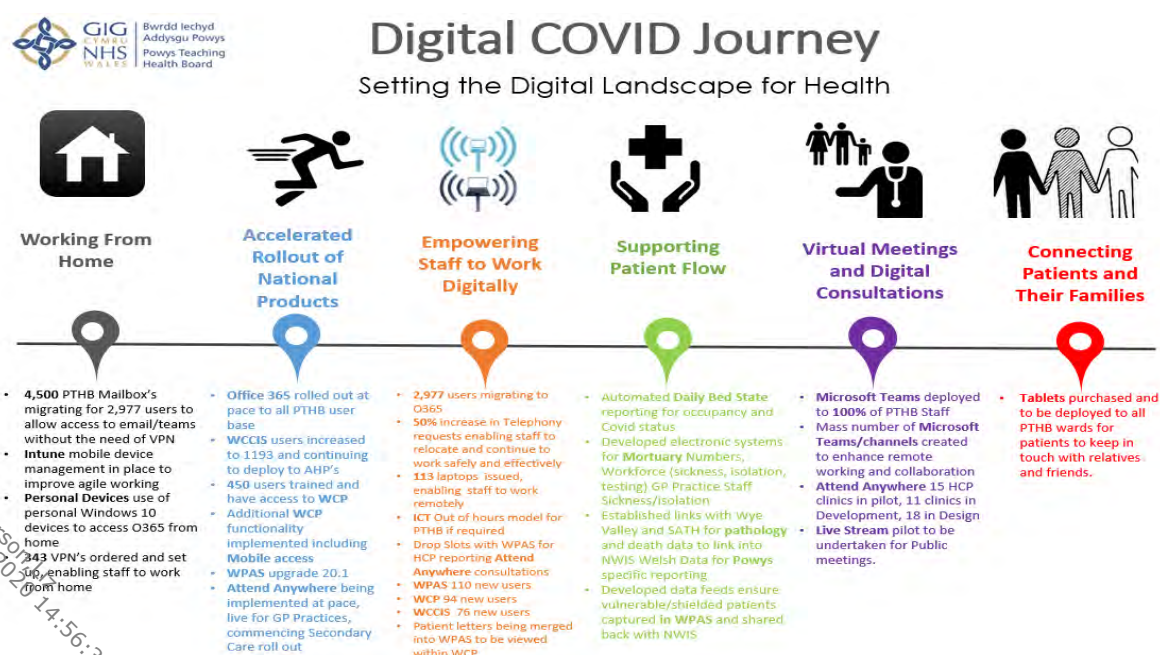
Patterson, Liz
07/23/2020 14:56:37

New Ways of Working – Digital

The Digital Journey has progressed significantly during the Covid-19 crisis. This has meant necessary re-prioritisation of projects and tasks to ensure a pragmatic and responsive approach to sustainable service delivery. Digital transformation has excelled at pace, and other programmes of work put on hold to release resource and effort to be directed to where it was most needed. Ensuring that we meet the ICT equipment needs, and given the national and world-wide demands meant seizing early opportunities offered by 3rd party vendors, and fast-tracking decision making with collaboration from Workforce and OD, Information Governance, Local Authority, suppliers and NWIS to secure orders and equipment.

Strong Information and IT Governance has been in place and whilst challenged as 'free' solutions were introduced and used widely in other sectors (e.g. Zoom, Whatsapp, Facetime). During the covid-19 pandemic, the UK has seen an increased threat of Cyber-attack, the amount of Phishing emails has significantly increased but the systems we have in place are detecting and deleting fraudulent or suspicious threats to help mitigate and minimise the risk. Action has taken to maintain best practice, awareness of Cyber threats to protect our systems, data and network. Access to patient information (via Welsh Clinical Portal - WCP) for our 'Cross Border' partners was securely and successfully enabled for out of hours GP services, via the use of O365 secure emails. The VPN network and Internet bandwidth has been significantly improved.

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



Harm from overwhelmed NHS and Social Care System

The Digital Plan

		Q 1	Q 2	Q 3	Q 4
DIGITAL CARE					
Office 365 Implementation					
	Use of Teams Lite extended to all users for collaboration	●			
	Migration of user accounts and mailboxes to O365 (Mid-June)	●			
	Use consultancy support for business/technical readiness, OneDrive, Planner, Stream, Forms, Sway, Yammer, Company Communicator.	●	●		
	Use consultancy to develop use of SharePoint/Teams for easier access to files/document	●	●		
	Use consultancy to develop Team/Intranet sites for Health and Wellbeing	●	●		
	Development of Teams for use within a Health Care setting (such as virtual consultation and bed management)			●	
Mobile Working					
	Mobile device policy and management Inc BYOD	●			
	Enable mobile working through the right equipment	●			
	Review Mobile phone service offering		●		

DIGITAL INFRASTRUCTURE AND INTELLIGENCE					
Infrastructure					
	Windows 7 upgrade to Windows 10		●		
	Active Directory & Group Policy cleansing and improvement	●			
	Windows Auto pilot build & Intune config		●		
	Windows Defender ATP		●		
	Develop Power BI platform		●		
	Data centre & DR review				●
	Telephony Review - Development of the business case end of July		●		
	Network - Site by site analysis (End of Sept)		●		
	Secure & Managed Print solution – development of business case		●		
	Digitisation of Health Records review – options and business case			●	●
	Review of Cyber Security requirements		●		
	Software & Asset Management review		●		
Information Services					
	Clarify the NDR plan for Powys & Go Live	●			
	Revise reporting for Informatics projects		●		
	Commence roll out of power BI & stakeholder engagement		●	●	
	Application Landscape Governance & Change Management review		●	●	
	OFWCMS (Once for Wales Concerns Management System – RLDatix			●	
	DBS Win (consolidation of Dental Systems)		●		
	North Powys Programme			●	●

Patterson, Liz
07/23/2020 14:56:37

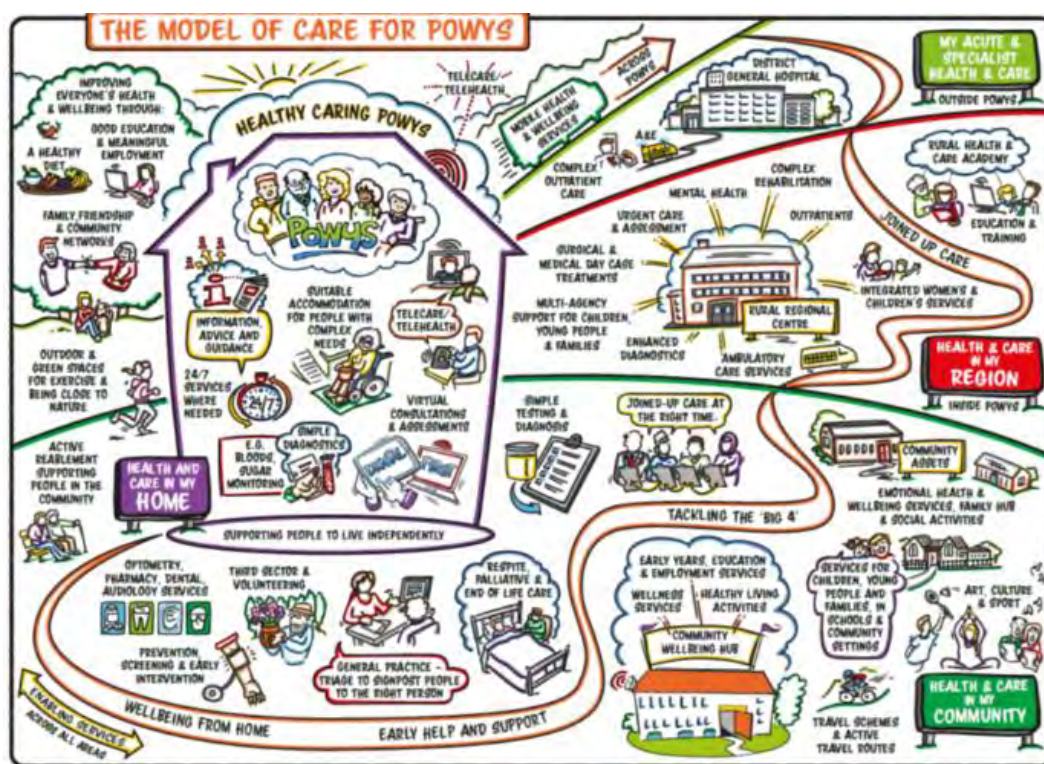
	Q 1	Q 2	Q 3	Q 4
DIGITAL ACCESS				
Telehealth/Tele-care				
Produce a directory of directorate plans end of June	●			
Produce guidance for increased adoption			●	
Research & Development Paper API, Chat bots, Virtual Reality (VR)		●		
WCCIS				
July Release with additional functionality for referrals		●	●	
Use of mental health forms			●	
Use of inpatient functionality for mental health				●
Commence roll out of Mobile App		●		
Post WCCIS documents into WCP				●
Commence planning to migrate to version 6				●
Welsh Clinical Portal (WCP)				
Access to WCP for mobile users				●
Complete IG training for new users			●	
Virtual clinics process and implementation guides			●	
Provide Cross Border access to WCP		●		
Extend use into secondary care providers				●
Cross Border Project				
Develop business case for Cross Border technical infrastructure (NWIS)		●		
Eye Digitalisation Project				
Stakeholder engagement and FBC sign off	●			
Staff Recruitment		●		
Project delivery			●	●
GP & Clinician system use				
Remote access (end of June)	●			
Video Calling – Teams/Attend Anywhere/Accurx	●			
Virtual Clinics & Consultations	●	●		
Bookings Apps (via 0365)		●		
Consultant Connect	●			
Crisis Communicator apps for emergency response		●		
Increased use of WCP	●	●		
Increase use of WCCG clinical comms between primary/secondary care		●		
Implement e-referral, discharge & diagnostic information			●	
Teams for primary care clusters – (End of Sept)		●		

Patterson, Liz
07/23/2020 14:56:37

Harm from overwhelmed NHS and Social Care System

Re-Shaping the North Powys Well-being Programme

Purpose: To test and deliver a new model of care in North Powys and support effective learning and transfer Pan Powys



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

After a period of engagement, the model of care was approved by Cabinet and PTHB Board during Quarter 1. The programme has been suspended during the pandemic, but will be progressively recommenced during Quarter 2.

Context and key considerations:

New / changing baseline position

Limited operational team capacity

Ability to secure capital in a timely way

Limited transformation funding until March 2021

Engagement /co-production virtually

- Ability to focus on longer term service planning/change during a crisis
- Impact of Covid-19 on pace and future delivery of programme is currently unknown, a risk-based approach will be implemented
- Engaging with public, communities, staff and key partners remotely
- Ability to secure funding
- Limited operational resource across the partnership due to the need re-focus resource to support the pandemic

Patterson L17
07/23/2020 14:56:37

Key Actions for the North Powys Well-being Programme in Quarter 2

- Review and re-focus acceleration for change priorities to support 'recovery model'
- Evaluate and implement new models of care with a focus on wellbeing, third sector, rehabilitation personalised care/re-shaping social care offer, digital technology and strengthening local provision to support external provider plans
- Baseline and start to test new models in Newtown with focus on wellbeing, joint working and pooling resource to improve service user outcomes
- Re-position the PBC to focus on broader economic recovery from Covid19 and pandemic future proofing across the multi-agencies – school, housing, social care, health and third sector i.e. outdoor classrooms, single rooms, patient flows
- Look for opportunities to undertake more detailed service design work (required for the business case) in line with the recovery model
- Publicise and promote the model of care with public, communities, staff and other stakeholders in north Powys, through highlighting and building on the new ways of working that have been delivered so far during Covid19
- Streamline governance, delivery via RPB sub groups and agile working
- Support with embedding an ethos of change within communities in north Powys

Responding to the Opening of The Grange / Clinical Futures Programme and Associated Changes to Pathways and services for South Powys

Aneurin Bevan University Health Board agreed proposals for the early opening of The Grange hospital at their Board meeting on 30th June 2020, as part of operational planning and winter preparations in the context of the response to Covid-19. The proposal has been submitted to Welsh Government for final approval, including seeking to secure capital and revenue funding to enable the proposed opening of the new Hospital ahead of schedule. This will expedite changes in services and pathways used by the Powys population, particularly those currently at Nevill Hall Hospital.

Powys residents access a range of planned and unscheduled care services provided by ABUHB, mainly at Nevill Hall Hospital or through outreach services.

As part of the Clinical Futures Programme, Nevill Hall Hospital becomes a 'Local General Hospital' as part of the supporting hospital network around The Grange.

This includes changes across at least 46 services, the primary pathways for Powys are included in this presentation. (NB. based on information provided to PTHB by ABUHB in Autumn 2019, ABUHB are reviewing these changes in the context of the Covid-19 response) but in summary the main changes are:

- All specialist and critical acute care will be provided at The Grange, including Accident & Emergency, with a Minor Injury Unit at Nevill Hall Hospital
- Consultant-led maternity and neonatal services will be provided at the Grange, with a midwife-led unit at Nevill Hall Hospital
- New inpatient provision will open at The Grange and there will be a reduction of beds at Nevill Hall Hospital (216 compared to 401 pre-Covid 19)
- There are changes across planned care pathways, highlighted in the following slides (nb. based on information provided pre-Covid-19)
- Plans for a satellite unit at Nevill Hall are being explored by Velindre Cancer Centre

Change to Trauma and Emergency Medical Services (Covid-19 response)

Trauma and Emergency Medical Services were centralised at the Royal Gwent Hospital as part of the response to Covid-19, in March 2020 (and are therefore not currently carried out at Nevill Hall Hospital).

ABUHB have determined that these services will continue at the Royal Gwent until they transfer to The Grange in November 2020.

Patterson, Liz
07/23/2020 14:56:37

ABUHB provided detailed information on the changes across 46 clinical pathways associated with the opening of The Grange and the Clinical Futures programme in summer 2019 and an initial assessment of impacts for the Powys population was carried out and considered at PTHB Strategic Planning and Commissioning Group during Autumn/ Winter 2019/20. In summary:

- There are a range of impacts and benefits for Powys residents across domains including access, quality and patient / user and carer experience.
- There are also considerations for PTHB as a provider partner in relation to operational service planning and delivery such as the ongoing arrangements for consultant inreach.
- There are considerations for PTHB as a commissioner in relation to the interdependencies with other neighbouring providers and the whole system of care. These remain framed by the agreements made at the point of the approval of the South Wales programme, including the role of Prince Charles Hospital, having strategic importance as a hospital for the South Powys population.
- Around 30,000 Powys residents are in the catchment for Nevill Hall Hospital and on average, there will be an increase in journey time of 7.3 minutes for those services that are provided at The Grange or an alternative nearest hospital rather than Nevill Hall. Those living closest to Nevill Hall, for example in and around Crickhowell, will experience the greatest increase in journey time of around 21 minutes.
- For those living in Brecon and the surrounding area, Prince Charles Hospital becomes their nearest District General Hospital and would have a minimal or negligible change (of around 1 minute) in journey time. However, they will experience a difference in terms of familiarity with the site and the associated services, staff and care pathways

There are significant interdependencies across and between ABUHB, Cwm Taf Morgannwg University Health Board and the other health boards in the South Wales system in relation to the wider regional flows and transition to the new hospital network model. The role of Prince Charles Hospital in Merthyr Tydfil was recognised as being of strategic importance for the South Powys population during the South Wales programme.

In Quarter 2, the health board will establish programme arrangements planned prior to Covid19, to respond and focus on the impacts, risks and opportunities for Powys residents in the South and Mid areas of the county.

Patterson.Liz
07/23/2020 14:56:37

New Ways of Working: Innovative Environments – Capital Programme

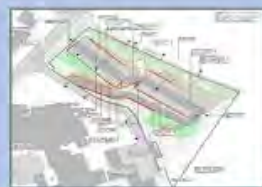


Llandrindod Wells Hospital

- Development of Programme Business Case for Phase 2 – first draft approved by Project Board with early overview and positive informal feedback from WG
- Executive approval for Endoscopy AHU replacement by Q3
- Proceed with contractual claim process with Design Team to replenish £280k overspend related to Endoscopy AHU and associated issues

Machynlleth Wellbeing Project

- Funding approved by WG to engage Willmott Dixon to proceed to pre-construction stage
- Review of design undertaken – identifying opportunities to simplify phasing & buildability
- Stakeholder focused project re-launch meeting in Quarter 2
- Re-submission of Full Business Case planned for Quarter 3 incorporating COVID-19 lessons learned and enhanced decarbonisation elements



Brecon Car Park

- Currently progressing detailed design to enable Business Justification Case to be submitted to WG for funding; £550K has been raised by the community, with £450K required from WG to initiate construction activity/

Bronllys Rural Health & Care Academy of Learning

- Proposals to develop Basil Webb building at Bronllys Hospital to provide a Rural Academy of Learning; design development Q2 2020/21
- Car parking review to determine phased programme for improving and expanding car parking arrangements on site



North Powys Wellbeing Programme

- Innovative Environment Workstream involving health and care, education and housing jointly developing Programme Business Case
- Programme Business Case well advanced; the workstream and consultant team will continue work to complete, seeking suitable stakeholder approvals and submit to WG in Quarter 3
- Focus on key benefits and what synergies a campus approach would deliver, promote decarbonisation agenda and COVID-19 review



New Ways of Working: Innovative Environments Quarter 2 Actions

Collaboration with Powys County Council – ICT Services

Estates are working with ICT across both Powys Teaching Health Board and Powys County Council to trial ICT works being completed by the Heart of Wales Property Services. The process will be agreed and rolled out during Q2

Mechanical Ventilation

All design work is complete for ward environments, to support mitigation measures for Aerosol Generating Procedures. A contractor will be appointed for commencement of works as a matter of urgency in Q2.

Testing Stations

Works underway to support Covid - 19 Testing Stations in hospital sites (Bronllys / Welshpool) in addition to work to identify and lease fixed external sites such as Royal Welsh Showground.

Maintenance Contracts

Thirty key maintenance contract areas are being scoped and specified in conjunction with Procurement Services. A new contract template has been prepared, and will be rolled in Q2 for new contracts; this includes the ability to performance manage contractors

Social Distancing

Working with social distancing and new workstyles group to roll out approved Covid - 19 signage across estate including supporting measures for reception and office desk screens; implementation target early August.

External Oxygen Bulk Storage Tanks (VIEs)

Working to high specification requirements; installation work is complete in Brecon and will be fully completed in Welshpool and Llandrindod Wells Q2. Estates will continue to manage the enhanced planned maintenance requirements



Health and Safety

Water log book notice and water risk assessment for Llandrindod signed off by HSE. Management and control systems introduced for Hand Arm Vibration Syndrome (HAVS); RIDDOR reports to HSE with ongoing exchange of data

Helpdesk Refresh

This has been delayed during Covid -19 activity, work programme to be refreshed and commence in Q2

Control of Contractors

Processes will be revised in Q2 with health & safety team

Shower and Change Facilities Refurbishment

Ensuring staff are able to access suitable and sufficient changing facilities in support of Covid -19 on sites has been a priority; already good progress in refurbishing changing facilities; project work scheduled for further enhancement of four hospital sites during Q2.



Patterson, Liz
07/23/2020 14:56:37

Harm from overwhelmed NHS and Social Care System

Health Safety and Well-being

Personal Protective Equipment (PPE)

- Two main stores locations for PPE
- PPE Training sessions implemented
- Ongoing programme to ensure PTHB staff are fitted for FFP3 masks where required by a registered Fit2fit trainer
- Review how best to support FFP3 mask fitting where required for closed environments, supported living and patients in their own home
- Continue to ensure sufficient PPE equipment is delivered in a timely way to the areas where it is required from a centralised store
- Continue staff training in the correct use and disposal of PPE
- Establish need for additional PPE where required for the influenza vaccine campaign

A visual guide to safe PPE



Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coveralls/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Acute hospital inpatient and emergency departments, mental health, learning disability, autism, dental and maternity settings	Performing a single aerosol generating procedure ^{2,3} on a possible or confirmed case ² in any setting outside a higher risk acute care area ⁴	✓ single use ⁵	✗	✓ single use ²	✗	✗	✓ single use ¹	✓ single use ¹
	Working in a higher risk acute care area ⁴ with possible or confirmed cases ²	✓ single use ⁵	✓ single use ⁵	✓ sessional use ⁴	✗	✗	✓ sessional use ¹	✓ sessional use ¹
	Working in an inpatient, maternity, radiology area with possible or confirmed cases ² – direct patient care (within 2 metres)	✓ single use ⁵	✓ single use ⁵	✗	✗	✓ sessional use ⁴	✗	✓ sessional use ¹
	Working in an inpatient area with possible or confirmed cases ² (not within 2 metres)	✗	✗	✗	✗	✓ sessional use ⁴	✗	✓ risk assess sessional use ^{1,5}
	Working in an emergency department/acute assessment area with possible or confirmed cases ² – direct patient care (within 2 metres)	✓ single use ⁵	✓ single use ⁵	✗	✗	✓ sessional use ⁴	✗	✓ sessional use ¹
	All individuals transferring possible or confirmed cases ² (within 2 metres)	✓ single use ⁵	✓ single use ⁵	✗	✗	✓ single or sessional use ^{4,6}	✗	✓ risk assess single or sessional use ^{1,4,7}
	Operating theatre with possible or confirmed cases ² – no AGPs ⁸	✓ single use ⁵	✓ single use ⁵	✓ risk assess single use ^{1,5}	✗	✓ single or sessional use ^{4,8}	✗	✓ single or sessional use ^{1,8}
	Labour ward/area – 2nd/3rd stage labour vaginal delivery (no AGPs) – possible or confirmed case ²	✓ single use ⁵	✓ single use ⁵	✓ single use ²	✗	✓ single or sessional use ^{4,8}	✗	✓ single or sessional use ^{1,8}
Inpatient care to any individuals in the extremely vulnerable group undergoing shielding ⁹		✓ single use ⁵	✓ single use ⁵	✗	✓ single use ⁵	✗	✗	✗

Patterson Liz
07/23/2020 14:56:37

Workforce

The workforce is the health board's most valuable asset and the well-being of staff is a key priority. We continue to work towards the Workforce Futures Strategic Framework for Powys, alongside our Regional Partnership Board partners. We have recognised that our response to the pandemic and our ability to recover relies upon the efforts across the whole system including the vital role volunteers, carers and communities play. During Quarter 2 we will undertake:

Workforce Planning, Recruitment, and Deployment

Attracting and maintaining and valuing a diverse workforce in sufficient numbers and with appropriate skills. Education and development continue to be a priority and the use of new digital technologies and new ways of working.

Staff Wellbeing

The health board continues to focus on the staff testing programme of testing for staff and continued risk-assessment of vulnerable groups to ensure workplace safety with a particular focus on BAME colleagues. We continue to encourage staff to utilise annual leave regularly as this will be key in the sustainability of our workforce from a well-being perspective and part of ensuring our winter preparedness. We have invested in enhanced psychology counselling and the online Silver Cloud CBT service, which we are leading the roll out across Wales.

Working in Partnership

Strong partnership working with trade unions has enabled the health board to respond at pace to implement new ways of working, and we are grateful for the support of partners in adapting to a rapidly changing environment, to protect the health and wellbeing of staff and the Powys population.

Social Distancing/Health and Safety

Ensuring social distancing and health and safety requirements are implemented for staff and patients has been a key area of focus, and clear guidance has been developed and cascaded in consultation with staff side across clinical and non-clinical areas. This work is essential to enable the health board to recover and restart non-Covid activity at its sites.

Workforce Planning for Covid and Surge Response

The wellbeing of our staff and ability to respond to the unprecedented demands and changes to service delivery continues to be a key priority for workforce as we move in to quarter 2.

- Significant remodelling of our services was undertaken in line with our clinical response and bed capacity. This saw the implementation of:
 - Bespoke workforce modelling and assumptions tool to assess staffing requirements, headroom increases, supply and deficits
 - Central redeployment register to maximise flexibility
 - Tailored training for redeployed and newly recruited staff; 681 Clinical and 80 non clinical staff attended training between 26 March and 31 May 2020; a total of 1002 training sessions
 - Fast tracked bank recruitment - 55 HCSW's, 10 RN between 26 March and 31 May 2020

- Strengthened approach to the deployment of volunteers, including the development of specific role profiles
- Centralised hub for all workforce queries, including central recording of absence, FAQ's and workforce comms and redeployment requests
- Developed the workforce plan for the TTP strategy working in conjunction with Powys County council to establish the first tracing team. This involved the development of regional JD's and the deployment of 14 clinical staff who are socially distancing or shielding
- Staff wellbeing survey undertaken with 279 response rate
- SOP developed to provide support to care homes and sharing of knowledge in respect of operating an internal staff bank
- Implementation of staff social distancing measures
- Weekly staff side and workforce meetings established to share progress with activities and discuss response plans and staffing issues
- Implementation of new rosters to support newly created teams

Building on the work undertaken in Q1, we will continue to work alongside services as a key priority in Q2 to ensure workforce plans are developed which ensure the health board has the flexibility to respond to service demands. Key priorities in the coming months include:

- Our Q1 surge plan included the introduction of multidisciplinary wards, with the deployment of AHP staff. However, the ability to do this would only have been possible with the suspension of a range of normal services and a significant number of redeployments into areas where staff may not have had previous or recent experience.
- We will review our surge plans in light of normal services beginning to be stepped back up, adjustments to service delivery due to impact of social distancing and increased PPE and winter planning.
- Review of our redeployment register and ongoing maintenance to ensure information is kept up to date and training maintained
- Continued development of workforce plans in line with the Test, Trace, Protect strategy to include preparation for antigen testing and vaccination deployment
- Focused workforce planning, recruitment and induction for new starters
- Continued focus on our most challenging areas of recruitment in line with our overall IMTP delivery plan

Training and Development

- We will continue to progress our HCSW apprenticeship delivery plans and grow your own approach, to support our delivery plan.
- A review of online training delivery is underway to maximise the use of technology and our ability to maintain social distancing measures.

Patterson, Liz
07/23/2020 14:56:37

- Release of staff for all undergraduate and postgraduate education and training activities has been fully restored, albeit some will continue to be delivered in different ways.
- Clinical placements will resume to ensure that the future health professional workforce can develop the appropriate skills and competences.
- Induction programmes are being reviewed and virtual platforms are being explored to support a multi-modal delivery of training and development programmes.
- Clinical skills training delivery is being reviewed with an emphasis on delivering the sessions locally to staff in their place of work for face to face sessions.
- Work has been undertaken to ensure appropriate risk assessments are in place, detailing the numbers of individuals permitted with social distancing measures in place for the training environments.
- Work continues aligned to the 'grow our own' approach with recruitment onto undergraduate programmes, supporting our staff to develop from HCSW to registrant.

Test, Trace and Protect

We are working with Powys County Council to resource Test Trace and Protect on a sustainable basis including:

- Redeployment of 13 clinical staff who are either shielding or socially distancing
- Focused workforce planning, recruitment and induction for new starters
- Recruitment of a dedicated Service Manager and Clinical lead within the health board for the test, trace, protect strategy
- Continued recruitment to the contact tracing team, including the provision of bank staff as well as temporary contracts

Staff Testing

Testing is a priority for staff members who are symptomatic. This will be accessed from the mass testing sites in Builth Wells and Newtown. Staff to be advised to book their tests directly with the Covid-19 Administration Hub in order to expedite the appointment, and to alert Occupational Health of their symptoms.

Liaison with Shared Services to review courier arrangements to improve delivery time to laboratories and turn around for test results.

- Staff able to receive their test results by SMS text.



- Staff advice on antigen testing from PTHB's Occupational Health Department and from the Clinical Lead for the testing service.
- Antigen testing for staff who are not symptomatic under review
- Direction from Welsh Government regarding antibody testing for PTHB staff under review by Public Health; as PTHB does not provide A&E and other health care services categorised as 'high risk'.

Social Distancing/Health & Safety

- Work programme relating to social distancing developed to protect staff wellbeing
- Development of a 'New Workstyles'/Agile working Programme including work around themes:
 - Supporting Homeworking
 - Signage and Markings
 - Staff, Clinical and Public Areas
 - Policy and Guidance Documents
 - Check and Monitoring
 - Digital ways of working – this theme is cross-referenced to the digital planning work



Staff Well-being

The Occupational Health (OH) service plays a pivotal role in supporting staff in dealing with the pandemic response and Covid-19 symptomatic staff:

- Construction and roll-out of the share point well-being platform
- BAME risk assessments in place in line with national approach
- Delivery on the actions from the recent staff survey
- Launch of the Florence Pilot to enable staff to receive the automated well-being messages service
- Encouraging staff to take annual leave throughout the year to avoid a build up on untaken leave during the latter part of the leave year

Staff-side Liaison/Staff Engagement – Partnership Working

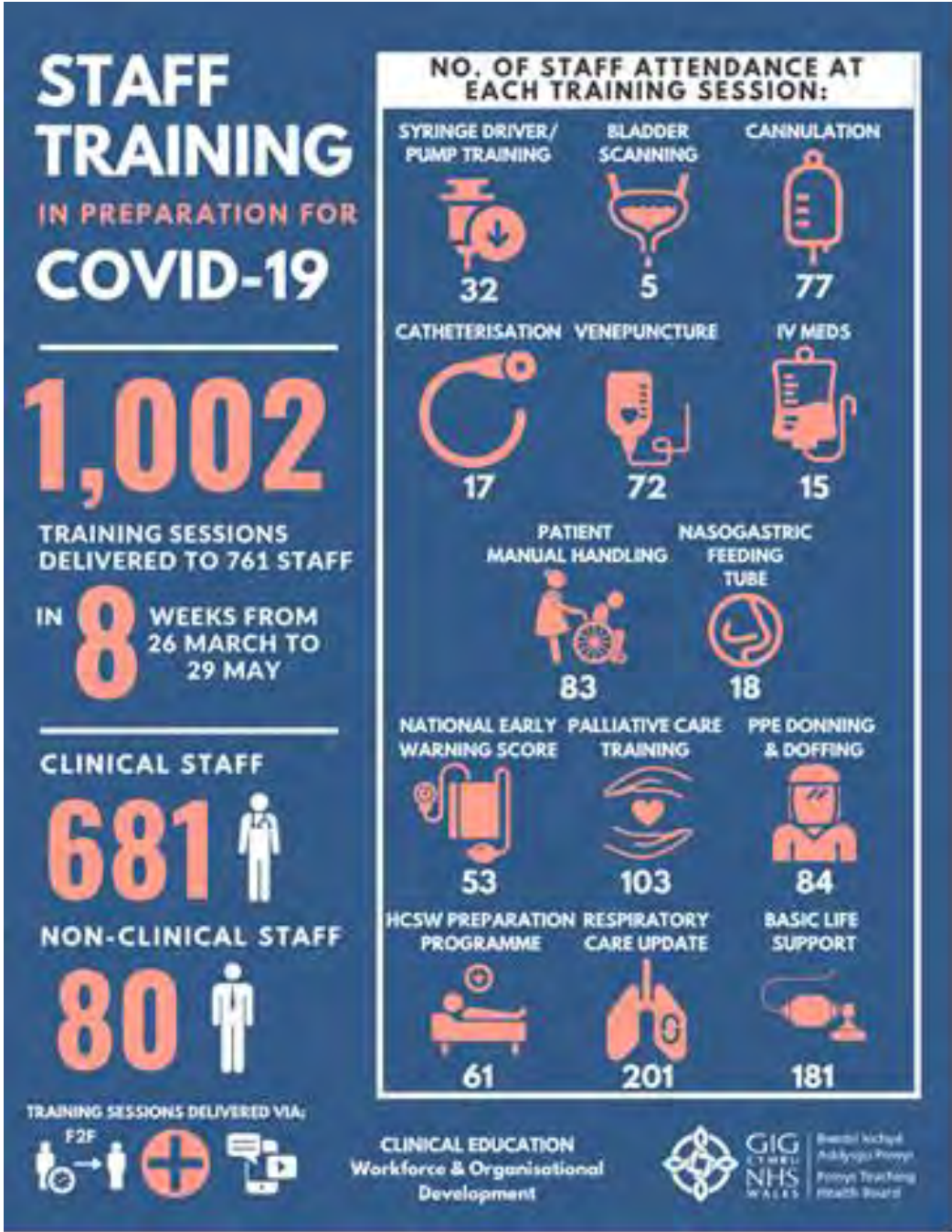
- Regular bi-weekly meetings between the Executive Team and Staff Side colleagues will continue to take place
- Resumption of the Workforce Policy and Review Group with a focus on review of any local policies in line with response to Covid-19
- Continuation of pre-existing consultation arrangements

Patterson, Liz
07/23/2020 14:56:37

Workforce Indicators

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

There have been falls across the usual indicators whilst the focus has been on preparation, training and response to Covid-19. The infographic provides the headlines of training delivery in preparation for, and in response to, Covid-19.



Statutory and Mandatory Training Overall compliance fell by 1% in May 2020 to 85%, staying within the National Target. Compliance has risen by 3% compared to May 2019.

PADRs An instruction was given to managers at the beginning of April to suspend all business as usual activity, which included the undertaking of PADR's due to Covid-19 preparations, prior to this compliance was at 79%. Compliance therefore reduced, with 69% in May. As we return to business as usual Business Partners have begun to monitor compliance and pick up any areas of concern with managers.

Sickness Absence Actual sickness is currently at a rate of 5.43% (1.09% short term and 4.35% long term). In comparison to May 2019 (4.31%) sickness is 1.12% higher. Covid-19 sickness contributed to the monthly sickness absence rate with 0.21% March, 0.54% April and 0.57% in May. Over this 3-month period, 50 episodes were recorded, with 6 staff remaining absent as of the 4th June.

Performance Measure	WG Target	Current Performance	Previous Month
Percentage of staff completing Statutory & Mandatory Training	85%	85%	86%
Percentage of staff undertaking performance appraisal	85%	69%	73%
Cumulative 12 Month Sickness Absence Rate	4.20%	5.07%	4.93%

Patterson, Liz
07/23/2020 14:56:37

Harm from reduction in Non-Covid activity

Test, Trace and Protect

Harm from COVID itself

Harm from overwhelmed NHS and social care system

Harm from reduction in non-COVID activity

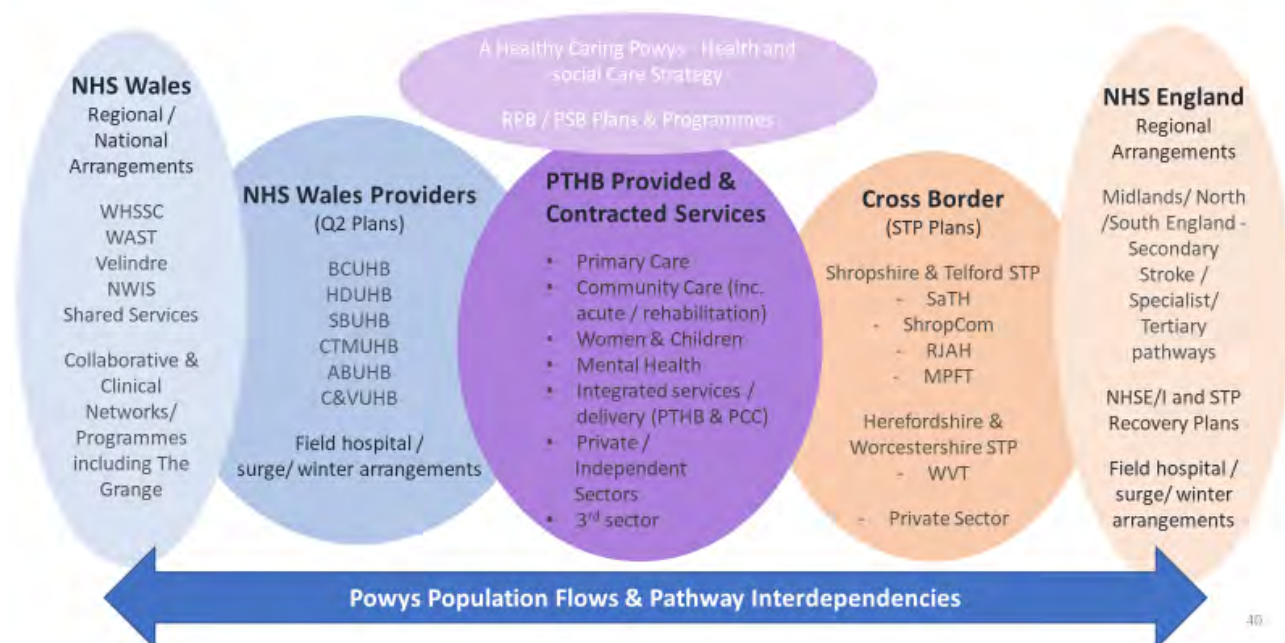
Harm from wider societal actions/lockdown

Harm from reduction in Non-Covid activity

Overview

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

Powys Delivery Framework



Together, these components form the heart of our Q2 plan. No one part of the system can be seen in isolation, as Powys residents' pathways span across both English and Welsh systems of care as well as across multiple providers.

This section of the plan provides an overview across these multiple systems:

- PTHB Provided Services
- Independent and Third Sector
- Commissioned services including cross border and regional arrangements
- Unscheduled Care and Winter preparedness
- NHS Wales regional and national arrangements and Provider Plans
- DGH Specialised and Whole System

The plans for tackling the 'Big Four' in Powys are also outlined in this section. These are the four largest contributors to ill health in Powys and form the heart of clinical transformation ambitions in our shared long-term health and care strategy, A Healthy Caring Powys.

Patterson, Liz
07/23/2020 14:56:37

Harm from reduction in Non-Covid activity

Planning Non COVID Services	Regional, DGH Specialised and Whole System	Powys Provider	Population Groups:
<ul style="list-style-type: none"> • Ongoing tracking for patient management of backlog and referrals • Implement phased plan for reinstating some essential and routine services • Continue to ensure that PTHB demand is built into the modelling for main DGH providers • Maintain participation in regional planning arrangements • Ensure Whole System Access to Essential Services • Update Powys Winter Resilience Plan incorporating Covid-19 assumptions across the whole system 	<ul style="list-style-type: none"> • Participate and support development of regional solutions • Liaise with main provider DGHs to understand and log any key patient pathway changes • Phased re-establishment of commissioning and monitoring arrangements with providers • Phased re-introduction of fragile services and strategic change management mechanisms • Reinstatement of prior approval and validation processes in line with phased approach • BIG 4: ensure access to essential services and fast-track next actions within Programmes to re-instate agreed activities for Cancer, Mental Health, Circulatory, Respiratory 	<ul style="list-style-type: none"> • Agree routine services to be reinstated – critical dependency of SLAs with other HBs/Trusts • Work within services to approve implementation dates of service level increases • Continue to respond to WG regarding parts of the GP, Dental, Ophthalmology and Pharmacy contracts to be reinstated 	<ul style="list-style-type: none"> - General Population - At risk Groups – Long term conditions/shielding - Non Covid Groups with life-essential and routine health care needs

Progress to Date

- Detailed assessment on current position to assess backlog undertaken
- Thorough assessment of routine services undertaken to inform re-instatement plan
- Tracking system in place for patient management (waiting lists)
- Phasing plans for essential services agreed
- Health board and NHS Trust provision of essential services mapped to highlight any areas of concern for the Powys population – to continue into Q2
- Participation in WG's Essential Services Group

Patterson, Liz
07/23/2020 14:56:37

Essential Services – Initial Assessment of Powys Provider

General

- Broad range of services have been modified or stopped; however a broad range of services remain in place
- New referrals are still being received.
- **Variety of clinical review and other “safety netting” arrangements are in place.**
- **Many services have established arrangements for the review of “urgent” cases (including within new/existing caseloads) following triage.** While most of this activity is being handled remotely, some face-to-face contact is still continuing.
- Potential benefits, going forward, from being able to maintain the new ways of working established during the first phase of the Covid response.
- Need for Covid infection control and PPE in re-establishing services.
- Detailed risk assessment to be undertaken for phase 2 essential services.

Specific Services

- **All PTHB surgical planned care is currently suspended, “urgent” clinics operating, new referrals being forwarded to outside consultants for clinical “prioritisation”; in-reach consultants have been re-deployed within their own HBs.** Any plan for local re-provision will require joint working/planning with relevant neighbouring Trusts/HBs.
- Healthy Child Wales Programme - to reintroduce elements of HCW programme which had previously been stood down by WG.
- Antenatal care being delivered in line with RCOG guidance.
- **All routine PTHB X-ray and USS stood down; “urgent” is continuing.**
- Detailed prioritisation of therapy services undertaken in line with WG **“essential services” list.**
- PTHB will work with Welsh and English health systems to ensure effective pathways are in place for patients with cancer – including access to endoscopy. A phased approach is being implemented in England to reduce cancer-waiting times (no patient should wait more than 104 days after 21st August) and to develop system-based solutions

SBAR assessments have been completed for:

- **Women and children’s service (including a “stand-alone” SBAR for the Healthy Child Wales (HCW) Programme)**
- **Mental health and learning disability services**
- **Respiratory nurse-led service**
- **Cardiac rehabilitation nurse-led service**
- **Diabetes nurse-led service**
- **Pain and fatigue service**
- **Ear care service**
- **Lymphoedema service**
- **Tissue viability service**
- **Therapy and health sciences service**
- **Out-patients and surgery**
- **Endoscopy**

PTHB Provided Services – Performance Position

The timely care of patients has seen the most significant impact from the Covid-19 pandemic across the United Kingdom. Across Wales in March a large number of non-essential routine RTT, Diagnostic and Therapy services were suspended whilst access to essential, urgent or emergency care was prioritised. This suspension impacts waiting times especially, and has created a growing backlog within the patient flow. The following table summarises the latest available performance for timely care measures for Powys as a provider.

Timely Care						
		Jan-20	Feb-20	Mar-20	Apr-20	May-20
The percentage of patients waiting less than 26 weeks for treatment	95%	97.2%	97.1%	95.9%	90.5%	79.8%
The number of patients waiting more than 36 weeks for treatment	0	0	0	0	24	86
The number of patients waiting more than 8 weeks for a specified diagnostic	0	0	11	22	207	312
The number of patients waiting more than 14 weeks for a specified therapy	0	1	1	6	93	466
The number of patients waiting for a follow-up outpatient appointment.	<= 7298	7778	7364	7173	7108	6832
The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%.	< 379	274	223	293	346	344
Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for the care or treatments	95%	92.4%	95.1%	94.2%	85.7%	80.3%
Percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	80%	99.0%	100.0%	93.4%	84.2%	71.7%

To improve patient safety, minimise the adverse impact of Covid, and improve patient outcomes, all waiting lists and services are undertaking clinical risk stratification.

Eye Care in March 2020 PTHB was on track to achieve the eye care measure targets but as part of the Covid pandemic, all in reach ophthalmology services were suspended. Priority 1 eye care services have been maintained in Q1 2020/21 with support from optometry (community and hospital optometry) for Wet AMD (Age-related macular degeneration) and glaucoma management/risk stratification. In May 2020 the in-reach service returned at a reduced level with continued support from optometry

The neurodevelopment service for children prior to Covid had the highest performance position in Wales. With the impact of Covid, the service was suspended. However, the service has been able to complete the assessment process for several children, by undertaking virtual multi-disciplinary panels, which has resulted in children receiving an outcome to their assessment.

Planned care activity levels have dropped significantly, some services have stopped completely like day case operations. Outpatient access has been limited to urgent face to face appointments, but phone triage and referral risk stratification has been undertaken to assess patient impact. A significant shift in follow-up appointments has moved access to phone, or virtual systems.

Harm from reduction in Non-Covid activity

Another emerging trend is that referrals to the provider have dropped from circa 600 per week to around 120 per week by the end of May, although this helps reduce the impact of backlog, has the potential for future challenges around patient health and wellbeing.

The latest validated provider RTT position for May is that 79.8% of 3572 patients were waiting less than 26 weeks but 86 patients had waited 36+ weeks (below table shows details of waiters by specialty). In a wider view the picture across Wales for May showed a 430% increase in patients waiting 36 weeks or longer from the same period in 2019, unfortunately validated data for Powys residents is not available from most Commissioned providers at present.

Source: NWIS		RTT Aggregate Performance - Latest 6 months					
Provider Name		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020
Powys Teaching Health Board	% of patients waiting < 26 weeks for treatment	97.0%	97.2%	97.1%	95.9%	90.5%	79.8%
	Number of patients waiting < 26 weeks for treatment	3385	3353	3334	3386	3208	2852
	Number of patients waiting 26 - 35 weeks	105	96	98	143	313	634
	Total Patients waiting 36 weeks and over	0	0	0	0	24	86
	Total Patients waiting	3490	3449	3432	3529	3545	3572

RTT Performance by Specialty and Wait Band - May 2020				
Source: NWIS				
Snapshot Month: May 2020				
Specialty	Under 26 weeks	26 - 35 weeks	36+ Weeks	Total
100 - GENERAL SURGERY	344	103	16	463
101 - UROLOGY	137	26	6	169
110 - TRAUMA & ORTHOPAEDICS	503	132	8	643
120 - ENT	490	45	4	539
130 - OPHTHALMOLOGY	465	135	30	630
140 - ORAL SURGERY	191	74	10	275
143 - ORTHODONTICS	49	19	2	70
191 - PAIN MANAGEMENT	54	0	0	54
300 - GENERAL MEDICINE	44	0	0	44
320 - CARDIOLOGY	123	32	0	155
330 - DERMATOLOGY	58	23	6	87
410 - RHEUMATOLOGY	69	1	0	70
420 - PAEDIATRICS	47	0	0	47
430 - GERIATRIC MEDICINE	40	23	0	63
502 - GYNAECOLOGY	238	21	4	263
Total	2852	634	86	3572

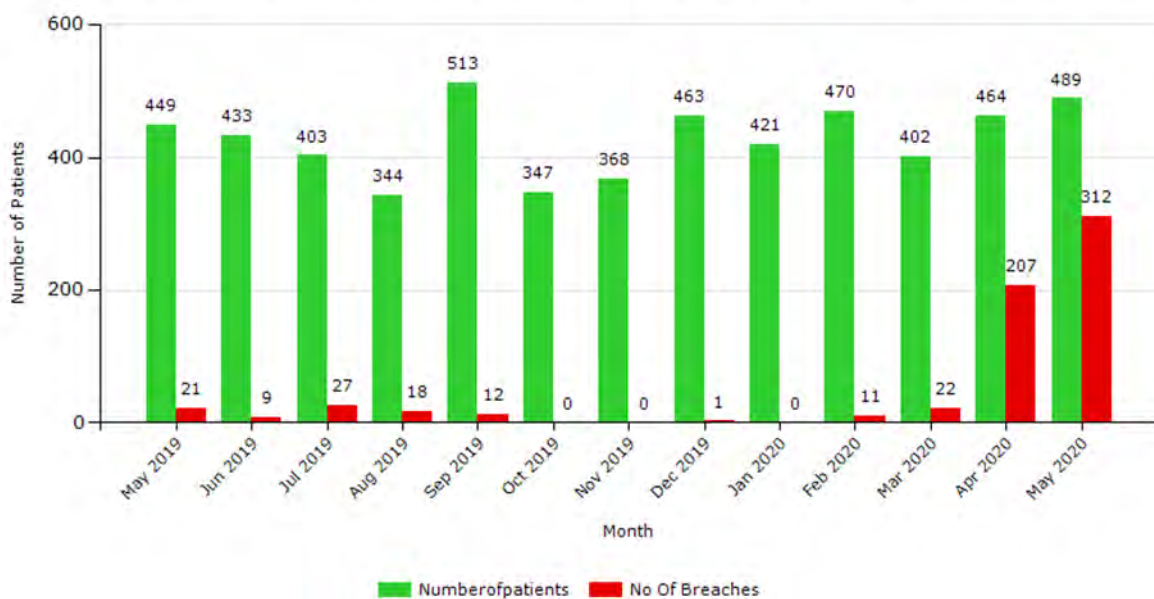
Harm from reduction in Non-Covid activity

Diagnostic services have been challenged by Covid with the suspension of Endoscopy services; risk for this service is being proactively managed. All new referrals including urgent suspected cancers (USC) have been risk stratified, virtual reviews are in place for follow up patients, emergency endoscopy pathways into DGHs have continued.

For diagnostic imaging services, the Covid impact has resulted in unavoidable breaches, this challenge to the service has been robustly met with a series of changes. Revisions involve, all referrals across Powys being screened by Radiographers on arrival, urgent suspected cancer (USC) referrals still being performed by sonography services, if clinically appropriate.

Specialty	Sub Spec	Total patients	Patients waiting 8 weeks or longer	% Over 8 week target
Cardiology	Dobutamine Stress Echocardiogram (DSE)	5	3	60.0%
	Echo Cardiogram	35	28	80.0%
Diagnostic Endoscopy	Colonoscopy	51	29	56.9%
	Flexible Sigmoidoscopy	25	12	48.0%
	Gastroscopy	45	34	75.6%
Physiological Measurement	Urodynamic Tests	7	5	71.4%
Radiology - Consultant referral	Non-Obstetric Ultrasound	31	26	83.9%
Radiology - GP referral	Non-Obstetric Ultrasound	290	175	60.3%

Total number of diagnostic patients and number of patients breaching the <8 week diagnostic target - Powys Provider



Patterson
07/23/2020 14:56:37
POW in Powys

Source: Information Warehouse

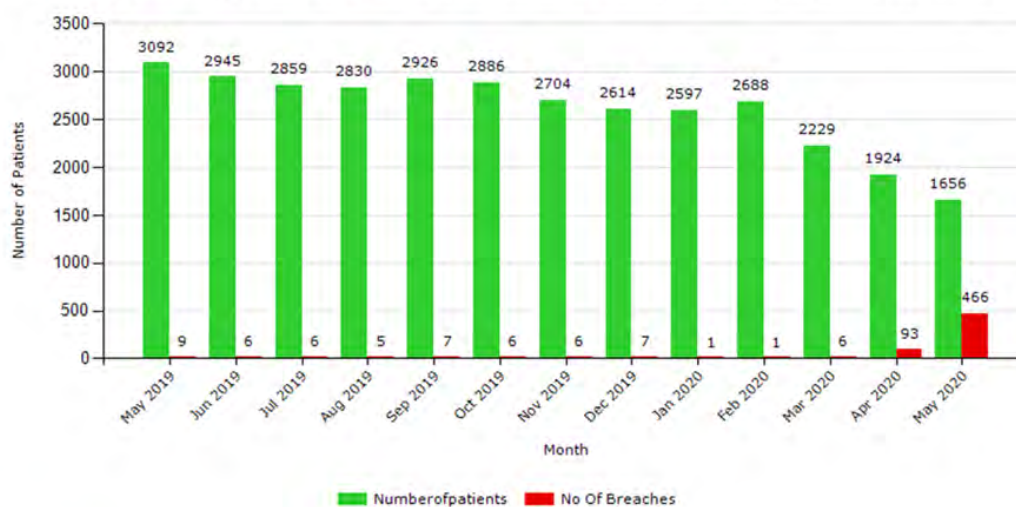
Harm from reduction in Non-Covid activity

Therapies shows a very similar picture to diagnostics with an increase in breaches as the Covid impact continues. Steps to manage the challenge include all Therapy and Health Science Service new referrals being triaged into urgent and routine. Urgent patients have been offered telephone assessment but where a face to face assessment was required, this has been carried out following appropriate guidance.

Patients on the waiting lists (prior to lockdown) have been contacted via the telephone, appropriately triaged and either assessed, remain on the waiting list or discharged. Due to social distancing all group clinics e.g. confident strides, hip groups, hearing aid repairs etc have been stepped down. Ongoing waiting list validation is also being completed whilst reductions in activity are causing a negative impact on waiting list times with an increasing backlog.

Specialty	Sub Spec	Total patients	Patients waiting 14 weeks or longer	% Over 14 week target
Audiology (Adult hearing aids)		63	22	34.9%
	Consultant	30	5	16.7%
	GP	106	37	34.9%
Dietetics	Adults	195	80	41.0%
	Paediatrics	19	3	15.8%
Occupational Therapy	Adults	72	3	4.2%
	Learning Disabilities	0	0	0.0%
	Paediatrics	3	0	0.0%
Physiotherapy	Adults	635	142	22.4%
	Paediatrics	23	6	26.1%
Podiatry	Routine	422	166	39.3%
	Urgent	36	0	0.0%
Speech Language	Adults	8	0	0.0%
	Learning Disabilities	0	0	0.0%
	Paediatrics	44	2	4.5%

Total number of therapy patients and number of patients breaching the <14 week therapy target - Powys Provider



Source: WPAS

Primary Care

Throughout Q1 and into Q2 the health board has worked closely and collectively with all contractors to support their response to the covid challenge.

Engagement has been at a contractor and cluster level supported by the primary care team, including Dental and Optometry advisors internally.

Cluster leads and clusters have remained active throughout in both planning and preparation.

Relationships with bodies such as the LMC and Optometry Wales have also been active and productive.

The Q2 plan is aligned to the Primary Care Framework issued as guidance but also is strongly aligned and consistent with all current Welsh Government guidance on the restoration of services across the four independent contractor professions.

General Medical Services (GMS)

- 100% of practices are undertaking triage consultations through a combination of approaches, including Attend Anywhere, AccuRx (Emis enabled system) and phone. The use of remote consultations will be continued to support GMS recovery and enhanced service delivery
 - Post Covid-19 Recovery plan for GMS issued on 5th June
 - Plans are underway with GP practices to reintroduce Enhanced Services (DES/NES/LES) as a phased approach between 1 July and 30th September
 - Individual Enhanced Services review being undertaken to consider adapting specifications to enable the enhanced services to continue to be delivered as efficiently and effectively as possible to reflect Covid-19. Initial priority areas are Diabetes; Minor Injuries; LARCs; INR/NOACs; Near Patient Testing and Additional Clinical Services.
 - Statement of understanding agreed between PTHB and LMC supporting future enhanced service delivery via telephone or video consultation reviews, using face to face only where clinically necessary based on clinical judgement (awaiting outcome from the national review of the future Design and Delivery of Enhanced Services in Wales to inform this further)
 - Protected time for all practices in July to enable them to develop plans for recovery implementation, both at individual and cluster level with a focus on safety netting those at risk and people who are symptomatic
 - Practice review of Premises and accommodation changes/upgrades (required to deliver safe services) being undertaken
 - Joint Flu Task and Finish group established to deliver 20/21 flu programme including possible patient cohort expansion.
- 100% care home coverage continues via Patients in Care Home LES (Local Enhanced Service). A 3 month LES has been implemented to ensure coverage to care homes whilst longer term arrangements are finalised.

Out of Hours

Shropdoc Covid Management Service (CMS) was introduced to support both in hours and in OOH with the management of Covid patients and has been highly effective in providing support to patients requiring ongoing management.

The Covid Management Service stopped on 30th May, due to reduced referrals, however this can be re-established quickly should the future need arise.

Weekly reporting confirms there is 100% shift cover.

Out of hours cover to Care Homes continues to be a priority area including robust arrangements for verification of death.

Optometry

- Optometry commenced Amber phase on 22nd June.
- All practices open and 75% of practices will have recommenced their pre-Covid services by w/c 29th June.
- Domiciliary Enhanced Eye Care Service will continue to be commissioned during the amber phase with two providers (one North Powys, one South Powys) to provide urgent eye care in patients' homes.
- The remote optometrist prescribing service has been established by utilising skilled workforce in Brecon who can be contacted by practitioners across the county.
- The roll out of Attend Anywhere – pilot in five primary care optometry sites providing urgent eye care services.

Dentistry

- Dental services moving towards Amber phase of de-escalation.
- From July 1st all General Dental Practices will be expected to provide a face to face appointment for patients experiencing problems
- Urgent access for patients will continue within the Community Dental Service.
- Facilitating and encouraging general dental services to provide AGPs, rather than referring into an Urgent Dental Centre. This will be achieved by supplying appropriate PPE (FFP3) and fit testing.
- The number of practices that can be supported will be dependent on: -
 - Ability of the practice to comply with the national SOP issued
 - Speed of roll out of fit testing
 - Supply of appropriate PPE
 - Independent contractor workforce considerations
- Hospital, Community, and Primary Care dentistry will have prioritised caseloads to ensure that patients with the most need will be seen first. This will be based on clinical judgement
- Supporting practices with the collection of the ACORN data and sharing the learning from contract reform
- Virtual updated and Q&A sessions being provided to GDPs.

Patterson, Liz
07/23/2020 14:56:37

Community Pharmacy

- All community pharmacies continue to be accessible to the public, with optional flexible opening in line with WG recommendations.
- All enhanced services available, with the exception of those considered high risk and suspended (Sore Throat Test & Treat, Inhaler Review Service).
- Remote consultations enabled for all services. Attend Anywhere active in one Powys pharmacy, with WG considering wider roll out.
- Significantly reduced number of people accessing Emergency Contraception enhanced service.
- Other enhanced service activity levels returning to pre-Covid levels.
- Delivery of medication to shielded patients continues where required, via pharmacy delivery service, local volunteers, national volunteer scheme or Royal Mail.
- New pharmacy online escalation tool operational. One pharmacy at level 3, all others at level 1 or 2. PPE requests being successfully managed via escalation tool.
- Planning for flu service ongoing, with Covid specific amendments to training requirements and service provision introduced for 2020/21. Pharmacies and care homes supported to collaborate re vaccination of care home staff.
- PTHB participating in All Wales community pharmacy winter planning exercise.

Women and **Children's Services**

Midwifery and Maternity

Midwifery and Maternity USS have Covid-19 SOPs based on RCM and RCOG guidance to support the new ways of working. They have been operating as an Essential service through Covid-19 period and supported with the sufficient workforce and PPE. The service has currently completed the relevant Social Distance H&S risk assessments to support the environments that they are operating from.

Sexual Health

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

Health Visiting/ Healthy Child Wales Programme

Health Visitors deliver the Healthy Child Wales programme and whilst this programme was initially directed by Welsh Government to be scaled back at the height of the Covid19 crisis, it was restored at the end of May. However, many contacts are provided on a virtual basis, with face to face contacts provided on a risk assessed basis.

School Nursing

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

Unscheduled Care and Winter Preparedness









The Powys Winter Resilience Plan:

- Prior to Covid 19 we were seeing benefits of the robust planning and preparation in the Winter Plan 2019/20 in managing the winter pressures, enabled by Welsh Government and Regional Partnership Board investment
- Will reflect a whole system approach to the commissioning and delivery of services over the forthcoming winter period and additionally will now be a key component of the delivery of Covid-19 response and surge readiness
- Will build upon lessons learnt internally and externally over recent years and during the pandemic response including new ways of working
- Will identify the potential risks and issues and will set out options and solutions to mitigate against them.
- Will be based on close collaboration with Powys GPs and other primary care contractors, Powys County Council, Welsh Ambulance Services Trust and PAVO (Powys Association of Voluntary Organisations)
- Will take into account complex inter-dependencies with neighbouring providers. Due to Covid-19 this will now be taken forward in line with the Recovery planning processes for Essential and Routine services.
- In England, Recovery plans are being agreed on a regional and sub regional footprint which will incorporate the winter preparedness arrangements.
- We will work closely with partners to implement a robust flu response programme albeit in a Covid-19 environment. This will build on the response in 2019 / 2020, in line with the availability of investment

Patterson, Liz
07/23/2020 14:56:37

Unscheduled Care and Winter Preparedness

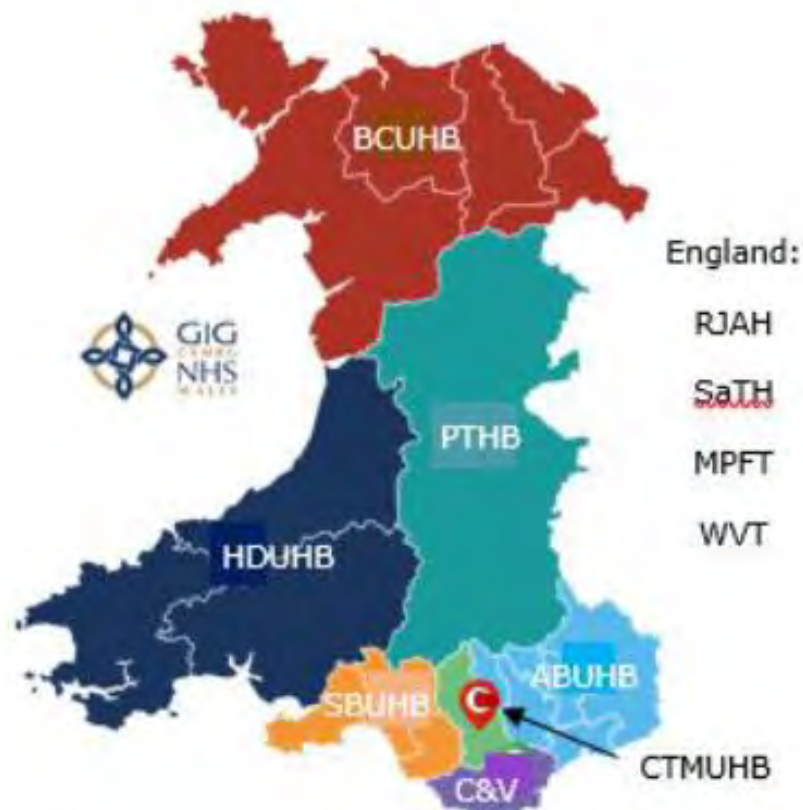
Key actions which will be maintained for Winter 2020/2021 (in addition to those cross referenced in other sections):

Patient Flow Coordination Unit  <ul style="list-style-type: none"> Centralised co-ordination hub to promote a single point of access for partners Health and social care service monitoring demand and capacity across Powys to ensure effective patient flow Monitor and update the dashboard that identifies areas of pressure both within the health board and externally, and supports the identification of alternative pathways for discharge with a clear home-first ethos Monitor escalation levels throughout Wales alongside SA7H and WVT to ensure that any Powys capacity is clinically prioritised Support wards with the effective management of DTAC, reduced length of stay and Length of Delay, together with a process of levelled discharges. Setting local targets and monitoring performance 	Out of Hours  <ul style="list-style-type: none"> Go Out of Hours provision will be sustained and the escalation plan revised in conjunction with 111 	Community Pharmacy  <ul style="list-style-type: none"> The Community Pharmacy Common Elements Scheme is available in 96% of community pharmacies in Powys (1 remaining pharmacy unable to meet premises requirements) The emergency medicines supply advanced service is available from 22 pharmacies, all of who are offering the Choose Pharmacy EMS module 19 pharmacies have indicated their intention to provide the NHS flu vaccination service in 2019/20 10 pharmacies have undertaken training and accreditation to offer a new national respiratory review service Contractors remain keen to engage in service delivery but recruitment, retention and workload pressures present a significant challenge to unfolding the full potential associated into wider primary care systems
Third Sector Support  <ul style="list-style-type: none"> The 13 Community Connectors work with the individual to find out what matters to them and to connect them to support and services from the third sector that can help them to maintain independence and improve their wellbeing. This can also include admission avoidance if support is put in place in a timely manner The service currently provides 5 day a week service and does not provide personal care. Patients are connected to the relevant services in their community wherever possible. This could be a wide range of commissioned and non-commissioned service The focus is getting the referral at the right time to enable support to be put in place to avoid reaching crisis point and ultimately hospital admission 	Avoidable Cell Reduction & DGH Conveyance Avoidance  <ul style="list-style-type: none"> Working collaboratively with WAST to focus on residential homes and community teams to develop pathways to reduce avoidable call outs in cases where patients can be safely reviewed by the Community Team, e.g. DStumble 	Discharge to Access  <ul style="list-style-type: none"> Implementation of the 'ponys' Discharge to Access model. The intention will be to provide more rapid access to community based health and care and therefore reduce length of stay, ensure timely discharge and avoid admissions as appropriate, using the Virtual Ward Development of a proposal to describe options that help keep people at home without reliance of social services
Winter Communications Plan  <ul style="list-style-type: none"> Implement communication plan to ensure patient awareness and expectation is matched to the local offer across Powys 'Choose Well' and self-care messages will be distributed via social media 	Advanced Care Planning  <ul style="list-style-type: none"> Local focus on a model for delivery of advance care planning (ACP) to support the management of people in care homes To continue to develop and deploy Stay Well at Home Plans or the My Winter Health Plan which are communicated and supported by primary care practitioners, social care, public service and third sector partners 	Flexing of Bed Capacity  <ul style="list-style-type: none"> PTHB will deploy beds in a tactical way, flexing bed capacity up and down when required across the whole winter period and across the hospitals/wards. There will also be a focus on virtual ward capacity through the Patient Flow Coordination Unit

Patterson Liz
07/23/2020 14:56:37

Harm from reduction in Non-Covid activity

District General Hospital, Specialised Services and Whole System



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

Progress to date includes:

- PTHB demand built into the work of providers across England and Wales
- PTHB daily involvement in system command arrangements in neighbouring English regions
- DGH and Specialised Work-Programme
- Work with multiple providers to ensure cancer pathways accessible
- Constant work on referral processes across multiple providers
- Work to map and ensure access to essential services across providers
- DGH Log of multiple pathway changes
- Skeleton CAF whilst performance management suspended, block contracts etc. and escalated joint Executive team meetings
- Ensuring vulnerable children placed away from home part of Covid-19 management actions
- Fast-tracking of key BIG 4 actions (Specialist Respiratory Physiologist appointed; 328 apps rolled out)
- Work on voluntary sector and independent sector stability
- Safety of renal and other specialised pathways

Harm from reduction in Non-Covid activity

There are a number of risks and issues for Q2:

- Complexity of pathway changes and restoration across multiple providers and specialities across three main regions (Shropshire, Telford and Wrekin; Hereford and Worcester; Wales)
- Growing lists of people waiting 52+ weeks across providers
- Variation and inequity in access to essential and routine services
- Risks for suspected cancer/cancer patients if pathways not coherent
- Block contracts, funding in England and Wales, risk of paying twice
- Deteriorating risks at Shrewsbury and Telford NHS Trust superimposed by Covid-19
- PTHB patients travelling into regions services with higher R values
- Complex cross-border issues/cases - differences in guidance/policy
- Instability of third sector and care sector

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

Essential Services

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

- Essential prevention for communicable diseases, particularly vaccination;
- Services related to reproductive health, including care during pregnancy and childbirth;
- Care of vulnerable populations, such as young infants and older adults;
- Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions;
- Continuity of critical inpatient therapies;
- Management of emergency health conditions and common acute presentations that require time-sensitive intervention;
- Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services.

As a result, Welsh Government established an Essential Services Group, comprised of members from all health boards and, through the work of the Group, has published the *Maintaining Essential Health Services during the Covid 19 Pandemic Framework*. The framework, along with guidance issued underneath it, is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. Essential services should remain available across NHS Wales during the outbreak and all decisions about individual care must ultimately be made by clinicians, in discussion with patients and their families and in the best interests of each individual. However, the framework does not mandate that specific interventions must be provided to all patients, where that is not in their overall interest.

Definition of Essential Services as per Welsh Government Framework

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

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

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

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

Harm from reduction in Non-Covid activity

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

The tables that follow provide the position on PTHB and Commissioned Essential Services, extracted from the Welsh Government Return. The gaps in the return relate to services that PTHB commissions and will be completed by those providers in July 2020 and the information shared with PTHB. Returns are made in accordance with the Welsh Government *Maintaining Essential Health Services during the Covid 19 Pandemic Framework* and the specific definitions set out in service/condition guidance issued under the framework.

Key - Service Status	Code
Do not provide or commission this service	0
Essential services unable to be maintained	1
Essential services maintained (in line with guidance)	2
Immediate services able to be delivered	3
Normal services continuing	4

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

Patterson, Liz
07/23/2020 14:56:37

Harm from reduction in Non-Covid activity

Essential Service Area	PTHB as a provider
Neurological Conditions	3
Rehabilitation	2
Life-saving or life-impacting paediatric services	
Paediatric intensive care & transport	
Paediatric and neonatal emergency surgery	
Urgent paediatric cardiac surgery	
Urgent paediatric illness	
Immunisations & vaccinations	2
Screening (Blood spot)	2
Screening (Hearing)	
Screening (New born)	2
Screening (6-week physical exam)	2
Community paediatric services for children	3
Termination of pregnancy	3
Other infectious conditions (sexual / non-sexual)	
Other infectious conditions (sexual / non-sexual)	2
Urgent infectious services for patients	
Maternity services	
Maternity services	3
Neonatal services	
Surgery for neonates	
Isolation facilities for COVID19+ neonates	
Usual access to neonatal transport & retrieval services	
Mental Health, NHS Learning Disability Services and Substance misuse	
MH Crisis Services including perinatal care	4
MH Inpatient Services	4
Community MH services	4
Substance Misuse services	4
Renal Care	
Renal care - dialysis	

Urgent supply of medications	
Urgent supply of medications	4
Blood and Transplantation Services	
Blood and Transplantation Services	
Blood & blood components	
British Transplant Society	
Transplantation Services	
Stem Cell transplantation services	
Solid organ services	
Platelet Services	
Palliative Care	
Palliative Care	2
Emergency Ambulance Services	
Emergency Ambulance Services	

Patterson, Liz
07/23/2020 14:56:37

Harm from reduction in Non-Covid activity

Essential Service Area	PTHB as a provider
Supporting Services (for maintaining Essential Services)	
Diagnostics	
X-ray (Dept / Port)	2
Ultrasound	2
CT colonography	
CT	
MRI	
CT Angiogram	
Endoscopy / bronchoscopy	1
Physiological testing	
Electrocardiogram	
Electroencephalogram	
Electromyography	
Microbiology	
Pathology	
Haematology	
Biochemistry	
Phlebotomy	2
Point of care testing	
Therapies	
Occupational Therapy	2
Physiotherapy	2
Dietetics	2
Podiatry	2
Speech and Language Therapy	2
Service capacity	
Capacity to admit	3
Critical Care / HDU / ITU	
Emergency patient transport (transfers)	
Patient transport (non-emergency)	3
Onward referral capacity	2
Outpatient-type consultation	2
Specialist Review	
Surgery / theatres	2
Max-fax	
Mortuary	2
Cancer chemotherapy / radiotherapy	
Staffing / workforce	2
Secondary / tertiary services	
Infection prevention and control	2
Cath lab procedures	
Pharmacy: hospital	
Pharmacy: community	3
Tangible capacity	
Physical space	2
Staffing/workforce	2
Consumables: drugs	4
Consumables: blood	
Consumables: devices	2
Consumables: other	

Harm from reduction in Non Covid activity

Scores for commissioned services are provided below for Q1. The submissions from other health boards for Q2 will be shared with PTHB in July 2020, alongside information from NHS trusts in England.

Q1 Essential Services Service Status Scores

Essential Service Area	PTHB Return submitted	Welsh Health Boards' Scores							
		BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW
Primary Care	2	2	2	2	2	2	2	0	0
General Medical Services	2	3	2	2	3	2	2	0	0
Community Pharmacy Services	2	2	2	2	3	2	2	0	0
Red Alert urgent/emergency dental services	2	2	2	2	2	2	2	0	0
Optometry Services	2	2	2	2	2	2	2	0	0
Community Nursing & Allied Health Professionals Services	2	2	2	3	2	2	2	0	0
111/Out of Hours Services	4	2	0	3	3	2	4	0	0
Safeguarding Services	2	3	0	3	2	2	3	0	2
Urgent Eye Care	2	2	0	3	2	2	2	0	0
Urgent Surgery	2	2	2	2	2	2	3	0	0
Urgent Cancer Treatments	2	2	2	2	0	2	2	3	1
Life-saving Medical Services	2	3	2	2	3	2	4	0	0
Interventional Cardiology	2	2	2	2	2	2	3	0	0
Acute Coronary Syndromes	2	2	2	2	2	2	4	0	0
Gastroenterology	2	2	2	4	3	2	2	0	0
Stroke Care	2	2	2	3	3	2	3	0	0
Diabetic Care	2	2	2	3	3	2	3	0	0
Diabetic Care (Diagnosis of new patients)	2	2	2	3	3	2	3	0	0
Diabetic Care (DKA / hyperosmolar hyperglycaemic state)	2	2	2	3	3	2	4	0	0
Diabetic Care (Severe hypoglycaemia)	2	2	2	3	3	2	4	0	0
Diabetic Care (Newly diagnosed patients especially where insulin control is problematic)	2	2	2	3	3	2	3	0	0
Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)	2	0	2	2	3	2	2	0	1
Diabetic Care (Emergency podiatry services)	2	0	2	3	3	2	2	0	0
Neurological Conditions	2	2	2	2	3	2	2	0	0
Rehabilitation	2	2	2	3	4	2	2	0	0
Life-saving or life-impacting paediatric services	2	4	2	2	2	2	4	0	0
Paediatric intensive care & transport	2	4	2	2	0	2	4	0	0
Paediatric and neonatal emergency surgery	2	4	2	0	0	4	4	0	0
Urgent paediatric cardiac surgery	2	4	2	0	0	4	4	0	0
Urgent paediatric illness	2	4	2	2	2	4	4	0	0
Immunisations & vaccinations	2	2	2	2	2	4	4	0	2

Essential Service Area	PTHB Return submitted	Welsh Health Boards' Scores							
		BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW
Screening (Blood spot)	2	4	2	2	2	4	4	0	2
Screening (Hearing)	2	4	2	2	2	4	4	0	2
Screening (New born)	2	4	2	2	2	4	4	0	0
Screening (6-week physical exam)	2	4	2	2	2	3	4	0	0
Community paediatric services for children	3	3	2	3	2	3	3	0	0
Termination of pregnancy	3	2	2	3	2	4	3	0	0
Other infectious conditions (sexual / non-sexual)	3	2	2	4	2	2	3	0	0
Urgent infectious services for patients	2	2	2	2	2	2	3	0	0
Maternity services	3	2	3	4	4	3	3	4	0
Surgery for neonates	2	4	2	0	4	3	4	0	0
Isolation facilities for COVID19+ neonates	2	4	2	2	4	3	4	0	0
Usual access to neonatal transport & retrieval services	2	4	2	2	0	3	4	0	0
MH Crisis Services including perinatal care	4	2	2	2	2	3	4	0	0
MH Inpatient Services	4	2	2	4	2	3	4	0	0
Community MH services	4	2	2	2	2	3	2	0	0
Substance Misuse services	4	4	2	2	2	3	3	0	0
Renal care - dialysis	2	3	0	2	0	4	4	0	0
Urgent supply of medications	3	2	0	3	4	4	2	4	0
Blood and Transplantation Services	3	0	0	4	0	2	0	3	0
Blood & blood components	2	2	0	4	0	2	0	3	0
British Transplant Society	1	0	0	0	0	2	0	0	0
Transplantation Services	1	3	0	0	0	2	0	3	0
Stem Cell transplantation services	1	2	0	0	0	1	0	3	0
Solid organ services	1	2	0	0	0	2	0	0	0
Platelet Services	2	2	0	4	0	2	0	3	0
Palliative Care	2	3	2	2	2	3	3	1	0
Emergency Ambulance Services	2	0	0	0	0	4	4	0	0

Key - Service Status	Code
Do not provide or commission this service	0
Essential services unable to be maintained	1
Essential services maintained (in line with guidance)	2
Immediate services able to be delivered	3
Normal services continuing	4

Routine Services

Re-establishing routine services is dependent on balancing routine services with the maintenance of essential services and the changing profile in the incidence of Covid-19. The Health Board, supported by demand and capacity planning has assessed services against the following key requirements:

Workforce –workforce requirements including delineation and current position regarding any dependency on clinical staff employed by other HBs or Trusts, for local service provision

New Ways of Working -in line with the principle to ensure maximal local use of assistive technology (including “digital”) to reduce face to face patient contact to clinically essential minimum levels; Arrangements for clinical prioritisation/triage; Management of “urgent” referrals/cases; Patient safety netting arrangements.

Environmental/Space – in line with “Operational Guide for the Safe Return of Healthcare Environments to Routine Arrangements following the Initial Covid-19 response” (Welsh Government; May 2020) Considerations include but are not limited to implementation of the operational guidance (above), to provide assurance across the eight components of the guidance:

Infection Prevention Control/Personal Protective Equipment - Assurance that the service operating environment has been reviewed and adapted to ensure compliance with the national infection control and social distancing requirements

Assurance that the relevant national IPC and PPE guidance is being followed, encompassing review and assurance (including audit) arrangements; Specific assurance regarding Aerosol Generated Procedures

Clinical Guidance - service will operate under the PTHB Clinical Quality Framework arrangements, the main additional considerations are arrangements to ensure the local implementation and review of the NHS Wales clinical guidance for essential services (<http://howis.wales.nhs.uk/sitesplus/407/home>); Any medicines supply and/or consumables issues

The following table provides a summary of the comprehensive assessment for services undertaken within Powys against the checklist and outlines the planned start date for re-establishing services. Note that this is constantly evolving and represents a ‘snapshot’ at the time of the plan submission to Welsh Government.

It should be noted that the health board relies upon securing in reach from a range of providers across England and Wales and there is further discussion required to confirm the availability of the workforce and in reach capacity.

The health board will sustain essential outpatient, diagnostic and therapy services, and safely re-establish routine work during Covid 19 by maximising new ways of working. Social distancing requirements has had a significant impact on available capacity therefore every opportunity will be taken to maximise new ways of working. For example, the proportion of digitally/telephone enabled consultations will increase significantly to minimise the number of face-to-face appointments.

The reinstatement of day case activity within Powys is wholly reliant upon securing in reach workforce from neighbouring providers and further work will be undertaken during quarter 2 to develop a plan to reinstate day case surgery.

Harm from reduction in Non Covid activity

A restart date across directly provided services for those not in full operation during the Phase 1 response has been set for August 2020, with the detailed scheduling for each service and site being agreed with appropriate PTHB Executives during July 2020.

Therapies	Workforce	New Ways of Working	IPC/PPE (incl AGP)	Environmental/Space	Clinical Guidance
Podiatry					
Radiography – X-Ray /Plain Film					
Radiography – Ultrasound					
Ystradgynlais and Newtown					
Radiography – Ultrasound					
BCUHB/ ABUHB					
Audiology – Powys					
Audiology – SBUHB and BCUHB					
Physiotherapy					
Dietetics					
Speech and Language Therapy					
Women and Children's	Workforce	New Ways of Working	IPC/PPE (incl AGP)	Environmental/Space	Clinical Guidance
Community Paediatrics					
Paediatric Nursing					
Midwifery					
Sexual Health					
Paediatric and 14+ Physiotherapy					
Paediatric, Transition and Occupational Therapy (Learning Disabilities)					
Children's Speech and Language Therapy					
Ultrasound Maternity					
Planned Care	Workforce	New Ways of Working	IPC/PPE (incl AGP)	Environmental/Space	Clinical Guidance
General Ophthalmology					
WET AMD (Age-related macular degeneration)					
Orthopaedics					
Rheumatology					
Urology					
Max Fax/Oral					
ENT (Ear Nose Throat)					
General Surgery					
Endocrinology					
Cardiology					
Gynaecology					
Respiratory					
Dermatology					
Clinical Haematology					
Paediatrics					

GREEN: No outstanding issues; AMBER: Some outstanding issues, but remediable and plan in progress; RED: Significant outstanding issues remain unresolved

Harm from reduction in Non Covid activity

Demand and Capacity Modelling

Demand and capacity modelling is currently being undertaken to assess the impact of Covid and future service restarts. The table shows initial modelling utilising activity derived demand for outpatient in-reach services.

The demand has been derived using 12 months average activity prior to Covid e.g. March 2019 to February 2020.

Capacity is displayed against two cohorts.

- New ways of working e.g. Virtual chat (Attend Anywhere), telephone and other remote systems.
- Face to face services e.g. Outpatient appointments

Predicting the health board's capacity is challenging with numerous service complications. These include, fragile in-reach outpatient services, clinician availability, suitability and availability of digital solutions and the provision of correct environmental space to allow social distancing and flow management over multiple sites.

The estimated total impact of Covid on capacity has been advised by clinical leads and service operational teams. This data will require ongoing review in line with national guidance and impacts to the Covid strategy.

Specialty / Service	Monthly Derived Demand - New & FUP	Capacity through new ways of working inc digital	Capacity Face to Face	Capacity total predicted requirement	Estimated reduction in capacity (%)
Ophthalmology	301	0	121	121	-60%
Ophthalmology - WET AMD	111	0	100	100	-10%
Orthopaedics	159	79	48	127	-20%
Rheumatology	120	48	48	96	-20%
Urology	59	35	18	53	-10%
Max Fax/Oral	62	0	19	19	-70%
ENT	224	78	67	145	-35%
General Surgery	166	33	33	67	-60%
Endocrinology	11	9	1	10	-10%
Cardiology	60	6	36	42	-30%
Gynaecology	192	0	38	38	-80%
Dermatology	45	18	14	32	-30%
Clinical Haematology	11	8	3	11	0%

Source: WPAS

The table shows, that assuming digital solutions are implemented across key specialties, the health board will be challenged by significant reduction in available capacity. This will impact wait times with further complications around diagnostics delaying pathways.

The impact of back log from Q4 2019/20 is being undertaken across all services within the risk stratification, waiting list validation and referral flow workstreams. Although there has been a reduction in referrals from primary care, assessing this impact and others including ROTT (removal other than treatment e.g. death) is ongoing.

Harm from reduction in Non Covid activity

Diagnostic services have been challenged by Covid and are especially impacted by the suspension or significant challenges of any aerosol generating procedures (AGP). Procedures with this risk are across multiple specialties including Endoscopy, Radiology, Respiratory, Dental and many more.

With the Covid pandemic Powys suspended Endoscopy services, but risk for this service is being proactively managed. All new referrals including urgent suspected cancers (USC) have been risk stratified, virtual reviews are in place for follow up patients, emergency endoscopy pathways into DGHs have continued.

A pilot in Powys for USC patient diagnostics will start on the 22nd of July, this is limited initially to 10% of routine capacity, the pilot will last 4 weeks.

For diagnostic imaging services, the Covid impact has resulted in unavoidable breaches. All referrals received into the service have been screened by Radiographers. Activity has continued at a reduced level focusing on emergency/USC patients. Capacity of the service aims to meet 50% of original pre covid demand, this is limited by patient distancing, cleaning between appointments and availability of in-reach services.

With the advent of new ways of working including digital solutions it should be highlighted that some services will be able to retain robust levels of capacity. Therapies as an example are expecting specialties such as physiotherapy to provide an 80/20 split of digital solutions/ face to face for new patients and 60/40 for follow up appointments. Further work to understand the capacity impact is ongoing to enable services to best meet future challenges.

Therapies

Therapies Demand and Capacity Potential Impact Model

The model below uses two key assumptions by service leads

1. All Digital (new ways of working) capacity has been limited to 90% of the original estimates, this is a reserved shortfall for challenges not linked to clinical availability e.g. Technology or patient access issues.
2. **Face to face capacity excluding inpatient or rehab physio/OT is reduced by 50%, this reduction is a result of modified operating procedures during COVID. Inpatient and rehab Physio & OT capacity remains at 100%

Service Capacity Split for New and FUP capacity

Estimated Capacity Split by Spec and appointment type	New		FUP	
	Digital	F2F	Digital	F2F
Audiology	20%	80%	Not applicable for model	
Dietetics	90%	10%	90%	10%
OT - Rehab - Inpatient/Home	20%	80%	40%	60%
Physiotherapy - CMATS	80%	20%	60%	40%
Physiotherapy - MSK	80%	20%	60%	40%
Physiotherapy - Inpatient/Rehab	20%	80%	40%	60%
Physiotherapy - Other Sub Specs	80%	20%	60%	40%
Podiatry	20%	80%	40%	60%
Speech and Language	70%	30%	60%	40%

Harm from reduction in Non Covid activity

Monthly derived activity calculated from average attendance activity March 2019 - February 2020

		Estimated Capacity based on service led % breakdowns of digital / vs F2F e.g. 80/20 split of derived activity, F2F activity is expected to lose ~50% of capacity with PPE and other impacts.		
	New Activity			
	Monthly Derived Demand - New Activity	Monthly estimated new capacity through new ways of working inc digital	Monthly estimated New face to face capacity (50% reduction)	Monthly estimated impact on service capacity (%) from average derived
Audiology	327	59	131	-42%
Dietetics	111	90	6	-14%
Occupational Therapy - Inpatient/Rehab	296	53	236	-2%
Physiotherapy - CMATS	224	161	22	-18%
Physiotherapy - MSK	634	457	63	-18%
Physiotherapy - Inpatient/Rehab	205	37	164	-2%
Physiotherapy - Other Sub Specs	37	26	4	-19%
Podiatry	221	40	88	-42%
Speech and Language	67	42	10	-22%
Total	2122	965	725	-20%
	FUP Activity			
	Monthly Derived Demand - FUP Activity	Monthly estimated FUP capacity through new ways of working inc digital	Monthly estimated FUP face to face capacity (50% reduction)	Monthly estimated impact on service capacity (%) from average derived
Audiology				
Dietetics	212	172	11	-14%
Occupational Therapy - Inpatient/Rehab	1194	430	716	-4%
Physiotherapy - CMATS	291	157	58	-26%
Physiotherapy - MSK	1530	826	306	-26%
Physiotherapy - Inpatient/Rehab	1767	636	1060	-4%
Physiotherapy - Other Sub Specs	44	24	9	-26%
Podiatry	1129	406	339	-34%
Speech and Language	280	151	56	-26%
Total	6447	2803	2555	-17%

Notes:

- No present split available for activity type for Audiology
 - Dietetics excludes paediatrics
- Occupational Therapy excludes paediatrics, LD and TLD
- Physiotherapy (sub specialities) excludes paediatrics and LD
 - Speech and Language excludes paediatrics

Predicted Impact to Total Service	
Monthly total Service Derived Demand New & FUP	8568
Monthly total estimated capacity new & FUP monthly	7048
Estimated reduction in total capacity monthly	-18%

* The model is based on information available from WPAS using crude activity driven demand, it does not reflect changes in referral patterns for services. Based on service @ 16/07/2020, further modelling work can be undertaken upon routine service resuming

Tackling the Big Four

Mental Health

The vast majority of Mental Health and Learning Disability Services in Powys have been maintained during the Covid-19 pandemic. Mental Health performance remained robust and although the 28-day intervention target has not been met, the health board has seen steady delivery across other measures.

Community Mental Health, CAMHS, Crisis Services and Learning Disability services have continued to see patients via face to face meetings (where there is no suitable alternative) and have delivered services via telephone and videoconferencing.

LPMHSS services have been delivered by telephone – both for initial assessment and for the delivery of talking therapies. During the first two months of Covid 'lock down' referrals significantly reduced, this has allowed the service to focus on reducing waiting times.

At the end of February 2020 a total of 453 people were waiting 1 day + for commencement of therapy. By the 1st June, this has reduced to 134 people (waiting more than 1 day for the commencement of therapy). It should be noted that referrals into this service are now significantly increasing.

- Psychology and other talking therapies have continued via telephone.
- Welsh Government have approved the funding for Silvercloud for a further 12 months.
- PTHB will host and lead the role out of Silvercloud across Wales for self-referral.



Due to the need for social distancing, our group work services (e.g. for complex trauma) and day hospitals services for older people have been temporarily stepped down. We are actively exploring how some group work may be resumed (e.g. via VC).

We are in regular contact with Day Hospital patients to maintain communication and ensure their wellbeing. This includes facilitating home visits by clinicians (as required).

CAMHS services have been maintained during the period, with the majority of consultations taking place via VC and telephone.

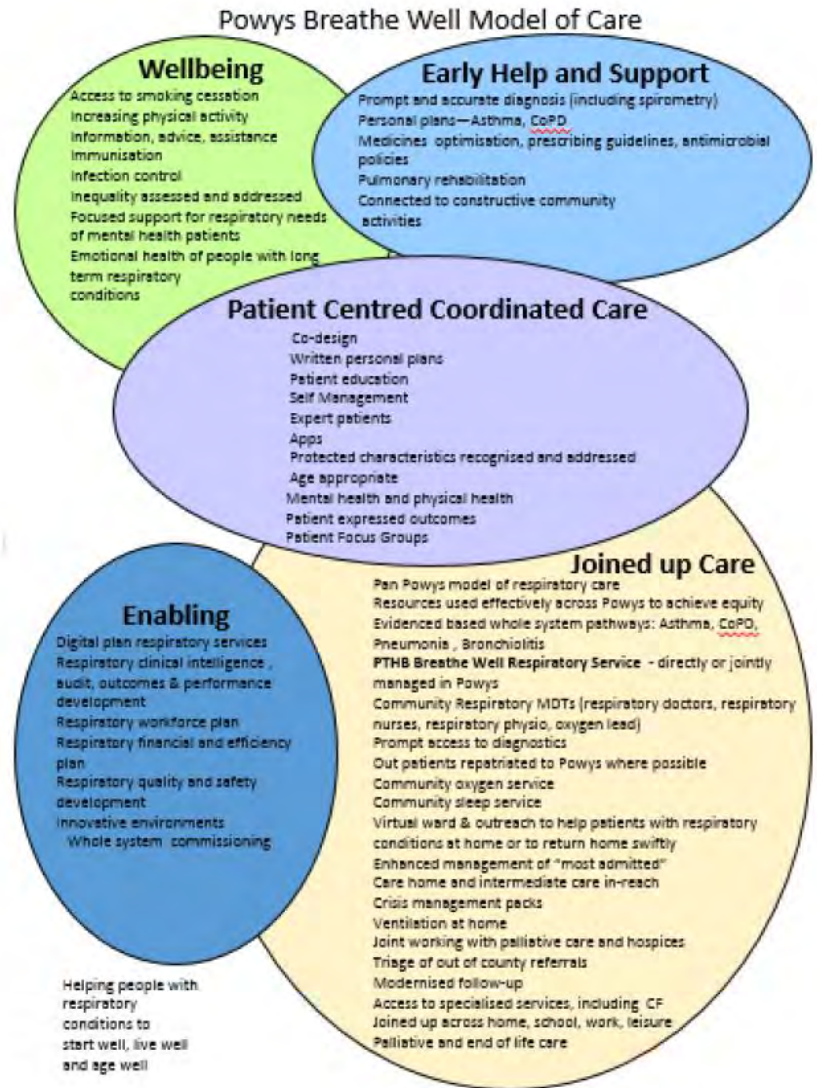
The post of Suicide and Harm Reduction coordinator has been advertised, and interviews will be held in July. This role will be central to joining up the work of statutory and 3rd sector agencies response to self-harm and suicide.

Harm from reduction in Non Covid activity

Respiratory

The programme arrangements for Breathe Well were suspended during Q1 however key areas of clinical work continued including:

- Fast tracked appointment to PTHB Specialist Respiratory Physiologist post in May 2020
- Sought assurance of steps taken by commissioned providers for patients with domiciliary NIV / CPAP to ensure patients are aware of potential Covid19 risks from aerosol generating devices
- Liaised with colleagues in RHIG in relation to national respiratory apps for patients



Further actions that will be progressed in Q2:

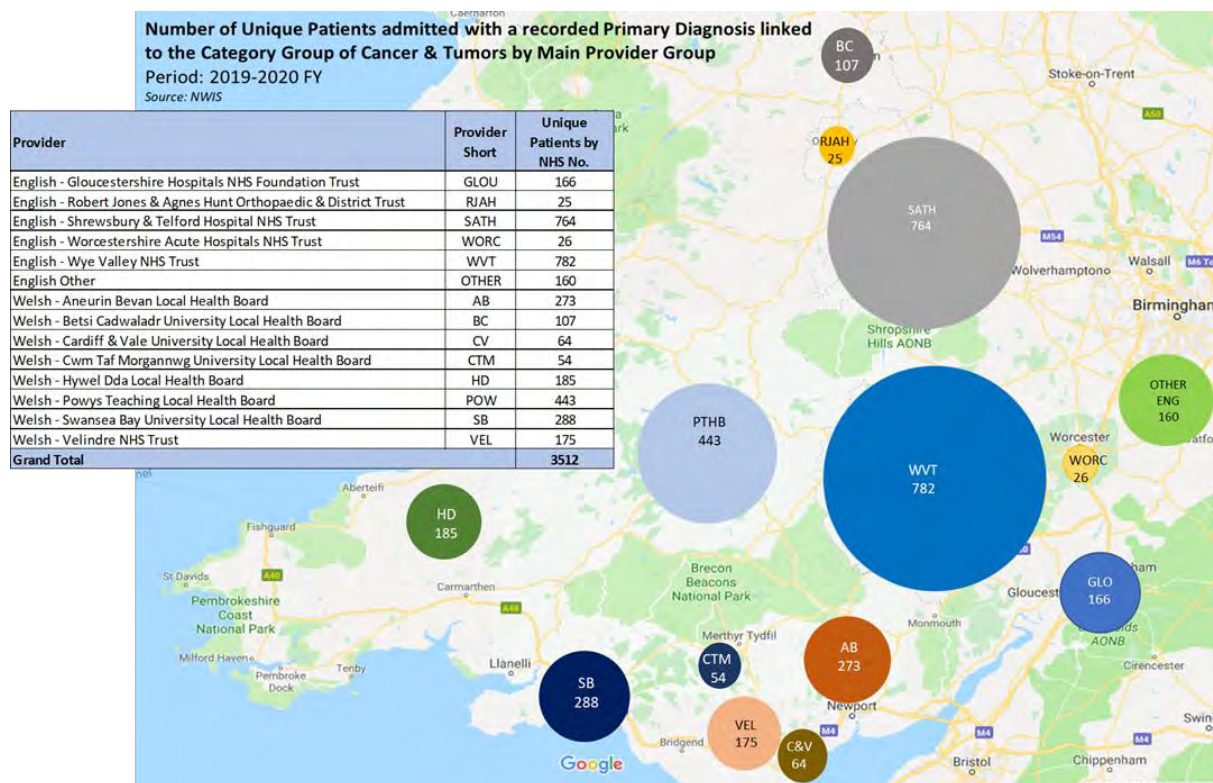
- Support roll out of the RHIG respiratory apps (COPD and Asthma) and related PTHB workforce implications
- Continue to implement the roll out of Covid-19 respiratory guidelines within PTHB in the context of PTHB providing Covid-rehabilitation for Powys patients within county, following patients receiving their acute Covid-related treatment outside of Powys
- Ensure continued access to essential pathways for Powys patients
- Consider how and when the joint pilot with WAST can be reinstated
- Develop plans for the reinstatement of the Breathe Well programme alongside the other Big Four programmes
- Ensure new ways of working are included wherever possible
- Agree the approach to address the backlog of respiratory follow ups
- Develop plans for PTHB Sleep / Respiratory Physiology Service

In relation to risks and issues, there is a recognition that equity of access to respiratory services for Powys may differ depending on how and when essential services are resumed and it will be important to continue to ensure that the Powys context is understood by all stakeholders.

Harm from reduction in Non Covid activity

Cancer

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



The following areas were progressed during Q1:

- Participating in work with the Wales Cancer Network to map and monitor access to essential services
- Links established with HBs and WHSSC to map and monitor pathway changes and access to services
- Working with English Providers to map and monitor access to essential services
- Initiated discussions between the Wales Cancer Network and the West Midlands Cancer Alliance for more holistic view of services for the Powys population
- FIT testing in place for prioritising patients on the USC referral route for the colorectal cancer pathway
- Swab testing in place for patients going into acute care in WVT
- Improving the Cancer Journey Programme paused due to Covid 19

Key actions in relation to cancer treatment and care during Q2 include:

- Continue to work closely with HBs, WHSSC, WCN, English Providers and West Midlands Cancer Alliance to map and monitor access to essential services
- Highlight concerns and work on regional solutions where needed
- Identify new ways of working to be implemented
- Focus on patient engagement and use of information systems to encourage and engage with public to give them confidence to access services
- Reinstatement of Improving the Cancer Journey Programme
- Plan for reinstatement of Cancer Transformation Programme in Q3

Key Risks / Issues:

- Lower referral numbers could impact on cancer stage presentation
- Impact of reduced capacity across cancer pathways (diagnostic and treatment) associated with social distancing
- Impact of reduced capacity for regional surgical and oncological treatments provided by regional centres
- Uncertainty / number of variables and assumptions associated with demand and capacity modelling
- Patient choice around accessing treatment
- Challenges around obtaining management information at population rather just health board level

Circulatory

A number of areas were progressed at pace during Q1 to support new ways of working:

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

Key Actions for the circulatory programme in Q2 include:

- Implement next steps for MyDiabetes and MyHeart apps
- Continue to map access to essential stroke, heart and diabetes pathways
- Continue to highlight any concerns in relation to access to essential services and seek regional solutions
- Continue to ensure new ways of working being used where possible
- Continue to contribute to fast track obesity framework development and implementation

Key Risks / Issues:

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

Patterson, Liz
07/23/2020 14:56:37

Harm from wider societal actions / lockdown

Test, Trace and Protect

Harm from COVID itself

Harm from overwhelmed NHS and social care system

Harm from reduction in non-COVID activity

Harm from wider societal actions/lockdown

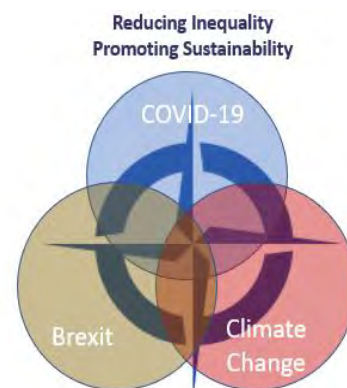
Patterson, Liz
07/23/2020 14:56:37

Overview

As the response to the pandemic shifts into a very different phase with a much longer-term perspective, the health board plans will equally need to be longer term in nature.

The health board already produced an Integrated Medium-Term Plan for 2020 - 2023 which whilst suspended in order to respond to the pandemic, still provides a basis for the longer-term strategic approach. The wider themes of climate change, sustainability and well-being as well as the more immediate challenges relating to Brexit were all articulated in our medium-term plan.

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



Whilst this will need to be revisited, reimagined and reset into the new context, it provides a foundation stone for recovery of healthcare, adapted and revitalised for the future.

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

These are re-establishing and providing crucial spaces for wider reflection and learning across the region. These forums will be helpful in ensuring that system wide impact assessments are written into our longer-term renewal of plans and strategies.

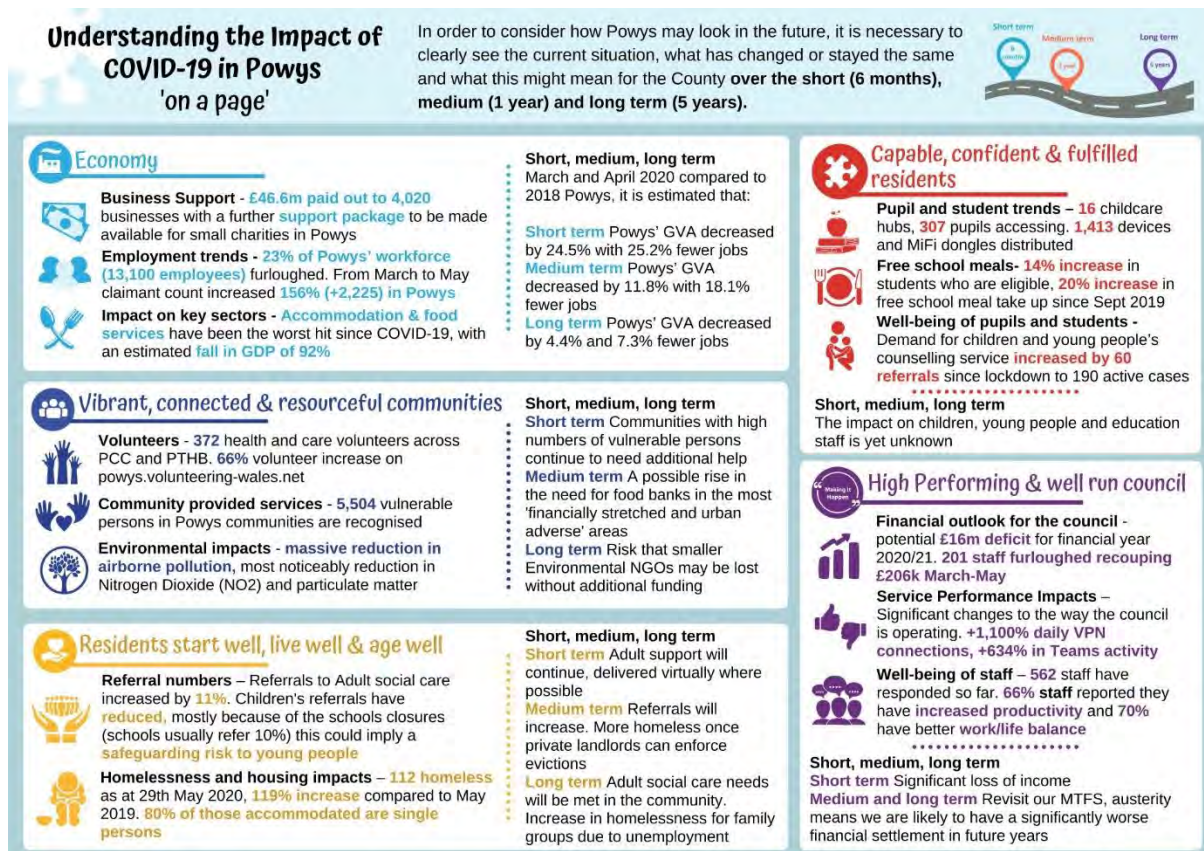
The turnaround and pace required to assess the complex and interrelated plans for covid, non-covid, essential and routine care still require the greatest amount of effort but there is also a need to frame this within the longer term. Our plans will take into account both local learning, as part of the 'Learning for the Future' exercise and external research and policy including Public Health Wales.

Monitoring and responding to broader public health issues emerging from the COVID-19 Pandemic

Professor Mark A. Bellis



An analysis carried out by Powys County Council of the wider impacts of the Covid-19 pandemic in Powys is summarised on the following page.



Powys County Council have produced an analysis report 'Understanding the impact of Covid-19 in Powys which will inform partnership working particularly within the Regional Partnership Board and Public Services Board.

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

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

The full report is available at <https://sway.office.com/sxfU525TCBDFv9PE?ref=Link&loc=play>

Leadership and Management	Safeguarding & Vulnerable Groups	Children Wellbeing	Emotional Health and Wellbeing	Population Groups:
<ul style="list-style-type: none"> • Further recovery of RPB/PSB mechanisms and forums for regional rebuilding • Delivery of communication strategies for Keep Powys Safe, Test Trace Protect, operational services, care homes and other key priorities • Refresh engagement approach • Work in partnership to respond to community sector and third sector resilience challenges and opportunities 	<ul style="list-style-type: none"> • Review of Community sector emergency response arrangements (C-SERT) • Maintain focus on sharing publicity regarding "Home is not always a safe space" to staff and wider population. • Enhance profile of Safeguarding • Continue to promote VAWDASV Training and offer Ask and Act programme to staff 	<ul style="list-style-type: none"> • Implement Healthy Child Wales Programme. • Promote uptake of childhood immunisation programme. • Looked After Children Nurses increasing support to Children's Homes in Powys • Cross reference to Big Four: Mental Health on page 78 and Women & Children's Services on page 62 	<ul style="list-style-type: none"> • Provide remote treatment and care for people with mental health conditions and learning disabilities. • Increase Digital therapies and online support. • Enhance further Bereavement support where required. • Cross reference to Big Four: Mental Health on page 78 	<ul style="list-style-type: none"> - General Population - Close settings - COVID and Non COVID groups. - Children - Vulnerable groups

Partnership and Social Care interface

Partners are working together to consider and re-establish the work programmes of key mechanisms for collaboration including the Regional Partnership Board and Public Services Board. PTHB Committee and Board structure is also being re-established including the Strategic Planning and Commissioning Group which oversees the management of strategic change and partnership programmes.

There is ongoing communication and engagement with the Powys Community Health Council to ensure that feedback from patients, service users and carers is fed into the clinical response model and service planning. The Services Planning Committee is being re-established in July 2020 to provide a forum for engagement on the Quarter 2 Plan as it is implemented and the development of the plan for Quarters 3, 4 and beyond.

The response of the third sector in Powys has been particularly strong and there is ongoing work with partners to build on implementation of C-SERT (Community Service Emergency Response Team) which has seen an enhanced Community Connector Service and support to co-ordinate the many new groups set up to help neighbourhoods and vulnerable people during the pandemic.

Stakeholder engagement continues to be built into communication and engagement planning - examples provided in the 'Harm from an Overwhelmed NHS and Social Care System' section.

Key areas of progress during Q1 included:

- Strong engagement and communication mechanisms implemented
- Re-established RPB/PSB arrangements
- Launch of monthly VAWDASV Newsletter to share publicity and raise awareness of domestic abuse and "Home is not always a safe space"
- Regional Safeguarding Board fully engaged
- Safeguarding Group is re-focused and functioning with a strategic focus
- Phased assessments for a re-introduction to Healthy Child Wales Programme
- Increased support to Children's Homes in Powys in relation to infection prevention and control
- Soft launch of new PTHB website



Safeguarding

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

- Publicity regarding "Home is not always a safe space" to staff and wider population
- Increase awareness of referral process for support to victims of Domestic Abuse
- Continue to promote VAWDASV Group 1 (all staff) Training online for staff – this is now aligned on ESR for all staff and a programme of work is ongoing to insure increased compliance following a slight drop during the Covid-19 pandemic
- Offer VAWDASV Group 2 (Targeted front line staff) Ask and Act training to workforce via skype to ensure training takes place while social distancing measures are in place and staff are unable to attend classroom sessions
- Fully engaged with the Regional Safeguarding Board
- The Safeguarding Group is focused and functioning with a strategic focus with Terms of Reference in place
- Promotion of the Domestic Abuse Intervention Hub

Third Sector

Powys has a strong third sector and partnership working with the public sector. A Community Service Emergency Response Team (C-SERT) was established as part of the Covid-19 pandemic, consisting of PAVO, key third sector organisations, PCC, RPB, PTHB, chaired by PAVO with the following key responsibilities:

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

Regular Covid-19 risk & assurance meetings have been established with key commissioned Third Sector providers and a tracking system has been put in place to monitor and assess operational/staffing/service user risks and service gaps during the Covid19 outbreak. The sector has experienced benefits and challenges during Q1 – seeing an increase in volunteers but also a reduction of core fundraising activities, temporary closure of charity shops, furloughs of employed staff and workforce pressures due to shielding / isolating and challenges associated with infection control measures.

Key updates are circulated to referring clinicians, which detail any changes to third sector service provision to take account of Covid19

Additional funding has been secured for the extension of the home from hospital service activity which was put in place as part of winter arrangements. This was continued to support the preparations and response to Covid-19.

The issuing of Third sector agreement documentation and addressing of queries has been prioritised, to help stabilise confidence and provide security across the sector and for service users.

PTHB will work with third sector providers in Q2 and beyond to identify and progress service initiatives developed during Covid-19 that enhance service user outcomes and service delivery e.g. virtual support and advice. Face to face support will be considered for gradual re-introduction where appropriate and safe alongside virtual approaches, in line with service specification outcomes. There is continued monitoring of the level of service referrals, capacity and demand, refocusing provision as appropriate and in line with the individual constitutions, registrations and purposes of organisations.

The health board has worked with Providers and Health Board staff to resolve Hospice Care service access/supply issues for Personal Protective Equipment.

PAVO have introduced a fortnightly Covid-19 e-bulletin to give a regular round up of news and information, linked to public sector communication channels.

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

Harm from wider societal actions/ lockdown

Communications and Engagement

The health board's approach to communications is set out in its Communications and Engagement Framework, with Standing Operating Procedures for internal communication, external communication, and stakeholder communication.

Key priorities for strengthened internal communication have included the establishment of an all-staff Facebook group, digital screens for rapid dissemination of current messages across multiple health & care sites, daily bulletins dedicated to the Covid-19 response, dedicated intranet zone with the latest policy and guidance, "Ask the Chief Executive" bulletin board, management SITREP arrangements with cascade, and a daily digest of the latest policy and announcements from Welsh Government and other key partners.



Key priorities for strengthened external communication have included:

- dynamic and interactive social and digital approaches reflecting national campaigns (e.g. Keep Powys Safe; Test, Trace, Protect)
- local priorities (e.g. ensuring the public receive accurate and timely communication about how they will receive care and treatment and access services)

The differences in policy and guidance between Wales and England have posed an additional layer of complexity.

Significant progress has been made to established the new health board website which was soft launched at the end of Q2, providing a modern platform that improves Welsh Language compliance and accessibility in web communication.

Key priorities for stakeholder engagement and communication have included:

- maintaining contact with communication with our main stakeholders and engagement groups by virtual means
- Briefings have been held weekly with Powys Community Health Council
- Briefings at key stages with elected members and with Powys County Councillors.

Whilst work continues on technological solutions to enable the public to attend meetings of the Board, we have continued with publication of papers, interactive live-tweeting, and rapid publication of summaries to maintain openness in decision-making.

A large number of services have had to adapt, change and implement new ways of working in response to the pandemic across our provider and commissioned services and a log of these issues / changes has been kept and updated on a continuous basis and shared with the CHC.

A revised Communication and Engagement Framework is being developed for the next phase. This will be agreed with the CHC during Q2 to enable progress to be made on communicating and engaging with the public by digital means on service changes for example the planned earlier opening of The Grange by Aneurin Bevan UHB.

Other priorities for Q2 include:

- maintaining our Test, Trace, Protect communications in order to stop the spread and keep Powys Safe
 - plans to provide communication and guidance on how we will be restoring non Covid activity
 - reassurance and ambient messaging on social distancing in health settings
 - **resumption of development work to support the delivery of the "A Healthier Wales" continuous engagement offer**
 - development of a new Sharepoint-based intranet with phase one focused on staff wellbeing and engagement
- completion of PTHB website and close down of the legacy website.

Patterson, Liz
07/23/2020 14:56:37

Finance and Risk Management

Patterson, Liz
01/23/2020 14:56:37

Covid-19 Financial Plan

The information provided in this section relate to the Covid-19 Financial Plan. This incorporates the financial impact of the response to the Covid-19 pandemic, above the financial plan assessed and reported as part of the IMTP Financial Plan 2020/2021 – 2022/2023 (submitted to Welsh Government in January 2020).

The financial forecast is based on the reported Month 2 position for the Covid-19 Financial Plan, updated for the most recent available information as at the completion of the Quarter 2 return (25th June 2020).

Further updates are provided to Welsh Government as part of regular monthly reporting to the Finance Delivery Unit.

The forecast for Covid-19 at 25th June 2020 was £18.972m and this is shown on the table on the following page.

Key Assumptions

Full details on the key assumptions linked to the forecast are provided in summary below, these are provided in full in detailed monthly reporting to Welsh Government.

Key areas of note include:

- Costs are for 12 months from April 2020 – March 2021
- Additional Capacity based on the ability of the health board to flex-up the bed numbers based on the surge requirements
- Test, Trace and Protect costings are based on the agreed staffing models of up to 3 testing sites and 4 clinical tracing teams
- Included within the wider health board financial forecast is the cost of resuming essential services, which will be in line with original IMTP budgets

Key Pressures and Risks

Key areas of note include:

- Block contracting arrangements for Long Term Agreements (LTAs) have been assessed as being in place for full year for English and Welsh providers (although only an agreement to the end of Q2 at present)
- Savings identified by the health board by end March 2021 are reviewed monthly to assess actual delivery as a consequence of LTA Block arrangements and changes linked to Covid-19
- At end of June the health board received £0.7m of funding from Welsh Government for Q1 (pay only) against the anticipated spend of £3.7m at end Q1 (pay and non pay)
- Further assessment to be undertaken in the next quarter on Primary Care Prescribing and the potential increases in cost and volume

Summary Forecast Covid-19 Revenue Expenditure 2020/21 @ Month 2

Area	YTD		Q1		2020/21	
	£'000		£'000		£'000	
Pay						
General C-19	266		524		4,847	
TTP	-		181		1,814	
		266		706		6,661
Non Pay						
PC	222		242		603	
PPE	86		253		1,505	
Provider	319		654		3,952	
LTA	397		701		2,807	
TTP	-		85		311	
		1,024		1,936		9,177
Non Delivery Savings		875		1,328		3,814
Reduction Spend	-	161	-	241	-	680
TOTAL		2,004		3,728		18,972

Principles Supporting Forecast Covid-19 Revenue Expenditure 2020/21

- Capital - the costings in the table ONLY include the revenue. Capital was provided to Welsh Government on 5th June 2020. Return below:



Worksheet in FINAL
Draft_Q2 Plan_090721

- Table 1 is based on the submission made as part of the Monthly Monitoring Process on 11th June updated for material changes from this date to 25th June.
- Full details on the assumptions at Month 2 are included in the narrative report submitted as part of the Monthly Monitoring Process on 11th June.
- Key changes included since 11th June 2020:
 - Recognition of the loss of income on the Dental Contract linked to Patient Charges
 - Updated plan for delivery of the Test Trace and Protect programme presented to Gold on 17th June
 - Changes to English blocks agreements
 - Updated Saving position following review at end June 2020

Patterson, Liz
07/23/2020 14:56:37

Key Assumptions Supporting Forecast of Covid-19 Revenue Expenditure 2020/21

General Assumptions

- Costs for 12-month period from April 2020– March 2021
- Additional Capacity based on the ability of the health board to flex-up the bed numbers based on the C-19 surge requirements
- Test Trace and Protect costings based on the full staffing models agreed by health board on 17th June

Non-Pay

- Equipment excludes any costs in relation to the all Wales procurement process based on the assumption this will be centrally funded
- PPE costs based on current modelling and actuals based on WHS Feed
- LTA pressures are based on full year block arrangements in place compared to IMTP planning assumptions as at end November 2019.
- Other costs identified via Covid-19 Cost Centres (B259 & B456)

Pay

- Additional Capacity to flex-up beds could include costs for following based on bed numbers required linked to surge:
 - Temporary Fixed Term Bank Contracted Staff = 13.80wte
 - Temporary Fixed Term Students = 11 wte
 - Additional HCSW (costed agency rates) = 47.71
 - Additional Hours and Bank above standard operating rates
- Test Trace and Protect programme costs are based on the following staffing establishments and only include costs incurred by Health:

Testing	WTE
Clinical Lead	1.00
Admin Hub	7.00
Testing phase 1	20.70
Testing Phase 2	10.35
Total	39.05

Clinical Trackers	WTE
Trackers #	21.24
Total	21.24
#WTE after redeployment existing staff	

- Other staff costs include:
 - Longer term staffing requirement for the PPE Hubs (Bronllys/Newtown) = 4.5 wte
 - Additional fixed term Pharmacy posts to support wider C-19 issues

Savings

- IMTP required = £5.6m
- Planned schemes at 12th March = £5.4m
- Each month the planned schemes are reviewed and assessed against current C-19 situation.
- At End June assumed that of £5.6m IMTP target only £1.8m could be delivered, with further reviews required through 2020/21.
- Key issue for Powys as a commissioner of services is Block LTA arrangements in place in England and Wales
- Health Board continues to look for other opportunities to release efficiencies to offset shortfall

Patterson, Liz
07/23/2020 14:56:37

Risk Management

Risk Management arrangements were adapted to respond to the context of the response to the Covid-19 pandemic and the implementation of the Gold Command approach.

The Risk approach centred around three key risk areas:

1. Strategic Risks which threaten the organisation's ability to achieve the Board's objectives (Corporate Risk Register) reported to Board
2. Risks which threaten the organisation's ability to respond to Covid-19 (Covid-19 Risk Register) reported to Strategic Gold Group
3. Risks which threaten operational delivery (Directorate Risk Registers), reported to Executive Committee

Covid-19 Risk Register

- A Covid-19 Risk Register is maintained and updated at Strategic GOLD Group, which sets out the key areas of risk directly relating to the health board's preparations and response to Covid-19.
- The current Risk Register is aligned to the health board's Phase 2 response to Covid-19, in particular the four Harm's identified.
- The Phase 2 Plan has been developed as part of the complex system-wide work to mitigate the impact of the pandemic in Powys.
- The Four Harms framework is used throughout the Plan to identify the key harm areas and mitigations.
- A copy of the Covid-19 Phase 2 Risk Register is attached in the Supporting Documents section.

COVID-19 RISK HEAT MAP: July 2020

There is a risk that...

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

Corporate Risk Register

- The Corporate Risk Register (CRR) is maintained and updated at Risk and Assurance Group and Executive Committee, and approved by the Board.
- A review of the CRR in light of the Covid-19 response was carried out with Executives, to reflect the impact of the pandemic. The following risks have been updated: -
 - The risk that *'some commissioned services are not sustainable or safe, and do not meet national targets'* was increased from **'Likely'** to **'Almost Certain'**.
 - The risk of *'fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies'* was increased from **'Possible'** to **'Likely'**.
- A copy of the CRR is attached in the Supporting Documents section.

CORPORATE RISK HEAT MAP: July 2020

There is a risk that...

Impact	Catastrophic	5					
	Major	4			<ul style="list-style-type: none"> The health board does not meet its statutory duty to achieve a breakeven position ICT systems are not robust or stable enough to support safe, effective and up to date care The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors Effective governance arrangements are not embedded across all parts of the health board Resources (financial and other) are not fully aligned to the health board's priorities 	<ul style="list-style-type: none"> The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19) 	<ul style="list-style-type: none"> Some commissioned services are not sustainable or safe, and do not meet national targets
	Moderate	3				<ul style="list-style-type: none"> The health board does not comply to the Welsh Language standards, as outlined in the compliance notice Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures 	
	Minor	2					
	Negligible	1					
			1	2	3	4	5
Likelihood		Rare	Unlikely	Possible	Likely	Almost Certain	

Q2 Operational Plan


Appendix 1

Supporting Documents

Supporting Documents	Page
Quarter 2 Implementation Plan	2 - 7
Wellbeing Objectives and Priorities 2020/21	8
Annual Plan 2020/21	9 - 24
Corporate Risk Register	25
COVID-19 Risk Register	26


Page 520/516
07/23/2020 14:50:37

Q2 Implementation Plan

TEST, TRACE, PROTECT									
									
Ref	Action	Executive Lead	AD / Operational lead	Q2	Q3	Q4	Deadline	Status	
1. Leadership and Management									
1.4	Produce a plan for next stage testing and tracing that describes the local contribution to inpatient, critical worker, closed settings and symptomatic general population testing, as well as contact tracing requirements.	Director of Public Health	Consultant in Public Health					G	
1.5	Create a local demand and capacity model for the next stage testing pathway	Director of Public Health	Consultant in Public Health					G	
2. Expert Advice and Guidance									
3. Testing									
3.2	Extend electronic test requesting for COVID-19 samples to inpatient areas	Executive Director of Primary Care, Community & Mental Health Services	Service Manager & Clinical Lead /Asst Director: Facilities & Support Services				20/07/20	R	
3.4	Establish COVID-19 testing administration hub	Director of Public Health	Asst Director Facilities & Support Services				30/09/20	G	
3.5	Ensure any changes to testing policy and eligibility are implemented quickly.	Director of Public Health	Service Manager & Clinical Lead /Consultant in Public Health				Ongoing	G	
3.6	Develop a plan for adding antibody (i.e. serology) testing to existing antigen testing model.	Director of Public Health	Asst Director Facilities & Support Services /Consultant in Public Health				Ongoing	A	
3.6.1	Citizens requiring testing as part of preoperative procedure DGH & Community Hospitals	Director of Public Health	Consultant in Public Health				Ongoing	A	
3.7	To develop an operating model for MTUs once military resource is extracted	Director of Public Health	Asst Director Facilities & Support Services				Dependent on WG	A	
3.8	Improve the timeliness of results reporting	Director of Public Health	Business Manager- COVID-19 Testing Operations					A	
3.9	Establish internal laboratory testing capability within 2 x hospital sites	Director of Public Health	Asst Director Facilities & Support Services					A	
3.12	Establish a test recording and reporting process that provides information on testing activity for all eligible groups.	Director of Public Health						G	
4. Tracing									
4.3	Adequate resource in place with correct skill mix to conduct the contact tracing role	Corporate Director PCC						G	
4.7	Develop and submit funding requirements to WG	Corporate Director PCC						G	
4.8	Full establishment of CCTTs to be in place	Corporate Director PCC						G	
5. Outcomes and Experience									
5.1	Established testing pathway in place	Director of Public Health	Consultant in Public Health					G	
5.2	Static and Mobile testing established	Director of Public Health						G	
5.3	In house (micro) lab testing in place	Director of Public Health					31/07/20	G	
5.4	Results notification systems in place	Director of Public Health	Consultant in Public Health					G	
5.6	Testing reporting metrics in place for performance management	Director of Public Health						G	
6. Enablers - Workforce, ICT, Logistics									
6.1	Workforce in place for staff Testing and Contact Tracing services	Director of Public Health						G	
6.2	IT hardware and software for Testing and Contact Tracing services in place	Executive Director of Finance, Information & IT Services	Asst Director Innovation & Improvement					G	
6.7	Memorandum of understanding to be developed	Director of Public Health	Strategic Planning Manager					G	


STATUS MONITORING	
Blue - Complete	
Red - Behind schedule	
Amber - At risk/issues present	
Green - On track	

Q2 Implementation Plan

HARM FROM COVID									
									
Ref	Action	Executive Lead	AD / Operational lead	Q2	Q3	Q4	Deadline	Status	
1. Phase 1 Clinical Response Model									
1.1.1	Arrange verification of death on a sustainable basis in collaboration with care homes and PCC	TBC	TBC				TBC		
1.2	Review processes to support those at risk of shielding in the longer term	Executive Director of Primary Care, Community & Mental Health Services					TBC	G	
2. Rehabilitation and Recovery Pathways									
2.1	Implement rehabilitation pathways to support Acute COVID19 and other pathways	Executive Director of Primary Care, Community & Mental Health Services / Executive Director of Therapies & Health	Head of Therapies					G	
3. Care Homes and Enhanced Settings									
3.4	Capacity in place to support hospital discharge process in relation to step up and step down beds	Executive Director of Primary Care, Community & Mental Health Services / PCC Corporate Director (Children and Adults)	Asst Director Community Services Group				Ongoing	G	
3.8	Ensure COVID-19 testing protocol in place for residential care settings which is consistent with Welsh Government policy	Director of Public Health						G	
3.9	Monitor primary care input into care homes in line with the DES	Executive Director of Primary Care, Community & Mental Health Services	Asst Director of Primary Care Services					B	
3.10	Community therapy teams to support respiratory need within nursing homes	Executive Director of Primary Care, Community & Mental Health Services / Executive Director of Therapies & Health	Head of Therapies					B	
3.11	Develop an NHS Wales perspective on care home sustainability	Chief Executive						G	
3.13	Implement Commissioning Assurance Framework for Care Homes as set out in Section 33	PCC Corporate Director (Children & Adults)/Executive Director of Nursing & Midwifery					31/07/20	G	
4. Early Warning System and Modelling									
4.1	Develop Early Warning system - 'triggers' / escalation plan linked with R value, surveillance data and other intelligence	Director of Public Health					TBC	G	
4.2	Implement Early Warning system	Director of Public Health					Ongoing	G	

STATUS MONITORING
Blue - Complete
Red - Behind schedule
Amber - At risk/issues present
Green - On track

Q2 Implementation Plan

HARM FROM AN OVERWHELMED HEALTH AND CARE SYSTEM									
<div><div><div></div><div>World Health Organisation Address: Pwys Pwys Teaching Health Board</div></div><div></div></div>									
Ref	Action	Executive Lead	AD / Operational lead	Q2	Q3	Q4	Deadline	Status	
1. Planning and Operating Framework									
1.1	Review and deliver primary care specific response in line with WG guidance (every four weeks)	Executive Director of Primary Care, Community & Mental Health Services					Ongoing	G	
1.2	Review medical and non medical leadership arrangements on each site to clarify future clinical leadership (for existing bed state)	Executive Director of Primary Care, Community & Mental Health Services / Clinical Execs					31/07/20	A	
1.3	Review of pathways /flows for COVID and Non COVID in community hospitals and agreement on streaming	Executive Director of Primary Care, Community & Mental Health Services					TBC	G	
1.4	Implement social distancing based on national guidance in line with the agile working programme	Executive Director of Primary Care, Community & Mental Health Services/Director of Workforce & Organisational Development/Director of Planning & Performance	Asst Director of Workforce & Organisational Development				Feb-21	G	
1.5	Primary care hot sites in place when triggered by practice demand	Executive Director of Primary Care, Community & Mental Health Services					Ongoing	B	
1.6	Strategic planning framework in place to support a flexible and agile approach to balance COVID and Non COVID	Executive Director of Primary Care, Community & Mental Health Services/Director of Public Health/Director of Planning & Performance						G	
2. New Ways of Working									
2.1	Agree approach to capturing lessons learnt and evaluation of new practice in Phase 1 and Phase 2	Medical Director						G	
2.2	Sustaining best practice and new ways of working	All Executives					Ongoing	G	
3. Core Support Services									
3.3	Transport plan developed to support Clinical Response Model-Phase 2 (COVID/Non COVID)	Director of Workforce & Organisational Development	Asst Director Facilities & Support Services					G	
3.4	Ongoing management of equipment for Clinical Response model P1 and P2	Executive Director of Finance, Information & IT Services	Quality & Safety Manager				Ongoing	G	
3.5	Ongoing management of consumables for Clinical Response model P1 and P2	Executive Director of Finance, Information & IT Services	All areas				Ongoing	G	
3.6	Ongoing management of medicine supplies distributed for Clinical Response model P1 and P2	Executive Director of Primary Care, Community & Mental Health Services	Chief Pharmacist				Ongoing	G	
3.7	Community Hospital Model - Hospital Oxygen Supply & Ventilation System in place	Director of Planning and Performance	Asst Director of Estates & Property					G	
3.8	Home Model - Oxygen Supply distributed in place	Executive Director of Primary Care, Community & Mental Health Services	Chief Pharmacist				Ongoing	G	
3.10	Remote working and Office 365 implemented	Executive Director of Finance, Information & IT Services	Asst Director Digital Transformation & Informatics				30/07/20	G	
3.11	Attend Anywhere implemented	Executive Director of Finance, Information & IT Services	Asst Director Digital Transformation & Informatics				30/09/20	G	
3.12	Consultant Connect implemented	Executive Director of Finance, Information & IT Services	Asst Director Digital Transformation & Informatics				30/07/20	G	
3.13	Explore opportunities for further digital acceleration i.e. virtual clinics	Executive Director of Finance, Information & IT Services	Asst Director Digital Transformation & Informatics				30/07/20	G	
3.15	Installation of consistent social distancing signage and markings across all PTHB sites	Director of Planning and Performance	Assistant Director of Estates and Property				24/07/20	G	
4. Workforce									
4.1	Assessment of workforce supply for the next 3, 6, and 9 months to include additional temporary workforce	Director of Workforce & Organisational Development	Deputy Director Workforce & OD				Quarterly	G	
4.1a	Maintain our redeployment register in order to step up the Clinical Model should bed capacity need to be stepped up	Director of Workforce & Organisational Development	Deputy Director Workforce & OD				Ongoing	G	
4.1b	Ensure staff identified for potential redeployment have the necessary skills and orientation should the clinical model need to be stepped up.	Director of Workforce & Organisational Development	Deputy Director Workforce & OD				Ongoing	G	
4.2	Capture lessons learnt	Medical Director	Asst Director Innovation & Improvement				Ongoing	G	
5. Health & Safety									
5.2	Continue to monitor and provide wellbeing support, including undertaking risk assessments, for staff who are Shielding or Socially Distancing at home as they are identified in the at risk category.	Director of Workforce & Organisational Development	Deputy Director Workforce & OD				Ongoing	G	
5.5	Regular review of staff engagement	Director of Workforce & Organisational Development	Asst Director of Workforce & Organisational Development				Ongoing	G	
5.7	Ensure the Infection Prevention Control Group re-focusses and resets the strategic direction across the health board	Executive Director of Nursing & Midwifery	Asst Director of Nursing				TBC	G	

STATUS MONITORING


Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Q2 Implementation Plan

HARM FROM REDUCTION IN NON-COVID ACTIVITY									
									
Ref	Action	Executive Lead	AD / Operational lead	Q2	Q3	Q4	Deadline	Status	
1. Planning Non COVID Services									
1.2	Tracking system in place for patient management (waiting lists)	Executive Director of Primary Care, Community & Mental Health Services	ADs				Ongoing	G	
1.3	Apply national definitions of service prioritisation to local provision and agree local decision making approach.	Executive Director of Primary Care, Community & Mental Health Services	ADs				Ongoing	G	
1.4	Agree phasing plans for essential services	Executive Director of Primary Care, Community & Mental Health Services	ADs					G	
1.5	Implement 'essential services' phasing plan	Executive Director of Primary Care, Community & Mental Health Services	ADs				01/08/20	G	
1.6	Agree phasing plans for restoring normal and routine services (where capacity exists)	Executive Director of Primary Care, Community & Mental Health Services	ADs				TBC	G	
1.7	Implement 'routine services' phasing plan	Executive Director of Primary Care, Community & Mental Health Services	ADs				TBC		
2. Regional, DGH and Specialist Services									
2.1	Ensure PTHB demand is built into the modelling for main DGH providers	Director of Planning & Performance	Asst Director Commissioning Development				Ongoing	G	
2.2	Maintain participation in cross-border arrangements and strengthen information sharing Deaths/positive tests	Director of Planning & Performance	Asst Director Commissioning Development				Ongoing	G	
2.3	Maintain participation in regional planning arrangements	Director of Planning & Performance	Asst Director Commissioning Development				Ongoing	A	
2.4	Ensure Whole System Access to Essential Services	Director of Planning & Performance	Asst Director Commissioning Development				TBC	A	
SUB TASK	Map health board and NHS Trust provision of essential services to highlight any areas of concern for the Powys population (include access to centrally collected information for all Welsh Health Boards)	Director of Planning & Performance	Asst Director Commissioning Development				TBC	G	
SUB TASK	Ensure assurance arrangements in place for access to essential services	Director of Planning & Performance	Asst Director Commissioning Development				TBC	A	
SUB TASK	Work with Welsh Government and other health boards to secure access if areas of concern	Director of Planning & Performance	Asst Director Commissioning Development				TBC	G	
SUB TASK	Continue to participate in WG's Essential Services Group	Director of Planning & Performance	Asst Director Commissioning Development				Ongoing	G	
SUB TASK	Mapping & risk assess essential guides issued by Welsh Government for Powys population	Director of Planning & Performance	Asst Director Commissioning Development				Ongoing	G	
2.5	Liaison with main provider DGHs (15 x 5 health economies across England & Wales) to understand and log any key pathway changes	Director of Planning & Performance	Asst Director Commissioning Development				Ongoing	G	
2.6	Develop plan for re-establishing commissioning arrangements and transition from Silver and Gold command	Director of Planning & Performance	Asst Director Commissioning Development				TBC	G	
SUB TASK	Develop plan for re-establishing CQPRMs	Director of Planning & Performance	Asst Director Commissioning Development				TBC	G	
SUB TASK	Agree way forward on 20/21 LTA and SLA approach when activity, types of services provided, performance arrangements, risk etc. will be significantly affected by plans to reduce hospital transmission etc.	Director of Planning & Performance	Asst Director Commissioning Development				TBC	G	
SUB TASK	Develop graduated plan for reinstating Commissioning Assurance Framework	Director of Planning & Performance	Asst Director Commissioning Development				TBC	G	
SUB TASK	Ensure whole system maternity assurance arrangements in place	Executive Director of Nursing & Midwifery/Director of Planning & Performance	Asst Director Commissioning Development				TBC	G	
SUB TASK	Develop revised financial plan for DGH services	Executive Director of Finance, Information & IT Services/Director of Planning & Performance	Asst Director Commissioning Development				TBC	G	

STATUS MONITORING


Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Q2 Implementation Plan

HARM FROM REDUCTION IN NON-COVID ACTIVITY									
									
Ref	Action	Executive Lead	AD / Operational lead(s)	Q2	Q3	Q4	Deadline	Status	
1. Planning Non COVID Services									
SUB TASK	Develop plan for re-establishing Fragile Services Log	Director of Planning and Performance	Asst Director Commissioning Development				Ongoing	G	
SUB TASK	Ensure plan to reinstate full Prior Approval process	Director of Planning and Performance	Asst Director Commissioning Development				TBC	G	
SUB TASK	Ensure plan to reinstate full validation process	Director of Planning and Performance	Asst Director Commissioning Development				TBC	G	
2.7	Understand provider plans for re-establishing access to routine DGH services	Director of Planning and Performance	Asst Director Commissioning Development				TBC	G	
2.8	Ensure appropriate discharge arrangements in place in line with government guidance	Director of Planning and Performance	Asst Director Commissioning Development				Ongoing	G	
2.9	Ensure joint planning with WAST in place	Director of Planning and Performance	Asst Director Commissioning Development				Ongoing	G	
2.10	Manage interface with existing private providers Powys - and access to essential services	Director of Planning and Performance	Asst Director Commissioning Development				Ongoing	A	
2.11	Work with WHSSC to ensure appropriate Powys access to essential services	Director of Planning and Performance	Asst Director Commissioning Development				Ongoing	G	
2.12	BIG 4: ensure access to essential services and fast-track next actions within Transformation Programmes to reinstate agreed activities for Cancer, Mental Health, Circulatory, Respiratory	Director of Planning and Performance	Asst Director Commissioning Development				Ongoing	A	
2.13	Clarify access to specialised services for super vulnerable	Director of Planning and Performance	Asst Director Commissioning Development				Ongoing	G	
2.14	Maintain arrangements for vulnerable children out of county	Director of Planning and Performance	Asst Director Commissioning Development				Ongoing	G	
2.15	Preparing for next phase of services Q2, Q3,Q4	Director of Planning and Performance	Asst Director Commissioning Development				TBC	G	
2.16	Confirm revised NHS Wales reporting requirements and statutory performance reporting requirements	Director of Planning and Performance	Asst Director Commissioning Development				TBC	G	
2.17	Confirm revised NHS England reporting requirements and statutory performance reporting requirements	Director of Planning and Performance	Asst Director Commissioning Development				TBC	G	
2.18	Consider backlog of treatment for Powys patients in external providers	Director of Planning and Performance	Asst Director Commissioning Development				TBC	R	
2.19	Develop transition plan for re-instating commissioning processes	Director of Planning and Performance	Asst Director Commissioning Development				TBC	G	
2.20	Ensure system winter planning in place in line with any national guidance	Executive Director of Primary Care, Community & Mental Health Services					TBC	G	
3. Powys Provider - Essential Services									
3.1	GP - to continue to respond to WG re what parts of the contract to be reinstated	Executive Director of Primary Care, Community & Mental Health Services	Asst Director of Primary Care Services				Ongoing	G	
3.2	Dental - to continue to respond to WG re what parts of the contract to be reinstated	Executive Director of Primary Care, Community & Mental Health Services	Asst Director of Primary Care Services / Dental Director				Ongoing	G	
3.3	Ophthalmology - to continue to respond to WG re what parts of the contract to be reinstated	Executive Director of Primary Care, Community & Mental Health Services	Asst Director of Primary Care Services / Optometry Advisor				Ongoing	G	
3.4	Pharmacy - to continue to respond to WG re what parts of the contract to be reinstated	Executive Director of Primary Care, Community & Mental Health Services	Chief Pharmacist				Ongoing	G	

STATUS MONITORING


Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Q2 Implementation Plan

HARM FROM LOCKDOWN								
								
Ref	Action	Executive Lead	AD / Operational lead	Q2	Q3	Q4	Deadline	Status
1. Leadership and Management								
1.1	Review and implement PTHB revised governance arrangements to support Phase 2	Chief Executive/Board Secretary	Corporate Governance Manager					G
1.3	CHC Communication and engagement discussions (in line with guidance)	Director of Planning and Performance					Ongoing	G
1.4	Monthly review of communication and engagement	Director of Planning and Performance	Asst. Director Engagement & Communication				Ongoing	G
1.5	PTHB Risk assessment undertaken to support delivery of phase 2	Chief Executive/Board Secretary	Head Risk & Assurance					G
1.6	Review and update SAGE planning assumptions in line with national, regional and local context	Director of Public Health					Ongoing	G
1.7	Share and update phase 2 plan to reflect broader partnership discussions	Director of Planning and Performance						G
1.8	Re-establish RPB/PSB arrangements	Chief Executive	RPB Coordinator					G
1.9	RPB/PSB Recovery Plan	Director of Public Health						A
2. Safeguarding & Vulnerable Groups								
2.1	RPB to understand and address lockdown impact on vulnerable groups	Chief Executive	RPB Coordinator					G
2.2	Public Service Board to understand and address impact of lockdown on society/economy	Director of Public Health						G
2.3	Set targets to share publicity regarding "Home is not always a safe space" to staff and wider population	Executive Director of Nursing & Midwifery					Ongoing	G
2.4	Increase awareness of referral process for support to victims of Domestic Abuse - workforce and wider population	Executive Director of Nursing & Midwifery					Ongoing	G
2.5	Continue to promote Group 1 VAWDASV Training online for staff - agree targets for uptake	Executive Director of Nursing & Midwifery					Ongoing	G
2.6	Offer VAWDASV Group 2 Ask and Act training to workforce - agree targets for training	Executive Director of Nursing & Midwifery					Ongoing	G
2.8	Review arrangements for CHC to support phase 2	Executive Director of Nursing & Midwifery					Ongoing	G
2.10	Ensure the Safeguarding Group is re-focused and functioning with a strategic focus	Executive Director of Nursing & Midwifery						G
2.11	Implement rehabilitation pathways to support any harm from lockdown and other pathways	Executive Director of Primary Care, Community & Mental Health Services / Executive Director of Therapies & Health	Head of Therapies/Head of Pain & Fatigue Management				01/09/20	G
3. Children Wellbeing								
3.1	Phased assessments for an re-introduction to Healthy Child Wales Programme	Executive Director of Primary Care, Community & Mental Health Services					30/09/20	G
4. Emotional Health and Wellbeing								
4.1	Review of C-SERT							G

STATUS MONITORING	
Blue	- Complete
Red	- Behind schedule
Amber	- At risk/issues present
Green	- On track

Well-being Objectives and Priorities 2020/2021

<p>Core Well-being Objective 1</p> <p>FOCUS ON WELLBEING</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Wider Determinants of Health • Health improvement & Disease Prevention • Supporting Communities and Carers 	<p>Core Well-being Objective 2</p> <p>EARLY HELP AND SUPPORT</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Primary and Community Care • Cluster Working • Connecting Communities
<p>Core Well-being Objective 3</p> <p>TACKLING THE BIG FOUR</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Mental Health • Cancer • Respiratory Conditions • Circulatory Disease 	<p>Core Well-being Objective 4</p> <p>ENABLE JOINED UP CARE</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • North Powys Well-being Programme • Unscheduled Care and Out of Hours • Planned Care • Specialised Care • Quality and Citizen Experience
<p>Enabling Well-being Objective 1</p> <p>DEVELOP WORKFORCE FUTURES</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Designing, Planning and Attracting Workforce • Leading the Workforce • Engagement and Well-being • Education, Training and Development • Partnership and Citizenship 	<p>Enabling Well-being Objective 2</p> <p>PROMOTE INNOVATIVE ENVIRONMENTS</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Research Development and Innovation • Capital Programme and Estates • Facilities
<p>Enabling Well-being Objective 3</p> <p>PUT DIGITAL FIRST</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Digital Care • Digital Access • Digital Infrastructure & Intelligence 	<p>Enabling Well-being Objective 4</p> <p>TRANSFORMING IN PARTNERSHIP</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Good Governance • Financial Management • Partnership, Planning, Performance and Commissioning

Patterson.Liz
07/23/2020 14:56:37

Key	
Red rated actions	Milestone considered to be deliverable or can be started in Quarter 1
Amber rated actions	Milestone considered to be deliverable or can be started in Quarter 2
Green rated actions	Milestone considered to be deliverable or can be started in Quarters 3 and 4

FOCUS ON WELLBEING			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Wider Determinants of Health			
1.1 Implement the Powys Wellbeing Plan as a partner of the Public Service Board			
<ul style="list-style-type: none"> Implement the Powys Wellbeing Plan (Public Service Board) 	Director of Public Health	This is a long term partnership plan, tracked by the Public Service Board	<ul style="list-style-type: none"> Refer to the Powys (PSB) Wellbeing Plan
Health Improvement and Disease Prevention			
1.2 Implement the health improvement and disease prevention programme			
<ul style="list-style-type: none"> Implement the health improvement and disease prevention programme Implement Sexual Health Improvement Plan Implement Substance Misuse Strategy as a partner in the Substance Misuse Partnership 	Director of Public Health	<p>Key milestones to be agreed in Q4 2019/20 as part of 2020/21 annual delivery plan and will include:</p> <ul style="list-style-type: none"> Review current specialist stop smoking service (Q4 2019/20 and Q1 2020/21) Develop plans (Q1 and Q2 2020/21) and start implementation of plans (Q3 2020/21 and beyond) for future sustainable model for stop smoking service Review Tobacco Control Action Plan to include specific actions for 2020/21 and beyond regarding smoke free hospital sites and no-smoking mental health units Continue to progress work developed with 2 GP practices (Haygarth and Presteigne) Finalise costed business case for Level 2 and 3 obesity services/pathway (Q4 2019/20 and Q1 2020/21) Subject to funding, develop action plans to establish new obesity services at Level 1, 2 and 3 (Q2 2020/21) and commence delivery (Q3/4 2020/21). Further roll-out of Level 1, 2 and 3 services in 2021/22-2022/23 subject to funding. Develop an action plan (Q4 2019/20) and commence delivery (Q1 2020/21) of Foundation Phase Bach a lach in North Powys (project runs until Q4 2020/21) Review Healthy Weight Action Plan to ensure alignment with Healthy Weight: Healthy Wales and 2020-2022 HW:HW Delivery Plan (Q4 2019/20 and Q1 2020/21) 	<ul style="list-style-type: none"> % adults who smoke (PHOF25) % adult smokers who make a quit attempt via smoking cessation services (cumulative data) (NOF) Adolescents who smoke (PHOF20) Children age 5 of healthy weight (PHOF32) Adolescents of healthy weight (PHOF33) Working age adults of healthy weight (PHOF38a) Physical activity in adolescents (PHOF_19) Adults meeting physical activity guidelines (PHOF24) Uptake of the influenza vaccination (NOF05) Uptake of Childhood Vaccinations (NOF02/03) Attainment of influenza vaccination targets (NOF) % of children who have had 3 doses of 6in1 vaccination by age 1 year (NOF2) % of children x 2 doses of MMR by age 5 years (NOF3) Vaccination rates at age 4 (PHOF30) % adults who smoke (PHOF25)

Patterson, Liz
07/23/2020 14:56:37

		<ul style="list-style-type: none"> Continue to promote physical activity for children and young people through the Healthy Schools and Healthy Pre-schools Scheme and through Bach a lach Review physical activity-related actions as part of review of Healthy Weight Action Plan ((Q4 2019/20 and Q1 2020/21) – see “Healthy Body Weight” above 	<ul style="list-style-type: none"> Adults meeting physical activity guidelines (PHOF24) The gap in life expectancy at birth between the most and least deprived (PHOF04) and the gap in healthy life
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Health Improvement and Disease Prevention (Continued)			
1.2 Implement the health improvement and disease prevention programme (Continued)			
		<ul style="list-style-type: none"> Development (Q4 2019/20 and Q1 2020/21) and implementation (Q1 2021/22) of local measles and mumps elimination plan Evaluation of “MECC for Flu” programme introduced in 2019/20 (Q4 2020/21) Develop 2021/22 flu immunisation plans (Q2/Q3 2020/21) Implement 2021/22 flu immunisation plans (Q3/Q4 2020/21) Continue to promote level 1 and 2 Making Every Contact Count training and embed MECC approach in practice (Q1-Q4 2020/21 and 2021/22 onwards) Continue to promote Invest in Your Health (Q1-Q4 2020/21 and 2021/22 onwards) Substance Misuse Partnership strategy - refer to full plan for detailed delivery (hyperlink in IMTP Appendix) Implementation of Sexual Health Improvement Plan – refer to full plan for detailed delivery (hyperlink in IMTP Appendix) 	<ul style="list-style-type: none"> expectancy between the most and least deprived (PHOF05) Adolescents using alcohol (PHOF21) Teenage pregnancies (PHOF27)
Supporting Communities and Carers			
1.3 Deliver Community and Carers Support as per RPB Plan			
<ul style="list-style-type: none"> Delivery of Carers Support as per plan agreed with RPB partners 	Director of Nursing	<ul style="list-style-type: none"> Providing leadership to facilitate multi agency working through the Carers Steering Group Engagement in Carers Trust Wales national work 	<ul style="list-style-type: none"> Census data in relation to Carers in Powys – estimates of numbers of unpaid carer roles Measures of Carers Support uptake / participation in schemes and initiatives

EARLY HELP AND SUPPORT			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Primary and Community Care			
2.1 Implement the transformation programme for primary and community care			
<ul style="list-style-type: none"> Scope and implement delivery of anticipated Transformation funding to support extended roles and models of care Implement support to manage an extended Managed Practice portfolio including temporary support to independent practices to support sustainability Support practices to achieve national access standards. Identify solutions, utilising digital support Review governance arrangements and wider strategic context of Enhanced Service delivery across Powys Support Clusters to achieve the QAIF targets, in particular the Quality Improvement (QI) element Review resources into mental health e.g. HCSWs Continue to work collaboratively with Community Resource Teams (CRT) to ensure safe and effective care in line with national work and policy refine OOH model through wider MDT working 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> Extended role Gap Analysis and workforce development/ transformation plan completed (Q1); Commence implementation of transformation plan Q2 – 4) Implement PTHB Access Forum (Q1) Quarterly review of GP access standards achievement (Q1- 4) QAIF, Quality Improvement Project Cluster Peer Review Q1 QAIF achievement (Q3) 	<ul style="list-style-type: none"> Primary Care measures Delivery milestones 2020-21 GP contract National Access standards – Group 1 & 2 GP Contract - QAIF achievement
<ul style="list-style-type: none"> Expand managed dental service at <u>Builth Wells</u> to improve patient access Maintain and expand the development of specialist dental services based within the community dental service. Identify areas of need across Powys that <u>could be supported</u> by the mobile dental unit. Scope and cost the implementation implications following the WHTM01-05 decontamination review Develop workforce plan to implement Gwen am <u>Byth</u> care home programme 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> Extended GDS access arrangements for mid Powys (Q1) Deployment of mobile dental unit in relevant location (Q1) Decontamination improvements required costed (Q1) Expansion of Specialist dental services scoped 	<ul style="list-style-type: none"> Dental Access rates/ UDA achievement Delivery milestones 2020-21 WHTM01-05 decontamination requirements Gwen am <u>Byth</u> Care home programme
<ul style="list-style-type: none"> Focus on patient safety, use of medicines, promoting prevention and self care, ensuring legal compliance Further develop the Non-Medical Prescriber workforce to improve safe access. Multi professional Medical Gases Group will ensure robust policy and standard operating procedures Continue improvement against the National Prescribing Indicators, focus on antimicrobial stewardship 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> At least 1 additional High Street Pharmacist Prescriber (Q4) Action plan with PCC for domiciliary care Medicines awareness support (Q1) Your medicines Your Health campaign (by Q2) Implement plan for integrated medicines support between community pharmacy and hospital pharmacies, in Powys, to align to Pharmacy: Delivering a Healthier Wales (by Q2) 	<ul style="list-style-type: none"> Delivery milestones 2020-21 GP Contract - QAIF achievement National prescribing indicator targets Care Home DES
<ul style="list-style-type: none"> Improved proactive care for those with complex needs Care Plans in place for individuals deemed high risk Extended roles deployed within and between Practices Take up of enhanced services contracts across Clusters Evaluate and extend Community Resource Teams 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> Top 3% at risk identified by Practice (Q1); Plans (Q2) Complex needs Specialist Advisors in Clusters (Q3) Evaluate Neighbourhood Nursing Pilot (Q2) Plan for extended Teams complete (Q3) 	<ul style="list-style-type: none"> % of people with learning disabilities who have an annual health check (NOF_08) Planned care access measures

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Primary and Community Care (Continued)			
2.1 Implement the transformation programme for primary and community care (continued)			
<ul style="list-style-type: none"> Support Community Pharmacy developments, including uptake of services and integration within clusters Enable Community pharmacies to deliver the Common Ailments Scheme to maximise access across Powys Develop medicines management support to care homes Implement digital technology, such as the Medicines Transcribing electronic Discharge system, Work with Social Services to improve the safety of medicines support for cared for patients Build on the 4 independent prescriber community pharmacists active in Powys. Develop further use of pharmacy skills such as the IP Pharmacist undertaking clinics for osteoporosis 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> 'Grow our own' pharmacy professionals (1 pharmacy technician (Q1), 2 Pharmacists (Q3)) Define Powys Medicines Safety Officer Role (Q1) Implement Medical Gas Policy provider units (Q1) Implement revised Medicines Policy and procedures (by Q2) Initiate Community Pharmacy IP service for respiratory care in Hay area (by Q2) Report on Common Ailments service, and data capture for patients converted to self care. (Q1) Map the Care Homes Medicines management support, and produce an issues document (by Q2) Implement digital technology supporting access to medicines and to lifestyle advice (by Q2) 	<ul style="list-style-type: none"> As above
Cluster Working			
2.2 Deliver Cluster IMTPs (Integrated Medium Term Plans)			
Delivery of Cluster IMTPs (full documents in IMTP Appendix)	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> As per Cluster IMTPs (full documents in IMTP Appendix) (NOTE - NEED TO REVIEW) 	<ul style="list-style-type: none"> GP Contract - QAIF achievement National Access standards National prescribing indicators
Connecting Communities			
2.3 Delivery of Start Well, Live Well and Age Well Programmes			
<ul style="list-style-type: none"> Delivery of Nursing Directorate Actions including: <ul style="list-style-type: none"> Neighbourhood Nursing model Volunteering development Adverse Childhood Experiences (RPB Plan) Dementia Plan DOLS Plan Delivery of Women and Children's Actions including: <ul style="list-style-type: none"> Maternity Vision Healthy child Wales and First 1000 Days Bach Bach Infant Feeding Action Plan 	Director of Nursing	<ul style="list-style-type: none"> Neighbourhood Nursing project is due to be complete April 2020 to be evaluated Q2 Volunteering Development – Framework to be developed with WOD Q2 Dementia Action Plan – reporting timeframes Q1 and Q3 DoLS Plan – 1 outstanding action to be completed Q1 As per the Maternity & Neonatal Network Plan (annual programme) All Wales Infant Feeding Strategic Action Plan (annual programme) Continue with the delivery of the HCWP (annual programme) Delivery of the Community Paediatric remodelling Project (annual programme) (PND) 	<ul style="list-style-type: none"> A sense of community (PHOF_14) People reporting that they feel a part of their community (SSWB_08) % registrations of children on Child Protection Registers (SSWB_27) Specific Project Plan based measures 10 day Primary Birth Visit (NOFF Framework)
Connecting Communities			
2.3 Delivery of Start Well, Live Well and Age Well Programmes			
<ul style="list-style-type: none"> Implementation of ACC Pathway (paediatric therapy) Community paediatrics 	Director of Nursing (see above – need to sort acct)	<ul style="list-style-type: none"> Development of the local ACC Pathway in line with the Welsh Health Circular (annual programme) 	

THE BIG FOUR			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Mental Health			
3.1 Deliver Mental Health Services Programme			
Organic Mental Health and Older Adult Mental Health: <ul style="list-style-type: none"> Evaluate the newly introduced Dementia Home treatment Team model in South Powys (refer to Early Help and Support Section for detail) Develop and implement options for improvement of physical health care to Mental Health inpatients living with organic conditions. 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> Q4 Evaluation of first 18 Months of full operation of the South Powys DHTT Q1: work with Medical Director and GPs to develop model for Physical health input into Inpatient settings. Q1-4 Deliver the T4MH strategy and achieve the milestones set out in the strategy. (re-prioritise key COVID supporting actions) Q1-2 Complete recruitment of staff to the ED service. Q1-3 Develop options for a Crisis House/Sanctuary provision in North Powys Q1-4 Complete recruitment of staff and develop the rural model of EIP for Powys Q1-2 Complete engagement with stakeholders on change of s136 pathway to Felindre Ward (Pan Powys). Q1-2 complete introduction of new Personality disorder pathway and design of SPA. Q1-4 Implementation of the Powys Maternal and Infant MH Plan, and achievement of milestones. (re-prioritise key COVID supporting actions) 	<ul style="list-style-type: none"> Mental well-being among adults (PHOF_03b) Mental health access measures (NOF_11/30/46/72/73) Treatment Plans in place (NOF_83) Timely receipt of outcome assessment reports (NOF_84) Mental well-being among adults (PHOF_03b) Mental health access measures (NOF_11/30/46/72/73)
Adult and Functional Mental Health: <ul style="list-style-type: none"> Continue to deliver the Together for Mental Health Strategy. Continue to implement the improvement trajectory to secure compliance with all parts of the Mental Health Measure Implement the agreed developments to the Eating Disorder Service- including recruitment & training of specialist staff. In partnership with the third Sector, explore the development of a Crisis House/Sanctuary Provision for North Powys. Implement the new service model for Early Intervention in Psychosis. Complete consultation with stakeholders on centralisation of the s136 suite to Felindre Ward for all Powys patients. Extend the South Powys Crisis and Home Treatment Team operational geographical area to include Ystradgynlais. Develop and implement options for improvement of physical health care to Adult Functional inpatients. Complete the implementation of the Personality Disorder/ Complex Trauma pathway in North Powys. Design and implement the Single Point of Access for Psychology 	Director of Primary, Community & Mental Health		
Perinatal Mental Health: <ul style="list-style-type: none"> Implement the Powys Maternal and Infant Mental Health plan, as part of the Start Well Programme to include recommendations for the First 1000 Days work stream. 	Director of Primary, Community & Mental Health		
CAMHS <ul style="list-style-type: none"> Deliver the CAMHS improvement plan (arising from the CAMHS review). Implement the Early intervention in Psychosis (all age model). Implement the development of an age appropriate bed for 16-17 years olds at Felindre Ward. Deliver the national Together for Children and Young People programme. 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> Q1-4 Deliver the CAMHS improvement plan and achieve agreed milestones. (re-prioritise key COVID supporting actions) Q1 develop options for the development of an age appropriate bed at Felindre for 16-17 year olds and gain capital funding. 	<ul style="list-style-type: none"> Mental well-being among children and young people (PHOF_37b)

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Cancer			
3.2 Implement the Powys Cancer Transformation Programme			
<ul style="list-style-type: none"> Implementation of Cancer Transformation Programme: Analysis of population need, evidence and opportunities; Programme Plan Implementation of the Improving Cancer Journey (ICJ) including governance framework, pathway development and engagement, focusing on the experience of the cancer pathway and treatment Full implementation of the Single Cancer Pathway building on successful tracking development in 2019/20 and rapid diagnosis via JAG accredited theatre in Brecon for endoscopy procedures; further strengthening of early diagnosis with SCP bid for Joint consultants; ensuring appropriate access to MRI and CT scanning with timely receipt of reports and onward referral including pathways for urgent assessment working with acute providers Ensure appropriate access to MRI & CT scanning with timely receipt of reports to ensure timely onward referral Training and development including Macmillan Framework to support clinical leadership development; GP Practice cancer champions; GP oncology and palliative care education programme Upscale information provision, accessibility and awareness including work with third sector partners, neighbourhood schemes and community connectors and workplace communication mechanisms Commissioning Assurance Framework in place to robustly manage performance of directly provided and commissioned services and use of commissioning intelligence to inform Cancer Transformation Programme See End of Life Plan in Appendix for palliative care programme My life, My Wishes launched, Adopt and Spread supported by Bevan Commission Cross reference to Focus on Well-being section for health improvement programmes and campaigns including smoking cessation, substance and alcohol misuse, healthy weights, physical activity and immunisation, promotion of healthy lifestyles; targeted screening campaigns Refer to the End of Life Delivery Plan in the Appendix for palliative care 	Medical Director	<p>Q1 20/21</p> <ul style="list-style-type: none"> Transformation Programme Plan agreed ICJ Launch & Programme Plan sign off Good Practice / Evidence Review Monitor robust management of SCP, adoption of optimal pathways Monitor theatre nurse scheme <p>Q2 20/21</p> <ul style="list-style-type: none"> Needs assessment & review of existing services and pathways Engagement on pathway experience Robust management of SCP, adoption of optimal pathways Monitor SCP theatre nurse scheme <p>Q3 20/21</p> <ul style="list-style-type: none"> ICJ engagement phase management of SCP, adoption of optimal pathways where appropriate Monitor SCP scheme for theatre nurses funded by WG Further milestones to be defined in Q1 and Q2 following plan sign off <p>Q4 20/21</p> <ul style="list-style-type: none"> Final Powys Model of Care for cancer; feasibility of options – further milestones to be determined Robust management of SCP measure in PTHB, adoption of optimal pathways where appropriate Monitor SCP scheme for theatre nurses funded by WG <p>2021/22 – 2022/2023</p> <ul style="list-style-type: none"> Implement further phases of Cancer Transformation Plan (detailed work to be conducted in Phase 1 to identify longer term programme actions and milestones) 	<ul style="list-style-type: none"> Cancer access targets Hospital activity data Population needs Screening uptake Training activity Measures relating to health inequalities (Powys Well-being Assessment)

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Respiratory			
3.3 Deliver the Breathe Well Programme			
<ul style="list-style-type: none"> Implement phase 2 of the Breathe Well Programme: <ul style="list-style-type: none"> Complete the programme impact assessment Complete the risk mitigation of the proposals Respiratory model for Powys will be completed by March 2020 and the Phase 2 plan finalised for implementation in 2020-23 Service specification developed and approved, with preferred option(s) identified and agreed Develop workforce model with the model of care and service specification <ul style="list-style-type: none"> Implications for LTAs and SLAs identified Deliver and evaluate Respiratory Response Team pilot project with WAST Work with RHIG (Respiratory Health Implementation Group) to strengthen asthma plans for children & young people; physiology and sleep services. 	Medical Director	<p>Q1 20/21</p> <ul style="list-style-type: none"> Implement Phase 2 Service specification approved WAST pilot project implemented Workforce model <p>Q2 20/21</p> <ul style="list-style-type: none"> Phase 2 Centenary Workforce model including joint appointments Transition of LTAs & SLAs WAST pilot evaluated Winter plan <p>Q3 20/21</p> <ul style="list-style-type: none"> Phase 2 Children & young people's asthma plans strengthened Winter plan implementation Review workshop Patient Forums Phase 3 development & embed in next IMTP <p>Q4 20/21</p> <ul style="list-style-type: none"> Phase 2 completion Children & young people's asthma plans strengthened Winter plan implementation Strengthened intelligence and performance reporting <p>2021/22 – 2022/23</p> <ul style="list-style-type: none"> Implementation of Phase 3 of Breathe Well Programme (detailed programme actions and milestones to be determined by work carried out in Phase 2) 	<ul style="list-style-type: none"> Hospital / primary care / clinic activity Referrals for pulmonary rehab Smoking cessation COPD related measures Oxygen variation
Circulatory			
3.4 Implement the Powys Circulatory Conditions Programme			
<ul style="list-style-type: none"> Fully scope and finalise plan for Circulatory Clinical Change Programme, to include value based analysis of opportunities and evidence and establishment of Programme mechanisms Implement Phase 1 of the Circulatory Programme Detailed actions to be agreed as part of Phase 1; to include model of care and development of specification(s)/ workforce models Programme encompasses the Powys implementation of the National Delivery Plans for Stroke, Diabetes and Heart/ Cardiac and the development of the relevant action plans as detailed in the IMTP 	Director of Public Health	<p>2020/21 Q1</p> <ul style="list-style-type: none"> Finalise scope for Phase 1 Establish Programme mechanisms Agree and commence Comms / Engagement <p>2020/21 Q2</p> <ul style="list-style-type: none"> Baseline and needs assessment Engagement with users, stakeholders, professionals <p>Further milestones to be defined in Q1 and Q2 following analysis</p>	<ul style="list-style-type: none"> Population health outcomes Powys Outcomes Patient experience / Patient Reported Outcomes Quality measures Service activity and performance

JOINED UP CARE			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
NORTH POWYS WELL_BEING PROGRAMME			
4.1 Deliver the North Powys Well-being Programme (Phase 2) and the Powys Model of Care			
Implementation of North Powys Programme Plan agreed at Regional Partnership Board and delivery against Welsh Government Transformation Fund commitments – refer to IMTP Appendix for hyperlink to further detail.	Director of Planning and Performance	As per North Powys Well-being Programme Plan	<ul style="list-style-type: none"> As per North Powys Well-being Programme Plan
CARE CO-ORDINATION AND URGENT CARE			
4.2 Deliver the Powys Unscheduled Care Programme			
4.3 Deliver the Out of Hours model			
Delivery of Unscheduled Care Programme - as set out in detail on page 54 of this section	Director of Primary, Community & Mental Health	As per Unscheduled Care Programme (Review in relation to COVID Response Plan Phase 2)	<ul style="list-style-type: none"> Delayed Transfers of Care (DTC) Reablement measures Emergency admissions 111 service measures Ambulance service measures
PLANNED CARE			
4.4 Deliver the Planned Care Programme			
Delivery of Planned Care Programme – as set out in detail on page 56-57 of this section	Director of Primary, Community & Mental Health	As per Planned Care Programme (Review in relation to COVID Response Plan Phase 2)	<ul style="list-style-type: none"> Nos waiting more than 8 weeks for a specified diagnostic (NOF_59) Referral to Treatment Life satisfaction among older people (PHOF_37b) Nos. with anticipatory care plans
SPECIALISED CARE			
4.5 Deliver the WHSSC Integrated Commissioning Plan (PTHB contribution)			
<ul style="list-style-type: none"> Implement WHSSC Integrated Commissioning Plan with annual planning and review of PTHB activity Tracking and responding to NHS England programmes for specialised care and assessing impact for Powys patients 	Director of Planning and Performance	As per WHSSC ICP (Review in relation to COVID Response Plan Phase 2)	<ul style="list-style-type: none"> LTAs signed Other measures as per WHSSC ICP
QUALITY AND CITIZEN EXPERIENCE			
4.6 Deliver the Annual Quality Work Programme			
Implementation of Quality Work Programme, shaped around the Clinical Quality Framework – as set out on pages 60 - 61 of this section – also refer to IMTP Appendix for hyperlink to full Clinical Quality Framework	Director of Nursing	As per Clinical Quality Framework Work Programme Q1-Q4	<ul style="list-style-type: none"> Refer to Clinical Quality Framework

WORKFORCE FUTURES			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Deliver the Workforce Futures Framework			
5.1 Implement the Powys Workforce Futures Strategic Framework (theme 1)			
Designing, Planning and Attracting the Workforce	Director of Workforce and Organisational Development	<p>Q1 - Implementation of Phase 2 of the Organisational Change Process</p> <p>Q1 - Begin roll out of the e-community rostering system.</p> <p>Q1 - Commence implementation of the Workforce Futures Strategic Framework.</p> <p>Q2 - Implement Standard Operating Procedures for internal operational workforce planning.</p> <p>Q3 - Implement an approach to succession planning.</p> <p>Q3 - Develop a brand and approach for resourcing including a website.</p> <p>Yr 2 - 2021-22 - Implementation of new roles; widening access to employment opportunities to those leaving care and those with advanced learning needs</p> <p>Yr3 - 2022-23 - To be developed in line with the National Workforce Futures Programme</p>	<ul style="list-style-type: none"> % of reduction in the overall vacancy level, Recruitment timeframes are consistent with national targets % of OCP completed within agreed timescales, % of timely responses within the Action Point, E-Rostering Insight tool reflects rostering compliance with PTHB policies.
5.2 Implement the Powys Workforce Futures Strategic Framework (theme 2)			
Leading the Workforce	Director of Workforce and Organisational Development	<p>Q3 - Implement a cultural development programme based upon the Compassionate Leadership Model.</p> <p>Q4 - Evaluate PTHB Manager's Programme.</p> <p>Q2 - Roll out Assistant Director/Senior Manager Leadership Development</p> <p>Yr2 - 2021-22 - To be developed in line with the National Workforce Futures Programme</p> <p>Yr3 - 2022-23 - To be developed in line with the National Workforce Futures Programme</p>	<ul style="list-style-type: none"> % of Managers completing the management development programme Improved staff survey scores for management section
5.3 Implement the Powys Workforce Futures Strategic Framework (theme 3)			
Engagement and Well-being	Director of Workforce and Organisational Development	<p>Q1 - Implement a targeted internal staff survey</p> <p>Q2 - Submit application for funding of 2 Workforce Health Intervention Co-coordinators focused on Healthy weights and stress management</p> <p>Q2 - Stress Management Toolkit and Policy Review</p> <p>Q3 - Implement an engagement framework through Chat2Change.</p> <p>Q4 - Strengthen assurance and compliance for Health and Safety</p> <p>Q4 - Chat2Change in house PULSE survey on stress and well-being</p> <p>Yr2 and 3 - 2021-22 - To be developed in line with the National Workforce Futures Programme</p>	<ul style="list-style-type: none"> Improved staff Survey scores, Workforce Performance measures (NOF 91-95).

Patterson, Liz
07/23/2020 14:56:37

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
5.4 Implement the Powys Workforce Futures Strategic Framework (theme 4)			
Education and Training	Director of Workforce and Organisational Development	<p>Q2 - Partner with Aberystwyth University to design a new nursing degree, which will meet needs of the rural health board</p> <p>Q4 - Evaluate the success of the first phase of the Apprentice Academy.</p> <p>Q4 - Implement a talent management approach for HCSW to access Nursing/Therapies.</p> <p>Q4 - Design an Access route to Healthcare Student Academy</p> <p>Q2 - Develop a training framework that meets all statutory and mandatory training needs.</p> <p>Q2 - Launch the approach to clinical simulated training.</p> <p>Yr2 – 2021-22 - To be developed in line with the National Workforce Futures Programme</p> <p>Yr 3 – 2022-23 - Laying the foundations for a Health and Care faculty in Powys, that offers a wide range of practical, academic and digital learning opportunities for employed staff, volunteers and carers</p>	<ul style="list-style-type: none"> % of training DNA rates % of Statutory and Mandatory Training compliance
5.5 Implement the Powys Workforce Futures Strategic Framework (theme 5)			
Partnership and Citizenship	Director of Workforce and Organisational Development	<p>Q1 - Develop the approach to volunteering and work experience.</p> <p>Q1 - Develop the business case to deliver the Rural Academy of Learning.</p> <p>Q1 - Implement an agreed joint approach to work experience for secondary aged children in conjunction with Powys County Council.</p> <p>Yr 2 - 2021-22 - A shared recruitment platform which automatically matches skill mix opportunities for all employees across health & social care.</p> <p>Yr 3 – 2022-23 - Have a workforce which will include more carers and volunteers working in partnership with paid staff, who all feel valued and engaged in their work.</p>	<ul style="list-style-type: none"> Uptake on the work experience programme Approval of rural academy of learning

Patterson, Liz
07/23/2020 14:56:37

INNOVATIVE ENVIRONMENTS			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Research, Development and Innovation			
6.1 Implement Innovation and Improvement Framework			
<ul style="list-style-type: none">Fully establish the Innovation Research & Improvement Hub & implement 20/21 programme.	Medical Director	<ul style="list-style-type: none">Implementation Q1	<ul style="list-style-type: none">To be worked up in detail in Q1
Capital Programme and Estates			
6.2 Deliver the Capital and Estates Programme			
<ul style="list-style-type: none">Deliver agreed Long Term Estates Strategy	Director of Planning and Performance	<ul style="list-style-type: none">As per agreed Estates Strategy (to be produced and agreed at PTHB Board March 2020)	<ul style="list-style-type: none">Condition of Estate SurveyEFPMS dataProject specific measures
<ul style="list-style-type: none">Implement Priority Projects: Llandrindod Wells Community Hospital; <u>Machynlleth Community Hospital</u>; <u>Ystradgynlais Community Hospital</u>; Llanfair Caereinion Medical Practice (third party revenue scheme); North Powys Regional Rural Centre.	Director of Planning and Performance	<ul style="list-style-type: none">As per agreed Project Plans	
<ul style="list-style-type: none">Implement IMTP and Discretionary Capital Programme including management of business cases as appropriate.	Director of Planning and Performance	<ul style="list-style-type: none">As per agreed programme and project plans (Review in relation to COVID Response Plan Phase 2)	
<ul style="list-style-type: none">Improve environmental sustainability; implementation of ISO14001	Director of Planning and Performance		
<ul style="list-style-type: none">Maintenance and compliance in line with standards and in accordance with an agreed risk based approach.	Director of Planning and Performance		
Facilities			
6.3 Deliver Facilities modernisation programme			
<ul style="list-style-type: none">Deliver Facilities modernisation improvements including review of waste and recycling; pool car, lease car and taxi policies and catering.	Director of Workforce and Organisational Development	<ul style="list-style-type: none">As per agreed work programme	<ul style="list-style-type: none">To be worked up in detail in Q1

Patterson, Liz
07/23/2020 14:56:37

DIGITAL FIRST			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Digital Care			
7.1 Develop and implement a Digital Strategic Framework			
Support self-management of citizens who have long term conditions to remain active.	Director of Finance	Delivery of agreed Telehealth and Telecare work programme – this work is detailed in multiple Directorate plans and leads and timescales will be confirmed in the Directorate Planning February – March 2020	Access/ availability / Utilisation and take up
Digital Access			
7.2 Implement the systems to improve digital access			
Fully implement the WCCIS system across Powys to support care coordination. Lead: Powys ICT	Director of Finance	Services/ processes live on WCCIS according to phasing detail to be agreed / Project Plan	WCCIS utilisation and access
Fully implement the WCP system across Powys to provide the national Electronic Patient Record.	Director of Finance	Implement MTeD- MTeD rollout completed	The completion of these milestones will result in increased electronic access to Patient information via WCP and less reliance on paper Case Notes. WCP utilisation figures
		Q2 - Implement WGPR- To provide Cross Border Access to WGPR for RHAJ, SaTH, WVT	
		Implement WRRS To have implementation completed (including Cross Border Test Results feeding in to the WRRS)	
		Q3 - Implement WCRS- To have "Nursing eDocs" and "WPAS Clinic Letters" projects complete	
		Q3 - Implement WPRS- To implement Welsh Admin Portal (all Providers) and Electronic Grading of Referrals (Welsh Providers only).	
The Cross Border WCP Project	Director of Finance	Implement WIAS- National Image Archive will be available in Powys providing easy access to PACS images	WCP utilisation figures
		Q2 - To provide cross border access to WCP for staff at RJA, SaTH and WVT	
The Cross Border WCCG Project	Director of Finance	Further progress is dependent upon the success of the Cross Border Business Case Plan and milestones tbc	The number of Discharge Summaries and Clinic Letters sent electronically
Eye Digitisation Programme	Director of Finance	Yr 3 2022-23 - PTHB working with National Programme Lead & BCUHB as Regional partner to develop implementation programme. There has been an implementation delay nationally 6 months+ links to national eye care measure	
Activity- Primary Care: - Implement electronic referral, discharge and diagnostic information across Powys GP practices.	Director of Finance	Project 1 WCCG: • All Powys Practices using WCCG for sending referrals – complete.	Project 1: WCCG Utilisation Figures Project 2: GPTR Utilisation Figures

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Digital Access			
7.2 Implement the systems to improve digital access			
<p>Project 1 WCCG: Encourage GP Practices to use WCCG for clinical communications between Primary and Secondary Care, i.e. referrals, discharge summaries, clinic letters.</p> <p>Project 2 GPTR: Where feasible, implement the national GPTR in Powys (GP Test Requesting and Reporting)</p>		<ul style="list-style-type: none"> All Powys Practices using WCCG for receiving Clinic Letters and Discharge Summaries – complete 2020/21 milestones: Reduce the number of referrals sent on paper to as close to zero as feasible. Increase the number of Discharge Summaries and Clinic letters received electronically to as close to 100% as feasible. <p>Project 2 GPTR: Further progress with GPTR is dependent upon the success of the Cross Border business case to fund NWIS technical resource. Plan/Milestones tbc</p>	
Digital Infrastructure and Intelligence			
7.3 Improve ICT infrastructure and business intelligence			
Improve business intelligence capability to include demand and capacity, Power BI, commissioning reporting with WHSSC and the use of the CHKS intelligence	Director of Finance	Q4 and ongoing into 21/22/23 (dependant on O365 with Power BI) - To be detailed within Directorate work plan – opportunity / resources to be defined in Q1	Project measures to be confirmed post Q1
Improve ICT infrastructure through improving information storage, server hosting, security and disaster recovery, back up and archiving capabilities. Data centre – A programme of work to review the risk associated with our current data centres and assess each risk and the options of mitigation.	Director of Finance	Q2 - Produce a Concept and Business case for each risk to understand viable options. Q3 - On approval Commence design phase - Scoping and specification of requirements. Q4 - Tender, evaluation and Award Implementation	Business Case Approval Specification sign off Tender Award Implementation
Increase flexibility for accessing information and systems (anytime/anywhere/any device) including improved connectivity e.g. mobile coverage, broadband, Wi-Fi and modem, agile ready with integration by design. PTHB Voice – Provide a suitable and modern telephony platform with integrated unified communication tools.	Director of Finance	Q1 - Produce Business Case to confirm scope and understand potential options Q2 - Approval of Business Case Q3 - Agree Project Plan Q4 - Develop specification of requirements Tender, evaluation, contract awarded Implementation	Concept Approval Business Case and Plan approval Contract Award New telephony system adopted by users. Reduced telephony bills.
Microsoft 365 (O365) – Roll out key features of the O365 Suite and provide access to an array of digital tools to enable improved ways of working	Director of Finance	Q1 - Agree Programme at National Level Q1 - Agree Programme at Local Level Q2 - Identify Projects and Prioritise into a High-Level Plan Q4 - Create concept and Business case for each Project Yr 2 2021-22 - Implementation of each Project	National Programme Approved Local Programme Approved High-level Plan Created Business Cases Approved O365 Applications being utilised by PTHB Staff
Windows 10 – Modernisation of fundamental ICT Infrastructure to provide a platform for Digital modernisation and transformation	Director of Finance	Q1 - Approve Project Plan Q2 - Implementation	Approve Plan Complete estate of Windows 10 devices

TRANSFORMING IN PARTNERSHIP			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Good Governance			
8.1 Deliver Annual Governance programme			
Develop and deliver an Annual Governance Programme: <ul style="list-style-type: none"> Finalise and embed a Partnership Governance Framework Implement a Decision Rights Framework, aligned to the Board's Scheme of Delegation and Reservation of Powers Implement an Information Governance Improvement Plan Embed an improved Framework for the development and approval of Policies and Written Control Documents Implement a Legislative Compliance Framework Deliver programme of development for an effective unitary board Conduct Welsh Language self-assessment and implement plan 	Board Secretary	<ul style="list-style-type: none"> Delivery of Annual Governance Framework (see IMTP appendix for hyperlink to full plan with detail of milestones and timescales) 	<ul style="list-style-type: none"> Audit compliance GDPR compliance Findings of welsh language audit & needs assessment to determine further measures / baseline
Financial Management			
8.2 Deliver the Financial Strategy in line with Efficiency Framework			
<ul style="list-style-type: none"> Approval of a balanced IMTP/ financial balance 20/21 – 22/23 Delivery of Financial strategy to include reprioritisation; delivery of savings and cost improvements; management of financial risk Securing investment to accelerate/ upscale transformation 	Director of Finance	<ul style="list-style-type: none"> Approval of IMTP Q1 Detailed financial monitoring and reporting (Q1-4) including JET 	<ul style="list-style-type: none"> Approval of IMTP Financial balance / financial reports
Partnership, Planning, Performance and Commissioning			
8.3 Deliver key partnership plans			
<ul style="list-style-type: none"> Delivery of key Partnership Plans including RPB Area Plan and Health and Care Strategy; MWJC Strategic Intent Management of strategic change including <ul style="list-style-type: none"> NHS Future fit (Shrewsbury and Telford Hospitals) Clinical Futures (Aneurin Bevan UHB) 	Director of Planning and Performance	<ul style="list-style-type: none"> Strategic Planning and Commissioning cycle including Executive Committee Group and Strategic Change Steering Group (Q1-4) Strategic Planning Stocktake produced quarterly Communications/ Engagement Report produced quarterly Communications and Engagement Plans for live programmes Individual Programme / Project Plans for key live programmes will set out detail for each (Eg. NHS Future Fit/ ABUHB Clinical Futures) 	<ul style="list-style-type: none"> Quarterly Stocktake produced Detailed Comms Plans Delivery of CHC Actions

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Partnership, Planning, Performance and Commissioning (Continued)			
8.4 Deliver continuous planning, performance and commissioning			
<ul style="list-style-type: none"> Deliver continuous cycle of planning, performance and Commissioning Review and strengthen whole system continuous engagement Approval of Trajectories & Integrated Performance Framework Strengthened approach to Planning & Commissioning aligned to delivery of Health & Care Strategy including; big four; commissioning intelligence; Cross Border Network; Section 33; Third Sector, referral alternatives and cross directorate planning support 	Director of Planning and Performance	<ul style="list-style-type: none"> IMTP Production and Approval Q1 IPR Produced quarterly; JET Q1 – Q4 Commissioning Assurance Framework and CQPRMs Agreement of commissioning intentions and sign off LTAs Quarterly CAF; Service Fragility Log 	<ul style="list-style-type: none"> Approval of IMTP Delivery of key products IPR reports Signed LTAs

Patterson, Liz
07/23/2020 14:56:37

PRIMARY CARE CLUSTERS		
<p>North Cluster</p> <p>North Powys Primary Care Cluster is comprised of 7 GP Practices with population of 64,000 people.</p>	<p>Mid Cluster</p> <p>The Mid Powys Cluster comprised of 5 GP Practices with a population of 29,500 people.</p>	<p>South Cluster</p> <p>The South Cluster is comprised of 4 GP practices with a population of 45,580 people.</p>
<p>Priorities 2020-23</p> <ul style="list-style-type: none"> • Further integration of community connectors attached to each practice • Implement local sexual health services / pathway • Increase use of Florence to support self-management of chronic conditions • Clinically led practice triage rollout across practices • Partnership with Wrexham University of Glyndwr to promote nursing placements • Identify factors that make recruiting GPs into some areas of Powys challenging and develop strategies to increase recruitment • Develop telehealth and telecare in partnership with PTHB, the RPB and the Digital First Programme 	<p>Priorities 2020-23</p> <ul style="list-style-type: none"> • Further integration of community connectors attached to each practice • Development of Cluster Health Champion role • Redesign Respiratory pathways and services, in partnership with PTHB and the Breathe Well Programme • Increase use of Florence to support self-management of chronic conditions • Review mental health pathway for young people • Develop Cluster approach to remote GP support • Develop cluster pharmacy team and Cluster Practice Nurse role • Develop telehealth and telecare in partnership with PTHB, the RPB and the Digital First Programme 	<p>Priorities 2020-23</p> <ul style="list-style-type: none"> • Development of GPs with Extended Roles (GPwERs) in Cardiology, Dermatology • Primary care pain management to focus on medication reduction and early intervention • Development of service for Intrauterine contraception (IUCD) to respond to fragility of in reach service • In-house Physiotherapy plus further integration with triage services • Roll out of Primary Care Transformation through Telephone first, Physiotherapy, OT, Pharmacist, Community and third sector services • Integration of services, pathways and patient education to increase service knowledge and access

Patterson, Liz
07/23/2020 14:56:37



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



Corporate Risk Register
May 2020

Corporate Risk
Register May 2020

Patterson, Liz
07/23/2020 14:56:37



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

COVID-19 Risk Register

Phase 2

July 2020



COVID-19 Risk
Register Phase 2

Patterson, Liz
07/23/2020 14:56:37

Patterson LLC
07/23/2020 14:50:37

BOARD MEETING		Date of Meeting: 29 July 2020
Subject:	To consider the outcome of engagement on the "Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future"	
Approved and Presented by:	<ul style="list-style-type: none"> Claire Madsen, Director of Therapies and Health Science Jamie Marchant, Director of Primary Care, Community and Mental Health Services 	
Prepared by:	<ul style="list-style-type: none"> Adrian Osborne, Assistant Director (Engagement and Communication) Victoria Deakins, Head of Therapies (Community Services) 	
Other Committees and meetings considered at:	<ul style="list-style-type: none"> Powys CHC Executive Committee, 26 May 2020 and by electronic consideration on 24 June 2020 PTHB Executive Committee, 3 June 2020 PTHB Executive Committee, 1 July 2020 PTHB Strategy and Planning Committee, 9 July 2020 	

PURPOSE:

This paper provides the Board with an update on engagement on the future shape of podiatry services in the county, and seeks approval for the implementation of a new model of safe and sustainable services subject to the views of the Community Health Council.

Patterson, Liz
07/23/2020 14:56:37

RECOMMENDATION(S):

The Board is asked:

- a) To RECEIVE and NOTE the Engagement Report (Appendix A and Annexes), the response from the Community Health Council (Appendix B) and the Equality Impact Assessment (Appendix C)
- b) To RECEIVE and RATIFY the recommendation for the future model of podiatry services in the county.
- c) To RECEIVE, REVIEW and APPROVE the proposed mitigations that should be put in place if the recommendation is approved.
- d) To RECEIVE, REVIEW and APPROVE the proposed approach to patient and stakeholder communication if the recommendation is approved.
- e) To RECEIVE and NOTE the assurance provided against the NHS Wales Engagement guidance and the Gunning Principles

Approval/Ratification/Decision	Discussion	Information
✓		

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

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

Patterson, Liz
07/23/2020 14:56:37

INTRODUCTION:

This paper provides the Board with an update on engagement on the future shape of podiatry services in the county, and seeks approval for the implementation of a new model of safe and sustainable services subject to the views of the Community Health Council.

BACKGROUND:

Podiatry is a field of healthcare devoted to the study and treatment of conditions affecting the lower limbs.

The role of the Podiatrist is to assess, treat and advise patients with foot health disorders in order to maintain and maximise their quality of life. This encourages a healthy active life with feet that function normally and without discomfort.

The service works to best practice and evidence based guidelines and adheres to the policies and guidance of the Society of Chiropodists and Podiatrists.

In Powys, the podiatry service works with people of all ages but play a particularly important role in helping older people to stay mobile and, therefore independent.

The PTHB podiatry services include:

- Treatment of the high risk foot, including diabetic foot care, calluses
- Specialist footwear and falls prevention
- Musculoskeletal podiatry and biomechanics service (gait and foot functional problems)
- Nail surgery (or "nail avulsion")
- Wound care (local wound care support is also available through Leg Clubs)

The PTHB podiatry service does not offer personal care defined as toe nail cutting and skin care, including the tasks that healthy adults would normally be expected to carry out as part of their everyday personal hygiene. Local community and voluntary services including Simply Nails (Age Cymru) and CAMAD provide local toe nail cutting and foot care clinics across the county.

The PTHB podiatry service is available by self-referral to enable patients to self-manage their care. It also receives referrals from GPs, consultants, other health professionals, and local toe nail cutting services.

The service is provided in community clinic locations and a domiciliary service is also provided for people who are housebound and in residential & nursing care.

The team includes:

- Podiatrists, who are autonomous healthcare professionals who aim to improve the mobility, independence and quality of life for their patients. They assess, diagnose and treat people with problems of the feet, ankles and lower limbs. Our podiatrists are healthcare professionals registered with the Health and Care Professions Council (HCPC). This is a regulatory body that requires staff to keep their skills and knowledge up to date to enable them to work safely and effectively.
- Podiatry assistants, who are responsible for providing foot care and treatment under the supervision of a registered podiatrist (e.g. applying dressings, cutting nails where this would not normally be expected to be carried out by the patient as part of their everyday personal hygiene).

Our podiatrists also work as part of a wider multidisciplinary team, both within the NHS and wider partners. This includes:

- Working with Tissue Viability Specialist Nursing to provide care for wounds.
- Working with other therapists, including physiotherapists, to provide assessment, treatment and therapy for musculoskeletal conditions.
- Working with diabetes nursing to provide holistic care for people with diabetes who are at greater risk of foot and wound problems.
- Working with the wider nursing, therapy and social care team to ensure that foot and lower limb care forms part of wider joined-up care for patients, and to raise awareness of preventative and early intervention steps that all colleagues can take to reduce the risk of lower limb problems.
- Working with third sector and community partners who support the lower limb and foot health, including Leg Clubs, Simply Nails (provided by Age Concern¹), CAMAD Foot Care Clinic² and other local toenail cutting services

Patterson
07/23/2021 11:35

¹ Information about Simply Nails is available from the Age Concern website at <https://www.ageuk.org.uk/powys/our-services/footcare/>

² Information about the CAMAD Foot Care Clinic is available from the CAMAD website at <http://www.camad.org.uk/community-support/footcare>

In addition to PTHB podiatry services, there has been some in-reach from neighbouring health boards. Specifically, Betsi Cadwaladr University Health Board (BCUHB) temporarily provided a service in Machynlleth.

During 2017/18 there were just over 5000 patients on the caseload of PTHB podiatry services. New and follow-up attendances are summarised in the table below:

	New Appointments	Follow Up Appointments	Total Appointments (new and follow up) as % of all Powys
Brecon & Crickhowell ³	574	2595	17.2%
Bronllys	82	421	2.7%
Builth Wells	289	1558	10.0%
Knighton	68	965	5.6%
Llandrindod Wells	262	1454	9.3%
Llanfair Caereinion	12	59	0.4%
Llanidloes	68	539	3.3%
Machynlleth	96	404	2.7%
Newtown & Llanfyllin ⁴	350	2280	14.2%
Presteigne	33	386	2.3%
Rhayader	37	237	1.5%
Welshpool	417	2971	18.3%
Ystradgynlais	324	1992	12.5%
All Powys	2612	15861	18473

The main challenges facing PTHB Podiatry Services include:

- Recruitment and Retention – There are national recruitment and retention challenges, and these are keenly felt in rural and remote areas such as Powys due to our distance from large population centres, academic institutions etc. We face significant challenges in recruiting and retaining a suitably qualified and experienced podiatry workforce. The service has been affected by ongoing vacancies despite repeated recruitment campaigns, leading to pressure on the service, pressure on staff, and inconvenience for patients (e.g. unplanned cancellation of clinics).
- Training, Supervision, Mentorship, Isolated Clinical Practice – The rural nature of Powys means that professionals may experience extended

³ During this period the Brecon & Crickhowell activity was recorded together on the Welsh Patient Administration System and it is not possible to disaggregate the data between the Brecon and Crickhowell locations.

⁴ During this period the Newtown & Llanfyllin activity was recorded together on the Welsh Patient Administration System and it is not possible to disaggregate the data between Llanfyllin and the two Newtown locations (Montgomery County Infirmary and Park Street Clinic).

periods of isolated clinical practice, with reduced ability for peer-to-peer contact. This can affect the ability to mentor and supervise work, to exchange best practice, and support each other to maintain the highest standards of evidence-based service delivery. Too much activity is currently undertaken in single-chair clinic settings, and there are opportunities to improve peer support, exchange of best practice and clinical governance by moving to more two chair facilities. This would improve the opportunities for junior staff / new graduates who would gain the support of a clinical specialist on site and therefore if the patient requires a second opinion they would be available on site rather than waiting to make another appointment at a different site.

- Patient Experience and Waiting Times – Recruitment challenges have contributed to high cancellation rates for clinics as staff not available. There are also deficiencies in the overall booking and appointment system, particularly in relation to follow-up care, which can cause frustration for patients when booking subsequent appointments.
- Prudent healthcare delivery – The sparsely populated nature of Powys means that demand for clinic appointments in smaller population centres can be low, resulting in unbooked sessions when specialist staff could be seeing patients in areas of high demand. There are tensions in providing local accessibility versus making best use of the time of clinical staff to meet demand across the whole area of Powys. Travel time forms part of the working day for NHS staff, and where a podiatrist is travelling 30 minutes from their base to provide a clinic this results in 4 appointments being unavailable due to staff travel. For a weekly clinic, over a year this is equivalent to 200 appointments being unavailable due to staff travel.
- Governance – With a sparsely distributed workforce there are challenges in putting in place, and complying with, service policies and protocols that help to ensure and assure that patients consistently receive a high standards of care that complies with health and care standards and relevant guidance such as NICE Clinical Guideline NG19 for the management and prevention of foot problems for patients with diabetes. There are also challenges associated with safe and timely transfer of patient notes to multiple clinic locations – this creates risks both of suboptimal care (e.g. if the podiatrist does not have access to the patient notes at the time of intervention) and information governance (e.g. safe transit of patient-identifiable information).
- Service Development – Over the last two years the service has had to focus on reactive management of vacancies in order to maintain a level of service delivery which has significantly affected the opportunities for developing the service. The service has needed to prioritise the delivery of community clinics for patients, and therefore has been unable to

Patterson, J.
07/23/2020 14:56:37

participate in specialist groups such as Diabetes Delivery Group and All Wales initiatives (e.g. development of foot screening tool).

What have we heard from patients and carers?

We know from our patients that the delivery of care as close to home as possible is important to them, particularly given the rural nature of Powys with its challenges in access to travel and transport. As a result, we are keen to ensure that we develop a sustainable model for the future that maintains as much podiatry provision as possible within the county rather than needing to rely on external or neighbouring service providers.

We have also heard frustrations about the cancellation of clinics, and also about the system for booking follow-up care. Currently, clinics are booked six weeks in advance, with new clinic sessions released each Monday morning. As a result, there is a rush of calls each Monday morning to secure a clinic booking, and if unsuccessful the patient needs to call again the following Monday.

Examples of patient feedback in a patient survey in 2017 in response to the question "Are you happy with the current podiatry booking process (booking via phone)?" included:

No, I have to wait too long between appointments - not able to book an appointment when I'm there to forget to book appointments

No - it is very difficult to make another appointment. Line is often busy and sometimes there are no appointments available

Not happy! The only time to make a booking is at 8:30am on one Monday a month. If you miss that you have to wait another month

We know from our patients that the delivery of care as close to home as possible is important to them, particularly given the rural nature of Powys with its challenges in access to travel and transport.

I am told to ring 6 weeks in advance to make my next appointment. I have to phone first thing on the Monday morning at 8:30 to be sure of getting an appointment, any time before 9 I can try to get through for about 20mins as you are "experiencing a large number of calls". As soon as possible after 9 I eventually get through only to be told that you don't yet have the dates for the particular week I request. In fact, once I was told to call back the following Monday, which I did, only to be told all the appointments had gone. I am still told every time that you don't yet have the dates and have been fitted in a week earlier or with a different podiatrist. I have often commented that it is easier to buy on-line tickets for a rock concert the moment they are released than to make a podiatry appointment.

Patterson, A
07/23/2020 14:56:37

What have we heard from staff?

A peer professional review by a neighbouring health board reflected on the Band 5⁵ podiatry role in Powys and highlighted a lack of clinical supervision and development due to the demand on the small podiatry team who predominately work in isolated clinics across Powys. It was felt that this had contributed to Band 5 podiatrists leaving the health board rather than taking Band 6 opportunities within the service.

As part of the exit interview process, podiatrists who have left the service have stated that the amount of travel they have had to do within the working day from base to clinics has contributed in their decision to leave the service.

The current challenges are placing pressures on our staff, who aspire to provide the highest standards of evidence-based patient care. Feedback suggests that these pressures are contributing to staff turnover and absence, which then have the effect of further increasing pressures. Staff also highlight the challenges of frequent lone working which reduce the opportunities for mentoring, supervision and peer support. This also reduces opportunities for "grow your own" approaches through the development of local staff into more specialised roles.

Feedback also indicates that staff feel that patient care would benefit from increased opportunities for multi-disciplinary engagement, with access to other health and care professionals (e.g. tissue viability nursing, diabetes nursing) to support the delivery of holistic, integrated care for patients.

Our podiatry workforce is based on 11.1 whole time equivalent (WTE) but due to vacancies and sickness absence the directly employed workforce is 5.1WTE. Some of this gap is filled with locum/agency support but this still leaves a workforce gap particularly in the north of Powys.

What steps have been taken to address the challenges?

There have been repeated efforts to recruit to the podiatry workforce in Powys, but unfortunately these have not been successful in addressing the underlying vacancy rate. This has included open recruitment to attract podiatrists to Powys, as well as reliance on agency and locum staff.

Internal audits have been undertaken in order to identify key challenges and to agree actions to strengthen the service.

We have worked with neighbouring health boards to sustain the service – for example, Betsi Cadwaladr University Health Board temporarily provided one clinic per week in Machynlleth, which has now returned to PTHB provision.

⁵ Agenda for Change is the grading and pay system for the majority of NHS staff including podiatrists. Posts have an allocated pay band depending on the skills, qualifications and experience required for the role. Band 5 is the starting salary band for NHS podiatrists.

In 2018 the difficult decision was made to temporarily reduce the number of locations of podiatry clinic sites from 16 (in 15 towns) to 12 (in 11 towns). This step was taken in order to increase the overall number of available clinical hours to provide direct treatment and care by reducing the number of staff hours spent travelling.

The table below provides an overview of clinic locations before and after this temporary change.

Clinic Location	Types of Clinic	2017/18 Locations	Post Sep18 Locations
Llanfyllin GP Practice	Community Podiatry	✓	✗
Llanfair GP Practice	Community Podiatry	✓	✗
Welshpool Health Centre Clinic	Community Podiatry Specialist Podiatry (Wound Care)	✓	✓
Machynlleth Hospital	Community Podiatry	✓	✓
Newtown Hospital / Newtown Park Street Clinic	Community Podiatry at Newtown Hospital Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery) at Newtown Park Street Clinic	✓	✓
Llanidloes Hospital	Community Podiatry	✓	✓
Knighton Hospital	Community Podiatry	✓	✓
Rhayader GP Practice	Community Podiatry	✓	✗
Presteigne GP Practice	Community Podiatry	✓	✗
Llandrindod Wells Hospital	Community Podiatry	✓	✓
Glan Irfon, Builth	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	✓	✓
Bronllys Hospital	Community Podiatry	✓	✓
Brecon Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery)	✓	✓
Crickhowell GP Practice	Community Podiatry	✓	✓
Ystradgynlais Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	✓	✓

Patterson, Liz
07/23/2020 14:56:37

It has also been necessary to make some further temporary changes given the ongoing staffing challenges. This has included the recent reduction of the service in Crickhowell from weekly to monthly. To maintain this clinic in the future may be challenging due to junior practitioners needing supervision and mentorship. This does not also provide flexibility to see the patient more often than monthly if required.

By reducing the number of clinics, we have maintained new appointments within the referral to treatment time target of 14 weeks. Currently, the longest wait across Powys for a new appointment is 12 weeks.

A new graduate who joined Powys in September 2019 has been able to experience the benefit of a two-chair clinic in Brecon Hospital and Glan Irfon, supporting their training, supervision and developments.

These changes have helped us to address some of our challenges, but the service remains fragile and further action is needed.

What further steps are we considering?

Here in Powys we have developed a health and care strategy which sets out a shared vision for a healthy, caring Powys. Work is now under way to translate this strategy into a "model of care" for the future.

The current "model of care" for podiatry services is not fit for the present or future, and changes are needed.

Reflecting on the opportunities and challenges for podiatry in Powys we are developing a "model of care" for podiatry that aims to secure a thriving future for this vital service, focusing on Doing What Matters, Doing What Works, Focusing on the Greatest Need, Offering Fair Access, Being Prudent and Working with the Strengths of People and Communities.

Patterson, Liz
07/23/2020 14:56:37

Proposed model of care for podiatry services in Powys



Intended benefits of proposed model of care

The benefits of this model include:

Focus On Wellbeing	Strengthened focus on foot health promotion through support from our registered podiatrists to Simply Nails staff and volunteers to enable them to provide advice and support to maintain positive foot health.
Early Help and Support	Community podiatry service across the county is stabilised, helping to ensure improved access to timely podiatric advice for people with diabetes, musculoskeletal problems and other conditions requiring lower limb care.

	Improved booking systems for follow-up care help to ensure timely care and reduce the progression of conditions.
Tackling The Big four	Clearer pathway in place to support patients at risk of foot and lower limb problems due to circulatory diseases and diabetes, helping to reduce the risk of complications.
Joined Up Care	<p>More opportunities to provide multi-disciplinary holistic care and one-stop care, and easier for podiatrists to access specialist advice from co-located staff at community wellbeing hubs and rural regional centres e.g. tissue viability nurses, diabetes nurses etc.</p> <p>Greater continuity of care for patients who are more likely to see the same podiatrist through their care journey and/or received care under their supervision.</p> <p>Improved quality of care in "two-chair" environment as podiatrists have greater opportunity to work in an environment with face-to-face demonstration and observation, and junior staff will have greater opportunities to access a second opinion.</p> <p>Improved workload management enables the service to maintain the domiciliary care offer for those who need it.</p>
Workforce Futures	<p>Support us to address the significant recruitment and retention challenges currently facing the service. As well as improving care, this model aims to improve the working experience for podiatrists making the PTHB role more attractive to applicants and reducing staff turnover.</p> <p>More specialist staff time is available for direct patient care, with reduced travel.</p> <p>Greater opportunities for mentoring, supervision and peer-support with more staff working more regularly in two-chair environments that help them to exchange skills and best practice and to support trainees, graduate entry and podiatry assistants.</p> <p>More opportunities to review team skill-mix due to greater use of two-chair clinics.</p>
Innovative Environments	Strengthen the regional/specialist tier of the service (e.g. nail surgery, which requires an appropriate surgical environment and multiple staff) so that this is maintained in the county, thus reducing the risk that the service is further destabilised resulting in more patients needing to travel further for specialist podiatry.

Patterson.Liz
07/23/2020 14:56:37

	Reduce the number of storage locations or patient notes, reducing information governance risk and reducing the risks that the notes will be not be available.
Digital First	<p>Improve booking systems to improve access to timely follow-up care.</p> <p>Signpost the availability of online services for those who are able to access them, including websites and apps that support positive foot health.</p>
Transforming in Partnership	<p>Maintain and strengthen vital partnerships including with the third sector for the local delivery of nail cutting and foot care services.</p> <p>Continue to strengthen multidisciplinary partnerships between podiatrists and other health and care professionals.</p>

Given the ongoing challenges facing podiatry services, and the opportunity to develop a safe and sustainable model for the future, the executive team agreed in discuss plans for a period of engagement with the Powys Community Health Council.

A number of options for future clinic site configuration were identified for assessment:

- Option 1: Return to 16 community site locations (in 15 towns)
- Option 2: Maintain current community site locations
- Option 3: Develop new hub and spoke model for community and specialist podiatry services

	Advantages	Disadvantages
Option 1: Return to 16 community site locations (in 15 towns)	Does not increase travel to clinic site. Returns to previous service model.	<p>Not feasible or deliverable due to the continued recruitment and retention challenges facing the service.</p> <p>Current challenges remain including delays, cancellations, isolated practice etc.</p>
Option 2: Maintain current community site locations	Maintains current status quo	Not feasible or deliverable due to the continued recruitment and retention challenges facing the service.

		Current challenges remain including delays, cancellations, isolated practice etc.
Option 3: Develop new hub and spoke model for community and specialist podiatry services	<p>Feasible and deliverable.</p> <p>More attractive to potential applicants.</p> <p>Potential to address current challenges including delays, cancellations, isolated practice etc.</p>	Increase in travel for some patients

The lead directors' assessment was that that neither Option 1 nor Option 2 was feasible or deliverable due to the continued recruitment and retention challenges facing the service. Put simply, we do not have sufficient staff to deliver this configuration and there is a risk that the service will decline and the future delivery of NHS podiatry services in Powys could be under threat.

We therefore proposed to pursue Option 3 by developing a new hub and spoke model for community and specialist podiatry services.

We looked carefully at a number of factors in order to make recommendations on the proposed future locations of community podiatry clinics, including:

- Pattern of service utilisation.
- Geography and availability of alternative services.
- Opportunities for co-location and access to members of the wider multi-disciplinary team in order to support the delivery of integrated and holistic care (e.g. diabetes, tissue viability, physiotherapy).

The engagement document therefore recommended that the clinics be consolidated to the hospital and health & care centre locations across Powys wherever possible, which would mean that the community clinics would not resume in Rhayader, Presteigne, Llanfair Caereinion and Llanfyllin (following temporary closure in September 2018) and additionally would discontinue in Crickhowell⁶.

Region	Community	Community Podiatry Clinic	Specialist Podiatry Services
North	Welshpool Health Centre Clinic	✓	Wound Care

Powys	Machynlleth <i>Bro Ddyfi Hospital</i>	✓	
	Newtown ⁷ <i>Montgomery County Infirmary / Park Street Clinic</i>	✓	Wound Care Musculoskeletal Nail Surgery
	Llanidloes Llanidloes Memorial Hospital	✓	
Mid Powys	Knighton <i>Knighton Hospital</i>	✓	
	Llandrindod Wells <i>Llandrindod Wells War Memorial Hospital</i>	✓	
	Builth Wells <i>Glan Irfon</i>	✓	Wound Care Musculoskeletal
South Powys	Bronllys <i>Bronllys Hospital</i>	✓	
	Brecon <i>Breconshire War Memorial Hospital</i>	✓	Wound Care Musculoskeletal Nail Surgery
	Ystradgynlais <i>Ystradgynlais Community Hospital</i>	✓	Wound Care

The engagement document identified that this site configuration would:

- Maintain the range of specialist podiatry services across the county with no changes, with a specialist centre for wound care and musculoskeletal podiatry available in each region (two wound clinics in the North to meet population demand), and a specialist centre for nail surgery in Newtown and Brecon.
- Strengthen the community podiatry clinic sites, and increase the number of sites operating as two-chair facilities, but with a reduction from the 2018 configuration of 16 locations (in 15 towns) to a new configuration of 11 locations (in 10 towns).
- Reduce the time spent by podiatrists on travel between multiple sites, enabling this to be used for patient clinics.
- Maintain outreach services such as domiciliary visits for the housebound and nursing & residential home, and training for staff and volunteers of community-based services such as Simply Nails.

⁶ A weekly single-chair clinic is currently provided in Crickhowell. Each clinic offer 14 appointments, but not all appointment sessions are booked and at times it has been necessary to reprioritise podiatry staffing to other clinics in areas of higher demand to make best use of podiatrist time. Between April and December 2019, there were 232 podiatry appointments in Crickhowell.

⁷ The Community Podiatry Clinic is in Montgomery County Infirmary and the Specialist Podiatry Clinic is in Park Clinic. Longer term facilities to be agreed as part of the development of the proposed Community Wellbeing Hub and Rural Regional Centre in Newtown through the North Powys Wellbeing Programme.

- Provide a stronger foundation from which to maintain and build the service, including greater opportunities to participate in service development (e.g. diabetes, foot assessment tool).

Engagement with Key Stakeholders

In discussion with Powys Community Health Council, a period of engagement was planned and implemented. This is set out in more detail in Appendix A.

A comprehensive engagement plan was put in place offering a variety of channels and materials to raise awareness, enable people to find out more, and provide an opportunity for individuals and stakeholders to make their views known. This included production and distribution of an electronic engagement document and online survey, production of a summary document and questionnaire for use in podiatry clinic settings, online materials including an engagement web page, use of digital and social media, and distribution of information to a wide range of stakeholders identified in the engagement plan.

The engagement period was due to take place from 17 February 2020 to 29 March 2020, but the emerging impact of Coronavirus (COVID-19) led to an extension of the engagement period until 12 May 2020 to allow more time to respond. Whilst reduction in social contact during March 2020, and the subsequent lockdown restrictions from 23 March 2020, the significantly extended engagement period mitigates against the reduced opportunities for face to face contact.

Engagement Findings

In response to this engagement, we received 17 survey responses (R1 to R17) via the online portal where the questionnaire was marked as complete, although three respondents (R7, R9, R14) had not provided any response information within their response.

When asked to identify whether they were responding in an individual capacity:

- One respondent identified as a County Councillor (R3)
- One respondent identified as a member of a PPG (R5)
- One respondent identified as a self-employed foot health practitioner (R13) and declared this as a financial interest
- One respondent identified as a Health Focus Group (R17)

Alongside the 17 responses which were marked as complete on the survey portal, a further 60 survey responses were started but not completed and

were logged as “partial responses” (P1 to P60). Comments relating to the engagement questions were only recorded in two of these questionnaires (P12 and P57).

In addition to this we logged 8 letters or calls (O1 to O8) that were not received through the online portal.

This included three members of PTHB staff, Age Cymru Powys, the Welsh Government Chief Allied Health Professions Advisor, a member of the public, a Town Council, and a representative from Newtown Access Group Accessibility Powys.

All responses were received through the medium of English.

Responses were mapped against the key challenges facing podiatry services and our strategic principles:

Assessment Domain	Strategic Principles	Examples of Feedback
Recruitment and Retention	Do What Works	<p>“Make the job a job more people want to do” (R3)</p> <p>“To achieve job satisfaction at the highest level” (R4)</p> <p>“Promotion opportunity for existing staff” (R5)</p> <p>“Be positive and focus on making work attractive” (R10)</p> <p>Facilitate child friendly working hours and encourage mature entry” (R11)</p> <p>“Hub and spoke model more workable in view of staff shortage” (R15)</p> <p>“Recruitment in this area is very challenging and we need a service model that is realistic and creates an attractive work offer” (R16)</p> <p>“In my mind the only way is to get more podiatrists” (O3)</p> <p>Promote podiatry as a career option in schools (O5)</p> <p>“The Council is of the view that workforce recruitment and retention seems to be a fundamental problem so welcomes efforts to improve working conditions and urges the Board to consider how the workforce might feel better valued through remuneration, job satisfaction and opportunities for ‘upskilling/multiskilling’.” (O7)</p>
Training, Supervision, Mentorship		<p>“Taking students, maybe retain them when trained” (R5)</p> <p>“Promote training opportunities at nearby universities and colleges (R12)</p>
Patient Experience	Do What Matters	<p>Don’t have “two wound centres in North Powys only 10 miles apart i.e. Newtown and Welshpool” (R1)</p>

and Waiting Times	Offer Fair Access	<p>A number of respondents identified the need for regular appointments: "As a diabetic I feel I should have regular appointments with the podiatrist" (R2)</p> <p>"Cancel the phoning up on Monday morning and make and agree the next appointment at the appointment you are attending in that day" (R4)</p> <p>"Easier to get an appointment" (R5)</p> <p>"Improve community bus service" (R5)</p> <p>Would improve "booking and appointment system" (R6)</p> <p>"Look at travel possibilities linked to various proposed sites e.g. if buses only run on Tuesday and Thursday then those are the days to have clinics. Coincide with farmers markets" (R10)</p> <p>"Maintain service in Crickhowell ... Lots of people do not have private transport, price of taxi prohibitive and lack of public transport." (R11)</p> <p>"Ensure clinic is easily accessible with nearby car parking" (R12)</p> <p>Need "greater clarity around the reach-out to support for communities who will be losing their local clinics, and how services like third sector and leg clubs can support" (R16)</p> <p>"Work with community transport providers" (R16)</p> <p>Need to improve "booking system" (R17)</p> <p>"The forms that are currently used ... are not user friendly. The current system of re-booking appointments over the phone is problematic" (O6)</p> <p>"To assure that clinics will be accessible for all and otherwise that a home visit will be arranged." (O8)</p>
Prudent Healthcare Delivery	Be Prudent	<p>Like "prevention work" (R6)</p> <p>"consider giving the assessed patient a 'voucher' that they can use in their local private provider that they would supplement" (R10)</p> <p>"Promote services of foot health practitioners within the area, easing the strain on NHS" (R13) – "Professionals have a lack of belief and confidence in the abilities of a Foot Health Practitioner" (R13)</p> <p>"Foot health practitioners would like to learn from [podiatrists] and complement the service they provide" (O6)</p> <p>Provide better "advice to patients given in group settings or leaflets sent out prior to appointments" (R15)</p>

Patterson, Liz
01/23/2020 14:56:37

		<p>"After first appointment, telephone contact may be helpful and reduce need for face to face appointments" (R15)</p> <p>"Following a cancelled appointment I went private. They were much more proactive in giving advice on foot-care and prevention of callus formation. Leaflets would be good." (R15)</p> <p>"Ascertain availability of community based foot care services – podiatry services were removed from LD6 area with no alternative community-based activity." (R17)</p> <p>Introduce prioritisation process, not able to self refer "they should be referred by GP", stricter discharge process (O3)</p>
Governance	Focus on Greatest Need Offer Fair Access	"Better governance" (R5)
Service Development	Do What Works Work with the Strengths of People and Communities	<p>Bring on new groups to help e.g. beauticians (R3)</p> <p>"Use a room in doctors surgeries as a consultation room" (R4)</p> <p>In Machynlleth, employ podiatrists from Tywyn and Bronglais areas (R4)</p> <p>"The staff did receive some training a couple of years ago with a podiatrist for nail cutting and basic foot care but I think this is something we could discuss and maybe take forward" (R6)</p> <p>Challenges "stasis, entrenched attitudes" (R10)</p> <p>Overcome isolation through "integrated approach to working in multidisciplinary teams, encouraging district nurses/physios/podiatrists to be a team for a distinct area. Provide the team with the core resource to deliver across professional boundaries – such as direct IT links during consultation" (R10)</p> <p>"Closer working with other services, physiotherapy, orthotics would improve quality of service" (R12)</p> <p>"Much better coordination of multidisciplinary care for podiatry patients based on skilled and sustainable workforce" (R16)</p> <p>"Work with third sector, leg clubs, community connectors and other local partners to identify ways to improve the local community offer. Consider outreach to leg clubs and/or 'foot club' model" (R16)</p> <p>Offer to be involved in the redesign of podiatry services (O1)</p>

Patterson, Liz
07/23/2020 14:56:37

		<p>"As part of your consideration I would like to ask you to explore how this [Patient Activation Measure] might be built into your own thoughts and options]" (O2)</p> <p>"There is certainly an opportunity to work alongside the third sector in terms of raising awareness of good foot health care as a preventative measure to help reduce the strain of the podiatry service" "there are opportunities in terms of upskilling our volunteers and utilising private Foot Health Practitioners, nursing staff and care agencies" (O6)</p> <p>"With additional funding Age Cymru Powys could increase the number of clinics" (O6)</p>
--	--	---

The engagement responses also identified a range of potential impacts in relation to the equality protected characteristics, Welsh Language and carers. An outline equality impact assessment was included in the original engagement document, and this has been updated to reflect the findings during the engagement period (see Appendix C). The key issues identified in the Equality Impact Assessment include:

	No impact	Adverse	Differential	Positive	
Age			X		Respondents to the consultation raised issues where they believed adverse impacts would result from the proposed changes to the podiatry services. The negative impacts described primarily focussed on increased travel, the cost of this and the lack of public transport to support increased travel or limiting the ability to make certain appointment times.
Disability			X		
Gender reassignment	X				The groups of people specifically noted to likely experience adverse effects on increased travel were related to age (primarily older people but it was also raised that this could be an issue affecting young people who might need to take time out of school to attend appointments) and people with a disability.
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				Alongside this some balancing factors were noted. For example, the unsustainability of the current model has an adverse impact on accessibility and timeliness of appointments.
Marriage and civil partnership	X				
Welsh Language	X				In summary it was felt that the proposal must acknowledge the impact for people who do not have access to a car or good public transport (this could therefore apply across all groups)
Rurality			X		
Deprivation			X		
Carers			X		

Age and Disability: In addition to travel, examples of other potential impacts on older people and those with disabilities were highlighted in the consultation feedback from organisation representatives, these included:

- The forms that are currently used for referrals to Podiatry, were described as 'not user friendly' and 'very confusing for older people'.

- The system of re-booking appointments over the phone was described as 'problematic – as there are a lot of older people that have hearing problems, so they are less likely to make the call. There are lot more that have memory problems making it difficult for them to remember to rebook an appointment'.
- It was raised that 'there is not enough thought given around accessibility for vulnerable older and disabled people' and the physical accessibility of sites and locations.

Additional issues were raised, that although were not linked to specific groups in terms of impacts they affect the service as a whole. These include the recruitment and retention of podiatry staff and the provision of information around foot care and foot health promotion.

Response from the Powys Community Health Council

The response from the Powys Community Health Council is included at Appendix B. In summary:

- The CHC agreed that the engagement has been adequate in relation to content and time allowed, and made observations in relation to the impact of COVID-19 and the identification of options.
- The CHC agreed that the engagement has been adequate with regard to Powys CHC being consulted at the inception.
- The CHC agreed that the engagement undertaken has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the proposal and decision making process.
- The CHC agreed that they have had sufficient information and data to be able to assess the impact of these proposed changes – and noted the low level of public responses.
- The CHC agreed that, had they felt that there were other options to consider, then they had sufficient opportunity to raise these with the PTHB during the process (and at the earliest opportunity)
- The CHC recorded a number of observations which are set out below.
- The CHC agreed to Option 3 subject to (a) receiving assurances added to the draft mitigation plan (contained within Annex 6 to the CHC response and (b) monthly updates being provided by PTHB to the Executive Committee members of Powys CHC.
- The CHC agreed that the proposals for this substantial change to health services would be in the interests of health services in its area – subject to the points under Question 7 being actioned

CHC members made a number of observations:

Patterson, Liz
07/23/2020 14:55:37

- Problems of booking repeat appointments have been raised in the past and really should have been addressed ahead of the consultation on re-configuration of the service.
- Does foot health promotion need more than leaflets in clinics and information on websites? Certainly engaging the MDT in this would be beneficial. We believe that there should be wider public engagement on foot health.
- No mention of parking - parking will be a problem. It is already very tight in the Newtown and Welshpool clinics, and the extra activity there must be putting increased pressure on parking. There must be parking pressures elsewhere too.
- Suggest looking at possibility of catering for 'multiple appointment' with other clinics/consultants to minimise the number of journeys.
- Needs to include better communication and facilitation on the use of NEPTs.
- Concern about difficulties in accessing Community Transport.
- Concern about the dependability/ vulnerability/ sustainability of public transport in rural areas.
- Concern re. impact of COVID-19 on already stretched public transport services ie viability going forward.
- Need to enable other (third sector) services not only in delivery of basic care but also in identification of need. This comes out very clearly in the response from Age Cymru.
- Welcome the MDT approach, together with closer working with Leg Clubs and the 3rd Sector.
- Fully endorse the ambition to improve the provision of domiciliary visits.

Further observations are included in Annex 6 to the PTHB response which includes comments in relation to potential mitigations.

Consideration of Options and Assessment Criteria

Have new options emerged during the engagement period?

Patterson, Liz
07/23/2020 14:56:37

No new feasible options have emerged during the engagement period that were not identified in the original engagement document.

Some respondents raised issues in relation to the rationale for the proposed configuration, for example:

- Could Crickhowell be considered as an alternative to Bronllys and/or retain an occasional outreach clinic (e.g. monthly)? This does not address the issues relating to single-handed practice and supervision of junior staff, and reduces the ability of the service to see patients quickly, efficiently, and flexibly. Bronllys offers greater opportunities to develop the service further (e.g. through two chair clinics, and through multi-disciplinary working with co-located teams).
- Is the need demonstrated for two wound clinics in the north of the county, in addition to community clinics? The proposed configuration reflects the population levels and need across the county, as well as the benefits from improved supervision. The Community Podiatry Clinics will also continue as these clinics provide a different service.

Has the assessment of the options changed as a result of the engagement feedback?

Based on the engagement feedback the advantages and disadvantages of the options have been strengthened:

	Advantages	Disadvantages
Option 1: Return to 16 community site locations (in 15 towns)	Does not increase travel to clinic site. Returns to previous service model.	Not feasible or deliverable due to the continued recruitment and retention challenges facing the service. Current challenges remain including delays, cancellations, isolated practice etc.
Option 2: Maintain current community site locations	Maintains current status quo	Not feasible or deliverable due to the continued recruitment and retention challenges facing the service. Current challenges remain including delays, cancellations, isolated practice etc.
Option 3: Develop new hub and spoke model for	Feasible and deliverable to provide a sustainable service.	Increase in travel for some patients

community and specialist podiatry services	<p>More attractive to potential applicants, to ensure a sustainable workforce</p> <p>Provide improved quality and safety for services for patients</p> <p>Potential to address current challenges which include: Recruitment and Retention; Training, Supervision, Mentorship; Patient Experience and Waiting Times; Prudent Healthcare Delivery; Governance; Service Development.</p>	
--	--	--

Based on the feedback from engagement, Option 3 remains the preferred option although with strengthened mitigations to address the issues and risks identified through engagement and equality impact assessment.

Can the key issues affecting the safety and sustainability of the podiatry services be adequately addressed, and how will we know if intended benefits are being realised?

The need to review the service model through engagement with stakeholders was driven by a number of challenges facing the safety and sustainability of podiatry services in the county.

- Recruitment and Retention
- Training, Supervision, Mentorship, Isolated Clinical Practice
- Patient Experience and Waiting Times
- Prudent Healthcare Delivery
- Governance
- Service Development

During the engagement period, other emerging factors included:

We successfully recruited a new Professional Head of Podiatry, who is keen to support the health board to deliver a safe and sustainable service that addresses the historical challenges. They will commence in post on 1 July 2020.

- The emergence of COVID-19 as a public health emergency has temporarily and significantly affected the way that routine services have been delivered by the NHS. The implementation of any decision following engagement will need to recognise the ongoing uncertainties associated with COVID-19 and the impact this has on the development and delivery of mitigation actions.

Following engagement our updated assessment of the potential benefits of Option 3 is as follows:

	Intended Benefits
Recruitment and Retention	<p>Option 3 will ensure a more attractive recruitment offer that reduces the number of vacancies in the service and helps to stabilise service delivery.</p> <p>Option 3 will allow the service to review the skill mix and support new graduates from University by introducing double clinics in some venues.</p>
Training, Supervision, Mentorship, Isolated Clinical Practice	<p>Option 3 will significantly reduce the level of isolated clinical and practice, and increase the scope for supervised practice to develop junior staff and new graduates.</p> <p>This in turn will support the overall quality, safety and sustainability of the service</p>
Patient Experience and Waiting Times	<p>Option 3 will support us to reduce variation for patients including by reducing waiting times and reducing clinic cancellations. Alongside the implementation of Option 3 we also aim to improve the appointment system which we know has been a source of frustration for patients. We recognise that it will increase the travel for patients in areas where clinics are discontinued and we welcome views on how we can mitigate the impact of this. Option 3 will also help us to ring-fence capacity to maintain the provision of a domiciliary care service for those with a clinical need</p>
Prudent Healthcare Delivery	<p>Option 3 will support us to reduce the number of unbooked sessions, and the amount of clinical time lost due to travel. This will increase the overall amount of time that our podiatrists spend with patients.</p> <p>It will provide the foundations for a strengthened "one stop shop" approach which will enable us to reduce multiple visits for patients with more complex needs, bringing their services together in one clinic (e.g. diabetes and podiatry).</p>

Patterson, Liz
01/23/2020 14:56:37

Governance	Option 3 will support us to ensure that the service is delivered in accordance with service policies and protocols, including NICE Clinical Guideline NG19.
Service Development	<p>Option 3 will support us to develop the service and improve service standards through increased two-chair operation, improved mentoring and supervision, and reduced isolated clinical practice. It will also help us to maintain and strengthen our multi-disciplinary approach through working relationships between podiatrists and other professional roles including district nursing, tissue viability nursing, and diabetes nursing.</p> <p>We can also consider the adoption of learning from our experiences during COVID-19 including telephone triage and Attend Anywhere (Video Consultation) where appropriate.</p> <p>Enhancing the working relationship with Third Sector (e.g. Age Cymru and CAMAD) remains a key factor in delivering these benefits.</p>

If Option 3 is approved by the Board, implementation will be supported by a mitigation plan reflecting the issues raised during engagement and in the Equality Impact Assessment.

Reference	Action	Responsibility	Deadline
M1 Explore public transport routes and	Scope out bus routes across Powys to enable services / clinics to be planned around transport availability.	Service Development Manager for T&HS	12 th August 2020
M2 community transport & NEPTS available for patients to access Podiatry clinics	<p>Contact PAVO for a list of community transport available and publicise to podiatry patients.</p> <p>Work with WAST to publicise NEPTS offer for podiatry patients.</p>	Service Development Manager for T&HS	12 th August 2020

Patterson, Liz
01/23/2020 14:56:37

M3 Strengthen partnerships with the third sector to increase the availability of local community delivery & early intervention with appropriate training and support	To work with commissioning to further develop Simply Nail Service and wider third sector partnerships	Head of Podiatry	30 th September 2020
M4 Expand skills across community workforce (e.g. Leg Club) to provide early help and support	To work with District Nurses and other community partners	Head of Podiatry	30 th November 2020
M5 Strengthen multidisciplinary working (e.g. diabetes, tissue viability) to deliver opportunities to provide one-stop-shop services including targeted work with those current experiencing multiple visits to multiple professionals	To work with Diabetes Lead	Head of Podiatry	30 th September 2020
M6 Streamline booking and appointment system including use of electronic records to extend choice of appointment	To work with Contact Centre	Planned Care Lead / Head of Podiatry	30 th September 2020
M7 Strengthen digital offer including virtual consultations where appropriate	To work with ICT and digital lead	Head of Podiatry	30 th September 2020

M8 Strengthen foot health promotion offer and develop and deliver proposed model of care	To establish and embed proposed model of care across the podiatry pathway	Head of Podiatry	31 st December 2020
M9 Strengthen physical accessibility of services	To work with partners to continue to improve physical access and reduce barriers to access	Head of Podiatry	31 st December 2020

Board Decision Making

In making a decision, the Board should take into account the management recommendation from the lead Directors, the outcome of engagement, the views of the Community Health Council, and the Equality Impact Assessment.

Management Recommendation

The Board is recommended to approve Option 3 subject to the delivery of a mitigation plan to address key impacts, and subject to the views of the Community Health Council that formal consultation is required in accordance with Paragraph 31 of the NHS Wales Guidance for Engagement and Consultation on Changes to Health Services which states:

"There may be some cases where, exceptionally, the view is that a more formal consultation is required. A key issue to be determined as to whether formal consultation is required is whether the change is substantial or not. In general substantial change should be the subject of formal consultation though it may not be appropriate where the proposal is not controversial."

Outcome of the engagement

The key issues from engagement are summarised above with further details available in Appendix A and its suite of Annexes.

Views of the Community Health Council

The Executive Committee of the Community Health Council considered the outcome of engagement initially at its meeting on 26 May 2020 and subsequently through electronic consideration by their members. Their report is available at Appendix B.

Equality Impact Assessment on the recommendation

The key impacts and mitigations identified through the Equality Impact Assessment process are summarised above and full details are available in the Equality Impact Assessment at Appendix C.

The Board is asked:

- a) To RECEIVE and NOTE the Engagement Report (Appendix A and Annexes), the response from the Community Health Council (Appendix B) and the Equality Impact Assessment (Appendix C)
- b) To RECEIVE and RATIFY the recommendation for the future model of podiatry services in the county.
- c) To RECEIVE, REVIEW and APPROVE the proposed mitigations that should be put in place if the recommendation is approved.

Notification to Patients and key stakeholders

If the Board approves the management recommendation and the proposal is agreed for implementation, key activities will include:

- Stakeholder Bulletin: Following the decision of the Board a stakeholder bulletin will be prepared for issue from the Chief Executive to the Community Health Council and other key stakeholders to notify them of the decision and the next steps.
- Patient Leaflet: The Health Board will develop a patient leaflet which will be provided to patients through face to face appointments with their podiatrist.
- Syndication and Social Media: The decision will also be shared widely through social media channels and with local organisations and networks including third sector organisations (via PAVO), town and community councils, primary care contractors including neighbouring GP practices and others as set out in the stakeholder analysis in the consultation plan (Appendix A).
- Formal updates: Updates on implementation and mitigation will be provided to the Powys Community Health Council Executive Committee.

Alternatively, the Board may require further engagement in which case a plan for the next phase of engagement will be developed and delivered.

The Board is asked:

Patterson
07/23/2020 14:56:37

- d) To RECEIVE, REVIEW and APPROVE the proposed approach to patient and stakeholder communication if the recommendation is approved.

Overall Assurance against NHS Wales Guidance on Engagement and Gunning Principles

Executive review against the NHS Wales Guidance on Engagement indicates that the Board can take adequate assurance that the requirements of the policy have been met, as follows:

Explain why the change is necessary and provide clear evidence	The reason for change is set out in Section 4 of the engagement document
Include a clear vision of the current service	A description of the current service is included in Section 3 of the engagement document
Explain the consequences of maintaining the status quo	Section 7 summarises options for change including "no change" and sets out the advantages and disadvantages
Include information on outcomes for service users	Section 4 sets out the reasons for change including impact on service users
Demonstrate how services will in future be provided within an integrated service model	Section 6 describes a proposed future model of care, including how the service will fit within wider health and care services
Set out clearly the evidence for any proposal to concentrate services on a single site	It is proposed that this will remain as a multi-site services but on fewer sites than in 2018 due to a number of drivers for change which are summarised in Section 4. A number of options are identified and assessed in Section 7 and Section 8.
Include the evidence of support from clinicians	This is a clinically-led proposal developed by our Community Services team – suggest that introduction includes executive endorsement from clinical and operational executive members?
If the case for change has been prompted by clinical governance	Is there further information we can add to demonstrate independent clinical review?

issues, show how these have been tested through independent review	
Show which options were considered during the engagement phase	A number of options are set out in Section 7.
Explain any risks and how they will be managed	Section 8 identifies a range of impacts and risks that have been identified, and proposes steps to address this
Give a clear picture of the financial implications	The workforce and financial impact is set out in Section 8 – this is intended to be a revenue neutral change.
Spell out who will be affected by the proposals.	The engagement document sets out the impact – broadly on service users of podiatry services, and identifying the proposed change in model, as well as providing an integrated impact assessment in Section 8.
Explain how any change and benefit will be evaluated after implementation	Intended benefits are set out in Section 8.
Be available in a range of formats	The document was available in English & Cymraeg, and available as a printed document and online. It was shared through a range of channels including online, social media, newsletter articles, press releases.
Be signed off by the Board	This is a requirement for consultation documents and is not always required for engagement documents which can be signed off at Executive level subject to delegated authority being in place
Set out how sustainable staffing will be achieved	The proposal is driven by the need for sustainable staffing, and aims to put in place a service model that both stabilises service delivery for patients but also provides a more attractive recruitment offer for staff.
If the case for change has been prompted by clinical governance issues, show how these have been	Our podiatry services have been reviewed in response to recommendations made internal audit.

tested through
independent review

Executive review against the Gunning Principles indicates that the Board can take adequate assurance that the requirements have been met, as follows:

Consultation must be at a time when proposals are at a formative stage

This engagement process aims to support decision making on the future model of podiatry following a sustained period during which the service has faced sustainability and staffing challenges which have resulted in temporary changes to services

There must be sufficient information to permit intelligent consideration and response

The engagement document met the requirements of the NHS Wales guidance on engagement and consultation as outlined above, and was supported by a comprehensive engagement plan

There must be adequate time for consideration and response

The timeframe for agreement was agreed through discussion with the Powys Community Health Council, and the engagement period was significantly extended during COVID-19.

The product of consultation must be conscientiously considered when making a decision

This paper and its Appendices support conscientious consideration by members of the Board, including an equality impact assessment process to ensure that equality considerations underpin any decision by the Board.

The Board is asked:

- e) To RECEIVE and NOTE the assurance provided against the NHS Wales Engagement guidance and the Gunning Principles

Risk Management

This situation presents the Health Board with a number of risks as detailed below along with the proposed mitigation:

- Risk: Lack of action by the Health Board leads to failure of podiatry services in the county and worse outcomes, safety and access for local residents.

Mitigation: Delivery of sustainable model for podiatry services in line with the vision set out in the Health and Care Strategy for Powys.

Patterson, Liz
07/23/2020 14:56:37

- Risk: Insufficient identification of potential impacts leads to worse outcomes for patients
Mitigation: Equality Impact Assessment process undertaken and work is under way to develop detailed mitigation plan to respond to key impacts.
- Risk: Insufficient compliance with PTHB policy requirements and/or national requirements for engagement and consultation increases the likelihood that the decision-making process is insufficient
Mitigation: Assurances against the NHS Wales engagement guidance are set out above.

NEXT STEPS:

- The decision of the Board will be notified to the Community Services department, the Community Health Council(s) and key stakeholders via the Chief Executive Officer.
- Other steps to communicate and engage with patients and stakeholders will be taken as outlined above, subject to the views of the Board.
- An implementation and mitigation plan will be developed and delivered. Oversight will be provided through the Director of Primary Care, Community and Mental Health Services.

Patterson, Liz
07/23/2020 14:56:37

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age			X	
Disability			X	
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Rurality		X		
Deprivation		X		
Carers		X		
<p style="text-align: center;">Statement</p> <p>An Equality Impact Assessment has been undertaken and is included at Appendix C. Summary impacts are set out in the report along with proposed mitigation actions.</p> <p>Respondents to the consultation raised issues where they believed adverse impacts would result from the proposed changes to the podiatry services. The negative impacts described primarily focussed on increased travel, the cost of this and the lack of public transport to support increased travel or limiting the ability to make certain appointment times.</p> <p>The groups of people specifically noted to likely experience adverse effects on increased travel were related to age (primarily older people but it was also raised that this could be an issue affecting young people who might need to take time out of school to attend appointments) and people with a disability. Alongside this some balancing factors were noted. For example, the unsustainability of the current model has an adverse impact on accessibility and timeliness of appointments.</p> <p>In summary it was felt that the proposal must acknowledge the impact for people who do not have access to a car or good public transport (this could therefore apply across all groups)</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical		X		
Financial		X		
Corporate		X		
Operational		X		
Reputational		X		
<p style="text-align: center;">Statement</p> <p>The implementation of a sustainable model for podiatry services in Powys will reduce clinical and operational risk as identified in the intended benefits of the proposed model. A number of differential impacts have been identified (e.g. in relation to access and travel), and a mitigation plan has been developed to address these and support the delivery of intended benefits.</p>				

02/23/2020 14:56:37
Liz

Supporting Documents

Appendix A Meeting The Challenges in Podiatry Services in Powys: Redesigning Services for the Future - Engagement Plan and Report Annex A: Summary of Engagement Feedback
Appendix B Powys CHC response to PTHB - Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future
Appendix C Equality Impact Assessment (EIA) Outcome Summary Report for Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Patterson Liz
07/23/2020 14:56:37



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Meeting The Challenges in Podiatry Services in Powys: Redesigning Services for the Future - Engagement Plan and Report -

Version 5, 10 July 2020

This document reports on the local engagement plan for
“Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future”.

Patterson, Liz
07/23/2020 14:56:37

About this Document

- This document reports on the Engagement Plan for “Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future”
- This has been developed from the Engagement Plan which was a working document intended for colleagues in PTHB, and colleagues in the CHC (and other local partner organisations as agreed) who supported the planning and delivery of engagement. The Plan enabled us to share the engagement materials with teams, organisations and networks. It enabled us to present the engagement proposals at meetings and events and seek feedback. It also recorded activity undertaken as part of the engagement.
- Following engagement it has been updated to provide a retrospective report on the engagement process.
- Further information is available from the Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS – powys.engagement@wales.nhs.uk

Contents

- [Section 1: Overview](#)
 - [Section 2: Local Stakeholder Analysis](#)
 - [Section 3: Local Activity Plan](#)
 - [Section 4: Engagement Materials](#)
 - [Section 5: Response and Analysis Process](#)
 - [Section 6: Contact Details](#)
-
- *The Lead Directors for this engagement are: Claire Madsen (Director of Therapies and Health Science) and Jamie Marchant (Director of Primary Care, Community and Mental Health Services)*
 - *The Lead Manager for this engagement is: Victoria Deakins (Head of Therapies, Community Services)*
 - *The Lead Clinician for this engagement is: Victoria Deakins (Head of Therapies, Community Services)*
 - *The Engagement and Communication Lead for this engagement is: Mandy Mills (Engagement Officer)*

High Level Assessment: Service Change (1)

Overall	
Explain why the change is necessary and provide clear evidence	The reason for change is set out in Section 4 of the engagement document
Include a clear vision of the current service	A description of the current service is included in Section 3 of the engagement document
Explain the consequences of maintaining the status quo	Section 7 summarises options for change including “no change” and sets out the advantages and disadvantages
Include information on outcomes for service users	Section 4 sets out the reasons for change including impact on service users
Demonstrate how services will in future be provided within an integrated service model	Section 6 describes a proposed future model of care, including how the service will fit within wider health and care services
Set out clearly the evidence for any proposal to concentrate services on a single site	It is proposed that this will remain as a multi-site services but on fewer sites than in 2018 due to a number of drivers for change which are summarised in Section 4. A number of options are identified and assessed in Section 7 and Section 8.
Include the evidence of support from clinicians	This is a clinically-led proposal developed by our Community Services team – The introduction included executive endorsement from clinical and operational executive members.

Patterson, Liz
07/23/2020 14:56:37

Last Updated: 10/07/20

High Level Assessment: Service Change (2)

If the case for change has been prompted by clinical governance issues, show how these have been tested through independent review	Key issues were identified in the audit of podiatry services that require action by the health board.
Show which options were considered during the engagement phase	A number of options are set out in Section 7.
Explain any risks and how they will be managed	Section 8 identifies a range of impacts and risks that have been identified, and proposes steps to address this
Give a clear picture of the financial implications	The workforce and financial impact is set out in Section 8 – this is intended to be a revenue neutral change.
Spell out who will be affected by the proposals.	The engagement document sets out the impact – broadly on service users of podiatry services, and identifying the proposed change in model, as well as providing an integrated impact assessment in Section 8.
Explain how any change and benefit will be evaluated after implementation	Intended benefits are set out in Section 8.
Be available in a range of formats	It is intended that the document will be available in English & Cymraeg, and available as a printed document and online. It will be shared through a range of channels including online, social media, newsletter articles, press releases.
Be signed off by the Board	This is a requirement for consultation documents and is not always required for engagement documents which can be signed off at Executive level subject to delegated authority being in place
Set out how sustainable staffing will be achieved	The proposal is driven by the need for sustainable staffing, and aims to put in place a service model that both stabilises service delivery for patients but also provides a more attractive recruitment offer for staff.

Patterson, Liz
07/23/2020 14:56:37

Last Updated: 10/07/20

High Level Assessment: Other

Requirement	Commentary
	No other assurance criteria have been identified

Patterson, Liz
07/23/2020 14:56:37



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 1 Overview

Patterson, Liz
07/23/2020 14:56:37

Last Updated: 10/07/20

Overview of this document

- The original engagement plan was developed to summarise plans for a period of 6 weeks engagement from 17 February 2020 to 29 March 2020 on the future delivery of podiatry services by Powys Teaching Health Board.
- This engagement was prompted by a number of factors affecting the sustainability of safe podiatry services in the county.
- The plan set out the proposed approach to engagement, the key stakeholders, the engagement materials available, and how the responses will be analysed and used to inform future decisions.
- Towards the end of the engagement period, the UK entered a period of “lockdown” from 23 March 2020 in response to Coronavirus (COVID-19). Engagement was therefore kept open for continued feedback via email and online to allow further opportunity for comment.
- The engagement period finally closed on 12 May 2020 – a period of over 11 weeks.
- This document therefore reports on the engagement as originally envisaged in the engagement plan, and on additional activity undertaken to extend the engagement period to 12 May 2020.

03/07/2020 14:56:37
Liz

Impact and Interdependencies

- This engagement relates to services for people in Powys with a clinical need for community and specialist podiatric services. Key audiences will include users of podiatry services, people with diabetes, people with lower limb tissue viability issues (e.g. Leg Club users).
- Other engagement and consultation processes taking place which may have interdependencies including:
 - There were inter-relationships with the ongoing engagement on the North Powys Wellbeing programme.

Patterson, Liz
07/23/2020 14:56:37

Last Updated: 10/07/20

Local Engagement Plan Objectives

- The objectives of our engagement plan were:
 - To explain and seek views on the challenges facing podiatry services, the steps that have already been taken to respond to these challenges, and the options being considered for addressing the challenges in the longer term
 - To share information with service users, the public in Powys and wider stakeholders in order to gather views that will help us to make the best decisions on the way forward for podiatry services in Powys
 - To address the requirements of the NHS Wales Guidance on Engagement and Consultation, the Community Health Council Regulations in relation to consultation in Powys, and ensure a Welsh Language Active Offer .
 - To identify positive and negative impacts of the proposals – with particular reference to equality protected characteristics, carer responsibilities, deprivation, rurality and Welsh Language – and to use these insights to refine the proposal and consider potential mitigation actions that can be delivered by the health board or other partners to reduce negative impact.
 - To develop and agree a report on engagement in Powys that can support decision making on the future of podiatry services.
 - To engage with Powys Community Health Council
 - To identify learning that will support us to continue to strengthen systems and processes for continuous engagement, identifying areas of best practice and opportunities for improvement
 - *And additionally, to extend the engagement period for a further six weeks during the lockdown period for Coronavirus (COVID-19).*

Last Updated: 10/07/20

Timeline

The timeline has been as follows:

- 21 January 2020: SBAR discussed by Powys Community Health Council Executive Committee
- 21 January 2020: Discussion of SBAR and draft Engagement Document between PTHB and Powys Community Health Council at Services Planning Committee
- 6 February 2020: Discussion of updated Engagement Document and draft Engagement Plan between PTHB and CHC representatives
- 17 February 2020: Start of Engagement Period
- TBC early March: Internal Mid-Term Review
- 29 March 2020: Original end of Engagement Period
- 12 May 2020: Extended engagement period ended on 12 May 2020
- 26 May 2020: Powys CHC Executive Committee informal session
- May / June 2020: Further review by PTHB Executive Committee and Powys CHC Executive Committee members
- 1 July 2020: PTHB Executive Committee meeting
- 9 July 2020: PTHB Strategy and Planning Committee meeting
- 29 July 2020: Meeting of the Board of Powys Teaching Health Board

Last Updated: 10/07/20



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 2

Local Stakeholder Analysis

Patterson, Liz
07/23/2020 14:56:37

Overview

This section provides:

- A summary of our key stakeholders:
 - A: Patients, Service Users, Carers, Customers, Customer Proxies
 - B: Public and Communities
 - C: PTHB Staff and Contractors
 - D: Partner Organisations
 - E: National Bodies
 - F: Unions and Professional Bodies
 - G: Political
 - H: Scrutiny and Regulation
 - I: Media
 - J: Business and Supply Chain
 - K: Other
- An outline of our proposed activity with each stakeholder group

Last Updated: 10/07/20

Sector	Audiences	Impact / Influence
A: Patients, Service Users and Carers, Customers and Customer Proxies	Current users of podiatry services	Engage closely
	Diabetes Service User and Carer Forums	Engage closely
	Local third sector organisations working with people with diabetes	Keep informed
	Targeted equalities and impact assessment work:	(via all activity)
	• Age	
	• Sex	
	• Gender Reassignment	
	• Pregnancy & Maternity	
	• Disability	
	• Sexual Orientation	
	• Marriage and Civil Partnership	
	• Religion or Belief	
	• Race	
	• Carers	
	• Deprivation	
	• Rurality	
	• Welsh Language	
	Local third sector organisations working with carers	Keep informed

Patterson, Liz
07/23/2020 14:56:37



Audience	Proposed Activity	Who	Activity Log
A: Patients, Service Users and Carers, Customers and Customer Proxies	Podiatrists to engage with podiatry service users during the engagement period with a particular focus on geographies where there is a proposal to make permanent the temporary changes that have been in place and those geographies where additional changes are proposed: <ul style="list-style-type: none"> summary of proposals short MECC questionnaire (how would these proposals affect you, what steps could be taken to mitigate the impact) full engagement document available on request 	Engagement and Communication Team	Information shared by AO with all staff via Powys Announcements on 15/02 with request to share and engage with service users
		Community Services team	Vic Deakins engaging with podiatry team MECC questionnaire produced by Adrian Osborne and shared with Vic Deakins for local use
	Information about the engagement shared with PAVO and CREDU for distribution via their networks	Engagement and Communication Team	Engagement information sent by AO to PAVO and CREDU on 16/02 with request to share through their networks
	Engage with District Nurses to raise awareness via Leg Clubs	Community Services team	Information shared via Powys Announcements
	Offer presentation to Diabetes Service User and Carer Forums	Community Services team	NB the Diabetes Service User and Carer Forums are not meeting during the engagement period but information will be shared via planning team and diabetes nursing
		Engagement and Communication Team	Information sent by AO to Mike Griffiths to Sally Ann Jones for distribution to the Groups on 16/02

Patterson, Liz
07/23/2020 14:56:37



Sector	Audiences	Impact / Influence
<p>B: Public and Communities</p> <p>Patterson, Liz 07/23/2020 14:56:37</p>	Public and communities:	Keep Informed
	<ul style="list-style-type: none"> Public and Communities across Powys 	
	PTHB Health Forums in:	Engage Closely
	<ul style="list-style-type: none"> All Health Forums in Powys 	
	PAVO Community Connectors:	Keep Informed
	<ul style="list-style-type: none"> All Community Connectors in Powys 	
	Town and Community Council areas:	Keep Informed
	<ul style="list-style-type: none"> All Town & Community Councils in Powys 	
	Local community networks and organisations:	Keep Informed
	<ul style="list-style-type: none"> All Community networks and organisations in Powys 	
	Social media channels (e.g. hyperlocal):	Keep Informed
	<ul style="list-style-type: none"> PTHB social media channels 	

Audience	Proposed Activity	Who	Record of Activity
B: Public and Communities	Share information about the engagement via social media channels and PTHB website	Engagement and Communication Team	Information went live on 16/02 ready for start of engagement. Posts on PTHB Facebook page on 17/02
	Send information about the engagement to Health Focus Groups in Powys – offer to attend those Groups in affected areas taking place during the engagement period	Engagement and Communication Team	Information distributed by AO to HFG key contacts on 16/02 NB where Health Focus Groups / PPGs are meeting during the engagement period these are listed in the Activity Log. Those that are not meeting will receive information via distribution.
	Send information about the engagement to Town and Community Councils in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Send information about the engagement to PAVO Community Connectors in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Share information via community networks	All partners to be encouraged to share information via their networks	Shared with partners for onward syndication
	Reactive – respond to requests to attend Health Focus Groups with priority to Llanfyllin, Rhayader and Crickhowell (areas with HFGs where changes are proposed)	Community Services Team	Shared with HFG members
	Information will be available at existing continuous engagement events	Engagement and Communication Team	Reduction of continuous engagement programme during Coronavirus
	CHC will be asked to share information at their programme of continuous engagement events	Powys CHC	Information distributed by AO to CHC on 14/02
Patterson, Liz 07/23/2020 14:56:37			

Sector	Audiences	Impact / Influence
C: PTHB Staff and Contractors <div> Patterson, Liz 07/23/2020 14:56:37 </div>	PTHB Board, IMs and Executive Team	Engage Closely
	PTHB Staff	
	• All staff	Keep Informed
	• Podiatry Staff	Engage Closely
	• Diabetes Nurses	Engage Closely
	• District Nurses / Leg Clubs	Engage Closely
	• Tissue Viability Nurses	Engage Closely
	• Heads of Nursing and Midwifery	Keep Informed
	• Heads of Therapies and Health Sciences	Keep Informed
	Primary Care	
	• General Practice across Powys	Keep Informed
	• Community pharmacy in Powys	Keep Informed
	Cluster	
	• All three clusters	Engage Closely
	PTHB Partnership Forum	Keep informed



Audience	Proposed Activity	Who?	Activity Log
C: PTHB Staff and Contractors	Issue information to all PTHB staff via Powys Announcements (launch of engagement plus mid term reminder)	Engagement and Communication Team	Information distributed by AO on 15/02
	Ensure all podiatry staff are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all DNs / Leg Clubs are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Diabetes Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Tissue Viability Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Share information with PTHB Partnership Forum	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02
	Share information with General Practice and Community Pharmacy in Powys	Primary Care Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	Share information with Clusters and offer to attend cluster meeting	Community Services Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	NB attend clinical / professional meetings as appropriate and/or brief appropriate representative to share the proposals	Community Services Team / E&C Team	Activity via Community Services Team
	Board Members	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent via Powys Announcement to all staff on 15/02 and also included in "The Week" to Board Members

Patterson, Liz
07/23/2020 14:56:37

Sector	Audiences	Impact / Influence
D: Partner Organisations	Partnerships	Keep Informed
	• Public Service Board, Regional Partnership Board, Age Well Partnership, Live Well Partnerships, Start Well Partnership	
	Powys County Council	Keep Informed
	• Adult Social Care	
	Powys Association of Voluntary Organisations (and via PAVO to local third sector)	Keep Informed
	Age Cymru and CAMAD – partners in the delivery of nail cutting services	Engage Closely
	Leg Clubs	Keep Informed
	Mid Wales Joint Committee	Keep Informed
	Third Sector Organisations:	Keep Informed
	• Via PAVO	

Patterson, Liz
07/23/2020 14:56:37



Audience	Proposed Activity	Who?	Activity Log
D: Partner Organisations	Meet with Age Cymru and CAMAD to discuss the proposals and engage with them in the future model	Community Services Team	Activity via Victoria Deakins
	Email the engagement materials to key partners listed on previous page – PCC, PAVO, PSB, RPB (and via RPB to Age Well, Live Well, Start Well)	Engagement and Communication Team	Information sent to RPB secretariat for onward distribution by AO on 16/02
			Information sent to PCC CEO and DoSS by AO on 16/02
			Information sent to PAVO CEO by AO on 16/02
			Information sent by AO to MWJC PPI group and secretariat on 18/02

Patterson, Liz
07/23/2020 14:56:37

Sector	Audiences	Impact / Influence
E: National Bodies	Welsh Government:	
	• Welsh Government Therapies leadership (Ruth Crowder)	Keep Informed
	• Welsh Government Health and Social Care comms team (Steve Robbins)	Keep Informed

Patterson, Liz
07/23/2020 14:56:37

Audience	Proposed Activity	Who	Activity Log
E: National Bodies	Ensure that Welsh Government therapies leadership (Ruth Crowder) is aware	Engagement and Communication Team / Director of Therapies and Health Science	Information sent by AO to Ruth Crowder on 15/02
	Ensure that Welsh Government comms team is aware	Engagement and Communication Team	Information sent by AO to WG Comms on 15/02

Patterson, Liz
07/23/2020 14:56:37



Sector	Audiences	Impact / Influence
F: Unions and Professional Bodies	PTHB Partnership Forum	Keep Informed

Patterson, Liz
07/23/2020 14:56:37

Audience	Proposed Activity	Who?	Activity Log
F: Unions and Professional Bodies	Email the engagement information to the stakeholders listed on the previous page – Partnership Forum	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02

Patterson, Liz
07/23/2020 14:56:37

Sector	Audiences	Impact / Influence
G: Political	Assembly Members	
	• All constituency AMs and regional AMs)	Keep Satisfied
	Members of UK Parliament	
	• All MPs	Keep Satisfied
	Powys County Councillors	
	• All Powys County Councillors	Keep Satisfied

Patterson, Liz
07/23/2020 14:56:37

Audience	Proposed Activity	Who?	Activity Log
G: Political	Email the engagement document to AMs, MPs, Powys County Councillors – offer phone call or meeting if they need further information, keep lines of communication open, update them on “no surprises” basis	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to Russell George, Kirsty Williams, Helen Mary Jones, Neil Hamilton, Joyce Watson, Eluned Morgan on 16/02
			Information sent by AO to Craig Williams and Fay Jones on 16/02
			Information sent by AO to all Powys County Councillors on 16/02

Patterson, Liz
07/23/2020 14:56:37

Sector	Audiences	Impact / Influence
H: Scrutiny and Regulation	Powys Community Health Council	Engage Closely

Patterson, Liz
07/23/2020 14:56:37



Audience	Proposed Activity	Who?	Activity Log
H: Scrutiny & Regulation	Offer to attend meeting of CHC to present the proposals	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Draft proposals presented to CHC Exec/SPC in January Information sent to CHC by AO on 14/02 Presentation to CHC Executive on 26 May
	Share information with Chair / Clerk of PCC Health and Care Scrutiny Committee	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to all PCC Councillors on 16/02 and also separate note to Clerk

Patterson, Liz
07/23/2020 14:56:37

Sector	Audiences	Impact / Influence
I: Media	Newspapers	Keep Informed
	• Powys County Times, Brecon & Radnor Express, Mid Wales Journal)	
	• Y Blewyn Glas [Machynlleth], Plu'r Gweunydd [North Montgomeryshire], Golwg [national]	
	Radio	Keep Informed
	• BBC Radio Wales, Heart FM	
	• Iaith Gymraeg e.g. BBC Radio Cymru	
	Online	
	• Local online outlets	

Patterson, Liz
07/23/2020 14:56:37



Audience	Proposed Activity	Who?	Activity Log
I: Media	Share information with local media	Engagement and Communication Team	Issued to local media on 19/02

Patterson, Liz
07/23/2020 14:56:37



Sector	Audiences	Impact / Influence
J: Business and Supply Chain	Not applicable	

Patterson, Liz
07/23/2020 14:56:37



Audience	Proposed Activity	Who?	Activity Log
J: Business & Supply Chain	No activity identified	Not applicable	Not applicable

Patterson, Liz
07/23/2020 14:56:37



Sector	Audiences	Impact / Influence
K: Other	Other	

Patterson, Liz
07/23/2020 14:56:37

Audience	Proposed Activity	Who?	Activity Log
K: Other	No activity identified	Not applicable	Not applicable

Patterson, Liz
07/23/2020 14:56:37



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 3

Local Activity Plan

Patterson, Liz
07/23/2020 14:56:37

PTHB Activity Schedule: January 2020

Date	Event / Activity	Audience	Responsibility / Status
21 January	SBAR submitted to Powys CHC Executive Committee	H: Scrutiny and Regulation	Jamie Marchant / Adrian Osborne COMPLETE
21 January	Discuss SBAR at Powys CHC Services Planning Committee	H: Scrutiny and Regulation	Hayley Thomas / Adrian Osborne / Jason Crowl COMPLETE

Patterson, Liz
07/23/2020 14:56:37

PTHB Activity Schedule: 1 to 17 February 2020

Date	Event / Activity	Audience	Responsibility / Status
1 February	Updated Engagement Document and Engagement Plan issued for review by Jamie Marchant, Claire Madsen, Hayley Thomas, Victoria Deakins, Adrian Osborne, Jason Crowl	Process	COMPLETE – shared with colleagues by AO
	Review and endorsement by PTHB CEO	Process	COMPLETE
6 February	Review of updated document and engagement plan with Powys CHC	Powys CHC	COMPLETE AO sent updated engagement document and engagement plan to CHC Chief Officer
11 Feb	Powys Announcement issued to PTHB staff to trail the forthcoming engagement period	PTHB staff	COMPLETE – Powys Announcement issued
14 Feb	Engagement document due back from translation	Process	COMPLETE
16 Feb	Finalise EN and CY versions of engagement document for publication and distribution	Process	COMPLETE
16 Feb	Create and publish website	Process	COMPLETE
17 Feb	Launch of Engagement Period	Process	COMPLETE
17 Feb	Powys Announcement to all staff announcing engagement period and sharing engagement documents	PTHB Staff	COMPLETE – Powys Announcement issued
17 Feb	Issue Engagement document to stakeholders as per stakeholder analysis	All as per stakeholder analysis	COMPLETE

Patterson, L.
07/23/2020 14:56:37

PTHB Activity Schedule: 17-29 February 2020

Date	Event / Activity	Audience	Responsibility / Status
Launch	Issue information to staff to ask to share with patients and service users	A	AO - COMPLETE
Launch	Issue to PAVO and Credu to ask to share with networks	A	AO - COMPLETE
Launch	Send to Diabetes Forums key contacts to ask to share with members	A	AO - COMPLETE
Launch	Send to HFG key contacts for ask to share with members	B	AO - COMPLETE
Launch	Add to website and social media	B	AO - COMPLETE
Launch	Issue information to all staff via Powys Announcements	C	AO - COMPLETE
Launch	Issue to Staff Side representatives	C	AO - COMPLETE
Launch	Issue to Primary Care Team for distribution to GPs and Clusters	C	AO - COMPLETE
Launch	Issue to PCC key contacts, PAVO, Credu, RPB	D	AO - COMPLETE
Launch	Issue to WG Key contacts	E	AO - COMPLETE
Launch	Issue to PTHB Partnership Forum	F	AO - COMPLETE
Launch	Issue to AMs	G	AO - COMPLETE
Launch	Issue to MPs	G	AO - COMPLETE
Launch	Issue to PCC Councillors	G	AO - COMPLETE
Launch	Issue to Powys CHC	H	AO - COMPLETE
Launch	Issue to PCC Health & Care Scrutiny Committee	H	AO - COMPLETE
Launch	Issue to media	I	AO - COMPLETE

PTHB Activity Schedule: March to May 2020

Date	Event / Activity	Audience	Responsibility / Status
March	During March the UK entered a period of heightened response to Coronavirus (COVID-19) and face-to-face opportunities for engagement reduced in order to restrict the spread of the virus. Online engagement continued, with the online survey portal remaining open for comment	All	PTHB Engagement and Communication Team
29 March	(Original end date for engagement)		EXTENDED DUE TO CORONAVIRUS
1 May	Discussion with CHC regarding closure of engagement	CHC	HT/AO - COMPLETE
2 May	Social media and digital activity to announce that engagement will end on 12 May ("ten days left")	All	PTHB Engagement and Communication Team-COMplete
5 May	Social media and digital activity to announce that engagement will end on 12 May ("five days left")	All	PTHB Engagement and Communication Team-COMplete
11 May	Social media and digital activity to announce that engagement will end on 12 May ("one day left")	All	PTHB Engagement and Communication Team-COMplete
12 May	End of Engagement (extended during Coronavirus (COVID-19))	Process	COMPLETE
13 May	Engagement responses sent to CHC Chief Officer	Process	AO - COMPLETE
13 May	Engagement responses sent to Lead Directors	Process	AO – Sent to Lead Directors, Lead Clinician
14 May	Review meeting – AO, VD, KL	Process	AO – COMPLETE
26 May	Powys CHC Executive Committee	Process	NB informal virtual session
1 July	PTHB Executive Committee	Process	COMPLETE
9 July	PTHB Strategy and Planning Committee	Process	COMPLETE

Last Updated: 10/07/20



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 4

Engagement Materials

Patterson, Liz
07/23/2020 14:56:37

Overview

The following section is used to embed (or link to) copies of the main engagement materials.

For this engagement, the materials included:

- Engagement Document (English and Cymraeg)
- Questionnaire (English and Cymraeg)
- Web Page (English and Cymraeg)
- Covering Letter (English and Cymraeg)
- Short Questionnaire for podiatry clinics (English and Cymraeg)
- Staff Bulletin (English)
- Social Media Materials

Patterson, Liz
07/23/2020 14:56:37

Last Updated: 10/07/20

Engagement Document

EN & CY

- ❖ An Engagement Document is available in Cymraeg and English

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

Ateb yr Heriau mewn Gwasanaethau Podiatreg ym Mhowys:
Ailddylunio Gwasanaethau ar gyfer y Dyfodol

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

OUR FUTURE VISION
In 2027, we will have a vision of the future of health and care in Powys.

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

WE ARE TO DELIVER THIS VISION THROUGHOUT THE LIVES OF THE PEOPLE OF POWYS...


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

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

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

Yn Ceisio'ch Barn Chi
17 Chwefror 2020 i 29 Mawrth 2020

Ymgysylltiad Podiatreg BIAP, Chwefrodod 2020

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

Meeting the Challenges in Podiatry Services in Powys:
Redesigning Services for the Future

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

OUR FUTURE VISION
In 2027, we will have a vision of the future of health and care in Powys.

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

WE ARE TO DELIVER THIS VISION THROUGHOUT THE LIVES OF THE PEOPLE OF POWYS...

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

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

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

Seeking Your Views
17 February 2020 to 29 March 2020

PTHB Podiatry Engagement, February 2020

Patterson, Liz
07/23/2020 14:56:37

Questionnaire

EN & CY

A survey questionnaire is available from www.smartsurvey.co.uk/s/powyspodiatry and printed copies are available below

Ateb yr Heriau mewn Gwasanaethau Podiatreg ym Mhowys: Ailddylunio Gwasanaethau ar gyfer y Dyfodol

Cwblhewch yr holiadur hwn ar-lein yn www.smartsurvey.co.uk/s/podiatregpowys

1. Cyflwyniad

Rydym yn ceisio barn ar y ffordd yr ydym yn darparu gwasanaethau podiatreg ym Mhowys yn y dyfodol. Galiwch ddarganfod mwy yn ein dogfen ymgysylltu sydd ar gael ar ein gwefan drwy www.llyspowys.cymru.nhs.uk/ymgyysylltu-a-podiatreg

Mae'r ddogfen ymgysylltu yn esbonio'r cyfleoedd a'r heriau sy'n wynebu'r gwasanaeth, y camau rydym ni eisoes wedi'u cynryddio i fynd i'r afael â'r heriau, y materion rydym ni'n dal i'w hwynebu, a chynigion ar gyfer y dyfodol. Mae amon angen eich barn fel y gallwn wneud y penderfyniadau gorau er mwyn cynnal gwasanaethau podiatreg ym Mhowys. Os hoffech gael y wybodaeth hon mewn iaith neu fformat amgen, cysylltwch â ni drwy powys.engagement@wales.nhs.uk

Llenwch yr arolwg hwn erbyn 29/03/2020

*Diolch.
Tîm Ymgysylltu a Chylfatrebu, Bwrdd Iechyd Addysgu Powys, Ysbyty Bronllys, Bronllys, Aberhonddu, Powys LD3 0LS*

Bydd yr holl ymatebion yn cael eu rhannu â Chyngor Iechyd Cymuned Powys a gellir eu gwneud yn gyhoeddus, felly tynnwch sylw at unrhyw wybodaeth gyfrinachol neu ddeunydd arall nad ydych am gael ei gyhoeddi. Er enghraifft, trwy gynnwys y wybodaeth mewn cromfachau a'i marcio'n gyfrinachol: [CYFRINACHOL: gylid'r wybodaeth yr ydych am ei darparu i ni na ddylid ei chyhoeddi yn dilyn]

Peidiwch â chynnwys gwybodaeth feddygol andanoch chi'n hun neu berson arall a allai eich adnabod chi neu'r person hwnnw.

2. Amdanoch chi

1. Ydych chi'n byw ym:

☐ Mhowys

☐ Arall (nodwch os gwelwch yn dda)

Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

This questionnaire can be completed online at www.smartsurvey.co.uk/s/powyspodiatry

1. Introduction

We are seeking views on the way we deliver podiatry services in Powys in the future.

You can find out more in our engagement document which is available from our website at www.powyshb.wales.nhs.uk/podiatry-engagement. The engagement document explains the opportunities and challenges facing the service, the steps we have already taken to address challenges, the issues we still face, and proposals for future.

We need your views so that we can make the best decisions in order to maintain podiatry services in Powys.

If you would like this information in an alternative language or format please contact us at powys.engagement@wales.nhs.uk

Please complete this survey by 29 March 2020.

Thank you.
Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS

All responses will be shared with the Powys Community Health Council and may be made public, so please highlight any confidential information or other material that you do not wish to be made public. For example, by including the information in brackets and marking it as confidential: [CONFIDENTIAL: followed by the information you wish to provide to us that should not be made public]

Do not include medical information about yourself or another person that could identify you or that person.

2. About You

1. Do you live in:

☐ Powys

☐ Other (please specify):

Patterson, Liz
07/23/2020 14:56:37


❖ A dedicated web page has been established on the health board website:

❖ EN: www.powysthb.wales.nhs.uk/podiatry-engagement

❖ CY: www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg

Patterson, Liz
07/23/2020 14:56:37

- ❖ A public and stakeholder bulletin is available to raise awareness of the engagement with partners.

English OverleafBwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Ateb yr Heriau mewn Gwasanaethau Podiatreg ym Mhowys: Ailddynllunio Gwasanaethau ar gyfer y Dyfodol
Yn Ceisio'ch Barn Chi
17 Chwefror 2020 i 29 Mawrth 2020

Annwyl Gyfaill

Mae Bwrdd Iechyd Addysgu Powys yn ceisio barn ar y ffordd yr ydym yn darparu gwasanaethau podiatreg ym Mhowys yn y dyfodol.

Gallwch ddarganfod mwy yn ein dogfen ymgysylltu sydd ar gael ar ein gwefan drwy www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg neu Tim Ymgysylltu a Chyfathrebu, Bwrdd Iechyd Addysgu Powys, Ysbyty Bronllys, Bronllys, Aberhonddu, Powys LD3 0LS (powys.engagement@wales.nhs.uk / 01874 712486)

Mae'r ddogfen ymgysylltu yn esbonio'r cyfleoedd a'r heriau sy'n wynebu'r gwasanaeth, y camau rydyn ni eisoes wedi'u cymryd i fynd i'r afael â'r heriau, y materion rydyn ni'n dal i'w hwynebu, a chynigion ar gyfer y dyfodol.

Mae arnom angen eich barn fel y gallwn wneud y penderfyniadau gorau er mwyn cynnal gwasanaethau podiatreg ym Mhowys.

Os hoffech gael rhagor o wybodaeth, neu os hoffech gael y wybodaeth hon mewn iaith neu fformat amgen, cysylltwch â'r Tim Ymgysylltu a Chyfathrebu, Bwrdd Iechyd Addysgu Powys, Ysbyty Bronllys, Bronllys, Aberhonddu, Powys LD3 0LS (powys.engagement@wales.nhs.uk / 01874 712486)

Rydym yn croesawu eich barn erbyn 29 Mawrth 2020.

Gallwch rannu eich adborth gan ddefnyddio'r holiadur yn y ddogfen ymgysylltu, neu ddefnyddio ein harolwg ar-lein drwy www.smartsurvey.co.uk/s/PodiatregPowys

Diolch yn fawr

Claire Madsen
Cyfarwyddwr Therapiau a Gwyddorau Iechyd, Bwrdd Iechyd Addysgu Powys

Jamie Marchant
Cyfarwyddwr Gwasanaethau Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl, Bwrdd Iechyd Addysgu Powys

Patterson, Liz
07/23/2020 14:56:37

Covering Letter

EN & CY

❖ A covering letter is available to launch the consultation and provide summary information (e.g. providing a short version of the information that can be shared in podiatry clinics, Leg Clubs etc.).

Annwyl Gyfaill	Dear Colleague
Ateb yr Heriau mewn Gwasanaethau Podiatreg ym Mhowys: Aiddynllunio Gwasanaethau ar gyfer y Dyfodol	Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future
Mae Bwrdd Iechyd Addysgu Powys yn ceisio barn ar y ffordd yr ydym yn darparu gwasanaethau podiatreg ym Mhowys yn y dyfodol.	Powys Teaching Health Board is seeking views on the way we deliver podiatry services in Powys in the future.
Gallwch ddarganfod mwy yn ein dogfen ymgysylltu sydd ar gael ar ein gwefan drwy www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg	You can find out more in our engagement document which is attached and also available from our website at www.powysthb.wales.nhs.uk/podiatry-engagement
Mae'r ddogfen ymgysylltu yn esbonio'r cyfleoedd a'r heriau sy'n wynebu'r gwasanaeth, y camau rydyn ni eisoes wedi'u cymryd i fynd i'r afael â'r heriau, y materion rydyn ni'n dal i'w hwynebu, a chynigion ar gyfer y dyfodol.	The engagement document explains the opportunities and challenges facing the service, the steps we have already taken to address challenges, the issues we still face, and proposals for future.
Mae arnom angen eich barn fel y gallwn wneud y penderfyniadau gorau er mwyn cynnal gwasanaethau podiatreg ym Mhowys.	We need your views so that we can make the best decisions in order to maintain podiatry services in Powys.
Os hoffech gael rhagor o wybodaeth, neu os hoffech gael y wybodaeth hon mewn iaith neu fformat amgen, cysylltwch â ni drwy powys.engagement@wales.nhs.uk	If you would like to discuss this further, or if you would like this information in an alternative language or format please contact us at powys.engagement@wales.nhs.uk
Rydym yn croesawu eich barn erbyn 29 Mawrth 2020.	We welcome your views by 29 March 2020.
Gallwch rannu eich adborth gan ddefnyddio'r holiadur yn y ddogfen ymgysylltu, neu ddefnyddio ein harolwg ar-lein drwy www.smartsurvey.co.uk/s/PodiatreePowys	You can share your feedback using the questionnaire in the engagement document, or using our online survey at www.smartsurvey.co.uk/s/PodiatreePowys
Diolch yn fawr	Thank you
Claire Madsen, Cyfarwyddwr Therapiau a Gwyddorau Iechyd, Bwrdd Iechyd Addysgu Powys Jamie Marchant, Cyfarwyddwr Gwasanaethau Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl, Bwrdd Iechyd Addysgu Powys	Claire Madsen, Director of Therapies and Health Sciences, Powys Teaching Health Board Jamie Marchant, Director of Primary Care, Community and Mental Health Services, Powys Teaching Health Board


Patterson, Liz
07/23/2020 14:56:37

Short Questionnaire

EN & CY



A short questionnaire has been created for podiatrists to use in their clinics to gather rapid feedback from patients, particularly those who will be most affected by the proposals (e.g. Rhayader, Crickhowell, Presteigne, Llanfair Caereinion, Llanfyllin).


Patient Questionnaire		Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board
Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future		
Seeking Your Views		
17 February 2020 to 29 March 2020		
<p>Dear Patient</p> <p>Powys Teaching Health Board is seeking views on the way we deliver podiatry services in Powys in the future.</p> <p>You can find out more in our engagement document which is available from the team here today, from our website at www.powysthb.wales.nhs.uk/podiatry-engagement or from the Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS (powys.engagement@wales.nhs.uk and 01874 712486).</p> <p>The engagement document explains the opportunities and challenges facing the service, the steps we have already taken to address challenges, the issues we still face, and proposals for future.</p> <p>We need your views so that we can make the best decisions in order to maintain podiatry services in Powys.</p> <p>We welcome your views by 29 March 2020.</p> <p>In order to help us gather feedback, we are using the short questionnaire overleaf to seek the views of patients and their family & carers at our clinic today. Please leave your completed form with the team here today, or send it to Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS.</p> <p>If you would like to provide more detailed feedback then you can use the longer questionnaire in the engagement document, or our online survey at www.smartsurvey.co.uk/s/powyspodiatry</p> <p>Thank you</p> <p><i>Claire Madsen</i> Director of Therapies and Health Sciences, Powys Teaching Health Board</p> <p><i>Jamie Marchant</i> Director of Primary Care, Community and Mental Health Services, Powys Teaching Health Board</p>		

Patterson, Liz
07/23/2020 14:56:37

Last Updated: 10/07/20

❖ A “Powys Announcement” staff bulletin has been issued to launch the engagement period, and reminders will be issued during the engagement period.

Patterson, Liz
07/23/2020 14:56:37



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Cyhoeddi Powys
Powys Announcement

Cyhoeddwyd / Issued
14/02/2020
Diwedd / Expires
29/03/2020

Seeking Your Views on Podiatry
Services

Powys Teaching Health Board is seeking views on the way we deliver podiatry services in Powys in the future.

Engagement is taking place from 17 February 2020 to 29 March 2020.

You can find out more in our engagement document which is attached and also available from our website at www.powysthb.wales.nhs.uk/podiatry-engagement

The engagement document explains the opportunities and challenges facing the service, the steps we have already taken to address challenges, the issues we still face, and proposals for future.

We need your views so that we can make the best decisions in order to maintain podiatry services in Powys.

Information will also be shared via our social media channels, and we would be grateful for the help of colleagues across Powys Teaching Health Board to share this information with your patients, service users, local networks and communities across Powys.

Please contact the Engagement and Communication Team at powys.engagement@wales.nhs.uk if you need further information including printed copies of the engagement document

We welcome all views by 29 March 2020.

You can share your feedback using the questionnaire in the engagement document, or using our online survey at www.smartsurvey.co.uk/s/powyspodiatry

Checklist:

All PTHB managers and team leaders should:

- ☒ Share this information with your teams as appropriate – a printed copy is attached.

All PTHB colleagues can:

- ☒ Share your views as part of this engagement on the future of podiatry services in Powys
- ☒ Get in touch if you can help us with this engagement process to redesign podiatry services in Powys.

Further Information:

This Powys Announcement has been shared on behalf of Claire Madsen (Director of Therapies and Health Sciences), Jamie Marchant (Director of Primary Care, Community and Mental Health Services) and Victoria Deakins (Head of Therapies, Community Services).

Get in touch with the Engagement and Communication Team at powys.engagement@wales.nhs.uk if you can help with the engagement process

Digital Materials

EN & CY

- ❖ Digital materials were used at various points in the engagement to raise awareness via social and digital channels

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

Ateb yr Heriau mewn Gwasanaethau Podiatreg ym Mhowys: Ailddylunio Gwasanaethau ar gyfer y Dyfodol

17 Chwefror 2020 tan 12 Mai 2020
17 February 2020 to 12 May 2020

Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Dweud Eich Dweud | **Have Your Say**

Deg diwrnod tan i'r ymgysylltu gau, am hanner nos ar 12 Mai 2020

Ten days until the engagement ends at midnight on 12 May 2020

Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board (02/05/20)

Am fwy o wybodaeth ewch i www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg

For more information go to www.powysthb.wales.nhs.uk/podiatry-engagement

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

Ateb yr Heriau mewn Gwasanaethau Podiatreg ym Mhowys: Ailddylunio Gwasanaethau ar gyfer y Dyfodol

17 Chwefror 2020 tan 12 Mai 2020
17 February 2020 to 12 May 2020

Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Dweud Eich Dweud | **Have Your Say**

Pum niwrnod tan i'r ymgysylltu gau, am hanner nos ar 12 Mai 2020

Five days until the engagement ends at midnight on 12 May 2020

Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board (07/05/20)

Am fwy o wybodaeth ewch i www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg

For more information go to www.powysthb.wales.nhs.uk/podiatry-engagement

Patterson, Liz
07/23/2020 14:56:37



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 5

Response and Analysis Process

Patterson, Liz
07/23/2020 14:56:37

Response Process – written / individual responses

- ❖ A survey questionnaire is included in the Engagement Document
- ❖ The survey questionnaire is also available from the engagement website, and can also be completed online via Smart Survey
- ❖ All responses will be shared with the Powys Community Health Council.
- ❖ A shorter questionnaire will be available for rapid feedback from podiatry patients in clinic sessions

Patterson, Liz
07/23/2020 14:56:37

Response Process – recording group activities

- ❖ An Event Capture Form will be used to capture group feedback from events, presentations etc. Individual attendees should also be encouraged to complete an individual questionnaire.
- ❖ Where possible, group events (e.g. Health Focus Groups) should also be used to assess whether there is any differential equality impact for the nine protected characteristics (age, sex, sexual orientation, pregnancy & maternity, gender reassignment, race, religion or belief, marriage & civil partnership, disability) as well as Carers, Deprivation, Rurality and Welsh Language.
- ❖ All event capture forms will be shared with the Powys Community Health Council.

Patterson, Liz
07/23/2020 14:56:37

Analysis Process

- ❖ Response to the engagement will be analysed by the Community Services Team who will produce:
 - ❖ An engagement report
 - ❖ An equality impact assessment
 - ❖ A recommendation on the next steps following engagement

Patterson, Liz
07/23/2020 14:56:37



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 6

PTHB Contact Details

Patterson, Liz
07/23/2020 14:56:37

PTHB Contact Details

❖ If you have questions about this Engagement, please contact:

- ❖ Victoria Deakins, Head of Therapies, Community Services, Powys Teaching Health Board
- ❖ Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS – powys.engagement@wales.nhs.uk

Patterson, Liz
07/23/2020 14:56:37

Meeting the Challenges in
Podiatry Services in Powys:
Redesigning Services for the Future
Summary of Engagement Feedback
Version 2.1, 30 June 2020

Patterson, Liz
07/23/2020 14:56:37

About the Engagement

Engagement on the future shape of podiatry services in Powys Teaching Health Board was planned from 17 February 2020 to 29 March 2020. During the engagement period, the impact of Coronavirus (COVID-19) began to affect delivery, and particularly from 23 March 2020 when UK-wide restrictions were introduced to reduce the spread of infection.

The engagement was therefore kept open for comment on an ongoing basis until an extended closure date of 12 May 2020.

More information about the engagement process and delivery is available in the Engagement Report.

About the Respondents

In response to this engagement, we received 17 survey responses (R1 to R17) via the online portal where the questionnaire was marked as complete, although three respondents (R7, R9, R14) had not provided any response information within their response.

When asked to identify whether they were responding in an individual capacity:

- One respondent identified as a County Councillor (R3)
- One respondent identified as a member of a PPG (R5)
- One respondent identified as a self-employed foot health practitioner (R13) and declared this as a financial interest
- One respondent identified as a Health Focus Group (R17)

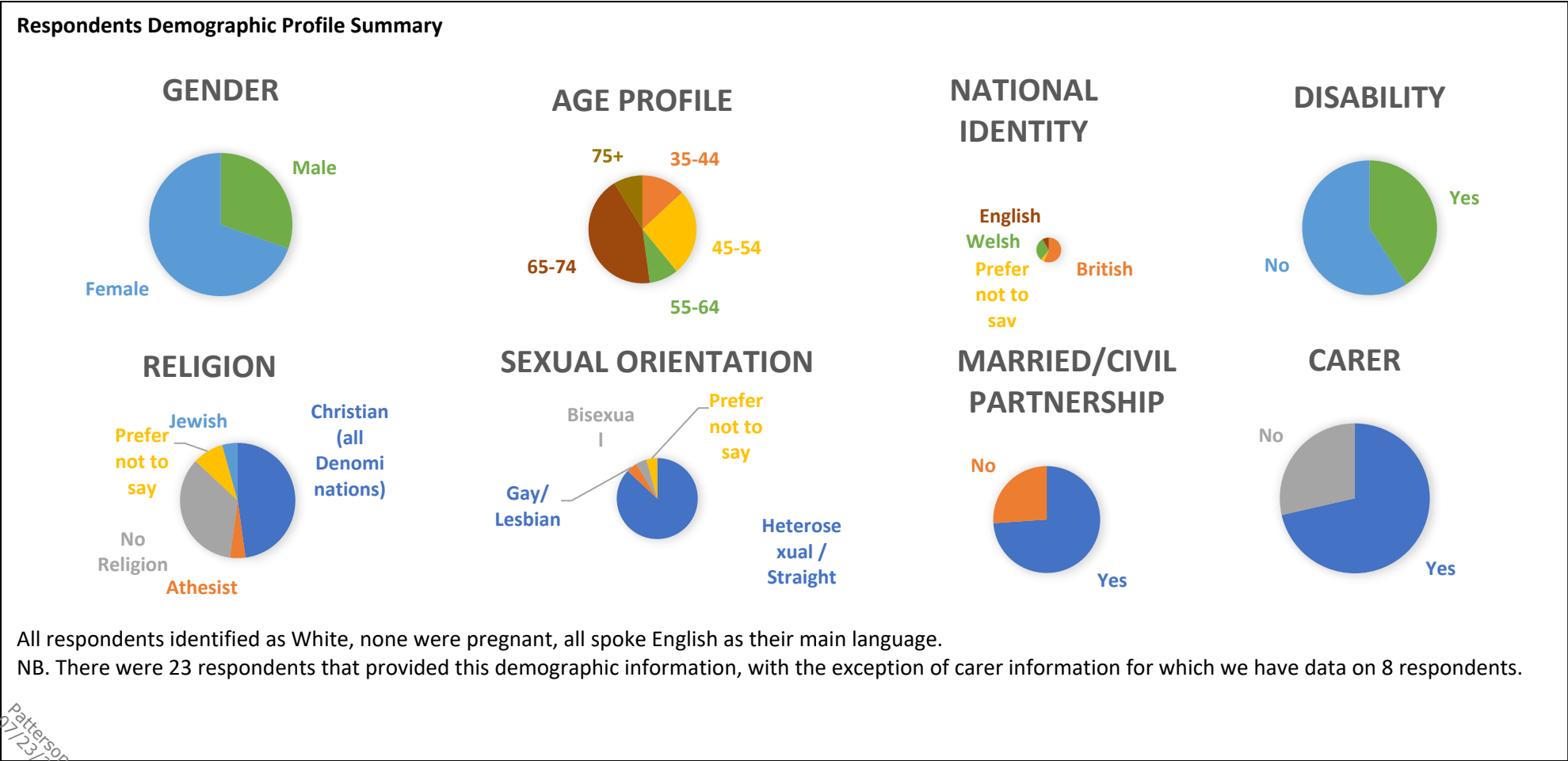
Alongside the 17 responses which were marked as complete on the survey portal, a further 60 survey responses were started but not completed and were logged as “partial responses” (P1 to P60). Comments relating to the engagement questions were only recorded in two of these questionnaires (P12 and P57).

In addition to this we logged 8 letters or calls (O1 to O8) that were not received through the online portal.

This included three members of PTHB staff, Age Cymru Powys, the Welsh Government Chief Allied Health Professions Advisor, a member of the public, a Town Council, and a representative from Newtown Access Group Accessibility Powys.

All responses were received through the medium of English.

Respondents



Response Themes

Issues raised in the responses have been mapped against the benefits realisation themes identified in the engagement document:

Assessment Domain	Strategic Principles	Examples of Feedback
Recruitment and Retention	Do What Works	<p>"Make the job a job more people want to do" (R3)</p> <p>"To achieve job satisfaction at the highest level" (R4)</p> <p>"Promotion opportunity for existing staff" (R5)</p> <p>"Be positive and focus on making work attractive" (R10)</p> <p>Facilitate child friendly working hours and encourage mature entry" (R11)</p> <p>"Hub and spoke model more workable in view of staff shortage" (R15)</p> <p>"Recruitment in this area is very challenging and we need a service model that is realistic and creates an attractive work offer" (R16)</p> <p>"In my mind the only way is to get more podiatrists" (O3)</p> <p>Promote podiatry as a career option in schools (O5)</p> <p>"The Council is of the view that workforce recruitment and retention seems to be a fundamental problem so welcomes efforts to improve working conditions and urges the Board to consider how the workforce might feel better valued through remuneration, job satisfaction and opportunities for 'upskilling/multiskilling'." (O7)</p>
Training, Supervision, Mentorship		<p>"Taking students, maybe retain them when trained" (R5)</p> <p>"Promote training opportunities at nearby universities and colleges (R12)</p>

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

<p>Patient Experience and Waiting Times</p>	<p>Do What Matters Offer Fair Access</p>	<p>Don't have "two wound centres in North Powys only 10 miles apart i.e. Newtown and Welshpool" (R1)</p> <p>A number of respondents identified the need for regular appointments: "As a diabetic I feel I should have regular appointments with the podiatrist" (R2)</p> <p>"Cancel the phoning up on Monday morning and make and agree the next appointment at the appointment you are attending in that day" (R4)</p> <p>"Easier to get an appointment" (R5)</p> <p>"Improve community bus service" (R5)</p> <p>Would improve "booking and appointment system" (R6)</p> <p>"Look at travel possibilities linked to various proposed sites e.g. if buses only run on Tuesday and Thursday then those are the days to have clinics. Coincide with farmers markets" (R10)</p> <p>"Maintain service in Crickhowell ... Lots of people do not have private transport, price of taxi prohibitive and lack of public transport." (R11)</p> <p>"Ensure clinic is easily accessible with nearby car parking" (R12)</p> <p>Need "greater clarity around the reach-out to support for communities who will be losing their local clinics, and how services like third sector and leg clubs can support" (R16)</p> <p>"Work with community transport providers" (R16)</p> <p>Need to improve "booking system" (R17)</p> <p>"The forms that are currently used ... are not user friendly. The current system of re-booking appointments over the phone is problematic" (O6)</p>
---	--	--

Patterson, Liz
07/23/2020 14:56:37

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

		<p>"To assure that clinics will be accessible for all and otherwise that a home visit will be arranged." (O8)</p>
Prudent Healthcare Delivery	Be Prudent	<p>Like "prevention work" (R6)</p> <p>"consider giving the assessed patient a 'voucher' that they can use in their local private provider that they would supplement" (R10)</p> <p>"Promote services of foot health practitioners within the area, easing the strain on NHS" (R13) – "Professionals have a lack of belief and confidence in the abilities of a Foot Health Practitioner" (R13)</p> <p>"Foot health practitioners would like to learn from [podiatrists] and complement the service they provide" (O6)</p> <p>Provide better "advice to patients given in group settings or leaflets sent out prior to appointments" (R15)</p> <p>"After first appointment, telephone contact may be helpful and reduce need for face to face appointments" (R15)</p> <p>"Following a cancelled appointment I went private. They were much more proactive in giving advice on foot-care and prevention of callus formation. Leaflets would be good." (R15)</p> <p>"Ascertain availability of community based foot care services – podiatry services were removed from LD6 area with no alternative community-based activity." (R17)</p> <p>Introduce prioritisation process, not able to self refer "they should be referred by GP", stricter discharge process (O3)</p>
Governance	Focus on Greatest Need Offer Fair Access	<p>"Better governance" (R5)</p>

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

<p>Service Development</p>	<p>Do What Works Work with the Strengths of People and Communities</p>	<p>Bring on new groups to help e.g. beauticians (R3)</p> <p>"Use a room in doctors surgeries as a consultation room" (R4)</p> <p>In Machynlleth, employ podiatrists from Tywyn and Bronglais areas (R4)</p> <p>"The staff did receive some training a couple of years ago with a podiatrist for nail cutting and basic foot care but I think this is something we could discuss and maybe take forward" (R6)</p> <p>Challenges "stasis, entrenched attitudes" (R10)</p> <p>Overcome isolation through "integrated approach to working in multidisciplinary teams, encouraging district nurses/physios/podiatrists to be a team for a distinct area. Provide the team with the core resource to deliver across professional boundaries – such as direct IT links during consultation" (R10)</p> <p>"Closer working with other services, physiotherapy, orthotics would improve quality of service" (R12)</p> <p>"Much better coordination of multidisciplinary care for podiatry patients based on skilled and sustainable workforce" (R16)</p> <p>"Work with third sector, leg clubs, community connectors and other local partners to identify ways to improve the local community offer. Consider outreach to leg clubs and/or 'foot club' model" (R16)</p> <p>Offer to be involved in the redesign of podiatry services (O1)</p> <p>"As part of your consideration I would like to ask you to explore how this [Patient Activation Measure] might be built into your own thoughts and options]" (O2)</p> <p>"There is certainly an opportunity to work alongside the third sector in terms of raising awareness of good foot health care as a preventative measure to help reduce the strain of the</p>
----------------------------	--	--

Patterson, Liz
07/23/2020 14:56:37

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

		<p>podiatry service" "there are opportunities in terms of upskilling our volunteers and utilising private Foot Health Practitioners, nursing staff and care agencies" (O6)</p> <p>"With additional funding Age Cymru Powys could increase the number of clinics" (O6)</p>
--	--	---

Patterson Liz
07/23/2020 14:56:37

In their response, Age Cymru Powys suggested a few scenarios for joined up care:

- Example of the “Joined-up Care”, is that whilst checking the lower limb of Mrs X, the Age Cymru Powys (ACP) Simply Nails (SN) co-ordinator noticed a blemish on the lateral side of her right leg. On questioning the patient, it became clear that Mrs X had knocked her leg against a table, over a few months ago, and it wouldn’t heal. The co-ordinator asked the patient if she could remove the plaster, and in doing so uncovered a nasty looking wound. The patient was insistent that by “home care” it would get better. However, after gentle persuasion, the SN co-ordinator was able to ask the persuade the client to have the district nurse have a quick look at it. The district nurse applied some iodine and a plaster over the wound and asked the patient to come back again in a weeks’ time, to enable the district nurses to monitor the progress of the wound (if unattended the wound could have easily ulcerated). Not only had the ACP SN co-ordinator picked up on the abrasion, she was also able to ask probing questions with regards to the living circumstance of the patient, if she had fallen in the last three months and how much home help/if any she was getting.
- Second example: Mrs Y attends the ACP SN clinic with her husband, every month. Mrs Y has Dementia and her husband is her sole carer. The ACP SN co-ordinator noticed on the top of a patient’s left Hallux, a large blister, un-beknown to the patient, and was concerned about the way it looked. ACP SN co-ordinator checked patient’s foot-wear and inside the shoe and could see no apparent reason as to why the blister had appeared. The ACP Co-ordinator felt comfortable enough to ask the PTHB pod, (who was working in the next room) and ask her for advice. The PTHB pod came and inspected the blister, applied iodine and appropriate dressing, and informed Mrs Ys’ husband to visit the district nurses, who were in the same building that day, and they would be able to monitor the blister, to ensure that it didn’t become infected.
- Third example ACP SN co-ordinator had built a rapport with a regular Mrs Z. Mrs Z mentioned in conversation that they were struggling to come to SN clinic on a regular basis due to funds. SN co-ordinator mentioned that ACP could help to check if Mrs Z was receiving the correct benefits. SN co-ordinator spoke to ACP I&A Officer, who in turn visited Mrs Z, at a later date, and was able to increase Mrs Z’s Attendance Allowance from the lower rate to the higher rate, as well as sign posting her to Care & Repair who helped with fitting railings outside the home.

Patterson, Liz
07/23/2020 14:56:37

Advantages and Disadvantages of the Three Options

Respondents were asked to identify advantages and disadvantages of the three options.

	Advantages	Disadvantages
Option 1	<p>"Reach more people"</p> <p>"Keep this option"</p> <p>"Keeps service local"</p> <p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys and the problems this presents in terms of limited public transport links"</p> <p>"Many people can attend the clinics. This won't say that the buildings which are being used at the moment are always accessible for all disabilities."</p> <p>"Easier to attend local services"</p>	<p>"Parking, public transport"</p> <p>"Older disabled patients should not be expected to travel any further than they already do"</p> <p>"Governance"</p> <p>"Scrapping Crickhowell"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"Knighton"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Inability to book appointments"</p>
Option 2	<p>"People know where they are going and can get there"</p> <p>"Keep to this but make it more flexible"</p> <p>"Access Crickhowell"</p> <p>"Minimal change"</p> <p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys"</p>	<p>"Better appointment systems"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Disabled people have difficulties to attend clinics."</p>

Patterson, Liz
07/23/2020 14:56:37

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

	<p>and the problems this presents in terms of limited public transport links"</p> <p>"Not available in LD6 area – no alternative community based services"</p>	<p>"Transport, difficulty booking and availability of appointments"</p>
Option 3	<p>"Bringing other agencies in."</p> <p>"Improved governance"</p> <p>"Clearer service model and more attractive working opportunity"</p> <p>"Looks like a good compromise"</p> <p>"Consolidating the clinics to hospitals and health & care locations across Powys is a great solution. This would enable Age Cymru Powys and other third sector organisations, community groups to broad their coverage of the areas that NHS podiatry will no longer cover".</p> <p>"No alternative community based services"</p>	<p>"not getting other agencies involved"</p> <p>"Crickhowell Llangattock disadvantaged"</p> <p>"Further travel"</p> <p>"Funding for extra resource to support [additional third sector services]"</p> <p>"Increase of travel is simply not acceptable, many disabled people have got problems to travel."</p> <p>"Transport difficulties"</p>

Patterson, Liz
07/23/2020 14:56:37

Equality Impacts of the Preferred Option

Respondents were asked to identify advantages and disadvantages of the preferred option (Option 3).

	Advantages	Disadvantages
General Comments (e.g. where respondents included the comment in all categories)	<p>"Maintains a viable service in the county"</p> <p>"The Council is of the view that the proposed model may offer a better service if the clients are able to travel to the clinics by car or public transport."</p>	<p>"The main issue is increased travel."</p> <p>"Whilst it will increase travel the alternative is an unsustainable service that cannot be delivered which is worse"</p> <p>"The council is of the view that the proposed model increases the amount of travel to attend a clinic, but some clients may not have good access to car or public transport."</p>
Age	"Easier Access to Appointments"	<p>"More travelling x 2"</p> <p>"Distance for kids taken out of school"</p> <p>"Having to travel to Brecon. Do not drive and very few/irregular bus services."</p> <p>"If elderly travel more difficult"</p> <p>"Elderly people need the service in their community or at home."</p>
Disability	<p>"Easier Access to Appointments"</p> <p>"Depends on accessibility at the site"</p>	<p>"More travelling x 2"</p> <p>"Depends on accessibility at the site"</p> <p>"Having to travel to Brecon. Do not drive and very few/irregular bus services."</p> <p>"Wheelchair users transport issues"</p> <p>"Disabled people might need a more specialised service in the hospital, disabled accessible service locally or at home."</p> <p>"Further to travel, availability of transport and appointments"</p>
Gender Reassignment	No specific comments	No specific comments
Marriage and Civil Partnership	No specific comments	No specific comments

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

Pregnancy and Maternity	No specific comments	"More travelling"
Race	No specific comments	No specific comments
Religion or Belief	No specific comments	No specific comments
Sex	No specific comments	No specific comments
Deprivation	No specific comments	"More travelling" "Cost of travelling x 22" "Poor bus service limiting travel" "People will find that they have to go private while they cannot afford it."
Rurality	No specific comments	"More travelling" "Cost of travel" "Travel issues" "Not here Crickhowell Llangattock and surrounding area a large hub" "Clients who are living rural won't request proper footcare any longer, because they do not want to travel further." "Ease of accessing services"
Carers	No specific comments	"Travel issues" "Time and inconvenience" "Carers will get frustrated, because their clients won't get proper footcare."
Welsh Language	No specific comments	"Not everywhere in Powys is Welsh spoken well, which can give staffing issues. It is important that you have got Welsh speaking staff in areas where more Welsh is spoken."

A very detailed response from Age Cymru Powys included particular mitigations for the disadvantages, including relating to their Simply Nails service:

- Will PTHB be working with local community transport schemes?

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

- Would it be possible to coordinate the clinics with the day hospitals, thus saving the patient's multiple journeys?
- Appointment times would need to be considered for those patients not having to travel further.
- Improve the current booking system to make it more user friendly
- Improve the referral form to make it simpler and clearer
- The consideration given to travel appears to assume travel by car, and further account needs to be taken of ability/inability of clients to travel by current (and future) public transport services
- The effect of losing clinics will only be offset if there is a better service provided at the remaining clinics

Specific suggestions from Age Cymru in relation to the Simply Nails service included

- Expansion of Simply Nails to additional locations
- Enhanced referral pathway from podiatry to Simply Nails for more patients including diabetes, blood thinners, steroids
- Enable direct referrals from GPs to Simply Nails for clients with diabetes etc.
- Greater focus on positive foot health promotion
- Induction and ongoing training with PTHB podiatry for Simply Nails volunteers
- Consider foot health practitioner clinics

Other suggestions for mitigating impacts include:

- "Community engagement, liaise with local groups to advise and discuss the needs of the community, services were withdrawn from LD6 with no prior warning or consultation, ascertain locally based community services"
- "Liaise with local groups i.e. GP surgery, health focus group, leg club. Leg Club was set up at end of 2019. What provision is there for review of people with diabetes, those how need emergency treatment and the residents of the two care homes in LD6"

Comments on the Process:

"Bit of a pointless question when you've told us option 1 & 2 are not feasible" (about advantages / disadvantages of Option 1) (R6)

"How is this useful for patients. We just need a podiatry service not a difficult survey form" (R8)

"Engagement period too short" (O4)

Partial Responses:

60 online surveys were commenced but not completed.

Two partial responses included comments relating to the engagement questions:

- “Increasing links with Schools of Podiatry and offering work experience, secondments.” (P12)
- “Would like podiatry treatment in Powys as currently done in England” (P57)

Patterson, Liz
07/23/2020 14:56:37



Report:	Powys CHC response to PtHB - Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future
Date:	29 th June 2020
Author:	Katie Blackburn, Chief Officer
Attachments	Paper (and all attachments/ evidence) distributed to the members of Powys CHC Executive Committee on 24 th June 2020 for electronic consideration by Executive Committee members by 28 th June 2020.
Annex 1	Paper prepared by Chief Officer for Executive Committee
Annex 2	Consultation Document (shared with Executive Committee)
Annex 3	Engagement Feedback (shared with Executive Committee)
Annex 4	Equality Impact Assessment (shared with the Executive Committee)
Annex 5	Summary of responses received from Executive Committee members) relating to Regulations and Guidance
Annex 6	Comments from Executive Committee members against mitigation plan

Patterson, Liz
07/23/2020 14:56:37

1. Introduction

- 1.1 Executive Committee members were asked to electronically consider the consultation documents, and to feedback to the Chief Officer given the restrictions of COVID-19.
- 1.3 These were sent to:
- Frances Hunt: Chair, Powys CHC
 - Dr. David Collington: Vice Chair, Powys CHC
 - Dr. Anthea Wilson: Chair, Montgomeryshire Local Committee
 - Cllr. David Jones: Vice Chair, Montgomeryshire Local Committee
 - Jacqui Wilding: Chair, Radnorshire and Brecknock Local Committee
 - Geoffrey Davies: Vice Chair, Radnorshire and Brecknock Local Cttee
 - Katie Blackburn: Chief Officer
 - Andrea Blayney: Deputy Chief Officer (non-voting)
- 1.4 Comments were received from 6 members (quorate), this response to PtHB was prepared in line with these comments.

1 Consultation

[in relation to s.27 The Community Health Councils (Constitution, Membership and Procedures)(Wales)(Amendments) Regulations 2015]

Question 1: Does the Executive Committee of Powys CHC consider that the consultation has been adequate in relation to content and time allowed?

Decision: Content – members unanimously agreed, however, it was felt that the consultation materials were quite specific in ‘dismissing’ options 1 & 2 and some respondents did question whether this was a consultation; COVID-19 has obviously considerably impacted on the consultation process; the number of responses is disappointing, however, additional time was allowed; it not clear how much more could have be done in the circumstances given the restrictions on any further outreach activity post March 2020.

Patterson, Liz
07/23/2020 14:56:37

Time allowed – it was unanimously agreed that the consultation has been adequate in relation to time allowed, COVID-19 has obviously considerably impacted on the consultation process; the number of responses is disappointing, however, additional time was allowed; it not clear how much more could have be done in the circumstances given the restrictions on any further outreach activity post March 2020.

Question 2: Does the Executive Committee of Powys CHC consider that the consultation has been adequate with regard to Powys CHC being consulted at the inception?

Decision: Unanimously agreed that the consultation undertaken has been adequate with regard to Powys CHC being consulted at the inception.

Question 3: Does the Executive Committee of Powys CHC consider that the consultation has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the proposal and decision making process?

Decision: Unanimously agreed that the consultation undertaken has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the proposal and decision making process.

2 Impact

[In relation to s.40:Guidance for Engagement and Consultation on Changes to Health Services]

Question 4: Does the Executive Committee of Powys CHC consider that they have had sufficient information and data to be able to assess the impact of these proposed changes?

Decision: Unanimously agreed that members had sufficient information and data to be able to assess the impact of these proposed changes. However, the low level of responses from patients and the public is of concern.

Question 5: Does the Executive Committee of Powys CHC consider that, had it felt that there were other options to consider then it had sufficient opportunity to raise these with PTHB during the process (and at the earliest opportunity)?

Decision: Members unanimously agreed that, had they felt that there were other options to consider, then they had sufficient opportunity to raise these with the PTHB during the process (and at the earliest opportunity).

3 Consideration of comments received, including any observations by Powys CHC.

[In relation to s.41:Guidance for Engagement and Consultation on Changes to Health Services]

Question 6: Having considered the comments received from Powys respondents, does the Executive Committee of Powys CHC wish to record any observations?

Observations recorded from the discussions include:

- Problems of booking repeat appointments have been raised in the past and really should have been addressed ahead of the consultation on re-configuration of the service.
- Does foot health promotion need more than leaflets in clinics and information on websites? Certainly engaging the MDT in this would be beneficial. We believe that there should be wider public engagement on foot health.
- No mention of parking - parking will be a problem. It is already very tight in the Newtown and Welshpool clinics, and the extra activity there must be putting increased pressure on parking. There must be parking pressures elsewhere too.

- Suggest looking at possibility of catering for 'multiple appointment' with other clinics/consultants to minimise the number of journeys.
- Needs to include better communication and facilitation on the use of NEPTs.
- Concern about difficulties in accessing Community Transport.
- Concern about the dependability/ vulnerability/ sustainability of public transport in rural areas.
- Concern re. impact of COVID-19 on already stretched public transport services ie viability going forward.
- Need to enable other (third sector) services not only in delivery of basic care but also in identification of need. This comes out very clearly in the response from Age Cymru.
- Welcome the MDT approach, together with closer working with Leg Clubs and the 3rd Sector.
- Fully endorse the ambition to improve the provision of domiciliary visits.

[To Note: these and other comments are included against the draft Mitigation Plan – Annex 6]

Patterson, Liz
07/23/2020 14:56:37

The Recommendation

[In relation to s.42: Guidance for Engagement and Consultation on Changes to Health Services]

Question 7: Does the Executive Committee of Powys CHC agree with Option 3 (the PTHB preferred option) as outlined in the consultation document?

Decision: Unanimously agreed the proposal contained within Option 3 subject to:

- i) receiving assurances added to the draft mitigation plan (contained within Annex 6).
- ii) Monthly updates being provided by PTHB to the Executive Committee members of Powys CHC

Question 8: Is the Executive Committee of Powys CHC satisfied that the proposals for this substantial change to health services would be in the interests of health services in its area?

Decision: Unanimously agreed that the proposals for this substantial change to health services would be in the interests of health services in its area – subject to the points under Question 7 being actioned.

Powys CHC retains the right to refer (under s27(7)(9)) until satisfactory assurances are received from PTHB.

Patterson, Liz
07/23/2020 14:56:37



Report	Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future
Author	Katie Blackburn, Chief Officer, Powys CHC
Date	24 th June 2020
Status	For information, discussion and decision

Note:

The Chief Officer of Powys CHC has prepared this briefing on the basis of:

- o Consideration of the comprehensive analysis undertaken by PTHB including:
 - The outcome reports
 - The responses
 - The engagement documents

Patterson, Liz
07/23/2020 14:56:37

1. Background:

1.1 *The service:*

The PTHB podiatry services include:

- Treatment of the high risk foot, including diabetic foot care, calluses
- Specialist footwear and falls prevention • Musculoskeletal podiatry and biomechanics service (gait and foot functional problems)
- Nail surgery (or “nail avulsion”)
- Wound care (local wound care support is also available through Leg Clubs)

The PTHB podiatry service does not offer personal care defined as toe nail cutting and skin care, including the tasks that healthy adults would normally be expected to carry out as part of their everyday personal hygiene. Local community and voluntary services including Simply Nails (Age Cymru) and CAMAD provide local toe nail cutting and foot care clinics across the county.

The PTHB podiatry service is available by self-referral to enable patients to self-manage their care. It also receives referrals from GPs, consultants, other health professionals, and local toe nail cutting services.

The service is provided in community clinic locations and a domiciliary service is also provided for people who are housebound and in residential & nursing care.

Patterson, Liz
07/23/2020 14:56:37

1.2 Demand for services:

During 2017/18 there were just over 5000 patients on the caseload of PTHB podiatry services. New and follow-up attendances are summarised in the table below:

	Follow Up Appointments	Follow Up Appointments	Follow Up Appointments
Brecon and Crickhowell*	574	2595	17.2%
Bronllys	82	421	2.7%
Builth Wells	289	1558	10.0%
Knighton	68	965	5.6%
Llandrindod Wells	262	1454	9.3%
Llanfair Caereinion	12	59	0.4%
Llanidloes	68	539	3.3%
Machynllyth	96	404	2.7%
Newtown and Llanfyllin*	350	2280	14.2%
Presteigne	33	386	2.3%
Rhyader	37	237	1.5%
Newtown	350	2280	14.2%
Welshpool	417	2971	18.3%
Ystradgynlais	324	1992	12.5%
All Powys	2612	15861	18473

*Numbers cannot be disaggregated

1.3 Recent changes to provision

In 2018, the difficult decision was made to temporarily reduce the number of locations of podiatry clinic sites from 16 (in 15 towns) to 12 (in 11 towns).

This step was taken in order to increase the overall number of available clinical hours to provide direct treatment and care by reducing the number of staff hours spent travelling.

The table below provides an overview of clinic locations before and after this temporary change.

Clinic Location	Types of Clinic	2017/18 Locations	Post Sept 2018 Locations
Llanfyllin GP Practice	Community Podiatry	Y	N
Llanfair GP Practice	Community Podiatry	Y	N
Welshpool Health Centre Clinic	Community Podiatry Specialist Podiatry (Wound Care)	Y	Y
Machynlleth Hospital	Community Podiatry	Y	Y
Newtown Hospital / Newtown Park Street Clinic	Community Podiatry at Newtown Hospital Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery) at Newtown Park Street Clinic	Y	Y
Llanidloes Hospital	Community Podiatry	Y	Y
Knighton Hospital	Community Podiatry	Y	Y
Rhayader GP Practise	Community Podiatry	Y	N
Presteigne GP Practice	Community Podiatry	Y	N
Llandrindod Wells Hospital	Community Podiatry	Y	Y
Glan Irfon Builth	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	Y	Y
Bronllys Hosptital	Community Podiatry	Y	Y
Brecon Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery)	Y	Y
Crickhowell GP Practice	Community Podiatry	Y	Y

Ystradgynlais Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	Y	Y
------------------------	---	---	---

1.4 Travel Time Analysis:

	16 Site Model in 2017/18		Proposed 11 Site Model from 2020/21	
	Number	%	Number	%
0-15	4353	85%	3606	71%
15-30	673	13%	1272	24%
30-45	33	0.7%	178	3.5%
45-60	2	0.04%	5	0.09%
60+	2	0.04%	2	0.04%
	5063		5063	

The proportion of patients within 30 minutes of their nearest community podiatry clinic would reduce from 98% to 95%. The main areas moving outside the 30 minute travel time bands would be northern Montgomeryshire and out of county patients in northern ABUHB.

1.5 Challenges facing PtHB:

The main challenges facing PTHB Podiatry Services include:

- **Recruitment and Retention** – There are national recruitment and retention challenges, and these are keenly felt in rural and remote areas such as Powys due to our distance from large population centres, academic institutions etc. We face significant challenges in recruiting and retaining a suitably qualified and experienced podiatry workforce. The service has been affected by ongoing vacancies despite repeated recruitment campaigns, leading to pressure on the service, pressure on staff, and inconvenience for patients (e.g. unplanned cancellation of clinics).
- **Training, Supervision, Mentorship, Isolated Clinical Practice** – The rural nature of Powys means that professionals may experience extended periods of isolated clinical practice, with reduced ability for peer-to-peer contact. This can affect the ability to mentor and supervise work, to exchange best practice, and support each other to maintain the highest standards of evidence-based service delivery. Too

much activity is currently undertaken in single-chair clinic settings, and there are opportunities to improve peer support, exchange of best practice and clinical governance by moving to more two chair facilities. This would improve the opportunities for junior staff / new graduates who would gain the support of a clinical specialist on site and therefore if the patient requires a second opinion they would be available on site rather than waiting to make another appointment at a different site.

- **Patient Experience and Waiting Times** – Recruitment challenges have contributed to high cancellation rates for clinics as staff not available. There are also deficiencies in the overall booking and appointment system, particularly in relation to follow-up care, which can cause frustration for patients when booking subsequent appointments.

- **Prudent healthcare delivery** – The sparsely populated nature of Powys means that demand for clinic appointments in smaller population centres can be low, resulting in unbooked sessions when specialist staff could be seeing patients in areas of high demand. There are tensions in providing local accessibility versus making best use of the time of clinical staff to meet demand across the whole area of Powys. Travel time forms part of the working day for NHS staff, and where a podiatrist is travelling 30 minutes from their base to provide a clinic this results in 4 appointments being unavailable due to staff travel. For a weekly clinic, over a year this is equivalent to 200 appointments being unavailable due to staff travel.

- **Governance** – With a sparsely distributed workforce there are challenges in putting in place, and complying with, service policies and protocols that help to ensure and assure that patients consistently receive a high standards of care that complies with health and care standards and relevant guidance such as NICE Clinical Guideline NG19 for the management and prevention of foot problems for patients with diabetes. There are also challenges associated with safe and timely transfer of patient notes to multiple clinic locations – this creates risks both of suboptimal care (e.g. if the podiatrist does not have access to the patient notes at the time of intervention) and information governance (e.g. safe transit of patient identifiable information).

- **Service Development** – Over the last two years the service has had to focus on reactive management of vacancies in order to maintain a level of service delivery which has significantly affected the opportunities for developing the service. The service has needed to

prioritise the delivery of community clinics for patients, and therefore has been unable to participate in specialist groups such as Diabetes Delivery Group and All Wales initiatives (e.g. development of foot screening tool).

2. Timeline:

- 21 January 2020: SBAR discussed by Powys Community Health Council Executive Committee
- 21 January 2020: Discussion of SBAR and draft Engagement Document between PTHB and Powys Community Health Council at Services Planning Committee
- 6 February 2020: Discussion of updated Engagement Document and draft Engagement Plan between PTHB and CHC representatives
- 17 February 2020: Start of Engagement Period
- 29 March 2020: Original end of Engagement Period
- 12 May 2020: Extended engagement period ended on 12 May 2020

3. Analysis of Responses

In response to this engagement, 17 survey responses were received via the online portal where the questionnaire was marked as complete, although three respondents had not provided any response information within their response.

When asked to identify whether they were responding in an individual capacity:

- One respondent identified as a County Councillor
- One respondent identified as a member of a PPG
- One respondent identified as a self-employed foot health practitioner and declared this as a financial interest
- One respondent identified as a Health Focus Group

Alongside the 17 responses which were marked as complete on the survey portal, a further 60 survey responses were started but not completed and were logged as "partial responses".

In addition to this 8 letters or calls were logged. These included three members of PTHB staff, Age Cymru Powys, the Welsh Government Chief Allied Health Professions Advisor, a member of the public, a Town Council, and a representative from Newtown Access Group Accessibility Powys.

All responses were received through the medium of English.

The attached Engagement Feedback document summarises the responses. (Appendix 3).

4. Consultation Options and feedback:

Option 1 - Return to 16 community site locations (in 15 towns) – see pages 3 / 4 above

Option 2 - Maintain current community site locations– see pages 3 / 4 above

Option 3 - Develop new hub and spoke model for community and specialist podiatry services [PtHB's preferred option]

		Podiatry Community Clinic	Specialist Podiatry Services
North Powys	Welshpool Health Centre Clinic	Y	Wound Care
	Machynllyth Bro Dyfi Hospital	Y	
	Newtown Montgomery County Infirmary / Park Street Clinic	Y	Wound Care Musculoskeletal Nail Surgery

Patterson, Liz
07/23/2020 14:56:37

		Podiatry Community Clinic	Specialist Podiatry Services
	Llanidloes Llanidloes Memorial Hospital	Y	
Mid Powys	Knighton Knighton Hospital	Y	
	Llandrindod Wells Llandrindod Wells War Memorial Hospital	Y	
	Builth Wells Glan Irfon	Y	Wound Care Musculoskeletal
South Powys	Bronllys Bronllys Hospital	Y	
	Brecon Breconshire War Memorial Hospital	Y	Wound Care Musculoskeletal Nail Surgery
	Ystradgynlais Ystradgynlais Community Hospital	Y	Wound Care

Patterson, Liz
07/23/2020 14:56:37

Respondents were asked to identify advantages and disadvantages of the three options.

	Advantages	Disadvantages
<p>Option 1</p> <p>Return to 16 community site locations (in 15 towns)</p>	<p>"Reach more people"</p> <p>"Keep this option"</p> <p>"Keeps service local"</p> <p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys and the problems this presents in terms of limited public transport links"</p> <p>"Many people can attend the clinics. This won't say that the buildings which are being used at the moment are always accessible for all disabilities."</p> <p>"Easier to attend local services"</p>	<p>"Parking, public transport"</p> <p>"Older disabled patients should not be expected to travel any further than they already do"</p> <p>"Governance"</p> <p>"Scrapping Crickhowell"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"Knighton"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Inability to book appointments"</p>
<p>Option 2</p> <p>Maintain current community site locations</p> <p>Patterson.Liz 07/23/2020 14:56:37</p>	<p>"People know where they are going and can get there"</p> <p>"Keep to this but make it more flexible"</p> <p>"Access Crickhowell"</p> <p>"Minimal change"</p>	<p>"Better appointment systems"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Disabled people have difficulties to attend clinics."</p>

	Advantages	Disadvantages
	<p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys and the problems this presents in terms of limited public transport links"</p> <p>"Not available in LD6 area – no alternative community based services"</p>	<p>"Transport, difficulty booking and availability of appointments"</p>
<p>Option 3</p> <p>Develop new hub and spoke model for community and specialist podiatry services</p>	<p>"Bringing other agencies in."</p> <p>"Improved governance"</p> <p>"Clearer service model and more attractive working opportunity"</p> <p>"Looks like a good compromise"</p> <p>"Consolidating the clinics to hospitals and health & care locations across Powys is a great solution. This would enable Age Cymru Powys and other third sector organisations, community groups to broad their coverage of the areas that NHS podiatry will no longer cover".</p> <p>"No alternative community based services"</p>	<p>"not getting other agencies involved"</p> <p>"Crickhowell Llangattock disadvantaged"</p> <p>"Further travel"</p> <p>"Funding for extra resource to support [additional third sector services]"</p> <p>"Increase of travel is simply not acceptable, many disabled people have got problems to travel."</p> <p>"Transport difficulties"</p>

Patterson, L.J.
07/23/2020 14:56:37

5. Role of Powys CHC Executive Committee:

s.19(1)(b)(i) The Community Health Councils (Constitution, Membership and Procedures)(Wales)(Amendments) Regulations 2015

s.19(1)(b)(i) A Council.....(b) must give the Executive Committee responsibility for taking or delegating to another committee formed under these Regulations all final decisions on the exercise of the Council's functions, including, but not limited to –

(i) Responding to all consultations on health services within the district of a council;

s.27 (7) The Community Health Councils (Constitution, Membership and Procedures)(Wales)(Amendments) Regulations 2015

s.27(7)(a) To confirm whether or not Powys CHC considers that the consultation has been adequate in relation to content or time allowed

s.27(7)(b) To confirm whether or not Powys CHC considers that the consultation has been adequate with regard to Powys CHC being consulted at the inception

s.27(7)(c) To confirm whether or not Powys CHC considers that consultation has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the proposal and decision-making process

Guidance for Engagement and Consultation on Changes to Health Services (The Guidance) s. 40-43

40. Individually and collectively, the primary task of CHCs is to assess the impact of proposed changes on health services not to take a partisan role. If a CHC considers that there are other options to the proposal to be consulted upon by the responsible NHS body it should inform the NHS body at the earliest stage. The NHS should provide assistance to the CHC in considering such options.

Patterson, Liz
07/23/2020 14:56:37

41. At the end of the consultation period, the CHC should have the opportunity to consider all comments received and record its own observations on them.
42. If the CHC agrees to the proposals in the consultation, the NHS body may proceed to implement its proposals subject to any other approvals or consents that may be required. The Welsh Assembly Government, local Assembly Members, the local council(s) and local Members of Parliament should be informed of this and a notice inserted in the local press informing the public that the proposals are to be implemented following CHC agreement. In normal circumstances it is considered that this stage should be reached within 4-6 weeks after the end of the public consultation period.
43. Where a CHC is not satisfied that proposals for substantial changes to health services would be in the interests of health services in its area or believes that consultation on any such proposal has not been adequate in relation to content or time allowed, it may take further action as set out in Section 7.

6. Conclusion

Given the current situation re. COVID-19, members are asked to electronically complete:

- i) Annex 4 – questions relating to the Regulations, and
- ii) Annex 5 – comment on the draft PtHB mitigation Plan

The deadline for comments, observations and issues is 3pm on Sunday 28th June 2020.

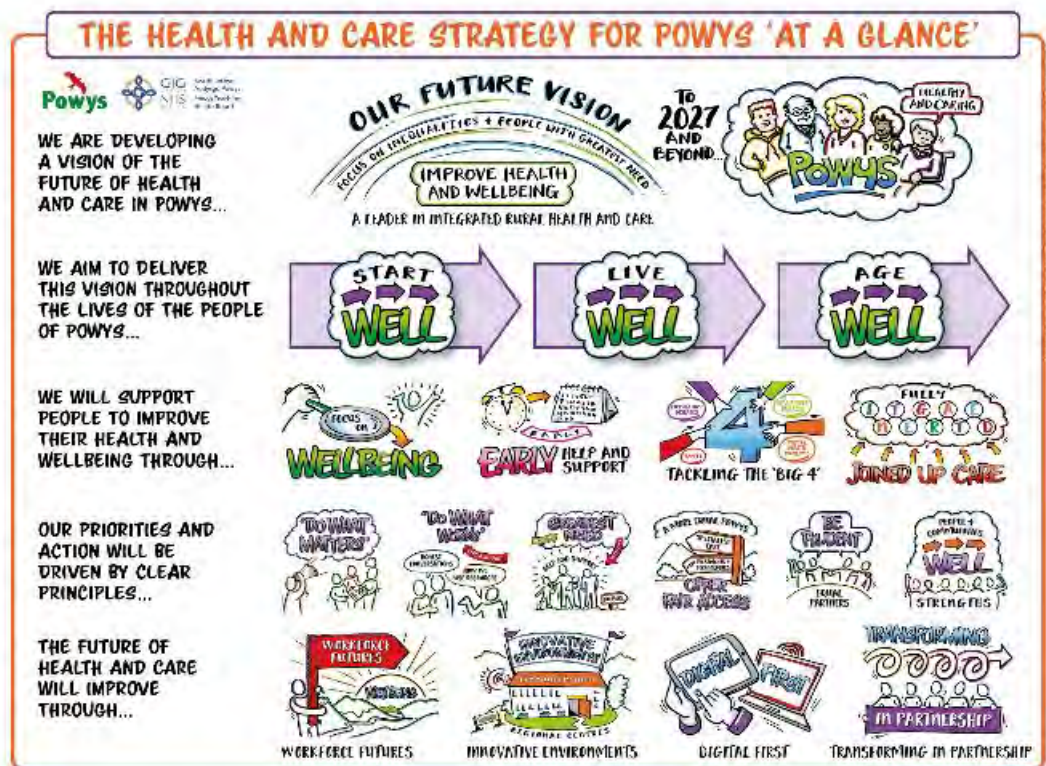
Patterson, Liz
07/23/2020 14:56:37



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Meeting the Challenges in Podiatry Services in Powys: *Redesigning Services for the Future*



Seeking Your Views

17 February 2020 to 29 March 2020

1. Introduction

This document seeks views from our stakeholders (the public, patients and patient support groups, professionals in the health service, partner organisations), on the way we deliver podiatry services in Powys in the future.

This document explains the opportunities and challenges facing the service, the steps we have already taken to address challenges, the issues we still face, and proposals for future. It seeks your views so that we can make the best decisions in order to maintain podiatry services in Powys.

Through the document you will see a number of questions on which we are seeking your feedback, and a questionnaire is provided at the back of the document for you to share your comments.

We are committed to making the best decisions for our patients. This means we really need your views by 29 March 2020.

Thank you,

Jamie Marchant, Director of Primary Care,
Community & Mental Health Services

Claire Madsen, Director of
Therapies and Health Science

2. About Powys Teaching Health Board

Powys Teaching Health Board (PTHB) is a statutory local health board responsible for meeting the health and wellbeing needs of the people of Powys, mid Wales. As a rural health board with around 133,000 people living across an area that at 2000 square miles is a quarter of Wales, we provide as many services as possible locally. This is mainly through GPs and other primary care services, community hospitals and community services.

The rural nature of Powys means that we don't have a District General Hospital in the county, so we work closely with other organisations in Wales and England who provide these services for the people of Powys. We always strive to bring as many services back into Powys as possible including assessment and follow ups after treatment. The health board also works closely with Powys County Council and the voluntary sector to meet the needs of the community.

More information about the health board and our services is available from our website at www.powysthb.wales.nhs.uk

3. About the PTHB Podiatry Service

Podiatry is a field of healthcare devoted to the study and treatment of conditions affecting the lower limbs.

The role of the Podiatrist is to assess, treat and advise patients with foot health disorders in order to maintain and maximise their quality of life. This encourages a healthy active life with feet that function normally and without discomfort.

The service works to best practice and evidence based guidelines and adheres to the policies and guidance of the Society of Chiropodists and Podiatrists.

In Powys, the podiatry service works with people of all ages but play a particularly important role in helping older people to stay mobile and, therefore independent.

The PTHB podiatry services include:

- Treatment of the high risk foot, including diabetic foot care, calluses
- Specialist footwear and falls prevention
- Musculoskeletal podiatry and biomechanics service (gait and foot functional problems)
- Nail surgery (or "nail avulsion")
- Wound care (local wound care support is also available through Leg Clubs)

The PTHB podiatry service does not offer personal care defined as toe nail cutting and skin care, including the tasks that healthy adults would normally be expected to carry out as part of their everyday personal hygiene. Local community and voluntary services including Simply Nails (Age Cymru) and CAMAD provide local toe nail cutting and foot care clinics across the county.

The PTHB podiatry service is available by self-referral to enable patients to self-manage their care. It also receives referrals from GPs, consultants, other health professionals, and local toe nail cutting services.

The service is provided in community clinic locations and a domiciliary service is also provided for people who are housebound and in residential & nursing care.

The team includes:

- Podiatrists, who are autonomous healthcare professionals who aim to improve the mobility, independence and quality of life for their patients. They assess, diagnose and treat people with problems of the feet, ankles and lower limbs. Our podiatrists are healthcare professionals registered with the Health and Care Professions Council (HCPC). This is a regulatory body that requires staff to keep their skills and knowledge up to date to enable them to work safely and effectively.
- Podiatry assistants, who are responsible for providing foot care and treatment under the supervision of a registered podiatrist (e.g. applying dressings, cutting nails where this would not normally be expected to be carried out by the patient as part of their everyday personal hygiene).

Our podiatrists also work as part of a wider multidisciplinary team, both within the NHS and wider partners. This includes:

- Working with Tissue Viability Specialist Nursing to provide care for wounds.

- Working with other therapists, including physiotherapists, to provide assessment, treatment and therapy for musculoskeletal conditions.
- Working with diabetes nursing to provide holistic care for people with diabetes who are at greater risk of foot and wound problems.
- Working with the wider nursing, therapy and social care team to ensure that foot and lower limb care forms part of wider joined-up care for patients, and to raise awareness of preventative and early intervention steps that all colleagues can take to reduce the risk of lower limb problems.
- Working with third sector and community partners who support the lower limb and foot health, including Leg Clubs, Simply Nails (provided by Age Concern¹), CAMAD Foot Care Clinic² and other local toenail cutting services

In addition to PTHB podiatry services, there has been some in-reach from neighbouring health boards. Specifically, Betsi Cadwaladr University Health Board (BCUHB) temporarily provided a service in Machynlleth.

During 2017/18 there were just over 5000 patients on the caseload of PTHB podiatry services. New and follow-up attendances are summarised in the table below:

	New Appointments	Follow Up Appointments	Total Appointments (new and follow up) as % of all Powys
Brecon & Crickhowell ³	574	2595	17.2%
Bronllys	82	421	2.7%
Builth Wells	289	1558	10.0%
Knighton	68	965	5.6%
Llandrindod Wells	262	1454	9.3%
Llanfair Caereinion	12	59	0.4%
Llanidloes	68	539	3.3%
Machynlleth	96	404	2.7%
Newtown & Llanfyllin ⁴	350	2280	14.2%
Presteigne	33	386	2.3%
Rhayader	37	237	1.5%
Welshpool	417	2971	18.3%
Ystradgynlais	324	1992	12.5%
All Powys	2612	15861	18473

¹ Information about Simply Nails is available from the Age Concern website at <https://www.ageuk.org.uk/powys/our-services/footcare/>

² Information about the CAMAD Foot Care Clinic is available from the CAMAD website at <http://www.camad.org.uk/community-support/footcare>

³ During this period the Brecon & Crickhowell activity was recorded together on the Welsh Patient Administration System and it is not possible to disaggregate the data between the Brecon and Crickhowell locations.

⁴ During this period the Newtown & Llanfyllin activity was recorded together on the Welsh Patient Administration System and it is not possible to disaggregate the data between Llanfyllin and the two Newtown locations (Montgomery County Infirmary and Park Street Clinic).

4. What challenges are facing PTHB Podiatry Services?

The main challenges facing PTHB Podiatry Services include:

- Recruitment and Retention – There are national recruitment and retention challenges, and these are keenly felt in rural and remote areas such as Powys due to our distance from large population centres, academic institutions etc. We face significant challenges in recruiting and retaining a suitably qualified and experienced podiatry workforce. The service has been affected by ongoing vacancies despite repeated recruitment campaigns, leading to pressure on the service, pressure on staff, and inconvenience for patients (e.g. unplanned cancellation of clinics).
- Training, Supervision, Mentorship, Isolated Clinical Practice – The rural nature of Powys means that professionals may experience extended periods of isolated clinical practice, with reduced ability for peer-to-peer contact. This can affect the ability to mentor and supervise work, to exchange best practice, and support each other to maintain the highest standards of evidence-based service delivery. Too much activity is currently undertaken in single-chair clinic settings, and there are opportunities to improve peer support, exchange of best practice and clinical governance by moving to more two chair facilities. This would improve the opportunities for junior staff / new graduates who would gain the support of a clinical specialist on site and therefore if the patient requires a second opinion they would be available on site rather than waiting to make another appointment at a different site.
- Patient Experience and Waiting Times – Recruitment challenges have contributed to high cancellation rates for clinics as staff not available. There are also deficiencies in the overall booking and appointment system, particularly in relation to follow-up care, which can cause frustration for patients when booking subsequent appointments.
- Prudent healthcare delivery – The sparsely populated nature of Powys means that demand for clinic appointments in smaller population centres can be low, resulting in unbooked sessions when specialist staff could be seeing patients in areas of high demand. There are tensions in providing local accessibility versus making best use of the time of clinical staff to meet demand across the whole area of Powys. Travel time forms part of the working day for NHS staff, and where a podiatrist is travelling 30 minutes from their base to provide a clinic this results in 4 appointments being unavailable due to staff travel. For a weekly clinic, over a year this is equivalent to 200 appointments being unavailable due to staff travel.
- Governance – With a sparsely distributed workforce there are challenges in putting in place, and complying with, service policies and protocols that help to ensure and assure that patients consistently receive a high standards of care that complies with health and care standards and relevant guidance such as NICE Clinical Guideline NG19 for the management and prevention of foot problems for patients with diabetes. There are also challenges associated with safe and timely transfer of patient notes to multiple clinic locations – this creates risks both of suboptimal care (e.g. if the podiatrist does not have access to the patient notes at

the time of intervention) and information governance (e.g. safe transit of patient-identifiable information).

- Service Development – Over the last two years the service has had to focus on reactive management of vacancies in order to maintain a level of service delivery which has significantly affected the opportunities for developing the service. The service has needed to prioritise the delivery of community clinics for patients, and therefore has been unable to participate in specialist groups such as Diabetes Delivery Group and All Wales initiatives (e.g. development of foot screening tool).

What have we heard from patients and carers?

We know from our patients that the delivery of care as close to home as possible is important to them, particularly given the rural nature of Powys with its challenges in access to travel and transport. As a result, we are keen to ensure that we develop a sustainable model for the future that maintains as much podiatry provision as possible within the county rather than needing to rely on external or neighbouring service providers.

We have also heard frustrations about the cancellation of clinics, and also about the system for booking follow-up care. Currently, clinics are booked six weeks in advance, with new clinic sessions released each Monday morning. As a result, there is a rush of calls each Monday morning to secure a clinic booking, and if unsuccessful the patient needs to call again the following Monday.

Examples of patient feedback in a patient survey in 2017 in response to the question "Are you happy with the current podiatry booking process (booking via phone)?" included:

No, I have to wait too long between appointments - not able to book an appointment when I'm there to forget to book appointments

No - it is very difficult to make another appointment. Line is often busy and sometimes there are no appointments available

Not happy! The only time to make a booking is at 8:30am on one Monday a month. If you miss that you have to wait another month

We know from our patients that the delivery of care as close to home as possible is important to them, particularly given the rural nature of Powys with its challenges in access to travel and transport.

I am told to ring 6 weeks in advance to make my next appointment. I have to phone first thing on the Monday morning at 8:30 to be sure of getting an appointment, any time before 9 I can try to get through for about 20mins as you are "experiencing a large number of calls". As soon as possible after 9 I eventually get through only to be told that you don't have the dates for the particular week I request. In fact, once I was told to call back the following Monday, which I did, only to be told all the appointments had gone. I am still told every time that you don't yet have the dates and have been fitted in a week earlier or with a different podiatrist. I have often commented that it is

easier to buy on-line tickets for a rock concert the moment they are released than to make a podiatry appointment.

What have we heard from staff?

A peer professional review by a neighbouring health board reflected on the Band 5⁵ podiatry role in Powys and highlighted a lack of clinical supervision and development due to the demand on the small podiatry team who predominately work in isolated clinics across Powys. It was felt that this had contributed to Band 5 podiatrists leaving the health board rather than taking Band 6 opportunities within the service.

As part of the exit interview process, podiatrists who have left the service have stated that the amount of travel they have had to do within the working day from base to clinics has contributed in their decision to leave the service.

The current challenges are placing pressures on our staff, who aspire to provide the highest standards of evidence-based patient care. Feedback suggests that these pressures are contributing to staff turnover and absence, which then have the effect of further increasing pressures. Staff also highlight the challenges of frequent lone working which reduce the opportunities for mentoring, supervision and peer support. This also reduces opportunities for "grow your own" approaches through the development of local staff into more specialised roles.

Feedback also indicates that staff feel that patient care would benefit from increased opportunities for multi-disciplinary engagement, with access to other health and care professionals (e.g. tissue viability nursing, diabetes nursing) to support the delivery of holistic, integrated care for patients.

Our podiatry workforce is based on 11.1 whole time equivalent (WTE) but due to vacancies and sickness absence the directly employed workforce is 5.1WTE. Some of this gap is filled with locum/agency support but this still leaves a workforce gap particularly in the north of Powys.

Engagement Question 1	Are there other opportunities and challenges that we have not identified above?
-----------------------	---

5. What steps have been taken to address the challenges?

There have been repeated efforts to recruit to the podiatry workforce in Powys, but unfortunately these have not been successful in addressing the underlying vacancy rate. This has included open recruitment to attract podiatrists to Powys, as well as reliance on agency and locum staff.

Internal audits have been undertaken in order to identify key challenges and to agree actions to strengthen the service.

⁵ Agenda for Change is the grading and pay system for the majority of NHS staff including podiatrists. Posts have an allocated pay band depending on the skills, qualifications and experience required for the role. Band 5 is the starting salary band for NHS podiatrists.

We have worked with neighbouring health boards to sustain the service – for example, Betsi Cadwaladr University Health Board temporarily provided one clinic per week in Machynlleth, which has now returned to PTHB provision.

In 2018 the difficult decision was made to temporarily reduce the number of locations of podiatry clinic sites from 16 (in 15 towns) to 12 (in 11 towns). This step was taken in order to increase the overall number of available clinical hours to provide direct treatment and care by reducing the number of staff hours spent travelling.

The table below provides an overview of clinic locations before and after this temporary change.

Clinic Location	Types of Clinic	2017/18 Locations	Post Sept 2018 Locations
Llanfyllin GP Practice	Community Podiatry	✓	X
Llanfair GP Practice	Community Podiatry	✓	X
Welshpool Health Centre Clinic	Community Podiatry Specialist Podiatry (Wound Care)	✓	✓
Machynlleth Hospital	Community Podiatry	✓	✓
Newtown Hospital / Newtown Park Street Clinic	Community Podiatry at Newtown Hospital Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery) at Newtown Park Street Clinic	✓	✓
Llanidloes Hospital	Community Podiatry	✓	✓
Knighton Hospital	Community Podiatry	✓	✓
Rhayader GP Practice	Community Podiatry	✓	X
Presteigne GP Practice	Community Podiatry	✓	X
Llandrindod Wells Hospital	Community Podiatry	✓	✓
Glan Irfon, Builth	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	✓	✓
Bronllys Hospital	Community Podiatry	✓	✓
Brecon Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery)	✓	✓
Crickhowell GP Practice	Community Podiatry	✓	✓
Ystradgynlais Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	✓	✓

It has also been necessary to make some further temporary changes given the ongoing staffing challenges. This has included the recent reduction of the service in Crickhowell from weekly to monthly.

By reducing the number of clinics we have maintained new appointments within the referral to treatment time target of 14 weeks. Currently, the longest wait across Powys for a new appointment is 12 weeks.

A new graduate who joined Powys in September 2019 has been able to experience the benefit of a two chair clinic in Brecon Hospital and Glan Irfon, supporting their training, supervision and developments.

These changes have helped us to address some of our challenges, but the service remains fragile and further action is needed.

Engagement Question 2	Are there other steps that we could take to address our workforce challenges?
-----------------------	---

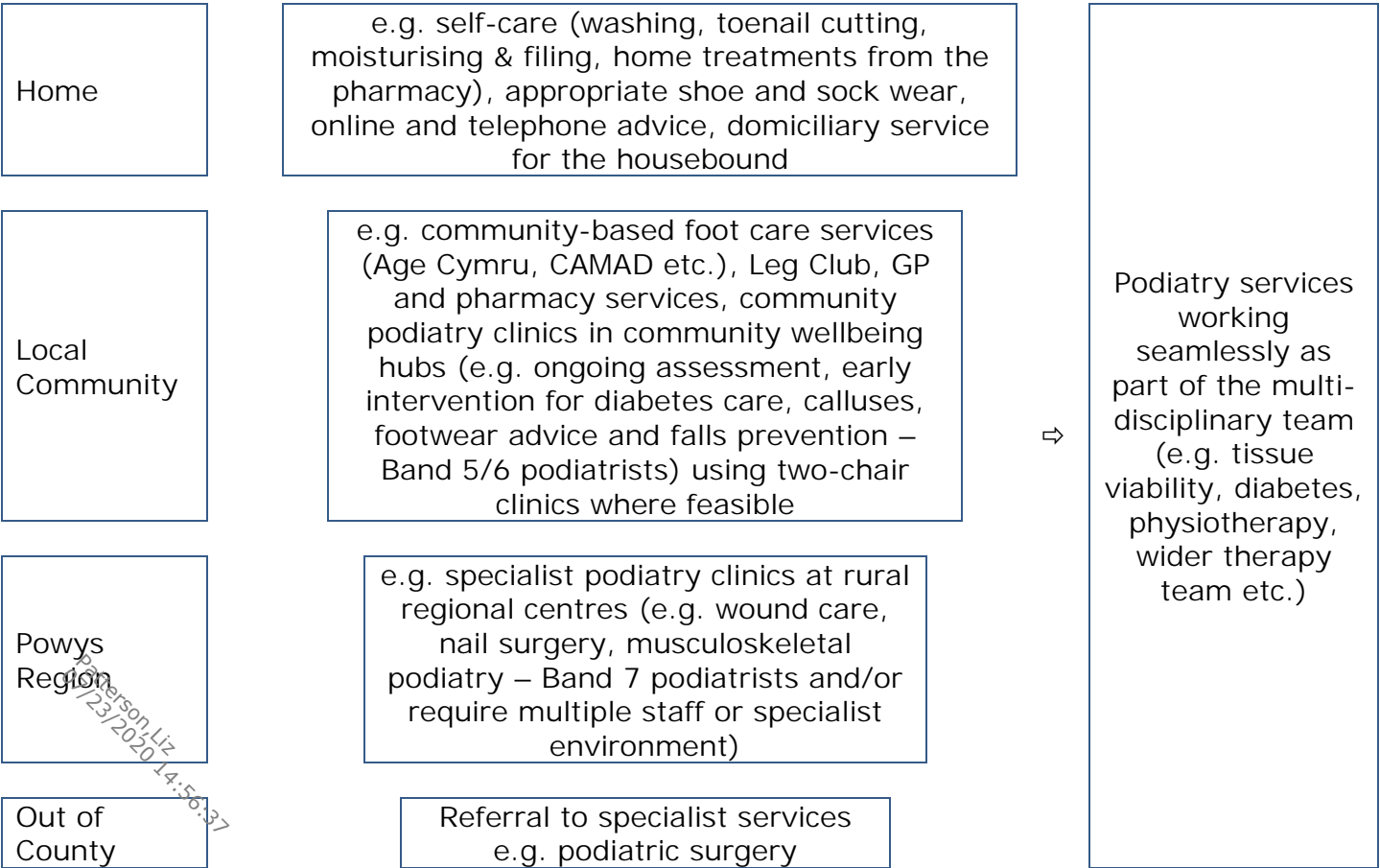
6. What further steps are we considering?

Here in Powys we have developed a health and care strategy which sets out a shared vision for a healthy, caring Powys. Work is now under way to translate this strategy into a “model of care” for the future.

The current “model of care” for podiatry services is not fit for the present or future, and changes are needed.

Reflecting on the opportunities and challenges for podiatry in Powys we are developing a “model of care” for podiatry that aims to secure a thriving future for this vital service, focusing on Doing What Matters, Doing What Works, Focusing on the Greatest Need, Offering Fair Access, Being Prudent and Working with the Strengths of People and Communities.

Proposed model of care for podiatry services in Powys



Intended benefits of proposed model of care

The benefits of this model include:

Focus On Wellbeing	Strengthened focus on foot health promotion through support from our registered podiatrists to Simply Nails staff and volunteers to enable them to provide advice and support to maintain positive foot health.
Early Help and Support	Community podiatry service across the county is stabilised, helping to ensure improved access to timely podiatric advice for people with diabetes, musculoskeletal problems and other conditions requiring lower limb care. Improved booking systems for follow-up care help to ensure timely care and reduce the progression of conditions.
Tackling The Big four	Clearer pathway in place to support patients at risk of foot and lower limb problems due to circulatory diseases and diabetes, helping to reduce the risk of complications.
Joined Up Care	<p>More opportunities to provide multi-disciplinary holistic care and one-stop care, and easier for podiatrists to access specialist advice from co-located staff at community wellbeing hubs and rural regional centres e.g. tissue viability nurses, diabetes nurses etc.</p> <p>Greater continuity of care for patients who are more likely to see the same podiatrist through their care journey and/or received care under their supervision.</p> <p>Improved quality of care in “two-chair” environment as podiatrists have greater opportunity to work in an environment with face-to-face demonstration and observation, and junior staff will have greater opportunities to access a second opinion.</p> <p>Improved workload management enables the service to maintain the domiciliary care offer for those who need it.</p>
Workforce Futures	<p>Support us to address the significant recruitment and retention challenges currently facing the service. As well as improving care, this model aims to improve the working experience for podiatrists making the PTHB role more attractive to applicants and reducing staff turnover.</p> <p>More specialist staff time is available for direct patient care, with reduced travel.</p> <p>Greater opportunities for mentoring, supervision and peer-support with more staff working more regularly in two-chair environments that help them to exchange skills and best practice and to support trainees, graduate entry and podiatry assistants.</p> <p>More opportunities to review team skill-mix due to greater use of two-chair clinics.</p>
Innovative Environments	Strengthen the regional/specialist tier of the service (e.g. nail surgery, which requires an appropriate surgical environment and multiple staff) so that this is maintained in the county, thus reducing the risk that the service is further destabilised resulting in more patients needing to travel further for specialist podiatry.

	Reduce the number of storage locations or patient notes, reducing information governance risk and reducing the risks that the notes will be not be available.
Digital First	Improve booking systems to improve access to timely follow-up care. Signpost the availability of online services for those who are able to access them, including websites and apps that support positive foot health.
Transforming in Partnership	Maintain and strengthen vital partnerships including with the third sector for the local delivery of nail cutting and foot care services. Continue to strengthen multidisciplinary partnerships between podiatrists and other health and care professionals.

Engagement Question 3	What do you like about the proposed model? What would you improve?
-----------------------	--

7. Options for Change

At the heart of this model of care is the need for a stable community and specialist podiatry service.

Currently the service is very fragile and based on an interim clinic site configuration, creating uncertainty and anxiety for both patients and staff. A decision is urgently needed on the future clinic configuration so that the service can move forward, and so that recruitment can proceed based on a confirmed and attractive employment offer.

We have therefore considered a number of options for future clinic site configuration:

- Option 1: Return to 16 community site locations (in 15 towns)
- Option 2: Maintain current community site locations
- Option 3: Develop new hub and spoke model for community and specialist podiatry services

	Advantages	Disadvantages
Option 1: Return to 16 community site locations (in 15 towns)	Does not increase travel to clinic site. Returns to previous service model.	Not feasible or deliverable due to the continued recruitment and retention challenges facing the service. Current challenges remain including delays, cancellations, isolated practice etc.
Option 2: Maintain current community site locations	Maintains current status quo	Not feasible or deliverable due to the continued recruitment and retention challenges facing the service.

		Current challenges remain including delays, cancellations, isolated practice etc.
Option 3: Develop new hub and spoke model for community and specialist podiatry services	<p>Feasible and deliverable.</p> <p>More attractive to potential applicants.</p> <p>Potential to address current challenges including delays, cancellations, isolated practice etc.</p>	Increase in travel for some patients

Engagement Question 4	What do you think are the main advantages & disadvantages of Options 1 to 3?
-----------------------	--

Based on our initial assessment we feel that neither Option 1 nor Option 2 is feasible or deliverable due to the continued recruitment and retention challenges facing the service. Put simply, we do not have sufficient staff to deliver this configuration and there is a risk that the service will decline and the future delivery of NHS podiatry services in Powys could be under threat.

We therefore propose to pursue Option 3 by developing a new hub and spoke model for community and specialist podiatry services.

We have looked carefully at a number of factors in order to make recommendations on the proposed future locations of community podiatry clinics, including:

- Pattern of service utilisation.
- Geography and availability of alternative services.
- Opportunities for co-location and access to members of the wider multi-disciplinary team in order to support the delivery of integrated and holistic care (e.g. diabetes, tissue viability, physiotherapy).

We recommend that the clinics are consolidated to the hospital and health & care centre locations across Powys wherever possible, which would mean that the community clinics would not resume in Rhayader, Presteigne, Llanfair Caereinion and Llanfyllin (following temporary closure in September 2018) and additionally would discontinue in Crickhowell⁶.

Patterson, Liz
07/23/2020 14:58:37

⁶ A weekly single-chair clinic is currently provided in Crickhowell. Each clinic offer 14 appointments, but not all appointment sessions are booked and at times it has been necessary to reprioritise podiatry staffing to other clinics in areas of higher demand to make best use of podiatrist time. Between April and December 2019, there were 232 podiatry appointments in Crickhowell.

Region	Community	Community Podiatry Clinic	Specialist Podiatry Services
North Powys	Welshpool <i>Health Centre Clinic</i>	✓	Wound Care
	Machynlleth <i>Bro Ddyfi Hospital</i>	✓	
	Newtown ⁷ <i>Montgomery County Infirmary / Park Street Clinic</i>	✓	Wound Care Musculoskeletal Nail Surgery
	Llanidloes Llanidloes Memorial Hospital	✓	
Mid Powys	Knighton <i>Knighton Hospital</i>	✓	
	Llandrindod Wells <i>Llandrindod Wells War Memorial Hospital</i>	✓	
	Builth Wells <i>Glan Irfon</i>	✓	Wound Care Musculoskeletal
South Powys	Bronllys <i>Bronllys Hospital</i>	✓	
	Brecon <i>Breconshire War Memorial Hospital</i>	✓	Wound Care Musculoskeletal Nail Surgery
	Ystradgynlais <i>Ystradgynlais Community Hospital</i>	✓	Wound Care

This site configuration would:

- Maintain the range of specialist podiatry services across the county with no changes, with a specialist centre for wound care and musculoskeletal podiatry available in each region, and a specialist centre for nail surgery in Newtown and Brecon.
- Strengthen the community podiatry clinic sites, and increase the number of sites operating as two-chair facilities, but with a reduction from the 2018 configuration of 16 locations (in 15 towns) to a new configuration of 11 locations (in 10 towns).
- Reduce the time spent by podiatrists on travel between multiple sites, enabling this to be used for patient clinics.
- Maintain outreach services such as domiciliary visits for the housebound and nursing & residential home, and training for staff and volunteers of community-based services such as Simply Nails.
- Provide a stronger foundation from which to maintain and build the service, including greater opportunities to participate in service development (e.g. diabetes, foot assessment tool).

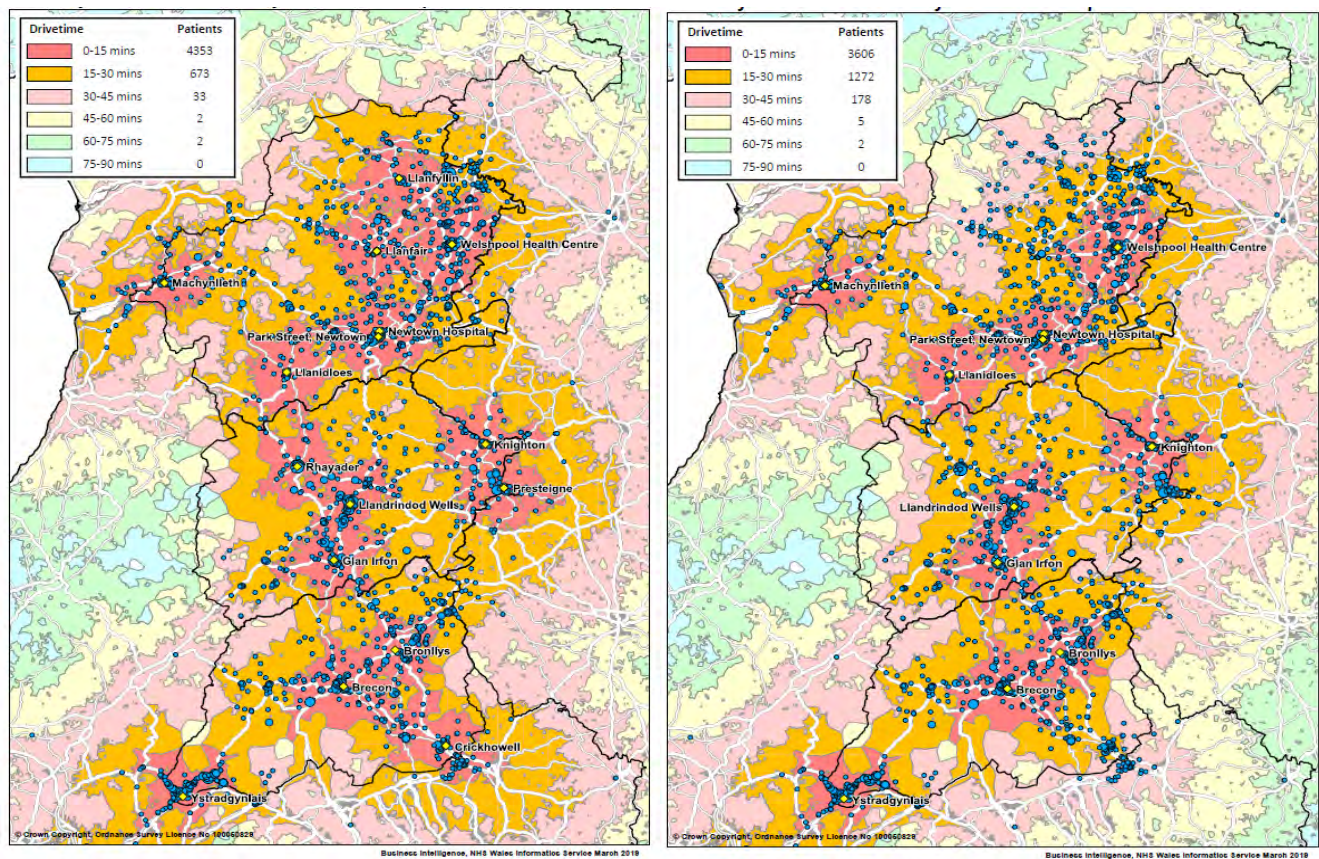
Patterson, Liz
07/23/2020 14:56:32

⁷ The Community Podiatry Clinic is in Montgomery County Infirmary and the Specialist Podiatry Clinic is in Park Clinic. Longer term facilities to be agreed as part of the development of the proposed Community Wellbeing Hub and Rural Regional Centre in Newtown through the North Powys Wellbeing Programme.

8. Impact of Option 3

Experience and Equality Impact

The maps below indicate the drive time for patients to their nearest community podiatry clinic based on the site configuration in 2017/18 (left) and the proposed 11 location option (right).



	16 Site Model in 2017/18		Proposed 11 Site Model from 2020/21	
	Number	Percentage	Number	Percentage
0-15 minutes	4353	85%	3606	71%
15-30 minutes	673	13%	1272	24%
30-45 minutes	33	0.7%	178	3.5%
45-60 minutes	2	0.04%	5	0.09%
60 minutes +	2	0.04%	2	0.04%

The proportion of patients within 30 minutes of their nearest community podiatry clinic would reduce from 98% to 95%. The main areas moving outside the 30 minute isochrones (travel time bands) would be northern Montgomeryshire (e.g. Llanwddyn) and out of county patients in northern ABUHB.

As part of this work we are undertaking an equality impact assessment which assesses the impact on patients and service users. This includes assessment of the impact for people with a range of characteristics. A high level assessment has been undertaken to date, and this engagement seeks feedback to help us strengthen this assessment so that key impacts can be identified, and where appropriate that mitigating actions can be identified.

Impact Assessment	Commentary
All factors	<p>This proposal has the potential for a generally positive impact across all impact assessment dimensions as it will help to stabilise a service that is currently very fragile. Patients are experiencing delays and cancellations due to the lack of availability of podiatry staff. This may result in missed opportunities for prevention and early intervention to reduce podiatric problems from developing or progressing. As outlined above there are also risks associated with isolated practice (e.g. training, mentoring, supervision) which may have an adverse impact on patient experience, safety and outcomes. By reducing isolated practice we aim to improve our systems for ensuring the best outcomes and experience for patients. More patients will need to travel further, but this will be for a more reliable service that is more soundly based on clinical need.</p> <p>Ensuring a sustainable podiatry service in Powys will help to maintain this vital service in-county, reducing the need to travel outside the county for routine care.</p>
Age	<p>Overall, older people are more likely to have more significant podiatric needs (for example, linked to diabetes, tissue viability, musculoskeletal conditions)</p> <p>Older people in some parts of Powys will now need to travel further to access a community podiatric clinic, but will have access to a more reliable and less fragile service.</p>
Disability	<p>People may have podiatric needs associated with their disability and/or may have a disability associated with podiatric problems.</p> <p>People with a disability in some parts of Powys will now need to travel further to access a community podiatric clinic, but will have access to a more reliable and less fragile service. People who are housebound will continue to have access to a domiciliary care services.</p>
Gender reassignment	No specific impact has been identified in relation to gender reassignment.
Marriage and civil partnership	No specific impact has been identified in relation to marriage and civil partnership.
Pregnancy and Maternity	No specific impact has been identified in relation to pregnancy and maternity.
Race	No specific impact has been identified in relation to race.
Religion or belief	No specific impact has been identified in relation to religion or belief.
Sex	No specific impact has been identified in relation to sex.
Deprivation	People with diabetes are likely to have greater need for podiatric services, and higher prevalence of diabetes is associated with higher levels of deprivation. Based on the 2014 Welsh Index of Multiple Deprivation, there is one Lower Super Output Area (LSOA) in Powys

	in the most deprived 10% in Wales (Ystradgynlais 1), two in the next decile (Newtown South and Welshpool Castle) and six in the 30% decile (Newtown Central 1, Newtown East, Newtown Central 2, Welshpool Gungrog 1, Llandrindod East / Llandrindod West, Brecon St John 2). This proposal will maintain services in those areas with the highest levels of deprivation in Powys.
Rurality	People in some parts of rural Powys will now need to travel further to access a community podiatric clinic, but will have access to a more reliable and less fragile service. People who are housebound will continue to have access to a domiciliary care service.
Carers	Rural carers can face particular challenges, and a reduction in the number of clinic sites will mean that some people will now need to travel further to access a community podiatric clinic, but will have access to a more reliable and less fragile service. People who are housebound will continue to have access to a domiciliary care service.
Welsh Language	The areas of Powys with the highest proportion of Welsh Language speakers are Machynlleth, Ystradgynlais, Llanfair Caereinion and Llanfyllin. This proposal will result in the closure of the clinics in Llanfair Caereinion and Llanfyllin. However, people will have access to a more reliable and less fragile service. There will also be reduced isolated practice – in a single-handed service there are fewer opportunities to meet individual language preferences, whereas with a strengthened service and an increase in two-chair clinics there is more scope to build Welsh Language access into the service model. Improved booking and appointment systems also increase the opportunity to offer patients an appointment in their language of preference if a member of staff with appropriate skills is available.

The main potential negative impact is therefore the increase in travel for some patients. Key mitigation actions include:

- Continue to work with third sector partners to maintain access to local toenail cutting and footcare clinics, leg clubs, Community Connectors, Befrienders and other sources of community support.
- Continue to promote positive foot health, and utilise the wider workforce for prevention and early intervention.
- Continue to provide a domiciliary service for eligible patients.
- Implement the proposal for a more robust, reliable and sustainable service model that reduces delays and cancellations for patients.
- Deliver overall improvements in the service that strengthen outcomes, experience and safety – for example, through reduced isolated practice, improved mentoring and supervision, increased two-chair practice, improved access to support from the wider multi-disciplinary team (e.g. for specialist advice).

Engagement Question 5	What positive or negative impact will Option 3 have for the people of Powys?
-----------------------	--

Workforce and Financial Impact

No savings or cost reductions are planned as a result of these proposals. Instead, it is proposed to use the existing service budget to ensure a more reliable service and address the current challenges and fragility.

This also means that we propose to restore the services to its establishment of 11.1 whole time equivalent, with the new service model providing a more attractive recruitment offer that will enable us to reduce the current level of vacancies and stabilise the service.

Some capital investment is anticipated in order to increase the availability of two-chair environments across the county, and to improve the overall attractiveness of the service to potential applications.

Overall Intended Benefits

The overall intended benefit of these proposals include:

- Recruitment and Retention: Option 3 will ensure a more attractive recruitment offer that reduces the number of vacancies in the service and helps to stabilise service delivery.
- Training, Supervision, Mentorship, Isolated Clinical Practice: Option 3 will significantly reduce the level of isolated clinical and practice, and increase the scope for supervised practice to develop junior staff and new graduates. This in turn will support the overall safety and sustainability of the service.
- Patient Experience and Waiting Times: Option 3 will support us to reduce variation for patients including by reducing waiting times and reducing clinic cancellations. Alongside the implementation of Option 3 we also aim to improve the appointment system which we know has been a source of frustration for patients. We recognise that it will increase the travel for patients in areas where clinics are discontinued and we welcome views on how we can mitigate the impact of this. Option 3 will also help us to ring-fence capacity to maintain the provision of a domiciliary care service for those with a clinical need.
- Prudent Healthcare Delivery: Option 3 will support us to reduce the number of unbooked session, and the amount of clinical time lost due to travel. This will increase the overall amount of time that our podiatrists spend with patients.
- Governance: Option 3 will support us to ensure that the service is delivered in accordance with service policies and protocols, including NICE Clinical Guideline NG19.
- Service Development: Option 3 will support us to develop the service and improve service standards through increased two-chair operation, improved mentoring and supervision, and reduced isolated clinical practice. It will also help us to maintain and strengthen our multi-disciplinary approach through working relationships between podiatrists and other professional roles including district nursing, tissue viability nursing, and diabetes nursing.

9. What do I need to do?

Once you have read this document, we would be grateful for your feedback.

A feedback form is provided at the end of this document, this is also available as a separate document from our website at www.powysthb.wales.nhs.uk/podiatry-engagement or on request by contacting Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS (powys.engagement@wales.nhs.uk).

You can also provide your feedback via our online form at www.powysthb.wales.nhs.uk/podiatry-engagement

You can provide feedback in an individual capacity or on behalf of an organisation, and all feedback needs to reach us by 29 March 2020.

All feedback we receive will also be shared with the Powys Community Health Council, which is a statutory independent body to represent the interests of patients and the public in the NHS.

You can also share your feedback direct with the Powys Community Health Council who can be contacted as follows:

Powys Community Health Council

Brecon Office: 1st Floor, Neuadd Brycheiniog, Cambrian Way, Brecon LD3 7HR
Telephone: 01874 624206
Email: enquiries.powyschc@wales.org.uk

Newtown Office: Room 204, Ladywell House, Newtown, SY16 3JB
Telephone: 01686 627632
Email: enquiries.powyschc@wales.org.uk

What Happens Next?

This period of engagement ends on 29 March 2020.

Following the end of engagement we will analyse the responses we have received and use these to review and refine the proposals set out in this document.

A recommendation on the next steps will be developed. This will be discussed with the Powys Community Health Council so that we can make a decision on the best way forward for maintaining podiatry services in Powys.

Patterson, Liz
07/23/2020 14:56:37

Meeting the Challenges in Podiatry Services in Powys: Your Views Count



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Deadline for comments

Please complete and return your form to powys.engagement@wales.nhs.uk or to the address below by 29 March 2020

Your Postcode (this helps us to understand the range of responses across the county):

I am replying on behalf of:
(please tick one)

Myself (individual)

Organisation

If you are responding on behalf of an organisation, please state the name:

Please declare any financial or other relevant interests you have in relation to the provision of podiatry services in Powys:

Notes:

- Please answer the questions on the following pages (you can add extra pages if you need more space).
- All responses will be shared with the Powys Community Health Council and may be made public, so please underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person that could identify you or that person.
- Completed forms can be returned by 29 March 2020 to Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon Powys LD3 0LS or by email to powys.engagement@wales.nhs.uk
- This survey can be completed online at www.smartsurvey.co.uk/s/powyspodiatry

Engagement Question 1: In Section 4 we have highlighted the Opportunities and Challenges facing PTHB Podiatry Services. Can you think of other opportunities and challenges?		
Opportunities:		
Challenges:		
Engagement Question 2: In Section 5 we have highlighted the steps that we have already taken. Can you think of other steps we can take to address our workforce challenges?		
Engagement Question 3: In Section 6 we have described the proposed model of care for PTHB Podiatry Services in future. What do you like about the proposed model? What would you improve?		
I like ...		
I would improve ...		
Engagement Question 4: In Section 7 we have described different options for implementing the proposed model. What other advantages and disadvantages should we take into account?		
	Advantages	Disadvantages
Option 1: Return to 16 community site locations (in 15 towns)		
Option 2: Maintain current site locations		

Option 3: Develop new hub and spoke model		
Engagement Question 5: We are proposing to implement Option 3 (Develop new hub and spoke model). What positive or negative impact will Option 3 have on different sectors of the community?		
	Positive Impact	Negative Impact
Age		
Disability		
Gender Reassignment		
Marriage and Civil Partnership		
Pregnancy and Maternity		
Race		
Religion of Belief		
Sex		
Deprivation		
Rurality		

Carers		
Welsh Language		
What steps could be taken to reduce negative impacts?		
Are there any other comments you would like to make about these proposals for addressing the challenges facing podiatry services in Powys?		
Use this space to share with us any information about you that you feel is relevant to your response – for example, information about equality issues, disability or illness etc. (please note that this information will be used to help us understand the impact of these proposals on different parts of our community. It will be kept confidential and will not be published).		

Patterson, Liz
07/23/2020 14:56:37

Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Summary of Engagement Feedback

Version 1.0, 19 May 2020

Patterson.Liz
07/23/2020 14:56:37

About the Engagement

Engagement on the future shape of podiatry services in Powys Teaching Health Board was planned from 17 February 2020 to 29 March 2020. During the engagement period, the impact of Coronavirus (COVID-19) began to affect delivery, and particularly from 23 March 2020 when UK-wide restrictions were introduced to reduce the spread of infection.

The engagement was therefore kept open for comment on an ongoing basis until an extended closure date of 12 May 2020.

More information about the engagement process and delivery is available in the Engagement Report.

About the Respondents

In response to this engagement, we received 17 survey responses (R1 to R17) via the online portal where the questionnaire was marked as complete, although three respondents (R7, R9, R14) had not provided any response information within their response.

When asked to identify whether they were responding in an individual capacity:

- One respondent identified as a County Councillor (R3)
- One respondent identified as a member of a PPG (R5)
- One respondent identified as a self-employed foot health practitioner (R13) and declared this as a financial interest
- One respondent identified as a Health Focus Group (R17)

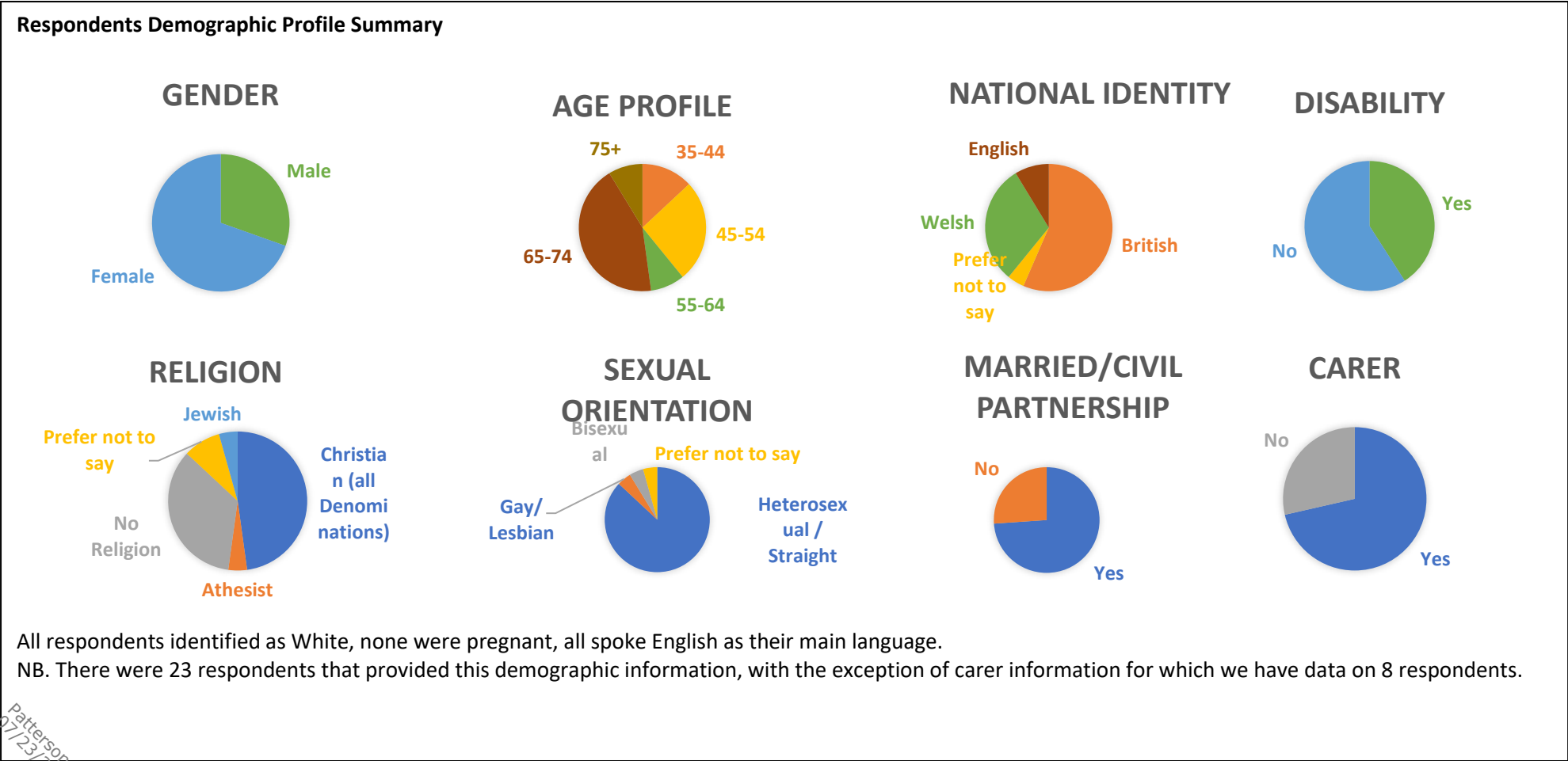
Alongside the 17 responses which were marked as complete on the survey portal, a further 60 survey responses were started but not completed and were logged as “**partial responses**” (P1 to P60). **Comments relating to the engagement questions were only recorded in two of these questionnaires (P12 and P57).**

In addition to this we logged 8 letters or calls (O1 to O8) that were not received through the online portal.

This included three members of PTHB staff, Age Cymru Powys, the Welsh Government Chief Allied Health Professions Advisor, a member of the public, a Town Council, and a representative from Newtown Access Group Accessibility Powys.

All responses were received through the medium of English.

Respondents



Patterson, Liz
07/23/2020 14:56:37

Response Themes

Issues raised in the responses have been mapped against the benefits realisation themes identified in the engagement document:

Assessment Domain	Strategic Principles	Examples of Feedback
Recruitment and Retention	Do What Works	<p>"Make the job a job more people want to do" (R3)</p> <p>"To achieve job satisfaction at the highest level" (R4)</p> <p>"Promotion opportunity for existing staff" (R5)</p> <p>"Be positive and focus on making work attractive" (R10)</p> <p>Facilitate child friendly working hours and encourage mature entry" (R11)</p> <p>"Hub and spoke model more workable in view of staff shortage" (R15)</p> <p>"Recruitment in this area is very challenging and we need a service model that is realistic and creates an attractive work offer" (R16)</p> <p>"In my mind the only way is to get more podiatrists" (O3)</p> <p>Promote podiatry as a career option in schools (O5)</p> <p>"The Council is of the view that workforce recruitment and retention seems to be a fundamental problem so welcomes efforts to improve working conditions and urges the Board to consider how the workforce might feel better valued through remuneration, job satisfaction and opportunities for 'upskilling/multiskilling'." (O7)</p>
Training, Supervision, Mentorship		<p>"Taking students, maybe retain them when trained" (R5)</p> <p>"Promote training opportunities at nearby universities and colleges (R12)</p>

<p>Patient Experience and Waiting Times</p>	<p>Do What Matters Offer Fair Access</p>	<p>Don't have "two wound centres in North Powys only 10 miles apart i.e. Newtown and Welshpool" (R1)</p> <p>A number of respondents identified the need for regular appointments: "As a diabetic I feel I should have regular appointments with the podiatrist" (R2)</p> <p>"Cancel the phoning up on Monday morning and make and agree the next appointment at the appointment you are attending in that day" (R4)</p> <p>"Easier to get an appointment" (R5)</p> <p>"Improve community bus service" (R5)</p> <p>Would improve "booking and appointment system" (R6)</p> <p>"Look at travel possibilities linked to various proposed sites e.g. if buses only run on Tuesday and Thursday then those are the days to have clinics. Coincide with farmers markets" (R10)</p> <p>"Maintain service in Crickhowell ... Lots of people do not have private transport, price of taxi prohibitive and lack of public transport." (R11)</p> <p>"Ensure clinic is easily accessible with nearby car parking" (R12)</p> <p>Need "greater clarity around the reach-out to support for communities who will be losing their local clinics, and how services like third sector and leg clubs can support" (R16)</p> <p>"Work with community transport providers" (R16)</p> <p>Need to improve "booking system" (R17)</p> <p>"The forms that are currently used ... are not user friendly. The current system of re-booking appointments over the phone is problematic" (O6)</p>
---	--	--

Patterson, Liz
07/23/2020 14:56:32

		"To assure that clinics will be accessible for all and otherwise that a home visit will be arranged." (O8)
Prudent Healthcare Delivery	Be Prudent	<p>Like "prevention work" (R6)</p> <p>"consider giving the assessed patient a 'voucher' that they can use in their local private provider that they would supplement" (R10)</p> <p>"Promote services of foot health practitioners within the area, easing the strain on NHS" (R13) – "Professionals have a lack of belief and confidence in the abilities of a Foot Health Practitioner" (R13)</p> <p>"Foot health practitioners would like to learn from [podiatrists] and complement the service they provide" (O6)</p> <p>Provide better "advice to patients given in group settings or leaflets sent out prior to appointments" (R15)</p> <p>"After first appointment, telephone contact may be helpful and reduce need for face to face appointments" (R15)</p> <p>"Following a cancelled appointment I went private. They were much more proactive in giving advice on foot-care and prevention of callus formation. Leaflets would be good." (R15)</p> <p>"Ascertain availability of community based foot care services – podiatry services were removed from LD6 area with no alternative community-based activity." (R17)</p> <p>Introduce prioritisation process, not able to self refer "they should be referred by GP", stricter discharge process (O3)</p>
Governance	Focus on Greatest Need Offer Fair Access	"Better governance" (R5)

<p>Service Development</p> <p>Patterson, Liz 07/23/2020 14:56:32</p>	<p>Do What Works Work with the Strengths of People and Communities</p>	<p>Bring on new groups to help e.g. beauticians (R3)</p> <p>"Use a room in doctors surgeries as a consultation room" (R4)</p> <p>In Machynlleth, employ podiatrists from Tywyn and Bronglais areas (R4)</p> <p>"The staff did receive some training a couple of years ago with a podiatrist for nail cutting and basic foot care but I think this is something we could discuss and maybe take forward" (R6)</p> <p>Challenges "stasis, entrenched attitudes" (R10)</p> <p>Overcome isolation through "integrated approach to working in multidisciplinary teams, encouraging district nurses/physios/podiatrists to be a team for a distinct area. Provide the team with the core resource to deliver across professional boundaries – such as direct IT links during consultation" (R10)</p> <p>"Closer working with other services, physiotherapy, orthotics would improve quality of service" (R12)</p> <p>"Much better coordination of multidisciplinary care for podiatry patients based on skilled and sustainable workforce" (R16)</p> <p>"Work with third sector, leg clubs, community connectors and other local partners to identify ways to improve the local community offer. Consider outreach to leg clubs and/or 'foot club' model" (R16)</p> <p>Offer to be involved in the redesign of podiatry services (O1)</p> <p>"As part of your consideration I would like to ask you to explore how this [Patient Activation Measure] might be built into your own thoughts and options]" (O2)</p> <p>"There is certainly an opportunity to work alongside the third sector in terms of raising awareness of good foot health care as a preventative measure to help reduce the strain of the</p>
--	--	--

		<p>podiatry service” “there are opportunities in terms of upskilling our volunteers and utilising private Foot Health Practitioners, nursing staff and care agencies” (O6)</p> <p>“With additional funding Age Cymru Powys could increase the number of clinics” (O6)</p>
--	--	---

Patterson Liz
07/23/2020 14:56:37

In their response, Age Cymru Powys suggested a few scenarios for joined up care:

- Example of the “Joined-up Care”, is that whilst checking the lower limb of Mrs X, the Age Cymru Powys (ACP) Simply Nails (SN) co-ordinator noticed a blemish on the lateral side of her right leg. On questioning the patient, it became clear that Mrs X had knocked her leg against a table, over a few months ago, and it wouldn’t heal. The co-ordinator asked the patient if she could remove the plaster, and in doing so uncovered a nasty looking wound. The patient was insistent that by “home care” it would get better. However, after gentle persuasion, the SN co-ordinator was able to ask the persuade the client to have the district nurse have a quick look at it. The district nurse applied some iodine and a plaster over the wound and asked the patient to come back again in a weeks’ time, to enable the district nurses to monitor the progress of the wound (if unattended the wound could have easily ulcerated). Not only had the ACP SN co-ordinator picked up on the abrasion, she was also able to ask probing questions with regards to the living circumstance of the patient, if she had fallen in the last three months and how much home help/if any she was getting.
- Second example: Mrs Y attends the ACP SN clinic with her husband, every month. Mrs Y has Dementia and her husband is her sole carer. The ACP SN co-ordinator noticed on the top of a patient’s left Hallux, a large blister, un-beknown to the patient, and was concerned about the way it looked. ACP SN co-ordinator checked patient’s foot-wear and inside the shoe and could see no apparent reason as to why the blister had appeared. The ACP Co-ordinator felt comfortable enough to ask the PTHB pod, (who was working in the next room) and ask her for advice. The PTHB pod came and inspected the blister, applied iodine and appropriate dressing, and informed Mrs Ys’ husband to visit the district nurses, who were in the same building that day, and they would be able to monitor the blister, to ensure that it didn’t become infected.
- Third example ACP SN co-ordinator had built a rapport with a regular Mrs Z. Mrs Z mentioned in conversation that they were struggling to come to SN clinic on a regular basis due to funds. SN co-ordinator mentioned that ACP could help to check if Mrs Z was receiving the correct benefits. SN co-ordinator spoke to ACP I&A Officer, who in turn visited Mrs Z, at a later date, and was able to increase Mrs Z’s Attendance Allowance from the lower rate to the higher rate, as well as sign posting her to Care & Repair who helped with fitting railings outside the home.

Patterson.Liz
07/23/2020 14:56:37

Advantages and Disadvantages of the Three Options

Respondents were asked to identify advantages and disadvantages of the three options.

	Advantages	Disadvantages
Option 1	<p>"Reach more people"</p> <p>"Keep this option"</p> <p>"Keeps service local"</p> <p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys and the problems this presents in terms of limited public transport links"</p> <p>"Many people can attend the clinics. This won't say that the buildings which are being used at the moment are always accessible for all disabilities."</p> <p>"Easier to attend local services"</p>	<p>"Parking, public transport"</p> <p>"Older disabled patients should not be expected to travel any further than they already do"</p> <p>"Governance"</p> <p>"Scrapping Crickhowell"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"Knighton"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Inability to book appointments"</p>
Option 2	<p>"People know where they are going and can get there"</p> <p>"Keep to this but make it more flexible"</p> <p>"Access Crickhowell"</p> <p>"Minimal change"</p> <p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys"</p>	<p>"Better appointment systems"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Disabled people have difficulties to attend clinics."</p>

Patterson, Liz
07/23/2020 14:56:37

	<p>and the problems this presents in terms of limited public transport links"</p> <p>"Not available in LD6 area – no alternative community based services"</p>	<p>"Transport, difficulty booking and availability of appointments"</p>
Option 3	<p>"Bringing other agencies in."</p> <p>"Improved governance"</p> <p>"Clearer service model and more attractive working opportunity"</p> <p>"Looks like a good compromise"</p> <p>"Consolidating the clinics to hospitals and health & care locations across Powys is a great solution. This would enable Age Cymru Powys and other third sector organisations, community groups to broad their coverage of the areas that NHS podiatry will no longer cover".</p> <p>"No alternative community based services"</p>	<p>"not getting other agencies involved"</p> <p>"Crickhowell Llangattock disadvantaged"</p> <p>"Further travel"</p> <p>"Funding for extra resource to support [additional third sector services]"</p> <p>"Increase of travel is simply not acceptable, many disabled people have got problems to travel."</p> <p>"Transport difficulties"</p>

Patterson.Liz
07/23/2020 14:56:37

Equality Impacts of the Preferred Option

Respondents were asked to identify advantages and disadvantages of the preferred option (Option 3).

	Advantages	Disadvantages
General Comments (e.g. where respondents included the comment in all categories)	<p>"Maintains a viable service in the county"</p> <p>"The Council is of the view that the proposed model may offer a better service if the clients are able to travel to the clinics by car or public transport."</p>	<p>"The main issue is increased travel."</p> <p>"Whilst it will increase travel the alternative is an unsustainable service that cannot be delivered which is worse"</p> <p>"The council is of the view that the proposed model increases the amount of travel to attend a clinic, but some clients may not have good access to car or public transport."</p>
Age	"Easier Access to Appointments"	<p>"More travelling x 2"</p> <p>"Distance for kids taken out of school"</p> <p>"Having to travel to Brecon. Do not drive and very few/irregular bus services."</p> <p>"If elderly travel more difficult"</p> <p>"Elderly people need the service in their community or at home."</p>
Disability	<p>"Easier Access to Appointments"</p> <p>"Depends on accessibility at the site"</p>	<p>"More travelling x 2"</p> <p>"Depends on accessibility at the site"</p> <p>"Having to travel to Brecon. Do not drive and very few/irregular bus services."</p> <p>"Wheelchair users transport issues"</p> <p>"Disabled people might need a more specialised service in the hospital, disabled accessible service locally or at home."</p> <p>"Further to travel, availability of transport and appointments"</p>
Gender Reassignment	No specific comments	No specific comments
Marriage and Civil Partnership	No specific comments	No specific comments

Pregnancy and Maternity	No specific comments	"More travelling"
Race	No specific comments	No specific comments
Religion or Belief	No specific comments	No specific comments
Sex	No specific comments	No specific comments
Deprivation	No specific comments	"More travelling" "Cost of travelling x 22" "Poor bus service limiting travel" "People will find that they have to go private while they cannot afford it."
Rurality	No specific comments	"More travelling" "Cost of travel" "Travel issues" "Not here Crickhowell Llangattock and surrounding area a large hub" "Clients who are living rural won't request proper footcare any longer, because they do not want to travel further." "Ease of accessing services"
Carers	No specific comments	"Travel issues" "Time and inconvenience" "Carers will get frustrated, because their clients won't get proper footcare."
Welsh Language	No specific comments	"Not everywhere in Powys is Welsh spoken well, which can give staffing issues. It is important that you have got Welsh speaking staff in areas where more Welsh is spoken."

A very detailed response from Age Cymru Powys included particular mitigations for the disadvantages, including relating to their Simply Nails service:

- Will PTHB be working with local community transport schemes?

- Would it be possible to coordinate the clinics with the day hospitals, thus saving the patient's multiple journeys?
- Appointment times would need to be considered for those patients not having to travel further.
- Improve the current booking system to make it more user friendly
- Improve the referral form to make it simpler and clearer
- The consideration given to travel appears to assume travel by car, and further account needs to be taken of ability/inability of clients to travel by current (and future) public transport services
- The effect of losing clinics will only be offset if there is a better service provided at the remaining clinics

Specific suggestions from Age Cymru in relation to the Simply Nails service included

- Expansion of Simply Nails to additional locations
- Enhanced referral pathway from podiatry to Simply Nails for more patients including diabetes, blood thinners, steroids
- Enable direct referrals from GPs to Simply Nails for clients with diabetes etc.
- Greater focus on positive foot health promotion
- Induction and ongoing training with PTHB podiatry for Simply Nails volunteers
- Consider foot health practitioner clinics

Other suggestions for mitigating impacts include:

- "Community engagement, liaise with local groups to advise and discuss the needs of the community, services were withdrawn from LD6 with no prior warning or consultation, ascertain locally based community services"
- "Liaise with local groups i.e. GP surgery, health focus group, leg club. Leg Club was set up at end of 2019. What provision is there for review of people with diabetes, those who need emergency treatment and the residents of the two care homes in LD6"

Comments on the Process:

"Bit of a pointless question when you've told us option 1 & 2 are not feasible" (about advantages / disadvantages of Option 1) (R6)

"How is this useful for patients. We just need a podiatry service not a difficult survey form" (R8)

"Engagement period too short" (O4)

Partial Responses:

60 online surveys were commenced but not completed.

Two partial responses included comments relating to the engagement questions:

- “Increasing links with Schools of Podiatry and offering work experience, secondments.” (P12)
- “Would like podiatry treatment in Powys as currently done in England” (P57)

Patterson, Liz
07/23/2020 14:56:37

Equality Impact Assessment (EIA) Outcome
Summary Report for

Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Draft Version 2.2, 19 May 2020

Patterson, Liz
07/23/2020 14:56:37

Contents

EIA Outcome Overview	3
1. Introduction	4
1.1 What is the purpose of an EIA?	4
1.2 Description of proposal subject to this EIA	4
1.2.1 Rationale for the proposal 'Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future'	4
2. Approach to conducting this EIA	6
2.1 Organisation and service context	6
2.2 Current demand	6
2.2.1 Access & Appointment provision:	7
3. Engagement	8
3.1 Engagement plan	8
3.2 Engagement Materials	12
4. Findings from the Engagement and Consultation Activity	14
4.1 Equality Impacts identified during the consultation	16
5. Mitigation of potential negative impacts	18
6. Summation/Conclusion	20
7. Next Steps	21
7.1 Application of this EIA	21
7.2 Implementing the mitigations action plan	21
7.3 Monitoring and evaluation	21

Patterson, Liz
07/23/2020 14:56:37

EIA Outcome Overview

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age		x		
Disability		x		
Gender reassignment	x			
Pregnancy and maternity	x			
Race	x			
Religion/ Belief	x			
Sex	x			
Sexual Orientation	x			
Marriage and civil partnership	x			
Welsh Language	x			
<p>Respondents to the consultation and engagement events raised concerns that the proposed changes to the Podiatry Services might mean increased travel time, increased travel costs and particular inconveniences where public transport – which is described as limited and irregular in places – would cause problems in getting to appointments. These concerns were raised with potentially adverse effects for older people and people with disabilities. Mitigating actions are described in this EIA report.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				
<p>Statement</p> <p>A supporting narrative for any risks identified that may occur if a decision is taken will be added here in the version presented to PTHB Board on 29 June so that it can reflect PTHB management recommendation and CHC feedback</p>				

Patterson, Liz
07/23/2020 14:56:37

1. Introduction

1.1 What is the purpose of an EIA?

The undertaking of an Equality Impact Assessment is a statutory duty and ensures that equality and human right principles are identified and considered in decisions and actions. It involves:

- I. Anticipating or identifying consequences of the proposal on individuals or groups.
- II. Making sure negative effects are eliminated or minimised.
- III. Maximising opportunities for promoting positive effects

1.2 Description of proposal subject to this EIA

In response to a number of factors affecting the sustainability of safe podiatry services in Powys a proposal was developed around meeting the challenges faced by the Podiatry Services in Powys and redesigning services for the future. It is this proposal **Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future** that was subject to this EIA.

1.2.1 Rationale for the proposal 'Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future'

Following an internal audit of the Podiatry Service (2018) that returned a response of 'no assurance', a comprehensive Action Plan was created and implemented which included the requirement to review of the existing sites from which Podiatry is delivered across Powys. In September 2018, due to staff shortages, the Podiatry clinics sites were realigned to deliver from 12 sites where there were previously 16. This was necessary to ensure greater efficiencies in delivery.

This proposal presents a model of delivery from 10 sites going forward, with positive outcomes envisaged for patients, staff, the service and organisation including:

- Equitable and timely treatment by enabling changes to the clinic template
- Equity in the availability of appointments
- Increased continuity of care from the same therapist
- Improving quality of treatment through the introduction of "two chair clinics", which further provides the opportunity for reviewing and optimising team skill mix
- Improving pathway and clinical safety, by ensuring junior staff have the support of clinical specialists on site
- Improving overall supervision and mentorship and the ability to support new graduates within the workforce safely
- Improving recruitment and retention of Podiatry staff

Patterson, Liz
07/23/2020 14:56:37

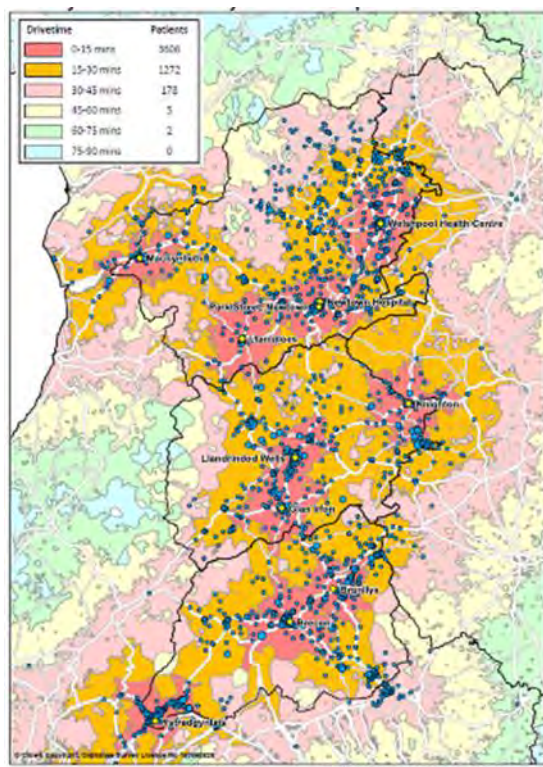
- Reducing staff travel time to clinic sites enabling increased time available for appointments
- Reducing the number of locations where patient records are held which will ensure safer management of patient records in line with GDPR because it reduces the risks associated with transferring patient records across sites.

The following locations are proposed as the sites to provide Podiatry services going forward:

North	Mid	South
Welshpool (two chair clinic)	Knighton	Brecon (two chair clinic)
Newtown	Glan Irfon	Bronllys
Llanidloes	Llandrindod Wells (two chair clinic)	Ystradgynlais (two chair clinic)
Machynlleth		
(No service from Llanfyllin and Llanfair).	(No service from Presteigne and Rhayader)	(No service from Crickhowell)

The isochrone map below illustrates the proposed ten locations and confirms that the majority of patients would not have to travel over 30 minutes to their appointment with 71% of patients travelling under 15 minutes.

Map 1: Podiatry Caseload travel to appointment time against new proposed locations



Time Travel	Current Model	Proposed Model
0-15 minutes	85%	71%
15-30 minutes	13%	25%
30-45 minutes	0.7%	3.5%
45-60 minutes	0.04%	0.09%
60 minutes +	0.04%	0.04%

Patterson, Liz
07/23/2020 14:56:37

2. Approach to conducting this EIA

PTHB has a duty to ensure the sustained delivery of safe podiatry services to the Powys resident population by the most effective and efficient means possible, having regard to local needs and circumstances. This EIA forms part of the evidence required by the PTHB Board to make decisions on any service model changes and the future of PTHB services.

This EIA assessment was conducted to assess the potential impact of the above proposal. The process for gathering feedback via consultation and engagement is described below.

This assessment has been undertaken by the PTHB Podiatry Service and considers the possible effects of the proposed model changes on service users (current and future) in need of podiatry services across Powys. It was undertaken utilising resources and information provided from the Podiatry Services and staff, patients, service users, staff and relevant stakeholders.

The aims of this EIA were to:

- I. Consider the impact and effect of the proposed model changes to groups of people, including - patient's/service users, - staff - individuals with protected characteristic (as defined by the Equality Act 2010) - and other relevant stakeholders
- II. Identify both positive and negative impacts that the proposed changes will have
- III. Propose potential mitigations to minimise or eliminate negative impact/affects
- IV. Propose opportunities to maximise and promote the positive effects of the proposed changes to the service model

The following areas were considered when undertaking the EIA:

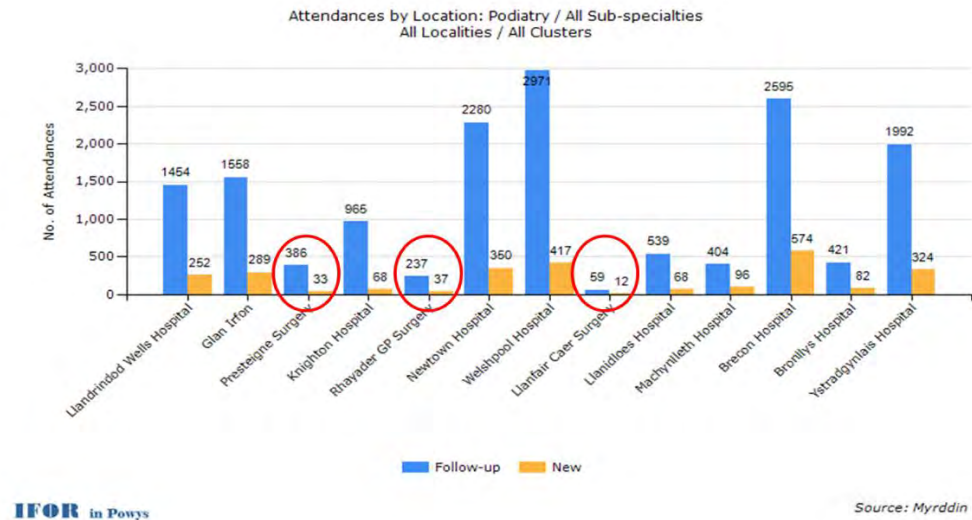
2.1 Organisation and service context

The organisational and service context is described above. The current model is under review in response to an internal audit and increasing demand against a reduced workforce capacity. Recruitment challenges are noted, as are concerns regarding the ongoing sustainability of the service in its current structure.

2.2 Current demand

The graph below shows the breakdown of attendances (both new and follow up) for all current locations and highlights in particular the small number of patients seen in Presteigne, Rhayader and Llanfair Caereinion.

Patterson, Liz
07/23/2020 14:56:37



NB:

*Llanfyllin activity is included within Newtown and Crickhowell within Brecon, due to the way the recording is set up on the Welsh Patient Administration System (WPAS).

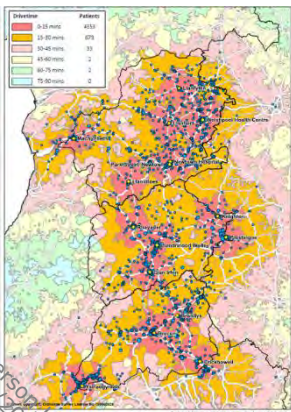
**Machynlleth currently receives its Podiatry service from Betsi Cadwaladr University Health Board, via an SLA that is reviewed regularly.

2.2.1 Access & Appointment provision:

PTHB offer self-referral to the community Podiatry service as well as referrals directly from consultant, GPs and health colleagues. Appointments for Core Community Podiatry, Nail Avulsion and Domiciliary Visits are managed centrally through the Call Centre whilst wound care provision is managed at the individual sites by Podiatric staff.

Map 2 below highlights the sites across Powys where patients are seen currently. It shows that the majority of patients (86%) travel under 15 minutes to their appointment. Only a very small number of patients (less than 0.08%) had to travel over 45 minutes.

Map 2: Podiatry Caseload with current locations and travel to appointment times:



Time Travel	Current Model
0-15 minutes	85%
15-30 minutes	13%
30-45 minutes	0.7%
45-60 minutes	0.04%
60 minutes +	0.04%

3. Engagement

A robust approach to engagement with key stakeholders, was sought with the commitment that responses would be analysed and used to inform future decisions. The Podiatry Service in PTHB have worked closely with Powys Community Health Council (CHC) to undertake a formal consultation process. Originally the engagement was scheduled over a period of 6 weeks from 17th February 2020 to 29th March 2020, however, towards the end of the engagement period, the UK entered a period of “lockdown” from 23 March 2020 in response to Coronavirus (COVID-19). Engagement was therefore kept open for continued feedback via email and online to allow further opportunity for comment. The engagement period finally closed on 12 May 2020 – a period of over 11 weeks.

The following sections detail the engagement plan (3.1) and the materials used (3.2).

3.1 Engagement plan

The podiatry service followed NHS Wales published guidance on engagement and consultation on changes to health services. This is available from the NHS Wales website at <http://www.wales.nhs.uk/sitesplus/documents/829/NHS%20Wales%20Guidance%20on%20Engagement%20and%20Consultation.pdf>

This engagement related to services for people in Powys with a clinical need for community and specialist podiatric services. Key audiences included users of podiatry services, people with diabetes, people with lower limb tissue viability issues (e.g. Leg Club users).

The objectives of the engagement plan were:

- I. To seek views on the challenges facing podiatry services, to explain the steps that have already been taken to respond to these challenges and present the options being considered for addressing the challenges in the longer term
- II. To share information with service users, the public in Powys and wider stakeholders in order to gather views that will help us to make the best decisions on the way forward for podiatry services in Powys
- III. To meet the requirements of the NHS Wales Guidance on Engagement and Consultation, the Community Health Council Regulations in relation to consultation in Powys and ensure a Welsh Language Active Offer.
- IV. To identify positive and negative impacts of the proposals – with particular reference to equality protected characteristics, carer responsibilities, deprivation, rurality and Welsh Language – and to use these insights to refine the proposal and consider potential mitigation actions that can be delivered by the health board or other partners to reduce negative impact.**
- V. To develop and agree a report on engagement in Powys that can support decision making on the future of podiatry services.
- VI. To engage with Powys Community Health Council
- VII. To identify learning that will support us to continue to strengthen systems and processes for continuous engagement, identifying areas of best practice and opportunities for improvement
- VIII. And additionally, to extend the engagement period for a further six weeks during the lockdown period for Coronavirus (COVID-19).

Patterson, Liz
07/23/2020 14:56:37

The timeline for engagement was as follows:

- 21 January 2020: SBAR discussed by Powys Community Health Council Executive Committee
- 21 January 2020: Discussion of SBAR and draft Engagement Document between PTHB and Powys Community Health Council at Services Planning Committee
- 6 February 2020: Discussion of updated Engagement Document and draft Engagement Plan between PTHB and CHC representatives
- 17 February 2020: Start of Engagement Period
- TBC early March: Internal Mid-Term Review
- 29 March 2020: Original end of Engagement Period
- 12 May 2020: Extended engagement period ended on 12 May 2020
- 26 May 2020: Powys CHC Executive Committee
- 29 June 2020: Meeting of the Board of Powys Teaching Health Board

Below is an outline of the engagement and consultation activity:

Sector	Audiences	Impact / Influence	
A: Patients, Service Users and Carers, Customers and Customer Proxies	Current users of podiatry services	Engage closely	
	Diabetes Service User and Carer Forums	Engage closely	
	Local third sector organisations working with people with diabetes	Keep informed	
	Targeted equalities and impact assessment work:	(via all activity)	
	• Age		
	• Sex		
	• Gender Reassignment		
	• Pregnancy & Maternity		
	• Disability		
	• Sexual Orientation		
	• Marriage and Civil Partnership		
	• Religion or Belief		
	• Race		
	• Carers		
	• Deprivation		
• Rurality			
• Welsh Language			
	Local third sector organisations working with carers	Keep informed	
Audience	Proposed Activity	Who	Activity Log
A: Patients, Service Users and Carers, Customers and Customer Proxies	Podiatrists to engage with podiatry service users during the engagement period with a particular focus on geographies where there is a proposal to make permanent the temporary changes that have been in place and those geographies where additional changes are proposed: <ul style="list-style-type: none">summary of proposalsshort MECC questionnaire (how would these proposals affect you, what steps could be taken to mitigate the impact)full engagement document available on request	Engagement and Communication Team	Information shared by AO with all staff via Powys Announcements on 15/02 with request to share and engage with service users
		Community Services team	Vic Deakins engaging with podiatry team MECC questionnaire produced by Adrian Osborne and shared with Vic Deakins for local use
	Information about the engagement shared with PAVO and Credu for distribution via their networks	Engagement and Communication Team	Engagement information sent by AO to PAVO and Credu on 16/02 with request to share through their networks
	Engage with District Nurses to raise awareness via Leg Clubs	Community Services team	Information shared via Powys Announcements
	Offer presentation to Diabetes Service User and Carer Forums	Community Services team	NB the Diabetes Service User and Carer Forums are not meeting during the engagement period but information will be shared via planning team and diabetes nursing
		Engagement and Communication Team	Information sent by AO to Mike Griffiths to Sally Ann Jones for distribution to the Groups on 16/02

Patterson, Liz
07/23/2020 14:56:37

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Draft Version 2.2, 19 May 2020

Sector	Audiences	Impact / Influence	
B: Public and Communities	Public and communities:	Keep Informed	
	• Public and Communities across Powys		
	PTHB Health Forums in:	Engage Closely	
	• All Health Forums in Powys		
	PAVO Community Connectors:	Keep Informed	
	• All Community Connectors in Powys		
	Town and Community Council areas:	Keep Informed	
	• All Town & Community Councils in Powys		
	Local community networks and organisations:	Keep Informed	
• All Community networks and organisations in Powys			
Social media channels (e.g. hyperlocal):	Keep Informed		
• PTHB social media channels			
Audience	Proposed Activity	Who	Record of Activity
B: Public and Communities	Share information about the engagement via social media channels and PTHB website	Engagement and Communication Team	Information went live on 16/02 ready for start of engagement. Posts on PTHB Facebook page on 17/02
	Send information about the engagement to Health Focus Groups in Powys – offer to attend those Groups in affected areas taking place during the engagement period	Engagement and Communication Team	Information distributed by AO to HFG key contacts on 16/02 NB where Health Focus Groups / PPGs are meeting during the engagement period these are listed in the Activity Log. Those that are not meeting will receive information via distribution.
	Send information about the engagement to Town and Community Councils in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Send information about the engagement to PAVO Community Connectors in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Share information via community networks	All partners to be encouraged to share information via their networks	Shared with partners for onward syndication
	Reactive – respond to requests to attend Health Focus Groups with priority to Llanfyllin, Rhayader and Crickhowell (areas with HFGs where changes are proposed)	Community Services Team	Shared with HFG members
	Information will be available at existing continuous engagement events	Engagement and Communication Team	Reduction of continuous engagement programme during Coronavirus
	CHC will be asked to share information at their programme of continuous engagement events	Powys CHC	Information distributed by AO to CHC on 14/02
Sector	Audiences	Impact / Influence	
C: PTHB Staff and Contractors	PTHB Board, IMs and Executive Team	Engage Closely	
	PTHB Staff		
	• All staff	Keep Informed	
	• Podiatry Staff	Engage Closely	
	• Diabetes Nurses	Engage Closely	
	• District Nurses / Leg Clubs	Engage Closely	
	• Tissue Viability Nurses	Engage Closely	
	• Heads of Nursing and Midwifery	Keep Informed	
	• Heads of Therapies and Health Sciences	Keep Informed	
	Primary Care		
	• General Practice across Powys	Keep Informed	
	• Community pharmacy in Powys	Keep Informed	
	Cluster		
	• All three clusters	Engage Closely	
	PTHB Partnership Forum	Keep informed	

Patterson, Liz
07/23/2020 14:56:37

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Draft Version 2.2, 19 May 2020

Audience	Proposed Activity	Who?	Activity Log
C: PTHB Staff and Contractors	Issue information to all PTHB staff via Powys Announcements (launch of engagement plus mid term reminder)	Engagement and Communication Team	Information distributed by AO on 15/02
	Ensure all podiatry staff are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all DNs / Leg Clubs are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Diabetes Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Tissue Viability Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Share information with PTHB Partnership Forum	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02
	Share information with General Practice and Community Pharmacy in Powys	Primary Care Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	Share information with Clusters and offer to attend cluster meeting	Community Services Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	NB attend clinical / professional meetings as appropriate and/or brief appropriate representative to share the proposals	Community Services Team / E&C Team	
	Board Members	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent via Powys Announcement to all staff on 15/02 and also included in "The Week" to Board Members
Sector	Audiences		Impact / Influence
D: Partner Organisations	Partnerships		Keep Informed
	• Public Service Board, Regional Partnership Board, Age Well Partnership, Live Well Partnerships, Start Well Partnership		
	Powys County Council		Keep Informed
	• Adult Social Care		
	Powys Association of Voluntary Organisations (and via PAVO to local third sector)		Keep Informed
	Age Cymru and CAMAD – partners in the delivery of nail cutting services		Engage Closely
	Leg Clubs		Keep Informed
	Mid Wales Joint Committee		Keep Informed
	Third Sector Organisations:		Keep Informed
	• Via PAVO		
Audience	Proposed Activity	Who?	Activity Log
D: Partner Organisations	Meet with Age Cymru and CAMAD to discuss the proposals and engage with them in the future model	Community Services Team	Check with Victoria Deakins
	Email the engagement materials to key partners listed on previous page – PCC, PAVO, PSB, RPB (and via RPB to Age Well, Live Well, Start Well)	Engagement and Communication Team	Information sent to RPB secretariat for onward distribution by AO on 16/02
			Information sent to PCC CEO and DoSS by AO on 16/02
			Information sent to PAVO CEO by AO on 16/02
			Information sent by AO to MWJC PPI group and secretariat on 18/02
Sector	Audiences		Impact / Influence
E: National Bodies	Welsh Government:		
	• Welsh Government Therapies leadership (Ruth Crowder)		Keep Informed
	• Welsh Government Health and Social Care comms team (Steve Robbins)		Keep Informed
Audience	Proposed Activity	Who	Activity Log
E: National Bodies	Ensure that Welsh Government therapies leadership (Ruth Crowder) is aware	Engagement and Communication Team / Director of Therapies and Health Science	Information sent by AO to Ruth Crowder on 15/02
	Ensure that Welsh Government comms team is aware	Engagement and Communication Team	Information sent by AO to WG Comms on 15/02
Sector	Audiences		Impact / Influence
F: Unions and Professional Bodies	PTHB Partnership Forum		Keep Informed

Patterson, Liz
07/23/2020 14:56:37

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Draft Version 2.2, 19 May 2020

Audience	Proposed Activity	Who?	Activity Log
F: Unions and Professional Bodies	Email the engagement information to the stakeholders listed on the previous page – Partnership Forum	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02
Sector	Audiences		Impact / Influence
G: Political	Assembly Members		
	• All constituency AMs and regional AMs)		Keep Satisfied
	Members of UK Parliament		
	• All MPs		Keep Satisfied
	Powys County Councillors		
	• All Powys County Councillors		Keep Satisfied
Audience	Proposed Activity	Who?	Activity Log
G: Political	Email the engagement document to AMs, MPs, Powys County Councillors – offer phone call or meeting if they need further information, keep lines of communication open, update them on “no surprises” basis	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to Russell George, Kirsty Williams, Helen Mary Jones, Neil Hamilton, Joyce Watson, Eluned Morgan on 16/02
			Information sent by AO to Craig Williams and Fay Jones on 16/02
			Information sent by AO to all Powys County Councillors on 16/02
Sector	Audiences		Impact / Influence
H: Scrutiny and Regulation	Powys Community Health Council		Engage Closely
Audience	Proposed Activity	Who?	Activity Log
H: Scrutiny & Regulation	Offer to attend meeting of CHC to present the proposals	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Draft proposals presented to CHC Exec/SPC in January Information sent to CHC by AO on 14/02 Presentation to CHC Executive on 26 May
	Share information with Chair / Clerk of PCC Health and Care Scrutiny Committee	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to all PCC Councillors on 16/02 and also separate note to Clerk

3.2 Engagement Materials

The engagement document was available in English and Welsh.

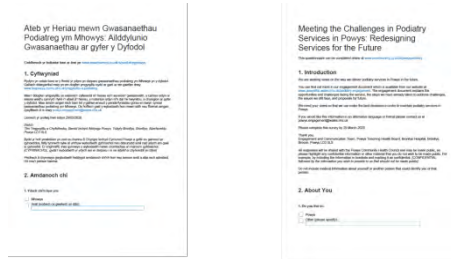


A survey questionnaire was available online via smart survey and via printed copies.

Patterson, Liz
07/23/2020 14:56:37

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services

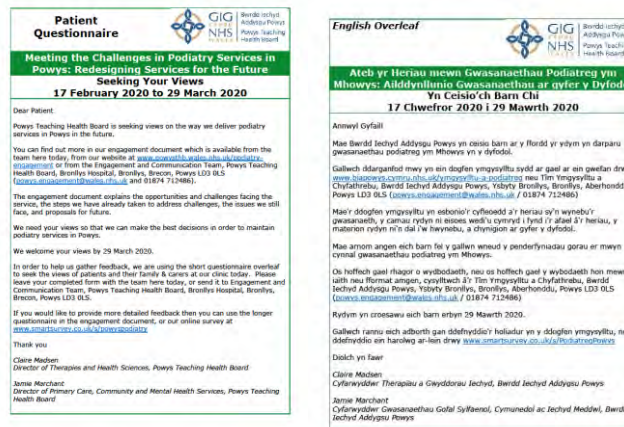
Draft Version 2.2, 19 May 2020



A dedicated web page was established on the health board website:

- EN: www.powysthb.wales.nhs.uk/podiatry-engagement
- CY: www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg

A public and stakeholder bulletin was available to raise awareness of the engagement with partners.



A short questionnaire was created for podiatrists to use in their clinics to gather rapid feedback from patients, particularly those who will be most affected by the proposals (e.g. Rhayader, Crickhowell, Presteigne, Llanfair Caereinion, Llanfyllin).

Various social media platforms were utilised to promote the consultation and keep the public informed of progress and timeframes.

Patterson, Liz
07/23/2020 14:56:37

4. Findings from the Engagement and Consultation Activity

Ref: *Aim I: Consider the impact and effect of the proposed model changes to groups of people*

Aim II: to identify both positive and negative impact that the proposed changes will have

In total 77 responses were commenced on-line of which 17 were marked as “completed” (in that the survey questionnaire was followed through to the final question, even if no comments were submitted) and 60 “partial” (in that the survey questionnaire was not followed through to the final question).

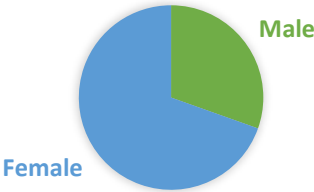
A further 8 responses were received via other means such as through letters, email and over the phone.

As part of the consultation process respondents were invited to provide information about their equality characteristics, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language. Information about the equality profile of consultation respondents can be found below in summary box below.

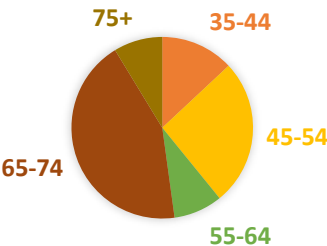
Patterson, Liz
07/23/2020 14:56:37

Respondents Demographic Profile Summary

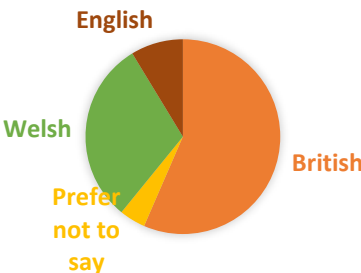
GENDER



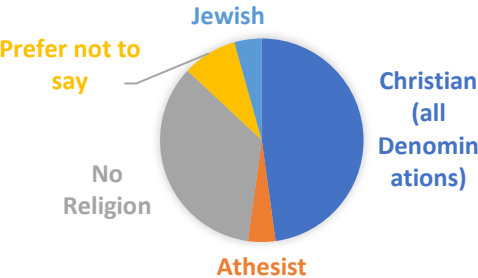
AGE PROFILE



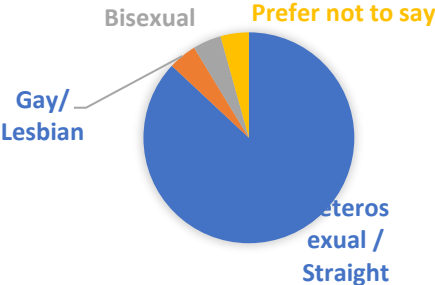
NATIONAL IDENTITY



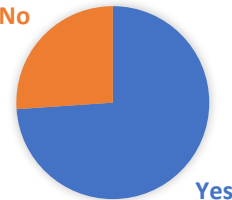
RELIGION



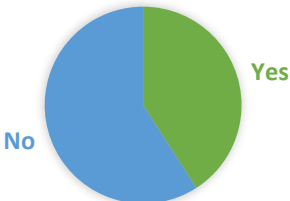
SEXUAL ORIENTATION



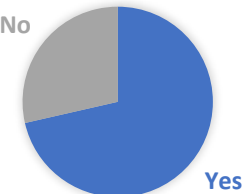
MARRIED/CIVIL PARTNERSHIP



DISABILITY



CARER



All respondents identified as White, none were pregnant, all spoke English as their main language.
NB. There were 23 respondents that provided this demographic information, with the exception of carer information for which we have data on 8 respondents.

The next section presents the key issues raised by the respondents to the engagement and consultation activity and specifically focuses on the equality impacts identified through the consultation process.

4.1 Equality Impacts identified during the consultation

Overall impact themes arising in the consultation feedback are summarised below with reference to equality-specific impacts. These include:

	No impact	Adverse	Differential	Positive	
Age			X		Respondents to the consultation raised issues where they believed adverse impacts would result from the proposed changes to the podiatry services. The negative impacts described primarily focussed on increased travel, the cost of this and the lack of public transport to support increased travel or limiting the ability to make certain appointment times.
Disability			X		
Gender reassignment	X				
Pregnancy and maternity	X				The groups of people specifically noted to likely experience adverse effects on increased travel were related to age (primarily older people but it was also raised that this could be an issue affecting young people who might need to take time out of school to attend appointments) and people with a disability.
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Rurality			X		Alongside this some balancing factors were noted. For example, the unsustainability of the current model has an adverse impact on accessibility and timeliness of appointments.
Deprivation			X		
Carers			X		

In summary it was felt that the proposal must acknowledge the impact for people who do not have access to a car or good public transport (this could therefore apply across all groups)

Age and Disability

In addition to travel, examples of other potential impacts on older people and those with disabilities were highlighted in the consultation feedback from organisation representatives, these included:

- The forms that are currently used for referrals to Podiatry, were described as ‘not user friendly’ and ‘very confusing for older people’.
- The system of re-booking appointments over the phone was described as ‘problematic – as there are a lot of older people that have hearing problems, so they are less likely to make the call. There are lot more that have memory problems making it difficult for them to remember to rebook an appointment’.

Patterson, Liz
07/23/2020 14:56:37

- It was raised that ‘there is not enough thought given around accessibility for vulnerable older and disabled people’ and the physical accessibility of sites and locations.

Additional issues were raised, that although were not linked to specific groups in terms of impacts they affect the service as a whole. These include the recruitment and retention of podiatry staff and the provision of information around foot care and foot health promotion.

Patterson Liz
07/23/2020 14:56:37

5. Mitigation of potential negative impacts

Ref: *Aim III: To propose potential mitigations to minimise or eliminate negative impact/affects*

The table below provides a brief outline of the mitigation action and activity that is under considered to either further investigate or address the issues and concerns raised through the consultation and engagement process.

Issue or concern raised	Suggested areas of exploration for mitigation
Increased travel requirements	<p>The roll out of Attend Anywhere will, where clinically appropriate, offer appointments virtually and remove the need for travel.</p> <p>The ways in which the proposed model will strengthen the capacity to undertake domiciliary visits to eligible patients.</p> <p>Strengthening working relationships and developing a MDT approach with the Third Sector e.g. diabetes nurses, district nurses, physiotherapists, Leg Clubs.</p> <p>Scoping possible support options in areas with no clinic or where support from the Third Sector can be utilised and optimised for the benefit of service users</p>
Travel complicated by lack of public transport (affecting time needed to travel, convenience and limiting ability to access sites / appointment times)	<p>Mapping the main public transport routes and timetables to align and optimise accessibility to clinics/appointments</p> <p>Community Transport and scoping the capacity available to support patients if required.</p> <p>Options available through Third Sector charitable transport links</p>
Cost of travel	<p>Consider options for planning clinic times around availability of public transport and community transport and/or work with community transport providers to consider options for addressing current gaps</p> <p>Review promotion and awareness of NEPTS information for patients who may be eligible for NEPTS and other transport support</p>
Physical accessibility of sites and locations	<p>Work with Accessibility Cymru to assess accessibility and limitations of clinic locations. Through reducing the number of locations, as per the proposal, additional capacity will be released to focus on these issues and service provision to working in different ways with wider resources available.</p>

Forms/Leaflet (not user friendly / confusing)	All forms/leaflets will be reviewed and amended as appropriate to ensure they are more user friendly.
Re-booking appointments over the phone	A full review of the booking process is underway and options for an improved system are under appraisal.
Recruitment and retention of Staff	The new model proposed will provide greater opportunities, improved supervision and mentoring and provide junior staff with the support of clinical specialists on site.
Foot health promotion	A review of the leaflets currently available will commence to ensure appropriate leaflets available in all clinics. Information available on the internet will be refreshed.
Podiatry pathway	The service will review their clinical pathways in line with the One Wales taxonomy for inpatient and community podiatry Consider options for self-management tools e.g. Florence text messaging, Patient Activation Measure (PAM) Expand training to wider Multi-Disciplinary Team e.g. Foot screening tool for inpatients.

Patterson, Liz
07/23/2020 14:56:37

6. Summation/Conclusion

This EIA and the processes around consultation and engagement have helped identify the possible impacts and develop mitigations to eliminate and reduce these impacts, subsequent discriminations and promote equality of opportunity through the implementation of the proposed changes to the podiatry services. The most prevalent concerns raised centred on the negative impacts caused by increased travel times and the inconvenience and limited access this will cause, particularly for those that rely on public transport. This, although specifically noted to impact on older people, people with disabilities and those people living in areas of deprivation or rurality, it was raised that this could potentially affect people from any of the protected characteristic groups.

It should be noted that we acknowledge that this EIA has been conducted prior to the implementation of any service changes and unforeseen impacts may occur during or after the implementation phase. We therefore commit to monitoring and evaluating for these throughout the lifespan of the service (see 7.3).

Patterson, Liz
07/23/2020 14:56:37

7. Next Steps

7.1 Application of this EIA

This EIA will form part of the suite of evidence used by the PTHB Board to review and make decisions regards the future of the podiatry services and the implementation of any service changes.

7.2 Implementing the mitigations action plan

Subject to CHC and management feedback on the equality impacts and mitigation actions, this section will be updated for presentation to PTHB Board on 29 June to include a table showing the high level action plan for the mitigations (include action, timeframe and responsible person/s)

Reference	Action	Responsibility	Deadline

7.3 Monitoring and evaluation

Once decisions are made about the future of the podiatry series, a monitoring and evaluation plan will be developed to capture and evaluate quality, performance, benefits gained, value as well as service user experience and outcomes. The exact metrics and KPIs will depend on the model implemented. However, appropriate measures will be put in place at the start of the implementation phase to ensure any unforeseen impacts on equality groups are picked up as early as possible. At a minimum an interim evaluation will take place at 6 months and a full evaluation of the new service model at 1 year post initial implementation.

The monitoring and evaluation plan will be developed in response to CHC feedback and management recommendation, and will be added here in the version presented to PTHB Board on 29 June.

Patterson, Liz
07/23/2020 14:56:37

Podiatry Consultation Review

Regulations

In relation to s.27(7) of The Regulations [see Chief Officers Report]

Does the Executive Committee of Powys CHC consider that the consultation has been adequate in relation to content and time allowed?

Yes = 6 members (quorate)

No = 0 members

No response = 1

Comments/ Observations:

COVID-19 has obviously considerably impacted on the consultation process; the number of responses is disappointing, however, additional time was allowed; it not clear how much more could have be done in the circumstances given the restrictions on any further outreach activity post March 2020.

The consultation materials were quite specific in 'dismissing' options 1 & 2 and some respondents did question whether this was a consultation; it is possible that this approach could have been a factor in the low response rate.

Does the Executive Committee of Powys CHC consider that the consultation has been adequate with regard to Powys CHC being consulted at the inception?

Yes = 6 members (quorate)

No = 0 members

No response = 1

Comments/ observations:

Does the Executive Committee of Powys CHC consider that consultation has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the decision making process?
<p>Yes = 6 members (quorate)</p> <p>No = 0 members</p> <p>No response = 1</p>
Comments

In relation to s.40 of The Guidance [see Chief Officers Report]

Does the Executive Committee of Powys CHC consider that they have had sufficient information and data to be able to assess the impact of these proposed changes on the residents of Powys?
<p>Yes = 6 members (quorate)</p> <p>No = 0 members</p> <p>No response = 1</p>
<p>Comments/ observations:</p> <p>The low level of responses from patients and the public is of concern.</p>

Does the Executive Committee of Powys CHC consider that, had it felt that there were other options to consider then it had sufficient opportunity to raise these with PTHB during the process (and at the earliest opportunity)?
<p>Yes = 6 members (quorate)</p> <p>No = 0 members</p> <p>No response = 1</p>
Comments

In relation to s.41 of The Guidance [see Chief Officers Report]

Having considered the comments received from Powys respondents, does the Executive Committee of Powys CHC wish to record any observations?

Yes = 6 members (quorate)
No = 0 members
No response = 1

Comments
Problems over booking repeat appointments have been raised in the past and really should have been addressed ahead of the consultation on re-configuration of the service.

In relation to s.42 of The Guidance [see Chief Officers Report]

Is the Executive Committee of Powys CHC satisfied that the proposals for this substantial change to health services would be in the interests of health services in its area?

Yes = 6 members (quorate)
No = 0 members
No response = 1

Comments
The changes will undoubtedly make access to the service more difficult for Powys residents. However, PTHB make a strong case that other models are not sustainable in terms of not only the quality of service delivered but also in their ability to recruit and retain staff.

Person: Liz
07/23/2020 14:56:37

Patterson Liz
07/23/2020 14:56:37

Powys Community Health Council

Comments on draft PtHB Mitigation Plan

Issue or concern raised	Suggested areas of exploration for mitigation	CHC Comments
Increased travel requirements	<p>The roll out of Attend Anywhere will, where clinically appropriate, offer appointments virtually and remove the need for travel.</p> <p>The ways in which the proposed model will strengthen the capacity to undertake domiciliary visits to eligible patients.</p> <p>Strengthening working relationships and developing a MDT approach with the Third Sector e.g. diabetes nurses, district nurses, physiotherapists, Leg Clubs.</p> <p>Scoping possible support options in areas with no clinic or where support from the Third Sector can be utilised and optimised for the benefit of service users</p>	<p>Need to enable other (third sector) services not only in delivery of basic care but also in identification of need. This comes out very clearly in the response from Age Cymru.</p> <p>Welcome the MDT approach, together with closer working with Leg Clubs and the 3rd Sector.</p> <p>Re rollout of Attend Anywhere, what proportion of appointments can be delivered remotely? [Podiatry seems a very "hands-on" discipline].</p> <p>Fully endorse the ambition to improve the provision of domiciliary visits.</p>

Patterson, Liz
07/23/2020 14:56:37

<p>Patterson, Liz 07/23/2020 14:56:37</p>		<p>Reassurance needed that training plans are in place/ supported for volunteer workers - the reliance on volunteers is strongly advocated – but assurance that training and support are in place.</p> <p>More detail re. what is going to achieved by better MDT working?</p> <p>What are the 'support options' being considered for the Third Sector?</p> <p>Concern about difficulties in accessing Community Transport.</p> <p>Concern about the dependability/ vulnerability/ sustainability of public transport in rural areas.</p> <p>Concern re. impact of COVID-19 on already stretched public transport services ie viability going forward.</p>
---	--	---

Issue or concern raised	Suggested areas of exploration for mitigation	CHC Comments
Travel complicated by lack of public transport (affecting time needed to travel, convenience and limiting ability to access sites / appointment times)	<p>Mapping the main public transport routes and timetables to align and optimise accessibility to clinics/appointments</p> <p>Community Transport and scoping the capacity available to support patients if required.</p> <p>Options available through Third Sector charitable transport links</p>	Needs to include better communication and facilitation on the use of NEPTs.
Cost of travel	<p>Consider options for planning clinic times around availability of public transport and community transport and/or work with community transport providers to consider options for addressing current gaps</p> <p>Review promotion and awareness of NEPTS information for patients who may be eligible for NEPTS and other transport support</p>	Suggest looking at possibility of catering for 'multiple appointment' with other clinics/consultants to minimise the number of journeys.

Patterson, Liz
07/23/2020 14:36:37

Issue or concern raised	Suggested areas of exploration for mitigation	CHC Comments
Physical accessibility of sites and locations	Work with Accessibility Cymru to assess accessibility and limitations of clinic locations. Through reducing the number of locations, as per the proposal, additional capacity will be released to focus on these issues and service provision to working in different ways with wider resources available.	No mention of parking - parking will be a problem. It is already very tight in the Newtown and Welshpool clinics, and the extra activity there must be putting increased pressure on parking. There must be parking pressures elsewhere too.
Forms/Leaflet (not user friendly / confusing)	All forms/leaflets will be reviewed and amended as appropriate to ensure they are more user friendly.	Does it need more than leaflets in clinics and information on websites? Certainly engaging the MDT in this would be beneficial. Suggest wider public engagement on foot health.
Re-booking appointments over the phone	A full review of the booking process is underway and options for an improved system are under appraisal.	This has long been a critical issue with the service and has been over particular concern for those needing diabetic foot care.
Recruitment and retention of Staff	The new model proposed will provide greater opportunities, improved supervision and	

	mentoring and provide junior staff with the support of clinical specialists on site.	
Issue or concern raised	Suggested areas of exploration for mitigation	CHC Comments
Foot health promotion	<p>A review of the leaflets currently available will commence to ensure appropriate leaflets available in all clinics.</p> <p>Information available on the internet will be refreshed.</p>	Does foot health promotion need more than leaflets in clinics and information on websites? Certainly engaging the MDT in this would be beneficial. We believe that there should be wider public engagement on foot health.
Podiatry pathway	<p>The service will review their clinical pathways in line with the One Wales taxonomy for inpatient and community podiatry</p> <p>Consider options for self-management tools e.g. Florence text messaging, Patient Activation Measure (PAM)</p> <p>Expand training to wider Multi-Disciplinary Team e.g. Foot screening tool for inpatients.</p>	

Patterson Liz
07/23/2020 14:56:37

They appear to be quite indecisive with lots of aspects reliant on "scoping" which surely there should be a great deal of information as this isn't been a recent difficulty! Eg considering expanding training to MDT this should be definite with a timeframe and targeted eg All District Nurses / Physio's etc!

Good to note the booking system & leaflets will be reviewed - however still no actual date or timeframe when these will be complete and implemented?? for either?

Patterson, Liz
07/23/2020 14:56:37

Equality Impact Assessment (EIA) Outcome
Summary Report for

Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Draft Version 4.1, 1 July 2020

Patterson, Liz
07/23/2020 14:56:37

Contents

EIA Outcome Overview	3
1. Introduction	4
1.1 What is the purpose of an EIA?	4
1.2 Description of proposal subject to this EIA	4
1.2.1 Rationale for the proposal 'Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future'	4
2. Approach to conducting this EIA.....	6
2.1 Organisation and service context.....	6
2.2 Current demand	6
2.2.1 Access & Appointment provision:	7
3. Engagement	8
3.1 Engagement plan	8
3.2 Engagement Materials	12
4. Findings from the Engagement and Consultation Activity	14
4.1 Equality Impacts identified during the consultation	16
5. Mitigation of potential negative impacts	18
6. Summation/Conclusion	20
7. Next Steps	21
7.1 Application of this EIA	21
7.2 Implementing the mitigations action plan	21
7.3 Monitoring and evaluation	21

Patterson, Liz
07/23/2020 14:56:37

EIA Outcome Overview

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age			X	
Disability			X	
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Rurality			X	
Deprivation			X	
Carers			X	
<p>Respondents to the consultation raised issues where they believed adverse impacts would result from the proposed changes to the podiatry services. The negative impacts described primarily focussed on increased travel, the cost of this and the lack of public transport to support increased travel or limiting the ability to make certain appointment times.</p> <p>The groups of people specifically noted to likely experience adverse effects on increased travel were related to age (primarily older people but it was also raised that this could be an issue affecting young people who might need to take time out of school to attend appointments) and people with a disability.</p> <p>Alongside this some balancing factors were noted. For example, the unsustainability of the current model has an adverse impact on accessibility and timeliness of appointments.</p> <p>In summary it was felt that the proposal must acknowledge the impact for people who do not have access to a car or good public transport (this could therefore apply across all groups)</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical		X		
Financial		X		
Corporate		X		
Operational		X		
Reputational		X		
<p>Statement</p> <p><i>The implementation of a sustainable model for podiatry services in Powys will reduce clinical and operational risk as identified in the intended benefits of the proposed model. A number of differential impacts have been identified (e.g. in relation to access and travel), and a mitigation plan has been developed to address these and support the delivery of intended benefits.</i></p>				

Patterson, Liz
07/23/2020 14:56:37

1. Introduction

1.1 What is the purpose of an EIA?

The undertaking of an Equality Impact Assessment is a statutory duty and ensures that equality and human right principles are identified and considered in decisions and actions. It involves:

- I. Anticipating or identifying consequences of the proposal on individuals or groups.
- II. Making sure negative effects are eliminated or minimised.
- III. Maximising opportunities for promoting positive effects

1.2 Description of proposal subject to this EIA

In response to a number of factors affecting the sustainability of safe podiatry services in Powys a proposal was developed around meeting the challenges faced by the Podiatry Services in Powys and redesigning services for the future. It is this proposal **Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future** that was subject to this EIA.

1.2.1 Rationale for the proposal 'Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future'

Following an internal audit of the Podiatry Service (2018) that returned a response of 'no assurance', a comprehensive Action Plan was created and implemented which included the requirement to review of the existing sites from which Podiatry is delivered across Powys. In September 2018, due to staff shortages, the Podiatry clinics sites were realigned to deliver from 12 sites where there were previously 16. This was necessary to ensure greater efficiencies in delivery.

This proposal presents a model of delivery from 10 sites going forward, with positive outcomes envisaged for patients, staff, the service and organisation including:

- Equitable and timely treatment by enabling changes to the clinic template
- Equity in the availability of appointments
- Increased continuity of care from the same therapist
- Improving quality of treatment through the introduction of "two chair clinics", which further provides the opportunity for reviewing and optimising team skill mix
- Improving pathway and clinical safety, by ensuring junior staff have the support of clinical specialists on site
- Improving overall supervision and mentorship and the ability to support new graduates within the workforce safely
- Improving recruitment and retention of Podiatry staff

Patterson, Liz
07/23/2020 14:56:37

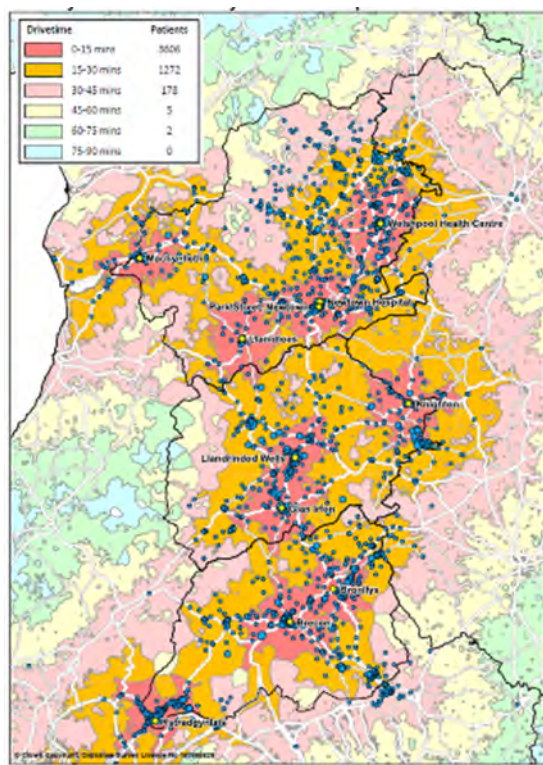
- Reducing staff travel time to clinic sites enabling increased time available for appointments
- Reducing the number of locations where patient records are held which will ensure safer management of patient records in line with GDPR because it reduces the risks associated with transferring patient records across sites.

The following locations are proposed as the sites to provide Podiatry services going forward:

North	Mid	South
Welshpool (two chair clinic)	Knighton	Brecon (two chair clinic)
Newtown	Glan Irfon	Bronllys
Llanidloes	Llandrindod Wells (two chair clinic)	Ystradgynlais (two chair clinic)
Machynlleth		
(No service from Llanfyllin and Llanfair).	(No service from Presteigne and Rhayader)	(No service from Crickhowell)

The isochrone map below illustrates the proposed ten locations and confirms that the majority of patients would not have to travel over 30 minutes to their appointment with 71% of patients travelling under 15 minutes.

Map 1: Podiatry Caseload travel to appointment time against new proposed locations



Time Travel	Current Model	Proposed Model
0-15 minutes	85%	71%
15-30 minutes	13%	25%
30-45 minutes	0.7%	3.5%
45-60 minutes	0.04%	0.09%
60 minutes +	0.04%	0.04%

Patterson, Liz
07/23/2020 14:56:37

2. Approach to conducting this EIA

PTHB has a duty to ensure the sustained delivery of safe podiatry services to the Powys resident population by the most effective and efficient means possible, having regard to local needs and circumstances. This EIA forms part of the evidence required by the PTHB Board to make decisions on any service model changes and the future of PTHB services.

This EIA assessment was conducted to assess the potential impact of the above proposal. The process for gathering feedback via consultation and engagement is described below.

This assessment has been undertaken by the PTHB Podiatry Service and considers the possible effects of the proposed model changes on service users (current and future) in need of podiatry services across Powys. It was undertaken utilising resources and information provided from the Podiatry Services and staff, patients, service users, staff and relevant stakeholders.

The aims of this EIA were to:

- I. Consider the impact and effect of the proposed model changes to groups of people, including - patient's/service users, - staff - individuals with protected characteristic (as defined by the Equality Act 2010) - and other relevant stakeholders
- II. Identify both positive and negative impacts that the proposed changes will have
- III. Propose potential mitigations to minimise or eliminate negative impact/affects
- IV. Propose opportunities to maximise and promote the positive effects of the proposed changes to the service model

The following areas were considered when undertaking the EIA:

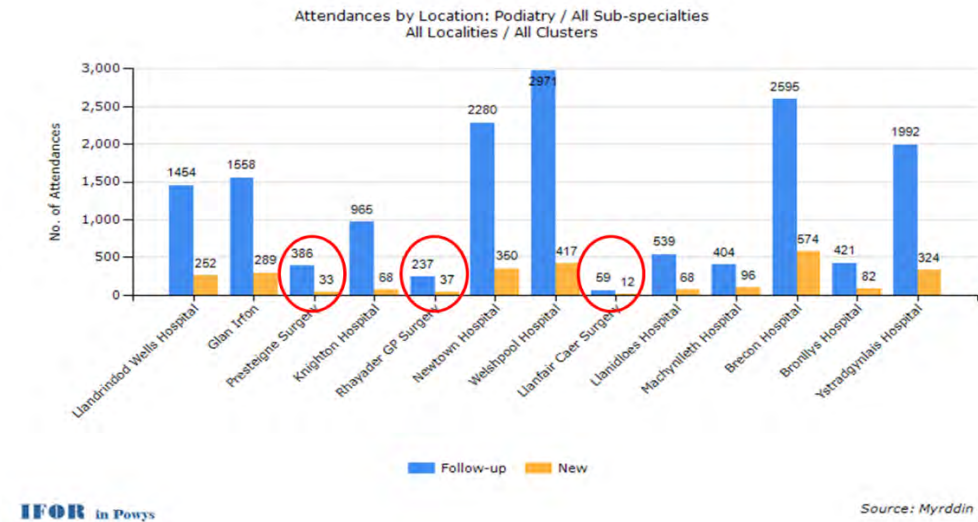
2.1 Organisation and service context

The organisational and service context is described above. The current model is under review in response to an internal audit and increasing demand against a reduced workforce capacity. Recruitment challenges are noted, as are concerns regarding the ongoing sustainability of the service in its current structure.

2.2 Current demand

The graph below shows the breakdown of attendances (both new and follow up) for all current locations and highlights in particular the small number of patients seen in Presteigne, Rhayader and Llanfair Caereinion.

Patterson, Liz
07/23/2020 14:56:37



NB:

*Llanfyllin activity is included within Newtown and Crickhowell within Brecon, due to the way the recording is set up on the Welsh Patient Administration System (WPAS).

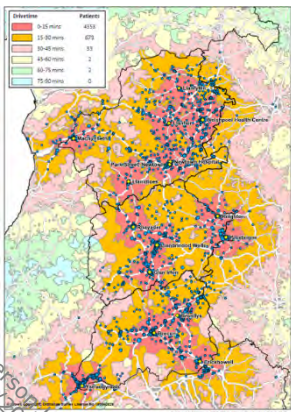
**Machynlleth currently receives its Podiatry service from Betsi Cadwaladr University Health Board, via an SLA that is reviewed regularly.

2.2.1 Access & Appointment provision:

PTHB offer self-referral to the community Podiatry service as well as referrals directly from consultant, GPs and health colleagues. Appointments for Core Community Podiatry, Nail Avulsion and Domiciliary Visits are managed centrally through the Call Centre whilst wound care provision is managed at the individual sites by Podiatric staff.

Map 2 below highlights the sites across Powys where patients are seen currently. It shows that the majority of patients (86%) travel under 15 minutes to their appointment. Only a very small number of patients (less than 0.08%) had to travel over 45 minutes.

Map 2: Podiatry Caseload with current locations and travel to appointment times:



Time Travel	Current Model
0-15 minutes	85%
15-30 minutes	13%
30-45 minutes	0.7%
45-60 minutes	0.04%
60 minutes +	0.04%

Patterson
07/23/2020 14:56:37

3. Engagement

A robust approach to engagement with key stakeholders, was sought with the commitment that responses would be analysed and used to inform future decisions. The Podiatry Service in PTHB have worked closely with Powys Community Health Council (CHC) to undertake a formal consultation process. Originally the engagement was scheduled over a period of 6 weeks from 17th February 2020 to 29th March 2020, however, towards the end of the engagement period, the UK entered a period of “lockdown” from 23 March 2020 in response to Coronavirus (COVID-19). Engagement was therefore kept open for continued feedback via email and online to allow further opportunity for comment. The engagement period finally closed on 12 May 2020 – a period of over 11 weeks.

The following sections detail the engagement plan (3.1) and the materials used (3.2).

3.1 Engagement plan

The podiatry service followed NHS Wales published guidance on engagement and consultation on changes to health services. This is available from the NHS Wales website at <http://www.wales.nhs.uk/sitesplus/documents/829/NHS%20Wales%20Guidance%20on%20Engagement%20and%20Consultation.pdf>

This engagement related to services for people in Powys with a clinical need for community and specialist podiatric services. Key audiences included users of podiatry services, people with diabetes, people with lower limb tissue viability issues (e.g. Leg Club users).

The objectives of the engagement plan were:

- I. To seek views on the challenges facing podiatry services, to explain the steps that have already been taken to respond to these challenges and present the options being considered for addressing the challenges in the longer term
- II. To share information with service users, the public in Powys and wider stakeholders in order to gather views that will help us to make the best decisions on the way forward for podiatry services in Powys
- III. To meet the requirements of the NHS Wales Guidance on Engagement and Consultation, the Community Health Council Regulations in relation to consultation in Powys and ensure a Welsh Language Active Offer.
- IV. To identify positive and negative impacts of the proposals – with particular reference to equality protected characteristics, carer responsibilities, deprivation, rurality and Welsh Language – and to use these insights to refine the proposal and consider potential mitigation actions that can be delivered by the health board or other partners to reduce negative impact.**
- V. To develop and agree a report on engagement in Powys that can support decision making on the future of podiatry services.
- VI. To engage with Powys Community Health Council
- VII. To identify learning that will support us to continue to strengthen systems and processes for continuous engagement, identifying areas of best practice and opportunities for improvement
- VIII. And additionally, to extend the engagement period for a further six weeks during the lockdown period for Coronavirus (COVID-19).

Patterson, Liz
07/23/2020 14:56:37

The timeline for engagement was as follows:

- 21 January 2020: SBAR discussed by Powys Community Health Council Executive Committee
- 21 January 2020: Discussion of SBAR and draft Engagement Document between PTHB and Powys Community Health Council at Services Planning Committee
- 6 February 2020: Discussion of updated Engagement Document and draft Engagement Plan between PTHB and CHC representatives
- 17 February 2020: Start of Engagement Period
- TBC early March: Internal Mid-Term Review
- 29 March 2020: Original end of Engagement Period
- 12 May 2020: Extended engagement period ended on 12 May 2020
- 26 May 2020: Powys CHC Executive Committee
- 29 June 2020: Meeting of the Board of Powys Teaching Health Board

Below is an outline of the engagement and consultation activity:

Sector	Audiences	Impact / Influence	
A: Patients, Service Users and Carers, Customers and Customer Proxies	Current users of podiatry services	Engage closely	
	Diabetes Service User and Carer Forums	Engage closely	
	Local third sector organisations working with people with diabetes	Keep informed	
	Targeted equalities and impact assessment work:	(via all activity)	
	• Age		
	• Sex		
	• Gender Reassignment		
	• Pregnancy & Maternity		
	• Disability		
	• Sexual Orientation		
	• Marriage and Civil Partnership		
	• Religion or Belief		
	• Race		
	• Carers		
	• Deprivation		
• Rurality			
• Welsh Language			
Local third sector organisations working with carers	Keep informed		
Audience	Proposed Activity	Who	Activity Log
A: Patients, Service Users and Carers, Customers and Customer Proxies	Podiatrists to engage with podiatry service users during the engagement period with a particular focus on geographies where there is a proposal to make permanent the temporary changes that have been in place and those geographies where additional changes are proposed: • summary of proposals • short MECC questionnaire (how would these proposals affect you, what steps could be taken to mitigate the impact) • full engagement document available on request	Engagement and Communication Team	Information shared by AO with all staff via Powys Announcements on 15/02 with request to share and engage with service users
		Community Services team	Vic Deakins engaging with podiatry team MECC questionnaire produced by Adrian Osborne and shared with Vic Deakins for local use
	Information about the engagement shared with PAVO and Credu for distribution via their networks	Engagement and Communication Team	Engagement information sent by AO to PAVO and Credu on 16/02 with request to share through their networks
	Engage with District Nurses to raise awareness via Leg Clubs	Community Services team	Information shared via Powys Announcements
	Offer presentation to Diabetes Service User and Carer Forums	Community Services team	NB the Diabetes Service User and Carer Forums are not meeting during the engagement period but information will be shared via planning team and diabetes nursing
		Engagement and Communication Team	Information sent by AO to Mike Griffiths to Sally Ann Jones for distribution to the Groups on 16/02

Patterson, Liz
07/23/2020 14:56:37

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Version 4.0, 30 June 2020

Sector	Audiences	Impact / Influence	
B: Public and Communities	Public and communities:	Keep Informed	
	• Public and Communities across Powys		
	PTHB Health Forums in:	Engage Closely	
	• All Health Forums in Powys		
	PAVO Community Connectors:	Keep Informed	
	• All Community Connectors in Powys		
	Town and Community Council areas:	Keep Informed	
	• All Town & Community Councils in Powys		
Local community networks and organisations:	Keep Informed		
• All Community networks and organisations in Powys			
Social media channels (e.g. hyperlocal):	Keep Informed		
• PTHB social media channels			
Audience	Proposed Activity	Who	Record of Activity
B: Public and Communities	Share information about the engagement via social media channels and PTHB website	Engagement and Communication Team	Information went live on 16/02 ready for start of engagement. Posts on PTHB Facebook page on 17/02
	Send information about the engagement to Health Focus Groups in Powys – offer to attend those Groups in affected areas taking place during the engagement period	Engagement and Communication Team	Information distributed by AO to HFG key contacts on 16/02 NB where Health Focus Groups / PPGs are meeting during the engagement period these are listed in the Activity Log. Those that are not meeting will receive information via distribution.
	Send information about the engagement to Town and Community Councils in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Send information about the engagement to PAVO Community Connectors in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Share information via community networks	All partners to be encouraged to share information via their networks	Shared with partners for onward syndication
	Reactive – respond to requests to attend Health Focus Groups with priority to Llanfyllin, Rhayader and Crickhowell (areas with HFGs where changes are proposed)	Community Services Team	Shared with HFG members
	Information will be available at existing continuous engagement events	Engagement and Communication Team	Reduction of continuous engagement programme during Coronavirus
	CHC will be asked to share information at their programme of continuous engagement events	Powys CHC	Information distributed by AO to CHC on 14/02
Sector	Audiences	Impact / Influence	
C: PTHB Staff and Contractors	PTHB Board, IMs and Executive Team	Engage Closely	
	PTHB Staff		
	• All staff	Keep Informed	
	• Podiatry Staff	Engage Closely	
	• Diabetes Nurses	Engage Closely	
	• District Nurses / Leg Clubs	Engage Closely	
	• Tissue Viability Nurses	Engage Closely	
	• Heads of Nursing and Midwifery	Keep Informed	
	• Heads of Therapies and Health Sciences	Keep Informed	
	Primary Care		
	• General Practice across Powys	Keep Informed	
	• Community pharmacy in Powys	Keep Informed	
	Cluster		
	• All three clusters	Engage Closely	
	PTHB Partnership Forum	Keep informed	

Patterson, Liz
07/23/2020 14:56:37

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Version 4.0, 30 June 2020

Audience	Proposed Activity	Who?	Activity Log
C: PTHB Staff and Contractors	Issue information to all PTHB staff via Powys Announcements (launch of engagement plus mid term reminder)	Engagement and Communication Team	Information distributed by AO on 15/02
	Ensure all podiatry staff are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all DNs / Leg Clubs are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Diabetes Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Tissue Viability Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Share information with PTHB Partnership Forum	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02
	Share information with General Practice and Community Pharmacy in Powys	Primary Care Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	Share information with Clusters and offer to attend cluster meeting	Community Services Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	NB attend clinical / professional meetings as appropriate and/or brief appropriate representative to share the proposals	Community Services Team / E&C Team	
	Board Members	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent via Powys Announcement to all staff on 15/02 and also included in "The Week" to Board Members

Sector	Audiences	Impact / Influence
D: Partner Organisations	Partnerships	Keep Informed
	• Public Service Board, Regional Partnership Board, Age Well Partnership, Live Well Partnerships, Start Well Partnership	
	Powys County Council	Keep Informed
	• Adult Social Care	
	Powys Association of Voluntary Organisations (and via PAVO to local third sector)	Keep Informed
	Age Cymru and CAMAD – partners in the delivery of nail cutting services	Engage Closely
	Leg Clubs	Keep Informed
	Mid Wales Joint Committee	Keep Informed
	Third Sector Organisations:	Keep Informed
	• Via PAVO	

Audience	Proposed Activity	Who?	Activity Log
D: Partner Organisations	Meet with Age Cymru and CAMAD to discuss the proposals and engage with them in the future model	Community Services Team	Check with Victoria Deakins
	Email the engagement materials to key partners listed on previous page – PCC, PAVO, PSB, RPB (and via RPB to Age Well, Live Well, Start Well)	Engagement and Communication Team	Information sent to RPB secretariat for onward distribution by AO on 16/02
			Information sent to PCC CEO and DoSS by AO on 16/02
			Information sent to PAVO CEO by AO on 16/02
			Information sent by AO to MWJC PPI group and secretariat on 18/02

Sector	Audiences	Impact / Influence
E: National Bodies	Welsh Government:	
	• Welsh Government Therapies leadership (Ruth Crowder)	Keep Informed
	• Welsh Government Health and Social Care comms team (Steve Robbins)	Keep Informed

Audience	Proposed Activity	Who	Activity Log
E: National Bodies	Ensure that Welsh Government therapies leadership (Ruth Crowder) is aware	Engagement and Communication Team / Director of Therapies and Health Science	Information sent by AO to Ruth Crowder on 15/02
	Ensure that Welsh Government comms team is aware	Engagement and Communication Team	Information sent by AO to WG Comms on 15/02

Sector	Audiences	Impact / Influence
F: Unions and Professional Bodies	PTHB Partnership Forum	Keep Informed

Patterson, Liz
07/23/2020 14:56:37

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Version 4.0, 30 June 2020

Audience	Proposed Activity	Who?	Activity Log
F: Unions and Professional Bodies	Email the engagement information to the stakeholders listed on the previous page – Partnership Forum	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02
Sector	Audiences	Impact / Influence	
G: Political	Assembly Members	Keep Satisfied	
	• All constituency AMs and regional AMs)		
	Members of UK Parliament	Keep Satisfied	
	• All MPs		
	Powys County Councillors	Keep Satisfied	
	• All Powys County Councillors		
Audience	Proposed Activity	Who?	Activity Log
G: Political	Email the engagement document to AMs, MPs, Powys County Councillors – offer phone call or meeting if they need further information, keep lines of communication open, update them on “no surprises” basis	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to Russell George, Kirsty Williams, Helen Mary Jones, Neil Hamilton, Joyce Watson, Eluned Morgan on 16/02
			Information sent by AO to Craig Williams and Fay Jones on 16/02
			Information sent by AO to all Powys County Councillors on 16/02
Sector	Audiences	Impact / Influence	
H: Scrutiny and Regulation	Powys Community Health Council	Engage Closely	
Audience	Proposed Activity	Who?	Activity Log
H: Scrutiny & Regulation	Offer to attend meeting of CHC to present the proposals	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Draft proposals presented to CHC Exec/SPC in January Information sent to CHC by AO on 14/02 Presentation to CHC Executive on 26 May
	Share information with Chair / Clerk of PCC Health and Care Scrutiny Committee	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to all PCC Councillors on 16/02 and also separate note to Clerk

3.2 Engagement Materials

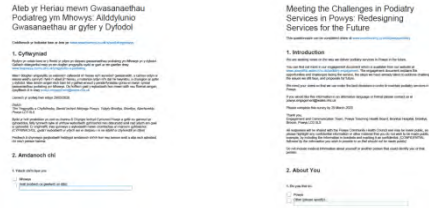
The engagement document was available in English and Welsh.



A survey questionnaire was available online via smart survey and via printed copies.

Patterson, Liz
07/23/2020 14:56:37

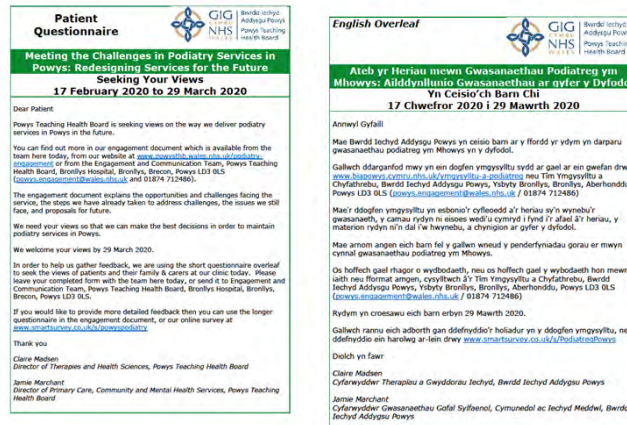
Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services Version 4.0, 30 June 2020



A dedicated web page was established on the health board website:

- EN: www.powysthb.wales.nhs.uk/podiatry-engagement
- CY: www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg

A public and stakeholder bulletin was available to raise awareness of the engagement with partners.



A short questionnaire was created for podiatrists to use in their clinics to gather rapid feedback from patients, particularly those who will be most affected by the proposals (e.g. Rhayader, Crickhowell, Presteigne, Llanfair Caereinion, Llanfyllin).

Various social media platforms were utilised to promote the consultation and keep the public informed of progress and timeframes.

Patterson, Liz
07/23/2020 14:56:37

4. Findings from the Engagement and Consultation Activity

Ref: *Aim I: Consider the impact and effect of the proposed model changes to groups of people*

Aim II: to identify both positive and negative impact that the proposed changes will have

In total 77 responses were commenced on-line of which 17 were marked as “completed” (in that the survey questionnaire was followed through to the final question, even if no comments were submitted) and 60 “partial” (in that the survey questionnaire was not followed through to the final question).

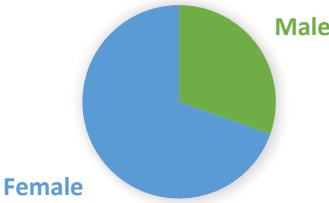
A further 8 responses were received via other means such as through letters, email and over the phone.

As part of the consultation process respondents were invited to provide information about their equality characteristics, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language. Information about the equality profile of consultation respondents can be found below in summary box below.

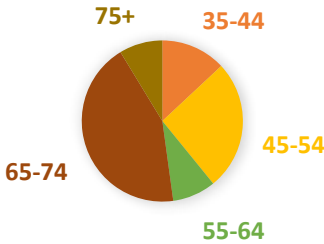
Patterson, Liz
07/23/2020 14:56:37

Respondents Demographic Profile Summary

GENDER



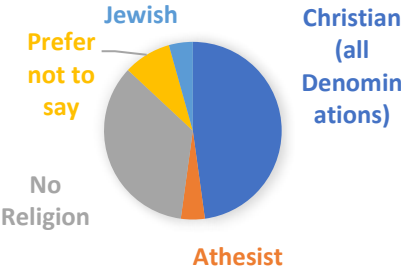
AGE PROFILE



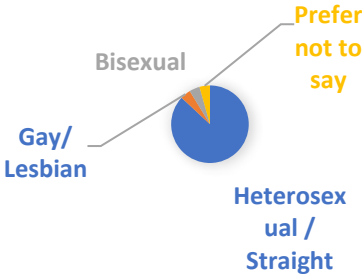
NATIONAL IDENTITY



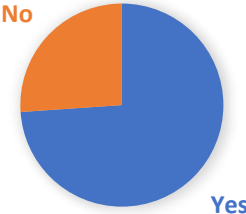
RELIGION



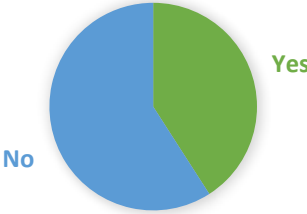
SEXUAL ORIENTATION



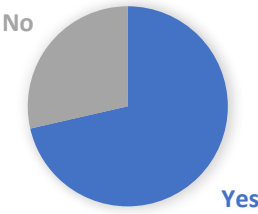
MARRIED/CIVIL PARTNERSHIP



DISABILITY



CARER



All respondents identified as White, none were pregnant, all spoke English as their main language.
NB. There were 23 respondents that provided this demographic information, with the exception of carer information for which we have data on 8 respondents.

The next section presents the key issues raised by the respondents to the engagement and consultation activity and specifically focuses on the equality impacts identified through the consultation process.

4.1 Equality Impacts identified during the consultation

Overall impact themes arising in the consultation feedback are summarised below with reference to equality-specific impacts. These include:

	No impact	Adverse	Differential	Positive	
Age			X		Respondents to the consultation raised issues where they believed adverse impacts would result from the proposed changes to the podiatry services. The negative impacts described primarily focussed on increased travel, the cost of this and the lack of public transport to support increased travel or limiting the ability to make certain appointment times.
Disability			X		
Gender reassignment	X				
Pregnancy and maternity	X				The groups of people specifically noted to likely experience adverse effects on increased travel were related to age (primarily older people but it was also raised that this could be an issue affecting young people who might need to take time out of school to attend appointments) and people with a disability.
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				Alongside this some balancing factors were noted. For example, the unsustainability of the current model has an adverse impact on accessibility and timeliness of appointments. In summary it was felt that the proposal must acknowledge the impact for people who do not have access to a car or good public transport (this could therefore apply across all groups)
Marriage and civil partnership	X				
Welsh Language	X				
Rurality			X		
Deprivation			X		
Carers			X		

Age and Disability

In addition to travel, examples of other potential impacts on older people and those with disabilities were highlighted in the consultation feedback from organisation representatives, these included:

- The forms that are currently used for referrals to Podiatry, were described as ‘not user friendly’ and ‘very confusing for older people’.
- The system of re-booking appointments over the phone was described as ‘problematic – as there are a lot of older people that have hearing problems, so they are less likely to make the call. There are lot more that have memory problems making it difficult for them to remember to rebook an appointment’.

Patterson, Liz
07/23/2020 14:56:37

- It was raised that ‘there is not enough thought given around accessibility for vulnerable older and disabled people’ and the physical accessibility of sites and locations.

Additional issues were raised, that although were not linked to specific groups in terms of impacts they affect the service as a whole. These include the recruitment and retention of podiatry staff and the provision of information around foot care and foot health promotion.

Patterson Liz
07/23/2020 14:56:37

5. Mitigation of potential negative impacts

Ref: *Aim III: To propose potential mitigations to minimise or eliminate negative impact/affects*

The table below provides a brief outline of the mitigation action and activity that is under considered to either further investigate or address the issues and concerns raised through the consultation and engagement process.

Issue or concern raised	Suggested areas of exploration for mitigation
Increased travel requirements	<p>The roll out of Attend Anywhere will, where clinically appropriate, offer appointments virtually and remove the need for travel.</p> <p>The ways in which the proposed model will strengthen the capacity to undertake domiciliary visits to eligible patients.</p> <p>Strengthening working relationships and developing a MDT approach with the Third Sector e.g. diabetes nurses, district nurses, physiotherapists, Leg Clubs.</p> <p>Scoping possible support options in areas with no clinic or where support from the Third Sector can be utilised and optimised for the benefit of service users.</p>
Travel complicated by lack of public transport (affecting time needed to travel, convenience and limiting ability to access sites / appointment times)	<p>Mapping the main public transport routes and timetables to align and optimise accessibility to clinics/appointments.</p> <p>Community Transport and scoping the capacity available to support patients if required.</p> <p>Options available through Third Sector charitable transport links.</p>
Cost of travel	<p>Consider options for planning clinic times around availability of public transport and community transport and/or work with community transport providers to consider options for addressing current gaps.</p> <p>Review promotion and awareness of NEPTS information for patients who may be eligible for NEPTS and other transport support.</p>
Physical accessibility of sites and locations	<p>Work with Accessibility Cymru to assess accessibility and limitations of clinic locations. Through reducing the number of locations, as per the proposal, additional capacity will be</p>

	released to focus on these issues and service provision to working in different ways with wider resources available.
Forms/Leaflet (not user friendly / confusing)	All forms/leaflets will be reviewed and amended as appropriate to ensure they are more user friendly.
Re-booking appointments over the phone	A full review of the booking process is underway and options for an improved system are under appraisal. Increased used of electronic records will mean that patients will have access to greater flexibility in the location of their appointment as the records will follow the patients.
Recruitment and retention of Staff	The new model proposed will provide greater opportunities, improved supervision and mentoring and provide junior staff with the support of clinical specialists on site.
Foot health promotion	A review of the leaflets currently available will commence to ensure appropriate leaflets available in all clinics. Information available on the internet will be refreshed.
Podiatry pathway	The service will review their clinical pathways in line with the One Wales taxonomy for inpatient and community podiatry. Consider options for self-management tools e.g. Florence text messaging, Patient Activation Measure (PAM). Strengthen offer for virtual assessments where appropriate to clinical/social/digital need. Expand training to wider Multi-Disciplinary Team e.g. Foot screening tool for inpatients.

Patterson, Liz
07/23/2020 14:56:37

6. Summation/Conclusion

This EIA and the processes around consultation and engagement have helped identify the possible impacts and develop mitigations to eliminate and reduce these impacts, subsequent discriminations and promote equality of opportunity through the implementation of the proposed changes to the podiatry services. The most prevalent concerns raised centred on the negative impacts caused by increased travel times and the inconvenience and limited access this will cause, particularly for those that rely on public transport. This, although specifically noted to impact on older people, people with disabilities and those people living in areas of deprivation or rurality, it was raised that this could potentially affect people from any of the protected characteristic groups.

It should be noted that we acknowledge that this EIA has been conducted prior to the implementation of any service changes and unforeseen impacts may occur during or after the implementation phase. We therefore commit to monitoring and evaluating for these throughout the lifespan of the service (see 7.3).

Patterson, Liz
07/23/2020 14:56:37

7. Next Steps

7.1 Application of this EIA

This EIA will form part of the suite of evidence used by the PTHB Board to review and make decisions regards the future of the podiatry services and the implementation of any service changes.

7.2 Implementing the mitigations action plan

Our headline mitigation plan is set out below:

Reference	Action	Responsibility	Deadline
M1 Explore public transport routes and	Scope out bus routes across Powys to enable services / clinics to be planned around transport availability.	Service Development Manager for T&HS	12 th August 2020
M2 community transport & NEPTS available for patients to access Podiatry clinics	Contact PAVO for a list of community transport available and publicise to podiatry patients. Work with WAST to publicise NEPTS offer for podiatry patients	Service Development Manager for T&HS	12 th August 2020
M3 Strengthen partnerships with the third sector to increase the availability of local community delivery & early intervention with appropriate training and support	To work with commissioning to further develop Simply Nail Services and wider third sector partnerships	Head of Podiatry	30 th September 2020
M4 Expand skills across community workforce (e.g. Leg Club) to provide early help and support	To work with District Nurses and other community partners	Head of Podiatry	30 th November 2020

M5 Strengthen multidisciplinary working (e.g. diabetes, tissue viability) to deliver opportunities to provide one-stop-shop services including targeted work with those current experiencing multiple visits to multiple professionals	To work with Diabetes Lead	Head of Podiatry	30 th September 2020
M6 Streamline booking and appointment system including use of electronic records to extend choice of appointment	To work with Contact Centre	Planned Care Lead / Head of Podiatry	30 th September 2020
M7 Strengthen digital offer including virtual consultations where appropriate	To work with ICT and digital lead	Head of Podiatry	30 th September 2020
M8 Strengthen foot health promotion offer and develop and deliver proposed model of care	To establish and embed proposed model of care across the podiatry pathway	Head of Podiatry	31 st December 2020
M9 Strengthen physical accessibility of services	To work with partners to continue to improve physical access and reduce barriers to access	Head of Podiatry	31 st December 2020

7.3 Monitoring and evaluation

Once decisions are made about the future of the podiatry series, a monitoring and evaluation plan will be developed to capture and evaluate quality, performance, benefits gained, value as well as service user experience and outcomes. The exact metrics and KPIs will depend on the model implemented. However, appropriate measures will be put in place at the start of the implementation phase to ensure any unforeseen impacts on equality groups are picked up as early as possible. At a minimum an interim evaluation will take

place at 6 months and a full evaluation of the new service model at 1 year post initial implementation.

Patterson Liz
07/23/2020 14:56:37

BOARD MEETING		DATE OF MEETING: 29 JULY 2020
Subject:	TEMPORARY AMENDMENTS TO MODEL STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS	
Approved and Presented by:	Board Secretary	
Prepared by:	Board Secretary	
Considered by Executive Committee on:	Not discussed previously	
Other Committees and meetings considered at:	PTHB Joint Committees: <ul style="list-style-type: none"> • EASC, 14 July 2020 • WHSSC, 14 July 2020 	

PURPOSE:

On 9th July 2020, a Welsh Health Circular was published which required NHS organisations to make the necessary temporary variations to Standing Orders, Reservation and Delegation of Powers with immediate effect. The changes are required to be made before 31 July 2020.

The purpose of this paper is to outline the required temporary amendments to the Board's Standing Orders, Reservation and Delegation of Powers for the Board's ratification.

RECOMMENDATION(S):

The Board is asked to RATIFY the temporary variations to its Standings Orders, Reservation and Delegation of Powers, as required by Welsh Health Circular (WHC) 2020/011, in respect of:

- Powys Teaching Health Board
- Welsh Health Specialised Services Committee Joint Committee
- Emergency Ambulance Services Committee Joint Committee

Approval/Ratification/Decision	Discussion	Information
✓		

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

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

INTRODUCTION:

On 9th July 2020, a Welsh Health Circular (WHC 2020/011) was published which required NHS organisations to make the necessary temporary variations to Standing Orders, Reservation and Delegation of Powers with immediate effect. The changes are required to be made before 31 July 2020.

<https://gov.wales/temporary-amendments-model-standing-orders-reservation-and-delegation-powers-whc-2020011>

The temporary amendments will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the *National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020* at the end of that term, whichever is the later.

Local Health Boards have a duty under Regulation 15(2) of the *Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009* to make Standing Orders for the regulation of their proceedings and business. Regulation 15(3) specifies that Boards may (a) vary; or (b) revoke and remake its Standing Orders.

Regulation 15(6) provides that Standing Orders made under this regulation will be subject to, and must be made in accordance with, such directions as may be issued by Welsh Ministers.

Regulation 15(5) of the *Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009* also require that where a joint

committee has been established, the Board must approve any Standing Orders that may be made by that committee.

BACKGROUND AND ASSESSMENT:

Background

In March 2020, in response to the COVID-19 pandemic the Welsh Government agreed to delay the date by which NHS bodies were required to hold their Annual General Meetings from before the end of July to before the 30 November 2020.

On 5 July 2020, in response to the suspension of recruitment to public appointments in Wales, the *National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020* came into force. The purpose of these Regulations is to dis-apply the maximum tenure of office contained in the specified regulations for NHS board/committee non-officer members for a time limited period.

The membership regulations for NHS boards and committees in Wales, in most cases, restrict a person from being appointed for a period of no longer than four years and holding office as a member or an associate member for a total period of no more than eight years. Although the Commissioner for Public Appointments' Governance Code provides some flexibility to ensure the continued operation of NHS boards/committees, any person who is nearing the end of their maximum tenure of office, as prescribed in legislation, would be required to leave office as they will no longer be eligible for re-appointment.

A number of key appointments on health boards/committees across Wales are due to end their tenure during the next 9 months. Due to the temporary suspension of all public appointments in March 2020 in Wales and the time required to re-start the appointment process as the restrictions are lifted, board and committees would potentially have a number of key vacant positions. The *National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020* will ensure that during such a critical and challenging period for the health sector in responding and recovering from the impact of COVID-19, boards and committees do not to carry vacancies, allowing them to function properly and support good and effective board governance.

The Regulations will dis-apply the statutory maximum tenure of office to ensure any board or committee member who is nearing the end of their statutory maximum tenure of office is eligible for re-appointment. Any re-appointments will be made in accordance with the Commissioner for Public Appointments' Governance Code which includes allowing an appointee to hold office for a maximum of ten years.

Patterson, Liz
07/23/2020 14:59:23

In relation to Powys Teaching Health Board, the Regulations temporarily dis-apply regulations 6(5) and 7(5) of the *Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009*.

Amendments to Standing Orders

Introduction of the *National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020* require the temporary amendment of the Model Standing Orders and Reservation and Delegation of Powers issued in September 2019 (see WHC 2019/027), and further agreed by Board in November 2019, in accordance with the powers of direction of Welsh Ministers to Local Health Boards, the Welsh Health Specialised Services Committee, and the Emergency Ambulance Services Committee, in accordance with Section 12(3) of the National Health Services (Wales) Act 2006.

In addition to the amendments to reflect the *National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*, amendments are also required to:

- the timing of the Annual General Meeting for Local Health Boards and;
- the tenure of the Chair and Vice Chair of the Stakeholder Reference Group and Health Professionals' Forum.

The amendments are detailed within Appendix A. The Board is asked to APPROVE these temporary amendments, as required by WHC 2020/011. The amendments will cease to have effect on the 31 March 2021 or at the end of the term of any appointments made in accordance with the amendments, whichever is the later.

Local Health Boards have a duty under Regulation 15(2) of the *Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009* to make Standing Orders for the regulation of their proceedings and business. Regulation 15(3) specifies that Boards may (a) vary; or (b) revoke and remake its Standing Orders.

Regulation 15(6) provides that Standing Orders made under this regulation will be subject to, and must be made in accordance with, such directions as may be issued by Welsh Ministers.

Joint Committees

The Board has formally established two Joint Committees within its Standing Orders, Reservation and Delegation of Powers, each with respective Standing Orders:

- The Welsh Health Specialised Services Committee (WHSSC).
- The Emergency Ambulance Services Committee (EASC).

Regulation 15(5) of the *Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009* also require that where a joint

committee has been established, the Board must approve any Standing Orders that may be made by that committee.

WHSSC and EASC considered the required temporary amendments at Joint Committee meetings held respectively on 14 July 2020, with temporary amendments to Standing Orders, Reservation and Delegation of Powers endorsed. These amendments are detailed within:

- Appendix B - The Welsh Health Specialised Services Committee
- Appendix C - The Emergency Ambulance Services Committee

The Board is asked to APPROVE these temporary amendments, as required by WHC 2020/011. The amendments will cease to have effect on the 31 March 2021 or at the end of the term of any appointments made in accordance with the amendments, whichever is the later.

Patterson Liz
07/23/2020 14:56:23

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers
For Local Health Boards – July 2020

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or, where an appointment(s) has been made under the *National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020* or, to the tenure of a Chair or Vice-Chair of the Stakeholder Reference Group or Health Professionals' Forum, at the end of that term, whichever is the later.

Page 17 – 1.3 Tenure of Board members

1.3.1 Independent Members and Associate Members appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 2 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.3.2 Any Associate Member appointed by the Board will be for a period of up to one year. An Associate member may be re-appointed if necessary or expedient for the performance of the LHBs functions. If re-appointed they may not hold office as an Associate Member for the same Board for a total period of more than four years, *with the exception of those appointed or re-appointed in accordance with Regulation 2 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served includes time as a Ministerial appointment (if relevant) which need not be consecutive and will still be counted towards the total period even where there is a break in the term. An Independent or Associate Member appointed by the Minister for Health and Social Services who has already served the maximum 8 years as a Ministerial appointment to the same Board will not be eligible for appointment by the Board as an Associate Member.

The following amendment, shown in italics is required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021.

Page 34 – Annual General Meeting (AGM)

7.2.5 The LHB must hold an AGM in public no later than *30 November 2020*.

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. (Note – reference to the additional term being limited to one year has been removed.) They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made in accordance with the amendment, at the end of that term, whichever is the later.

Page 72 and 73 - Schedule 5.1 – Stakeholder Reference Group, Terms of Reference and Operating Arrangements

1.4 Appointment and terms of office

1.4.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional *term(s)*. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

1.4.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for additional *term(s)*, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.

Page 79 - Schedule 5.2 – Health Professionals' Forum, Terms of Reference and Operating Arrangements

1.5 Appointment and terms of office

1.5.3 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional *term(s)*. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Chair has ended.

1.5.5 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for additional *term(s)*, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards – July 2020

Schedule 4.1 – MODEL STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the *National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020* at the end of that term, whichever is the later.

Page 16 – 1.4 Appointment and tenure of Joint Committee members

1.4.1 The *Chair*, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.4.2 The *Vice Chair* and two other *Independent Members* shall be appointed by the Joint Committee from existing Independent Members of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards – July 2020

Schedule 4.2 – MODEL STANDING ORDERS FOR THE EMERGENCY AMBULANCE SERVICES COMMITTEE

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the *National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020* at the end of that term, whichever is the later.

Page 15 – 1.4 Appointment and tenure of Joint Committee members

1.4.1 The *Chair*, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 6 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.4.2 The *Vice-Chair* shall be appointed by the Joint Committee from amongst the Chief Executives or their nominated representatives of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than four years, *with the exception of those appointed or re-appointed in accordance with Regulation 6 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

Patterson, Liz
07/23/2020 14:59:23

BOARD MEETING		Date of Meeting: 29 th July 2020
Subject:	EU Transition Briefing Paper	
Approved and Presented by:	Director of Public Health	
Prepared by:	Director of Public Health	
Other Committees and meetings considered at:	None.	

PURPOSE:

To provide an update to PTHB Board members on the latest situation at the mid-way point of the Transition Period following the UK's exit from the European Union (EU), and to outline the increasing focus on preparations which will need to be in place over the next six months.

RECOMMENDATION(S):

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

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	

Patterson, Liz
07/23/2020 14:56:37

Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	

EXECUTIVE SUMMARY:

This paper provides an update on EU Transition planning locally and in the wider healthcare system ahead of the 31st December 2020 end date for the Transition Period. The paper recaps the 'no-deal' Brexit position which was in place up to 31st January this year, and explains the issues and governance arrangements that will be stood-up again in the second half of 2020. The paper explains that, from July 2020, a phased approach will begin to more active preparatory arrangements across Wales, with a renewed focus on issues such as medicines supply, medical devices and clinical consumables and workforce retention. This paper also explains the need to give consideration to more long term social and economic impacts in the planning response as work moves forward.

DETAILED BACKGROUND AND ASSESSMENT:

Background

A 'no-deal' Brexit planning update paper was last presented to Board on 27th November 2019. The paper explained that PTHB continued to be represented on a number of NHS Brexit planning groups established by Welsh Government, and that local and national planning arrangements encompassed workforce issues, the continuity of supply of medicines, blood and tissue products, and medical devices and clinical consumables (MDCC). Staff facing information and guidance was available via PTHB 'no-deal' Brexit intranet pages and via the NHS Confederation website. Public facing information was available via the 'Preparing Wales' website.

In January 2020, following ratification of the Withdrawal Agreement by the UK and European Parliaments, the UK left the European Union and entered a Transition Period, which will last until 31 December 2020. During this time the UK is staying aligned with EU law, and existing regulatory and customs procedures remain in place. In response, Welsh Government directed that all internal Brexit task and finish groups within NHS organisations should be stood down, pending an assessment of the situation mid-way through 2020.

Current assessment

Negotiations between the UK Government and the EU are at a critical stage, with a number of fundamental differences remaining following the most recent rounds of negotiations. The limited progress means it is becoming

increasingly likely that a Comprehensive Free Trade Agreement will not be in place by 31 December 2020, when the Transition Period will come to an end. That would leave the UK trading on WTO (World Trade Organization) terms with the EU. This means that most UK goods would be subject to tariffs until a free trade deal was ready to be brought in. Both sides have agreed to intensify talks in July.

The implications of no agreement being in place between the UK and the EU on 1st January 2021 are likely to be closely related to previous 'no deal' contingency arrangements reported to Board in the build up to 31st January 2020. However, some adaptations and refinements to previous arrangements are likely to be needed, and a number of the challenges are likely to be exacerbated by the impact of COVID-19 (for example, supplier readiness and the impact of COVID-19 on previously acquired stockpiles). In addition, work will need to focus on identifying and preparing for various changes which will come into effect on 1st January 2021 irrespective of the outcome of negotiations, such as changes to customs and border arrangements.

Some specific areas of focus for the coming period will include:

- Medicines – at national level, ensuring there is participation in UK-wide continuity of supply and freight arrangements, and considering whether there is also a need to supplement these with additional 'Welsh' operational buffer stocks for key medicines.
- Non-medicines supplies (including Medical Devices and Clinical Consumables) – Locally reviewing the need to increase stock holdings to 'high average stocks', ensuring local supply of critical non-stock items, and working closely with NHS Wales Shared Services Partnership on wider supply chain management in Wales.
- Workforce – reassessing workforce implications, including in response to future UK immigration policy.
- Longer term 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 of impact of COVID-19 on these issues.

Governance

The Welsh Government EU Transition Health and Social Care Leadership Group was stood down for the first half of this year. As a first step to reactivating different tiers of the governance structure in Wales, this group was reconvened in July and is now meeting on a regular basis.

It is envisaged that other groups, including those with health board representation, will be stepped up on a phased basis over the summer and into September. There will also be a process put in place to refresh the membership and remit of the various groups to ensure they are fit for the purpose for the new context in which they will now be operating. In

response to this, previous planning and preparatory arrangements are being reviewed in the Health Board with a view to reinstatement in accordance with wider arrangements. This includes re-activating risk reporting via the Board risk register from July 2020.

Conclusion

Planning arrangements ahead of the end of the EU Transition period are currently being stood-up. The issues to be mitigated are similar, but not identical, to those planned for in the build up to 'no-deal' Brexit in January 2020. Some changes will happen irrespective of whether there is a Comprehensive Free Trade Agreement or not, and some of the longer term social and economic issues need to play a more significant part in planning arrangements going forwards, alongside immediate issues of medicines supply and workforce retention.

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 it is recognised that there will now need to be increasing emphasis on EU Transition preparations across the range of issues. The experience of responding to the pandemic will also help to inform some of the EU transition activity in some areas, for example how to put in place and maintain robust supply chains.

NEXT STEPS:

PTHB will continue to:

- Fully engage in national, regional and local planning arrangements in preparation for the end of the EU Transition period.
- Review and change plans as necessary, in light of the emerging information.
- Keep Board members updated on progress through the remainder of 2020.

Patterson, Liz
07/23/2020 14:56:37

BOARD MEETING		Date of Meeting: 29 July 2020
Subject :	Performance Overview – Quarter 4 2019/20 and Quarter 1 2020	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Lead Performance Analyst and Assistant Director of Planning	
Other Committees and meetings considered at:	Delivery and Performance Group 15 July 2020 Performance and Resources Committee 30 June 2020	

PURPOSE:

This report provides an overview of performance including interim arrangements due to the health board responding to the Covid-19 pandemic and the suspension of Welsh Government Performance reporting during Quarter 4 of 2019/20.

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	✓

Patterson, Liz
07/23/2020 14:56:37

	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 overview of performance including interim arrangements due to the health board responding to the Covid-19 pandemic and the suspension of Welsh Government Performance reporting during Quarter 4, 2019/20.

DETAILED BACKGROUND AND ASSESSMENT:

- Interim Performance Arrangements

During the period January 2020 to March 2020 the health board, its partners, government and communities, had to respond to the Covid-19 pandemic. This required a different approach to governance, planning and performance.

Welsh Government suspended the official performance arrangements at the end of Quarter 3 of 2019/2020 (end of December 2020). The IMTP (Integrated Medium Term Plan) arrangements were also suspended. Welsh Government published Operating Frameworks for Quarter 1 (April 2020 – June 2020) and Quarter 2 (July 2020 – September 2020) to replace the IMTP arrangements, and the health board is updating its continuous planning approach to deliver plans on a quarterly basis.

Local information based on the response to Covid 19 formed the basis of reporting in Quarter 4 and Quarter 1 of 2020/2021.

As a provider of health care the COVID-19 pandemic has presented a number of challenges to the organisation which are represented in the following disclosures for performance reporting.

Patterson, Liz
07/23/2020 14:56:37

Complete performance data is not available for the 2019/20 financial year or the first two months of 2020/21. Nationally performance reporting was suspended from Mid March as a result of the pandemic, further complications for Powys Teaching Health Board revolve around commissioned care assurance and data. About 70% of outpatient activity occurs out of county in both English and Welsh Commissioned services. Most of these providers stood down their national submissions as described in March, this resulted in complications for the health board's Information team to provide the robust data on patient waits normally available centrally. The further impact on the health board is linked to in-reach service suspensions that play a critical role for provider RTT pathways, including outpatient clinics, diagnostic and day case procedures.

As a national position Welsh Government & NWIS are working to resolve some of the described issues, these improvements link to rapid modernisation of services including virtual appointments, consultant connect etc. Welsh Government are currently reviewing referral to treatment time rules to ensure new ways of working and modes of delivery are reflected in the performance systems. For reporting, data submissions to NWIS are planned (being scoped) to shift to a weekly rather than monthly rota. It should be noted that during the pandemic Powys Teaching Health Board continued to submit the required national submissions including RTT, Diagnostics, Therapies and Mental Health pro-formas. The health board also works closely with Welsh Government and service leads to employ risk stratification techniques and provide required assurance around patients quality and safety of care. Liaising with NWIS and Welsh Government it is expected that data flows will improve from Q2 onwards unless further COVID requirements arise.

A) COVID 19 Response

Performance reporting in Quarter 4 (2019/2020) and into Quarter 1 (2020/2021) was therefore set in the context of the COVID response work and reporting was reshaped to provide effective management information within this new context. Key mechanisms developed for this period included a daily GOLD Dashboard shown below and a detailed Implementation Plan for each phase of the Covid response.

Patterson, Liz
07/23/2020 14:56:37

Service status by site or service.

PTHB Hospital Site by Tier	Staff Levels	Bed Status	Oxygen Status	PPE Supplies
Brecon	G	G	N/A	G
Llandrindod Wells	G	G	N/A	G
Welshpool	G	G	N/A	G
Bronllys	G	G	N/A	G
Llanidloes	G	G	N/A	G
Madynlleth	G	G	N/A	G
Ystradgynlais	G	G	N/A	G
Newtown	G	G	N/A	G
Knighton	N/A	N/A	N/A	G
Glan Irfon	G	G	N/A	G
Additional Surge 1				
Additional Surge 2				
Escalation Issues/Comments				
Escalation Commentary - Updated Daily				

PTHB Bed State latest snapshot

Total	Sus C-19	Con C-19	Non C-19	Occupied	Closed	Vacant	Surge <=24h	Surge < 7d	Surge > 7d	
146	0	0	76	76	52.1%	0	70	0	0	0

Powys Patient Flow last 24 hrs

Admissions	Discharged	Death	No. Patients awaiting Transfer/Repatriation	Mortuaries	Hospital Capacity	Total	Occupied	Vacant
			North			38	0	38
			Mid					
			South					

Deaths

Cumulative Covid-19 related deaths in PTHB sites

Powys Resident DGH & Specialised Care Services Information

Provider Org.	SATH	WVT	ABUHB	CTM	C&V	SB	HD	BCU	Other	A Date	Totals
Admissions	No data available currently - requires information flow										0
Discharges	No data available currently - requires information flow										0
Cum. COVID D											0

DGH & Specialised Care Services Escalations Issues For Consideration

Escalation Commentary - Updated Daily

GP Surgery Escalation Status

Level 1	Level 2	Level 3	Level 4	
North Powys	0	0	0	0
Mid Powys	0	0	0	0
South Powys	0	0	0	0

Practices at Level 3 or above, and escalation comments

Primary Care PPE Provision - Weekly Snapshot

Gloves	Aprons	Masks	Eye Protection
G	G	G	G

Primary Care staffing type

GP	MDT	Admin
----	-----	-------

Percentage of staff group absent

--	--	--

COVID-19 Testing - All testing figures as at 8:30am current day

Tested Group	Tested	Positives	% Positive
Unique Powys Residents			
Unique PTHB Staff			
Unique Powys Care Home Residents			
Unique Powys Care Home Staff			
Unique Powys other			
Escalation Issues			

NWIS & PTHB Sourced - Pathology & Testing Information

NWIS & PTHB Sourced - COVIDtesting graphical summary

Support Services

BRAG	Support Services	BRAG
Porters	Clinical waste collections	G
Catering	General waste collections	G
Cleaning	Medical Equipment	G
IT Provision	Medicine Supplies	BRAG
Information Provision	Home/Primary Care	G
Oxygen Supplies PTHB Sites	Health Care Sites	G
Oxygen Supplies Home	Surge Capacity Sites	N/A

PTHB Resident Mortality

**Cumulative number of deaths with covid related outcome	ONS sourced mortality data detail
Covid related deaths reported since last update	

UK and Wales statistics for COVID infections & deaths - <https://coronavirus.data.gov.uk/>

Area	Total confirmed	New cases last 24hrs	Total confirmed deaths	New deaths last 24hrs	Latest provided data from UK statistics as at Date
UK					
Wales					

The successful 'flattening of the curve' of the pandemic in Powys in April, May and continuing into June 2020 is the result of an enormous collective effort made by individuals, families, businesses, organisations.

We have seen the third sector become the 'first sector' for many people who have relied on the support from friends, family, village, town and community groups and hundreds of volunteers, co-ordinated in many cases by PAVO who took a lead role in organising the 'C-SERT' response.

The need to respond to, and recover from, the pandemic and its impacts on the economy and society in its wider sense will continue for the organisation, its staff, partners and communities throughout 2020/2021 and beyond.

B) PTHB Provided Services

This section contains summary information on some key areas of performance from the National Outcome framework 2019/20. As described there is limited validated data available for both Provider and Commissioned services. Some measures are limited to the end of March (Q4) position, or excluded whilst awaiting relevant timely data.

Staying Healthy

Information under this domain has been significantly impacted by the COVID pandemic, this information has always required significant national validation work. Of the measures within this domain there have been no updates for smoking, influenza vaccination or any of the various annual national snapshots. Confirmation with Public Health Wales is that the smoking & influenza information should be available before the end of quarter 2.

Childhood immunisation has seen steady improvement through 2019/20, both the measure for '6 in 1' vaccination and MMR dose 2 by age 5 met the trajectories set within the IMTP. The '6 in 1' vaccination rate met the national target every quarter last year and the MMR dose 2 performance improved by an average of 3.5% over four quarters when compared to 2018/19 narrowly missing the national target of 95%, work to improve this performance included public campaigns especially during the height of COVID early in Quarter 4.

Safe Care			
Measures	Targets	Q4 19/20	Q1 20/21
Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	98.4%	
Percentage of children who received 2 doses of the MMR vaccine by age 5	95%	94.1%	

Patterson, Liz
07/23/2020 14:56:37

Safe Care

Of the 17 PTHB reportable measures under the safe care domain only nine have had updates within Q4. Performance challenges remain specifically around patient safety and quality, in January 2020 a focus on this area was noted in an interim report, but serious incidents assurance has not met the national target or locally set IMTP trajectory. Broadly performance across other areas of the domain remains robust with good compliance, examples are reducing reported infections, zero never events reported, and compliance against patient safety solutions. *Less than 5 potentially preventable hospital acquired thromboses had been reported during quarter 4 but national reporting has been impacted with clinical review requirements focused on COVID workstreams.

Safe Care						
		Q4 19/20			Q1 20/21	
The number of potentially preventable hospital acquired thromboses	0	< 5				
Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	0	0				
		Jan-20	Feb-20	Mar-20	Apr-20	May-20
Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	90%	33%	40%	0%		
Number of new never events	0	0	0	0		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-Coli	Local Improvement			2.27		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.Aureus bacteraemias (MRSA and MSSA)				0		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile				14.35		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Klebsiella sp				1.51		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Aeruginosa				0		

Please note infection rates are RAG rated against position compared to last year. PTHB and Velindre are not included within national targets, working towards reduction.

*Less than 5 used for low numbers to stop identification

Effective Care

Of the 11 PTHB reportable measures four have had data provided during Q4 2019/20. It should be noted that formal DTOC reporting was stood down from mid-March and is not expected to start until September 2020 although discussions have been started around modernising the assurance solution for delays. The current process involves bi weekly submissions to Welsh Government but this data is not compatible with the National Outcome Framework measure. The performance

of PTHB against the DTOC measures was on track to meet the 12 month reduction target for both Mental and Non Mental Health specialties before suspension.

Crude Mortality rate in the health board has consistently increased through 2019/20 to 2.28% in March 2020, this is the highest reported position of any health board in Wales. The measure of reduction from a service perspective will be hard to achieve for PTHB with on site palliative care services, and a reduction in the overall number of admissions whilst linked to increased deaths caused by COVID. The Medical Director is leading a mortality review and will report in due course to the Experience, Quality and Safety Committee.

The health board's Clinical coding compliance and quality remains high regularly exceeding other Welsh health boards.

Effective Care						
		Jan-20	Feb-20	Mar-20	Apr-20	May-20
Number of health board mental health delayed transfer of care	12m <	< 5	< 5	DTOC reporting nationally stepped down		
Number of health board non-mental health delayed transfer of care	12m <	20	15			
Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	100.0%	100.0%	100.0%		

Dignified Care

Of the nine dignified care measures only two have had recent data updates. Performance for both reported measures has not met the national target, although showing an improving trend the R12 number of procedures postponed on the day or day before for non-clinical reasons was reported in March 2020 at 95, the target required was to have 41 or less postponements at the end of 2019/20, this was not achieved.

The other measure is for the timely response to complaints, quarter 4 performance fell to 44%. This performance does not meet the 80% IMTP trajectory or 75% national target, the health board has failed to meet the target for the last 2 years.

Timely Care

The timely care of patients has seen the most significant impact from the COVID pandemic across the United Kingdom. Across Wales in March a large number of routine RTT, Diagnostic and Therapy services were suspended, urgent or emergency access were exceptions. This suspension impacts waiting times especially, and has created a growing backlog within the patient flow.

To improve patient safety, minimise the adverse impact of COVID, and improve patient outcomes, all waiting lists and services are undertaking clinical risk stratification.

Although planned care services have been challenged, emergency (unscheduled) access times have generally improved, some areas including Ambulance response times and emergency unit performance have seen positive improvements for Powys residents in Commissioned services.

Mental Health performance remained robust through Q4 2019/20, and although the 28-day intervention target has not been met, the health board has seen steady improvement. During the pandemic the vast majority of mental health and learning difficulty services have continued although in a modified workable solution as explained in the next bullet points.

- Community mental health, learning difficulties (LD), CAMHS and crisis work has continued to see both face-to-face (F2F) patients and deliver services via telephone and video conferencing (F2F only used without suitable alternative).
- LPMHSS (MH Primary Care) services have been delivered by telephone – both for initial assessment and for the delivery of talking therapies. During the first two months of the COVID 'lock down' referrals from GPs into the service significantly reduced, which has allowed clinicians to focus on reducing waiting times. At the end of February, the service had a total of 453 people waiting (1 day +) for commencement of therapy – this has now reduced to 134. It should be noted that referrals into this service are now increasing, and they continue to utilise alternative services such as CCBT (Silvercloud) and third sector support to augment our core services.
- Psychology and other talking therapies have continued, via telephone for patients requiring these services.

Due to the need for social distancing, our group work services (e.g. for complex trauma) and day hospital services for older people are temporarily stepped down. The service is actively exploring how group work for complex trauma can be facilitated via VC, in order to resume this work. In the meantime, the service regularly contacts day hospital patients to maintain communication and ensure their wellbeing – including facilitating home visits by clinicians where this is required.

Eye Care, in March 2020 PTHB was on track to achieve the eye care measure targets but as part of the COVID pandemic all in reach ophthalmology services were suspended. Priority 1 eye care services have been maintained in Q1 2020/21 with support from optometry (community and hospital optometry) for Wet AmD and glaucoma management/risk stratification. In May 2020 the in-reach service returned at a reduced level with continued support from optometry

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 remains so, the health board continues to explore how the assessments can be undertaken on a virtual basis. However, the service has been able to complete the assessment process for several children, by undertaking virtual multi-disciplinary panels, which has resulted in children receiving an outcome to their assessment.

Timely Care						
		Jan-20	Feb-20	Mar-20	Apr-20	May-20
The percentage of patients waiting less than 26 weeks for treatment	95%	97.2%	97.1%	95.9%	90.5%	79.8%
The number of patients waiting more than 36 weeks for treatment	0	0	0	0	24	86
The number of patients waiting more than 8 weeks for a specified diagnostic	0	0	11	22	207	312
The number of patients waiting more than 14 weeks for a specified therapy	0	< 5	< 5	6	93	466
The number of patients waiting for a follow-up outpatient appointment.	<= 7298	7778	7364	7173	7108	6832
The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%.	< 379	274	223	293	346	344
Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for the care or treatments	95%	92.4%	95.1%	94.2%	85.7%	80.3%
Percentage of patients without HRF factor	<= 2.0%	4.0%	4.3%	2.7%	2.0%	3.4%
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	98.5%	98.0%	97.9%	98.5%	95.5%
Percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	80%	99.0%	100.0%	93.4%	84.2%	71.7%
The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	87.4%	89.0%	95.5%	92.8%	
The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80%	57.4%	62.0%	62.1%	66.0%	
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	90%	90.6%	89.1%	92.7%	92.0%	
% of HB residents who have been assessed and sent a copy of their outcome assessment report up to & including 10 working days after the assessment has taken place	100%	100.0%	100.0%	100.0%	100.0%	
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	99.9%	100.0%	100.0%	100.0%	
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	0	0	0	0	
The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	64.10%	68.20%	Total call figures are available for March & April,		

Patterson, Liz
07/23/2020 14:56:32

				nationally no breakdown on red calls monthly.	
--	--	--	--	---	--

Provider Referral To Treatment (RTT) & Diagnostic Therapies Waits (DTW) detailed view

RTT and diagnostic performance has as expected shown the significant impact of service suspensions, and during the COVID pandemic period there are key themes appearing. Planned care activity levels have dropped significantly, some diagnostic services have stopped completely like endoscopy, and theatres are not currently undertaking day case operations. Outpatient access has been limited to urgent face to face appointments, but phone triage and referral risk stratification has been undertaken to assess patient impact. A significant shift in follow-up appointments has moved access to phone, or virtual systems and national targets have continued to be met although challenged. Another emerging trend is that referrals to the provider have dropped from circa 600 per week to around 120 per week by the end of May, although this helps reduce the impact of backlog, has the potential for future challenges around patient health and wellbeing.

The latest validated provider RTT position for May is that 79.8% of 3572 patients were waiting less than 26 weeks but 86 patients had waited 36+ weeks (below table shows details of waiters by specialty). In a wider view the picture across Wales for May showed a 430% increase in patients waiting 36 weeks or longer from the same period in 2019, unfortunately validated data for Powys residents is not available from most Commissioned providers at present.

Source: NWIS		RTT Aggregate Performance - Latest 6 months					
Provider Name		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020
Powys Teaching Health Board	% of patients waiting < 26 weeks for treatment	97.0%	97.2%	97.1%	95.9%	90.5%	79.8%
	Number of patients waiting < 26 weeks for treatment	3385	3353	3334	3386	3208	2852
	Number of patients waiting 26 - 35 weeks	105	96	98	143	313	634
	Total Patients waiting 36 weeks and over	0	0	0	0	24	86
	Total Patients waiting	3490	3449	3432	3529	3545	3572

Patterson, Liz
07/23/2020 14:56:37

RTT Performance by Specialty and Wait Band - May 2020

Source: NWIS

Snapshot Month: May 2020

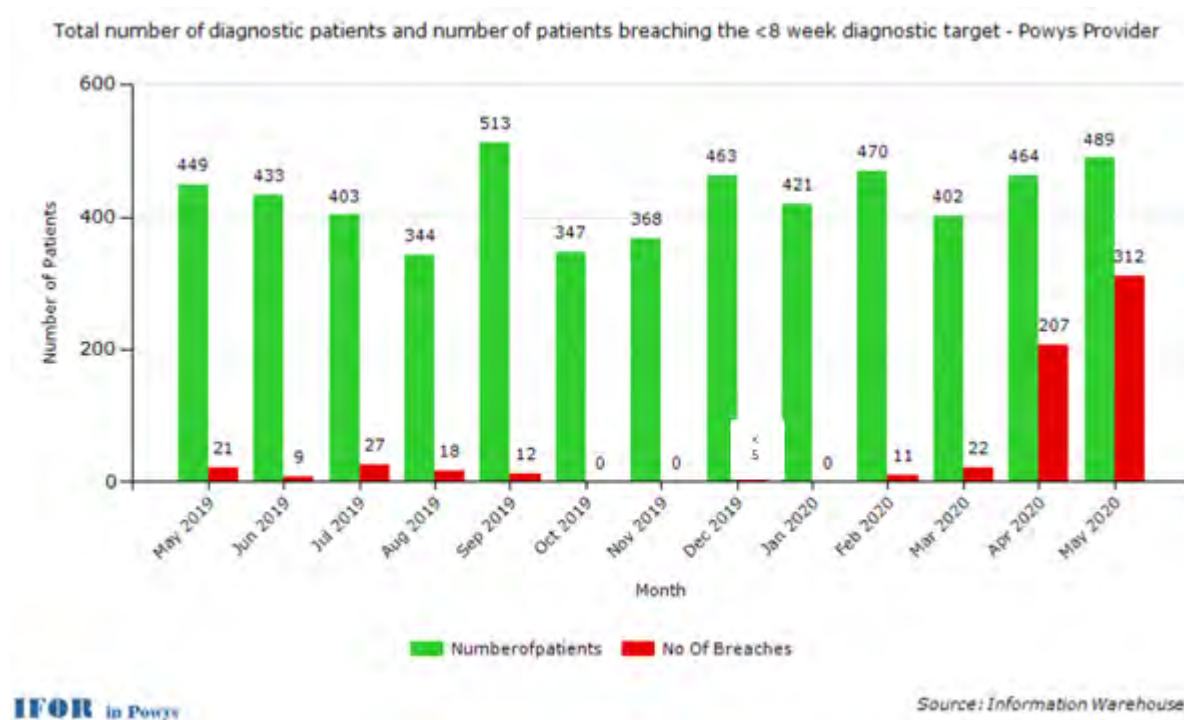
Specialty	Under 26 weeks	26 - 35 weeks	36+ Weeks	Total
100 - GENERAL SURGERY	344	103	16	463
101 - UROLOGY	137	26	6	169
110 - TRAUMA & ORTHOPAEDICS	503	132	8	643
120 - ENT	490	45	< 5	539
130 - OPHTHALMOLOGY	465	135	30	630
140 - ORAL SURGERY	191	74	10	275
143 - ORTHODONTICS	49	19	< 5	70
191 - PAIN MANAGEMENT	54	0	0	54
300 - GENERAL MEDICINE	44	0	0	44
320 - CARDIOLOGY	123	32	0	155
330 - DERMATOLOGY	58	23	6	87
410 - RHEUMATOLOGY	69	< 5	0	70
420 - PAEDIATRICS	47	0	0	47
430 - GERIATRIC MEDICINE	40	23	0	63
502 - GYNAECOLOGY	238	21	< 5	263
Total	2852	634	86	3572

Diagnostic services have been challenged by COVID with the suspension of Endoscopy services, risk for this service is being proactively managed. All new referrals including urgent suspected cancers (USC) have been risk stratified, virtual reviews are in place for follow up patients, emergency endoscopy pathways into DGHs have continued.

For diagnostic imaging services, the COVID impact has resulted in unavoidable breaches, this challenge to the service has been robustly met with a series of changes. Revisions involve, all referrals across Powys being screened by Radiographers on arrival, urgent suspected cancer (USC) referrals still being performed by sonography services, if clinically appropriate. In the North, referrals requiring Radiologist input are sent to neighbouring Commissioned providers e.g. Hywel Dda and Betsi Cadwaladar. For South Powys in reach services from Morriston continue to attend in Ystradgynlais, and for Brecon War Memorial Hospital (BWMH), Aneurin Bevan (ABUHB) sonographers are attending. Any requests requiring Radiologist input in BWMH are sent to ABUHB for review. All urgent activity undertaken e.g. USC is appropriately spaced to facilitate cleaning between patients and the sufficient patient distancing within waiting facilities, this process ensures robust patient safety during their appointment but has significantly reduced service capacity e.g. activity levels.

Specialty	Sub Spec	Total patients	Patients waiting 8	% Over 8 week target
-----------	----------	----------------	--------------------	----------------------

			weeks or longer	
Cardiology	Dobutamine Stress Echocardiogram (DSE)	5	< 5	60.0%
	Echo Cardiogram	35	28	80.0%
Diagnostic Endoscopy	Colonoscopy	51	29	56.9%
	Flexible Sigmoidoscopy	25	12	48.0%
	Gastroscopy	45	34	75.6%
Physiological Measurement	Urodynamic Tests	7	5	71.4%
Radiology - Consultant referral	Non-Obstetric Ultrasound	31	26	83.9%
Radiology - GP referral	Non-Obstetric Ultrasound	290	175	60.3%



Therapies shows a very similar picture to diagnostics with an increase in breaches as the COVID impact continues. Steps to manage the challenge include all Therapy and Health Science Service new referrals being triaged into urgent and routine. Urgent patients have been offered telephone assessment but where a face to face assessment was required, this has been carried out following appropriate guidance. Patients on the waiting lists (prior to lockdown) have been contacted via the telephone, appropriately triaged and either assessed, remain on the waiting list or discharged. Due to social distancing all group clinics e.g. confident strides, hip groups, hearing aid repairs etc have been stepped down. Ongoing waiting list validation is also being completed whilst reductions in activity are causing a negative impact on waiting list times with an increasing backlog.

Patterson, Liz
07/23/2020 14:56:37

May 2020

Source: WPAS

Specialty	Sub Spec	Total patients	Patients waiting 14 weeks or longer	% Over 14 week target
Audiology (Adult hearing aids)	Non Specified	63	22	34.9%
	Consultant	30	5	16.7%
	GP	106	37	34.9%
Dietetics	Adults	195	80	41.0%
	Paediatrics	19	< 5	15.8%
Occupational Therapy	Adults	72	< 5	4.2%
	Paediatrics	< 5	0	0.0%
Physiotherapy	Adults	635	142	22.4%
	Paediatrics	23	6	26.1%
Podiatry	Routine	422	166	39.3%
	Urgent	36	0	0.0%
Speech Language	Adults	8	0	0.0%
	Paediatrics	44	< 5	4.5%

Total number of therapy patients and number of patients breaching the <14 week therapy target - Powys Provider



IFOR in Powys

Source: WPAS

Commissioned Planned Care

With the suspension of national reporting Powys Teaching Health Board do not have access to the central validated reports that provide Powys resident wait details. This information is expected to become available before the end of quarter 2 this year.

Through our ongoing contact with providers we are aware that they are having similar challenges to Powys caused by the COVID pandemic and the increasing backlog is significant across all providers.

Our Staff and Resources

Of the six measures within the domain three have recent data to May 2020. Workforce performance continues to remain good in comparison to the All Wales picture, but the impact of COVID has challenged the health boards ability to meet the national year-end targets. The rolling 12 figure for sickness is reported at 5.07% in May, this rise can be associated with Q4 average monthly increase to around 5+% which is an expected result of increased pressures linked to COVID e.g. confirmed/symptomatic staff etc.

PADR compliance has not met the national target but also faced challenges in Q4 2019/20 and the start of Q1 2020/21, such as a re-deployed workforce, sickness, remote working and recording consistency.

Positives can be drawn from the continued performance of staff undertaking and completing mandatory training. This has now met the national target consistently for the last 5 months."

Our staff and resources						
		Jan-20	Feb-20	Mar-20	Apr-20	May-20
Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	78%	79%	80%	74%	70%
Percentage of sickness absence rate of staff R12	12 month reduction	4.79%	4.81%	4.88%	4.98%	5.07%
Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	85%	85%	86%	86%	86%	85%

NEXT STEPS:

The need to respond and recover from the pandemic will continue for the organisation, its partners and communities and wider society throughout 2020/21 and beyond. The Quarter 2 response plan reflects this complexity and addresses the continuing immediate priorities of responding to Covid 19, alongside the delivery of essential services and planning for the progressive return of routine care with our neighbouring providers including those across our borders. In the long term, this recovery continues to be shaped by our shared Health and Care Strategy, A Healthy Caring Powys.

Patterson.Liz
07/23/2020 14:56:37

Powys THB Finance Department Financial Performance Report Board

**Period 03 (June 2020)
FY 2020/21**

**Date Meeting: 29th July 2020
Agenda Item 3.3**

Patterson, Liz
07/23/2020 14:56:37



Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 3 OF 2020-21
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

PURPOSE:
This paper provides the Board with an update on the June 2020 (Month 3) Financial Position including Financial Recovery Plan (FRP) delivery.
RECOMMENDATION:
It is recommended that the Board: <ul style="list-style-type: none">• DISCUSS and NOTE the Month 3 2020/21 financial position.• NOTE that action will be required in 2020/21 to ensure full achievement of any brought forward and in year savings targets.• NOTE and APPROVE Covid-19 Revenue and Capital and agree forecast position.

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

Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Amber	58	↑
Reported Year To Date financial position – deficit/(surplus) – Amber	156	↑
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	1,930	→
Reported Year to Date expenditure	332	↑
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) Q1 – Forecast Red	87.8%	↓



Powys THB 2020-21 IMTP was recognised by WG as approvable on 19th 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 £0.156m overspend in Mth 3.

Excluding Covid-19 the areas of overspend have been primary care drugs, based on 19/20 trends and CHC costs. The table on the next slide provides an overall summary. But this includes Covid-19 spend.

PSPP – identified as red as there has been a marked deterioration since the end of Q4 19/20 and PthB is currently not delivering on this target. This deterioration is being investigated to understand the cause and the actions needed to correct.

Overall Summary of Variances @ Mth 3 YTD £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(84,559)	(84,559)	0
02 - Capital Donations	(32)	(32)	0
03 - Other Income	(1,475)	(1,006)	470
TOTAL INCOME	(86,066)	(85,597)	470
05 - Primary Care - (excluding Drugs)	10,020	9,941	(79)
06 - Primary care - Drugs & Appliances	7,082	7,611	530
07 - Provided services -Pay	20,044	19,337	(707)
08 - Provided Services - Non Pay	6,163	5,318	(845)
09 - Secondary care - Drugs	251	239	(13)
10 - Healthcare Services - Other NHS Bodies	34,700	35,375	674
12 - Continuing Care and FNC	3,594	3,740	146
13 - Other Private & Voluntary Sector	615	596	(20)
14 - Joint Financing & Other	2,707	2,707	(0)
15 - DEL Depreciation etc	877	877	0
16 - AME Depreciation etc	13	13	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	86,066	85,753	(314)
TOTAL	0	156	156

Patterson, Liz
07/23/2020 14:56:37

Original Planned Schemes 2020/21 = **£5.5m**

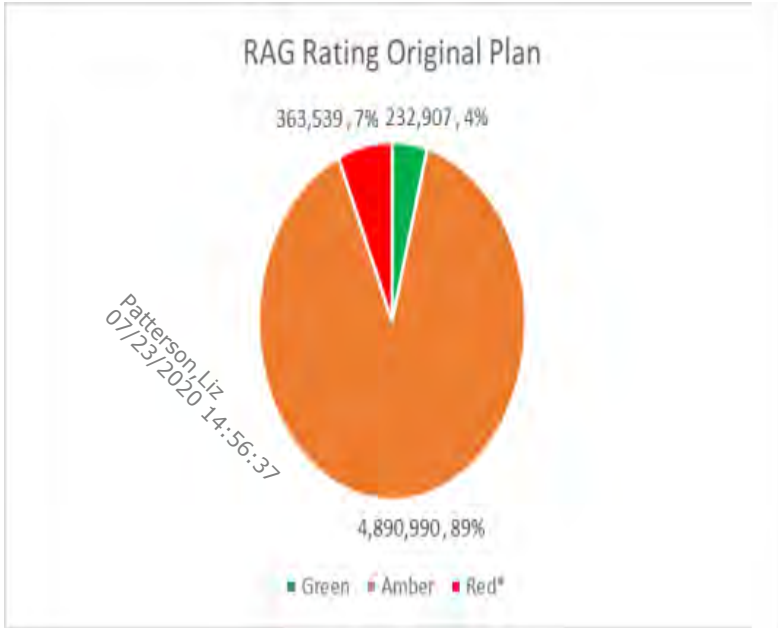
Workstream	Original 2020/21 £
Medicines Mangt	492,339
Pathways	2,629,623
Procurement, Non Pay & CHC	741,558
Workforce Efficiency	1,623,916
Total	5,487,436

Original Target 2020/21 = **£5.6m**

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 £1.8m based on number assumptions

Revised Planned Scheme 2020/21 = **£1.8m**

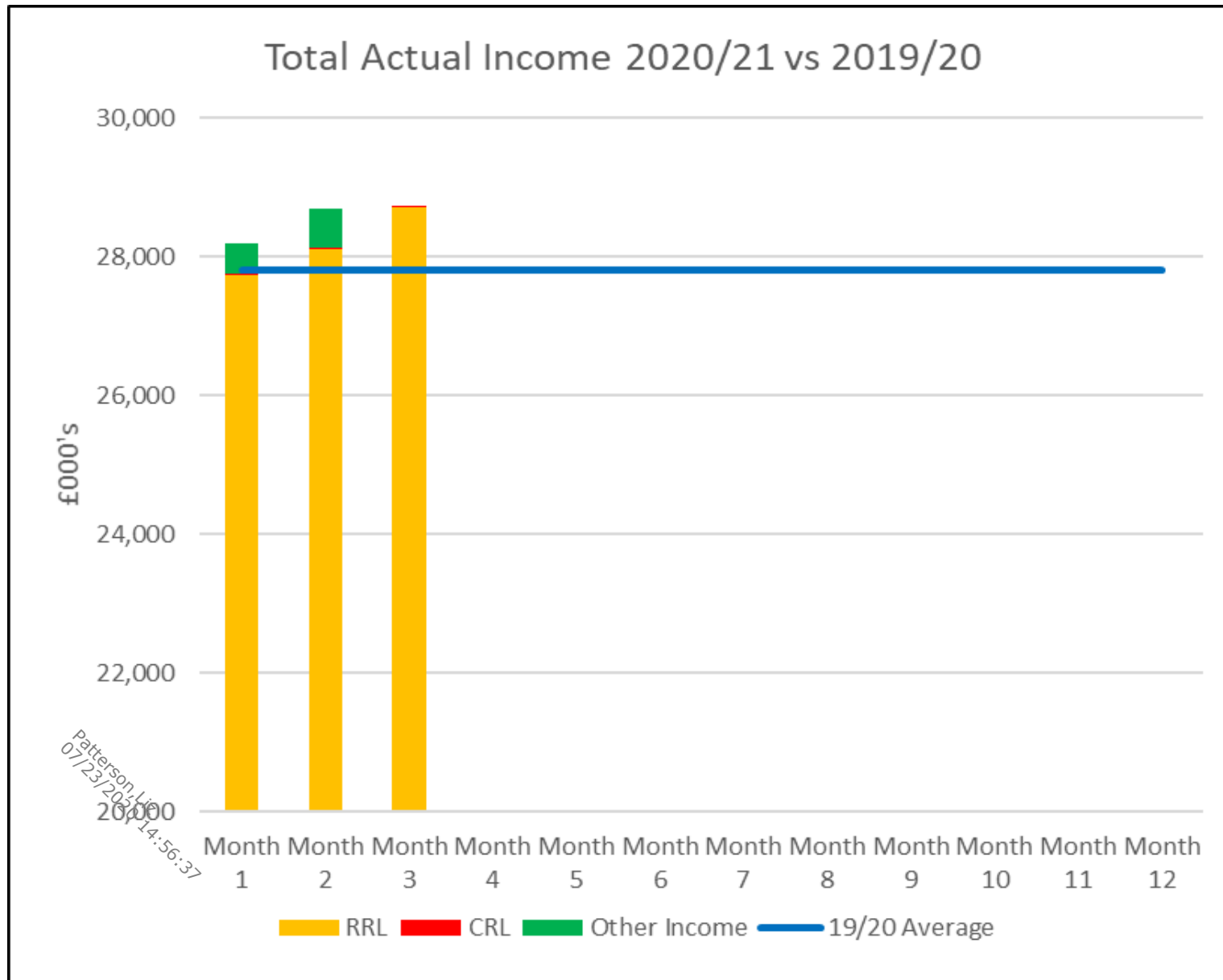
Workstream	Revised 2020/21 £
Medicines Mangt	206,113
Pathways	664,159
Procurement, Non Pay & CHC	333,524
Workforce Efficiency	619,900
Total	1,823,697



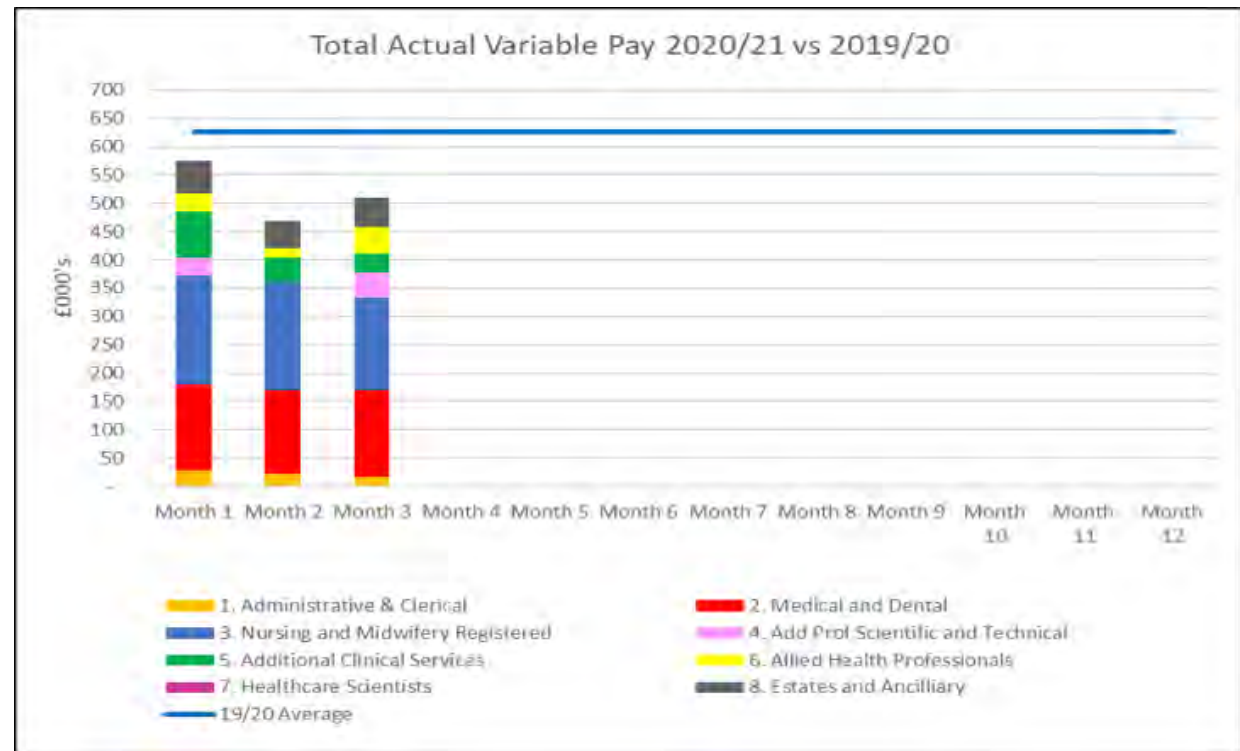
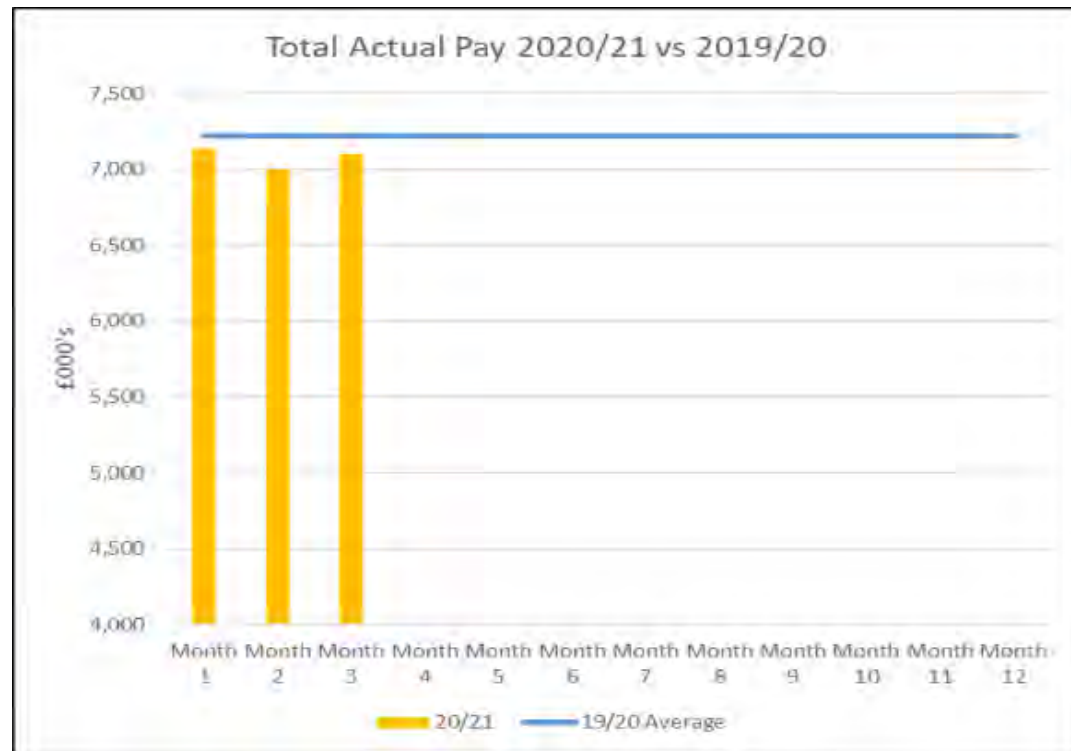
Movement from Original Planned Schemes = **£3.7m**
Current assumption is this will be funded by WG

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



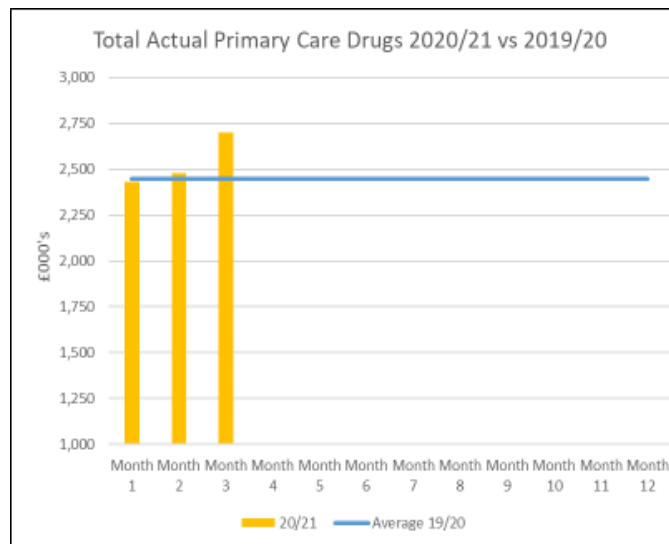
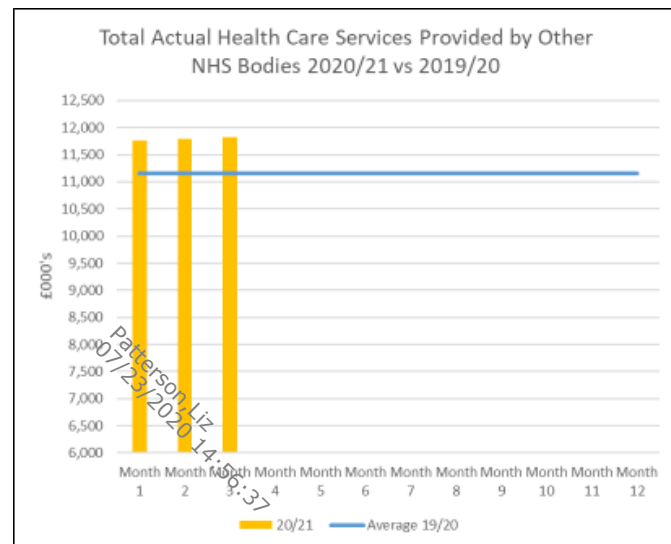
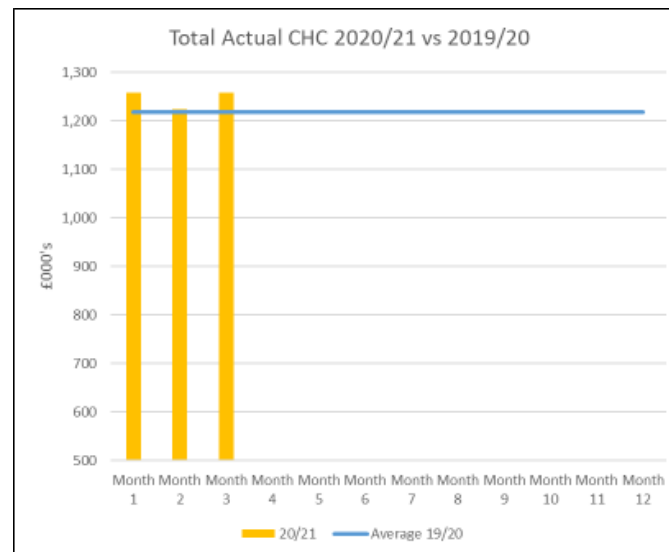
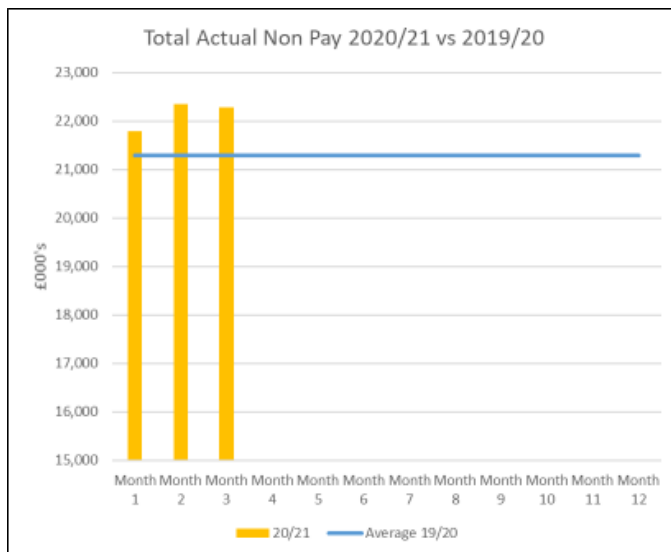


- The total income received in 2020/21 is higher than the average for 2019/20. In the main this will relate to the allocation uplift provided by WG as well as additional in year funding.
- Other income has reduced significantly in month which is linked to the issue on Dental Patient Charges Income, which 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 3 YTD pay is showing an underspend of £0.707m against the year to date plan. Underspends are being experienced across most of the service areas.
- Variable pay costs have decreased significantly compared to the 19/20 monthly average based on the Mth 1-3.

Patterson, Liz
07/25/2020 14:56:37



- 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 expected to be higher than 19/20 and this pressure is reported under C-19.
 - ChC – as per Mth 1 and 2 CHC continued to overspend against budget with 38 new cases in the first quarter of 20/21. 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 are based on estimates. The first actual Prescribing data was received at the end of June and showed a significant increase, which in part is linked to Covid-19. However there are also pressures as a result of No Cheaper Stock Obtainable across the UK but the impact for Powys at this point is unknown. But this is reported as risk to WG – see Risk & Opportunity slide.

Summary Forecast Covid-19 Revenue Expenditure 2020/21

Area	Q1		2020/21	
	£'000		£'000	
Pay				
General C-19	399		4,865	
TTP	9		1,562	
		408		6,427
Non Pay				
PC	222		583	
PPE	162		1,361	
Provider	1,144		5,339	
LTA	676		2,697	
TTP	-		318	
		2,204		10,297
Non Delivery Savings		1,350		3,932
Reduction Spend		- 205		- 368
TOTAL		3,758		20,289

Note – above table excludes any capital costs. See page 9

Key Assumptions Support Forecast Covid-19 Revenue Expenditure 2020/21

Timeframe

- Costs for 12 month period from April 2020– March 2021

General Assumptions

- Cost July assumed in line with actuals for April - June
- Forecast August 2020 – March 2021 based on flexibility to increase beds up to meet C-19 demand
- Forecast TTP full costs from August and 50% for July.

Pay

- Based on Workforce model required to support ability of HB to flex up beds
- Additional costs included for facilities
- Variable pay costs based on Covid-19 FCP process
- TTP – based on workforce model for testing and clinical tracking for PtHB costs only.

Non Pay

- Equipment excludes any costs in relation to the all Wales procurement process based on the assumption this will be centrally funded
- PPE costed based on current modelling
- LTA pressures are based on current block arrangements compared to IMTP plan
- Other costs identified via Covid-19 Cost Centre (B259, B452-456)

Summary Submission - @ 17th July

Description	£
Additional Bottle Stores	76,000
Asbestos survey and works	27,500
Automatic doors covid test centre	12,000
Brecon Dental Ventilation	12,000
COVID Flooring	7,500
COVID flooring upgrades	0
Covid Gold Command Centre	14,500
COVID reception areas	15,600
Dental Ventilation	49,000
Extra outlets	9,000
Facilities upgrades curtains waste etc	2,000
Fencing to secure oxygen store	2,000
Fire upgrade	25,600
H&S upgrades	8,500
Hot Clinic	25,000
IPC	22,800
IT	4,000
Manifold upgrade/new	29,500
Mobile X-Ray	84,000
Mortuary Roof	26,000
New PPE store Roof	7,000
New water supply COVID relocation	5,000
Nurse Call	36,000
Oxygen monitors	11,750
PPE store upgrade	1,000
Regulators	3,000
Replace Water Heaters	8,000
Services Upgrade	24,000
Shower upgrades COVID	21,500
Stores	10,000
Structural survey & Works	8,600
Swab Stations	15,000
Vents & Commission	949,000
Ventilation installation Dental	40,000
VIE	225,000
Wash Facilities	64,000
Welfare upgrade	10,000
Total	1,891,350

Note: above excludes the £38k expenditure on beds also included on a separate tab on the 17th July submission

Key Assumptions

- WG requested a revised submission due in 17th July 2020:
 - Submission based on the capital requirement for surge capacity within the Health Board's existing NHS premises.
 - Submission will form the basis of the capital allocation (CRL) for the Health Board to support C-19.
 - Excluded any costs relating to the All Wales procurement and capital process as it is assumed this is funded centrally
 - Based on the information received @ 16th July
- Due to the WG deadlines this was could not be presented to Gold for approval before submission and so is subject to change.

Submission: Capital Requirements @ 17th July



Covid Funding requirements - Due 17th July 2020 Powys .msg

Table 1: Risk Reflected MMR Mth 3

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	-	-
Continuing Healthcare Prescribing	- 500	Medium
Pharmacy Contract	- 860	High
WHSSC Performance	-	-
Other Contract Performance	- 238	Low
GMS Ring Fenced Allocation Underspend Potential Claw back	-	-
Dental Ring Fenced Allocation Underspend Potential Claw back	-	-
Anticipated COVID Allocations not received	- 19,580	Medium
In Year Pressures Impacting 20/21 Financial Position	-	-
WRP Pressure above 19/20 budget	- 230	Medium
Total	- 21,408	

Table 2: Opportunities Reflected MMR Mth 3

Opportunity	£ '000	Likelihood
Red Pipeline Schemes	118	Low
Funding Slippage / Divert Funding to C-19	1,200	Medium
Total	1,318	

Note – full details on the risks listed above can be found in the WG Narrative Report attached to Appendix 1

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 represented a risk to the organisation but the Mth 3 position and current year end forecast exclude the impact of all expenditure either incurred to date or planned to be incurred in the future on the assumption that this will be funded by WG. The MMR submitted on 13th July 2020 forecasts £20.3m of revenue costs associated with Covid 19 for 2020/21.
- 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 May reduced the likely delivery to £1.8m 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.

Summary

In summary this paper identifies that:

- PTHB is reporting an over spend at month 3 of £0.156M.
- Within the £0.156m is an assumption that the HB will receive £3.8m of funding from WG to support the Covid-19 pressures in Q1.
- PTHB has an assumed £1.8M savings against the target of £5.6M. It is assumed any shortfall as a result of C-19 will be funded by WG and is included within the £20.3m forecast for Covid-19.
- PTHB has an Capital Resource Limit of £1.930M and has spend £0.332M. £0.193m relates to Covid-19 capital spend, in line with the submission on 17th July and confirmation of CRL to support this is awaited from WG.
- PTHB continues to forecast a balanced year end position subject to the actions and risks as identified in the report. But will be undertaking a full assessment the financial position in Q2 for expenditure and risks outside of Covid-19.

Powys THB Finance Department

Financial Performance Report - Appendices

Period 03 (June 2020)
FY 2020/21

Patterson, Liz
07/23/2020 14:56:37



Embedded below are extracts from the Period 03 Monthly Monitoring Return submitted to Welsh Government on Reporting Day 9

MMR Narrative



Microsoft Word
Document

MMR Key Tables



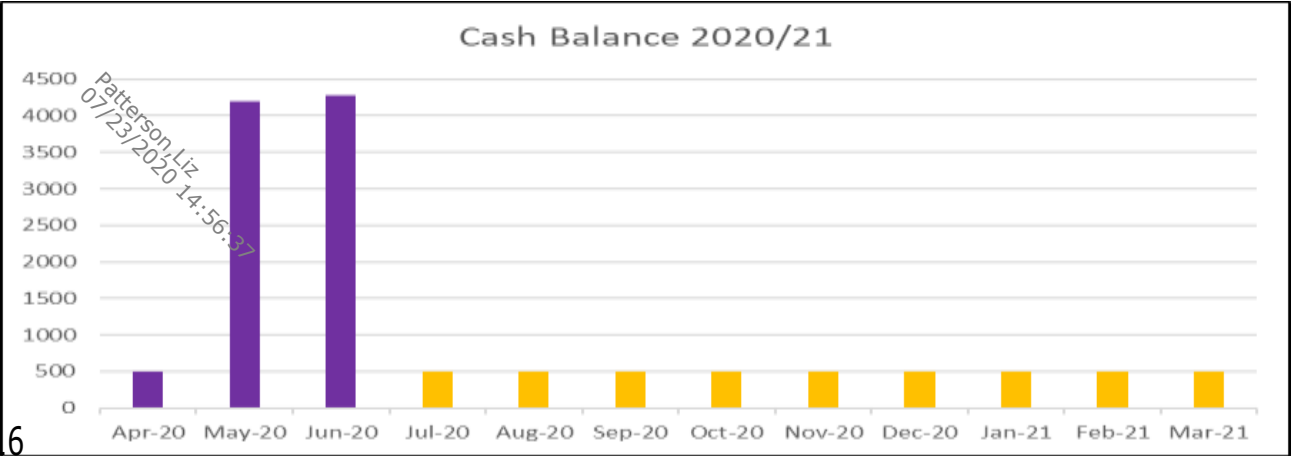
Microsoft Excel
Worksheet

Patterson, Liz
07/23/2020 14:56:37

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th June 2020
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.431	1.431	0.080
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	0.000
19.20 Slippage (Digital Priority Investment Fund) into 20.21	0.078	0.078	0.059
19.20 Slippage (19.20 Year End Capital - Dental Equipment) into 20.21	0.042	0.042	0.000
Covid-19 Digital Devices	0.022	0.022	0.000
Covid-19	0.000	0.000	0.193
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	1.930	1.930	0.332

Patterson
07/23/2020 14:56:37

	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	500	500	500	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	29010	29920	29330	30510	25970	28120	29870	25280	29670	25580	27830	28598
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	-120	0	-240	-120	-120	-120	-120	-120	-120	-120	-120	-120
WG Revenue Funding - Other (e.g. invoices)	3744	7	351	10	10	10	10	1000	10	1000	200	3000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	0	200	200	200	200	200	200	543
Income from other Welsh NHS Organisations	838	479	211	400	400	400	400	400	400	400	400	400
Other - (Specify in narrative)	781	462	173	300	300	300	300	300	300	300	300	300
Total Receipts	34253	30868	29825	31100	26560	28910	30660	27060	30460	27360	28810	32721
Payments												
Primary Care Services : General Medical Services	2556	2405	2679	2600	2000	2500	2679	2300	2400	2600	2400	2200
Primary Care Services : Pharmacy Services	1617	571	222	900	0	450	900	0	900	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	1229	1150	1366	2400	0	1200	2400	0	2400	0	1200	1200
Primary Care Services : General Dental Services	382	403	265	400	400	400	400	400	400	400	400	400
Non Cash Limited Payments	130	128	127	80	80	80	80	80	80	80	80	80
Salaries and Wages	6817	6825	6832	6800	6800	6800	6800	6800	6800	6800	6800	6800
Non Pay Expenditure	21558	15697	18252	21695	17280	17280	17201	17280	17280	17280	17280	21048
Capital Payment	0	0	0	0	0	200	200	200	200	200	200	543
Other items (Specify in narrative)	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	34289	27179	29743	34875	26560	28910	30660	27060	30460	27360	28810	32721
NET CASH FLOW IN MONTH	-36	3689	82	-3775	0	0	0	0	0	0	0	0
Balance c/f	504	4193	4275	500	500	500	500	500	500	500	500	500



Purple = Actual Closing Balance

Yellow = Forecast Closing Balance

BOARD MEETING		Date of Meeting: 29 July 2020
Subject:	CORPORATE RISK REGISTER – July 2020	
Approved and Presented by:	Rani Mallison, Board Secretary	
Prepared by:	Caroline Evans, Head of Risk & Assurance	
Other Committees and meetings considered at:	n/a	

PURPOSE:

The purpose of this paper is to provide the Board with the July 2020 version of the Corporate Risk Register review and ratification.

RECOMMENDATION(S):

It is recommended that:

- the Board **REVIEWS** the July 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; and
- APPROVES** the proposed amendments set out within this paper to those risks already recorded within the Corporate Risk Register.

Approval/Ratification/Decision	Discussion	Information
✓	✓	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.

COVID-19 was declared a pandemic by the World Health Organisation on 11 March 2020, and this has subsequently led to NHS organisations, including Powys Teaching Health Board, needing to focus on preparations and plans for dealing with an expected surge in demand of patients requiring interventions. The nature and scale of the response will depend on the course of the disease. The situation is changing constantly and will require an agile response.

The Board's approach to risk management will therefore need to be balanced and proportionate to ensure effective risk management arrangements, whilst ensuring capacity is made available to plan and respond to COVID-19. The approach to releasing capacity and determining priorities (COVID and 'business as usual' related) during this period will need to be determined by an assessment of risk.

The Corporate Risk Register provides a summary of the significant risks to the delivery of the health board's strategic objectives. This paper provides the Board with an updated version of the Corporate Risk Register, at May

2020. Executive Directors have reviewed and updated respective areas since the Board's last meeting in March 2020

BACKGROUND AND ASSESSMENT:

Management of Strategic Risks during COVID-19

Strategic risks are those risks that represent a threat to achieving the health board's strategic objectives or its continued existence.

Strategic risks are recorded in the Board's Corporate Risk Register (CRR), which provides an organisational-wide summary of significant risks facing the Board. The 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 Corporate Risk Register (CRR) is considered by the Executive Committee and is considered by the Board at each of its meetings. This arrangement will continue during the COVID-19 pandemic.

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

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

Proposed Changes to the Corporate Risk Register

The Board is asked to consider these changes for approval: -

Corporate Risk	Change to Rating	Recommended Change
CRR 001 There is a risk that: Some commissioned services are not sustainable or safe, and do not meet national targets	No change proposed to risk description or rating	
CRR 002 There is a risk that: The health board does not meet its statutory duty to	No change proposed to risk description or rating	

achieve a breakeven position		
CRR 004 There is a risk that: 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	
CRR 005 There is a risk that: The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	No change proposed to risk description or rating	
CRR 006 There is a risk that: 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	
CRR 007 There is a risk that: Effective governance arrangements are not embedded across all parts of the health board	No change proposed to risk description or rating	
CRR 008 There is a risk that: Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies	No change proposed to risk description or rating	
CRR 010 There is a risk that: Resources (financial and other) are not fully aligned to the health board's priorities	No change proposed to risk description or rating	
CRR 011	Re-escalated Risk	The risk was de-

There is a risk that: A UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys		escalated to the respective Directorate Risk Register in January 2020. In light of current discussions, this risk is being re-escalated to the CRR for Board oversight.
CRR 012 There is a risk that: The health board does not comply to the Welsh Language standards, as outlined in the compliance notice	No change proposed to risk description or rating	
CRR 013 There is a risk that: 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	
CRR 014 There is a risk that: Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	No change proposed to risk description or rating	

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 (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).

The COVID-19 Risk Register is reviewed regularly by Strategic (Gold) Group and is reported to the Board via the Update Report on Phase 2 Response at agenda item 2.1.

NEXT STEPS:

The Corporate Risk Register will continue to be reviewed by 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.

Executive Directors will review and update Directorate Risk Registers, to ensure there is a robust process for escalation of risks to the Corporate Risk Register.

The COVID-19 Risk Register will continue to be reviewed regularly by Strategic (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.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Corporate Risk Register July 2020

Patterson, Liz
07/23/2020 14:56:37

CORPORATE RISK HEAT MAP: July 2020

There is a risk that...

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

Patterson, Liz
07/08/2020 14:56:37

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

Patterson, Liz
07/23/2020 14:56:37

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
-----	------------	------------------------------------	---	------------	---	-----	----	---	-----------	--

Patterson, Liz
07/23/2020 14:56:37

KEY:

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

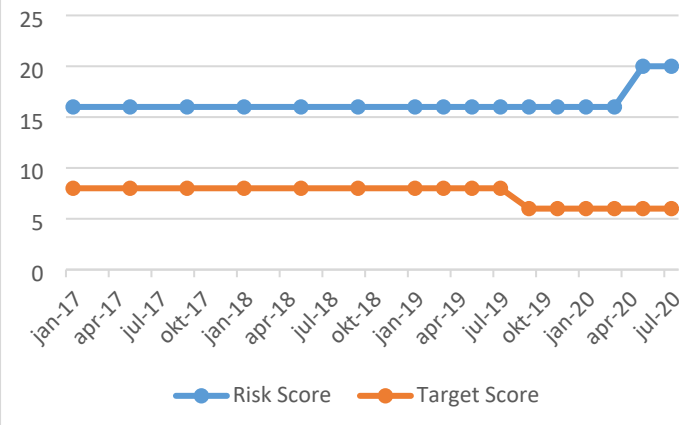
Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
----------	-----	-----	-----	----------	------	------	-------

Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

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

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

Patterson Liz
07/23/2020 14:56:37

CRR 001 Risk that: Some commissioned services are not sustainable or safe, and do not meet national targets		Lead Director: Director of Planning & Performance Lead Board Committee: Performance and Resources Committee and Experience, Quality and Safety Committee (for experience, quality and safety of commissioned services)																																																	
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: July 2020																																																	
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 2 x 3 = 6</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>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>Oct-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>Oct-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>Oct-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>16</td><td>6</td></tr><tr><td>Jul-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	Oct-17	16	8	Jan-18	16	8	Apr-18	16	8	Jul-18	16	8	Oct-18	16	8	Jan-19	16	8	Apr-19	16	8	Jul-19	16	8	Oct-19	16	6	Jan-20	16	6	Apr-20	16	6	Jul-20	20	6	<div>Rationale for current score: 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 four key areas of risk: 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></div> <div>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.</div>	
Date	Risk Score	Target Score																																																	
Jan-17	16	8																																																	
Apr-17	16	8																																																	
Jul-17	16	8																																																	
Oct-17	16	8																																																	
Jan-18	16	8																																																	
Apr-18	16	8																																																	
Jul-18	16	8																																																	
Oct-18	16	8																																																	
Jan-19	16	8																																																	
Apr-19	16	8																																																	
Jul-19	16	8																																																	
Oct-19	16	6																																																	
Jan-20	16	6																																																	
Apr-20	16	6																																																	
Jul-20	20	6																																																	
Date added to the risk register January 2017																																																			
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																																	
<ul style="list-style-type: none">Implementation of the Strategic Commissioning Framework (for whole system commissioning)Embedding the Commissioning Assurance Framework (CAF) escalation processExecutive Committee Strategic Commissioning and Change Group (including consideration of fragile services)Regular review at Delivery and Performance MeetingsScrutiny by Performance and Resources CommitteeScrutiny by Experience, Quality and Safety CommitteeInternal AuditsContract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers		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																																															

<ul style="list-style-type: none"> Individual Patient Funding Request Panel and Policy WHSCC Joint Committee and Management Group WHSSC ICP agreed within PTHB IMTP Emergency Ambulances Services Committee Shared Services Framework Agreements Section 33 Agreements Responsible Commissioner Regulations for Vulnerable Children Placed away from Home Specific Organisational Delivery Objectives set out in health board's Annual Plan for 2019-20 Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales) Commissioning Intentions set out in IMTP NHS LTA and SLA Overview submitted to the Executive Committee (and approval process) Executive Committee approved LTA and SLA narrative (updated each year) CEO signed LTAs and SLAs for healthcare CAF developed for General Dental Services CAF developed for General Medical Services Recruitment of Public Health Consultant to help strengthen commissioning intelligence Prior approval policy in place EEA policy and arrangements in place INNU policy out to consultation Recruitment of a pooled fund manager for Section 33 Residential Care 	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
Current Risk Rating	Additional Comments		
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 immediate service changes in response to directions from respective governments in England and Wales. Neighbouring English providers have moved into whole system Silver and Gold command arrangements.</p> <p>It is not possible to score the Commissioning Assurance Framework at present: for example, routine services and performance monitoring were suspended and not all services and information flows have yet been restored. Finance and NHS LTAs and SLAs have moved to block arrangements. There are a growing number of patients waiting more than 52 weeks for routine services. Capacity</p>		

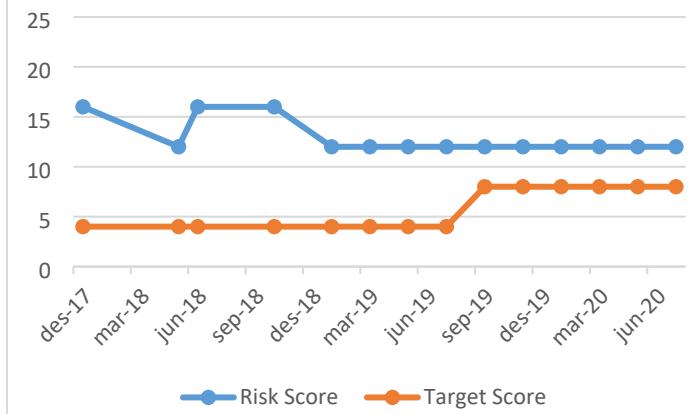
Patterson, Liz
07/23/2020 14:56:37

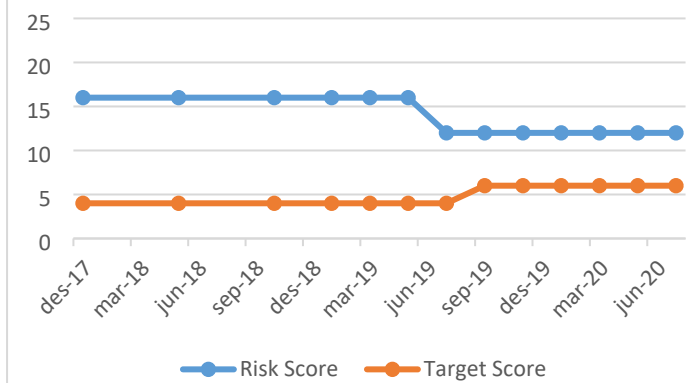
across providers is significantly reduced due to social distancing, PPE and the need to maintain surge capacity.

Staffing needs to be strengthened in order to deal with the very complex commissioning consequences of the next phase to help ensure Powys patients can access essential DGH and specialised services; for the restoration of routine services; to focus on cancer pathways; to ensure the stability of the voluntary sector; to work with PCC on residential care; and to focus on areas which were already identified as risks prior to COVID (including SaTH).

Mitigating actions in place include: participation in the Silver and Gold arrangements for neighbouring English regions; monitoring Q&S and maternity information; a weekly DGH log of pathway changes; shared modelling assumptions with NHS partners; participation in the Welsh Government Essential Services work – with weekly reporting introduced; an Exec Led DGH and Specialised Services Workstream; fast-tracking of elements of the Big 4 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.

Patterson, Liz
07/23/2020 14:56:37

CRR 002		Lead Director: Director of Finance, Information and IT																																					
Risk that: the health board does not meet its statutory duty to achieve a breakeven position		Lead Board Committee: Performance and Resources Committee																																					
Risk Impacts on: Organisational Priorities underpinning WBO 8.2		Date last reviewed: July 2020																																					
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8</div> <div>Date added to the risk register March 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>16</td><td>4</td></tr><tr><td>mar-18</td><td>12</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>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>4</td></tr><tr><td>dec-19</td><td>12</td><td>8</td></tr><tr><td>mar-20</td><td>12</td><td>8</td></tr><tr><td>jun-20</td><td>12</td><td>8</td></tr></tbody></table>	Date	Risk Score	Target Score	des-17	16	4	mar-18	12	4	jun-18	16	4	sep-18	16	4	des-18	12	4	mar-19	12	4	jun-19	12	4	sep-19	12	4	dec-19	12	8	mar-20	12	8	jun-20	12	8	<div>Rationale for current score:</div> <ul style="list-style-type: none">As at Month 3 2020/21 the Health Board is £0.156m over spent.Approved balanced 3-year IMTP included balanced plan for 2020/21.Plans identified to meet Financial Recovery Plan savings target included in plan of £5.6m, plans and actions to be closely monitored and delivery essential to deliver break even.Key area to manage is the commissioning position and this is the key risk to delivery.The impact of COVID-19 and the assumption that WG will fund the direct and indirect costs in full is key in relation to the breakeven forecast (risk in relation to receiving funding included under COVID-19 Risk Register).	
Date	Risk Score	Target Score																																					
des-17	16	4																																					
mar-18	12	4																																					
jun-18	16	4																																					
sep-18	16	4																																					
des-18	12	4																																					
mar-19	12	4																																					
jun-19	12	4																																					
sep-19	12	4																																					
dec-19	12	8																																					
mar-20	12	8																																					
jun-20	12	8																																					
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																					
<ul style="list-style-type: none">IMTP Financial Plan approvedMonthly Reporting via Governance Structure and monitoring of progress of deliveryFinancial Control Procedures and Standing Orders and Standing Financial InstructionsBudgetary Control FrameworkContracting FrameworkSavings PlansFinancial Recovery Plan Workshops and Workstream approach for 2020/21Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risksRegular communication and reporting to Welsh Government and Finance Delivery Unit re the impact of COVID-19 and expectations re-funding to be received and impact on financial performanceDiscussions with Welsh Government re baseline budget now resolved		<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery</td><td>DFIIT</td><td>In Progress new Deputy Director of Finance in post</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan</td><td>DFIIT</td><td>In Progress</td></tr></tbody></table>	Action	Lead	Deadline	Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	In Progress new Deputy Director of Finance in post	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan	DFIIT	In Progress																												
Action	Lead	Deadline																																					
Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	In Progress new Deputy Director of Finance in post																																					
Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan	DFIIT	In Progress																																					
Current Risk Rating 3 x 4 = 12		Additional Comments																																					

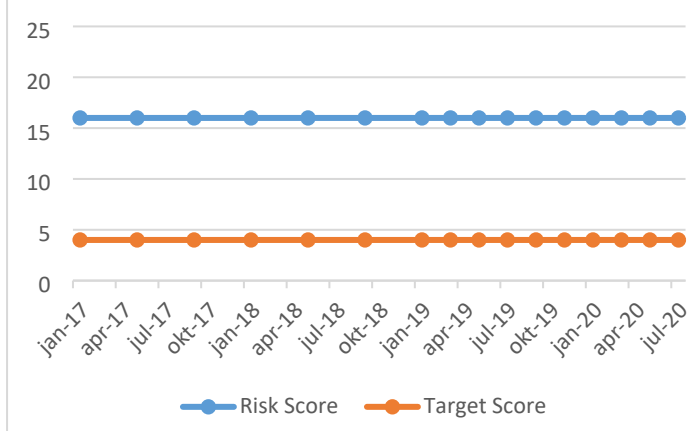
CRR 004 Risk that: ICT systems are not robust or stable enough to support safe, effective and up to date care		Director Lead: Director of Finance, Information and IT Assuring Committee: Performance and Resources Committee																																			
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4, 7.1, 7.2 & 7.3		Date last reviewed: July 2020																																			
<div><div><div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 3 = 6</div><div>Date added to the risk register January 2017</div></div><div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>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>dec-19</td><td>12</td><td>6</td></tr><tr><td>mar-20</td><td>12</td><td>6</td></tr><tr><td>jun-20</td><td>12</td><td>6</td></tr></tbody></table></div></div> <div><div>Rationale for current score: The risk rating remains high and will do until we are able to</div><div><div>1. Upgrade data center to remove high level risks (e.g. power, air-conditioning, wide area network, physical security) OR</div><div>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) AND</div><div>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)</div></div><div>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></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	dec-19	12	6	mar-20	12	6	jun-20	12	6
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																																			
dec-19	12	6																																			
mar-20	12	6																																			
jun-20	12	6																																			
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																			
<div><div><div>Digital Strategic Framework being developed (delay re impact of Covid), high level Digital Plan in place for 2020/21 with support of PCC re Section 33 Links.</div><div>Reestablished Digital Transformation Board and supporting sub groups and workstreams to ensure plan is delivered.</div><div>Establishment of a specific Data Centre Programme.</div><div>Engagement and input in to the National Implementation Board.</div><div>Disaster Recovery arrangements in place.</div><div>System Performance Measures in place.</div><div>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.</div><div>Enhanced and accelerated systems implemented in response to COVID-19.</div></div></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																									
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																																			
Current Risk Rating		Additional Comments																																			

$$3 \times 4 = 12$$

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 have the same risk and will be presented as a business case for decision when complete.

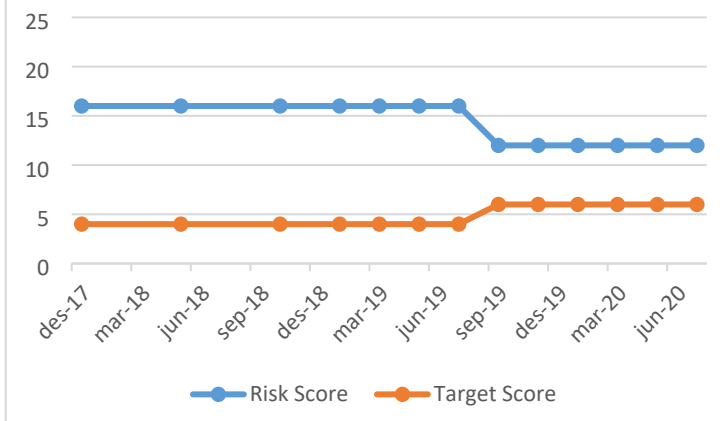
Patterson Liz
07/23/2020 14:56:37

CRR 005 Risk that: the care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose		Director Lead: Director of Planning & Performance Assuring Committee: Performance and Resources Committee																																																	
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Date last reviewed: July 2020																																																	
<p>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 1 x 4 = 4</p> <p>Date added to the risk register January 2017</p>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>4</td></tr><tr><td>Apr-17</td><td>16</td><td>4</td></tr><tr><td>Jul-17</td><td>16</td><td>4</td></tr><tr><td>Oct-17</td><td>16</td><td>4</td></tr><tr><td>Jan-18</td><td>16</td><td>4</td></tr><tr><td>Apr-18</td><td>16</td><td>4</td></tr><tr><td>Jul-18</td><td>16</td><td>4</td></tr><tr><td>Oct-18</td><td>16</td><td>4</td></tr><tr><td>Jan-19</td><td>16</td><td>4</td></tr><tr><td>Apr-19</td><td>16</td><td>4</td></tr><tr><td>Jul-19</td><td>16</td><td>4</td></tr><tr><td>Oct-19</td><td>16</td><td>4</td></tr><tr><td>Jan-20</td><td>16</td><td>4</td></tr><tr><td>Apr-20</td><td>16</td><td>4</td></tr><tr><td>Jul-20</td><td>16</td><td>4</td></tr></tbody></table>	Date	Risk Score	Target Score	Jan-17	16	4	Apr-17	16	4	Jul-17	16	4	Oct-17	16	4	Jan-18	16	4	Apr-18	16	4	Jul-18	16	4	Oct-18	16	4	Jan-19	16	4	Apr-19	16	4	Jul-19	16	4	Oct-19	16	4	Jan-20	16	4	Apr-20	16	4	Jul-20	16	4	<p>Rationale for current score:</p> <p>Estates Compliance; 42% of the estate infrastructure was built pre-1948 and only 2% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required.</p> <p>Capital; the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards and with a very limited discretionary allowance in PTHB, this is a significant financial risk. Failure to secure funds could impact business continuity in terms of healthcare services.</p> <p>Environment & Sustainability; Welsh Government declared a Climate Crisis in April 2019 requiring escalated activity with ambitious targets in terms of decarbonisation of public sector by 2030 and zero waste to landfill by 2050.</p>	
Date	Risk Score	Target Score																																																	
Jan-17	16	4																																																	
Apr-17	16	4																																																	
Jul-17	16	4																																																	
Oct-17	16	4																																																	
Jan-18	16	4																																																	
Apr-18	16	4																																																	
Jul-18	16	4																																																	
Oct-18	16	4																																																	
Jan-19	16	4																																																	
Apr-19	16	4																																																	
Jul-19	16	4																																																	
Oct-19	16	4																																																	
Jan-20	16	4																																																	
Apr-20	16	4																																																	
Jul-20	16	4																																																	
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																																	
<p><u>ESTATES</u></p> <ul style="list-style-type: none">Specialist sub-groups for each compliance disciplineRisk based improvement plans introducedSpecialist leads identifiedEstates Compliance Group and Capital Control Group establishedMedical Gases Committee; Fire Safety Group; Water Safety Group; Health & Safety Committee in placeCapital Programme developed for compliance and approvedCapital and Estates set as a specific Organisational Priority (OP 22) in the health board's Annual Plan for 2019-20 with related Organisational Delivery ObjectivesAddress (on an ongoing basis) maintenance and compliance issuesAddress maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards. <p><u>CAPITAL</u></p>		<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Implement the Capital Programme and develop the long term capital programme</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Continue to seek WG funding</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Develop capacity and efficiency of the Estates and Capital function</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Review current structure of capital and estates department – delayed due to COVID-19 activity.</td><td>DPP</td><td>August 2020</td></tr></tbody></table>	Action	Lead	Deadline	Implement the Capital Programme and develop the long term capital programme	DPP	In line with Annual Plan for 2020-21	Continue to seek WG 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																																		
Action	Lead	Deadline																																																	
Implement the Capital Programme and develop the long term capital programme	DPP	In line with Annual Plan for 2020-21																																																	
Continue to seek WG 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																																																	

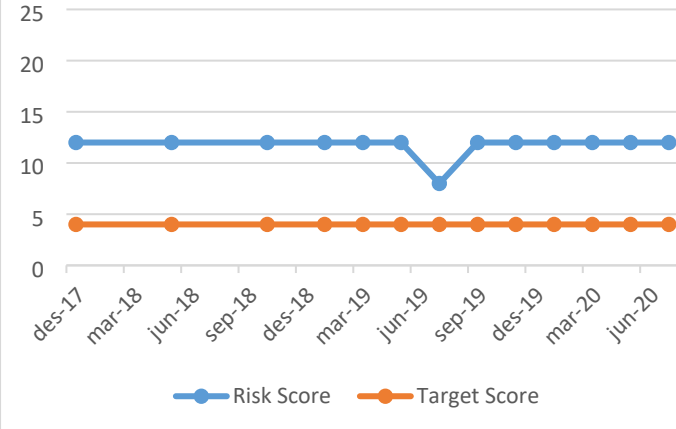
<ul style="list-style-type: none"> Capital Procedures for project activity Routine oversight / meetings with NWSSP Procurement Specialist advice and support from NWSSP Specialist Estates Services Audit reviews by NWSSP Audit and Assurance Close liaison with Welsh Government, Capital Function Reporting routinely to P&R Committee Capital Programme developed and approved Detailed Strategic, Outline and Full Business Cases defining risk Capital and Estates set as a specific Organisational Priority (OP 22) in the health board's Annual Plan for 2018-19 with related Organisational Delivery Objectives <p><u>ENVIRONMENT</u></p> <ul style="list-style-type: none"> ISO 14001 accreditation with ongoing external audit to retain accreditation Environment & Sustainability Group NWSSP Specialist Estates Services (Environment) support and oversight Welsh Government support and advice 			
Current Risk Rating	Additional Comments		
<p>4 x 4 = 16</p> <p>Patterson, Liz 07/23/2020 14:56:37</p>	<p>COVID-19 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>ESTATES – continued significant pressures to rapidly introduce bulk oxygen tanks (VIE) into 3 main hospitals will step up the risk around management of specialist enhanced oxygen systems. NWSSP SES ventilation lead in conjunction with Infection Prevention & Control, Microbiologist and H&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 would be in the order of £0.5 to £1.0M+, with time and access constraints to do the work. Social distancing 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 staff change and shower facilities for COVID activity and to support surge activity. Estates compliance – team continue 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 & pressures emerge. CAPITAL 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 & cost.</p>		

ENVIRONMENT & SUSTAINABILITY accreditation audits for ISO 14001 complete, 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
07/23/2020 14:56:37

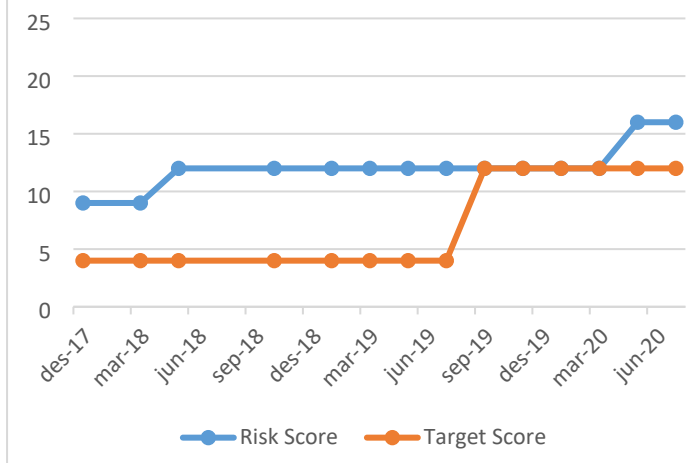
CRR 006 Risk that: the health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8		Director Lead: Director of Workforce & OD and Support Services Assuring Committee: Performance & Resources Committee Date last reviewed: July 2020																																																
<div><div><div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 3 = 6</div><div>Date added to the risk register January 2017</div></div><div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>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></tbody></table></div></div> <div><div>Rationale for current score: The health board continues to have difficulties recruiting and retaining certain posts and areas of the health board. It is recognised that for some professions the workforce is ageing and so there is a need to have clear succession and recruitment plans in place. As a health board, there has been a 1.76% increase in the staff employed over the past 12 months (May 2019 – May 2020). Increase in demand for clinical staff arising from responding to the COVID-19 pandemic. The Health Board continues to experience recruitment challenges in respect of the Nursing and Midwifery Workforce. Whilst demand has potentially decreased during changes to service delivery during the pandemic, the ongoing ability to fill these posts continues to be challenging. On average, the health board since May 2018 have had 46.66 WTE nursing vacancies, (including healthcare support workers) in our general inpatient ward areas alone. The temporary staffing unit is continuing to provide support to meet this demand and have filled on average 24.04 WTE with bank and 27.03 WTE with agency per month.</div></div> <tr><td colspan="2">Controls (What are we currently doing about the risk?)<ul style="list-style-type: none">Regular monitoring of demand to ensure there is a sufficient supply through the temporary staffing unit.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 & Resources Committee.Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored.</td><td colspan="2">Mitigating actions (What more should we do?)<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board.</td><td>DWODSS</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>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.</td><td>DWODSS</td><td>In line with Annual Plan for 2020-21</td></tr></tbody></table></td></tr>		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	Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Regular monitoring of demand to ensure there is a sufficient supply through the temporary staffing unit.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 & Resources Committee.Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored.		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board.</td><td>DWODSS</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>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.</td><td>DWODSS</td><td>In line with Annual Plan for 2020-21</td></tr></tbody></table>		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
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																																																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Regular monitoring of demand to ensure there is a sufficient supply through the temporary staffing unit.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 & Resources Committee.Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored.		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board.</td><td>DWODSS</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>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.</td><td>DWODSS</td><td>In line with Annual Plan for 2020-21</td></tr></tbody></table>		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																																						
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																																																

<ul style="list-style-type: none"> 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. The health board is using a hard-to-fill (enhanced) rate for shifts that are difficult to cover (Registered Nurses only). Workforce Quality and Efficiency Group established, which uses the Insight System to monitor performance against rosters, bank and agency usage. Ensure that recruitment timescales are minimised and that issues of delay are appropriately and proactively managed to ensure recruitment performance indicators are consistent with national targets. To maximise the ability to cover short term ad-hoc staffing requirements through bank workers Temporary Staffing Unit aims to reduce agency worker reliance. 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. 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. 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. Band 4 Assistant Practitioner roles are being introduced into community teams as part of the Neighbourhood Nursing pilot. Pilot Health Care Support Worker Apprenticeship Programme in place. Phase 1 COVID-19 Workforce Model has been developed based on a new clinical model including redeployment opportunities to staff it. WOD closely monitors staff absence levels to ensure gaps are filled due to COVID-19 (shielding, self-isolation and sickness). 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. 	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
	To develop agile ways of working to mitigate impact on recruitment due to COVID-19 work restrictions.	DWODSS	TBD
Current Risk Rating	Additional Comments		
3 x 4 = 12			

CRR 007 Risk that: effective governance arrangements are not embedded across all parts of the health board Risk Impacts on: Organisational Priorities underpinning Enabling Well-being Objectives 1 to 4		Director Lead: Board Secretary Assuring Committee: Audit, Risk and Assurance, and Respective Committees Date last reviewed: July 2020																																					
<div><div>Risk Rating (likelihood x impact): Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Target: 2 x 3 = 6</div><div>Date added to the risk register January 2017</div></div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>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></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	<div>Rationale for current score: 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. 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. 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.</div>	
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																																					
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Standing OrdersStanding Financial InstructionsBoard agreed Committee structureRisk Management FrameworkAssurance Framework – Board agreed principles and approachPolicies related to – gifts and hospitality, legal fees, use of Common Seal, Concerns etc.Internal audit arrangements in place and focused on risk areasAnnual Governance Programme has been agreed by the BoardSelf-assessment against ICO 12-steps undertakenElectronic Information Asset Register developed, piloted and populated with pilot services assetsMandatory IG e-learning training updated to reflect GDPRSchedule of WASPI ISPs and other agreements e.g. DDAs in place and process for developing new ISPs existsGDPR requirements reflected in existing fair processing notice for staffUpdated Intranet and Internet GDPR pages with fair processing / privacy		Mitigating actions (What more should we do?) <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																				
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																																					

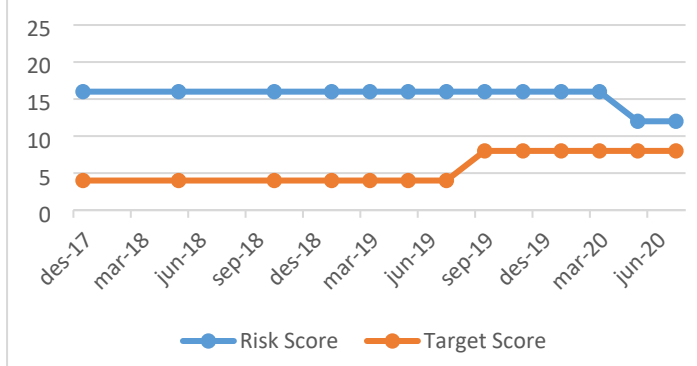
notices (patients and staff) ■ Data Protection Officer in place			
Current Risk Rating	Additional Comments		
3 x 4 = 12	In light of COVID-19, the Board will be required to take a greater level of assurance from the organisation in the absence of some of its committees meeting (Performance & Resources 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.		

Patterson, Liz
07/23/2020 14:56:37

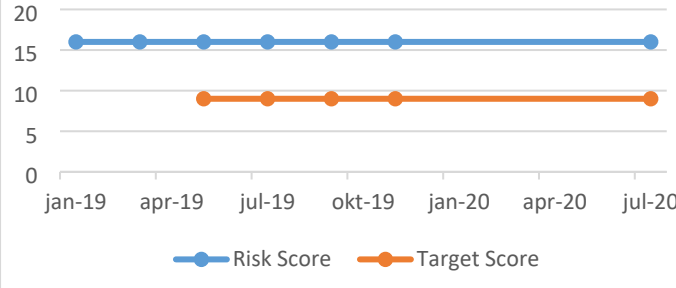
Risk that: fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies		Assuring Committee: Strategy and Planning Committee																																					
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Date last reviewed: July 2020																																					
<div><div>Risk Rating (likelihood x impact): Initial: 3 x 3 = 9 Current: 4 x 4 = 16 Target: 3 x 4 = 12</div><div>Date added to the risk register January 2017</div></div>	<div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>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>4</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></tbody></table></div>	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	4	des-19	12	12	mar-20	12	12	jun-20	16	12	<div>Rationale for current score:</div> <div>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 and as a consequence, changes will occur to 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 Group is restarting in July 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>	
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	4																																					
des-19	12	12																																					
mar-20	12	12																																					
jun-20	16	12																																					
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																					
<div>A number of critical controls remain in place however the majority 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.</div> <div>Critical controls remaining in place:<ul style="list-style-type: none">- DPP Briefings with CHC; CHC Services Planning Committee to be restored in July 2020- Chief Executive and Directors of Planning meetings- Quarterly planning cycle in place to respond to Welsh Government quarterly Operating Framework requirements – this includes a review of neighbouring provider plans post submission</div> <div>Controls that will be resumed when it is safe and appropriate to deploy capacity back into strategic change planning, from COVID-19 planning: -<ul style="list-style-type: none">▪ Implementation of the long term Health and Care Strategy for Powys</div>		<table><thead><tr><th>Action – on hold in Q1</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</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr></tbody></table>		Action – on hold in Q1	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	DPP	In line with Annual Plan for 2020-21																		
Action – on hold in Q1	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	DPP	In line with Annual Plan for 2020-21																																					

<p>through the IMTP, Annual Plan and Directorate Planning process.</p> <ul style="list-style-type: none"> Compliance with Wellbeing of Future Generations Act and Social Services and Well-being Act. Specific Organisational Well-being Objective – WBO8 – Transforming in Partnership. 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. 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. 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. Impact Assessment process in place for detailed analysis of live strategic change programmes. Powys Consultation Plans and weekly situation reports developed for each live consultation to ensure PTHB responses take into account the impact on Powys residents. Regular engagement and updates provided to CHC Services Planning Committee and Full Committee on live consultations – being restored in July 2020. Executive Committee Strategic Planning and Commissioning meetings being restored July 2020. Establishment of Project Board to manage impact of the changes in pathways and services in relation to the Grange development. 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. 	programmes and developments as they arise during the year.		
	As a member of the Mid Wales Joint Committee for Health and Care support delivery of the agreed Action Plan.	DPP	In line with Annual Plan for 2020-21
	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 20. The team are assessing the impact of COVID19 to understand potential opportunities to support delivery during 20/21 and also the longer-term impact on the programme deliverables and timescales.	DPP	In line with Annual Plan for 2020-21
Current Risk Rating	Additional Comments		
4 x 4 = 16			

Patterson Liz
07/23/2020 14:56:37


Risk that: resources (financial and other) are not fully aligned to the health board's priorities		Assuring Committee: Performance and Resources Committee																																					
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8		Date last reviewed: July 2020																																					
<div><div><div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8</div><div>Date added to the risk register May 2018</div></div><div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Period</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>16</td><td>8</td></tr><tr><td>dec-19</td><td>16</td><td>8</td></tr><tr><td>mar-20</td><td>12</td><td>8</td></tr><tr><td>jun-20</td><td>12</td><td>8</td></tr></tbody></table></div></div>		Period	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	16	8	dec-19	16	8	mar-20	12	8	jun-20	12	8	<div>Rationale for current score: During Quarter 1 2020/21 resources are more directly aligned to COVID-19 Response which has become the key priority. The draft, revised Interim Annual Plan for 2020/21 outlines the re-prioritisation of resources to meet the balance of priorities across the organisation, including COVID-19.</div>	
Period	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	16	8																																					
dec-19	16	8																																					
mar-20	12	8																																					
jun-20	12	8																																					
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																					
<div><div>▪ Clear prioritisation/direction from Welsh Government in terms of response to COVID-19 pandemic outlined in Q2 Operating Framework.</div><div>▪ The revision of the Annual Plan to enable agreement of re-prioritisation, which indicates de-prioritisation of previously agreed organizational priorities (May 2020).</div><div>▪ Clear Financial Control Procedures in place to manage expenditure relating to COVID-19, including regular returns to WG, including risks</div><div>▪ Resources allocated to priority areas for fast-tracking supportive action in relation to COVID-19 and non-COVID-19 activity (e.g. Digital)</div></div>		<table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Further review and revision of the Annual Plan for consideration by Board at end of July</td><td>CEO</td><td>End July 2020</td></tr><tr><td>Resource (Financial) Plan - revised for rest of Q2 including forward look across rest of financial year</td><td>DFIT</td><td>End July 2020</td></tr></table>		Action	Lead	Deadline	Further review and revision of the Annual Plan for consideration by Board at end of July	CEO	End July 2020	Resource (Financial) Plan - revised for rest of Q2 including forward look across rest of financial year	DFIT	End July 2020																											
Action	Lead	Deadline																																					
Further review and revision of the Annual Plan for consideration by Board at end of July	CEO	End July 2020																																					
Resource (Financial) Plan - revised for rest of Q2 including forward look across rest of financial year	DFIT	End July 2020																																					
Current Risk Rating		Additional Comments																																					
3 x 4 = 12																																							

Patterson-Liz
07/23/2020 14:56:37


CRR 011 Risk that: A UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys		Executive Lead: Director of Public Health Operational Lead: Civil Contingencies Manager Lead Board Committee: Executive Committee Date last reviewed: July 2020																									
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 3.1-3.4, 4.1, 4.3, 5.2 and 8.2																											
<div>Risk Rating – (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 3 = 9 Date added to the risk register January 2019</div>	<div><table><caption>Risk Rating 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>9</td></tr><tr><td>Apr-19</td><td>16</td><td>9</td></tr><tr><td>Jul-19</td><td>16</td><td>9</td></tr><tr><td>Oct-19</td><td>16</td><td>9</td></tr><tr><td>Jan-20</td><td>16</td><td>9</td></tr><tr><td>Apr-20</td><td>16</td><td>9</td></tr><tr><td>Jul-20</td><td>16</td><td>9</td></tr></tbody></table></div>	Date	Risk Score	Target Score	Jan-19	16	9	Apr-19	16	9	Jul-19	16	9	Oct-19	16	9	Jan-20	16	9	Apr-20	16	9	Jul-20	16	9	<div>Rationale for current score</div> <div>Likelihood – LIKELY. If the UK exits transition with no trade deal by 31st December 2020, it is highly likely that this would have a range of significant impacts on the NHS.</div> <div>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.</div>	
Date	Risk Score	Target Score																									
Jan-19	16	9																									
Apr-19	16	9																									
Jul-19	16	9																									
Oct-19	16	9																									
Jan-20	16	9																									
Apr-20	16	9																									
Jul-20	16	9																									
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																									
<div><ul style="list-style-type: none">PTHB is currently preparing to step up readiness for a potential UK/EU 'no trade deal' scenario on 1st January 2021.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. The re-establishment of local planning mechanisms is being taken forward as part of this work. This will include:<ul style="list-style-type: none">PTHB membership of/engagement in NHS Wales planning arrangements, through its current governance architecture (including WOD).Reviewing and updating PTHB business continuity plan (BCP) and arrangements in line with national directive.Continued engagement with Welsh Government, the Welsh NHS Confederation and other NHS partners and the Dyfed Powys Local Resilience Forum).<div>Local risk assessment of "No Deal" Brexit, as part of BCP. Communications to lead officers.</div></div>		<div>Action</div> <div>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.</div> <div>Consider the longer-term impacts of UK exit from EU, not previously considered in detail in earlier programmes of work</div> <div>Issue further information and actions to PTHB staff, as these emerge as part of national planning arrangements</div>	<div>Lead</div> <div>DPH</div> <div>DPH</div> <div>DPH</div>	<div>Deadline</div> <div>Up to 31st December 2020 and beyond</div> <div>Up to 31st December 2020 and beyond</div> <div>Up to 31st December 2020 and beyond</div>																							
Current Risk Rating 4 x 4 = 16		Additional Comments Welsh Government has given an update on the structure of future EU transition planning in preparation for the 1 st January 2021. The Leadership group has been reconvened and is meeting on a regular basis.																									

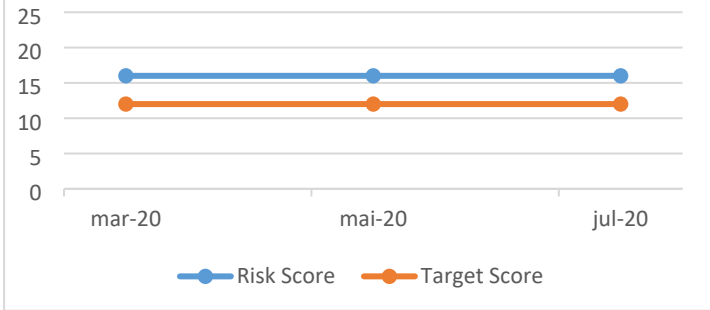
It is envisaged that the SRO group, and all other EU transition subgroups will be reconvened in September.

Patterson Liz
07/23/2020 14:56:37

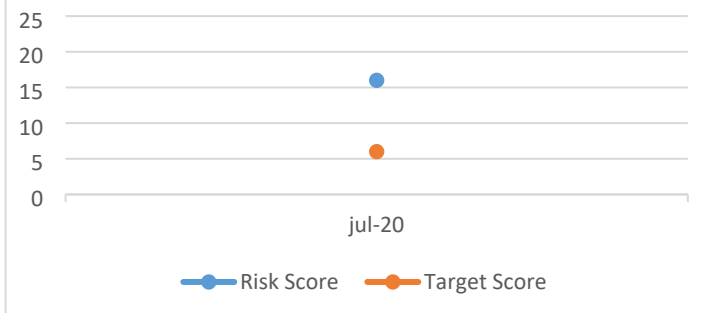
CRR 012		Executive Lead: Director of Therapies & Health Sciences																															
Risk that: the health board does not comply to the Welsh Language standards, as outlined in the compliance notice		Operational Lead: Welsh Language Services Manager																															
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 8		Lead Board Committee: Performance and Resources Committee																															
Date last reviewed: July 2020																																	
<div><div><div>Risk Rating – (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 2 x 3 = 6 Date added to the risk register March 2019</div></div><div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-19</td><td>12</td><td>6</td></tr><tr><td>mai-19</td><td>12</td><td>6</td></tr><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>mai-20</td><td>12</td><td>6</td></tr><tr><td>jul-20</td><td>12</td><td>6</td></tr></tbody></table></div></div>		Date	Risk Score	Target Score	mar-19	12	6	mai-19	12	6	jul-19	12	6	sep-19	12	6	nov-19	12	6	jan-20	12	6	mar-20	12	6	mai-20	12	6	jul-20	12	6	<div>Rationale for current score</div> <ul style="list-style-type: none">Absence of 'More than just words' action planBaseline assessment indicates non-compliance of the Welsh Language StandardsThe 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.	
Date	Risk Score	Target Score																															
mar-19	12	6																															
mai-19	12	6																															
jul-19	12	6																															
sep-19	12	6																															
nov-19	12	6																															
jan-20	12	6																															
mar-20	12	6																															
mai-20	12	6																															
jul-20	12	6																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																															
<ul style="list-style-type: none">Undertaken a baseline assessment of current position against the Welsh Language standardsEstablished a Welsh Language Steering GroupAppointment of a Welsh speaking Welsh Language Service Improvement ManagerImprovement Plan in developmentTemporary appointment of a translator in the Communications and Engagement Team		Action	Lead	Deadline																													
		Implement Welsh Language Improvement Plan	DPCMH	In line with Annual Plan for 2020-21																													
		Formulate response to Internal Audit report	DoTHS	31 May 2020																													
		Implement response to Internal Audit report	DPCMH	TBD																													
Current Risk Rating		Additional Comments																															
4 x 3 = 12		Due to COVID-19 the Welsh Language Manager has been redeployed, and most activity around Welsh Language has been stood down. However, this has not impacted on the overall risk score.																															

Patterson.Liz
07/23/2020 14:56:37

CRR 013 Risk that: Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures		Lead Director: Director of Primary, Community & Mental Health Services Lead Board Committee: Performance and Resources Committee and Experience, Quality and Safety Committee (for experience, quality and safety of commissioned services) Date last reviewed: July 2020																									
Risk Impacts on: Organisational Priorities underpinning WBO 4 – specifically 4.3																											
<div>Risk Rating – (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 3 = 12 Target: 3 x 2 = 6 Date added to the risk register July 2019</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>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>Mai-20</td><td>12</td><td>6</td></tr><tr><td>Jul-20</td><td>12</td><td>6</td></tr></tbody></table>	Date	Risk Score	Target Score	Jul-19	12	6	Sep-19	12	6	Nov-19	12	6	Jan-20	12	6	Mar-20	12	6	Mai-20	12	6	Jul-20	12	6	<div>Rationale for current score</div> <p>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.</p>	
Date	Risk Score	Target Score																									
Jul-19	12	6																									
Sep-19	12	6																									
Nov-19	12	6																									
Jan-20	12	6																									
Mar-20	12	6																									
Mai-20	12	6																									
Jul-20	12	6																									
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																									
<ul style="list-style-type: none">Most services are currently on reduced scale due to COVID-19 with little or no in reach provided, thus risk of service failure currently reducedWork with providers of services to in reach are active in response to recent WG guidance on 'essential services'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 forumNHS LTA and SLA Overview (and approval process)Currently performance monitoring by WG has been paused due to COVID-19DGH and Specialised Services workstream in place led by Director of Planning and Performance		Action	Lead	Deadline																							
		Q2 plan submission includes timelines for increase in in-reach services. This will be fundamentally limited to urgent activity in line with guidance from WG but also in light of capacity of clinics due to social distancing.	DPCMH	30 th Sept 2020																							
		Consultant connect rollout continues to manage new referrals	DPCMH	31 st July 2020																							
		Interaction with silver commands across neighbours through PTHB command and control mechanisms	DPP	Ongoing																							
4 x 3 = 12		Historically, key services impacted are Ophthalmology, Endoscopy, Trauma and Orthopaedics																									

CRR 014 Risk that: Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)		Lead Director: Director of Public Health Lead Board Committee: Executive Committee, Experience Quality and Safety Committee														
Risk Impacts on: Impact on the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		Date last reviewed: July 2020														
<div><div><div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12</div><div>Date added to the risk register February 2020</div></div><div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>16</td><td>12</td></tr><tr><td>mai-20</td><td>16</td><td>12</td></tr><tr><td>jul-20</td><td>16</td><td>12</td></tr></tbody></table></div></div>		Month	Risk Score	Target Score	mar-20	16	12	mai-20	16	12	jul-20	16	12	<div>Rationale for current score: 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.</div> <div>Impact: 'Major'. COVID-19 presents four harms to the population: -<ol style="list-style-type: none">1. The direct harm arising from the disease itself;2. The harm caused by an overwhelmed NHS;3. The harm caused by stopping other non-COVID activity; and4. The wider harm to wellbeing caused by population level measures in response to COVID-19.</div>		
Month	Risk Score	Target Score														
mar-20	16	12														
mai-20	16	12														
jul-20	16	12														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)														
<div>1. Test Trace Protect programme in place:<ul style="list-style-type: none">• PCR testing available for the Powys population via the UK online portal;• Contact tracing service started;• Regional response cell in place for escalated cases and clusters.</div> <div>2. Joint management and oversight arrangements in place with Powys County Council.</div> <div>3. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements.</div>		<div>Action</div> <div>The national case management (CRM) system for contact tracing does not yet have full functionality. This limits the potential of the system for local surveillance of cases. This is one of the issues being raised with NWIS currently.</div>	<div>Lead</div> <div>DPH</div>	<div>Deadline</div> <div>Ongoing</div>												
Current Risk Rating 4 x 4 = 16		Additional Comments														

Patterson-Liz
07/23/2020 14:56:37

CRR 015 Risk that: there is a fire within a PTHB building		Director Lead: Director of Planning & Performance Lead Board Committee: Experience, Quality & Safety Committee		
Risk Impacts on: Organisational Priorities Underpinning WBO 1 to 8		Date last reviewed: July 2020		
<div>Risk Rating (likelihood x impact): Initial: 5 x 4 = 20 Current: 4 x 4 = 16 Target: 2 x 3 = 6</div>	<div><p>25 20 15 10 5 0</p><p>jul-20</p><p>—●— Risk Score —●— Target Score</p></div>	<div>Rationale for current score: The current risk rating score is 16, with a Likelihood rating of 4 (Likely), and an Impact rating of 4 (Major).</div> <div>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 16. However, the age of the estate and back-log of maintenance work means there is still a considerable amount of work to be done as included in the mitigating actions below, to reduce this risk rating to meet target.</div>		
Date added to the risk register July 2020				
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
<div><ul style="list-style-type: none">Fire Service Inspections: series of inspections documentedFire Training: Comprehensive training programme in placeCompartmentation: Surveys are completed for identifying any deficiencies, a continuing programme of remedial works is in place, and improved controls on work activities are in placeFire Doors: Fire door inspections are on the Estates Planned Preventative Maintenance schedule for in-house staffFire Alarm System: Systems have been risk assessed, and a programme for replacement has been agreed. An asset list is maintained, and they are serviced to identify system failingsEmergency Lighting: Lighting is checked as part of Estates Planned Preventative Programme, and there is a replacement programme of worksResponsible Persons/Fire Drills: Fire safety advisors are working with all sites to bring fire drills up to date, and report progress to the Fire Safety GroupWaste Compounds: Risks have been identified, and discussions are being held with Support Services</div> <div>Patterson Liz 07/23/2020 14:56:37</div>		Action	Lead	Deadline
		Improve documentation and plans for ventilation ductwork and fire dampeners	DPP	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.	DPP	2020
		Define Organisation wide Framework to ensure trained roles are in place to drive fire drill process	DPP	2020
		Agree with Support Services and Organisation wide an agreed standard operating procedure for waste storage around all sites	DPP	2020
		Review fire training to refocus and address any resilience issues	DPP	2020

Patterson-Liz
07/23/2020 14:56:37

	Bring all Fire Safety Manuals up to date	DPP	2021
	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	DPP	2020
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> Compartmentation surveys have been completed across all PTHB major sites, and a programme of works is in place to address any remedial issues identified Estates Planned Preventive Maintenance Inspection of Doors, and emergency lighting is completed regularly and reported. New defects will be identified and added to the programme of remedial works, or listed for replacement. Staff to receive formal accreditation Fire Alarm Systems inspected annually by third party specialist contractor Fire Drills are carried out across all sites to assure procedures are in place Fire Training is in place to continually upskill those involved in fire prevention Fire Service External Inspections carried out by Mid & West Wales FRS as an independent overview of risk NWSSP carry out an annual audit at one site per year to test compliance 	<ul style="list-style-type: none"> New contract will be in place, and monitored for fire alarm, and emergency lighting maintenance 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 Individuals/Nursing staff need to be appointed as designated persons for isolation of Oxygen to ward areas for patient safety, for Medical Gas Systems 		
Current Risk Rating	Additional Comments		
4 x 4 = 16	<ul style="list-style-type: none"> Fire Responsibilities were due to transfer from Estates to WOD Support Services on 1 April, but now deferred to September 2020 due to COVID. Fire Training: Agreed temporary transfer to Estates from June 2020. COVID-19: Additional Fire risk assessments have been undertaken in relation to activities supporting oxygen enrichment in wards, VIE installations, surge bed expansion, social distancing and change of use of space, one- way system, and ventilation. 		

Patterson-HZ
07/23/2020 14:56:37



Report:	Chief Officer's Report
Author:	Katie Blackburn
Status:	For Information
Date:	29 th July 2020 (report to 19 th July 2020)

1. Monitoring and scrutiny:

The CHC has undertaken 4 visits between 15th January 2020 and 19th July 2020.

Place of Visit	Date of Visit
Ystradgynlais Group Practice – Abercrave Branch Surgery	13 January 2020
Brecon Medical Practice – Sennybridge Health Centre	29 January 2020
Newtown Medical Practice	5 February 2020
Crickhowell Group Practice – Belmont Branch Surgery	12 February 2020

All visits and engagement events were cancelled with immediate effect on 12th March 2020.

Patterson, Liz
07/23/2020 14:56:37

1.2 In accordance with the protocol agreed between the CHC and the THB, the visit reports with recommendations will be provided to the THB's Director of Nursing for response. The Director of Nursing will also receive for consideration a copy of the visit reports relating to external providers, from whom Powys THB commissions services. Amongst other things the CHC trusts the information and intelligence gained from external monitoring visits will help inform the THB's commissioning in general and enable issues with specific providers to be addressed through commissioning and other discussions.

1.3 The CHC will use the intelligence gained from the Health Board's environmental cleanliness audits to inform its own monitoring visits to the community hospitals in Powys.

2. Community Engagement

Powys CHC has undertaken the following engagement activity / attended the following events between 15th January 2020 NS 19 July 2020:

Venue/Event	Date
Powys Dementia Network, Crossgates	15 January 2020
Brecon Community Workers Network Meeting, Brecon	23 January 2020
Brecon Dementia Meeting Centre, Brecon	20 February 2020
Engagement Event at Royal Shrewsbury Hospital	28 February 2020
South Powys Alzheimer's Society Carers Group, Brecon	10 March 2020
Powys Teaching Health Board Mental Health Engage to Change Meeting	4 th June 2020
SATH Community Engagement Meeting	24 th June 2020

Ystradgynlais Community Network Meeting	24 th June 2020
Newtown Community Network Meeting	15 th July 2020
Powys Dementia Network	15 th July 2020

The Board of CHCs and all CHCs in Wales took the decision, in March, to stop all face-to-face contact as a result of COVID-19. This was for the safety of our members, our staff and the general public. It meant that CHC meetings, visiting of NHS premises, attendance at meetings with other organisations and direct engagement with patients and the public ceased.

All staff have been working from home since 23rd March 2020 when lockdown was announced.

Two members of staff (Andrea Blayney and Kirsten Jones have been re-deployed to PtHB during this period.

Since the outbreak of the pandemic, CHCs have had to develop new ways of working. Powys CHC been making more use of digital technology as a means of communicating with other people.

How have we been obtaining patient and public views in Powys?

Telephones

- All telephone lines have been diverted ensuring that all calls to the offices can be answered during office hours.

Working with Others

- The Chief Officer, Chair and Vice-Chair are in regular contact with the Health Board and have the opportunity to raise any issues brought to the CHC's attention. They also receive updates on how services are operating in Powys and updates on services which are provided to Powys residents by other Health Boards.

Patterson
07/23/2020 14:56:37

- There is a briefing session with locality committee members (Montgomeryshire and Radnorshire & Brecknock) on a three-weekly basis. This is an opportunity for members to raise issues from their local communities and the Chief Officer is then able to discuss the themes with the Health Board. The Chief Officer is able to provide feedback on any outcome from themes raised previously.
- All Wales CHC Senior Management Team has weekly meetings with Welsh Government and regular meetings Healthcare Inspectorate Wales and other national NHS bodies. This is an opportunity to share feedback that CHCs are receiving from the public and NHS bodies are able to provide updates and information.

Social Media

- We have increased our use of social media with Facebook and Twitter.
- We currently have 564 followers on Facebook and 438 followers on Twitter.
- On a daily basis (Monday to Friday) we are monitoring social media pages for all Health Boards and Trusts in Wales, Trusts in England, local GP practices, other CHCs, Powys County Council and national NHS organisations. We share and re-post information which is provided by these organisations.
- We are also monitoring the websites of all the above organisations and recording information which relates to changes to services.
- We are monitoring and evaluating the public reaction to information which is posted.
- We are recording comments made by members of the public. The Chief Officer is made aware of any issues which need to be raised with Powys Teaching Health Board or with other CHCs.

Surveys

There is a national CHC survey on NHS services during the Coronavirus Crisis. This survey is available through all CHC websites. We are sharing the survey regularly through our social media pages.

As at 12th July 2020, the survey has received 23 responses from Powys residents.

Powys CHC staff have followed up the issues and taken them up with PtHB where appropriate.

In answer to the question asking for suggestions on how the NHS in Wales could do things differently during this emergency, the most common theme was for better communication to let people know that they have not been forgotten.

We are planning to develop a survey in Powys to gather information from patients about accessing GP services during COVID-19. We particularly want to find out what people think of the telephone and video appointments. We plan to have the survey live by the end of July.

Review of Websites

- We are carrying out regular reviews of primary care websites in Powys – including GP practices, pharmacies and dentists. We wanted to find out what information the practices were providing about their services during the pandemic. We found that many practices were not providing much information and this was raised with the Health Board. We are continuing to review the websites and it was noted, at the latest review on 10th July, that there is a marked improvement in the information provided by practices. We have also discussed with the Health Board the need for practices to use other methods of communication for people who do not have access to the internet for websites or social media.

We noted some areas of good practice, eg Arwystli Medical Practice developed an instructional video explaining how to go about collecting a prescription, handing in a repeat medication slip and booking in for an appointment; Dyfi Valley Health has been very active on its Facebook page.

- We are undertaking a review of our own CHC website in order to provide better information to the public. We are reviewing other CHCs websites and mapping the content of the current Powys CHC website.
- A new design website is being developed for all CHCs across Wales and we are planning to improve our website prior to transfer to the new site.

Project Work

Staff have also been working on projects to obtain information in preparation for taking forward the work outlined in our Operational Plan - this desk-based work includes:

- Mapping care homes and services in Powys
- Researching information on virtual wards
- Mapping services for vulnerable people
- Mapping adult and children mental health services (and services available for the farming community)
- Mapping of Dental services across Powys

3. Service change and patient engagement:

At SPC on 21st July 2020, further discussion will take place about the temporary/ urgent service changes that have been (and some continue to be) put in place during COVID-19.

Powys CHC Executive Committee has considered the detail of the podiatry consultation and has agreed the way forward, however, a number of concerns/ issues have been raised which will be included in the mitigation plan.

A dedicated meeting to discuss the early opening of The Grange has been arranged for 12th August 2020, representatives from PtHB and AB will be attending.

Patterson
07/23/2020 14:56:37

4. Publications/ Website:

The second issue of our Newsletter 'Your Powys Voice' was published in March. This is available on the website and has been circulated around Powys.

<http://www.wales.nhs.uk/sitesplus/1144/opendoc/356166>

5. Advocacy – 13th January 2020 – 19th July 2020:

	Previous Period	Current period
Redress	<5	<5
Pre-Local Resolution	5	15
Ombudsman	6	0
Local Resolution	15	17
Further Local Resolution	<5	<5
Serious Incident Review	0	0
CHC Funding	0	<5
TOTAL	29	35

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 (2nd 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.

Patterson, Liz
07/23/2020 14:56:37

6. Future meetings:

The COVID-19 global pandemic has forced many organisations and businesses to curtail their usual activities. Powys CHC has not been immune to this and in March 2020, a decision was taken to stop all meetings held in public.

The CHC has continued to engage its members throughout the period from March to July by holding informal meetings with members. Due to the technical constraints on the organisation during this time, it was agreed that these meetings would be split into two geographical areas that mimic the usual local committees. It should be noted that these meetings were not local committee meetings and have not been held in public via a digital platform.

During this period of uncertainty, changes have been made to the National Standards for CHCs in Wales. All suspensions of standards relate to either scrutiny or continuous engagement and do not apply to statutory meetings. The Board of CHCs expects all meetings to be restored and to meet all standards that relate to holding meetings, considering evidence and taking decisions in public.

A discussion and decision on future arrangements will be taken at the Executive Committee meeting on 21st July 2020.

Katie Blackburn

Prif Swyddog / Chief Officer

CIC Powys / Powys CHC

Patterson, Liz
07/23/2020 14:56:37

BOARD MEETING		DATE OF MEETING: 29 JULY 2020
Subject :	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS & ANNUAL REPORTS 2019-20	
Approved and Presented by:	Board Secretary	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees. Committee Annual Reports for 2019/20 are also provided for the committees listed below:

- Audit, Risk and Assurance Committee
- Performance and Resources Committee
- Strategy and Planning Committee
- Experience, Quality and Safety Committee

RECOMMENDATION(S):

The Board is asked to:

- RECEIVE and DISCUSS the summary assurance reports appended to this covering paper; and
- RECEIVE Annual Reports for 2019/20 in respect of:
 - Audit, Risk and Assurance Committee
 - Performance and Resources Committee
 - Strategy and Planning Committee
 - Experience, Quality and Safety Committee

Approval/Ratification/Decision	Discussion	Information
	✓	

Patterson, Liz
07/23/2020 14:56:37

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 and confirmed committee minutes are appended for the information of the Board:

Executive Committee

- The Committee Chair's report of the meetings held on XXX and XXX is attached as Appendix 1.

Audit, Risk and Assurance Committee

- The Committee Chair's report of the meetings held on 25 June 2020 and 20 July 2020 and confirmed minutes of the meetings held on 18 May 2020 and 25 June 2020 are attached as Appendix 2a.
- The Committee Annual Report 2019/20 is attached at Appendix 2b.

Charitable Funds Committee:

- The Committee Chair's report of the meeting held on the 1 July 2020 and confirmed minutes of the meeting held on XXX are attached at Appendix 3.

Patterson, Liz
07/23/2020 14:56:37

Experience, Quality and Safety Committee

- The Committee Chair's report of the meetings held on 4 June 2020 and 2 July 2020 and confirmed minutes of the meetings held on 16 January 2020 are attached as Appendix 4a.
- The Committee Annual Report 2019/20 is attached at Appendix 4b.

Performance and Resources Committee

- The Committee Chair's report of the meeting held on 30 June 2020 and confirmed minutes of the meeting held on 24 January 2020 are attached as Appendix 5a.
- The Committee Annual Report 2019/20 is attached at Appendix 5b.

Strategy and Planning Committee

- The Committee Chair's report of the meeting held on 9 July 2020 and confirmed minutes of the meeting held on 16 January 2020 are attached as Appendix 6.
- The Committee Annual Report 2019/20 is attached at Appendix 6b.

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 30 September 2020.

Patterson, Liz
07/23/2020 14:56:37

Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Tony Thomas
Date of last meeting:	20 July 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 25 June 2020 and 20 July 2020. The confirmed minutes of the meeting held on 18 May 2020 and 25 June 2020 are appended to this report (Appendix 1).

The Committee considered the following reports at the June meeting:

- PTHB Annual Accounts, 2019-20, including:
- Audit of Financial Statements (ISA 260)
- Letter of Representation Financial Control Procedure: COVID-19
- PTHB Annual Accountability Report, 2019-20, including:
- Corporate Governance Report
- Remuneration and Staff Report
- National Assembly for Wales Accountability and Audit Report
- Application of Single Tender Waivers
- Internal Audit:
- Revised Internal Audit Plan 2020/21
- Review of Section 33 Arrangements – Reasonable Assurance
- Audit Recommendations Tracking
- External Audit: -
- Update on the Auditor General for Wales' Programme of Work
- Structured Assessment 2020
- Final Status Internal Audit Reports, Discussed in Draft by the Committee at its meeting on 18 May 2020:
- Capital Assurance Follow Up (Substantial Assurance Rating)
- Outpatients – Planned Activity (Reasonable Assurance Rating)
- Estates Assurance Follow Up (Reasonable Assurance Rating)
- Financial Safeguarding: Estates Team Led Work (Reasonable Assurance Rating)

- Financial Safeguarding: Support Services Led Work (Reasonable Assurance Rating)
- Welsh Language Standards Implementation (Limited Assurance Rating)

The following items were escalated for the attention of the Board when it met on 29 June 2020:

- PTHB Annual Accounts, 2019-20
- PTHB Annual Accountability Report, 2019-20

The Committee considered the following reports at the July meeting:

- Application of Single Tender Waivers
- COVID-19: Decision Making & Financial Governance
- Internal Audit Update
- Counter Fraud Annual Report, 2019/20
- Counter Fraud Update
- External Audit Update
- Report on retrospective Single Tender Waivers
- Committee Annual Report 2019/20
- Committee Workplan 2020/21

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

- Update on Counter Fraud
- Updated FCP for COVID-19
- Committee Annual Report 2019/20
- Committee Workplan 2020/21

25TH JUNE 2020

COMMITTEE ACTION LOG

ARA/20/14 (Remuneration Report to be presented to Members): The Remuneration Report is included within the Annual Accountability Report, which is included on the agenda under item 2.2.

ARA/19/87 (Obligation to advertise in the European Journal post-Brexit): This action has been closed, as the obligation to advertise in the European Journal post-Brexit will be subject to the planned Brexit negotiations.

ARA/19/68 (Health Board to hold a designated list of Investigative Officers): The policy has been agreed by the Board, however, the action will remain on the Action Log until it can be fully closed.

ARA/19/111 (Revised Local Counter Fraud Workplan 2020/21): The Local Counter Fraud Workplan was agreed in March by the Committee. It was agreed that the workplan will return to the Committee if any further updates are required in terms of resource. Whilst there are no amendments, that require approval, an update on the work plan will be presented at the next Committee.

ARA/19/115e (Machynlleth Project Internal Audit): These two actions arose from an Internal Audit report and will be picked up further down the line as part of the audit recommendation tracking process.

APPLICATION OF SINGLE TENDER WAIVER

The Committee received the following Single Tender Waivers for ratification made between 1 May 2020 and 31 May 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 Retrospect
POW1920020	Quote	Zurich	Engineering Inspections	Continuation of Service	28/05/2020	£6,500	1 year	Retrospect
POW1920015	Tender	Powys County Council	Winter Gritting Services	Continuation of Service - Framework suppliers not able to undertake	28/05/2020	£22,800	6 months (winter period)	Retrospect

The Committee requested a report be presented to the next meeting as both of the Single Tender Waivers were submitted retrospectively.

The Committee RATIFIED the Single Tender Waivers.

INTERNAL AUDIT:

- Revised Internal Audit Plan 2020/21

COVID-19 has had a significant impact on the management of services and risk profile of NHS organisations across Wales. It was agreed nationally and with individual organisations' Audit Committees that audit work would be suspended for the first quarter of 2020/21 in recognition of the exceptional circumstances facing management and staff. It was

indicated that this position would be reviewed at the end of the quarter prior to the resumption of audit work.

The internal audit plan was originally agreed at the Audit, Risk & Assurance Committee in March 2020. The plan was reviewed in June 2020 to reflect changes in risk across audit areas, input from Executive Directors, and to reflect the reduced period over which internal audit work will be delivered.

A revised Internal Audit Plan for 2020/21 was presented to the Committee, with revised timings, proposed additions/deferrals, and some proposed adjustments to indicative scopes.

The Committee RECEIVED and NOTED the revised plan.

INTERNAL AUDIT:

- Review of Section 33 Arrangements – Reasonable Assurance

The Committee RECEIVED the management action plan for the report and will monitor tracking of progress through the audit recommendation tracking process.

AUDIT RECOMMENDATIONS TRACKING

The Committee RECEIVED an update on the status of the implementation of Audit Recommendations, based on the re-prioritised approach due to COVID-19.

EXTERNAL AUDIT

The Committee RECEIVED and NOTED the following reports:

- Update on the Auditor General for Wales' Programme of Work
- Structured Assessment 2020

FINAL STATUS INTERNAL AUDIT REPORTS

The Committee RECEIVED and NOTED the following final version reports that were discussed in draft at the previous meeting: -

- Capital Assurance Follow Up (Substantial Assurance)
- Outpatients – Planned Activity (Reasonable Assurance)
- Estates Assurance Follow Up (Reasonable Assurance)

- Financial Safeguarding: Estates Team Led Work (Reasonable Assurance)
- Financial Safeguarding: Support Services Led Work (Reasonable Assurance)
- Welsh Language Standards Implementation (Limited Assurance)

20TH JULY 2020

COMMITTEE ACTION LOG

ARA/19/68: The Serious Incident Policy was approved by the Board 25 May 2020. A list of designated Investigating Officers is being developed

ARA/19/115e: Timeliness of signing of contract documentation will be brought to a future meeting.

ARA/19/115e: The lessons learned from the Machynlleth Hospital Primary & Community Care Project will be brought to a future meeting.

ARA/20/25: This item discussed on the agenda under item 3.4.

ARA/20/28: This action has been transferred to the Experience, Quality & Safety Committee Action Log, as the Committee that receives assurances on Staff Wellbeing.

APPLICATION OF SINGLE TENDER WAIVER

The Committee received the following Single Tender Waivers for ratification made between 1 June 2020 and 30 June 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 Retrospect
POW2021001	Quote	Dekomed	Equipment Maintenance	Sole supplier of maintenance of Dental Equipment	04/06/2020	£6,182	1 year	Prospective
POW2021004	Tender	Inhealth Pain Management Solutions	Daycase and Outpatient Pain Management Services	Continuation of Service - Previous STW POW1920004 refers	30/06/2020	£23,129	1 year	Prospective

The Committee RATIFIED the Single Tender Waivers.

COVID-19: DECISION MAKING & FINANCIAL GOVERNANCE

The Committee RATIFIED the following items: -

- INTERIM FCP (#4)
- DEBIT AND CREDIT CARD PAYMENTS POLICY

INTERNAL AUDIT UPDATE

The Committee RECEIVED and NOTED the oral update.

COUNTER FRAUD ANNUAL REPORT, 2019/20

The self-review for 2020 was completed by the Head of Local Counter Fraud Services and reviewed by both the Director of Finance & IT and Audit, Risk & Assurance Committee Chair, before being submitted to NHSCFA. This year's submission rates the Health Board as a 'Green' organisation overall.

The Committee RECEIVED and NOTED the Counter Fraud Annual Report, 2019/20.

COUNTER FRAUD UPDATE

The Committee RECEIVED and NOTED the Counter Fraud Update on key areas of work undertaken in Quarter 1.

EXTERNAL AUDIT UPDATE

The Committee RECEIVED and NOTED the oral update.

Patterson, Liz
07/23/2020 14:56:37

REPORT ON RETROSPECTIVE SINGLE TENDER WAIVERS: -

- Engineering Inspections (£6,500)
- Winter Gritting Services (£22,800)

The Committee RECEIVED and NOTED the report providing an explanation of retrospective Single Tender Waivers previously submitted to the Committee for ratification.

COMMITTEE ANNUAL REPORT 2019/20

The Committee RECEIVED and NOTED the Committee Annual Report 2019/20.

COMMITTEE WORK PROGRAMME 2020-21

The Committee RECEIVED and NOTED the Committee Work Programme 2020-21.

ITEMS FOR ESCALATION TO THE BOARD

- Update on Counter Fraud
- Updated FCP #4 for COVID-19
- Committee Annual Report, 2019-20
- Committee Workplan, 2020-21

NEXT MEETING

The next meeting of ARA will be held on 8 September 2020.

ATTACHED

Previous Confirmed Minutes from ARA 18 May 2020 and 25 June 2020

Patterson, Liz
07/23/2020 14:56:37



AUDIT, RISK & ASSURANCE COMMITTEE

CONFIRMED

MINUTES OF THE MEETING HELD ON
MONDAY 18 MAY 2020
BOARD ROOM, GLASBURY HOUSE, BRONLLYS HOSPITAL

Present:

Tony Thomas
Mark Taylor
Ian Phillips
Mel Davies

Independent Member – Finance (Committee Chair)
Independent Member – Capital and Estates
Independent Member – ICT
Vice Chair

In Attendance:

Pete Hopgood
Gail Turner-Radcliffe
Professor Vivienne
Harpwood
Barrie Morris
Sarah Pritchard
Felicity Quance
Osian Lloyd
Helen Higgs
Rani Mallison
Carol Shillabeer
Dave Thomas
Alison Davies
Hayley Thomas

Director of Finance, Information and IT
External Audit (Grant Thornton)
PTHB Chair (left the meeting at 12.30 pm)

External Audit (Grant Thornton)
Head of Financial Services
Internal Audit
Deputy Head of Internal Audit
Head of Internal Audit
Board Secretary
Chief Executive

External Audit (Audit Wales)
Director of Nursing (for item 3.2a)
Director of Planning & Performance (for items
3.2b, c, d & e)

Julie Rowles

Director of Workforce & OD and Support Services
(for items 3.2d and 3.2f)

Claire Madsen

Director of Therapies (for item 3.2h)

Kathryn Coble

Welsh Language Service Improvement Manager
(for item 3.2h)

Patterson, Liz
07/23/2020 14:56:37

Committee Support
Caroline Evans

Head of Risk and Assurance

Apologies for absence:

Matthew Dorrance

Independent Member – Local Authority

Elaine Matthews

External Audit (Audit Wales)

Anthea Wilson

CHC

ARA/19/125	<p>WELCOME AND APOLOGIES</p> <p>The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above.</p>
ARA/19/126	<p>DECLARATIONS OF INTERESTS</p> <p>The Committee Chair INVITED Members to declare any interests in relation to the items on the Committee agenda.</p> <p>None were declared.</p>
ARA/19/127	<p>MINUTES FROM THE PREVIOUS MEETING FOR RATIFICATION</p> <p>The minutes of the meeting held on 9 March 2020 were RECEIVED and AGREED as being a true and accurate record, with the exception of the following amendments: -</p> <p>ARA/19/115 – Pete Hopgood identified a typo that reads ‘regular monthly review of EDA performance’, which should read ‘regular monthly review of UDA performance’.</p> <p>ARA/19/118 – Mark Taylor identified a Typo that reads ‘Mark Thomas’, and should be ‘Mark Taylor’.</p>
ARA/19/128	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>There were no matters arising from the previous meeting.</p>
ARA/19/129	<p>COMMITTEE ACTION LOG</p> <p>ARA/19/87: Pete Hopgood stated that discussions have been held with Procurement Leads, and it has been advised that obligations to advertise in the European Journal will be subject to the planned Brexit negotiations, and therefore this action is complete.</p>

	<p>ARA/19/77: Rani Mallison stated the Integrated Care Fund Report is attached. This was reported in September and has gone through RPB governance arrangements, therefore this action is complete.</p> <p>ARA/19/68: Designated list of Investigative Officers. Rani Mallison stated the Serious Incidents Policy is scheduled for Board, 27 May 2020.</p> <p>ARA/19/111: Revised Local Counter Fraud Workplan 2020/21. Rani Mallison stated the workplan is scheduled to be presented to the Committee in June.</p>
ARA/19/130	<p>SINGLE TENDER WAIVERS (STWs)</p> <p>Sarah Pritchard presented the STW request made between 1 March 2020 and 30 April 2020 and signed by the Chief Executive.</p> <p>The Committee RATIFIED the approval of the one STW (Supply of Training Materials in health matters for Children [£12,672]).</p>
ARA/19/131	<p>FINANCIAL CONTROL PROCEDURE: COVID-19</p> <p>COVID-19 - Financial Guidance to NHS Wales' Organisations was issued by the Director General for Health & Social Care / NHS Wales Chief Executive on 30th March 2020. This outlined the need to maintain excellent stewardship and governance at a time of significant disruption to the standard operating practices of NHS Wales.</p> <p>Following the publication of the guidance an interim FCP was drafted by Finance for PTHB, with the aim of outlining the changes required to existing FCP's and SFI to meet the challenges and pace of dealing with the Covid-19 Pandemic as well as outlining the new procedures required to manage the Covid-19 expenditure.</p> <p>Following a discussion, the Committee RATIFIED the current version (#3) of the COVID-19 Financial Control Procedure and NOTED the process by which the document had been approved during April 2020.</p>
ARA/19/132	<p>HEAD OF INTERNAL AUDIT ANNUAL REPORT AND OPINION FOR 2019-20</p> <p>Helen Higgs presented the Head of Internal Audit Annual Report and Opinion for 2019-20, which states that '<i>the Board can take reasonable assurance that arrangements to secure</i></p>

	<p><i>governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.'</i></p> <p>The Chair stated that his delighted with the report, and thanked Helen Higgs for the report and the update. Rani Mallison thanked Helen Higgs and her team, and stated that relationships are positive, and that delivery of the plan has gone as expected. Carol Shillabeer thanked Helen Higgs for the report, noted the three areas of limited assurance identified within the report, which will remain key areas of work: -</p> <ol style="list-style-type: none"> 1. Corporate governance, risk management and regulatory compliance; 2. Clinical governance quality and safety; and 3. Information governance and IT security. <p>Viv Harpwood thanked Helen Higgs, stating that the report is helpful, and that the issues highlighted are not unexpected.</p> <p>The Committee RECEIVED and NOTED the content of the report.</p>
ARA/19/133	<p>INTERNAL AUDIT REPORTS, 2019-20</p> <p><u>Substantial Assurance Rating</u></p> <p>a) Welsh Risk Pool Claims Management</p> <p>Osian Lloyd reported that the review identified one low priority finding.</p> <p>Specifically, the audit focused on the following areas: -</p> <ul style="list-style-type: none"> • there is a well understood and clearly documented procedure for handling clinical negligence and personal injury claims; • there is a system for learning lessons from failures identified; • there is a claims database with information on all claims, which provides regular information to the Board or appropriate sub-committee; • there are linkages between information on claims, risks, incidents and complaints; • financial settlements are signed off in accordance with the scheme of delegation. Central approval by the Welsh Government is obtained for claims exceeding the limit of the delegated authority of £1M or for any claims which raise novel, contentious or repercussive features; and

Patterson, Liz
07/23/2020 14:56:37

	<ul style="list-style-type: none"> • claims for reimbursement made on the Welsh Risk Pool are accurate and submitted in a timely manner. <p>Alison Davies thanked Osian for the report. Viv Harpwood stated that she represents Powys on the WRP Committee, and is very proud.</p> <p>b) Capital Assurance Follow Up Felicity Quance reported that the review identified one medium priority finding. The review encompassed an evaluation of the actions taken by the health board to address previously agreed recommendations identified by audit for management actions from capital assurance reports.</p> <p><u>Reasonable Assurance Rating</u></p> <p>c) Outpatients – Planned Activity Osian Lloyd reported that the review identified one high and three medium priority findings. Specifically, the audit focused on the following areas: -</p> <ul style="list-style-type: none"> • Health board as a provider of services • Commissioning arrangements with external organisations <p>Hayley Thomas thanked Internal Audit for the report, stating that the recommendations identified are very helpful. The management response will be delivered as timely as possible, but recognise that some deadlines won't be fully met until work is scaled back up fully, due to the response to COVID-19. Carol Shillabeer stated that liaison with providers is required to confirm timescales. Discussion will be held at Board next week about the prioritisation of work in the next phase of the COVID-19 Response Model.</p> <p>Ian Phillips highlighted the opportunities identified by COVID-19 in respect of access convenience, and that it would be good to continue with the innovation. Carol Shillabeer stated we will be reviewing the different ways of working, and whether there is merit in continuing.</p> <p>d) Estates Assurance Follow Up Felicity Quance reported that the review identified one medium and two low priority findings. The review encompassed an evaluation of the actions taken by the health board to address previously agreed</p>
--	--

Patterson, Liz
07/23/2020 14:56:37

	<p>recommendations identified by audit for management actions arising from estates assurance reports.</p> <p>e) Financial Safeguarding: Estates Team Led Work Felicity Quance reported that the review originally identified five medium and one low priority findings. The scope of the audit was limited to procurement exercises associated with pre-planned and reactive maintenance programmes. The final report will be issued later today, in which recommendation 3 has been removed in light of talks with procurement, as this recommendation is now being addressed through procurement procedures.</p> <p>Ian Phillips stated that colleagues are to be commended for the progress made in a relatively short period.</p> <p>Mark Taylor welcomed the report, questioning whether recommendation 5 completion of works would be best picked up as part of the performance management arrangement. Hayley Thomas stated the management response can be strengthened, and that there is a key piece of work around maintenance contracts, using appropriate frameworks on a more sustainable approach.</p> <p>f) Financial Safeguarding: Support Services Led Work Felicity Quance reported that the review identified three medium priority findings. The scope of the audit was limited to procurement exercises led by Support Services associated with addressing health & safety, statutory and regulatory requirements through routine service delivery.</p> <p><u>Limited Assurance Rating</u></p> <p>g) Risk Management and Board Assurance Osian Lloyd reported that the review identified two high and three medium priority findings. The review sought to assess how the BAF and Risk Management Framework was being implemented and if they were appropriately updated in line with the revised IMTP, and how the Board's responsibilities for risk management were effectively being discharged. It included focus on the integration of risk management and assurance process with the IMTP. Any areas of good practice are also highlighted.</p>
--	--

Patterson, Liz
07/23/2020 14:56:37

	<p>Rani Mallison stated the report presents a fair reflection on where we are. Whilst significant progress has been made at an organisational level, the next stage is to move that to directorate level, providing that stability and leadership to our services. We expect services are managing their risks, but evidencing that is one of the steps we need to take forward.</p> <p>Carol Shillabeer stated she was disappointed to receive a limited report again, as she recognises a lot of work has been undertaken over the last 12 months, and it feels as though this area has progressed.</p> <p>Osian Lloyd agrees progress has been made, and has tried to reflect this in the report.</p> <p>Ian Phillips stated that in light of COVID-19, it is important that we don't take pressure off Directorates to up their game on Risk Management.</p> <p>h) Welsh Language Standards Implementation Osian Lloyd reported that the review identified two high and one medium priority findings. This audit was a high-level review of the actions the health board had taken to assess the impact of, and achieve compliance with, the Regulations.</p> <p>The Chair asked if we are at any stage of receiving a fine. Kathryn Copley stated that the Commissioner hasn't fined anyone to date. The Commissioner would work with the health board to put in action plans to achieve statutory compliance. Departmental action plans have been developed, and these need to be taken forward. We are expecting a spike in translation costs during the first year due to translation of standard templates, but this wouldn't be as high for ongoing requirements.</p> <p>The Chair asked about translation services for the health board. Kathryn Copley stated that a business case is being competed comparing private translation costs versus using Powys County Council services.</p> <p>The Committee RECEIVED the Internal Audit update.</p>
ARA/19/134	<p>EXTERNAL AUDIT:</p> <ul style="list-style-type: none"> a) Letter from Auditor General b) Letter from Engagement Director

	<p>Dave Thomas presented the letter which summarises amendments to the Audit Plan 2020, as an impact of COVID-19, and the letter then outlines the approach to audit work in response to COVID-19.</p> <p>The Chair questioned if the handover from Grant Thornton has been affected by COVID-19. Dave Thomas stated this has not been affected, and they are working virtually with Grant Thornton. Anthony Veale was previously named the counterpart taking over from Barrie Morris, but this has been amended to Richard Harris, and will be updated in the Resource Plan. There will be opportunity for health board colleagues to meet with Richard.</p> <p>Carol Shillabeer questioned if the work on the Quality Study will be re-scheduled. Dave Thomas stated that is on pause at the moment, due to as much work as possible being carried out remotely. The next work needs to be carried out on-site. Some high level questions will be put in the Structured assessment, so we don't lose sight of it.</p> <p>The Committee RECEIVED and NOTED the letters.</p>
ARA/19/135	<p>APPROACH TO THE MANAGEMENT OF AUDIT RECOMMENDATIONS DURING COVID-19 Rani Mallison presented the report, which proposed steps to re-prioritise audit recommendations based on priority levels 1 to 3. A trajectory for implementation of the recommendations will be brought to the next meeting in June.</p> <p>The Committee RECEIVED and APPROVED the approach outlined in the report.</p>
ARA/19/136	<p>APPROACH TO RISK MANAGEMENT DURING COVID-19 Rani Mallison presented the report for approval, outlining the approach to risk management during the COVID-19 pandemic. The Corporate Risk Register (CRR) will continue to be reviewed by Executive Committee, and presented to the Board for consideration. The COVID-19 Risk Register will be reviewed regularly by the Strategic (Gold) Group, and reported to Board alongside the CRR. Executive Directors will review and update Directorate Risk Registers in light of the impact of COVID-19.</p>

Patterson, Liz
07/23/2020 14:56:37

	<p>Whilst monitoring and moderation of the Risk Registers by the Risk & Assurance Group is temporarily suspended in light of COVID-19, Executive Directors will be asked to review Directorate Risk Registers with their teams.</p> <p>The Committee RECEIVED and APPROVED the approach outlined in the report.</p>
ARA/19/137	<p>DRAFT FINANCIAL STATEMENTS 2019-20</p> <p>Pete Hopgood delivered a presentation, which outlined the accounts that are subject to statutory audit by Grant Thornton. It was confirmed that PTHB had achieved the following financial targets and statutory duties for 2019/20 (subject to audit):</p> <ul style="list-style-type: none"> • Operational in-year financial balance has been achieved, reporting a surplus of £0.055M and therefore have delivered against the RRL (RRL - Revenue Resource Limit). • Capital financial balance achieved and delivered within the CRL (CRL – Capital Resource Limit). <p>PTHB will meet the target dates for preparing and submitting the draft annual accounts to Welsh Government and Grant Thornton by 22nd May 2020. PTHB is also on course to meet the target date to submit the audited accounts, to be approved by the Audit, Risk and Assurance Committee on 25th June 2020 and by the Health Board on 29 June 2020 for final submission to Welsh Government on 30 June 2020.</p> <p>Pete Hopgood and Rani Mallison thanked Sarah Pritchard and the finance team for all of their work in completing.</p> <p>Ian Phillips stated it is great to have come in within budget when there was previously a risk around meeting savings targets in addition to pressure from COVID-19.</p> <p>Pete Hopgood stated that there are two parts to this: -</p> <ol style="list-style-type: none"> 1. Annual Accounts 2. Financial Performance – as per the reports presented to Performance and Resources Committee and Board detailing the current position, risks and opportunities, actions being taken to mitigate those risks, and actions being taken to realise opportunities to deliver financial targets. <p>The Health Board has managed the risks and opportunities appropriately to deliver a balanced position. There is an element of Covid 19 costs included in the 2019/2020 financial position and this was funded by WG.</p>

Patterson, Liz
07/23/2020 14:56:37

	<p>Financial Performance against budget and plan is reported monthly to Delivery and Performance, Executive Committee and the Performance and Resources Committee.</p> <p>Mark Taylor stated he was pleased to see recovery in excess of £400k on previous claims and issues, and asked if there is any further expected. Pete Hopgood stated there is a residual balance to claim.</p> <p>Pete Hopgood stated that the draft statements will be shared with WG this week, and the final version will be presented to the Audit, Risk & Assurance Committee on 25th June. The final version will be submitted to WG on 30th June.</p> <p>Sarah Pritchard and the team have been liaising with Grant Thornton particularly around the revised deadlines for submission to WG and the different ways of working as needed, Grant Thornton colleagues were thanked for the two-way communication and working together to respond as needed.</p> <p>Sarah Pritchard stated there will be a handover period between Grant Thornton and Audit Wales.</p> <p>Carol Shillabeer stated that performance over the last 2 years continues to be positive, although the outlook is difficult. As we move forward we need to be able to implement our strategy, as we need to be sure we are transforming the services, making sure we have resources where we feel there are better outcomes for individuals.</p> <p>The Committee RECEIVED the Draft Financial Statements 2019-20.</p>
ARA/19/138	<p>DRAFT ACCOUNTABILITY REPORT, 2019-20</p> <p>Rani Mallison stated there has been a revision in deadlines as follows: -</p> <ul style="list-style-type: none"> • Accountability Report alongside Financial Statements, draft version to be submitted by 22 May • Accountability Report, final version to be submitted by 30 June • Performance Report, to be submitted by 31 August • AGM, to be held by 30 November

Patterson, Liz
07/23/2020 14:56:37

	<p>Rani Mallison stated that the Chair advised of minor grammatical errors, that have been picked up outside of the meeting.</p> <p>The Remuneration Report wasn't able to be completed in time for inclusion in the version presented to the Committee, but will be included in time for submission of the draft on 22 May. This will be circulated to Committee Members for awareness, and will also come back to the Committee in the final version in June.</p> <p>The Accountable Officer conclusion in terms of the position in respect of governance arrangements, which recognises the work of Internal Audit, External Audit and other assurance mechanisms. On the whole the health board is generally well led, so we are finishing in a positive place.</p> <p>Action: Board Secretary</p> <p>Rani Mallison stated that between the draft and final version there will be an inclusion added in relation to COVID-19, in respect of the Clinical Response Model.</p> <p>Carol Shillabeer recognised the amount of work that has gone into the Financial Statements and the Accountability Report.</p> <p>The Committee RECEIVED the Draft Accountability Report, 2019-20.</p>
ARA/19/139	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <ul style="list-style-type: none"> • Financial Control Procedure: COVID-19 • 2 x 'Limited Assurance' reports • 2 x 'Substantial Assurance' reports • 4 x 'Reasonable Assurance' reports • External Audit: Letter from Engagement Director • Approach to the Management of Audit Recommendations during COVID-19 • Approach to Risk Management during COVID-19 • Draft Financial Statements 2019-20
ARA/19/140	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business for discussion, and the Chair declared the meeting closed at 1.00 pm.</p>
ARA/19/141	<p>DATE OF NEXT MEETING</p> <p>25 June 2020, 10:00 am, Skype</p>

AUDIT, RISK & ASSURANCE COMMITTEE

CONFIRMED

MINUTES OF THE MEETING HELD ON THURSDAY 25 JUNE 2020 VIA SKYPE MEETING

Present:

Tony Thomas	Independent Member – Finance (Committee Chair)
Mark Taylor	Independent Member – Capital and Estates
Ian Phillips	Independent Member – ICT
Matthew Dorrance	Independent Member – Local Authority
Mel Davies	Vice Chair

In Attendance:

Pete Hopgood	Director of Finance, Information and IT
Gail Turner-Radcliffe	External Audit (Grant Thornton)
Barrie Morris	External Audit (Grant Thornton)
Sarah Pritchard	Head of Financial Services
Felicity Quance	Internal Audit
Osian Lloyd	Deputy Head of Internal Audit
Helen Higgs	Head of Internal Audit
Rani Mallison	Board Secretary
Elaine Matthews	External Audit (Audit Wales)
Emily Howell	External Audit (Audit Wales)
Rebecca Collier	Healthcare Inspectorate Wales
Jade Brockett	External Audit (Grant Thornton)

Committee Support

Caroline Evans	Head of Risk and Assurance
----------------	----------------------------

Apologies for absence:

Carol Shillabeer	Chief Executive
------------------	-----------------

Patterson, Liz
07/23/2020 14:56:37

ARA/20/18	<p>WELCOME AND APOLOGIES</p> <p>The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above.</p>
ARA/20/19	<p>DECLARATIONS OF INTERESTS</p> <p>The Committee Chair INVITED Members to declare any interests in relation to the items on the Committee agenda.</p> <p>None were declared.</p>
ARA/20/20	<p>MINUTES FROM THE PREVIOUS MEETING FOR RATIFICATION</p> <p>The minutes of the meeting held on 18 May 2020 were RECEIVED and AGREED as being a true and accurate record.</p>
ARA/20/21	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>There were no matters arising from the previous meeting.</p>
ARA/20/22	<p>COMMITTEE ACTION LOG</p> <p>The Committee received the action log and the following updates were provided.</p> <p>ARA/20/14: The Remuneration Report is included within the Annual Accountability Report, which is included on the agenda under item 2.2.</p> <p>ARA/19/87: This action has been closed, as the obligation to advertise in the European Journal post-Brexit will be subject to the planned Brexit negotiations.</p> <p>ARA/19/77: This action was closed at the last Committee and can be removed from the Action Log. Action: Head of Risk & Assurance.</p> <p>ARA/19/68: The action to hold a list of Investigative Officers was closed in error. The policy has been agreed by the Board, however, the action will remain on the Action Log until it can be closed fully. Action: Head of Risk & Assurance</p> <p>ARA/19/111: The Local Counter Fraud Workplan was agreed in March by the Committee. It was agreed that the workplan will come back to the Committee if any further updates are</p>

	<p>required in terms of resource. Whilst there are no amendments, that require approval, an update on the work plan will be presented at the next Committee.</p> <p>Action: Head of Local Counter Fraud Services</p> <p>ARA/19/115e: These two actions arose from an Internal Audit report and will be picked up further down the line as part of the audit recommendation tracking process.</p>
ARA/20/23	<p>PTHB ANNUAL ACCOUNTS, 2019-20, INCLUDING:</p> <ul style="list-style-type: none"> a) Audit of Financial Statements (ISA 260) b) Letter of Representation <p>The health board is required to submit an audited set of annual accounts to Welsh Government by 30th June 2020. These accounts are required to be approved by the Board, which is scheduled to take place on 29th June 2020. The Accounts will then be signed by the Auditor General for Wales on 2nd July 2020.</p> <p>The health board has achieved the following financial targets and statutory duties for 2019/20:</p> <ul style="list-style-type: none"> • Operational in-year financial balance has been achieved, reporting a surplus of £0.055M; • Cash contained within cash limit; • Capital financial balance. <p>The health board has also achieved the 3 year duty to ensure that its expenditure does not exceed the aggregate funding allotted to it over a 3 year period for both revenue and capital resource limits. This is the fourth year to demonstrate this 3 year duty.</p> <p>The health board has met the following administrative (not statutory) target:</p> <ul style="list-style-type: none"> • The health board performance at 96.4% did meet the administrative target of payment of 95% of the number of non-nhs creditors within 30 days this year. <p>Pete Hopgood stated the accounts were subject to audit by Grant Thornton, and during the audit process some amendments were made to the accounts including the increased cost of prescribing, mainly in relation to COVID-19.</p> <p>The AGW has certified that the financial statements for the year ended 31 March 2020 have been audited under Section 61 of the Public Audit (Wales) Act 2004. These comprise the</p>

Patterson, Liz
07/23/2020 14:56:37

Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

The AGW has confirmed that the financial statements:

- give a true and fair view of the state of affairs of Powys Teaching Local Health Board as at 31 March 2020 and of its net operating costs for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Barrie Morris gave his thanks to Pete Hopgood, Sarah Pritchard and the finance team for their support in responding to audit queries.

The Chair thanked Barrie Morris for all of the hard work undertaken, and the excellent relationships held between Grant Thornton and the health board, with close working established. The Chair expressed his disappointment that Grant Thornton will no longer be working with the health board.

Pet Hopgood extended his thanks to Barrie and his team at Grant Thornton, and to Sarah Pritchard and the wider finance team.

Ian Phillips asked is there a typo on p8 Journals accounting conventions? Should the last sentence read accurate or inaccurate? Sarah Pritchard confirmed this is a typo, and that it should state inaccurate, and confirmed that this will be amended.

Mel Davies stated that it is very pleasing that the health board has once again met the 3 year duty, and congratulated Pete Hopgood and the team for this.

Pete Hopgood stated that a number of questions have been received that have been answered prior to the meeting.

Barrie Morris stated that it is the last attendance at the Committee for Grant Thornton, as the audit work is handed back to Audit Wales, and passed on his personal thanks to the health board for the support over the life of the contract.

Patterson, Liz
07/23/2020 14:56:37

	<p>The Committee APPROVED the Annual Accounts, 2019-20, and recommended them to the Board for final approval on 29 June 2020.</p>
ARA/20/24	<p>PTHB ANNUAL ACCOUNTABILITY REPORT, 2019-20</p> <p>Guidance provided by WG states that the Accountability Report must include:</p> <ul style="list-style-type: none"> • A Corporate Governance Report This explains the composition and organisation of governance structures and how they support the achievement of the health board's objectives. This section is informed by a review of the board and its committees' business over the last year. This section has been prepared by the Board Secretary with input from other officers across the organisation where required. • A Financial Accountability and Remuneration report This contains information about the remuneration of senior management, fair pay ratios, sickness absence rates, etc. and has been compiled by the finance department as well as the annual accounts. • A Welsh Parliament Accountability and Audit Report This contains a range of disclosures on the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in Her Majesty's Treasury guidance, material remote contingent liabilities, long-term expenditure trends, and the audit certificate and report. <p>Rani Mallison presented the final version of the Annual Accountability Report, stating that the previous draft version was shared with WG and auditors for comment in advance of today's meeting. Feedback was received on the draft version, and minor changes were made to the report, although none of these were material comments, they include: -</p> <ul style="list-style-type: none"> - Clarification has been included within the report that the health board's Local Partnership has not considered any significant issues. - A statement explaining why the Healthcare Professionals Forum and Stakeholder Reference Group has not met. - A reference has been made to the health board's Major Incident Plan. - There are links in the document which direct the reader to the health board home page as opposed to the individual reports, as it is recognised that the Internet is

Patterson/Liz
07/23/2020 14:56:37

	<p>due to undergo significant changes, and therefore the links will change.</p> <p>Rani Mallison made reference to the conclusion by the Accountable Officer, which states that the Annual Governance Statement confirms that Powys Teaching Health Board has continued to mature as an organisation and, whilst there are areas for strengthening, no significant internal control or governance issues have been identified. The Board and the Executive Team has had in place a sound and effective system of internal control which provides regular assurance aligned to the organisation's strategic objectives and strategic risks. Together with the Board, the Accountable Officer will continue to drive improvements and will seek to provide assurance for citizens and stakeholders that the services provided are efficient, effective and appropriate and designed to meet patient needs and expectations.</p> <p>The report also recognises the impact that COVID-19 has made on the organisation at the latter end of the year.</p> <p>Rani Mallison stated that Ian Phillips has identified a couple of formatting issues, and these will be picked up outside the meeting.</p> <p>Rani Mallison stated that data in the Remuneration and Staff Report presents information up to 31st March 2020. ESR allows it to pull data at a point in time, so data included previously was the version as at 18th May, given that termination forms and new starters have been processed.</p> <p>Gail Turner-Radcliffe stated that she has been communicating with Julie Rowles who has confirmed that the report will be re-run to provide updated figures.</p> <p>Rani Mallison stated this is a learning point in terms of timings for compilation of the Annual Report for next year, and confirmed that the final figures will be updated for the version of the report that will be presented to the Board on Monday.</p> <p>The Committee APPROVED the Annual Accountability Report, 2019-20, and recommended the report to the Board for final approval on 29 June 2020.</p>
ARA/20/25	APPLICATION OF SINGLE TENDER WAIVERS (STWs)

Patterson, Liz
07/23/2020 14:56:37

	<p>Sarah Pritchard presented the STW requests made between 1 May 2020 and 31 May 2020 and signed by the Chief Executive, detailing two 'Retrospective' STWs as follows: -</p> <ol style="list-style-type: none"> 1. Engineering Inspections (Continuation of Service [£6,500]); 2. Winter Gritting Services (Continuation of Service – Framework suppliers not able to undertake [£22,800]). <p>The Committee Chair expressed concern at the fact that both STWs are retrospective, and requested a report from the appropriate officer providing an explanation for this. This request was endorsed by Mark Taylor and Ian Phillips.</p> <p>Action: Wayne Tannahill, Assistant Director of Estates and Property</p> <p>The Committee RATIFIED the approval of the two STWs.</p>
ARA/20/26	<p>INTERNAL AUDIT:</p> <p>c) Revised Internal Audit Plan 2020/21</p> <p>COVID-19 has had a significant impact on the management of services and risk profile of NHS organisations across Wales. It was agreed nationally and with individual organisations' Audit Committees that audit work would be suspended for the first quarter of 2020/21 in recognition of the exceptional circumstances facing management and staff. It was indicated that this position would be reviewed at the end of the quarter prior to the resumption of audit work.</p> <p>The internal audit plan was originally agreed at the Audit, Risk & Assurance Committee in March 2020. It has been reviewed in June 2020 to reflect changes in risk across audit areas, input from Executive Directors, and to reflect the reduced period over which internal audit work will be delivered.</p> <p>A proposed, revised Internal Audit Plan for 2020/21 is presented, with revised timings, proposed additions/deferrals, and some proposed adjustments to indicative scopes.</p> <p>Ian Phillips suggested it would be prudent to mention that we don't know what is going to happen with COVID-19, so it might be sensible to include a sentence within the plan that it will be reviewed as things progress.</p> <p>Helen Higgs stated that the report does articulate that the plan remains flexible, and that Internal Audit is in constant communication with the Board Secretary and Chief Executive, and will respond to those unknown pressures.</p> <p>COVID-19 Governance Review</p>

Patterson, Liz
07/23/2020 14:56:37

	<p>Rani Mallison stated that herself and Pete Hopgood have met with Helen Higgs in respect of the COVID-19 audit review. The audit will focus on financial governance as well as wider corporate governance, and there is a relationship between that audit review and the Structured Assessment, and the Board Secretary's have been speaking with audit colleagues around that.</p> <p>Pete Hopgood stated that in addition to the COVID-19 audit there is other work ongoing, and recognising Helen Higgs' comments about the flexibility in the plan is appreciated.</p> <p>The Committee RECEIVED and NOTED the revised plan.</p>
ARA/20/27	<p>d) Review of Section 33 Arrangements – Reasonable Assurance</p> <p>Section 33 of the NHS (Wales) Act 2006 enables health boards, NHS trusts and local authorities to enter into any partnership arrangements to exercise certain NHS and health related functions, and over recent years, the Welsh Government has been encouraging increased integration. In its 2011 policy document, Together for Health, the Welsh Government set out a vision for health services for the next five years and beyond, with a key principle being the concept of 'one system for health'.</p> <p>Powys Teaching Health Board is party to a number of Section 33 arrangements with Powys County Council, and it is the County Council that is the 'host partner' for all of these arrangements.</p> <p>The purpose of the 2020/21 follow up review was to assess whether the health board has implemented the Internal Audit recommendations made following the review of Section 33 Governance Arrangements in 2018/19.</p> <p>Osian Lloyd reported that the review identified two medium and one low priority findings.</p> <p>Mel Davies stated that it was pleasing to see progress being made.</p> <p>The Committee RECEIVED and NOTED the report.</p>
ARA/20/28	<p>AUDIT RECOMMENDATIONS TRACKING</p> <p>At its last meeting, the committee approved a re-prioritised approach for audit recommendation implementation, which enables services to balance their response to audit findings with the level of resources required to plan and respond to</p>

Patterson, Liz
07/23/2020 14:56:37

	<p>a) Update on the Auditor General for Wales' Programme of Work b) Structured Assessment 2020</p> <p>Elaine Matthews presented the letter from the Auditor General for Wales, which presents an update on the AGW's programme of NHS Performance Audit work as follows: -</p> <p>a) Work included in local audit plans b) Other AGW NHS Performance Audit Work</p> <p>Elaine Matthews stated that work has started on the Quality Governance Review, but this has been delayed. Audit Wales is working close with Internal Audit on the governance elements. Helen Higgs confirmed that where there is crossover between the work on the Audit Wales Structured Assessment and the Internal Audit review of Governance Arrangements, they will work together to reduce duplication.</p> <p>Rani Mallison stated that a smaller number of members will be interviewed at this stage, and this will be reviewed.</p> <p>The Committee RECEIVED and NOTED the letters.</p>
ARA/20/30	<p>FINAL STATUS INTERNAL AUDIT REPORTS (DISCUSSED IN DRAFT BY THE COMMITTEE ON 18 MAY 2020)</p> <p><u>Substantial Assurance Rating</u></p> <p>a) Capital Assurance Follow Up</p> <p><u>Reasonable Assurance Rating</u></p> <p>b) Outpatients – Planned Activity c) Estates Assurance Follow Up d) Financial Safeguarding: Estates Team Led Work e) Financial Safeguarding: Support Services Led Work</p> <p><u>Limited Assurance Rating</u></p> <p>f) Welsh Language Standards Implementation</p> <p>Rani Mallison stated that Executive Directors attended the last meeting to talk through the reports, bearing in mind they were only in draft format. The content of the reports has not changed significantly. The management responses have been finalised, however, the findings remain the same.</p> <p>Helen Higgs stated that progress of implementation of the recommendations will be tracked, however, in light of COVID-19 some recommendations might take longer to implement. The Committee Chair expressed an understanding that there will be delays, but hopes that there will not be any unnecessary delays to the implementation of the recommendations.</p>

Patterson, Liz
07/23/2020 14:56:37

	The Committee RECEIVED and NOTED the final version reports.
ARA/20/31	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <ul style="list-style-type: none"> • PTHB Annual Accounts, 2019-20 • PTHB Annual Accountability Report, 2019-20
ARA/20/32	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business for discussion, and the Chair declared the meeting closed at 10.55 am.</p>
ARA/20/33	<p>DATE OF NEXT MEETING</p> <p>20 July 2020, 11:00 am, Skype</p>

Patterson, Liz
07/23/2020 14:56:37



Audit, Risk and Assurance Committee

Annual Report for 2019-20

July 2020

Patterson, Liz
07/23/2020 14:56:37

Board Meeting
29 July 2020

Agenda Item 3.6Abii

Contents

Foreword

	Page
1. Introduction to the report and the Audit, Risk and Assurance Committee	4
2. The 2019-20 Work Programme	4
3. Frequency of Committee Meetings and Membership	5
4. Committee Reporting Arrangements	6
5. Compliance with the Committee's Work Programme	6
6. Assurance and Improvement	7
7. Self-assessment and Evaluation	11
8. Key Areas of Focus in 2020-21	11
9. Conclusion	12
Appendix 1 Audit, Risk and Assurance Committee Terms of Reference in 2019-20	13
Appendix 2 Work Programme for 2019-20	25
Appendix 3 Audit, Risk and Assurance Committee Meetings 2019-20	31

Patterson, Liz
07/23/2020 14:56:28

Foreword

I am once again pleased to present the Audit, Risk and Assurance Committee's (the Committee's) Annual Report for the year ended 31 March 2020.

In this report we provide an overview of the work of the Committee and describe the steps taken to strengthen audit, risk and assurance arrangements in the last 12 months.

The Committee has welcomed the main conclusion of the Auditor General for Wales' in the Structured Assessment for 2019 that Powys Teaching Health Board: *"the Health Board's arrangements provide strong foundations for delivering its vision. The Board has a clear understanding of which arrangements require further development and has focused action to deliver improvements"*. The Committee has also acknowledged its role in overseeing the important work that is still on-going in a number of areas to further strengthen governance and assurance arrangements. This will be a key focus in the Committee's work in the year ahead.

Finally, I would like to express my personal appreciation to all who contributed to the audit, risk and assurance agenda over the last 12 months. Special thanks must go to Duncan Forbes whose term of appointment as an Independent Member of PTHB came to an end in July 2019. I would also welcome Mark Taylor as a new member of the Committee and thank Mel Davies for stepping in to attend four meetings last year to ensure quoracy of meetings.

Tony Thomas
Chair, Audit Committee

Patterson, Liz
07/23/2020 14:56:28

1. INTRODUCTION TO THE REPORT AND AUDIT, RISK AND ASSURANCE COMMITTEE

- 1.1 The Standing Orders of Powys Teaching Health Board (referred to throughout this document as 'PTHB' or the 'Board') state that:

"The Board may and, where directed by the Welsh Government must, appoint Committees either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees". [Section 2]

- 1.2 The Term of Reference of the Audit, Risk & Assurance Committee (referred to throughout this report as 'the Committee') that applied in 2019/20 were approved by the Board in May 2016.
- 1.3 The Committee reviewed its Terms of Reference on 7 May 2019 to reflect greater recognition of the Committee's responsibility for oversight of risk management and internal control (including by the inclusion of 'Risk' in the name of the Committee); and responsibilities that the previous Audit & Assurance Committee had previously fulfilled, but which were not reflected in the Committee's Term of Reference (see Appendix 1).
- 1.4 The remainder of this report describes how the Committee complied with, and satisfied the requirements set out within, its Terms of Reference during the period 1 April 2019 to 31 March 2020.

2. 2019-20 WORK PROGRAMME

- 2.1 PTHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.
- 2.2 When the Committee's Work Programme (see Appendix 2) was agreed care was taken to ensure that this was aligned to its Terms of Reference and the requirement for the Committee to 'proactively seek information to gain assurance for itself and/or on behalf of the Board'. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to

identify changing priorities or any need for further assurance or information.

3. FREQUENCY OF COMMITTEE MEETINGS AND MEMBERSHIP

- 3.1 During 2019-20, the Committee met seven times in the Glasbury House Board Room at Bronllys Hospital - twice in May 2019, and once in July 2019, September 2019, November 2019, January 2020 and March 2020. This met the requirement that the committee should meet at least bi-monthly. Detail of the members and executive directors who attended these meetings is provided at Appendix 3.
- 3.2 During the year Duncan Forbes stood down as Committee member after the meeting held on 16 July 2019, at the end of his term as Independent Member. Mark Taylor attended his first meeting as a member of the Committee on 12 September 2019.

The Committee was grateful to Mel Davies (PTHB Vice-Chair) for attending four meetings of the Committee to ensure quorum requirements could be met.

- 3.3 As at 31 March 2020, the Committee comprised the following Independent Members:

- Tony Thomas – Chair
- Mark Taylor – Vice Chair
- Ian Phillips
- Matthew Dorrance

- 3.4 Committee meetings were regularly attended by representatives from:

- Wales Audit Office (now known as Audit Wales) and Grant Thornton; the health board's external auditors;
- Internal Audit;
- Local Counter Fraud Services; and
- Post Payment Verification.

- 3.5 In 2019-20, the Committee received private briefings (without officers present) from auditors and the local counter fraud lead as below:

- Internal Audit (*July 2019*);

- External Audit (7 May and November 2019, and 28 May 2019 where a Training Session was delivered on the Annual Accounts)
- Counter Fraud (September 2019 and March 2020)

4. COMMITTEE REPORTING ARRANGEMENTS

- 4.1 The minutes of Committee meetings are routinely submitted to the Board. In addition, the Committee Chair presents a regular report after each meeting of the Committee. All Board papers can be accessed via the health board's website.

5. COMPLIANCE WITH THE COMMITTEE'S WORK PROGRAMME

- 5.1 Amongst the key issues considered by the Committee during 2019-20 were the following:

- Audit Recommendation Tracking: Progress Updates
- Annual Accountability Report for 2018-19
- Annual Accounts for 2018-19
- Annual Governance Programme: Progress Update
- Audit of the Financial Statements for 2018-19
- Bribery Policy
- Charitable Funds Annual Report and Accounts for 2018-19
- Committee Risk Register
- Committee Terms of Reference: Review
- Counter Fraud Annual Report 2018-19
- Counter Fraud Policy + Response Plan
- Counter Fraud: Progress Updates
- Counter Fraud Workplan 2020-21
- External Audit: Annual Audit Report 2019
- External Audit Annual Plan 2020-21
- External Audit Reviews & Progress Updates
- Financial Control Procedure 014: Update
- Financial Control Procedure 021: Budgetary Control Procedure

- Implementation of IFRS 16 – Leases
- Internal Audit Annual Report and Opinion for 2018-19
- Internal Audit Plan for 2020-21
- Internal Audit Review & Progress Updates
- Losses and Special Payments Report for the period 1 April 2019 – 30 September 2019
- Register of Interests Annual Report 2018-19
- Standards of Behaviour Policy
- WAO: Consultation on three-year forward programme of work
- WAO Structured Assessment Feedback for 2019

6. ASSURANCE AND IMPROVEMENT

6.1 The Committee reviewed and approved the audit strategies and plans for the auditors as listed below and received audit reports produced in support of them during 2019-20:

- External Auditors, Audit Wales (formerly Wales Audit Office)
- Internal Auditors, NWSSP Audit & Assurance Services (AAS)

In approving the strategies and plans, the Committee ensured that they were robust and linked to the health board's risk profile.

6.2 Where reports received a less than reasonable assurance audit rating or where there were specific areas of concern, the appropriate Executive Directors were requested to attend Committee meetings. This process provided opportunities to discuss the reports more fully, and for the Committee to satisfy itself that the findings and recommendations raised in the reports were being addressed in a timely manner and implemented to address control weaknesses or compliance issues.

Certain reports were referred to other Committees of the Board for ongoing monitoring, for example reports relating to clinical governance issues were referred for further consideration by the Experience, Quality and Safety Committee.

External Audit – Audit Wales (formerly Wales Audit Office [WAO])

6.3 The Auditor General for Wales is the statutory external auditor for the NHS in Wales. Audit Wales undertakes the external auditor role for Powys Teaching Health Board on behalf of the Auditor General.

- 6.4 The WAO 2019 Structured Assessment work reviewed the Health Board's corporate governance and financial management arrangements and, in particular, the progress made in addressing the previous year's recommendations. Findings from the 2019 review were reported to the Committee in January 2020, prior to submission to the Board.

Overall the WAO report stated: *"the Health Board's arrangements provide strong foundations for delivering its vision. The Board has a clear understanding of which arrangements require further development and has focused action to deliver improvements"*.

The report went on to say that:

- Governance – the Health Board is generally well led and well governed and has made changes to the way it operates to improve effectiveness. There is scope to make further improvements to arrangements for risk management, information governance and clinical audit.
- Strategic planning – the Health Board has a strong approach to strategic planning and is changing structures and leadership arrangements to deliver its vision. Underpinning plans are developing in collaboration with partners and are on track for delivery in-year.
- Managing financial resources – financial management arrangements continue to improve but there is scope to increase oversight and scrutiny of financial performance.
- Managing workforce productivity and efficiency – The Health Board has seen improvements to managing workforce productivity and efficiency. Ambitious actions are underway to strengthen recruitment and retention, improve training and education, and promote staff wellbeing.

- 6.5 The WAO Structured Assessment 2019 was subsequently approved at the Board on 29 January 2020. During discussion of the report, the WAO was pleased with the continuous improvement from PTHB.

- 6.6 Each meeting of the Committee received a progress report from the WAO and during 2019-20 the Committee received External Audit reports on:

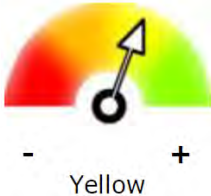
- Clinical Coding Follow-up Review
- Well-being of Future Generations: An examination of the Design of the North Powys Well-being Programme
- Primary Care Services in Wales
- Integrated Care Fund

Copies of reports produced by the WAO can be accessed via the WAO website.

Internal Audit

- 6.7 During the year the Committee received Internal Audit reports in line with the agreed programme for 2019-20, including the management response from the relevant Executive Director.

The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Reasonable assurance		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>
----------------------	--	--

This opinion has been reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised, with particular focus placed on the agreed response to any *limited* or *no-assurance* reports issued during the year and the significance of the recommendations made.

In total 27 audit reviews were taken forward during the year.

Substantial Assurance (2)

In the following review areas it was reported that the Board could take substantial assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. The few matters that required attention were compliance or advisory in nature with low impact on residual risk exposure.

- o Capital (Follow up)
- o Welsh Risk Pool Claims Management

Reasonable Assurance (15)

In the following review areas it was reported that the Board could take reasonable assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively.

Some matters required management attention in either control design or operational compliance and these had low to moderate impact on residual risk exposure until resolved.

- Assurance on implementation of audit recommendations
- Financial planning and budgetary control (commissioning)
- Disciplinary processes – case management
- Safeguarding – appropriate employment arrangements
- Staff wellbeing
- 111 Services
- Catering – departmental review follow up
- Primary care clusters
- Organisational Development Strategy
- Dental Services – monitoring GDS contract – follow up
- Information Technology Infrastructure Library (ITIL) – service management
- Machynlleth Project
- Outpatients – planned activity
- Estates Assurance (Follow up)
- Capital Systems

Limited Assurance (6)

In the following review areas it was reported that the Board could take only limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively. More significant matters required management attention with moderate impact on residual risk exposure until resolved.

- Deprivation of Liberties / Best Interest Assessments
- Freedom of Information (FoI)
- Care and nursing homes governance
- Podiatry Services follow up
- Welsh Language Standards Implementation
- Risk Management & Board Assurance

No Assurance (1)

- Records management

Assurance Rating Not Applicable (3)

The following reviews were undertaken as part of the audit plan and reported or closed by correspondence without the standard assurance rating indicator, owing to the nature of the audit approach:

- Annual Quality Statement
- Environmental Sustainability
- Hosted bodies – governance arrangements

7. SELF-ASSESSMENT AND EVALUATION

- 7.1 The Board had scheduled its annual self-assessment and reflection to take place in April 2020 (to include consideration of the effectiveness of its committees), however this was stood down in light of COVID-19. In its absence, implementation of the Board Development Plan will continue into its second year to support improved effectiveness.

8. KEY AREAS OF FOCUS IN 2020-21

- 8.1 In the year ahead the Committee will continue to focus on those matters that will strengthen audit, risk and assurance arrangements. The Committee Work Programme has been designed to ensure that in relation to all aspects of audit:

- internal financial control matters, such as safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information;
- adequacy of disclosure statements (Governance Statement) which are supported by the Head of Internal Audit Opinion and other opinions;
- the policies and procedures related to fraud and corruption; and
- that the system for risk management is robust in identifying and mitigating risks,

Thus enabling the Audit, Risk and Assurance Committee to provide the Board with assurance that the risks impacting on the delivery of the health board's objectives are being appropriately managed.

- 8.1 A copy of the Committee Work Programme for 2020-21 can be found on the Health Board's website.

Hard copies of the Work Programme can be obtained from the Directorate of Governance, Vera Vallins Room, Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU.

9. CONCLUSION

- 9.1 This report provides a summary of the work undertaken by the Audit, Risk & Assurance Committee over the past 12 months and demonstrates how the Committee has complied with the Terms of Reference.

Patterson, Liz
07/23/2020 14:56:23



Audit, Risk and Assurance Committee

Terms of Reference & Operating Arrangements

April 2019

Patterson, Liz
07/23/2020 14:56:20

1. INTRODUCTION

- 1.1 Section 2 of Powys Teaching Health Board's (referred to in this document as 'PTHB' or the 'health board') Standing Orders provides that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the THB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2 The Board has established a committee to be known as the Audit Risk and Assurance (referred to throughout this document as 'the Committee'). The Committee has been established in order to enable the scrutiny and review of matters related to audit, financial accounting, assurance and risk management, to a level of depth and detail not possible in Board meetings.
- 1.3 The detailed Terms of Reference and operating arrangements approved by the Board for this Committee are detailed below.

2. PURPOSE

- 2.1 The purpose of the Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report by:
- independently monitoring, reviewing and reporting to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;
 - advising the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;
 - Maintaining an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and
 - Working with the other committees of the Board to provide assurance that governance and risk managements

arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Audit, Risk and Assurance Committee will advise the Board and Accountable Officer on:

- the design, operation and effectiveness of strategic processes for risk management, internal control and corporate governance across the whole of the organisations activities;
- the Annual Accountability Report, which includes the Annual Governance Statement;
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
- the planned activity and results of internal and external audit;
- adequacy of management response to issues identified by audit activity, including external audit's management letter;
- assurances relating to the management of risk and corporate governance requirements for the organisation;
- systems for financial reporting to the Board (including those of budgetary control);
- proposals for tendering for the purchase of audit and non-audit services from contractors who provide audit services; and
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

The Audit, Risk and Assurance Committee will also periodically review its own effectiveness and report the results of that review to the Board.

3.2 For each meeting the Committee will be provided with:

- a report summarising any significant changes to the organisation's strategic risks and a copy of the strategic/corporate Risk Register;
- a progress report from the Head of Internal Audit summarising:
 - ✓ work performed (and a comparison with work planned);
 - ✓ key issues emerging from the work of internal audit;
 - ✓ management response to audit recommendations;
 - ✓ changes to the agreed internal audit plan; and
 - ✓ any resourcing issues affecting the delivery of the objectives of internal audit;
- a progress report (written/verbal) from the External Audit representative summarising work done and emerging findings (this may include, where relevant to the organisation, aspects of the wider work carried out by the Wales Audit Office, for example, Value for Money reports and good practice findings);
- management assurance reports;
- reports (where appropriate) on action taken within the Board's Scheme of Delegation as regards:
 - use of single tender waivers;
 - extensions of contracts;
 - writing off of losses; or
 - the making of special payments;
- A report summarising progress in the implementation of audit recommendations, together with a copy of the Audit Recommendations Tracker;

and when appropriate the Committee will be provided with:

- proposals for the terms of reference of internal audit / the internal audit charter;
- the internal audit strategy;
- the Head of Internal Audit's Annual Opinion and Report;
- quality assurance reports on the internal audit function;

Patterson, Liz
07/23/2020 14:56:23

- the draft accounts of the organisation;
- the draft Annual Accountability Report which includes the Annual Governance Statement;
- a report on any changes to accounting policies;
- external Audit's management letter;
- a report on any proposals to tender for audit functions;
- a report on co-operation between internal and external audit;
- the organisation's Risk Management strategy;
- periodic reporting on Post Payment Verification Audits, and arrangements for managing declarations of interest and gifts and hospitality; and
- annual review of the Board's Standing Orders and Standing Financial Instructions, monitoring compliance and reporting any proposed changes to the Board for consideration and approval.

3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 The Committee's programme of work will also be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;

Patterson, Liz
07/23/2020 14:56:23

- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Experience, Quality & Safety Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees;
- the work carried out by key sources of external assurance, in particular, but not limited to the health board's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply; and
- the results of audit and assurance work specific to the health boards, and the implications of the findings of wider audit and assurance activity relevant to the HB's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements.

Authority

3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the health board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and

Patterson, Liz
07/23/2020 14:56:20

- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.7 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee.

3.8 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

3.9 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.10 The Committee may, subject to the approval of the LHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

4.1 Membership will comprise a minimum of four (4) members, comprising:

Chair	Independent Member of the Board (Finance)
Vice Chair	Independent Member of the Board (Capital)
Members	Independent Member of the Board (Legal)
	Independent Member of the Board (ICT)
	Independent Member of the Board (Local Authority)

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following members of the Executive Team will be regular attendees:

- The Accountable Officer
- Director of Finance
- Board Secretary

Other attendees will be:

- Head of Internal Audit
- Local Counter Fraud Specialist
- Representative of the Auditor General/External Audit

4.3 By invitation: The Committee Chair may extend invitations to attend committee meetings to the following:

- other Executive Directors; and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The secretariat for the Committee will be provided by the Office of the Board Secretary.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- 4.9 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members notify the Committee Chair or Committee Secretariat that they are unable to attend a meeting, and there is a danger that the Committee will not be quorate, the Chair can invite another independent member to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings. However, meetings shall be held no less than quarterly and in line with the health board's annual plan of Board Business. However, additional meetings will be called, in agreement with the Chair of the Committee, if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.4 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);

- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.5 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the audit and assurance. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- appropriate escalation of concerns.

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the health board's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the health board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g. Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g. where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers
- 8.2 The Board and Board Committee Handbook provides detailed guidance on the conduct of the Committees business.

9. CHAIR'S ACTION ON URGENT MATTERS

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

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

Patterson, Liz
07/23/2020 14:56:23



AUDIT, RISK & ASSURANCE COMMITTEE

PROGRAMME OF BUSINESS 2019-20

The purpose of the Audit, Risk and Assurance Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

This Annual Programme of Business has been developed with due regard to guidance set out in HM Treasury's Audit and Risk Assurance Committee Handbook (March 2016), to enable the Audit and Assurance Committee to;

- fulfil its Terms of Reference as agreed by the Board;
- seek assurance and provide scrutiny on behalf of the Board, in relation to the delivery of the key elements of the health boards internal and external audit, counter fraud and PPV arrangements (second and third lines of defence);
- seek assurance that governance, risk and assurance arrangements are in place and working well;
- seek assurance in relation to the preparation and audit of the Annual Accounts;
- ensure compliance with key statutory, national and best practice audit and assurance requirements and reporting arrangements.

Patterson.Liz
07/23/2020 14:56:00

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2019-2020					
		28 May	16 July	12 Sept	11 Nov	14 Jan	09 March
Governance & Assurance:							
Annual Governance Programme Reporting	BS		✓	✓		✓	
Audit Recommendation Tracking	BS	✓	✓	✓	✓	✓	✓
Application of Single Tender Waiver	DF&IT	✓	✓	✓	✓	✓	✓
Losses and Special Payments Annual Report 2018/19	DF&IT			✓			
Annual Accounts 2018/19, including Letter of Representation	DF&IT	✓					
Annual Accountability Report 2018/19	BS	✓					
Standards of Behaviour Policy	BS		✓				
Risk Management Framework and Board Assurance Framework Principles	BS			✓			
Review of Standing Financial Instructions	DF&IT						
Review of Standing Orders	BS				✓		
Charitable Funds Annual Report and Accounts 2018/19	DF&IT			✓			
Register of Interests	BS			✓			
Policies Delegated From the Board for Review and Approval	BS/ DF&IT	As and when identified					
Internal & Capital Audit:							
Internal Audit Progress Report 2019/20	HoIA	✓	✓	✓	✓	✓	✓
Internal Audit Review Reports	HoIA	In line with Internal Audit Plan 2019/20					
Internal Audit Plan 2019/20	HoIA	✓					
Head of Internal Audit Opinion 2018/19	HoIA	✓					
External Audit:							
External Audit Progress Report 2019/20	EAO	✓	✓	✓	✓	✓	✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2019-2020					
		28 May	16 July	12 Sept	11 Nov	14 Jan	09 March
External Audit of Financial Statements 2018/19	EAO	✓					
External Audit Annual Report	EAO					✓	
External Audit Structured Assessment	EAO					✓	
External Audit Plan 2020	EAO						✓
External Audit Review Reports	EAO	In line with Internal Audit Plan 2019/20					
Anti-Fraud Culture:							
Bribery Policy	HoLCF	✓					
Counter Fraud Update	HoLCF			✓		✓	
Counter Fraud Workplan 2020/21	HoLCF						✓
Counter Fraud Annual Report 2018/19	HoLCF	✓					
Post Payment Verification Annual Report 2019/20	PPVO						✓
Post Payment Verification Workplan 2020/21	PPVO						✓
Committee Requirements as set out in Standing Orders							
Development of Committee Annual Programme Business	BS		✓ 2019-20				
Review of Committee Programme of Business	BS		✓	✓	✓	✓	
Annual Review of Committee Terms of Reference 2019-20	BS						
Annual Self-assessment of Committee effectiveness 2019-20	BS						

Patterson Liz
07/23/2020 14:56:00

Audit, Risk and Assurance Committee Members to meet Independently with:							
	7 May 19	28 May 19	16 Jul 19	12 Sep 19	11 Nov 19	14 Jan 20	9 Mar 20
External Audit Team	✓				✓		
Internal Audit Team			✓				
Local Counter Fraud Team				✓			✓

KEY:

BS: Board Secretary

DF&IT: Director of Finance and IT

HoIA: Head of Internal Audit

HoLCF: Head of Local Counter Fraud

EAO: External Audit Officer

PPVO: Post Payment Verification Officer

Patterson, Liz
07/23/2020 14:56:00

Audit, Risk and Assurance
Committee Annual Report
2019-20

Attendance at 2019-20 Audit Committee Meetings:
Independent Members and Lead Executives

Meeting dates	07 May 2019	28 May 2019	16 July 2019	12 September 2019	11 November 2019	14 January 2020	09 March 2020
INDEPENDENT MEMBERS							
Tony Thomas (Chair)	✓	✓	✓	✓	✓	✓	✓
Duncan Forbes (Vice Chair)	Apologies	✓	✓				
Mark Taylor (Vice Chair)				✓	✓	✓	✓
Ian Phillips	Apologies	✓	✓	✓	Apologies	✓	✓
Matthew Dorrance	✓	Apologies	✓	Apologies	✓	✓	Apologies
Mel Davies **	✓	✓			✓	✓	
OFFICERS							
Chief Executive	✓	✓	Apologies	✓	✓	✓	✓
Director of Finance & IT	✓	✓	Apologies (Deputy attended)	✓	✓	✓	✓
Board Secretary	✓	✓	✓	✓	✓	✓	✓

** Mel Davies (PTHB Vice-Chair) attended four Committees to ensure meetings were quorate

Reporting Committee:	Charitable Funds Committee
Committee Chair	Owen James
Date of meeting:	1 July 2020
Paper prepared by:	Charity Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The confirmed minutes of the previous meeting of the Charitable Funds Committee held on 3 February 2020 are appended to this report.

The Charitable Funds Committee last met on 1 July 2020. At that meeting the matters discussed were:

- Charity Workplan 2020/21
- Updated Charitable Funds Policy and Guidance FCP
- Just Giving – Online Donation Platform Review
- Expenditure Approved Under Delegated Authority since the last meeting (for Ratification)
- Applications to COVID response fund (for Ratification)
- Bids to Charitable Funds (for Approval)
- Charitable Funds Activity Report
- Charitable Funds Income Report

Charity Workplan 2020/21

The Charity Manager presented the document to the Committee. It was noted that the document had been developed upon the strategy, aims and priorities of the Committee and would be continually developed over the following 6-12 month period.

The Committee APPROVED the workplan and acknowledged that quarterly updates would be received going forward.

Updated Charitable Funds Policy and Guidance FCP

The Charity Manager presented the updated policy and noted that the policy had remained the same in principle however amendments had been made to reflect the Charity Manager Role, protocol changes, alignment to the Workplan and updates to staff guidance.

The Committee APPROVED the updated policy and guidance FCP.

Just Giving – Online Donation Platform Review

The Committee was requested to approve an upgrade to the premium service of the online donation platform to enable more flexibility, presence and reporting for PTHB.

The Committee APPROVED the premium service and acknowledged that cash donations would still be accepted as an appropriate form of donation.

Expenditure Approved Under Delegated Authority Since the Last Meeting (for Ratification)

The Committee RECEIVED the expenditure approved under the £10k delegated authority limit between November 2019 and March 2020, which amounted to £31,297.

The Committee RATIFIED the expenditure.

Applications to COVID Response Fund (for Ratification)

The Committee RECEIVED the applications to the COVID response fund which had been previously APPROVED by the COVID-19 Gold Group under delegated authority.

The Committee RATIFIED the applications to the COVID response fund.

Bids to Charitable Funds for Approval

The Committee APPROVED the following Bids seeking approval from Charitable Funds:

1. Training in Subdermal Contraceptives - £4,215
2. PGCE Training Diabetes Team - £9,000

The Committee also APPROVED all elements of the following Bid, except for Staff Training, which was asked to be resubmitted to the Committee following training needs analysis.

3. Powys End of Life Programme (£62,200 – Approved)

The following Items were presented for Information:

- Charity Activity Report

The Charity Manager provided an overview of activity and noted that the focus had been on engagement and fundraising, with support becoming apparent due to COVID-19.

The Committee NOTED the significance of this work and the Charity Manager assured the Committee that evaluation work for the recent COVID Response Fund would be undertaken and would be reported to a forthcoming meeting of the Committee.

- Charitable Funds Income Report

The Committee RECEIVED the Income Report for the period 1st November 2019 to 30th June 2020, with a total of £88,570. The Committee NOTED that going forward this item would be merged with the Charitable Funds Activity Report.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

- Approval of Annual Workplan and Updated Charity Guidelines

The Charity has agreed an annual workplan for 2020/21, including the objectives and targets by which it will measure success. The workplan has been influenced by the impact of COVID-19 on the Health Board and will focus on four key areas: effective planning and governance, a timely response to emerging health and wellbeing issues, an engaging communication strategy, greater collaboration and coordination between stakeholders.

The general Charitable Funds policy and guidelines for staff have also been updated to reflect new procedures for donations, applying for funds and to align more closely with the objectives outlined in the workplan.

- Approval of End of Life Care Programme

A new end of life care programme was proposed and part approved at the July Charitable Funds Committee meeting. Following up on work from the Bereavement Project which includes My Life My Wishes.

The End of Life Programme will provide a holistic approach, providing additional elements beyond medical care. This includes improvements to facilities, branding to help staff and patients identify the programme, resources to support relatives and training for staff. The project will initially focus on Community Hospital sites and will be built into Community settings at a later date.

All elements were approved except for the training, which will return to the Charitable Funds Committee following additional research and a needs assessment.

- COVID-19 Support Funding

Since May, the Charity has been distributing grant funding to colleagues across the Health Board as part of the national COVID-19 fundraising campaign for NHS charities through the membership body, NHS Charities Together. As of early July, £22,000 of funding has been approved across 15 separate projects with a further £12,500 earmarked against projects pending approval.

The charity received £50,000 as part of a first stage initiative, *urgent response to COVID-19*, and will continue to support projects until all of this funding has been distributed. The Charity Manager has been coordinating the rollout with all funding decisions being reviewed by the COVID-19 GOLD Group and ratified by the Charitable Funds Committee.

An evaluation of the grant scheme, along with further funding stages are to follow later in the summer and autumn.

- Fundraising

Since April 2020, the Charity has benefitted from several community fundraising initiatives and large donations in light of the COVID-19 pandemic. The crisis has galvanised support for the Health Board and motivated members of the community to run their own fundraising challenges. This coupled with the Charity now having a greater online presence and more options for donors, has meant that the Charity has received over £39,000 in donations from the local community. This excludes countless donations of food, supplies, training and discounts

for staff members that has occurred more widely across the health board.

NEXT MEETING

17 September 2020

CONFIRMED

MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING
HELD ON MONDAY 3 FEBRUARY 2020
IN THE HAFREN TRAINING ROOM, BRONLLYS HOSPITAL

Present:

Owen James	Independent Member (Committee Chair)
Trish Buchan	Independent Member (Third Sector)
Mark Taylor	Independent Member (Estates)
Pete Hopgood	Director of Finance and IT
Alison Davies	Director of Nursing and Midwifery

In Attendance:

Sarah Pritchard	Head of Financial Services
Rani Mallison	Board Secretary
Stella Parry	Committee Secretary

Apologies

Vivienne Harpwood	Chair PTHB
Tony Thomas	Independent Member (Committee Vice Chair)
Julie Rowles	Director of Workforce, OD and Support Services
Katrina Rowlands	Assistant Director of Nursing and Midwifery

CF/19/48	<p>WELCOME & APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed members to the Committee. Apologies for absence were noted as recorded above.</p>
CF/19/49	<p>DECLARATIONS OF INTEREST</p> <p>The Chair INVITED any declarations of interest in relation to items on the agenda. Trish Buchan declared a potential conflict of interest regarding the Small Grants Scheme and Volunteer Officer as a trustee for PAVO. The Committee NOTED the declaration.</p>
CF/19/50	<p>MINUTES OF PREVIOUS MEETING HELD ON 15 October 2019</p> <p>The minutes of the meeting held on 15 October 2019 were RECEIVED and AGREED as being a true and accurate record, aside from the amendment below:</p> <p>CF/19/41: should state that interest is 'built on the fund' as oppose to 'fund built'.</p> <p>Trish Buchan noted that the Reserves Policy has been agreed and queried when this item would be formally reviewed in the work plan. Rani Mallison noted that the 2020/21 work plan is yet to be finalised and Sarah Pritchard confirmed that a proposal document will be brought to the Committee on 3rd March 2020.</p>
CF/19/51	<p>ACTION LOG</p> <p>The Committee RECEIVED and NOTED the Committee Action Log.</p>
ITEMS FOR APPROVAL, RATIFICATION OR DECISION	
CF/19/52	<p>PTHB CHARITY MANAGER, BUSINESS CASE AND JOB DESCRIPTION (FOR APPROVAL)</p> <p>Rani Mallison presented the job description and business case to the Committee for funding from the General Purpose Fund. The job has been banded as a Band 6 permanent role. It was noted that the job description has already been evaluated and approved by PTHB Workforce and the role will be employed directly through the Health Board, not the Charitable Fund.</p> <p>The members recognised the need for the post as a key role referenced in the Charitable Funds Strategy. Owen James expressed his support for the position however queried whether the Committee has the authority to fund the position. Rani Mallison confirmed that the Board have delegated authority to this Committee.</p> <p>Mark Taylor queried why a permanent appointment has been proposed when the Charitable Funds Strategy has been approved for one year. It was noted that the Interim Strategy is in place to</p>

	<p>develop a long term Charitable Funds Strategy that this position will inform. Trish Buchan noted the importance of having a designated position to ensure donated money is spent appropriately.</p> <p>Rani Mallison noted that Tony Thomas expressed his support prior to the Committee.</p> <p>The Committee APPROVED the funding of the position.</p>
CF/19/53	<p>BIDS TO CHARITABLE FUNDS (FOR APPROVAL)</p> <p>The Committee discussed the following Bids seeking approval from Charitable Funds:</p> <p>4. Children and Young People's Health Participation Officer</p> <p>A Children's Pledge has been jointly developed by Powys County Council and Powys Teaching Health Board (PTHB). This was formally presented to the PTHB Board and approved, having been supported by the Executive Committee. The bid requests £42,406 for 12 Months for the implementation of the Children's Pledge.</p> <p>Rani Mallison raised that Tony Thomas has requested that it be noted he believes that the item should be core funded.</p> <p>Mark Taylor queried what happens after 12 months Alison Davies noted that it is a short period of time and is likely to result in set-up only.</p> <p>Pete Hopgood raised that the position will be need to be set up for tracking. Rani Mallison noted that work is ongoing reviewing Charitable Funds funded positions and that Sarah Pritchard will be setting out clear parameters for funded roles.</p> <p>Concerns were raised that discontinuing the position after 12 months may leave patients lacking in confidence. It was also noted that there are a number of roles that have been denied funding and that the Committee should be mindful of how positions are prioritised.</p> <p>It was requested that the feedback is taken back to the team and that the bid be considered by the Executive team prior to returning to this Committee. Action: Director of Nursing</p> <p>The Committee DEFFERED the item pending the above actions.</p> <p>5. Volunteer Officer</p> <p>The Red Kite Volunteer Scheme has reached a stage where a dedicated member of staff is required to oversee the process in order to streamline the recruitment process, ensuring it is as</p>

	<p>smooth and timely as possible. The bid requests £4k for a six month trial period.</p> <p>Trish Buchan raised concerns as to whether or not the scheme was likely to be a one off project to streamline and clarify processes or whether it is likely to become a recurring item. Concerns were raised regarding "Following this 6-month pilot scheme, PAVO will conduct a review and explore the expansion of the project to other areas within the Hospitals including Children's Centres, other ward areas, facilities etc. Additionally PAVO could look at structured volunteer development of activities in Day Hospitals."</p> <p>Alison Davies agreed that there is a lack of clarity in the application as to whether or not there are further implications. It was AGREED that the comments would be feedback to the team.</p> <p>The Committee DEFFERED the bid.</p> <p>6. Psycho Sexual Training</p> <p>Owen James welcomed the bid and the Committee was advised that the reason for requesting training to the Nationally Recognised Qualification was due to upcoming retirements due to leave a gap in service provision. It was confirmed that currently services are provided by an external agency who do not intend to replace the retiree. The funding will provide training for PTHB under the medical approach.</p> <p>Trish Buchan queried whether the approach had an evidence base supported by NICE. It was noted that the approach is recognised by the NHS. Alison Davies queried the CPD element following completion of the qualification, it was confirmed that there would be follow up including basic awareness for wider staff.</p> <p>Sarah Pritchard noted that the bid had previously been reviewed by the Committee and has now received Executive overview as requested.</p> <p>The Committee APPROVED the bid.</p> <p>7. Staff Excellence Awards</p> <p>The bid was presented to the Committee who noted that the same bid had been received and approved in 2018/19 at a slightly higher cost. Rani Mallsion noted that the paper required updating as the raffle although planned to go ahead, will not be compulsory.</p> <p>Mark Taylor queried whether recognition of the input by the Charitable Fund would be expressed at the event. Pete Hopgood confirmed that it can be ensured that this occurs. Action: Director of Finance and IT.</p>
--	---

Owen James noted that when considered by the Committee previously it was requested that the awards seek to become more self-sustaining and queried whether any progress had been made towards this. It was confirmed that that sponsorship had been considered alongside the Counter Fraud team however Counter Fraud were reluctant due to the potential for conflicts of interest. Rani Mallison concurred that sponsorship is difficult requiring case by case analysis.

The Committee noted the positive impact the event has on staff welfare and recognised the events development and it was agreed that the bid was for a small amount considering the impact for staff.

The Committee APPROVED the bid.

8. Ystradgynlais Hospital Therapeutic Garden

The proposed plans were provided to Committee members, it was noted that the plans have not been circulated as they contain potentially sensitive information. It was confirmed that PTHB Estates are supportive of the plans, tendered costs have been received and the Ystradgynlais Hospital League of Friends have committed £25k to the project as it is considered a priority.

The bid intends to create a therapeutic garden area accessible to patients hospitalised for dementia, palliative care, rehabilitation etc. as well as the day hospital and Tawe ward. The area is planned to be a calm and restorative space for patients and their families. Alison Davies welcomed the bid and queried if there was a possibility for pets to have access to the garden. It was confirmed that this would be a possibility.

It was confirmed that Estates have undertaken pre-surveys and confirmed that work can go ahead and that access will be available to the space via a carpark at the rear of the site.

Mark Taylor requested that the project keep in touch with the Charitable Funds Committee regarding potential overrun. Owen James reiterated this.

The Committee APPROVED the bid.

9. Tawe Ward Gardens

The Committee was presented with plans, which are anticipated to take place alongside the Ystradgynlais Hospital Therapeutic Garden project in order to provide economies of scale. The Tawe Ward Gardens cover a small area and would serve the Tawe Ward (Mental Health).

	The Committee APPROVED the bid.
CF/19/54	<p>EXPENDITURE APPROVED UNDER DELEGATED AUTHORITY SINCE THE LAST MEETING (FOR RATIFICATION)</p> <p>The Committee received an update from Sarah Pritchard, detailing expenditure approved by those with relevant delegations during October 2019, with a combined value of £3,661.</p> <p>The two items included in the report were:</p> <ul style="list-style-type: none"> • Camera IXUS 185 Digital Camera Bundle • Digital Dictaphone equipment and software. <p>The Committee RATIFIED the expenditure approved under delegated authority.</p>
CF/19/55	<p>SMALL GRANTS SCHEME UPDATE</p> <p>The Committee was presented with the Interim feedback from Round 1 of the Small Grants Scheme. It was reported that further feedback will be available regarding the proposition documents of Round 2.</p> <p>Following review of the objectives the Committee confirmed that the scheme could progress to Round 2.</p> <p>Mark Thomas queried how an application is made, Sarah Pritchard confirmed that the applicant must be a member of PAVO however this is a simple process that incurs no charge.</p> <p>Owen James raised that he would feel comfortable in stepping back from the meetings now that the balances on funding have been checked. It was noted that a representative from the Health Board will have an overview of the schemes but will not need to attend to review all applications.</p> <p>Sarah Pritchard confirmed that Round 2 will open on the 27th February 2020 and that Powys County Council have been contacted to ensure avoidance of duplication.</p> <p>Sarah Pritchard raised that further bids will not be ruled out. Owen James summarised that the evaluation has been positive thus far. Trish Buchan queried the lack of publicity for the scheme, Owen James assured the Committee that this will be addressed alongside the branding of the Charitable Fund.</p>
ITEMS FOR INFORMATION	
CF/19/56	CHARITABLE FUNDS INCOME REPORT

	<p>The Committee RECEIVED the report, which provides an update on Income received for the period 1st October 2019 to 31st October 2019.</p> <p>There were no significant donations received by the charity in this period.</p>
CF/19/57	<p>CHARITABLE FUNDS INVESTMENT REPORT</p> <p>The Committee RECEIVED the Investment Fund Performance Quarterly Report for their information and NOTED:</p> <ul style="list-style-type: none"> • The performance of the CCLA investment portfolio for the quarter to 30th September 2019. • The Realised gain on investment at disposal of CCLA Investment on 17th October 2019 and its distribution to funds. <p>Pete Hopgood requested that the Committee suggest how realised gain is distributed and reinvested with Brewin Dolphin. It was noted that the guidance from the Charity Commission is that receipts of investment of a legacy should be invested back into that legacy. Owen James raised that it would be preferable that the funds remain as flexible as possible.</p> <p>The value of the longer term investments has increased from a value of £3,061,921 at 31st March 2019 to £3,304,930 at 30th September 2019. This is based on an historic investment value of £1.935M. It was confirmed that £2.8M will be invested with Brewin Dolphin and £0.6M will be retained for usage by the Health Board via Charitable Funds.</p> <p>In previous years £0.3M has been the average expenditure in previous year therefore retaining £0.6M will give PTHB the opportunity to offer more support without having to de-invest. Pete Hopgood noted that it is unlikely that the entire £0.6M will be spent in the first year.</p> <p>Owen James confirmed that this will be the final CCLA account report and welcomed the additional funding being made available as this was reflective the ambition for the Charitable Fund.</p>
CF/19/58	<p>CHARITABLE FUNDS EXPENDITURE PROFILE</p> <p>Pete Hopgood presented the report to the Committee and noted that the format has been updated to reflect the new format used in the finance Board report.</p> <p>The Committee NOTED that the report does not include the 1.4m gains discussed.</p>

	<p>Owen James requested that the General Funds by Value item of the report be presented in a graph as oppose to a pie chart and that the table that was included in the previous style of report be included in the new report in a larger format. Action: Director of Finance & IT.</p> <p>Pete Hopgood WELCOMED the feedback.</p>
CF/19/59	<p>MUMS MATTER EVALUATION REPORT</p> <p>The Committee RECEIVED the report and NOTED the hard work that has supported the project. Owen James raised that it was positive to receive feedback that the project has made a difference.</p> <p>Alison Davies raised that the project will be useful to share with HIW in the upcoming maternity service inspection.</p>
CF/19/60	<p>ANY OTHER URGENT BUSINESS</p> <p>Mark Taylor raised that during at the last meeting of the Strategy and Planning Committee the Medical Director presented the issue regarding scanning and the Big Four. It was queried if mobile scanning may be a possibility and whether this would be something the Charitable Fund could support. Pete Hopgood confirmed that a piece of work will need to be undertaken regarding this, then it can be considered whether Charitable Funds can assist. It was confirmed that this item will be brought back to the Committee to consider. Action: Board Secretary.</p> <p>Owen James requested feedback from Committee members regarding the date of the next meeting. It was noted that the next meeting is scheduled for 3rd March however due to the postponement of this Committee is unlikely to have many items for consideration. It was AGREED that a suitable date for the next meeting after 3rd March will be identified. Action: Board Secretary.</p> <p>Trish Buchan queried the progress of the refurbishment of the Bronllys Canteen. Sarah Pritchard confirmed that progress was underway with views being requested from Staff/Visitors.</p>
CF/19/61	<p>DATE OF NEXT MEETING</p> <p>TBA</p>



Reporting Committee:	Experience, Quality and Safety Committee
Committee Chair	Mel Davies
Date of last meeting:	2 July 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 4 June 2020 and 2 July 2020.

The approved minutes of the meeting of Experience, Quality and Safety Committee (EQS) held on 3 February 2020 (Appendix 1) and 2 July 2020 (Appendix 2) are appended to this report.

The Board is asked to note that the following matters were discussed at EQS on 4 June 2020.

- Review of Action Log
- Clinical Quality Framework: Implementation Plan
- Concerns & Serious Incidents Report
- Shrewsbury and Telford Hospitals NHS Trust
- Organisational Quality Governance Actions
- Clinical Audit Programme
- Safeguarding Update
- Infection Prevention & Control Update
- Risk Assessment: Transmission of COVID-19 in the workplace
- Support to Care Homes during COVID-19

The Committee AGREED that an extraordinary meeting would be scheduled for 2nd July 2020 to review items that arose for consideration during the meeting.

The following matters were discussed at EQS on 2 July 2020.

- Clinical Quality Framework: Implementation Plan
- Mortality Reporting
- Clinical Audit Programme

- Once for Wales Complaints Management System (DATIX) Implementation Update

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

Thursday 4 June 2020

Action Log

At the meeting of the EQS Committee on 16 April 2020 the Actions within the Action Log had been allocated Priorities 1-3, those action assigned Priority 2 and 3 would be due for completion in a later quarter.

The Committee received and noted the Action Log and were provided updates regarding actions identified as high priority.

Clinical Quality Framework: Implementation Plan

The Committee received the plan and noted that the iteration received was in draft format. The plan has been discussed at the Quality Governance Group and Executive Committee following the approval of the Clinical Quality Framework by the Board on 25th January 2020. Timeframes within the plan were due to be evaluated and reprioritised in light of COVID-19 by the Executive Team the week commencing 8th June 2020. The Committee was assured that work identified within the plan was being taken forward and would not be paused whilst approval was pending.

It was AGREED that the item would return to the next meeting of the Committee for approval.

Concerns and Serious Incidents Report

The Committee received the report which provided an overview of the current position on the management of concerns and serious incidents. The report outlined a quality based robust approach to concerns and serious incidents. It was noted that area of work is tied to the Clinical Quality Framework Implementation Plan. Meetings would be held regularly with teams to undertake 'deep dives' and will be centred on quality and assurance.

The Vice Chair thanked the Director of Nursing for the report and noted that a clear direction for the future had been provided.

Shrewsbury and Telford Hospitals NHS Trust

The Committee noted that Shrewsbury and Telford Hospitals NHS Trust (SaTH) is the main provider of services for patients who reside in North Powys. 3 reports had been commissioned in 2019 by the Care Quality Commission (CQC) which raised concerns regarding several areas. Weekly meetings with SaTH had been implemented and contingency plans established. The Chief Executive noted that a meeting via phone had been held with the SaTH Chief Executive and PTHB were being represented by the Assistant Director of Commissioning Development at Silver Command meetings. SaTH have committed to the Commissioning Assurance Framework and a meeting held between the Chief Executive and the CCG's confirmed that any concerns would be escalated directly to the Chief Executive. A further Executive to Executive meeting is due to be held on 10th June 2020.

Organisational Quality Governance Actions

The following overview of the Self Assessments undertaken during 2019/20 by PTHB was provided along with an update on progress:

- PTHB Self-assessment against recommendations arising from RCOG/RCM Independent Review into Maternity Services at Cwm Taf University Health Board, undertaken in June 2019
 - 21 areas assessed – 0 low level assurance, 9 medium level assurance and 12 high level assurance
 - Improvement actions required in respect of the 9 medium level assurance areas relate to: Information analysis and intelligence reporting; Clinical Quality Review Meetings with 15 NHS providers; Concerns management; Risk management; Clinical Audit and Board development
 - PTHB Self-assessment against WG's Quality Governance Arrangements, undertaken in December 2019
 - 14 areas assessed – 3 low level assurance, 10 medium level assurance and 1 high level assurance
 - Improvement actions required in respect of the 3 low level assurance areas relate to: Clinical Audit; DATIX; and Concerns management
-

Clinical Audit Programme

The item was presented to the Committee and it was noted that the PTHB clinical audit programme requires further improvement, as recognised by Welsh Audit Office and through two "limited assurance" internal audits. The updated plan allows for planning, reprioritisation, service improvement and a reduction in the number of audits to achieve focus of shared learning.

The strategy had been reviewed and endorsed by the Clinical Leadership group and the Quality Governance Group. An emphasis on Mental Health and Women and Children's was underway in line with NICE guidelines.

It was AGREED that pending the provision of dates for all audits the item would be considered for approval at the next meeting of the Committee. The Committee would receive regular updates on the progress of the programme.

Safeguarding Update

The Director of Nursing provided the Committee with an update which presented the achievements made since the last report and the identified next steps.

The Vice Chair thanked the Director of Nursing and expressed ambition to further focus on the area going forward.

Infection Prevention and Control Update

The Director of Nursing presented an update regarding Infection Prevention and Control and noted that the area is in a transition period in regards of workforce and therefore there is an opportunity to refocus the area going forward.

Risk Assessment: Transmission of COVID-19 in the Workplace

An overview of the work undertaken to minimise the risk of transmission of COVID-19 within the workplace was provided. It was noted that there had been a multifaceted approach including infection prevention and control and PPE. The COVID-19 Gold Group was due to review the RIDDOR approach on 5th June 2020. A Social Distancing Working Group had been established and would be supporting the reintroduction of services under the review of new guidance received. A risk assessment had been produced in March 2020 in relation to Black

and Minority Ethnic (BAME) staff. The same approach would now be undertaken for all staff deemed at risk.

The Vice Chair noted that the approach was comprehensive and provided assurance. It was reported that staff are allocated placement dependent upon their risk score, this has been done for BAME staff and is to be rolled out for all staff. It was agreed that the item could return to the Committee for further discussion at a future meeting.

Support to Care Homes during COVID-19

An update was provided in relation to the activities undertaken with Powys County Council to best support Care Homes in Powys during the COVID-19 pandemic. The area had been fast paced with a myriad of changes coming in to place during a short period of time. Section 33 arrangements are to be reviewed and reintroduced in the near future. It was noted that this work should be considered not just for Care Homes but broader closed setting environments.

The importance of tracking financial contributions was raised. The Chief Executive assured that this would be shared with the Board. It was requested that a verbal update be provided at the next meeting of the Committee.

There were no item(s) presented to the Committee for Information.

Thursday 2 July 2020

Action Log

At the meeting of the EQS Committee on 2 July 2020 no significant update on the action log was reported due to the extraordinary nature of the meeting.

Clinical Quality Framework: Implementation Plan

The Committee RECEIVED the Clinical Quality Framework Implementation Plan for endorsement. The Board approved its Clinical Quality Framework on 29 January 2020.

The specific purpose of the framework is to realise a vision of systematic, clinically-led, continuous and sustained, year-on-year improvement in the quality of clinical care provided by PTHB.

The framework encompasses pre-determinates of the delivery of high-quality clinical care including:

- Organisational Culture – encompassing honesty and opening
- Clinical Leadership
- The improvement methodology in place in the organisation
- Clinical quality intelligence and performance reporting

The Committee was advised that the implementation plan had been developed to set out the priorities for delivery in the next 3 years, recognising the impact that COVID-19 had made in 2020/21. Each goal within the plan had been allocated to a Clinical Director who would be responsible for co-ordinating the delivery of the actions set out within.

The Committee ENDORSED the Clinical Quality Framework Implementation Plan for the next 3 years

Mortality Reporting

The Committee was provided an update on the mortality review process implemented across the Health Board and an update on a number of actions being taken to improve learning from processes surrounding deaths.

It was confirmed that during October 2019 to May 2020 there had been 540 deaths of Powys residents in hospitals. The Committee noted that there remained a number of actions to be undertaken to ensure PTHB is able to provide a transparent and consistent approach to mortality reviews, driven by the introduction of the Medical Examiners across Wales who will refine and develop this process. A Task & Finish Group would be established to take this work forward.

The Chair acknowledged that there was further work to be done in respect of review, analysis and learning.

Clinical Audit Programme

An update was provided to the Committee regarding progress of the Clinical Audit Programme and timeframes for delivery were confirmed, as requested by the Committee on 02 July 2020. It was confirmed that the clinical audit programme was already underway with plans for and

evidence of improvement as well as learning that will be shared across the organisation.

The Committee NOTED the Clinical Audit Plan 2020/21 and timescales for delivery. It was further noted that quarterly reporting on audit outcomes would be presented to the Committee.

Once for Wales Complaints Management System (DATIX) Implementation Update

The Committee received an update on the implementation of the Once for Wales Complaints Management System.

It was noted that a newly established Project Board was scheduled to meet for the first time in April (rearranged due to Covid-19), and would be responsible for the oversight and management of the transition and implementation of the new complaints system. The key task would be to modernise and improve the current database used to record complaints data. Relevant stakeholders had been identified and had been invited to the Project Board to help ensure that the database development follows best practice.

It was noted that the PTHB project group is to work closely with the National Programme Board to ensure that appropriate actions and deadlines are met in relation to the National Roll Out programme.

The Committee was advised that PTHB had been using DatixWeb (for recording Complaints data) since 2019. The current system continues to have issues in relation to data quality (at a local and national level), this is mainly due to issues in relation to legacy data. Processes are in place to ensure that Data is validated for accuracy of reporting. The Committee was assured that adopting the use of the DatixWeb dashboard will improve the accuracy of data and transparency in the reporting process.

The Committee noted the work underway and that training to support roll-out would be key. The Committee NOTED the update provided.

NEXT MEETING

The next meeting of EQS will be held on 30 July 2020.

Appendix 1



POWYS TEACHING HEALTH BOARD EXPERIENCE, QUALITY & SAFETY COMMITTEE

CONFIRMED

MINUTES OF THE MEETING HELD ON 4 FEBRUARY 2020 BOARD ROOM, GLASBURY HOUSE, BRONLLYS

Present:

Melanie Davies
 Trish Buchan
 Susan Newport
 Owen James

Vice-Chair (Committee Chair)
 Independent Member (Committee Vice-Chair)
 Independent Member
 Independent Member

In Attendance:

Carol Shillabeer
 Alison Davies
 Julie Rowles
 Jamie Marchant

Chief Executive
 Director of Nursing and Midwifery
 Director of Workforce, OD and Support Services
 Director of Primary Care, Community & Mental Health

Stuart Bourne
 Wyn Parry
 Claire Madsen
 Rani Mallison
 Mark McIntyre
 Wendy Morgan
 Jeremy Tuck
 Clare Lines

Director of Public Health
 Medical Director
 Director of Therapies and Health Sciences
 Board Secretary
 Deputy Director of Workforce & OD
 Assistant Director of Quality & Safety
 Assistant Medical Director
 Assistant Director of Commissioning Development

Observers:

Elaine Matthews

Wales Audit Office

Apologies for absence:

Julie Rowles

Wyn Parry

Frances Gerrard

Katrina Rowlands

Director of Workforce, OD and Support Services

Medical Director

Independent member

Assistant Director of Nursing

Committee Support:

Stella Parry

Committee Secretary

EQS/19/85	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Vice-Chair welcomed Members and attendees to the meeting, and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
EQS/19/86	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
EQS/19/87	<p>UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 3 DECEMBER 2019</p> <p>The minutes of the previous meeting held on 3 December 2019 were AGREED as being a true and accurate record.</p>
EQS/19/88	<p>MATTERS ARISING</p> <p>EQS/19/70: Trish Buchan raised that at the IPC meeting it was noted that the attendance to ANTT assessor training was poor. Alison Davies confirmed that she would meet with the ICP Senior Nurse to discuss and address this.</p> <p>EQS/19/71: It was confirmed that HIW will be visiting PTHB to inspect the Maternity Services week beginning 10 February 2020 with feedback due to be received on 14 February 2020. PTHB will be the last Welsh Health Board to be inspected. The Committee also noted that the HIW Governance Review into the Maternity Notification Group is due at the end of March 2020. The Maternity Notification Group is a sub-group of the Quality Governance Group. Melanie Davies noted that the commissioning position with regard to maternity is concerning. Rani Mallison confirmed that a further briefing on Maternity Services will be undertaken during the In-Committee meeting.</p>

	EQS/19/67: Owen James queried whether the Committee Action Log could include an additional column stating the due date. Rani Mallison confirmed this and noted that in future updates will be collated prior to circulation of the Action Log.
EQS/19/89	<p>COMMITTEE ACTION LOG</p> <p>EQS/19/75 (Clinical Audit Plan & Update): It was queried how quickly this item would return to the Committee. It was confirmed that the item would return to the next meeting on 2 April 2020 Action: Board Secretary. Carol Shillabeer noted that the Board approved the Clinical Quality Framework on 29 January 2020 and will be working with the Executive Team on a delivery plan including timescales. A CAP will be developed before the 1st of April 2020 and will be reviewed by this Committee on 2 April 2020. Action: Board Secretary</p> <p>EQS/19/72 (In-patient Mortality Quarterly Review): It was noted that the Q3 review would not be available until the end of March. Carol Shillabeer confirmed that a substantive item would be brought to the Committee on 2 April 2020. Action: Medical Director</p> <p>EQS/19/70: It was confirmed that all EQS/19/70 actions on the Action Log will be updated in Item 3.2.</p> <p>EQS/19/54 (IPC Training): Trish Buchan requested how PTHB received assurance that visiting clinicians are compliant with training. Wendy Morgan agreed that information will be collated and circulated with Committee members Action: Assistant Director of Quality & Safety</p> <p>It was confirmed that EQS/19/72 (CHKS Briefing) and EQS/19/68 (SIs Policy) will be transferred to the Board Action Log. Action: Board Secretary.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
There are no items for inclusion in this section.	
ITEMS FOR DISCUSSION	
EQS/19/90	<p>COMMISSIONING ASSURANCE FRAMEWORK, ESCALATION REPORT</p> <p>Clare Lines presented the paper to the Committee highlighting providers in Special Measures or scored as</p>

Level 4 following the December 2019 PTHB Internal Commissioning Assurance Meeting (ICAM). There are:

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

The report provided an update on a number of serious matters, particularly in relation to Shrewsbury and Telford Hospitals NHS Trust (SaTH).

Worcestershire Acute Hospitals NHS Trust (WAHT)

WAHT was placed in special measures in December 2015. The Care Quality Commission (CQC) published a report on the 20th September 2019 following an inspection visit between the 14th and 29th May 2019, which recommended to NHS England Improvement (NHSEI) that the Trust is removed from special measures once a system wide support package from NHSEI is in place. The Committee noted the positive update that Royal Worcester Hospital's (RWHs) mortality indicators have now returned to normal, that the small numbers at RWH can lead to volatility and that the Board can attain assurance by monitoring each unexpected death.

Wye Valley NHS Trust (WVT)

Whilst WVT has made significant progress reducing some of the key risks in the shared risk based plan over the last year, PTHB is not yet at a stage to seek de-escalation from the CEO level. The Medical Director has sought further information about maternity services and in particular caesarean rates. The CQC has recently finished an inspection of WVT. The final report is not yet in the public domain, however a number of areas have been identified requiring significant improvement. It was also noted that the Emergency Department (ED) is struggling with few alternatives available at present.

Betsi Cadwaladr University Health Board (BCUHB)

Claire Lines expressed that BCUHB is not a main patient flow for Powys. BCUHB remains in special measures and faces a challenging improvement agenda. An unannounced HIW inspection of maternity services in Wrexham has taken place, this will be discussed in more detail In-Committee.

Shrewsbury and Telford Hospitals NHS Trust (SaTH)

SaTH is the main provider of District General Hospital (DGH) care for North Powys residents. The Executive Committee and relevant Board Committees have been receiving up-

	<p>dates through the CAF Escalation Report since SaTH was placed in special measures. The CQC have undertaken inspections throughout 2018/19 and have raised concerns and received section 31 notices regarding, the Emergency Department (ED), Maternity Services, Sepsis and Children leaving the ED. These matters will be discussed in more detail In-Committee. SaTH remains at the highest level of escalation and NHSEI have called a meeting to identify ways to decrease the pressures in SaTH. Carol Shillabeer confirmed that a risk based plan is in place and conversation is due to be held with the National Medical Director of NHS England.</p> <p><u>Cwm Taf Morgannwg University Health Board (CTUHB)</u></p> <p>It was noted that PTHB have joined with Aneurin Bevan University Health Board (ABUHB) to work strengthening assurance with CTUHB regarding maternity with the CAF as a basis for this work.</p> <p>Melanie Davies noted the apparent fragilities in ED and maternity and suggested PTHB be proportionate in their response. Owen James queried the service received by neighbouring Health Boards. Clare Lines reminded the Committee that the CAF only escalated the negative aspects.</p> <p>Carol Shillabeer thanked Claire Lines for the report and noted the improvements that PTHB have made using their small influence.</p>
EQS/19/91	<p>QUALITY PERFORMANCE: QUALITY INDICATORS OVERVIEW, SERIOUS INCIDENTS EXCEPTION REPORT AND COMPLAINTS EXCEPTION REPORT</p> <p>Carol Shillabeer presented the item to the Committee it was noted the difficulty in perfecting performance reports, this is recognised and aligned with the Clinical Quality Framework under Goal 5. It was requested that the Committee Members consider what is needed for a quality performance report as well as discussion and comment on the key aspects. Several variations of performance report have been used in recent years.</p> <p>It was raised that this framework will not be considered in isolation but will work alongside the National Outcomes Framework. This will raise challenges in differentiating what is about quality and what is about the whole system.</p>

	<p>There are several different lenses through which to consider quality, access, workforce etc. It was also noted that work is currently underway to combine the Public Health Outcomes Framework and the Social Services Outcome Framework.</p> <p>Carol Shillabeer summarised the National Outcome Framework Key Indicators, noting that these had been discussed at Board on January 29 2020, however, these will also be reviewed at this Committee with an emphasis on quality and effectiveness of care. The following quality indicators were flagged:</p> <ul style="list-style-type: none"> • Serious Incidents: Indicator Red currently, distance to travel to meet 80% IMTP trajectory. 5 point plan has been implemented. As of 5th November 2019 36 historic incidents remained incomplete. Carol Shillabeer confirmed that 21 have now been investigated and closed. 4 more are due for closure in February. • Delayed transfers of care • Complaints: It was noted that PTHB has struggled with the timeliness of responses in the past, however, response quality has been reasonable. There were 70 open complaints in October 2019, this has now been reduced to 24. Progress is being made, and achieving the IMTP 80% target is feasible. • Training for staff regarding Dementia: Detailed assessment into this issue is required. • Timeliness of Care • Follow Ups: 57 follow ups, 100% delayed <p>Owen James queried the trend regarding indicators. Carol Shillabeer confirmed that generally the indicators are increasing in number, however, are moving more towards outcome measures as opposed to process driven measures.</p> <p>Owen James queried the role of workarounds etc. in giving a view of patient experience. Carol Shillabeer observed that the report does not give an indication of the culture on wards etc. This is the broader intelligence that sits alongside the measures.</p> <p>Melanie Davies queried the links between outcomes and assurance. Carol Shillabeer confirmed that Welsh Government are moving towards this direction. There are no plans for the year ahead but work is ongoing in this area.</p>
--	--

Patterson
07/23/2020 14:56

	<p>Jamie Marchant raised the importance of triangulation of data and expressed caution at only looking at single metrics.</p> <p>Carol Shillabeer confirmed that this work will be taken forward and Independent Members were invited to have input and to provide further feedback and comments outside of the meeting.</p> <p>Melanie Davies expressed her thanks for the report and noted that the direction of travel in this area is positive.</p>
EQS/19/92	<p>REGULATORY INSPECTIONS REPORT</p> <p>Wendy Morgan provided the Committee with an update on the most recent Regulatory Inspections undertaken and also any planned inspections the health board have been notified of. It was reported that a key theme identified by HIW is the positive and excellent staff engagement with patients, creating a positive patient experience. In relation to improvements needed, there are no concerns regarding emerging themes, however, there are several environmental and estates related issues identified as in need of improvement. The following inspection were discussed:</p> <ul style="list-style-type: none"> • <u>Review of Integrated Care: Focus on Falls – September 2019 (HIW)</u> • <u>Felindre Ward, Bronllys Hospital – November 2019 (HIW)</u> • <u>Llewellyn Ward, Bronllys Hospital – October 2019 (HIW)</u> <p>Trish Buchan queried whether a HIW tracker has been implemented. Rani Mallison confirmed that it has and an update on its progress will provided to the Committee under the next agenda item.</p> <p>Carol Shillabeer expressed that tracking and learning from recommendations is key.</p>
EQS/19/93	<p>HIW RECCOMENDATIONS TRACKING REPORT</p> <p>Rani Mallison presented the update to the Committee and noted that this is the first report of its type to be received the Experience, Quality and Safety Committee which builds on the Audit Recommendations tracker that reports to the Audit, Risk and Assurance Committee.</p>

	<ul style="list-style-type: none"> • 27 Recommendation have been completed since October 2019 • 21 require improvement • 18 Recommendations with Revised Timescales for Q4 <p>It was noted that updates have been received since the paper was circulated and the position has improved further.</p> <p>Melanie Davies expressed her thanks for the overview and noted how neatly the report links with audit recommendations. Rani Mallison confirmed that further work is due to take place with the Assistant Director of Quality and Safety and her team and noted that as the tracker matures prioritisation will be brought to the Committee.</p>
EQS/19/94	<p>CLINICAL NEGLIGENCE AND PERSONAL INJURY CLAIMS REPORT</p> <p>Wendy Morgan summarised the report noting that PTHB has a small number compared to others with only 8 on file, the level of detail shared must be limited due to patient data therefore this item will be discussed in more detail In-Committee.</p> <p>It was reported that PTHB does not employ any solicitors therefore NWSSP is utilised. The themes throughout the report highlighted risk assessments, equipment and training as key issues.</p>
EQS/19/95	<p>MENTAL HEALTH ACT COMPLIANCE REPORT</p> <p>Joy Garfitt presented the report to the Committee. The purpose of the report was to assure the Committee that Powys Teaching Health Board are compliant with the Mental Health Act, using the most recent quarterly performance data in relation to the Hospital Managers' Scheme of Delegated Duties under the Mental Health Act 1983 and the functions, including section 23.</p> <p>The following Errors and Defective Applications were reported to the Committee for Q3:</p> <ul style="list-style-type: none"> • Rectifiable Errors - 12 occasions (Mostly grammatical errors or misspellings) • Fundamentally Defective Errors – 0 <p>It was reported that a Fundamentally Defective Error was reported in Quarter 2 due to a missed signature, this was</p>

reported as the first Fundamentally Defective Error for some time. It was reported that learning has been implemented and training has been delivered to the whole MH team.

The following detentions under the relevant Section of the Act were reported to the Committee:

- Section 4 (Emergency Holding Power): Not used in Q3, used fewer than 5 times in Q2.
- Section 5 (Holding Power for Assessment): Used fewer than 5 times in Q3, used 7 times since Q2.
- Section 2 (Admission for Assessment): Used 23 times in Q3, 11 times in Q2. Q3 was reported as busy especially in adult and older adult services.
- Section 3 (Admission for treatment): Used 10 times in Q3, fewer than 5 times in Q2.
- Section 136 (Policing Holding): Section 136 was used on seventeen occasions during the 6 month period 1 July to 31 December 2019 (Quarter 2 on 10 occasions and Quarter 3 on 7 occasions)

Owen James queried if the large numbers for Section 2 in Q3 are seasonal. Joy Garfitt noted a seasonal increase in the run-up to the festive period however raised that very difficult to track and predict trends, especially in adults.

Joy Garfitt noted that the Section 136 detentions have all been reviewed and have all been deemed appropriate and noted that no police cells were used as a place of safety.

It was noted that the advocacy service is pending renewal and that an All Wales design is being discussed. Trish Buchan raised the issue with advocacy services and queried whether a piece of work would be possible seeking the perspective of patients on CMO on their perspective of the service. Joy Garfitt confirmed that this can be explored.

It was queried whether the correct data is being collected. Joy Garfitt reiterated the data reported to the Committee is to provide assurance that Powys Teaching Health Board are compliant with the Mental Health Act. If there were issues in the broader service they would be brought to his Committee. Joy Garfitt expressed that she would be happy to invite the IM's to the 136 suite to give an understanding of the MH environment.

Melanie Davies thanked Joy Garfitt for the report. Carol Shillabeer noted that an update on Serious Incidents relating to Mental Health would be provided In-Committee.

EQS/19/96	<p>WELSH LANGUAGE STANDARDS REPORT</p> <p>Claire Madsen provided the Committee with an update and noted that she had met with Carol Shillabeer and the Welsh Language Minister. It was reported that the Minister recognises the challenges and is sympathetic as long as progress is being made.</p> <p>It was reported there is now a substantive Service Improvement Manager for Welsh Language and Equality.</p> <p>Melanie Davies recognised the improvements made and welcomed the substantive post.</p>
EQS/19/97	<p>STRATEGIC EQUALITY PLAN</p> <p>Claire Madsen provided the report and noted that consultation has begun with the Assistant Director of Communications and Engagement and the Improvement Manager for Welsh Language and Equality to identify priorities aligned with the ITMP.</p> <p>It was reported that lots of responses have been received and the plan will be presented to the Board on 25th March 2020.</p> <p>Trish Buchan raised that the use of the Cover Paper impact assessment could be strengthened. Rani Mallison confirmed that this is currently being re-assessed with the Director of Planning and Performance.</p>
EQS/19/98	<p>PODIATRY INTERNAL AUDIT FOLLOW UP</p> <p>Jamie Marchant reported to the Committee that in 2018/19 a 'No Assurance' Internal Audit Report was received regarding Podiatry Services which required a temporary redesign of the service.</p> <p>In October 2019 a re-inspection was undertaken which received a 'Limited Assurance' rating which was reported to Audit, Risk and Assurance Committee on 14 January 2020. It was noted that a detailed action plan had now been formulated, an advertisement has been published for Internal Head of Podiatry and a paper has been taken to Executive Committee to redesign the service permanently (This will also be considered by the CHC and Strategy and Planning Committee).</p> <p>Trish Buchan recognised the impact of staff turnover and queried if any harm had been caused to patients. Carol Shillabeer confirmed that there had been an incident 2</p>

	years ago and highlighted the difficulties in attracting and retaining staff due to the current model. Claire Madsen raised that there is a National Shortage with low numbers in training.
EQS/19/99	<p>COMMITTEE RISK REGISTER</p> <p>Rani Mallison presented the Committee Risk Register which will be standing item on the agenda. It was noted that no updates have been made to the register since 3 December 2019 and that work is continuing to develop the Directorate Risk registers.</p>
ITEMS FOR INFORMATION	
EQS/19/100	<p>COMMITTEE WORKPLAN 2019/20</p> <p>The Committee NOTED the work plan.</p>
EQS/19/101	<p>ARMED FORCES COVENANT (PRESENTED TO EXECUTIVE COMMITTEE ON 6TH NOVEMBER 2019)</p> <p>The Committee RECEIVED and NOTED the Armed Forces Covenant.</p>
EQS/19/102	<p>REVIEW OF PRIMARY CARE CAHMS (PRESENTED TO EXECUTIVE COMMITTEE ON 6TH NOVEMBER 2019)</p> <p>The Committee RECEIVED and NOTED the review of Primary Care CAHMS.</p>
EQS/19/103	<p>RESPONSE TO INTERNAL AUDIT REPORT: SAFEGUARDING – EMPLOYMENT ARRANGEMENTS AND ALLEGATIONS (REASONABLE ASSURANCE)</p> <p>The Committee RECEIVED and NOTED the Response to Internal Audit Report: Safeguarding – Employment Arrangements and Allegations (Reasonable Assurance).</p>
OTHER MATTERS	
EQS/19/104	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There were no items to be reported.</p>
EQS/19/105	<p>ANY OTHER URGENT BUSINESS</p> <p>There were no items to be reported.</p>
EQS/19/106	DATE OF THE NEXT MEETING

	2 nd April 2020, 10:00am – 1:00pm, Board Room, Glasbury House, Bronllys Hospital
--	---

Appendix 2



POWYS TEACHING HEALTH BOARD
 EXPERIENCE, QUALITY & SAFETY COMMITTEE

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 4 JUNE 2020 VIA
 SKYPE MEETING**

Present:

Melanie Davies	Vice-Chair (Committee Chair)
Trish Buchan	Independent Member (Committee Vice-Chair)
Vivienne Harpwood	PTHB Chair
Owen James	Independent Member
Frances Gerrard	Independent Member
Susan Newport	Independent member

In Attendance:

Carol Shillabeer	Chief Executive
Alison Davies	Director of Nursing and Midwifery
Julie Rowles	Director of Workforce, OD and Support Services
Stuart Bourne	Director of Public Health
Wyn Parry	Medical Director
Claire Madsen	Director of Therapies and Health Sciences
Rani Mallison	Board Secretary
Wendy Morgan	Assistant Director of Quality and Safety

Apologies for absence:

Jamie Marchant

Director of Primary Community Care and Mental Health

Katrina Rowlands

Assistant Director of Nursing

Committee Support:

Stella Parry

Committee Secretary

EQS/20/10	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Vice-Chair welcomed Members and attendees to the meeting, and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
EQS/20/11	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
EQS/20/12	<p>UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 16 APRIL 2020</p> <p>The minutes of the previous meeting held on 16 April 2020 were AGREED as being a true and accurate record.</p>
EQS/20/13	<p>MATTERS ARISING</p> <p>No matters arising were declared.</p>
EQS/20/14	<p>COMMITTEE ACTION LOG</p> <p>The Committee received the action log and the following updates were provided. It was noted that those action assigned Priority 2 and 3 would be due for completion in a later quarter.</p> <p>EQS/19/89: It was noted that as this action had been allocated a Priority 3. The Chief Executive assured the Committee that as new ways of working are implemented mechanisms will be put in place to ensure safety. A paper is due to be received by the Board on 27 July 2020 and could be reported to this Committee for further assurance.</p> <p>EQS/19/75: The Committee noted that the National</p>

	<p>Ophthalmology Audit (Adult Cataract Surgery) was on hold due to COVID-19.</p> <p>EQS/19/74: The Board Secretary reported an increase in the demand on the Information Governance Service, it was agreed that a report on Information Governance would be brought forward to the next meeting of the Committee.</p> <p>EQS/19/73: It was agreed that a report regarding Health and Safety would be brought forward to the next meeting of the Committee.</p> <p>EQS/19/73: This action would be reviewed under the report due to be presented for action EQS/19/73.</p> <p>EQS/19/72: It was confirmed that this action had been allocated Priority 1 status. The first meeting of the Mortality Review Group is due to be held on 18th June 2020. A report regarding the first 5 months of 2020 and the last quarter of 2019/20 would be presented to the Committee at the next meeting. The Chief Executive recognised that there had been a delay in relation to this action and it was agreed that an additional meeting would be arranged for early July 2020 to review the Mortality Report.</p> <p>EQS/19/71: The Director of Nursing assured the Committee that the Maternity Assurance Framework was being managed through the 2 weekly Maternity Matters group. It was noted that Maternity Assurance would be discussed in more detail In-Committee and the Board Secretary expressed that Maternity Assurance would be included on the EQS Committee workplan for 2020/21.</p> <p>EQS/19/68: The Assistant Director of Quality and Safety noted that a report of Putting Things Right would be available shortly. It was agreed that this report would be considered at the meeting to be held in early July.</p> <p>EQS/19/22: The Chief Executive report that the Discretionary Capital Programme was to be assessed in light of COVID-19 by the Board. A revision of the programme would be reported to the Committee in due course.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
EQS/20/15	<p>CLINICAL QUALITY FRAMEWORK: IMPLEMENTATION PLAN</p> <p>The Chief Executive introduced the plan, although the plan had been presented for approval the Committee was asked</p>

	<p>to note that the plan was a draft. The plan has been discussed at the Quality Governance Group and Executive Committee following the approval of the Clinical Quality Framework by the Board on 25th January 2020. Timeframes within the plan were due to be evaluated and reprioritised in light of COVID-19 by the Executive Team week commencing 8th June 2020.</p> <p>The Director of Nursing reported that the plan proved a comprehensive plan for implementation. Executive resource had been identified as well as timelines and reporting mechanisms.</p> <p>The Chief Executive noted the importance of the document and welcomed and feedback from members post meeting.</p> <p>The Committee was assured that work identified within the plan was being taken forward and would not be paused whilst approval was pending.</p> <p>It was AGREED that the item would return to the meeting of the Committee to be scheduled for early July for approval.</p>
ITEMS FOR DISCUSSION	
EQS/20/16	<p>CONCERNS & SERIOUS INCIDENTS REPORT</p> <p>The Director of Nursing presented the report which provided an overview of the current position in managing concerns and serious incidents. The report outlined a quality based robust approach to concerns and serious incidents. It was noted that area of work is tied to the Clinical Quality Framework Implementation Plan.</p> <p>Meetings are to be held regularly with teams to undertake 'deep dives' and will be centred on quality and assurance.</p> <p>Owen James queried who would be responsible for determining the robustness of the approach and how feedback is provided for those who reported the incident. It was noted that Director of Nursing would be the quality assurer and that investigations are clinically led with clear ownership and involvement of key stakeholders. Item could also be escalated to the Chief Executive if required. The Director of Nursing reported that the incident report will receive feedback if not involved with the investigation. The Datix One for Wales system will enable feedback further.</p> <p>Trish Buchan noted that concerns regarding access, attitudes and behaviour had been raised previously and</p>

	<p>queried how this is monitored in terms of hotspots and the effectiveness of Sage and Thyme. It was agreed that further reports would include themes, trends, lessons learned and impact analysis. The Director of Workforce and OD suggested that complaints should be considered in light of the Just Culture work undertaken.</p> <p>Frances Gerrard questioned how PTHB performance compares with other Health Boards. It was noted that the data can be made available however when Once for Wales is implemented this will provide clearer comparators as currently reporting is subject to individual interpretation.</p> <p>The Vice Chair thanked the Director of Nursing for the report and noted that a clear direction for the future had been provided.</p>
EQS/20/17	<p>SHREWSBURY AND TELFORD HOSPITALS NHS TRUST</p> <p>The Director of Nursing presented the item. It was noted that Shrewsbury and Telford Hospitals NHS Trust (SaTH) is the main provider of services for patients who reside in North Powys. 3 reports had been commissioned in 2019 by the Care Quality Commission (CQC). Weekly meetings with SaTH has been implemented and contingency plans established. The Chief Executive noted that a meeting via phone had been held with the SaTH Chief Executive and that PTHB had been invited to attend their Gold meeting however it was felt that PTHB would be content with a representative attending SaTH Silver Command at present. SaTH have committed to the Commissioning Assurance Framework and a meeting held between the Chief Executive and the CCG's confirmed that any concerns would be escalated directly to the Chief Executive. A further meeting with SaTH is due to be held on 10th June 2020.</p> <p>Trish Buchan raised that a number of concerning reports had been received by the Committee regarding SaTH and queried at what point PTHB would consider reviewing other options. The Chief Executive reported that there had been system wide issues at SaTH which the SaTH Chief Executive and CCG are to address, this will assist in improving quality and safety. It was noted that the SaTH pathway is well established and other potential options for North Powys residents also present complex challenges. The Assistant Director of Quality and Safety raised that patient experience surveys have now been established for patients who utilise the pathway.</p>

	<p>Frances Gerrard queried whether PTHB are receiving updates regarding each area of concern raised within the CQC report. It was reported that regular updates are received and it was expressed that these could be shared with Committee members. The Chief Executive assured members that the CQC and NHS Improvement are actively involved with SaTH and that risk summits are held regularly. At no point have the regulators expressed that SaTH is unsafe for patients.</p> <p>The Vice Chair noted the areas of concern and expressed thanks for update amongst COVID-19 pressures.</p>
EQS/20/18	<p>ORGANISATIONAL QUALITY GOVERNANCE ACTIONS</p> <p>The Board Secretary provided the following overview of the Self Assessments undertaken during 2019/20 by PTHB:</p> <ul style="list-style-type: none"> • PTHB Self-assessment against recommendations arising from RCOG/RCM Independent Review into Maternity Services at Cwm Taf University Health Board, undertaken in June 2019 <ul style="list-style-type: none"> ○ 21 areas assessed – 0 low level assurance, 9 medium level assurance and 12 high level assurance ○ Improvement actions required in respect of the 9 medium level assurance areas relate to: Information analysis and intelligence reporting; Clinical Quality Review Meetings with 15 NHS providers; Concerns management; Risk management; Clinical Audit and Board development • PTHB Self-assessment against WG's Quality Governance Arrangements, undertaken in December 2019 <ul style="list-style-type: none"> ○ 14 areas assessed – 3 low level assurance, 10 medium level assurance and 1 high level assurance. ○ Improvement actions required in respect of the 3 low level assurance areas relate to: Clinical Audit; DATIX; and Concerns management. <p>The Board Secretary provided an update regarding the RAG status of each action identified within the assessments.</p> <p>Trish Buchan noted TOR 3 secure medical process and queried whether 2 external obstructions were on the review process for PTHB. The Chief Executive confirmed that there had been in the past however this was not currently in</p>

	<p>place. The Medical Director assured the Committee that the process was under review and would be continue to be reviewed during the COVID-19 period.</p> <p>Trish Buchan expressed concerns regarding Datix. The Chief Executive noted significant concern regarding the current Datix system, the Head of Information is now the lead for Datix and the Once for Wales system. The Chief Executive confirmed that the Director of Finance and IT could be invited to attend the next meeting of the Committee to provide an update.</p> <p>Owen James queried whether PTHB will be expected to provide Welsh Government with updates regarding the actions. The Board Secretary that they would not at present however Audit Wales were due to undertake work in this area and PTHB will need to be able to demonstrate work undertaken. The actions within the presentation will also inform Committee workplans for 2020/21.</p>
EQS/20/19	<p>CLINICAL AUDIT PROGRAMME</p> <p>The Medical Director presented the item and noted that the PTHB clinical audit programme requires further improvement, as recognised by Welsh Audit Office and through two “limited assurance” internal audits. The updated plan allows for planning, reprioritisation, service improvement and a reduction in the number of audits to achieve focus of shared learning.</p> <p>The strategy had been reviewed and endorsed by the Clinical Leadership group and the Quality Governance Group. An emphasis on Mental Health and Women and Children’s was underway in line with NICE guidelines.</p> <p>The Director of Workforce and OD raised concerns that a number of dates in Appendix 2 were ‘To be confirmed’. The Medical Director reported that the plan is risk based and a number of the TBC’s were due to COVID-19, a number of the audits may now have confirmed dates in the time since the report was written.</p> <p>The Vice Chair also expressed concerns regarding the lack of confirmed date and suggested the approval of the plan should be considered only when the dates are completed.</p> <p>It was AGREED that pending the provision of dates for all audits the item would be considered for approval at the next meeting of the Committee. The Committee would receive regular updates on progress thereafter.</p>

EQS/20/20	<p>SAFEGUARDING UPDATE</p> <p>The Director of Nursing provided the Committee with an update which presented the achievements made since the last report and the identified next steps.</p> <p>Trish Buchan expressed her thanks for the strategic approach and queried how progress would be tracked. It was reported that the Strategy and Operational group is due to review it's Terms of Reference and that this item would be tracked via the group. The Director of Nursing suggested that reports could be reported to this Committee or the Quality Governance Group if requested.</p> <p>Frances Gerrard requested an update on the levels of abuse reported due to the redeployment of Health Visitors and School Nurses. The Director of Nursing summarised the Four Harms approach and noted that initially a reduction in referrals was reported, however it is unclear whether this is directly attributable to Health Visitors and School Nurses. It was confirmed that the number of referrals had started to revert.</p> <p>The Vice Chair thanked the Director of Nursing and expressed ambition to further focus on the area going forward.</p>
EQS/20/21	<p>INFECTION PREVENTION AND CONTROL UPDATE</p> <p>The Director of Nursing presented an update regarding Infection Prevention and Control and noted that the area is in a transition period in regards of workforce and therefore there is an opportunity to refocus the area going forward.</p> <p>The Director of Nursing noted that there is an understanding of areas for improvement and a realistic trajectory is to be developed.</p>
EQS/20/22	<p>RISK ASSESSMENT: TRANSMISSION OF COVID-19 IN THE WORKPLACE</p> <p>An overview of the work undertaken to minimise the risk of transmission of COVID-19 within the workplace was provided. It was noted that there has been a multifaceted approach including infection prevention and control and PPE. The COVID-19 Gold Group was due to review the RIDDOR approach on 5th June 2020. A Social Distancing Working Group had been established and would be supporting the reintroduction of services under the review of new guidance received. A risk assessment had been</p>

	<p>produced in March 2020 in relation to Black and Minority Ethnicity (BAME) staff. The same approach would now be undertaken for all staff deemed at risk.</p> <p>The Vice Chair queried the health board would manage staff that had not recorded their ethnicity. It was assured that this is part of an ongoing process of communications to ensure staff ethnicity recording.</p> <p>Owen James noted that anecdotal theme shad been emerging regarding BAME staff in the media and queried whether any BAME staff were working on the front line in PTHB. The Director of workforce and OD confirmed that no at risk staff were working on the front line.</p> <p>The Vice Chair noted that the approach seems comprehensive and that the approach provided assurance. It was reported that staff are allocated placement dependent upon their risk score, this has been done for BAME staff and is to be rolled out for all staff. Owen James requested the outcomes of the risk assessment in terms of the adjustments made. It was agreed that the item could return to the Committee for further discussion at a future meeting.</p>
EQS/20/23	<p>SUPPORT TO CARE HOMES DURING COVID-19</p> <p>The Director of Nursing provided an update in relation to the activities undertaken with Powys County Council to best support Care Homes in Powys during the COVID-19 pandemic. The area has been fast paces with a myriad of changes coming in to place during a short period of time. Section 33 arrangements are to be reviewed and reintroduced in the near future.</p> <p>The Vice Chair recognised the importance for balance and reach as a health board and noted that PTHB must be clear on where it is obliged to step in and retract should a care home crisis occur. The Chief Executive noted that the need for clarification of roles and responsibilities in regards to care homes has received recognition at Welsh Government level. Work is to be undertaken to clarify, what support the health board would provide voluntarily and the financial implications. It was noted that this work should be considered not just for Care Homes but broader closed setting environments.</p> <p>Susan Newport requested assurance that agency nurses are not rotating between establishments. The Director of Workforce and OD reported that PTHB are not supplying</p>

	<p>agency nurses. Any agency nurses working in care homes would do so under the care homes IPC guidance. It was confirmed that further work is to be undertaken regarding IPC standards and training in care homes. The Director of Nursing confirmed that there had been significant work on nursing assessments for homes and that a number of care homes a part of wider IPC networks.</p> <p>The Vice Chair raised the importance of tracking financial contributions. The Chief Executive assured that this would be shared with the Board. It was requested that a verbal update be provided at the next meeting of the Committee.</p>
ITEMS FOR INFORMATION	
<i>There were no items for inclusion in this section.</i>	
OTHER MATTERS	
EQS/20/24	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There were no items to be reported.</p>
EQS/20/25	<p>ANY OTHER URGENT BUSINESS</p> <p>The Board Secretary reported that the Quality and Engagement Bill had received Royal Assent and is now the Health and Social Care Quality and Engagement Wales Act 2020. The Act will be implemented over a period of 2 years and includes the implementation of duty of candour and the establishment of an All Wales Citizens Voice Body.</p>
EQS/20/26	<p>DATE OF THE NEXT MEETING</p> <p>2 July 2020, 10:00am – 12:00pm, Board Room, Glasbury House, Bronllys Hospital.</p>



Experience, Quality and Safety Committee

Annual Report

2019-20

June 2020

Patterson, Liz
07/23/2020 14:55:57

Experiences, Quality & Safety
Committee:
Annual Report 2019-20

Board Meeting
29 July 2020
Agenda Item: 3.6Adi
Appendix 4

Contents

Foreword

1.	Introduction	4
2.	The 2019-20 Work Programme	4
3.	Frequency of Committee Meetings and Membership	4
4.	Committee Reporting Arrangements	5
5.	Committee's Work Programme	5
6.	Key Developments	7
7.	Assurance and Improvement	8
8.	Self-assessment and Evaluation	8
9.	Key Areas of Focus in 2019-20	8
10.	Conclusion	9
Appendix 1	Experience Quality and Safety Committee -Terms of Reference 2019-20	10
Appendix 2	Experience Quality and Safety Committee Work Programme 2019-20 (as amended at January 2020)	22
Appendix 3	Experience Quality and Safety Committee Meetings 2019-20	27

Patterson, Liz
07/23/2020 14:56:37

Foreword

I am pleased to present the first report of the Experience, Quality and Safety Committee (EQS) set up under the new governance structures introduced for 2019/20.

The Committee has focussed on quality receiving regular quality performance reports, annual reports and a series of reports covering specific areas such as putting things right, maternity services and the development of a Quality Governance Framework.

During 2019/20 the Committee continued to receive Commissioning Assurance Framework Reports where regulatory reports relating to services commissioned by PTHB were highlighted and the actions taken by PTHB in relation to inspection findings were outlined.

Regular Chair's Assurance Reports were submitted to the Board along with Committee minutes provided for information.

I am grateful to the Members of the Committee who have contributed over the past year and the Board Secretary's team for their support.

I look forward to a full programme of work for the Experience, Quality and Safety in the coming year.

Melanie Davies
Chair, Experience Quality and Safety Committee

Patterson, Liz
07/23/2020 14:56:37

1. Introduction

- 1.1 The Standing Orders of Powys Teaching Health Board (referred to throughout this document as 'PTHB' or the 'Board') state that:

"The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees, joint-Committees or joint sub-Committees which it has formally constituted."

- 1.2 The Term of Reference of the Experience Quality and Safety Committee (referred to in this report as 'EQS' or the 'Committee') that applied in 2019/20 were approved by the Board in March 2019 (see Appendix 1). These were not changed during the reporting year.

2. 2019-20 Work Programme

- 2.1 PTHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for EQS in 2019-20 and amended through the year to reflect any changes is attached to this report (see Appendix 2).
- 2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda, which gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. Frequency of Committee Meetings and Membership

- 3.1 During 2019-20, the Committee met six times in the Glasbury House Board Room at Bronllys: in April 2019, June 2019, August 2019, October 2019, December 2019 and February 2020. This met the requirement that the committee should meet at least bi-monthly. Detail of the members and the lead executive directors who attended these meetings is provided at Appendix 3.

Patterson, Liz
07/23/2020 14:56:37

- 3.2 As at 1 April 2019, the Committee comprised of the following Independent Members:

Melanie Davies (Chair)	IM Board Vice Chair
Trish Buchan (Vice-Chair)	IM Third Sector
Owen James	IM Community
Susan Newport	IM Trade Union
Frances Gerrard	IM University

4. Committee Reporting Arrangements

- 4.1 Following their approval at the following meeting, the minutes of each meeting of EQS are routinely submitted to the Board.

In addition, the Committee Chair reports to the Board after each meeting of the Committee to draw the attention of Members to any key issues. All Board papers can be accessed via the Powys Teaching Health Board website.

5. Committee Work Programme: 2019-20

- 5.1 The EQS Work programme for 2019-20 is set out in Appendix 2.
- 5.2 Key issues from the Work Plan considered by the Committee during 2019-20 included the following:

16th April 2019

- Annual Quality Statement 2018/19
- Quality Performance Report (Provided and Commissioned Services)

4th June 2019

- Development of Committee Annual Programme Business 2019-20
- Maternity Services Assurance Report
- Quality Performance Report (Provided and Commissioned Services)

1st August 2019

- Public Services Ombudsman for Wales Annual Report 2018/19
- Safeguarding Annual Report 2018/19

- Mental Health Act Compliance & Powers of Discharge
- Maternity Services Assurance Report
- Quality Performance Report (Provided and Commissioned Services)
- Committee Risk Register

10th October 2019

- Catering, Nutrition & Hydration Annual Report 2018/19
- Concerns, Claims and Patient Experience Annual Report 2018/19
- Infection Prevention and Control Annual Report 2018/19
- Annual Data Quality Annual Report 2018/19
- Quality Performance Report (Provided and Commissioned Services)
- Staff Well-being and Engagement Update
- Committee Risk Register

3rd December 2019

- Mortality Review Annual Report 2018/19
- Health and Safety Annual Report 2018/19
- Clinical Audit Plan 2019/20
- Report of the Controlled Drugs Accountable Officer
- Research, Development and Innovation Update
- Health and Safety Update
- Medical Devices Update
- Caldicott Out Turn Report & Improvement Plan 2018/19
- Information Governance Compliance Report, including:
 - Breaches & Incidents
 - Information Sharing Protocols
 - NIAAS Audit Outcomes
- Quality Performance Report (Provided and Commissioned Services)
- Committee Risk Register

4th February 2019

- Information Governance Annual Report 2018/19
- Infant Feeding Annual Report 2019/10
- Clinical Audit Plan 2019/20
- Mental Health Act Compliance & Powers of Discharge
- Estates Compliance Update
- Welsh Language Standards Update
- Information Governance Compliance Report, including:
 - Breaches & Incidents
 - Information Sharing Protocols

Patterson, Liz
07/23/2020 14:56:37

- NIAAS Audit Outcomes
- Quality Performance Report (Provided and Commissioned Services)
- Committee Risk Register
- Annual Review of Committee Terms of Reference 2019-20
- Annual Self-assessment of Committee effectiveness 2019-20

5.3 During the year the following items formed part of the Committee's work, either in response to continuing concerns, new/strategic developments or matters of national consultation. These included:

- Development of a Quality Governance Framework for PTHB
- Quality and Engagement (Wales) Bill
- Maternity Assurance response to Independent Review of Maternity Services in the former Cwm Taf University Health Board
- Health and Safety Executive (HSE) Action Plan

6. Key Developments

Key developments in 2019-20 include:

Governance

6.1 As a new Committee the terms of reference were initially confirmed together with confirmation of what work would include monitoring using the Board Assurance Framework, Performance reporting arrangements and the Corporate Risk Register. Specific oversight responsibility for this committee was agreed for:

- Population health and wellbeing;
- Citizen Experience;
- Quality and Safety of directly provided and commissioned services;
- Staff Wellbeing and Experience; and
- Health and Safety.

A review of the Terms of Reference is planned for the 2020/21 period.

Quality Performance (Provided and Commissioned Services)

6.2 Committee received regular reports on quality performance throughout the year including progress regarding serious incidents

and monitoring commissioned services allowing Members to seek further assurance were necessary.

Performance reporting

6.3 Committee received delivery plans or performance reports covering the following areas:

- Concerns and Serious Incidents
- Maternity Services Assurance
- Health and Safety
- Research, Development and Innovation
- Staff Well-being and Engagement
- Estates Compliance
- Medical Devices
- Audit and Regulatory Reports

This gave Members an opportunity to seek assurance on a range of issues covered by the plans and reports for assurance and monitoring purposes.

7. Assurance and Improvement

7.1 Paragraph 5.1 demonstrates the breadth of information received and range of issues discussed at EQS in 2019-20. These enabled the Committee to fulfil its assurance role on behalf of the Board, especially in respect of:

- Experience of patients, citizens, carers, and staff
- Provision of high quality, safe and effective healthcare
- Compliance with Health and Safety Regulations and Standards
- Compliance with mental health legislation
- Effectiveness of processes and systems to safeguard information

7.2 During 2019-20 there were a number of areas of concern on which the Committee requested and received exception reports from the relevant Executive Director. These issues have been previously referred to in paragraphs 5.2 and 5.3 above.

7.3 The Patient Experience, Quality and Safety Committee report for 2018-19, made no specific reference to forthcoming work for the Experience Quality and Safety Committee that succeeded it.

Patterson, Liz
07/23/2020 14:56:37

8. Self-assessment and Evaluation

It had been intended to undertake a self-assessment and evaluation of the Experience, Quality and Safety Committee during a Board Development session in Spring 2020, however, Board Development sessions were paused during this period due to the Covid-19 pandemic. It will be necessary to reschedule this piece of work.

9. Key Areas of focus in 2020 -21

- 9.1 This Committee has met for a year now and has become well established. A full programme of work for Experience, Quality and Safety Committee 2020-21 will be agreed as part of the annual work planning process.

The work programme can be found on the Powys Teaching Health Board website.

- 9.2 Hardcopies of the above Work Programme can be obtained from Powys Teaching Health Board, Directorate of Governance and Corporate Affairs, Vera Vallens Room, Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU.

10. Conclusion

- 10.1 This report provides a summary of the work undertaken by the Committee over the past 12 months. It demonstrates how the Committee has broadly complied with the Terms of Reference.

Patterson, Liz
07/23/2020 14:56:37



Experience, Quality and Safety Committee

Terms of Reference & Operating Arrangements

Patterson, Liz
07/23/2020 14:56:37

March 2019

1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Health Board has established a committee to be known as the Experience, Quality and Safety Committee (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are provided below.

2. PURPOSE

- 2.1 The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses all areas of experience, quality and safety relating to the workforce, patients, carers and service users, within directly provided services and commissioned services. The Committee will embrace the Health and Care Standards as the Framework in which it will fulfil its purpose:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Staff and Resources

2.1 ADVICE

The Committee will provide accurate, evidence based

(where possible) and timely advice to the Board and its committees in respect of the development of the following matters, consistent with the Board's overall strategic direction

- Population health and wellbeing;
- Citizen Experience;
- Quality and Safety of directly provided and commissioned services;
- Staff Wellbeing and Experience; and
- Health and Safety.

2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances on:

- a. the effectiveness of arrangements in place to improve population health and wellbeing;
- b. the effectiveness of arrangements in place to improve staff health and wellbeing;
- c. the experience of patients, citizens, carers and staff, ensuring continuous learning;
- d. the provision of high quality, safe and effective healthcare within directly provided and commissioned services;
- e. compliance with Health and Safety Regulations and Standards;
- f. compliance with mental health legislation, including the Mental Health Act 1983 (amended 2007) and the Mental Capacity Act 2005;
- g. the effectiveness of arrangements in place to support Improvement and Innovation; and
- h. the effectiveness of processes and systems to safeguard information and associated governance arrangements.

3 DELEGATED POWERS AND AUTHORITY

3.1 With regard to the powers delegated to it by the Board, the Committee will:

A. Seek assurance that arrangements for improving population health and well-being are sufficient, effective and robust, including:

- the local arrangements that are in place for delivering against relevant NHS Outcomes Framework measures, e.g. stop smoking and immunisation measures;
- the adequacy of programmes to promote healthy lifestyles to the Powys population;

Patterson, Liz
07/23/2020 14:56:37

- the contribution of Powys Teaching Health Board to partnership arrangements to improve health and wellbeing; and
 - the work of the health board to reduce health inequalities.
- B. Seek assurance that arrangements for improving staff health and well-being are sufficient, effective and robust, including:
- the arrangements in place for staff to access Health and Well-being Services; and
 - the continued development of the Chat To Change Programme.
- C. Seek assurance that arrangements for capturing the experience of patients, citizens, carers, and staff are sufficient, effective and robust, including:
- the delivery of the Patient Experience Plan;
 - the implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned; and
 - the arrangements in place for staff experience to be captured, in order to promote effective team working and staff satisfaction to provide the best possible outcomes for patients.
- D. Seek assurance that arrangements for the provision of high quality, safe and effective healthcare are sufficient, effective and robust, including:
- the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services;
 - the commissioning assurance arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of commissioned services;
 - the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities;
 - the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;
 - the arrangements in place to ensure that there are robust infection, prevention and control measures in place in all settings;

Patterson, Liz
07/23/2020 14:56:37

- the development of the board's Annual Quality Statement and Annual Quality Priorities; and
 - performance against key quality focussed performance indicators and metrics.
- E. Seek assurance that arrangements for **compliance with Health and Safety Regulations and Standards** are sufficient, effective and robust, including:
- the operating practices in respect of: staff health and safety; stress at work; patient health and safety, i.e., patient falls, patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances.
- F. Seek assurance that arrangements for compliance with mental health legislation are sufficient, effective and robust, including:
- the Mental Health Act 1983 Code of Practice for Wales and associated regulations;
 - the Mental Capacity Act 2005 Code of Practice and associated regulations;
 - the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice and associated regulations; and
 - the Mental Health Measure (Wales) 2010.
- G. Seek assurance on the arrangements in place to support Improvement and Innovation, including:
- an overview of the research and development activity within the organisation;
 - alignment with the national objectives published by the National Institute for Social Care and Health Research (NISCHR);
 - an overview of the quality improvement activity within the organisation.
- H. Seek assurance on the effectiveness of processes and systems to safeguard information and associated governance arrangements, including:
- the reporting of data breaches, incidents and complaints, ensuring lessons are learned; and
 - the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards.
- I. Seek assurance on the effectiveness of processes and systems to ensure compliance with the:
- Equality Act 2010 We0;
 - Welsh Language Standards (No.7) Regulations 2018.

Patterson, Liz
07/23/2020 14:56:37

- 3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.
- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

- 3.9 The Committee has established a sub-committee, named the Hospital Managers Powers of Discharge Sub-Committee. The

purpose of this sub-committee is to review and monitor how the operation of the delegated functions under Section 23 of the Mental Health Act 1983 are being exercised. This sub-committee will report through to the Experience, Quality & Safety Committee providing assurance in-line with its agreed Terms of Reference.

Committee Programme of Work

3.10 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4 MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Vice Chair of the Board
Vice Chair	Independent member of the Board (Third Sector)
Members	Independent member of the Board (Community) Independent member of the Board (Trade Union) Independent member of the Board (University)
	The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Nursing (Officer Lead)
- Director of Therapies and Health Sciences
- Medical Director
- Director of Workforce & OD

Patterson, Liz
07/23/2020 14:56:37

- Director of Public Health
- Director of Primary, Community Care and Mental Health

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

- 4.4 The Office of the Board Secretary will provide secretariat services to the Committee.

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

Patterson, Liz
07/23/2020 14:56:14

5 COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than bi-monthly, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
 - hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Patterson, Liz
07/23/2020 14:56:37

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

Patterson, Liz
07/23/2020 14:56:37

9. CHAIR'S ACTION ON URGENT MATTERS

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

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
-

Patterson, Liz
07/23/2020 14:56:37

APPENDIX 2

EXPERIENCE, QUALITY AND SAFETY COMMITTEE WORK PLAN 2019-20 (AS AMENDED JANUARY 2020)

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES					
		2019-2020					
		16 April	04 June	01 Aug	10 Oct	03 Dec	04 Feb
Annual Assurance Reports							
Annual Quality Statement 2018/19	DoN	✓					
Catering, Nutrition & Hydration Annual Report 2018/19	DoN				✓		
Concerns, Claims and Patient Experience Annual Report 2018/19	DoN				✓		
Welsh Risk Pool Annual Report 2018/19	DoN					✗ (NOT AVAILABLE)	
Health and Care Standards Annual Report 2018/19	DoN				✗ REPORTED THROUGH AQS		
Healthy Schools Annual Report 2018/19	DPH					✗ REPORTED THROUGH EXECUTIVE COMMITTEE	

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES					
		2019-2020					
		16 April	04 June	01 Aug	10 Oct	03 Dec	04 Feb
Infection Prevention and Control Annual Report 2018/19	DoN				✓		
Mortality Review Annual Report 2018/19	MD					✓	
Public Services Ombudsman for Wales Annual Report 2018/19	DoN			✓			
Safeguarding Annual Report 2018/19	DoN			✓			
Health and Safety Annual Report 2018/19	DWOD				✓	✓	
Annual Data Quality Annual Report 2018/19	BS				✓		
Information Governance Annual Report 2018/19	BS					✓	✓
Infant Feeding Annual Report 2019/10	DoN						✓
Quality & Safety Governance Reports							
Clinical Audit Plan 2019/20	MD				✓	✓	✓
Clinical Audit Progress Report	MD						
Quality Performance Report (Provided and	DoN	✓	✓	✓	✓	✓	✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES					
		2019-2020					
		16 April	04 June	01 Aug	10 Oct	03 Dec	04 Feb
Commissioned Services)							
Report of the Controlled Drugs Accountable Officer	MD					✓	
Mental Health Act Compliance & Powers of Discharge	DPCCMH			✓			✓
Audit and Regulatory Reports		As and when identified					
Reports Scheduled by Exception (see Committee Assurance Framework)							
Staff Well-being and Engagement Update	DWOD				✓		
Research, Development and Innovation Update	MD					✓	
Estates Compliance Update	DPP						✓ SCHEDULED FOR P&R COMMITTEE 24/04/20
Health and Safety Update	DWOD				✓	✓	
Welsh Language Standards Update	DTHS				✓	✓	✓
Medical Devices Update	DTHS					✓	

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES					
		2019-2020					
		16 April	04 June	01 Aug	10 Oct	03 Dec	04 Feb
Maternity Services Assurance Report	DoN		✓	✓			
Information Governance Reports							
Caldicott Out Turn Report & Improvement Plan 2018/19	BS				✓	✓	
Information Governance Compliance Report, including: Breaches & Incidents; Information Sharing Protocols; and NIAAS Audit Outcomes	BS				✓	✓	✓ (UNDER DEVELOPMENT FOR NEXT MEETING)
Governance Reports							
Committee Risk Register	BS			✓	✓	✓	✓
Policies Delegated From the Board for Review and Approval	BS	As and when identified					
Review of Committee Programme of Business and Assurance Needs Map	BS			✓	✓	✓	✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES					
		2019-2020					
		16 April	04 June	01 Aug	10 Oct	03 Dec	04 Feb
Committee Requirements as set out in Standing Orders							
Development of Committee Annual Programme Business	BS		✓ 2019-20				
Annual Review of Committee Terms of Reference 2019-20	BS						✗ (DEVELOPMENT SESSION BEING ARRANGED)
Annual Self-assessment of Committee effectiveness 2019-20	BS						✗ (DEVELOPMENT SESSION BEING ARRANGED)

KEY:

CEO: Chief Executive

DPP: Director of Planning and Performance

DF&IT: Director of Finance and IT

DPCCMH: Director of Primary, Community Care and Mental Health

MD: Medical Director

Experience, Quality and Safety Committee
Annual Report 2019-20

Page 26 / 29

DoN: Director of Nursing
DoTHS: Director of Therapies and Health Sciences
DWOD: Director of Workforce & OD
DPH: Director of Public Health
BS: Board Secretary

Patterson, Liz
07/23/2020 14:56:37

Experience, Quality and Safety Committee Meetings: 2019-20
Independent Members and Lead Executives

Meeting dates	16 April 2019	4 June 2019	1 August 2019	10 Oct 2019	3 Dec 2019	4 Feb 2020
Melanie Davies (Chair)	✓	✓	✓	✓	Apologies	✓
Trish Buchan (Vice Chair)	✓	✓	✓	✓	✓ (Chaired meeting)	✓
Frances Gerrard (University)	✓	✓	✓	Apologies	✓	- [Sickness absent]
Susan Newport (Trade Union)	Apologies	✓	Apologies	✓	✓	✓
Owen James (Community)	✓	✓	✓	✓	✓	✓

Patterson Liz
07/23/2020 14:56:37

Meeting dates	16 April 2019	4 June 2019	1 August 2019	10 Oct 2019	3 Dec 2019	4 Feb 2019
Director of Nursing	✓	Apologies – Assistant attended	✓	✓	✓	✓
Medical Director	✓	✓	✓	✓	✓	✓
Director of Workforce and OD	✓	✓	✓	✓	✓	✓
Director of Public Health	✓	✓	✓	✓	✓	✓
Director of Primary Community Care and Mental Health	Position vacant	Position vacant	✓	✓	✓	✓
Director of Therapies and Health Sciences	Position vacant	Position vacant	Position vacant	Position vacant	Position vacant	✓

Patterson, Liz
07/23/2020 14:56:37



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Reporting Committee:	Performance and Resources Committee
Committee Chair	Mark Taylor
Date of last meeting:	30 June 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 24 February 2020 are appended to this report.

The Board is asked to note that the following matters were discussed at P&RC on 30 June 2020. There were no matters at this meeting for decision or approval.

- Performance Overviews
- Commissioning Assurance Overview
- Capital & Estates Update
- Financial Performance, Month 02
- Digital First Update
- Waste Contract Procurement Process

A summary of key issues discussed is provided below.

Action Log

The Committee RECEIVED the updated Action Log. The following actions were discussed at the Committee:

- P&R/19/64 – Embedded Carbon is to be considered for inclusion on Board Development Programme. The Board Development Programme was paused due to COVID-19. This item will be considered for inclusion when the 2020/21 programme is recommenced.

Patterson, Liz
07/23/2020 14:56:32

Performance Overview

The Committee was presented with the report which provided an overview of performance including interim arrangements due to the health board responding to the Covid-19 pandemic and the suspension of Welsh Government Performance reporting.

Throughout the pandemic the organisation had been working alongside Government direction in Wales and the policy context in England, with new ways of working implemented. Research on lessons learnt during the initial phase of the pandemic response was being undertaken.

Future areas of inclusion in the revised performance arrangements for the next stage include infection control, social distancing and the requirements of working within the context of a pandemic.

There had been good progress in some areas such as Mental Health, unscheduled care and ambulance services which had managed to sustain performance but in respect of referral to treatment times, where previously there were no patients waiting over 36 weeks, there was now, in common with the rest of Wales, and England a growing backlog. Between May 2019 and May 2020 there had been a 430% increase in patients waiting 36 weeks or longer. There was also a backlog in patients waiting 8 weeks or longer for diagnostics with 312 waiting in May 2020 and a backlog of patients waiting 14 weeks or longer for therapies with 466 waiting in May 2020. It was expected that Welsh Government would take a view on the backlog and the organisation should take every opportunity to reduce the backlog where possible.

Commissioning Assurance Overview

The Committee was informed that it had not been possible to fully run the commissioning assurance framework as normal due to reporting changes during the covid-19 period. Arrangements had been put in place to ensure that regular contact is made with providers both in England and Wales and there has been discussion around work around covid, essential services and addressing the backlog. Initially the work focussed on protecting critical care capacity and identifying additional surge capacity together with protecting emergency care. Work had also been undertaken regarding access to treatments for cancer and renal dialysis which needed to be maintained. The point had been reached where the health board is connecting with Shropshire, Hereford and Worcester and with providers in Wales to ascertain what services can be restarted.

Workforce Key Performance Overview

The Workforce Key Performance Overview was presented to the Committee. The report included items such as sickness and PADR compliance and it was noted that focus would be required to increase compliance for PADR which at 69% in May was one of the lowest levels seen. Whilst sickness had increased in May it was just over 0.5 percentage points higher than May 2019 and a focus had been placed on sickness with support from HR and Occupational Health. Staffing figures had increased by over 100 Full Time Equivalent with some of these posts temporary and some held by student nurses. There had been an increase in Health Care Support staff and a reduction in overtime and bank staff. For the first time there had been deployment of volunteers into the organisation and a significant amount of work had been undertaken by PAVO on the Memorandum of Understanding for volunteers.

Capital and Estates Update

The Committee was presented with the report which sought APPROVAL for the Discretionary Capital Spend. It was acknowledged that this would usually be considered by the Board at the beginning of the financial year however due to COVID-19 reassessment of the programme had been required. The Committee noted the pressures on capital funding due to Welsh Government funding concerns.

The following recommendations outlined in the report were AGREED:

- Agree the Discretionary Capital Programme schemes for 2020/2021 to allow work to be progressed.
 - Support the bid for WG funding for anti-ligature works in the sum of £1.25M.
 - Support the development of the Rural Academy of Learning at Bronllys with ICF funding in the sum of £0.446M with an additional £0.250M from Mansion House sale allocated for the refurbishment of part of Monnow Ward for the relocation of staff from Basil Webb building.
 - Continue to progress business case development for Machynlleth, North Powys, Llandrindod Phase 2 and Brecon Car Park with papers to be brought forward for specific business case approvals as required.
-

Financial Performance, Month 2

The Committee received the report and the following matters were highlighted:

- At Month 2 a year to date deficit of £98k was recorded the majority of which was a pressure on the prescribing budget (excluding spend on covid-19).
- Covid-19 had also impacted on the ability of the organisation to deliver savings which in the original plan had been set at £5.5m This had been revised to £1.8m which left a gap of £3.4m which it was currently assumed will be funded by Welsh Government as an indirect consequence of covid-19.
- The direct costs of covid-19 were forecast for the period 2020/21 as £16.2m made up of pay costs relating to:
 - surge capacity (if fully occupied)
 - Test, Trace and Protect programme (four teams in operation) of £6.7m.
 - Other areas of expenditure (primary care, PPE, provider (non pay costs), LTA (block contract)) totalling £6.6m, non-delivery of savings totalling £3.7m and a reduction in spend of £0.7m.
- It is likely that this figure will increase to £18-19m because of Phase Two plans (in part due to a lack of dental income (fees paid by patients)).
- It was assumed that £16.2m will be received from Welsh Government in relation to direct and indirect covid-19 expenditure but this is currently highlighted as a risk as this funding has yet to be received.

Digital First Update

P&RC received the update and considered the digital response to covid-19, key performance indicators, Section 33 performance and the high-level digital plan. The report also detailed ICT performance and activity during quarter 4 of 2019/20 and to detail action and delivery in relation to Digital during the Covid-19 Response. An update is also provided regarding the Digital Delivery plan 2020/21.

The Committee welcomed the report but noted that the Board had awareness that this area needed development prior to COVID-19. It was expressed that the credit for the report should not be solely attributed to COVID-19.

Waste Contract Procurement Services

The item was presented to the Committee following a request for update regarding the item at a previous meeting. Waste collection services had previously been provided under a single contract waiver by Powys County Council but the organisation was now moving towards a full procurement process and tendering for the contract via open competition. The Committee was assured that the procurement process for the Health Board waste contracts will be adhered to, in line with PTHB and NWSSP policies and procedures.

The Committee NOTED the following next steps:

- Completion of the draft waste specification
- Market testing to ensure a realistic and achievable specification
- Publication of tender documentation

No matters for Information were presented to the Committee.

NEXT MEETING

The next meeting of P&RC will be held on 6 October 2020

ATTACHED

Approved minutes of the meeting of P&RC held on 24 February 2020

Patterson, Liz
07/23/2020 14:56:32

Appendix 1



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

PERFORMANCE & RESOURCES COMMITTEE

CONFIRMED

MINUTES OF THE MEETING HELD ON
MONDAY 24TH FEBRUARY 2020
LOCATION, BRONLLYS HOSPITAL

Present:

Mark Taylor	IM (Capital and Estate) (Committee Chair)
Mel Davies	IM (Board Vice-Chair)
Ian Phillips	IM (ICT)
Tony Thomas	IM (Finance)

In Attendance:

Vivienne Harwood	IM (PTHB Chair)
Carol Shillabeer	Chief Executive
Pete Hopgood	Director of Finance and IT
Hayley Thomas	Director of Planning and Performance
Claire Madsen	Director of Therapies and Health Sciences
Rani Mallison	Board Secretary
Jamie Marchant	Executive Director of Primary, Community and Mental Health Service
Vicky Cooper	Assistant Director Digital Transformation and Informatics

Apologies for absence:

Matthew Dorrance	IM Local Authority
David Collington	CHC

Committee Support:

Liz Patterson	Corporate Governance Manager
---------------	------------------------------

Patterson, Liz
07/23/2020 14:56:32

MEETING GOVERNANCE	
P&R/19/57	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.</p>
P&R/19/58	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were received.</p>
P&R/19/59	<p>MINUTES OF THE PREVIOUS MEETING: 16TH DECEMBER 2019</p> <p>The minutes of the meeting held on 16th December 2019 were AGREED as being a true and accurate record.</p>
P&R/19/60	<p>MATTERS ARISING FROM THE PREVIOUS MEETING</p> <p>P&R/19/51 (Waste Management): Members queried if there would be an opportunity to have sight of the procurement strategy and tender specification as it was drawn up, expressing a desire that there would be an appropriate methodology for assessing quality and risk.</p> <p>Rani Mallison explained Members were seeking assurance that the proper process for putting the waste and recycling contract out to tender.</p> <p>It was AGREED that a summary of progress on the Waste Management contract would be brought to the next meeting of Performance and Resources Committee to provide assurance to Members on the progress of this matter. Action: Assistant Director Facilities and Support Services</p>
P&R/19/61	<p>PERFORMANCE AND RESOURCES COMMITTEE ACTION LOG</p> <p>The Committee RECEIVED the updated Action Log.</p> <p>It was confirmed all the items were complete or that updates had been included on the current agenda.</p>

ITEMS FOR APPROVAL/RATIFICATION/DECISION	
There were not items for approval, ratification or decision at this meeting.	
ITEMS FOR DISCUSSION	
P&R/19/62	<p>FINANCIAL PERFORMANCE:</p> <ul style="list-style-type: none"> MONTH 10, 2019/20 <p>Pete Hopgood presented the report Financial Performance Report 2019/20 Period 10. This report covered the Revenue position, the Capital Narrative and the Public Sector Policy Payment Narrative.</p> <p>He advised that at present the outturn was predicted to be an overspend of £597k. Action was being taken to reduce this gap and bring the position to breakeven but it was highlighted that a risk remained. It was hoped that some mitigating actions would result in a balanced outturn.</p> <p>Ian Phillips drew attention to a capital spend to date of £1.7M against a capital resource limit of £2.9M querying if this was an appropriate level of spend at this stage of the financial year.</p> <p>Pete Hopgood noted that this was due in part to a programme which had been written off and that the service had been successful in receiving extra allocation from Welsh Government.</p> <p>Hayley Thomas noted that it was desirable for capital spend to follow a smooth profile but that unexpected events could result in a more uneven position. The impact of the renal dialysis problems last year caused a movement in one direction whilst the success in receiving additional capital resource caused a movement in a different direction.</p> <p>Tony Thomas asked if the service were claiming as much against capital as was possible.</p> <p>Pete Hopgood confirmed that all appropriate capital expenditure items were claimed against capital.</p>

	<p>Rani Mallison advised Members that the WAO Structured Assessment had commented on the way that Committee received capital and savings reports and that the organisation was committed to reviewing how this information is presented.</p> <ul style="list-style-type: none"> • DELIVERY OF ANNUAL SAVINGS PROGRAMME <p>Mark Taylor observed that there was a sense good progress had been made on savings in the current year.</p> <p>Pete Hopgood confirmed that fortnightly reports were now being produced on progress of savings and that the focus now was turning towards the savings required for 2020 – 2021.</p>
P&R/19/63	<p>WORKFORCE PERFORMANCE: STAFFING REPORT</p> <p>Julie Rowles presented the report providing an update on the work being undertaken by the Executive Team.</p> <p>There is an ongoing issue attracting and retaining staff in particular clinical staff across Wales and whilst the Powys area had performed well against other areas, there is a particular issue locally with an ageing workforce and a number of retirements expected over the next 5 years. The department have stepped up their activity in relation to recruitment. There has been a particular problem with staffing on the Epynt ward.</p> <p>Tony Thomas queried what impact the Government's ruling on low paid overseas workers post Brexit implementation might have on recruitment for the organisation.</p> <p>Julie Rowles confirmed that there are only small numbers of overseas staff employed in PTHB. Where wards are short staffed agency staff are employed to ensure safe working.</p> <p>Mark Taylor asked if the table outlining upcoming retirements was absolute or cumulative.</p> <p>Julie Rowles confirmed the table showed upcoming retirements on a cumulative basis. Overall approximately</p>

	<p>a quarter of the workforce would reach retirement age over the next five years. However, it was noted that PTHB had a good record of retaining staff post retirement age.</p> <p>Ian Phillips noted that the inpatient wards had a registered nurse vacancy rate of 31% of which 19% of establishment registered nurses were filled through bank and agency nurses. He sought assurance that the remaining 12% of establishment vacancies remaining unfilled or filled with a Healthcare Support Worker was an appropriate way to fill these establishment posts.</p> <p>Julie Rowles gave assurance that the 12% of vacant posts were being appropriately addressed.</p> <p>Ian Phillips queried how close was the service to closing wards through a lack of qualified staff.</p> <p>Carol Shillabeer advised that staffing decisions were made on a day by day, shift by shift basis. If there was an increase in risk it would be necessary to look for another approach and the paper in front of Committee was the start of a process to look for other options. Wards were mostly staffed with registered nurses and care support staff. The purpose of ward care in Powys is to reable people and it would be necessary to examine the ward teams to ensure that they are appropriate for the type of care that is required. This may go wider than just ward nursing. There are opportunities to examine alternatives and there is no intention to close wards until all other options have been considered. This is a matter which is also considered by the Experience, Quality and Patient Committee and is led by professional judgement. The particular problem faced in Powys was a lack of critical mass.</p> <p>Julie Rowles noted that there were some exciting developments taking place such as the appointment of Assistant Practitioners, flexible routes into the service and apprenticeships.</p> <p>Clare Madsen observed that whilst Powys does not have critical mass it may be possible to move patients between traditional style wards and new style wards.</p>
--	--

P&R/19/64	<p data-bbox="467 286 1294 398">DISCRETIONARY CAPITAL PROGRAMME; A) DELIVERY OF 2019/20 – 2020/21 PLAN B) DRAFT 2020/21 – 2021/22 PLAN</p> <p data-bbox="467 443 1398 555">Hayley Thomas introduced the report which would be considered at the next meeting of Board where proposed schemes for the following year would be examined.</p> <p data-bbox="467 600 1409 712">Attention was drawn to the breakdown of the £1.431M discretionary capital spend which the first meeting of the Innovative Environment Group has been shared between:</p> <ul data-bbox="520 719 995 869" style="list-style-type: none"> • Capital works programme, • Equipment, • IT, and • Estates compliance <p data-bbox="467 913 1390 1025">The management of discretionary spend always requires the retention of a contingency to help with the management of the aging estate.</p> <p data-bbox="467 1070 1414 1182">The report included detail on All Wales Capital Funding with Members already aware of the problems experienced with contractors:</p> <ul data-bbox="520 1189 1409 1496" style="list-style-type: none"> • Llandrindod Wells War Memorial Hospital (LWH) – a draft Programme Business Case was in preparation for Board approval to finish work on this site. • Machynlleth – design work was ongoing with the intention of submitting a Full Business Case in Quarter 2 of 2020 / 2021. • Brecon Hospital Carpark – a business case was in preparation. <p data-bbox="467 1541 1345 1608">Tony Thomas queried what the impact of free parking would be on the site.</p> <p data-bbox="467 1653 1393 1877">Hayley Thomas confirmed this was a facility for staff and in Llandrindod Wells the staff carpark was accessed by a coded barrier. It was necessary to have a consistent approach to car-parking which is most contentious for patients and staff. The operation of the patient car-park would require further consideration.</p> <p data-bbox="467 1921 1401 1951">Carol Shillabeer advised that there was potential to use a</p>
-----------	--

	<p>vehicle recognition number system whereby patients were given a period of free parking after which they would be liable for parking charges. This system is used at the University Hospital of Wales. There are also parking problems evident in Machynlleth and Bronllys where the Head of Estate's and Property was examining the potential to expand the carparking.</p> <p>Tony Thomas suggested the possibility of working with County Council Car Park Inspectors may be worth exploring.</p> <p>Vivienne Harpwood noted that this project had appeared to take an excessive length of time which was difficult to explain.</p> <p>Hayley Thomas confirmed that whilst the time frame was important it was essential that the project progress correctly and that the service was close to finalising the Business Case.</p> <p>Mark Thomas noted that the proposals in respect of Anti-Ligature are subject to a successful bid for capital funding. If this is unsuccessful how would the organisation meet the requirements identified by the Health and Safety Executive in their January 2019 report?</p> <p>Hayley Thomas confirmed that the specific requirements in Bronllys had been addressed. The service are confident that Welsh Government recognise the issues faced in this regard and that they will provide the necessary support. If funding was not forthcoming it would be necessary to reprioritise the capital programme.</p> <p>Carol Shillabeer confirmed that the Executive Committee had this on their programme and Welsh Government had provided support to other organisations across Wales. It was hoped that similar support would be provided in this case.</p> <p>Hayley Thomas outlined the intention to maximise the priorities for spending Integrated Care Funding through the next year of the Innovative Environment Group. There were two major schemes supported by ICF – the North Powys Project based in Newtown and the Integrated</p>
--	--

Patterson, Liz
07/23/2020 14:58:13

	<p>Workforce Hub in Bronllys. There was also a series of general discretionary capital projects with the only project not progressed was the Clean Utility in Knighton. The Welshpool Medical Gases project was complete but had cost more than expected and it was intended to produce a Lessons Learnt from this experience.</p> <p>It was expected that the fund will be overspent however, the service was in active discussion with Welsh Government and it was noted that additional funding from Welsh Government had been provided to help address the pressures faced.</p> <p>Mel Davies noted this was an ambitious programme and it was difficult to provide a view.</p> <p>Hayley Thomas confirmed that any changes to the programme would be discussed by the Executive and then taken to the Board.</p> <p>Carol Shillabeer noted that the PTHB estate was the oldest estate across Wales which meant the organisation was holding residual risk. The Trade Unions and HSE have raised issues and the amount of work required was far in excess of the funds available.</p> <p>Ian Phillips observed that with the exception of the work required at Bronllys the individual amounts appeared modest and asked if it was possible to approach this in a different way to attract additional funding.</p> <p>Carol Shillabeer advised that this was being undertaken by the Innovative Environments Group. Welsh Government are increasingly providing support to PTHB to progress these issues but it has been necessary for the organisation to expand its capacity to support an increased number of projects. The organisation has increased its ambition to tackle these issues.</p> <p>Tony Thomas queried if there was any funding available from Welsh Government to support an increased use of electric vehicles.</p> <p>Hayley Thomas noted that NHS Wales was pushing partner organisations to support the de-carbonisation</p>
--	--

Patterson, Liz
07/23/2020 14:58:13

	<p>agenda but there was no specific fund for support the purchase of electric vehicles.</p> <p>Carol Shillabeer noted there was a requirement for the organisation to be carbon neutral by 2030 which was an extremely challenging target.</p> <p>Julie Rowles noted that it may be necessary to re-examine the expenses policy for pool and lease cars to ensure there were no unintended consequences and staff were not rewarded for travelling more than necessary.</p> <p>Mark Taylor suggested that embedded carbon be considered as an item for inclusion on a Board Development session. Action: Board Secretary.</p> <p>Carol Shillabeer confirmed that the organisation was looking at de-carbonisation in relation to procurement, mobility and buildings.</p>
P&R/19/65	<p>ESTATES COMPLIANCE REPORT</p> <p>Hayley Thomas presented the report outlining progress on the strategy to address the backlog of work required to bring the estate up to a 'satisfactory' standard. The overarching strategy includes the following workstreams:</p> <ul style="list-style-type: none"> • Major Projects – funded by the All Wales Capital Fund. This included Llandrindod Hospital, Machynlleth Hospital and a plan for Ystradgynlais Hospital • Discretionary Capital – approximately £1.4M per annum of which £0.47M is ring fenced to support Estates Compliance Risks • Estates planned preventative and reactive maintenance. <p>Attention was drawn to the contingency fund which had been used to fund the replacement of a failing water supply mains and distribution at Bronllys and the creation of a compliant dedicated ICT server room at Welshpool Hospital.</p> <p>The Estates service has traditionally provided a reactive service which was detrimental to the planned work. An Estates Management System has been implemented which</p>

	<p>had identified a high level of demand for Planned Preventative work leaving little capacity for reactive maintenance. Detailed work was still taking place on understanding exactly what the position is.</p> <p>Priority was given to areas such as water safety and Health and Safety compliance. Requests were routed through a helpdesk but there was a misunderstanding regarding what the service can provide.</p> <p>Tony Thomas asked if the service had liaised with the County Council regarding their joint property service with Kier (Heart of Wales Property Service (HoWPS)).</p> <p>Hayley Thomas advised that liaison with HoWPS has taken place and there is scope to explore what opportunities may be available.</p> <p>A series of risk identification routes are outlined in the report. The service are currently examining these and, in discussion with staff representatives, are looking to consolidate the risks and remove any that are issues rather than risks.</p> <p>There are two Water Improvement Notices from the Health and Safety Executive who will be returning on the 2nd March 2020 to undertake a re-inspection. The service was on track to deliver the requirements set out in both notices.</p> <p>Mark Taylor noted that the service was moving in the right direction but that if the focus was on planned preventative maintenance then general maintenance would decrease which would result in increased demand for reactive maintenance.</p> <p>Hayley Thomas confirmed that the service are in the early stages of looking at achieving the correct balance between planned and reactive maintenance. As capital spend is used to bring buildings up to standard this issue will be addressed but it is a long term approach. There would be a risk in not undertaking planned preventative maintenance.</p>
--	--

P&R/19/66	<p>INTEGRATED PERFORMANCE REPORT, QUARTER 3, 2019/20</p> <p>Hayley Thomas introduced the report explaining that the Wales Audit Office Structured Assessment made recommendations regarding the timeliness of performance reports for consideration at Committee. An interim performance report was presented to Board in January 2020 and the service are working on improving the timelines for reports to Committee in 2020 – 21. There would be a focus on the National Outcomes Framework and local measures will be reported to either the Experience, Quality and Safety Committee or Performance and Resources Committee.</p> <p>Julie Rowles drew attention to the decrease in performance of undertaking Personal Appraisal and Development Reviews. This was picked up by the Executive Committee who are taking action to encourage improvement performance of this measure. Attention was also drawn to a slight increase in sickness absence which was thought to be part of the seasonal cycle.</p>
P&R/19/67	<p>INFORMATION GOVERNANCE:</p> <p>Rani Mallison presented the report outlining changes to Information Governance team which had been very recently introduced. A more detailed report would be brought to Committee in the future but the brief report had been presented to this Committee in response to an audit recommendation that Committee are fully sighted on this area.</p> <p>A) KEY PERFORMANCE METRICS</p> <p>Freedom of Information requests: 113 requests were made for the period 1st September 2020 to 31st December 2020 a decrease of 8.84% on the same period in 2018 -19. Compliance is below the required 90% and there have been two requests for review.</p> <p>Subject Access requests: 111 requests were made for the period 1st September 2020 to 31st December 2020 which is similar to the same</p>

	<p>period in 2018 -19. Of these 22 requests breached the timescales required. Some of these requests were particularly complex and the reporting period included the Christmas break.</p> <p>Information Governance Training As of 31 December 2019 the Information Governance e-learning mandatory training was at 93%. Welsh Government require all new starters to have completed all mandatory training within six weeks of commencing employment. During the period 1st September 2019 to 31st December 2019 37 new starters had not completed their IG training within this six month period.</p> <p>Vivienne Harpwood queried the level of Freedom of Information requests received from the media.</p> <p>Rani Mallison confirmed that during the last quarter this was lower than both individual and company requests which echoed the trend throughout the year.</p> <p>Mark Taylor queried if making Directors aware of hold-ups in the provision of information had had a positive effect.</p> <p>Rani Mallison advised that the improvement in performance had been largely driven by strengthening the team. PTHB receive an average amount of requests for the size of the organisation.</p> <p style="text-align: center;">B) RECORDS MANAGEMENT IMPROVEMENT PLAN</p> <p>Rani Mallison presented the report updating Committee on progress addressing the Internal Audit report on Records Management. An updated action plan with revised timescales was presented and the intention to present the Records Management Improvement Plan to Board in March 2020 was outlined. The newly appointed Service Improvement Manager had produced a risk register as part of a risk bases approach to managing this programme.</p> <p>Rani Mallison explained that it was for the Board to approve the Records Management Policy.</p> <p>Carol Shillabeer advised that there was a considerable</p>
--	--

	<p>amount of work to be undertaken in this area and it was important to focus on the key components first. Part of the delay had been in appointing the right Project Management support but this was in place now and a framework would be prepared and an early review undertaken. There would be a timeframe of approximately 3-5 years to look at digitisation but it was important to lay the foundations ahead of digitisation.</p> <p>Mark Taylor noted that all the actions appeared to be in the immediate future. It had taken a long time to get to this point and he queried the appropriateness of the dates outlined in the paper.</p> <p>Rani Mallison explained that the team were currently undertaking a scoping exercise examining where records were held and if they are active or inactive. Some of the work was supported by property and now there was a dedicated Improvement Manager there was capacity to undertake this work.</p> <p>Jamie Marchant confirmed that this work crossed all portfolios and whilst Rani Mallison has taken the lead, corporate working would be essential and it was likely that difficulties would become apparent as the project progressed.</p> <p>Mark Taylor confirmed this was one of the concerns and he was of the view that, at present, the timelines within the improvement plan did not reflect this position.</p> <p>Rani Mallison confirmed that the business cases for Storage and Digitisation were planned for the period 2021 – 2022.</p>
P&R/19/68	<p>SECTION 33 PERFORMANCE</p> <p>Carol Shillabeer introduced the report outlining that this had been presented to the Joint Partnership Board (JPB) in January 2020 where a range of Section 33 agreements had been considered. There had been some discussion regarding the continued appropriateness of retaining that part of the Section 33 agreement relating to carers. This part was a comparatively small amount of money and there was a sense at JPB that this could be better</p>

	<p>undertaken by way of a Memorandum of Understanding. It would be necessary to confirm this at Board.</p> <p>The JPB recognised that further work was needed in relation to ICT and Digital First.</p> <p>The Substance Misuse Section 33 was working well and attracted grant funding.</p> <p>It would be necessary to have a detailed discussion regarding the Reablement Section 33 as it covered a wide remit. Other areas were being developed such as Discharge to Assess and the JPB were keen to undertake this review.</p> <p>The Care Home and Glan Irfon Section 33s were under examination to ascertain if it was now appropriate to merge these two agreements.</p> <p>The Community Equipment Service Section 33 carried the most financial risk. There was a considerable amount of funding going into the agreement and it was commonly overspent. Approximately 2 years ago work was undertaken to ascertain if there was a fair split in funding from both partners. The service would be retendered this year and at this point the catalogue would be re-examined. Funding for this service came from the Integrated Care Fund (ICF) and this was signed off at the Regional Partnership Board.</p> <p>Rani Mallison stressed that it was essential that these agreements were considered at both partners Management Groups to ensure a consistent approach.</p> <p>Mel Davies noted that Section 33 agreements had been used for approximately a decade and queried if they were the best mechanism for joint working.</p> <p>Carol Shillabeer advised that there was a misconception that Section 33 agreements related solely to pooled budgets but they were far wider reaching covering an integrated partnership approach to service delivery. Welsh Government were looking at extending those services which could fall under Section 33 agreements and there would be a challenge to both partners as to how to</p>
--	--

	<p>progress this. It would also be necessary to ensure that longstanding Section 33 agreements (for example ICT) were not simply rolled over but were subject to a proper review.</p>
P&R/19/69	<p>ICT PERFORMANCE UPDATE (LOCAL AND NATIONAL)</p> <p>Pete Hopgood introduced Vicki Cooper the newly appointed Assistant Director Digital Transformation and Infomatics</p> <p>Pete Hopgood presented the report explaining that this was the first time ICT performance had been brought together. Updates on four areas were outlined:</p> <p><u>Digital Priorities Investment Fund (DPIF)</u></p> <p>In 2019 -20 PTHB had been awarded £420k from the £50M DPIF split into £280k capital and £240k revenue. This funding must be claimed in full during the period and it was confirmed that this funding would be spent within the required timeframe.</p> <p>Ian Phillips asked what these funds would be spent on.</p> <p>Pete Hopgood confirmed the majority would be spent on infrastructure with the remaining being spent on IT kit.</p> <p><u>Digital Strategic Framework</u></p> <p>This was in preparation and it was intended to have a first draft completed by March 2020 which would be available for wider engagement and comment.</p> <p><u>Programmes and projects</u></p> <p>Progress on national projects was outlined and it was confirmed that the reporting of performance within this report was still under development. A particular problem for PTHB remains relating to the compatibility between the all Wales digital system and the various sytems used in England. NWIS do recognise the cross border issue and it is hoped that the North Powys Wellbeing Programme can be used to push to find a solution to this longstanding</p>

	<p>problem.</p> <p>Vivienne Harpwood advised that she regularly raised the issue of lack of cross-border compatibility at meetings of the Wales Information Governance Board.</p> <p>Mark Taylor noted that the cross-border issue did not only affect PTHB.</p> <p>Pete Hopgood acknowledged this however, the impact was felt keenly in PTHB due to the length of the border shared with England.</p> <p>Tony Thomas queried why PTHB had only received in the region of 1% of the £50M DPIF.</p> <p>Pete Hopgood advised that the allocation for the following year was expected to increase as a result of slippage within the current year.</p> <p><u>Office 365</u></p> <p>All Health Boards have been provided funding of £50k to establish Programme Boards to oversee a move to Office 365. A further £30k has been made available to support this project via unallocated National Spend.</p> <p><u>Key performance indicators and Section 33 performance</u></p> <p>Pete Hopgood drew attention to the key performance indicators and advised that in future numbers would be provided alongside percentages to give an idea of the scale of work undertaken.</p> <p>A backlog of 464 outstanding tickets existed, however, approximately 450 related to jobs raised as far back as April 2019. The length of time taken to resolve issues needed investigation.</p> <p>Pete Hopgood asked Independent Members if there was any particular information they would like to see within the report.</p> <p>Mel Davies wanted the report to draw attention to where the main risk lay.</p>
--	---

Ian Phillips welcomed the report and the acknowledgement that the report would be improved. He welcomed the focus on the strategic framework and wanted to see the whole story articulated including infrastructure, access, systems, data and information. In the first instance he wanted to understand how improvements could be made for staff. He noted the digital agenda was not standalone but needed to run as a theme through all service improvement. The report needed to explain why actions were being taken rather than just how. It was necessary to improve the report ahead of the Strategic Framework to enable the Board to understand the issues faced and why investment in this area was necessary.

Ian Phillips requested a Board Development report on Office 365 and Voice. Board Secretary to Action.

Ian Phillips noted that there remain 782 laptops still running on Windows 7 which was indicative of serious underperformance and this needed to be addressed urgently. He also noted that the Penetration Test in 2017 had resulted in 37 actions required of which 33 remained outstanding. This was also indicative of underperformance and again needed to be addressed urgently.

Carol Shillabeer advised that the organisation was looking forward to the completion of the WCCIS programme. The organisation was trying to raise the profile of this issue and had passed money and authority to the Local Authority under the Section 33 agreement to progress this. The appointment of the new Assistant Director Digital Transformation and Infomatics was welcomed.

The organisation have recognised the need to change and there is an opportunity now to effect this change. Urgent work is needed to put the Strategic Framework in place recognising it was necessary to progress this programme at pace but ensuring that it was undertaken properly. The organisation must press for money to be made available to support this programme.

Mark Taylor noted that digital connectivity would be

	<p>integral to the success of the programme but this was outside the remit of the proposals.</p> <p>Carol Shillabeer noted that the AM for Montgomeryshire was leading a group challenging Welsh Government regarding connectivity across Wales. Good connectivity was essential to make this programme a success.</p> <p>Ian Phillips sought assurance that the Strategic Framework would reflect the problems faced by lack of connectivity.</p>
P&R/19/70	<p>COMMITTEE RISK REGISTER</p> <p>Rani Mallison presented the Committee Risk Register for noting.</p>
P&R/19/71	<p>COMMITTEE CHAIR'S ANNUAL REPORT 2019/20</p> <p>Rani Mallison presented the Committee Chair's Annual Report on behalf of Matthew Dorrance.</p> <p>Mel Davies queried the recording of absence and asked if it was possible to note those occasions where apologies were given when Independent Members were on other PTHB business.</p>
ITEMS FOR INFORMATION	
P&R/19/72	<p>COMMITTEE WORK PLAN 2019/20</p> <p>The report provided the Committee with the 2019 – 20 work plan as at February 2020.</p>
OTHER MATTERS	
P&R/19/73	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>No items were noted.</p>
P&R/19/74	<p>ANY OTHER URGENT BUSINESS</p> <p>No urgent business was noted.</p>

P&R/19/75	<p>DATE OF THE NEXT MEETING:</p> <p>29th April 2020, Board Room, Glasbury House, Bronllys Hospital</p>

Patterson, Liz
07/23/2020 14:56:33



Performance and Resources Committee

Annual Report

2019-20

March 2020

Patterson, Liz
07/23/2020 14:56:37

Board Meeting
29 July 2020
Agenda Item: 3.6Aeii
Appendix 5

Contents

Foreword

1.	Introduction	4
2.	The 2019-20 Work Programme	4
3.	Frequency of Committee Meetings and Membership	4
4.	Committee Reporting Arrangements	5
5.	Committee's Work Programme	5
6.	Key Developments	7
7.	Assurance and Improvement	8
8.	Self-assessment and Evaluation	8
9.	Key Areas of Focus in 2019-20	8
10.	Conclusion	9
Appendix 1	Performance and Resources Committee -Terms of Reference 2019-20	10
Appendix 2	Performance and Resources Committee Work Programme 2019-20 (as amended at December 2019)	22
Appendix 3	Performance and Resources Committee Meetings 2019-20	27

Patterson, Liz
07/23/2020 14:56:37

Foreword

I am pleased to present the first report of the Performance and Resources Committee (R&P) set up under the new governance structures introduced for 2019/20.

The Committee has focussed on performance receiving regular integrated performance reports, financial performance reports and a series of reports covering specific areas such as workforces, out of hours and capital and estates.

During 2019/20 the Committee continued to receive Commissioning Assurance Framework Reports where regulatory reports relating to services commissioned by PTHB were highlighted and the actions taken by PTHB in relation to inspection findings were outlined.

Regular Chair's Assurance Reports were submitted to the Board along with Committee minutes provided for information.

I am grateful to the Members of the Committee who have contributed over the past year and the Board Secretary's team for their support.

I look forward to a full programme of work for Performance and Resources in the coming year.

Matthew Dorrance
Chair, Performance and Resources Committee

Patterson, Liz
07/23/2020 14:56:37

1. Introduction

- 1.1 The Standing Orders of Powys Teaching Health Board (referred to throughout this document as 'PTHB' or the 'Board') state that:

"The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees, joint-Committees or joint sub-Committees which it has formally constituted."

- 1.2 The Term of Reference of the Performance and Resources Committee (referred to in this report as 'P&R' or the 'Committee') that applied in 2019/20 were approved by the Board in March 2019 (see Appendix 1). These were not changed during the reporting year.

2. 2019-20 Work Programme

- 2.1 PTHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for P&R in 2019-20 and amended through the year to reflect any changes is attached to this report (see Appendix 2).
- 2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda, which gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. Frequency of Committee Meetings and Membership

- 3.1 During 2019-20, the Committee met six times in the Glasbury House Board Room at Bronllys: in April 2019, June 2019, August 2019, October 2019, December 2019 and February 2020. This met the requirement that the committee should meet at least bi-monthly. Detail of the members and the lead executive directors who attended these meetings is provided at Appendix 3.

Patterson, Liz
07/23/2020 14:56:37

- 3.2 As at 1 April 2019, the Committee comprised of the following Independent Members:

Matthew Dorrance (Chair)	IM Local Authority
Duncan Forbes (Vice-Chair) (April 2019 – August 2019)	IM Legal
Mark Taylor (from September 2019)	IM Capital
Ian Phillips	IM ICT
Tony Thomas	IM Finance
Mel Davies	IM Board Vice-Chair

4. Committee Reporting Arrangements

- 4.1 Following their approval at the following meeting, the minutes of each meeting of P&R are routinely submitted to the Board.

In addition, the Committee Chair reports to the Board after each meeting of the Committee to draw the attention of Members to any key issues. All Board papers can be accessed via the Powys Teaching Health Board website.

5. Committee Work Programme: 2019-20

- 5.1 The FP&P Work programme for 2018-19 is set out in Appendix 2.
- 5.2 Key issues from the Work Plan considered by the Committee during 2019-20 included the following:

30th April 2019

- Workplan
- Governance – new Terms of Reference, Board Assurance Framework, Corporate Risk Register and Performance Reporting arrangements
- Financial Outturn 2018/19 – month 12

24th June 2019

- Integrated Performance Report 2018/19 – Quarter 4
- Commissioning Assurance Framework (Escalation Report)
- PTHB Annual Report 2018-19 – Performance Report
- Workforce Performance Report June 2019
- Financial Performance 2019/20 – month 2
- Corporate Risk Register

Patterson, Liz
07/23/2020 14:56:37

6th August 2019

- Interim Performance Reports 2019/20 Q1
- Staff recruitment and retention delivery plan
- Commissioning Assurance Framework (Escalation Report)
- Financial Performance 2019/20 Q1
- Financial Recovery (Savings) Plan 2019/20
- PTHB Payment of invoices
- IMTP Q1
- Workplan

22nd October 2019

- IMTP 2020 – 2023 Draft Financial Assumptions and Draft Performance Trajectories
- Integrated Performance Report 2019/20 Q1
- Information Governance Performance Report
- Facilities Improvement Plan update
- Commissioning Assurance Framework
- Financial Performance 2019/20 - month 6

16th December 2019

- IMTP – performance and finance
- Financial Performance 2019/20 – month 8
- Workforce key performance metrics
- PTHB waste management arrangements
- Progress in delivering the planned care programme
- Committee Risk Register

24th February 2019

- Financial Performance 2019/20 Month 10
- Delivery of Annual Savings Programme
- Workforce Performance: Staffing Report
- Discretionary Capital Programme:
 - Delivery of 2019/20 – 2020/21 Plan
 - Draft 2020/21 – 2021/22 Plan
- Estates Compliance Assurance Report
- Integrated Performance Report 2019/20 Q3
- Information Governance:
 - Key Performance Metrics
 - Records Management Improvement Plan
- Section 33 Performance
- ICT Performance update (Local and National)
- Committee Risk Register

Patterson, Liz
07/23/2020 14:56:37

- Annual Chair's Report 2019/20 - draft

5.3 During the year the following items formed part of the Committee's work, either in response to continuing concerns, new/strategic developments or matters of national consultation. These included:

- WAO report – Expenditure on Agency Staff
- Capital and Estates Progress Report
- Out of Hours Annual Report 2018/19
- General Medical Practice Access Provision 2019/20

6. Key Developments

Key developments in 2019-20 include:

Governance

6.1 As a new Committee the terms of reference were initially confirmed together with confirmation of what work would include monitoring using the Board Assurance Framework, Performance reporting arrangements and the Corporate Risk Register. Specific oversight responsibility for this committee was agreed for:

- Commissioning of safe sustainable services
- Financial performance (meeting breakeven target)
- Information Governance
- Stable and robust ICT systems
- Attract, recruit and retain staff
- Service failure of in-house/out of hours GMS care
- Alignment of resources to strategic priorities
- Welsh Language standards

A review of the Terms of Reference is planned for the 2020/21 period.

Financial reporting

6.2 Committee received regular reports on financial performance throughout the year including progress against savings allowing Members to monitor the level of spend against the agreed budget.

Performance reporting

6.3 Committee received delivery plans or performance reports covering the following areas:

- Workforce

- Out of hours
- Planned care
- Staff retention and recruitment
- Capital and Estates
- General Medical Practice Access provision
- Planned Care programme
- Waste management arrangements

This gave Members an opportunity to seek assurance on a range of issues covered by the plans and reports for planning and monitoring purposes.

7. Assurance and Improvement

7.1 Paragraph 5.1 demonstrates the breadth of information received and range of issues discussed at P&R in 2019-20. These enabled the Committee to fulfil its assurance role on behalf of the Board, especially in respect of:

- Performance Against national and local Indicators;
- Commissioning Assurance Arrangements;
- Financial Monitoring;

7.2 During 2019-20 there were a number of areas of concern on which the Committee requested and received exception reports from the relevant Executive Director. These issues have been previously referred to in paragraphs 5.2 and 5.3 above.

7.3 The Finance, Planning and Performance Committee report for 2018-19, made no specific reference to forthcoming work for the Planning and Resources Committee that succeeded it.

8. Self-assessment and Evaluation

To be included following Board Development Session in February 2020

9. Key Areas of focus in 2020 -21

9.1 This Committee has met for a year now and has become well established. A full programme of work for Performance and Resources 2020-21 will be agreed as part of the annual work planning process and will include a review of the Committees terms of reference. The Committee will continue to receive Audit reports from external auditors and monitor progress against any recommendations relating thereto.

Patterson, Liz
07/23/2020 14:56:37

The work programme can be found on the Powys Teaching Health Board website.

- 9.2 Hardcopies of the above Work Programme can be obtained from Powys Teaching Health Board Directorate of Governance and Corporate Affairs, Vera Vallens Room, Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU.

10. Conclusion

- 10.1 This report provides a summary of the work undertaken by the Committee over the past 12 months. It demonstrates how the Committee has broadly complied with the Terms of Reference.

Patterson Liz
07/23/2020 14:56:37



Performance and Resources Committee

Terms of Reference & Operating Arrangements

Patterson, Liz
07/23/2020 14:56:37

1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the Performance and Resources Committee (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services. The Committee will also focus on the alignment of the health board's resources, including financial and workforce, to ensure achievement of the Board's aims and objectives.

2. PURPOSE

- 2.1 The purpose of the Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance; and
- b. an operating model which aligns resources effectively to support the achievement of the board's strategic aims, objectives and priorities.

2.3 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- b. on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
- c. that services are improving efficiency and productivity and financial plans are being delivered;
- d. that the health and well-being of staff and the population is being improved;
- e. risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

- A. Seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust, including:
 - the allocation of revenue budgets, based on allocation of funding and other forecast income;
 - the monitoring of financial performance against revenue budgets and statutory financial duties;
 - the monitoring of performance against capital budgets;
 - the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
 - the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
 - the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;

Patterson, Liz
07/23/2020 14:56:37

- the monitoring of arrangements to ensure efficiency, productivity and value for money;
- the monitoring of delivery against the agreed Discretionary Capital Programme; and
- the adequacy of standing financial instructions, including the application of capital and estates controls.

B. Seek assurance that arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust, including:

- the ongoing implementation of the Board's Framework for Improving Performance, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
- the monitoring of performance information against the Board's Well-being and Enabling Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
- the monitoring of performance information across directly provided services including outpatients, theatres, community and inpatient services, mental health and LD, women and children's services;
- the monitoring of performance information across commissioned services including Primary Care, outpatients, community and inpatient services, mental health, women and children's services and WHSCC, EASC and Shared Services
- the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
- the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Seek assurance that arrangements for the performance management and accountability of workforce related matters are sufficient, effective and robust, including:

- the monitoring of workforce related objectives and priorities as set out in the Board's IMTP and Annual Plan;
- the monitoring of the implementation and application of workforce related legislation, policies, standards and

Patterson, Liz
07/23/2020 14:56:37

contractual arrangements, including staffing levels, professional standards, codes of conduct and revalidation;

- the monitoring of delivery of the Board's workforce and organisational development frameworks and plans; and
- the monitoring of key workforce metrics, including training, appraisals, absence data, turnover and vacancies; bank/agency usage and staff satisfaction.

D. Seek assurance that arrangements for information management are sufficient, effective and robust, including:

- the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Plan;
- the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
- the review arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation; and
- the monitoring of arrangements to support the continued development of business intelligence and capacity.

E. Seek assurance that arrangements for the performance management of digital and information management and technology (IM&T) systems are sufficient, effective and robust, including:

- the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Plan; and
- the monitoring of the annual business plan for IM&T.

F. Seek assurance that arrangements for the performance management of compliance with statutory and legislative requirements are sufficient, effective and robust, including The Welsh Language Standards 2018, the Equality Act 2010, and the Mental Health Measure 2010.

G. Seek assurance that arrangements for the performance management and accountability of plans and services developed in partnership with key strategic partners are sufficient, effective and robust, including:

- the monitoring of section 33 agreements (under the NHS Wales Act 2006)
- the monitoring of achievement of shared outcomes, including the Regional Partnership Board and Public Services Board.

Patterson, Liz
07/23/2020 14:56:37

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance

Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board (Local Authority)
Vice Chair	Independent member of the Board (Legal)
Members	<p>Vice Chair of the Board</p> <p>Independent member of the Board (ICT)</p> <p>Independent member of the Board (Finance)</p> <p>The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.</p>

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance and IT (Officer Lead)
- Director of Workforce & OD
- Director of Planning and Performance
- Director of Primary, Community Care and Mental Health
- Director of Therapies and Health Sciences

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and

- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

- 4.4 The Office of the Board Secretary will provide secretariat services to the Committee.

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than bi-monthly, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on

Patterson, Liz
07/23/2020 14:56:37

which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;

Patterson, Liz
07/23/2020 14:56:37

- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

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

Patterson, Liz
07/23/2020 14:56:37

- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
-

Patterson, Liz
07/23/2020 14:56:37

PERFORMANCE AND RESOURCES WORK PLAN 2019-20 (AS AMENDED FEBRUARY 2020)

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES					
		2019-2020					
		30 April	24 June	06 Aug	22 Oct	16 Dec	24 Feb
Assurance Reports							
Financial Management:							
Financial Performance Reporting	DF&IT		✓	✓	✓	✓	✓
Delivery against Annual Savings Programmes and Cost Improvement Programmes	DF&IT			✓	✓	✓	✓
Delivery of the Discretionary Capital Programme	DPP			✓			✓
Organisational Performance:							
Integrated Performance Report (Annual Objectives and National Outcome Measures)	DPP		✓		✓		✓
Performance Exception Reporting (Commissioned Services)	DPP & Exec Lead	As and when identified by Delivery & Performance Group					

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES					
		2019-2020					
		30 April	24 June	06 Aug	22 Oct	16 Dec	24 Feb
Performance Exception Reporting (Provided Services)	DPP & Exec Lead	As and when identified by Delivery & Performance Group					
Workforce Key Performance Metrics	DWOD		✓	✓		✓	
Information Governance Key Performance Metrics	MD				✓		✓
Section 33 Performance	CEO				✓	✗	✓
NWIS Performance Updates	DFIT						✓
Records Management Improvement Plan Progress Reports	BS						✓
Strategic Objectives as set out in the Annual Plan 2019-20							
Progress in delivering the Digital First Objectives	DF&IT				✓		✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES					
		2019-2020					
		30 April	24 June	06 Aug	22 Oct	16 Dec	24 Feb
Progress in implementing a Programme for the Development of Primary and Community Care (including Clusters)	DPCCMH					✓	✓
Progress in delivering the Planned Care Programme	DPCCMH				✓	✓	✓
Progress in delivering a Modernisation Programme for Facilities Improvements	DWOD				✓		
Progress in delivering the annual action plan for Attraction, Recruitment and Retention	DWOD			✓			
Governance Reports							
Audit and Regulatory Reports		As and when identified					
Committee Risk Register	BS		*	✓	✓	✓	✓
Policies Delegated From the Board for Review and	BS	As and when identified					

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES					
		2019-2020					
		30 April	24 June	06 Aug	22 Oct	16 Dec	24 Feb
Approval							
Review of Standing Financial Instructions (NHS Wales Review)	DF&IT BS						✓
Review of Committee Programme of Business and Assurance Needs Map	BS		✓	✓	✓	✓	✓
Committee Requirements as set out in Standing Orders							
Development of Committee Annual Programme Business	BS		✓ 2019-20				
Annual Review of Committee Terms of Reference 2019-20	BS						✓
Annual Self-assessment of Committee effectiveness	BS						✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES					
		2019-2020					
		30 April	24 June	06 Aug	22 Oct	16 Dec	24 Feb
2019-20							

KEY:

CEO: Chief Executive

DPP: Director of Planning and Performance

DF&IT: Director of Finance and IT

DPCCMH: Director of Primary, Community Care and Mental Health

MD: Medical Director

DoN: Director of Nursing

DoTHS: Director of Therapies and Health Sciences

DWOD: Director of Workforce & OD

DPH: Director of Public Health

BS: Board Secretary

Finance, Planning and Performance Committee
Annual Report 2018-19

Page 26 / 29

Performance and Resources Committee Meetings: 2019-20
Independent Members and Lead Executives

Meeting dates	30 April 2019	24 June 2019	6 August 2019	22 Oct 2019	16 Dec 2019	24 Feb 2019
Matthew Dorrance (Chair)	✓	Apologies	✓	Apologies	✓	
Duncan Forbes - (Vice Chair)	Apologies	✓	-	Not in post	Not in post	Not in post
Mark Taylor – (Capital)	Not in post	Not in post	✓	✓	✓	
Mel Davies (Vice-Chair of Board)	✓	✓	Apologies	✓	Apologies	
Ian Phillips (ICT)	✓	✓	Apologies	✓	✓	
Tony Thomas (Finance)	✓	Apologies	✓	✓ (Chaired the meeting)	✓	

Patterson, Liz
07/23/2020 14:56:37

Meeting dates	30 April 2019	24 June 2019	6 August 2019	22 Oct 2019	16 Dec 2019	24 Feb 2019
Director of Finance & IT	✓	Apologies – Assistant attended	✓	✓	✓	
Director of Workforce and OD	✓	✓	✓	✓	✓	
Director of Planning & Performance	✓	✓	Apologies – Assistant attended	✓	✓	
Director of Primary, Community & Mental Health Service	-	✓	✓	✓	✓	
Director of Therapies and Health Sciences	Position vacant	Position vacant	Position vacant	Position vacant	Position vacant	

Patterson, Liz
07/23/2020 14:56:37

Reporting Committee:	Strategy and Planning Committee
Committee Chair	Trish Buchan
Date of last meeting:	09 July 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 27th May 2020, the Strategy and Planning Committee (S&PC) met on 09 July 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 Minutes of the meeting of S&PC on 09 July 2020 will be presented to the Board following approval at the next meeting of the Committee. The approved minutes of the meeting held on 16 January 2020 are appended to this report in Appendix 1.

PTHB Operational Plan – Quarter 2 (July – September 2020)

The Committee received, for discussion and review, the draft Operational Plan for Quarter 2 which builds on the Phase 2 Plan approved by PTHB Board in May 2020 and submitted to Welsh Government for the Quarter 1 return.

The Plan reflects the unique circumstances of Powys as both a provider and a commissioning organisation and responds to the requirements of the Welsh Government Operating Framework for Quarter 2 (July – September 2020).

The Plan continues to be shaped around the 'Four Harms' proposed by Welsh Government, setting out actions to continue to respond to the Covid-19 pandemic, the risk of an overwhelmed health and social care system, the reduction in non-covid activity and harm from the lockdown or wider societal actions. It also sets out the health board's work on Test, Trace and Protect.

The Plan sets out a self-assessment for the delivery of essential services and the progressive recovery of routine care. It also looks to the longer term and includes the re-shaping of the North Powys Well-being Programme, the response to opening of The Grange / Clinical Futures and the PTHB Big Four programmes.

The content of the plan was considered in detail by the Committee, in advance of its presentation to the Board on 29 July 2020 for formal approval. The Committee welcomed the comprehensive documents which was easy to read. Some amendments to the content of the plan were requested, which included:

- Updates to the section on the response to The Grange to provide further background context
- Additional modelling data to be included for Therapies, to provide latest available information
- Additional narrative to be included for Primary Care to provide further context
- A note to be added regarding Winter Plan investment in 2019/2020 and dependency for winter planning 2020/2021.

The Committee recognised the efforts of the organisation in preparing the Plan and extended its thanks to all involved. *The Committee recommends that the Plan is approved by the Board.*

The Grange University Hospital, Aneurin Bevan UHB
The Committee received an update on the Clinical Futures Programme in Aneurin Bevan University Health Board (ABUHB).

ABUHB agreed at its July Board meeting the case for the early opening of the Grange University Hospital in November 2020 as a key part of the Health Board's operational plan for 2020/21, including increased resilience during the winter period and any further responses to Covid-19. ABUHB are in the process of seeking approval from Welsh Government, including the associated capital and revenue funding.

The Committee acknowledged that, should Welsh Government provide support for the proposal for early opening, this will require a range of additional and accelerated work by the Health Board and its partners. This will particularly be important with regard to communications and engagement and ensuring that partners and service users are aware of the changes to services and where and how services will be accessed in the future, following the opening of The Grange University Hospital.

Patterson, Liz
07/23/2020 14:56

The Committee received an overview on the next steps Powys Teaching Health Board will take to understand the impact of this decision on Powys flows and, in partnership with ABUHB, to determine the health board's response as a Commissioner in both the short and medium term. These included:

- Establishing a South Powys Programme Board during July 2020.
- Completing an assessment of the impact of proposed changes to pathways/patient flows during July/August.
- Working in partnership with ABUHB and Cwm Taf Morgannwg UHB regarding service capacity and options for short- and medium-term patient pathways and flows in line with the South Wales Programme outcomes.
- Designing a communications and engagement plan that is appropriate for implementation during the COVID-19 pandemic.
- Discussing with the CHC Committees the ABUHB decision to open The Grange Hospital early and next steps.
- Providing an update on progress to the Committee at each meeting.

Given the significant work required in the coming months and the potential impact of the changes on the Powys population, the *Committee recommends to the Board that a briefing session is held with all Board members on this matter as swiftly as possible.*

PTHB Podiatry Services – Engagement outcome

The Committee received an update on the engagement and feedback exercises undertaken on the future shape of podiatry services in the county. The Board will be asked to consider for approval the implementation of a new model of safe and sustainable podiatry services.

The Committee was assured on the robustness of an engagement process with patients, staff and stakeholders. The engagement period was due to take place from 17 February 2020 to 29 March 2020, but the emerging impact of Coronavirus (COVID-19) led to an extension of the engagement period until 12 May 2020 to allow more time to respond. Whilst reduction in social contact during March 2020, and the subsequent lockdown restrictions from 23 March 2020, the significantly extended engagement period mitigated against the reduced opportunities for face to face contact. The Committee noted that the Community Health Council was also satisfied with the engagement process undertaken.

The Committee also welcomed the development of an Equality Impact Assessment to support the Board in its decision making in respect of a new model of safe and sustainable podiatry services.

The Committee noted that the proposal would be presented to the Board for a decision on 29 July 2020.

North Powys Wellbeing Programme

The Committee received an update on the North Powys Wellbeing Programme which was placed on hold in March 2020 in light of Covid-19 and business continuity being invoked. The Committee was advised that the Programme is currently being re-established with a view to formally re-instating the programme in July 2020.

During the pandemic a number of activities were progressed in the background where resource had already been committed and were then put on hold. Work has been undertaken to start to develop a draft Outcomes Framework for the new model of care. A large part of this has been focused on a desktop exercise with some limited stakeholder engagement. Further engagement is required during Quarter 2 with key stakeholders to finalise the framework for approval by the Regional Partnership Board.

It was agreed by the Programme Board, that work on the Programme Business Case should also be continued during quarter 1 where possible. This was procured with GB Partnerships and although good progress has been made, there has been very limited engagement and further work is required to re-engage key partners in order to finalise the current gaps within the programme business case.

Prior to COVID19, the Regional Partnership Board submitted their Mid-Point Evaluation report for North Powys Wellbeing Programme (a requirement of the transformation funding) to Welsh Government. During quarter 1 a draft national report has been shared with the Regional Partnership Board Leads and initial comments have been fed back to the national evaluation team.

During COVID19, there has been some progress with the areas of acceleration for change to support delivery of the new model of care and it is anticipated that there will be further opportunities to accelerate change particularly around digital and technology. An initial assessment is currently being undertaken under the broader COVID recovery discussions. It is anticipated that some of the outcomes within the transformation bid will need to be reviewed to reflect the revised priorities needed to continue focus on the pandemic response. The

programme plan is also being reviewed alongside the programme budget, to assess the impact of COVID19. A revised approach and financial plan will be considered during quarter 2.

The Committee noted that there is a risk that if the programme is not re-instated soon, the available revenue funding will not be utilised and this will impact on the ability to deliver the new model of care and to deliver the case for the multi-agency wellbeing campus. The Committee was assured that a full review of the risks and issues will be undertaken in line with discussions to reshape the programme objectives and plan for 2020/21.

The Committee will receive a further update in due course. In the meantime, the *Board is asked to NOTE the inevitable delays in progressing the Programme as a result of the impact of COVID-19.*

NEXT MEETING

The next meeting of the Strategy & Planning Committee will be held on 22 October 2020.

MATTERS FOR ESCALATING TO THE BOARD/OTHER COMMITTEES

The Board should be aware of all items highlighted within this report. These include items which will be further considered by the Board as substantive agenda items at its meeting on 29 July 2020:

- PTHB Operational Plan – Quarter 2 (July – September 2020)
- PTHB Podiatry Services – Engagement outcome

The Committee further recommends that a Board briefing session is held at an early opportunity on The Grange University Hospital, Aneurin Bevan UHB.

ATTACHED

Approved minutes of the meeting of the Strategy & Planning Committee held on 16 January 2020.

Patterson, Liz
07/23/2020 14:55



POWYS TEACHING HEALTH BOARD
STRATEGY & PLANNING COMMITTEE

CONFIRMED

MINUTES OF THE MEETING HELD ON 16 JANUARY 2020
BOARD ROOM, GLASBURY HOUSE, BRONLLYS HOSPITAL

Present:

Trish Buchan	IM (Third Sector) (Committee Chair)
Professor Viv Harpwood	IM (PTHB Chair)
Ian Phillips	IM (ICT)
Mark Taylor	IM (Capital & Estates)
Owen James	IM (Community)

In Attendance:

Hayley Thomas	Director of Planning & Performance (Exec Lead)
Julie Rowles	Director of Workforce, OD & Support Services (joined the meeting at 11.15 am)
Stuart Bourne	Director of Public Health
Pete Hopgood	Director of Finance & IT (Designate)
Sam Ruthven-Hill	Assistant Director (Planning)
Jamie Marchant	Director of Primary, Community and Mental Health Services
Caroline Evans	Head of Risk & Assurance

Observer:

Elaine Matthews	Wales Audit Office
Osian Lloyd	Internal Audit

Apologies for Absence:

Strategy & Planning Committee:
09 July 2020
Chair's Report to PTHB Board

Page 6 of 16

Board Meeting
29 July 2020
Agenda Item 3.6a
Appendix 6a

Carol Shillabeer
Katrina Rowlands
Rani Mallison

Chief Executive
Interim Director of Nursing
Board Secretary

Patterson, Liz
07/23/2020 14:58:30

MEETING GOVERNANCE	
S&P/19/40	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Trish Buchan welcomed everyone to the meeting and NOTED that there was a quorum present.</p> <p>Apologies for absence were noted as recorded above.</p>
S&P/19/41	<p>DECLARATIONS OF INTEREST</p> <p>Trish Buchan declared that her husband is a citizen member of the Powys Regional Partnership Board, which was relevant for the following agenda items: 2.1; 2.3; and 2.4.</p> <p>No other interests were declared.</p>
S&P/19/42	<p>MINUTES OF THE PREVIOUS MEETING: 1 OCTOBER 2019</p> <p>The Chair informed the Committee that an updated version of the minutes had been circulated previously.</p> <p>The minutes of the last meeting of the Committee held on 1 October 2019 were AGREED as being true and accurate record.</p>
S&P/19/43	<p>MATTERS ARISING FROM THE PREVIOUS MEETING</p> <p>S&P/19/37: Ian Phillips asked if there is an update on NWIS.</p> <p>Pete Hopgood stated there is no update at this point in time, but it will be brought to Committee as soon as it is available.</p> <p>Action: Director of Finance and IT</p>
S&P/19/44	<p>COMMITTEE ACTION LOG</p> <p>The Committee RECEIVED and discussed the Action Log as recorded below:</p> <p>S&P/19/29: Hayley Thomas informed the Committee that this is to be discussed on the agenda under item 2.4. There is now a formal Programme Board in place, which is co-chaired by the two CEOs that oversee delivery of the Programme. PTHB Vice-Chair and PCC Cabinet members are involved in the programme in terms of oversight.</p> <p>S&P/19/33: Hayley Thomas stated that this action is now complete.</p>

S&P/19/38: The Committee Chair stated that the three horizon workshop will provide the unique opportunity to look forward, and the Committee agreed that the workshop should be held before the end of the financial year.

S&P/19/05.1: The Committee Chair requested that the Action Log articulates that this relates to Aneurin Bevan University Health Board.

Action: Corporate Governance Team

Hayley Thomas stated that a formal programme needs to be established, with a detailed plan developed. This will be presented to Executive Committee in February, and will be presented to the next Strategy and Planning Committee in April.

Action: Director of Planning & Performance

S&P/19/12: The Committee Chair stated that the colour is incorrect, as the RPB outcome framework has not yet been circulated.

Action: Corporate Governance Team

S&P/19/18: Hayley Thomas informed the Committee in respect of the North Powys Wellbeing Programme that a detailed plan is required to develop the Strategic Outline Programme, which is scheduled for April. This will be circulated to Members.

Owen James asked what the high level actions are, and the milestones that need to happen that will inform the risk register.

Hayley Thomas informed the Committee that the model of care needs to be tested and assessed against the work that is being carried out at the moment.

Ian Phillips stated this is a massive opportunity to transform services, and that we need to understand how we are going to achieve that transformation. The point was made that it would be helpful to have a conversation outside the meeting to discuss how we move forward.

The Committee Chair confirmed that this will be discussed further under item 2.4.

	<p>Hayley Thomas stated that there are two additional documents she would share: -</p> <ol style="list-style-type: none"> 1. Detailed governance paper 2. Critical path <p>Item 2 is a live working document which will be circulated to Committee members.</p> <p>Action: Director of Planning & Performance</p>
--	---

ITEMS FOR ASSURANCE

S&P/19/45	<p>REGIONAL PARTNERSHIP BOARD: AGE WELL PROGRAMME UPDATE</p> <p>It was confirmed that Jamie Marchant has recently taken over as Chair of the Age Well Partnership under the auspices of the RPB. Jamie Marchant presented an update to the Committee on the Age Well Partnership. The Partnership is responsible for Strategic oversight of the relevant 'Age Well' actions many of which are funded through the Integrated Care Fund. It was requested that Committee members provide feedback on what they would like to see as assurance moving forward.</p> <p>Membership of the partnership will be updated to include representation from the Live Well Programme to ensure closer alignment of the two programmes.</p> <p>Viv Harpwood queried if there is any hard data collected in respect of patient outcomes. Jamie Marchant stated that the Age Well group will closely monitor outcomes and outlined some recent successes in addressing winter pressures.</p> <p>Ian Phillips stated there is considerable overlap with PSB, and that it would be helpful to have a conversation outside of the meeting, to discuss the interdependencies and understand how all work streams sit together.</p> <p>Action: Director of Primary, Community and Mental Health Services / Independent Member (ICT)</p> <p>Trish Buchan stated it would be helpful to receive presentations sooner in future (circulated with the agenda), and suggested it would be helpful to have a critical appraisal of where we are in the RPB programmes e.g. is ICF investment being effectively spent? Is the funding making a difference and are older people and staff benefiting from changes?</p>
-----------	---

	Action: Director of Primary, Community and Mental Health Services
S&P/19/46	<p>STRATEGIC CHANGE REPORT</p> <p>Hayley Thomas presented the report, which provides an update on the following strategic change programmes: -</p> <ol style="list-style-type: none"> 1. Stocktake 2. NHS Future Fit (Shrewsbury and Telford Hospitals) 3. Herefordshire & Worcestershire STP and Stroke Programme 4. Aneurin Bevan University Health Board (ABUHB) Clinical Futures <p>Hayley Thomas informed the Committee that it was agreed at Executive Committee yesterday, that 'Integrated out of Hours Primary and Community Care Services in Powys' does not need to be in the stocktake.</p> <p>Owen James asked if there is any update on what ABUHB has planned in terms of consultation. Hayley Thomas stated that ABUHB do not have any plans at this point regarding consultation but engagement planning is taking place and there is a Communication and Engagement Work Stream in ABUHB which Adrian Osborne is a member.</p> <p>A discussion was held at the recently held Strategic Planning and Commissioning Group about how best to establish the programme to understand the impact in Powys and PTHB will re-visit engagement and discussions with the public in due course.</p> <p>Hayley Thomas stated it was agreed in Executive Committee that this is a priority, and that we need to prioritise planning resource for how we respond to the Grange in February. A detailed briefing is expected after approval of the Programme Plan in February.</p> <p>Action: Director of Planning & Performance</p> <p>Ian Phillips requested an update on Future Fit. Hayley Thomas stated that Department of Health capital funding has been identified but with the impact of the extended timetable, inflation, etc., the financial gap is significant between the funding available and the costs of the scheme. Work is being undertaken to identify how that gap can be reduced.</p>

	<p>Action: Director of Planning & Performance</p> <p>Trish Buchan queried the continued presence of Dyfi Valley on the report. It was confirmed that this will be taken to the next meeting of Executive Committee for discussion.</p> <p>Action: Director of Planning & Performance</p>
S&P/19/47	<p>PUBLIC SERVICES BOARD UPDATE</p> <p>Stuart Bourne presented the report to the Committee. A Public Services Board (PSB) was established in Powys in 2015/16 in accordance with the Well-being of Future Generations (Wales) Act (2015). The PSB published a well-being assessment in 2017, and a well-being plan in 2018 as required under the Act. The well-being plan is based around 12 well-being steps. An annual report covering progress in the first year of implementation of the 12 steps was published in July 2019.</p> <p>Stuart Bourne informed that Committee that Appendix 1 provides an update made to the PSB in December, that provides progress made on steps 11 and 12 (North Powys Programme). The North Powys Programme has been delegated by the PSB to the RPB.</p> <p>Owen James highlighted that strictly speaking the PSB steps are much wider than the North Powys Programme but reflected there is a need for the PSB to prioritise.</p> <p>Stuart Bourne stated that performance monitoring is still at an early stage though recently a performance monitoring framework has been developed.</p> <p>Clarity on reporting arrangements between the various partnerships (Public Services Board, Regional Partnership Board, North Powys Wellbeing Programme) and the Committee was discussed.</p> <p>Stuart Bourne reflected that the Three Horizons Workshop may provide a vehicle by which these issues can be considered. Hayley Thomas stated that there is significant work being undertaken on the ground to deliver priorities but we need to ensure appropriate reporting with the right level of detail to provide assurance to this Committee. Hayley Thomas referenced the work being undertaken on the Partnership Governance Framework by the Board Secretary which will assist with clarifying arrangements.</p>

	<p>Action: Director of Planning & Performance/Board Secretary to provide a position paper (substantive item) on the Partnership Governance Framework</p>
S&P/19/48	<p>NORTH POWYS WELLBEING PROGRAMME UPDATE</p> <p>Hayley Thomas presented the report, which provides an update on the progress of the North Powys programme over the past 6 months, and shared the outputs of key pieces of work during this period.</p> <p>Hayley Thomas requested feedback from the Committee about what it would like to see going forward.</p> <p>It was suggested that the focus should be on staff and how they work with the community and other agencies.</p> <p>Action: Director of Planning & Performance to ensure it is a key focus in the programme as it progresses.</p>
ITEMS IN DEVELOPMENT	
S&P/19/49	<p>INTEGRATED MEDIUM TERM PLAN 2020-2023, INCLUDING:</p> <ul style="list-style-type: none"> • FINANCIAL PLAN; • WORKFORCE PLAN; AND • ANNUAL PLAN <p>Hayley Thomas presented the report, which provides the final draft version of the IMTP and the associated Annual Plan. PTHB has a strong track record with an approved and balanced IMTP for the fifth year in succession.</p> <p>Hayley Thomas informed the Committee the document is a work in progress, with further work undertaken yesterday at Executive Committee. The IMTP will be presented to Board at the end of January for final sign-off. The following two areas were highlighted: -</p> <ol style="list-style-type: none"> 1. Quality Framework will be presented to Board for approval at end of January; and 2. WHSSC Integrated Commissioning Plan will be presented to Board at end of January for approval. <p>Owen James requested that we include stronger reference to the Charitable Funds Committee. Hayley Thomas stated we can strengthen the reference.</p>

	<p>Action: Independent Member (Community) / Director of Finance, Information and IT</p> <p>Owen James identified that the old structure had been incorporated on page 93.</p> <p>Action: Director of Planning & Performance</p> <p>Trish Buchan noted that the Quality Assurance section of the report requires strengthening. Action: Director of Planning and Performance</p> <p>Trish Buchan expressed her thanks to the Planning Team for ongoing commitment to producing the IMTP.</p>
S&P/19/50	<p>WHSSC INTEGRATED COMMISSIONING PLAN (ICP)</p> <p>Hayley Thomas presented the WHSSC ICP for Specialised Services for 2020-23, which was considered by the WHSSC Joint Committee on 6 January 2020. As a supporting organisation within NHS Wales, WHSSC has a duty to develop a three year ICP for Specialised Services on an annual basis. The ICP revealed additional costs to PTHB over and above the expected figures due to the impact of the risk share. Hayley Thomas shared an additional handout that had not been circulated with the agenda, as this summarised conversation held earlier that morning. The handout provided detail on the next steps being taken by WHSSC and PTHB to clarify the situation.</p> <p>Trish Buchan requested that the WHSSC ICP is escalated to Board within the Chair's report and that the Committee Chair of Performance and Resources and the Independent Member (Finance) be advised of the financial plan prior to Board on 29 January. Pete Hopgood agreed that the presentation would be circulated post Committee. Action: Director of Finance and IT</p>
S&P/19/51	<p>TACKLING THE BIG FOUR: CANCER</p> <p>Wyn Parry provided a presentation to the Committee, which outlines the work being undertaken on Cancer: one of the Big Four within the Health and Care Strategy. An overview was provided of the Single Cancer Pathway, Committee Members were also assured that notwithstanding Powys patients are receiving treatment from a number of different providers they are being treated equitably.</p> <p>Wyn Parry outlined work being undertaken to progress the Improving Cancer Journey in Powys. This is a strategic</p>

	<p>partnership with PCC, PTHB and Macmillan Cancer Support that aims to focus on the holistic needs of patient with cancer.</p> <p>Mark Taylor questioned whether there were opportunities through Charitable Funds to facilitate improved access to scanning services.</p> <p>Wyn Parry agreed that Item will return to the Committee with an update in due course.</p> <p>Action: Medical Director/Board Secretary</p>
S&P/19/52	<p>COMMITTEE RISK REGISTER</p> <p>The Head of Risk & Assurance presented the report, which provides an update on the development of the Committee Risk Register.</p> <p>Trish Buchan requested that in future cover papers should relate to the Committee risks and effectiveness of mitigating actions.</p> <p>Action: Head of Risk & Assurance</p>
ITEMS FOR NOTING	
S&P/19/53	<p>TOGETHER FOR MENTAL HEALTH DELIVERY PLAN 2019-2022</p> <p>The Committee RECEIVED and NOTED the plan.</p>
S&P/19/54	<p>COMMITTEE WORKPLAN 2019/20</p> <p>The Committee RECEIVED the workplan, which outlines planned pieces of work and any amendments made since the last meeting.</p> <p>Mark Taylor questioned where Discretionary Capital Programme would be discussed. Hayley Thomas stated that the Discretionary Capital Programme will be circulated to Committee members prior to the Board as a meeting is not taking place until after the March Board meeting. Hayley Thomas agreed to meet with Mark Taylor separately to discuss the discretionary Capital programme.</p> <p>Action: Director of Planning & Performance and Independent Member – Capital & Estates, to meet prior to March Board meeting.</p>
OTHER MATTERS	
S&P/19/55	<p>MATTERS FOR ESCALATION TO THE BOARD</p> <ul style="list-style-type: none"> • WHSSC Integrated Commissioning Plan • IMTP <p>The Committee Chair noted that the Board should be aware of the need for clarity over how it receives assurance in respect of</p>

	Partnership Work Programmes in respect of the RPB, PSB and other partnership programmes.
	<p>ANY OTHER URGENT BUSINESS</p> <p>The Chair suggested she would like to see cover papers providing a more critical analysis of the subject under discussion, particularly where the Committee is being provided with assurance.</p>
S&P/19/56	<p>DATE OF NEXT MEETING</p> <p>23 April 2020 at 10.00am</p>

Patterson, Liz
07/23/2020 14:56:32



Strategy and Planning Committee

Annual Report

2019-20

July 2020

Patterson, Liz
07/23/2020 14:56:37

Contents

Foreword

1.	Introduction	4
2.	The 2019-20 Work Programme	4
3.	Frequency of Committee Meetings and Membership	4
4.	Committee Reporting Arrangements	5
5.	Committee's Work Programme	5
6.	Key Developments	7
7.	Assurance and Improvement	8
8.	Self-assessment and Evaluation	8
9.	Key Areas of Focus in 2019-20	8
10.	Conclusion	9
Appendix 1	Strategy and Planning Committee -Terms of Reference 2019-20	10
Appendix 2	Strategy and Planning Committee Work Programme 2019-20 (as amended at December 2019)	22
Appendix 3	Strategy and Planning Committee Meetings 2019-20	27

Foreword

I am pleased to present the first report of the Strategy and Planning Committee (S&P) set up under the new governance structures introduced for 2019/20.

This report had been due to be presented to the April 2020 meeting of Strategy and Planning Committee however, the COVID-19 pandemic resulted in the pausing of some committee work and this report will now be presented at the July 2020 Strategy and Planning Committee meeting.

The Committee has focussed on ensuring Board planning arrangements are appropriately designed and implemented and that plans and arrangements are in place for joint partnership, engagement and communication and business continuity.

Regular Chair's Assurance Reports were submitted to the Board along with Committee minutes provided for information.

I am grateful to the Members of the Committee who have contributed over the past year and the Board Secretary's team for their support.

I look forward to a full programme of work for Strategy and Planning for the remainder of the period 2020-2021.

Trish Buchan
Chair, Strategy and Planning Committee
July 2020

1. Introduction

- 1.1 The Standing Orders of Powys Teaching Health Board (referred to throughout this document as 'PTHB' or the 'Board') state that:

"The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees, joint-Committees or joint sub-Committees which it has formally constituted."

- 1.2 The Term of Reference of the Strategy and Planning Committee (referred to in this report as 'S&P' or the 'Committee') that applied in 2019/20 were approved by the Board in March 2019 (see Appendix 1). These were not changed during the reporting year.

2. 2019-20 Work Programme

- 2.1 PTHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for S&P in 2019-20 and amended through the year to reflect any changes is attached to this report (see Appendix 2).
- 2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda, which gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. Frequency of Committee Meetings and Membership

- 3.1 During 2019-20, the Committee met four times in the Glasbury House Board Room at Bronllys: in May 2019, June 2019, October 2019 and January 2020. This met the requirement that the committee should meet at least quarterly. Detail of the members and the lead executive directors who attended these meetings is provided at Appendix 3.

3.2 Membership of the Committee comprised of the following Independent Members:

Trish Buchan (Chair)	IM Local Authority
Duncan Forbes (Vice-Chair) (April 2019 – August 2019)	IM Legal
Mark Taylor (from September 2019)	IM Capital
Ian Phillips	IM ICT
Owen James	IM Community
Mel Davies (April 2019 – August 2019)	IM Board Vice-Chair

4. Committee Reporting Arrangements

4.1 Following their approval at the following meeting, the minutes of each meeting of S&P are routinely submitted to the Board.

In addition, the Committee Chair reports to the Board after each meeting of the Committee to draw the attention of Members to any key issues. All Board papers can be accessed via the Powys Teaching Health Board website.

5. Committee Work Programme: 2019-20

5.1 The S&P Work programme for 2019-20 is set out in Appendix 2.

5.2 Key issues from the Work Plan considered by the Committee during 2019-20 included the following:

2nd May 2019

- A Healthier Wales
- Committee Governance
 - Terms of Reference of new committee,
 - Board Assurance Framework 2019/20,
 - Corporate Risk Register

24th June 2019

- RPB – Start Well Programme
- Section 33 agreements
- Service Change (Stocktake) Report

- North Powys Wellbeing Programme
- Workforce Futures Programme
- Committee Annual Workplan
- Child Poverty Report

1st October 2019

- Regional Partnership Board – Live Well, Mental Health Programme
- Tackling the Big Four – Breath Well Programme
- Workforce Futures Strategic Framework
- Integrated Medium Term Plan 2020-2023
- Welsh Government Consultation – together for Mental Health Delivery Plan 2019-22
- Building a Healthier Wales
- Workplan

16th January 2019

- Regional Partnership Board – Age Well Programme update
- Strategic Change Report
- Public Services Board update
- North Powys Wellbeing Programme Update
- Integrated Medium Term Plan 2020-23
- WHSSC Integrated Commissioning Plan
- Tackling the Big Four – Cancer
- Committee Risk Register
- Together for Mental Health Delivery Plan – 2019-2022
- Workplan

6. Key Developments

Key developments in 2019-20 include:

Governance

- 6.1 As a new Committee the terms of reference were initially confirmed together with confirmation of what work would include monitoring using the Board Assurance Framework, Performance reporting arrangements and the Corporate Risk Register.

A review of the Terms of Reference is planned for the 2020/21 period.

Tackling the Big Four

- 6.2 During 20-19-20 the Committee received reports on the Breath Well and Cancer sections of this programme.

Regional Partnership Board

- 6.3 Committee received reports on the Start Well, Live Well and Age Well programmes oversee by the Regional Partnership Board.

7. Assurance and Improvement

- 7.1 Paragraph 5.1 demonstrates the breadth of information received and range of issues discussed at S&P in 2020-21. These enabled the Committee to fulfil its assurance role on behalf of the Board, especially in respect of:
- a. Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of the Health Board's responsibilities (directly provided and commissioned); and
 - b. plans and arrangements for the following matters are adequate, effective and robust:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity
- 7.2 A number of actions had been brought forward from predecessor committees for S&P to track. These include:
- Transforming Clinical Futures (an analysis of impact on PTHB when ABuHB published a final report)
 - Grange Hospital – modelling of patient pathways for accessibility/proximity/quality and sustainability of services
 - Specialised patient flows
 - Start Well, Live Well and Age Well Programmes
 - Alignment of PTHB/PCC strategy for ICT

These items have either been subject to consideration at Committee during 2019-2000 or will be found on the 2020-2021 workplan.

8. Self-assessment and Evaluation

It had been intended to undertake a self-assessment and evaluation of S&P during a Board Development session in Spring 2020,

however, Board Development sessions were paused during this period due to the Covid-19 pandemic. It will be necessary to reschedule this piece of work.

Patterson, Liz
07/23/2020 14:56:37

9. Key Areas of focus in 2020 -21

- 9.1 This Committee has met for a year now and has become well established. A full programme of work for Strategy and Planning 2020-21 will be agreed as part of the annual work planning process.

The work programme can be found on the Powys Teaching Health Board website.

- 9.2 Hardcopies of the above Work Programme can be obtained from Powys Teaching Health Board Directorate of Governance and Corporate Affairs, Vera Vallins Room, Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU.

10. Conclusion

- 10.1 This report provides a summary of the work undertaken by the Committee over the past 12 months. It demonstrates how the Committee has broadly complied with the Terms of Reference.



Strategy and Planning Committee

Terms of Reference & Operating Arrangements

March 2019

Patterson, Liz
07/23/2020 14:56:37

1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the Strategy & Planning Committee (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to all areas of Strategy and Planning, across the full breadth of the Health Board's responsibilities.

2. PURPOSE

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates digital; and
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board.

2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- c. that Health Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of the Health Board's responsibilities (directly provided and commissioned); and
- d. plans and arrangements for the following matters are adequate, effective and robust:
 - (iv) Joint committee and partnership planning;
 - (v) Engagement and communication; and
 - (vi) Civil Contingencies and Business Continuity.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in the development of the Health Board's aims, objectives and priorities, and in doing so will:

- a. consider national and regional planning guidance to inform the development of strategic plans;
- b. consider population health needs assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- c. consider the development of the Board's Integrated Medium Term Plan, including the Financial Plan and Workforce Plan;
- d. consider the development of the Board's Annual Plan, aligned to the Integrated Medium Term Plan;
- e. consider plans for whole-system pathway development and re-design;
- f. consider the development of strategies and plans developed in partnership with key strategic partners;
- g. consider any necessary revision of the Health Board's strategies and plans to ensure consistency with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- h. consider the implications for service planning arising from the development of the Health Board's strategies and plans or those of its stakeholders and partners, including those arising from any joint committees of the Board;

- i. consider whether proposals for service change and associated business cases are consistent with the strategic direction set by the Board;
- j. consider whether enabling strategies (e.g. digital) are suitably aligned in the development of the Health Board's strategic plans;
- k. consider whether planning arrangements are appropriately designed and operating effectively;
- l. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need;
- m. consider whether adequate public engagement, co-production and co-design principles have been embraced;
- n. consider the development of the Board's Capital Discretionary Programme and Capital Business Cases; and
- o. consider the effectiveness of the Health Board's Civil Contingency Plans and Business Continuity Plans.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board (Third Sector)
Vice Chair	Independent member of the Board (ICT)
Members	Independent member of the Board (Legal) Independent member of the Board (Community) Independent member of the Board (Capital)

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Planning & Performance (Officer Lead)
- Director of Finance and IT
- Director of Workforce & OD
- Director of Public Health
- Director of Nursing

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Board Secretary will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than Quarterly, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;

- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

Patterson, Liz
07/23/2020 14:56:37

6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

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

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.



STRATEGY & PLANNING COMMITTEE

PROGRAMME OF BUSINESS 2019-20

The purpose of the Performance & Resources Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for the development of strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction. The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses all directly provided and commissioned services and partnership arrangements.

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board in March 2019;
- the Board's Assurance Framework (based on its Annual Objectives for 2019-20);

Patterson.Li
07/23/2020 14:56:37

- 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.

A Committee Assurance Framework, based on the Committee's remit, underpins the Committee's programme of business. This assessment is provided to support the Committee in focussing its attention on key areas of risk and assurance need.

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES			
		2019-2020			
		02 May	24 June	01 October	16 January
Assurance Reports					
Strategic Change Update	DPP		✓	✗	✓
PTHB Planning Framework (including National Planning Guidance)	DPP				
RPP Start Well Programme Update	DoN		✓		

RPB Live Well Programme Update - Disability	DoTHS				✓
RPB Live Well Programme Update – Mental Health	DPCCMH			✓	
RPB Age Well Programme Update	DoTHS				✓
North Powys Wellbeing Programme	DPP		✓		✓
Section 33 Arrangements	CEO		✓		
Public Services Board Update	DPH				✓
Strategy, Strategic Frameworks & Plans in Development					
Tackling the Big Four: Improving Cancer Journey					✓
Tackling the Big Four: Breathe Well				✓	
Primary and Community Care Development					✓ Included in IMTP Item
Integrated Medium Term Plan 2020-2023, including: Financial Plan; Workforce Plan; and Annual Plan	DPP DF&IT DWOD			✓	

Integrated Commissioning Framework (WHSSCC)	DPP					✓
Workforce Futures Strategic Framework	DWOD		✓	✓		
Health and Social Care Workforce Plan for Wales (Health and Education Improvement Wales to attend)	DWOD			✗		
Digital First Strategic Framework	DF&IT			✗		
Innovative Environments Strategic Framework	DPP					✗
Discretionary Capital Programme	DPP					✗
Governance Reports						
Audit and Regulatory Reports		As and when identified				
Committee Risk Register	BS		*	✓	✓	✓

Policies Delegated From the Board for Review and Approval	BS	As and when identified					
Review of Committee Programme of Business and Assurance Needs Map	BS		✓	✓	✓	✓	✓
Committee Requirements as set out in Standing Orders							
Development of Committee Annual Programme Business	BS		✓ 2019-20				
Annual Review of Committee Terms of Reference 2019-20	BS						✓
Annual Self-assessment of Committee effectiveness 2019-20	BS						✓

KEY:

GEO: Chief Executive

DPP: Director of Planning and Performance

Strategy and Planning Committee
Annual Report 2019-20

Page 24 / 27

Board Meeting
29 July 2020
Agenda Item 3.6a
Appendix 6b

DF&IT: Director of Finance and IT
DPCCMH: Director of Primary, Community Care and Mental Health
MD: Medical Director
DoN: Director of Nursing
DoTHS: Director of Therapies and Health Sciences
DWOD: Director of Workforce & OD
DPH: Director of Public Health
BS: Board Secretary

Patterson, Liz
07/23/2020 14:56:37

STRATEGY & PLANNING COMMITTEE

ASSURANCE FRAMEWORK 2019-20

Patterson, Liz
07/23/2020 14:56:37

Strategy and Planning Committee
Annual Report 2019-20

Page 26 / 27

Board Meeting
29 July 2020
Agenda Item 3.6a
Appendix 6b

Delegated Powers and Authority	Low rated Assurance Arrangements (BAF, 31/03/19)	Corporate Risk Register	Internal Audit/External Assurance Reports 2018/19
National & Regional Planning			
Population Health & Needs Assessment			
IMTP (incl Finance & Workforce) & Annual Plan			• IMTP/Joint planning framework – reasonable assurance
Whole-system pathway development	<ul style="list-style-type: none"> • Cancer (3.2) • Respiratory Conditions (3.3) • Circulatory Disease (3.4) 		
Development of strategies & plans, including those of partnerships & joint committees			
Service Change		<ul style="list-style-type: none"> • Fragmented and unsustainable service models as a result of changing need and service reconfiguration of neighbouring bodies (CRR008) 	
Engagement & Co-production			
Capital Programme			
Civil Contingencies/Business Continuity Planning		<ul style="list-style-type: none"> • “No Deal” Brexit Scenario – Business Continuity Planning (CRR011) 	• Business continuity planning (excluding I.T.) – reasonable assurance

Patterson Liz
07/23/2020 14:56:37

Appendix 3

Strategy and Planning Committee Meetings: 2019-20 Independent Members and Lead Executives

Meeting dates	2 May 2019	24 June 2019	1 October 2019	16 Jan 2019
Trish Buchan (Chair)	✓	✓	✓	✓
Ian Phillips - (Vice Chair)	✓	✓	✓	✓
Owen James – (Community)	✓	✓	✓	✓
Mark Taylor (Capital)	Not in post	Not in post	✓	✓
Duncan Forbes (Legal)	✓	✓	Not in post	Not in post
Mel Davies (Vice-Chair)	✓	✓	-	-

Meeting dates	2 May 2019	24 June 2019	1 October 2019	16 Jan 2019
Director of Planning & Performance	✓	✓	✓	✓
Director of Finance & IT	-	✓	✓	✓
Director of Workforce and OD	✓	✓	✓	✓
Director of Public Health	Apologies	✓	✓	✓
Director of Nursing	✓	Apologies	✓	Apologies

BOARD MEETING		DATE OF MEETING: 29 July 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">▪ Welsh Health Specialised Services Committee (WHSSC); and▪ Emergency Ambulance Service Committee (EASC); and <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>			
RECOMMENDATION(S):			
<p>It is recommended that the Board:</p> <ul style="list-style-type: none">▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.			
Approval/Ratification/Decision	Discussion	Information	
x	✓	x	

Patterson, Liz
07/23/2020 14:50:23

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 14th July 2020. The papers for the meeting are available at:

www.whssc.wales.nhs.uk A summary of the meeting is attached at Item 3.6b, Appendix 1.

Emergency Ambulance Services Joint Committee (EASC)

The Emergency Ambulance Services Committee held a virtual meeting on 14 July 2020. The papers for the meeting are available at:

<http://www.wales.nhs.uk/easc/committee-meetings>

A summary of the meeting is attached at Item 3.6b, Appendix 2.

Mid Wales Joint Committee for Health and Social Care

The meeting scheduled for 29 June 2020 was cancelled. The next meeting is listed for 28 September 2020.

NEXT STEPS:

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

Patterson, Liz
07/23/2020 14:50:23
Summary of Board Joint
Committee Activity

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – JULY 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 14 July 2020 with a 'consent agenda', as described on the WHSSC website. 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 would be embedded within the meeting papers.

The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2020-21-whssc-joint-committee>

Minutes of Previous Meeting

The minutes of the meeting of 12 May 2020 were taken as read and approved.

Action log & matters arising

Members noted there were no outstanding actions or matters arising.

Managing Director's Report

The Managing Director's report, including updates on the mother and baby unit, IVF, the Swansea mobile PET scanner, the PET international webinar and NCCU expenditure on mental health services for the COVID-19 period, was taken as read.

Paediatric Ketogenic Diet

A paper that set out the current concerns and risks associated with the implementation of the Integrated Commissioning Plan scheme for the Paediatric Ketogenic Diet service at CVUHB, as a result of a funding shortfall on one of the key posts for the service, was taken as read and the funding of the dietitian element to allow the service to be developed in NHS Wales was approved.

Patterson, Liz
07/23/2020 14:56:37

All Wales Traumatic Stress Quality Improvement Initiative

A paper setting out the commissioning arrangements for the All Wales Traumatic Stress Quality Improvement Initiative and informing members of the confirmation of funding from Welsh Government for the Initiative was taken as noted.

Integrated Commissioning Planning

The Director of Planning presented an overview of the suite of papers describing the WHSS Team approach to the Integrated Commissioning Plan for specialised services during the COVID-19 pandemic, acknowledging that priorities needed to be aligned between specialised and other services and that there was a need to remain flexible.

The content of the suite of papers was noted, particularly (1) the approach to new investment agreed for 2020-21 by Management Group and (2) the work underway regarding new interventions which may offer alternative treatment options for patients which reduce the risks of COVID-19 harm. Support was confirmed for (1) the revised process for the development of the WHSSC 2021-24 Integrated Commissioning Plan and (2) the revised process for the prioritisation of new interventions during the COVID-19 pandemic.

Risk assessment during the COVID-19 pandemic

A paper outlining the risk management approach being taken by the WHSS Team during the COVID-19 pandemic was taken as read and supported.

In particular, members noted (1) that the CRAF continues to be monitored, (2) that risk assurance was being undertaken on individual services, and (3) the additional strategic risks detailed in the paper and their link to the risk appetite statement.

Independent Hospitals Commissioning

The Director of Finance presented an overview of the paper that provided an update on the commissioning of independent hospitals in Wales for the initial three month period to 6 July 2020, funded by Welsh Government, and the extension period to 6 September 2020, funded by health boards. Six hospitals had been commissioned from the outset but the arrangement had only been extended with four of the hospitals. It would be for local health boards to contract direct with the independent hospitals beyond 6 September committing their own funding but the WHSS Team would be available to assist in the process. NHSE was extending similar English contracts for two months but for reduced capacity.

The content of the paper was noted.

Trauma Network “Go Live” Update

A paper that provided an update on the progress made to determine readiness of the South Wales Trauma Network and to recommend a ‘go live’ date of Monday 14 September 2020 was noted. Members received assurance that the Trauma Network is ready to go live and approved the proposed ‘go live’ date.

WHSSC Protocol for Dealing with Concerns

A revised version of the Protocol (previously approved in 2016) was presented that reflected changes to the structure of the WHSS Team, including addition of the Quality Assurance team, and improved clarity around the process for concerns regarding the function of the WHSS Team. The revised version of the Protocol was approved.

WHSSC Sub-Committee 2019-20 Annual Reports

A suite of papers setting out the WHSSC Sub-committee 2019-20 Annual Reports was taken as read. It was noted that the WCRN Annual Report would follow.

WHSSC Annual Self-Assessment Exercise 2019-20

A paper that provided members with information and assurance relating to the WHSSC Annual Self-assessment Exercise for 2019-20, for the Joint Committee and its Sub-committees and Groups, was taken as read. The actions arising from the exercise, recorded in section 3.7 of the paper, were noted.

Financial Performance Report – Month 2 2020/21

A paper that set out the financial position for WHSSC for month 2 of 2020-21, including a forecast under spend of £2m at year end, was taken as read. The Director of Finance reported that, while the full month 3 report was not yet available, finance teams had been made aware that the month 3 forecast under spend at year end had increased to around £6m.

Other reports

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

- All Wales Individual Patient Funding Request Panel;
- Integrated Governance Committee;
- Management Group;
- Quality & Patient Safety Committee; and
- Welsh Renal Clinical Network Board.



PARCH
RESPECT



PARTNERIAETH
PARTNERSHIP



GWELLA AC
ARLOESI
IMPROVEMENT
& INNOVATION

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	21 May 2020

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website.

1. COVID-19 Update

Update papers were provided and presented by the Director of Finance & Corporate Services, and also the Director of Workforce & OD. In summary, NWSSP had been able to continue to provide the vast majority of services to Health Boards and Trusts, supported by an accelerated roll-out of laptops, VPN tokens and Office365. The majority of NWSSP staff were therefore able to work remotely, whilst all offices had remained open for those staff unable to work from home. While there was an initial spike in absence levels due to the pandemic, the numbers of absent staff has been falling for a number of weeks, and was now below the rate of absence compared to the previous year. The response to the pandemic across NHS Wales has seen key roles for Procurement and Health Courier Services staff and also those from the Surgical Materials Testing Laboratory, in obtaining, delivering and testing medical consumables and equipment, and in particular PPE. At the same time, payrolls have continued to be run, and suppliers and independent contractors paid. All Committee members present expressed their gratitude to NWSSP staff for their performance in supporting NHS Wales in responding to the pandemic.

2. Reappointment of Chair

The Chair excused herself for this item, and the Vice Chair took over the Chair. The Chair's term of office ends at the end of November 2020, and as this is the 2nd four-year term, there would usually be no option to extend. However, COVID-19 has meant that Welsh Government will not be making any public appointments until at least September, which does not provide sufficient time for recruitment of a new Chair. A paper was therefore presented to extend the tenure of the chair for a further year to November 30, 2021. The proposal has been informally discussed with Welsh Government who are supportive, although they need to

enact the relevant amendments to existing legislation. The Committee approved the 12 month extension, subject to the legislation being passed.

3. Managing Director's Update

The Managing Director updated the Committee on:

COVID-19 – In addition to the updates provided above, thanks were also due to the Velindre Board and Welsh Government colleagues in working with NWSSP to ensure that very significant orders for PPE and field hospital equipment, were processed both promptly and appropriately. The PPE market in particular has been very challenging over recent weeks with worldwide demand significantly outstripping supply leading to shortages and significantly inflated prices. NWSSP staff have played a key role in not only ensuring that NHS Wales was provided with sufficient PPE, but also in a number of cases the rest of the UK as well. An infographic, setting out the major achievements within NWSSP since the outbreak of the pandemic, was presented to the Committee and is included as an attachment to this report.

Financial Position – The year-end position was a surplus of £11k. An additional £1.25m was distributed to NHS Wales and Welsh Government to bring the total NWSSP 2019/20 distribution up to £2m. The Welsh Risk Pool outturn was in line with the target agreed with Welsh Government and for the first time the risk sharing agreement needed to be invoked. The 2019/20 Capital Expenditure Limit of £3.068m was utilised in full.

Medical Examiner Service – While progress on the appointment of Medical Examiners has been temporarily stalled, the existing appointed team have diverted their skills and knowledge to develop and provide a different but related facility, the Shared Services Death Certification Central Hub which contains all the relevant information relating to death certification, coroner guidance, cremation regulation etc. in one web site. Advice is also available to Health Boards by email and telephone.

Recovery Group – NWSSP have established a Recovery Group, chaired by the Deputy Director of Finance. While the purpose of the Group is to set out and manage a roadmap to some degree of normality, there is also a recognition that a number of positives have been achieved through the pandemic, not least the flexibility of working that has been facilitated through substantial investment in technology. The Group will therefore consider the lessons learned from recent weeks and look at how NWSSP can benefit and adapt to further support its staff and stakeholders in delivering the best possible service to NHS Wales in the most effective way.

3.1 Items for Approval

Temporary Medical Unit – The Committee were asked to approve establishment of a Temporary Medicines Unit to respond to the increased demand for injectable medicines due to the impact of COVID-19. The Medical Directors of the Health Boards and Trusts, together with the Chief Pharmacists, have drawn up

a list of the Top 12 Injectable Medicines for the COVID-19 outbreak. Welsh Government has requested an immediate increase in pharmaceutical capacity for syringe filling of the Top 12, in order to reduce the amount of drawing up being carried out by nurses. The Chief Pharmacists Group (CPG) have proposed that additional capacity should therefore be provided on an All Wales basis, including a Temporary Medicines Unit in South Wales (a syringe filling machine is already in use in North Wales), and strategic control of key materials on an All Wales basis. These activities are seen as comprising a Pharmacy Technical Service (i.e. supply activity), rather than Clinical Pharmacy and legal advice provided confirmed that such a service falls within the definitions of Shared Services within the regulations. Welsh Government approached NWSSP in April to provide project management expertise and to design and implement an operational Temporary Medicines Unit in South Wales. Options papers regarding the proposed service model were presented by the Project Team to the Chief Pharmacists Group (CPG) in the following weeks. Various options were considered and the preferred option is to use the space at the National Distribution Centre (IP5) with a 'Pop-up' Cleanroom. The build period is assessed as being four weeks from award of contract, followed by two weeks of validation. The service could therefore become operational by early July 2020 and would form an additional service offering from NWSSP to Health Boards and Trusts in line with the existing governance and risk sharing mechanisms. Both options, in delivering a section 10 or fully licensed Unit, would be taken forward as part of the set up process as agreed by the Committee and confirmation of full funding from Welsh Government was anticipated shortly. The primary focus of this investment is meeting the expected second peak in demand for COVID medicines. The investment in the site at IP5 has been scoped such that the "pop up" facility does not obstruct the identified candidate site for the main TRAMS medicines hub. After appropriate discussion on this proposal, including the operational governance arrangements, the Committee noted that that work was already underway to ensure regulatory requirements were met and to clarify that the drugs in question would, at this point, only be used within the Health Boards. It was also noted that all clinical decisions would be made outside of the TMU and that operational governance matters would be addressed in tandem with the build and in place prior to any drugs being supplied to patients.

The Committee were content to approve the setting up of the TMU service, subject to:

- Funding being received as expected from Welsh Government; and
- CPG endorsement of the governance arrangements, prior to any medicine being supplied.

Updated Standing Orders & Standing Financial Instructions – The Committee approved some suggested changes to the SO's and SFIs. These amendments include some temporary increases in delegated limits of senior staff to respond to COVID-19.

Change to Scheme of Delegation - Existing Liabilities GMPI – The Committee approved the proposed change to the Scheme of Delegation This recognises the instruction from Welsh Government for NWSSP to take on

responsibility for the function of oversight of the Existing Liabilities Scheme (ELS) and certain claims handling responsibilities to be undertaken by the Medical Protection Society and Medical and Dental Defence Union of Scotland.

Declarations of Interest - Single Tender Actions – The Committee approved a paper setting out revisions to the process for seeking declarations of interest in the case of direct awards of contract to suppliers. This is relevant in terms of where contracts have been placed with suppliers under direct award due to extreme urgency, in line with Regulation 32(2)(c) of Public Regulations 2015 and Cabinet Office Procurement Policy Note – Responding to Covid-19

Once for Wales Concerns Management Database - The Committee approved a paper setting out proposals for the recharging of the additional costs associated with the upgraded database.

4. Items for Noting

Laundry Services Update – the consultation process was officially launched on 17th February 2020, with a view to this concluding on 15th May 2020 in line with the required 90 day consultation period. Plans had been made for further roadshows with staff and Trades Unions to take place to aid the consultation process. However as a result of the COVID-19 pandemic, it has not been possible for the consultation process to progress in a meaningful way. Following a proposal by the All Wales Laundry Workforce subgroup (which includes staff side representation), the Programme Board agreed to an extension of the consultation time line to 30th June 2020, with an intention to transfer the staff into NWSSP on 1 April 2021 to take into account COVID, possible second waves and winter pressures. The Committee endorsed the extension to the timescales as outlined in the supplied paper and approved the extension to the possible TUPE of staff to April 2021.

Single Lead Employer – The Committee received an update on the progress in expanding the model to include:

- Interim Foundation Doctor Year 1 Trainees from May 18th 2020 to support the COVID 19 Pandemic;
- Pre-registration Pharmacist and Foundation Year 1 Doctors with effect from August 2020;
- Foundation Dentist, Speciality and Core Medical Trainees currently not subject to an existing SLE arrangement commencing from September 2020;

The Committee agreed to the proposal that pending the development and finalisation of an agreed contractual and governance framework for all medical trainees employed in the Single Lead Employer model, the existing arrangements, principles, Service Level Agreements and governance framework agreed for Speciality GP Trainees employed by NWSSP can apply.

NH&LS – An update was provided confirming that development of the new or upgraded systems for GMS (payments to GPs), GOS (payments to Opticians) and PCRM (the Primary Care Registration Module) remain on track for completion within required timescales.

Finance & Workforce Report - The Committee noted that NWSSP had achieved a surplus of £11k after redistributing savings achieved of £2m. The capital expenditure limit of just over £3m was also met. All other targets had been met.

Annual Governance Statement – The Committee endorsed the final statement for approval at the June Audit Committee. The statement in positive, with a reasonable Head of Internal Audit rating, and includes the suggested wording from Welsh Government relating to COVID-19.

Corporate Risk Register – There are two red risks on the register relating to the replacement of the NHAIS system and to the need to replace the Ophthalmic Payments system by September 2020 where work is on-going to develop an in-house system but contingency arrangements are in place to cover any delays. The Committee were also provided with the separate COVID-19 Risk Register, detailing a number of specific risks relating to the pandemic. All of these risks are currently being successfully managed.

Issues and Complaints Annual Report – The Committee noted a small rise in the overall number of complaints and in the time taken to respond to them. However, the Committee were reassured that overall performance in this area is closely monitored by the SMT on a quarterly basis.

6. Items for Information

The following papers were provided for information:

- Finance Monitoring Reports (January, February, March 2020); and
- Audit Committee Highlight Report (April 2020).

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	23 July 2020
----------------------	--------------

Patterson, Liz
07/23/2020 14:56:37

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



PRIMARY CARE SERVICES

Primary Care Services have **continued** to maintain primary care payments and introduced COVID-19 support payments to Primary Care contractors including:

- Community Pharmacy
 - Payments made to **715** pharmacy contractors and **4** appliance contractors - **£60,927,435**
 - Plus an additional one-off advance payment to **715** pharmacy contractors - **£47,149,661**
- General Medical Services –
 - Payments made to **411** GP practices - **£37,571,088**
- General Ophthalmic Services
 - Payments made to **410** ophthalmic accounts - **£4,177,621**
- General Dental Services –
 - Application of **521** dental contract adjustments

WE HAVE supported the delivery of **105,000** patient letters with Welsh Government

Reviewed and tested IT solutions that has enabled staff to maintain prescription processing requirements whilst working from home

This has enabled Primary Care Services to maintain business as usual to successfully process **3,155,876** prescription forms and priced **6,405,465** items within the last month to ensure there was no compromise to contractor cash flow

Developed an emergency on-boarding pathway for **250** GP returners to apply for re-inclusion to the Medical Performer list

Over **80%** of our staff have remained in the service, working diligently to support Health Boards and contractors in ensuring 'Business As Usual' principles are maintained

These staff have worked within government guide lines to accommodate social distancing whilst **retaining an office** presence and have also supported Primary Care Services with home working and changes to normal hours and routines thus ensure we continue to provide necessary services

Supporting Aneurin Bevan University Health Board to manage a surgery closure and dispersal of **4,000** patients to surrounding practices

Ophthalmic survey - developed a survey to allow Welsh Government to understand the workforce **profile of Ophthalmic** Practices across Wales to inform its response to the COVID-19 pandemic

The survey was distributed electronically to all contractors and **313** responses were received

Primary Care Services then worked with Welsh Government and HEIW to interpret the responses and cleanse the data.

This involved direct contact with **56** contractor representatives to clarify and cleanse the data for **120** of the practices' responses

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



SURGICAL MATERIALS TESTING LABORATORY

OUR BUSINESS AS USUAL

We are continuing to provide medical device testing and technical services regarding medical devices to the Welsh NHS, enabling Procurement Services and others in the NHS to undertake evidence based purchasing.

We are also continuing to provide commercial testing services to the international medical device industry, who use the test reports to tender for new business, submit to notified bodies and to develop new medical devices and technologies.



WE ARE supporting procurement through **certification** and test report checks for PPE and devices

Ensuring that fraudulent applications are dealt with **appropriately**

We have had **222** submissions, **38** fraudulent documents from **28** submissions, **19** suspected fraudulent documents from 16 submissions

In total: **57** documents which are either confirmed as fake or are suspect from **222** submissions, **40** submissions that contained suspected fraudulent documents

Primary focus on ensuring that purchased products provide the appropriate level of **protection** to staff

Partnership working with **CERET** (COVID-19 Emergency Response Engineering Team), **Welsh Government**, **CEDAR** and **HTW**

Turning submissions around within hours for **urgent cases** and within the day for others

Patterson.Liz
07/23/2020 14:56:37



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



SPECIALIST ESTATES SERVICES



WE ARE supporting the creation of up to 50 surge hospital and COVID-19 testing facilities across NHS Wales

Produced an **Advisory Note** for Welsh Government and NHS Wales on framework contractual issues in relation to COVID-19

Integral to the development and validation of surge hospital engineering solutions

Advised on the provision of oxygen, medical gases, fire safety, legionella, clinical waste and the safety and adequacy of electricity systems

OUR BUSINESS AS USUAL

Our chartered architects, engineers, surveyors and other specialists, are continuing to use their expertise to advise the Welsh Government and NHS Wales organisations on a wide range of building, estates and facilities matters.

In addition, Specialist Estates Services continues to deliver specialist engineering services to NHS Wales – such as the provision of Authorising Engineers for a range of disciplines including: decontamination, high voltage, low voltage, ventilation, water, medical gases and fire safety.

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



LEGAL & RISK and WELSH RISK POOL SERVICES

The Personal Injury team have been providing advice and assistance across Wales regarding the use / availability of PPE and Public liability and employers liability for temporary premises/new sites

The Property Team have been advising Health Boards about the agreements that they have entered to establish **field hospitals**

The Putting Things Right team has dealt with queries including the issue of documenting consent where there are complaints by third parties

The GP/GMPI team has managed a high volume of queries, including cluster working and setting up COVID-19 treatment hubs

Indemnity Issues

There have been a number of queries in respect of NHS indemnity, particularly due to the new and evolving NHS workforce including the provision of advice on the following:

NHS engaging private providers; Staff carrying out different roles; Staff working in different premises; Staff working for different organisations; Volunteers; PL/EL temporary premises / new sites; Military personnel driving ambulances etc; Medical students; Prescribing oxygen at home

WE HAVE worked with and provided advice to Health Boards and Trusts, Directors of Workforce & OD, HR teams and Director of NHS Confederation to support the First Minister, Welsh Government

Worked collaboratively with Local Authorities and private enterprises

The Clinical Negligence teams have focused on litigated cases and have been fielding queries in respect of: Issues re consenting patients remotely; Using anaesthetic machines for long term ventilation; Vicarious liability/indemnity

A COVID-19 strategy group and Hub has been established to manage staff and client issues at a high level and to guide the directorate and to provide a panel of experts from each practice area to decide how best to manage new queries arising from the pandemic and to advise on best practice respectively

Court of Protection / Medical Ethics has been providing clear advice to clinicians and managers, including: End of life disputes re COVID-19; Decision making around allocating ventilators; Debunk fake news on social media

The Employment team have provided advice to NHS Wales and NHS Confederation; assisted with All Wales FAQs; Agreements on Mutual Aid; Advised on potential discriminatory issues regarding rotas and PPE; COVID-19 specific employment contracts; Engaging staff on furlough from their substantive employers; Advice on the Working Time Directive, junior doctor rotas and breaks

Commercial and regulatory advising on: Contracts for field hospitals; Contractual staff arrangements between the NHS and Local Authorities; Procurement issues; GP cluster hubs; Managing non-compliant patients; Judicial review of treatment decisions; Detention of prisoners with COVID-19 due to be released; Children's Continuing Care Contract; Provisions of the Coronavirus Act

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

OUR BUSINESS AS USUAL

Student Awards Services continues to implement the NHS Wales Bursary Schemes, which provides funding for healthcare students on NHS funded courses in Wales and Welsh domiciled medical and dental students within the UK.



STUDENT AWARDS SERVICES

WE HAVE
have maintained a
'business as
usual'
service



Innovative
options to continue
maintaining service
levels have been
made in order to
support our service
users during these
challenging times and
to continue to
provide an
essential
Student Awards
Service

Bursary
Applications
and Disabled
Student's
Allowance (DSA)
applications undertaken
as normal within the 20
working day time frame

Student Award
Services
Helpdesk
the helpdesk has been
operating an **urgent
enquiries** line in
order to provide the best
support to service users

Practice
Placement
Expenses
assessment of PPE
applications undertaken
as normal (Medical and
Dental students only)

Childcare
Claims
students contacted
directly as a result of the
closure of some childcare
facilities

Revised **procedure**
for submitting PPE Claims
and extension to the
current six month
submission deadline, in the
event of a university
having a backlog of claims,
in place

Students currently in
receipt of Childcare
Allowance expenses
contacted to establish
if service users are still
accessing childcare
provisions and therefore
require continued access
to these payments



MEDICAL EXAMINER SERVICE

Ongoing work with Hywel Dda
University Health Board to assist in
their planning for management of
excess death

Work started with Hensol
Venue Field Hospital to
develop a service of death
certification



WE HAVE
implemented a
'Qualified Death
Certifier' role within
Cwm Taf Morgannwg
Health Board to ease
the burden on front
line doctors

Developed and
coordinated a
central advice service
for the changes to
death certification and
cremation regulations

Developed a central
web page for a **Death
Certification Advice
Hub** which has collated
guidance from England and
Wales to provide an up to date
source of information and
guidance

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

OUR BUSINESS AS USUAL

We are continuing to provide audit assurance through the independent and objective assessment of governance, risk management and internal control.



AUDIT AND ASSURANCE SERVICES



WE ARE supporting effective governance across NHS Wales

Working with health bodies to ensure annual opinions delivered to **support effective governance**

Providing **ongoing advice and support** as NHS bodies revise governance and control arrangements

Chairing the **Finance NWSSP Group** to ensure effective governance over major procurement contracts

Planning for 2020/21 to provide the **right level of assurance and consultancy** during the recovery phase

Providing **resources to support** other NHS bodies and NWSSP Directorates



COUNTER FRAUD SERVICES



WE ARE supporting NHS Wales by providing **specialist guidance** in relation to the current Recruitment, Procurement and Supply Chain processes to help prevent fraud during COVID-19

Established key working partnership with NWSSP Head of Sourcing - Medical / Clinical to help identify fraudulent approaches of those taking advantage of the COVID-19 uncertainty and taking **positive** action in the ongoing fight against fraud

Maintaining a **robust** operational presence to swiftly investigate all ongoing cases of economic crime against NHS Wales and continue to provide **guidance** to the network of Local Counter Fraud Specialists at health bodies in Wales

Highlighting all new fraud risks to key stakeholders in NHS Wales to minimise potential losses to economic crime and provide specialist advice in relation to potential system and process weaknesses

Established a working protocol with Police Regional Crime Units and National Crime Agency to share reliable intelligence to help protect the NHS from Organised Crime Syndicates and actively disrupt their activities

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



FINANCE ACADEMY



WE HAVE applied our project management expertise into an alternative **focus** providing direct support to staff working on the front line

Supported Aneurin Bevan University Health Board set up and manage temporary accommodation for staff during COVID-19

Worked with public **health, finance** and workforce colleagues in the Health Board to develop a robust **yet flexible process** to meet individuals' needs whilst ensuring their safety, and that it provides strong financial governance

The Academy team covered the 8am to 8pm Accommodation Team shifts 7 days a week during the initial set up period

We are now supporting a smooth handover of the day-to-day process back to Health Board



CENTRAL TEAM eBUSINESS SERVICES



WE ARE providing 24-7 support for our Supply Chain, Procurement and Finance enterprise systems across NHS Wales, this includes setting up **urgent** COVID-19 suppliers

In **partnership** with health organisations and key suppliers, we have fast tracked and implemented a development to notify keys users of COVID-19 related orders that require urgent approval

As a **BACS Bureau Service** for NHS Wales, we have continued to ensure payments are processed for suppliers

Working with other NWSSP divisions to deliver **simplified and accurate** stock reporting

Worked in **collaboration** with ICT departments to address remote access to our enterprise systems

OUR BUSINESS AS USUAL

Central Team eBusiness Services continues to ensure a centrally coordinated, strategic and corporate approach is taken to manage, support as well as enhance a number of core national enterprise systems for the Finance and Procurement communities across the NHS in Wales.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

OUR BUSINESS AS USUAL

Procurement Services continues to deliver a high quality, customer focused professional service to the Health Boards and Trusts in NHS Wales – through Sourcing, Frontline, Supply Chain, eEnablement and Accounts Payable functions

Health Courier Service continues to support front line services across Wales, operating where required 24 hours a day, 365 days a year including providing vital Clinical Logistical Support services for Primary and Unscheduled Care in Hospitals, Clinics, Surgeries, GP Practices, Pharmacies, Schools (Flu Vaccines).



PROCUREMENT SERVICES & HEALTH COURIER SERVICES



WE ARE providing sourcing, procurement, distribution and transport services across Wales to help NHS Wales meet COVID-19 surge capacity demands

Supporting coordinated mutual aid transport and distribution responses for Northern Ireland and Scotland for NHS Wales

Working collaboratively as part of a Four Nations approach on a wide range of issues associated with COVID-19

Sourcing and distributing 50 million items of PPE to Health and Social Care sites across Wales -not only to hospitals but also Primary Care sites, optometrists, GP Covid Hub and dental clinics providing emergency order same day delivery

Actively involved in procurement, storage, distribution and logistics support for key equipment to allow for rapid expansion of Critical Care capacity as well as equipment and consumables for Field Hospitals

Working in partnership with CERET to identify and bring to market new manufacturing capacity within Wales for PPE and equipment

Providing 24/7 COVER as a transport contact co-ordination centre for Health Boards across Wales through a National Transport Hub

Distributing palliative care CD packs across Wales as part of a 24/7 Palliative Care Response Service Distributed within 120 minutes anywhere in Wales to support the sickest patients when needed via a single point of contact using approved Apps in full compliance e.g. Hospify

Working with Public Health Wales and the Military on the Mass COVID-19 testing programme, for national roll out

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



WALES INFECTED BLOOD SUPPORT SERVICE

OUR BUSINESS AS USUAL

Wales Infected Blood Support Scheme (WIBSS) continues to provide support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue.



WE ARE operating a "Business As Usual" service for WIBSS except that we cannot currently offer home visits

We are **regularly** updating our website with information from Government about COVID-19 that is relevant to our **beneficiaries** including links to information from Public Health England and Public Health Wales

We have issued a **newsletter** providing advice and guidance on all the **benefits/grants etc.** that are currently available from Government

We are **accepting** referrals and offering assessments and interventions in a timely fashion

We have moved from offering face to face interventions to **telephone** and **video** calling with regards to our psychology and counselling **service**

Those who had been accessing these services have been very **understanding** about the need to change and a high proportion have wanted to **continue** the support

Staff have relocated (with their agreement) to **facilitate** the above changes



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

Patterson.Liz
07/23/2020 14:56:37

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

WORKFORCE AND ORGANISATIONAL DEVELOPMENT

DIGITAL WORKFORCE HAVE:

Developed guidance to standardise COVID-19 related absence in both ESR and rostering systems to support central reporting

Developed a dashboard to effectively report from ESR

Supporting Velindre University NHS Trust in the procurement of Allocate Health Roster System

Progressing the pilot of the NHS Wales Collaborative Bank – go live date 20th April 2020

Supporting the accelerated roll-out of Office365 and Microsoft Teams, liaising with the PMO for controlled release of communications

Supporting the procurement of additional COHORT licences on behalf of NHS Wales in line with the current All Wales contract



WE ARE an interconnected set of solutions to meet digital and employment needs to positively influence and develop staff and organisational success

Operational Workforce have

200+ staff on deployment register

26 deployed

11 ready to start deployment

Other key statistics

60+ key worker letters issued

375 risk assessments processed

850 calls responded to, including bank (average is

300 a month)

4 additional retire and returners

Organisational Development
Developed well-being support services

Developing a Peer Support Network

Bank
12 new bank roles advertised for COVID-19 support

177 applications

66 interviewed

29 offers processed to date



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

WORKFORCE AND ORGANISATIONAL DEVELOPMENT

DIGITAL LEARNING TEAM HAVE:

Create training section for Dental workers being redeployed to access training on Learning@wales.

Scheduled webinars with Local Authorities across Wales to highlight available resources to support COVID-19

Working with Employment Services Covid Hub for temporary workers to access training prior to commencing work

Increase of activity on Learning@Wales by 334%
(68,374-297.385)



WE ARE an interconnected set of solutions to meet digital and employment needs to positively influence and develop staff and organisational success

Digital Learning

Team have streamlined access to key courses in ESR for identified staff groups: COVID-19 Additional Training, Redeployment training for AHP staff, - Redeployment training for registered nurses being redeployed

Local Induction sites built with training for **mass volunteers** for Health Boards: Aneurin Bevan, Cardiff & Vale, Hywel Dda, Betsi Cadwaladr, Velindre, and Swansea Bay on Learning@Wales for **c6,000** users via streamlined process

Supported **HEIW** with update of patient care assistant training

Update and launch of **HCSW** Code of Conduct Training

Developed a Medical Gases Module

Increase in calls to helpdesk by **50%**

Piloted **key elearning** programmes to support COVID-19 with Nursing /Residential Homes in Swansea Bay

Subsequent rollout of these programmes to rest of Wales

c1450 users

Supported Welsh Government in opening access to Violence Against Women module due to rise in incidents

c1800 users accessed in 10 days

Support users from public/private/voluntary to access the above module

Create training section for **Dental workers** being redeployed to access training on Learning@wales

Update of the Nutritional Skills module to support COVID-19

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



EMPLOYMENT SERVICES



WE ARE continuing to deliver a full range of Hire to Retire Services to NHS Wales using innovation and new processes to provide a 'business as usual approach' to our customers

OUR BUSINESS AS USUAL

Employment Services continues to deliver a high quality, customer focused professional service to the Health Boards and Trusts in NHS Wales – through the full range of Hire to Retire Services to NHS Wales including Payroll, Pensions, Student Awards, Recruitment, Staff Expenses and Lease Car Administration.

Our **Recruitment** and **Payroll** teams have **redesigned** the workflows within the department to ensure **business continuity** has been maintained despite the significant impacts of COVID-19 on staff

Home working for Employment Services teams has been facilitated by a **fast-tracked** implementation of **laptops, Office 365** and **VPN** functionality

Our **Pension teams** are reacting to the sad loss of Health Board staff by liaising with the employing Health Boards to calculate and fast track any death in service awards

We have **supported** the COVID-19 requirements through the development and management of a COVID-19

Recruitment Hub which has been launched to support with recruitment and deployment of re-registrants and students

The Recruitment Hub is currently supporting the process of on-boarding **1,948 Nursing Students** and **1,240 Re-registrants**

Payroll teams are currently working through the enrolment of additional ad-hoc staff to meet COVID-19 requirements including the students and re-registrants being recruited through the **COVID-19 Hub**



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



EMPLOYMENT SERVICES



WE ARE continuing to deliver a full range of Hire to Retire Services to NHS Wales using innovation and new processes to provide a 'business as usual approach' to our customers

Recruitment Services to support the NHS Wales COVID-19 response has enhanced during this period through:

Virtual Pre-Employment check meetings implemented and being carried out across all NHS Wales organisations

Standard processes redesigned to meet new **Disclosure** and **Barring** service parameters and virtual face to face ID checks

Engaging with Health Boards and offering a **flexible approach** to the recruitment process in terms of supporting their needs

Recruitment activity has included **1,360** booked Pre-employment checks in April which include over almost **500** COVID-19 related appointments

Engagement with the Trac Recruitment management developers to ensure revised functionality supports COVID-19 recruitment within NHS Wales

Payroll Services has had to maintain business continuity during April despite the impact of COVID-19 on Payroll staff and additional pressures such as implementation of the **AfC pay award**, revised **Tax Codes** and inputting requests for **Annual Leave** purchase

Measures taken to maintain service have included:

Introduction of **shift working** to assist us to distance staff

Payroll staff working overtime, weekends and bank holidays to meet additional **demand**

Regular weekly virtual meetings with **Health Boards** to work through how the payroll service will deal with the additional requirements they are putting in place to react to COVID-19

Processing batches of additional temporary staffing, additional overtime for Health Boards and internal redeployment of Health Board staff into clinical areas

Some staff working from home to enable social distancing for staff **working within the office**, staff **alternating** one week home and one week office



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	14 July 2020

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <http://www.wales.nhs.uk/easc/july-2020>

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

CHAIRS REPORT

Members noted the meetings which the Chair had participated in since the last meeting of the Committee. The Chair also report that he had been invited and had accepted a further year's appointment as Interim Chair of EASC until end October 2021.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- Year End Accounts and Annual Governance Statement – Members noted that the year-end accounts and Annual Governance Statement had been received and approved by the Audit and Risk Committee at Cwm Taf Morgannwg UHB in June 2020.
- Ministerial Ambulance Availability Task Force – Members noted that the plans for the Taskforce had been temporarily paused although plans were in place for recommencing the work. The work would need to be modified from the original direction and would involve critiquing work and proposals from sub groups with an aim to provide an interim report in the autumn to coincide with the commissioning cycle.
- Ambulance Service response times – generally these had been good during the first quarter although the performance in most rural areas was not at the level expected. Further work would take place by the WAST team to understand why this had occurred.
- Learning lessons from the pandemic – Members noted the desire to learn from the impact of the pandemic on the service and the aim to capture the positive changes for future service provision.
- Emergency Medical Services Framework Agreement – it was noted that this Agreement was due for review with the aim to modify to get a better balance between the service provision, patient safety/harm and staff experience. A new agreement would be presented at a future committee meeting.

- Grange University Hospital – Good progress was being made with the EAS Team, WAST and the team from Aneurin Bevan University Health Board working together to find a solution for the new transport arrangements required.

PROVIDER ISSUES

The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:

Pandemic and response

- Members noted: An internal debriefing process in relation to the first wave was coming to a close and 500 staff had given their reflections on the work to date.

Activity and performance

- Very few patients had experienced long waiting times for ambulances between April and June due to the reduced activity and additional capacity in the service
- The RED performance had been over 70% in the first quarter although not at the level expected in rural areas; members noted the impact of not using community first responders and the rapid response vehicles

Emergency Departments

- Members discussed the ongoing work at WAST, Cardiff and Vale and Aneurin Bevan University Health Board in terms of managing access to emergency departments using the Consultant Connect app and analysing data to assist with early identification for surges in demand

Health and Safety Executive

- A notification of a material breach of health and safety legislation had been received in relation to the use of personal protective equipment and evidence would be provided to the HSE

Members RESOLVED to: NOTE the provider report and the actions agreed.

FOCUS ON – THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS)

Professor David Lockey provided a presentation based on his report on the EMRT service.

The following areas were highlighted:

- Phase 1 of the 24/7 went live from the Cardiff Heliport on 1 July 2020
- Summary of EMRTS and activity improving service provision and service transfer
- Lots of the EMRTS work took place by road not air during the pandemic, particularly the twilight rapid response vehicle although it was anticipated that the service would soon be flying more again
- Activity levels
- The impact of the Covid 19 pandemic which included flying restrictions by the air operator (and reduction in the numbers of pilots available); curtains are in place on all aircraft; the EMRT service was maintained throughout
- Network work; noted to be time consuming in relation to teleconferencing and maintaining links

- Severe escalation plan in place; worked with the Critical Care Network and planned to mobilise key staff to any hospital overwhelmed with Covid 19 cases and would transfer patients to less affected areas for critical care treatment
- Support to wider NHS Community
- Monthly activity by base: rapid response vehicle usage was clear and in constant demand within the south East Wales region
- Twilight rapid response vehicle (RRV) originally resourced through winter funding; averaging 3.2 calls per shift; nature of calls include: cardiac arrest, road incidents, falls and unconscious patients
- RRV – useful project met unmet need this service enabled the move to 24/7 expansion
- 24/7 service expansion; noted the national shortage of pilots; the charity was working with the provider and aiming for an All Wales response; phase 2 for North Wales will be more difficult and will have a workload of 160 patients at night each year
- National Critical Care Transfer Service; working together with the Critical Care Network; separate to the core work and ring fenced; aiming for set up in 9-12 months time; recruitment of key staff, project manager and clinical lead – interviews next week.

In receiving and noting the report Members also asked Prof Lockey whether there might be an impact on the work of the major trauma network and whether it could overwhelm trauma centres. Prof Lockey explained that the vast majority of patients already attended the unit which would provide definitive care and therefore this would not change matters.

The requirement for capital funding for the EMRT Service and for the Critical Care Network was also discussed and further work would take place to ensure that the service.

FINANCE REPORT

The finance report was received. Members noted that over the next few months further work would take place with WAST to ensure that the new investment including the additional staff would be isolated in terms of the costs and a reconciliation exercise would provide clarity on the activity and the costs incurred.

EASC GOVERNANCE UPDATE

The EASC Governance Report was received.

Members RESOLVED to:

- NOTE the report
- APPROVE the EASC Committee Annual Report for 2019-2020 (attached)
- RATIFY the EASC Annual Governance Statement 2019-2020
- APPROVE the EASC Management Group Annual Report for 2019-2020 and the Terms of Reference
- APPROVE the NEPTS DAG Annual Report for 2019-2020 and the Terms of Reference and NOTE the Internal Audit Report.
- RATIFY the EMRTS Hosted Bodies Annual Report for 2019-2020.

CONFIRMED MINUTES OF SUB GROUPS

Members received the confirmed minutes of the EASC Sub Groups as follows:

EASC Management Group - 21 February 2020.

Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG) for the following dates:

- 07 Feb 2020
- 24 Apr 2020
- 12 May 2020
- 26 May 2020
- 09 Jun 2020
- 23 Jun 2020.

Members RESOLVED to: APPROVE the confirmed minutes as above.

FORWARD PLAN OF BUSINESS

Following discussion, Members RESOLVED to APPROVE that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan.

TEMPORARY AMENDMENTS TO MODEL STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS – LOCAL HEALTH BOARDS, NHS TRUSTS, WELSH HEALTH SPECIALISED SERVICES COMMITTEE, EMERGENCY AMBULANCE SERVICES COMMITTEE AND HEALTH EDUCATION AND IMPROVEMENT WALES

Gwenan Roberts presented the report which outlined the requirements of the Welsh Health Circular published on 9 July. Members noted the temporary changes to the Standing Orders in relation to the tenure of the Chair and Vice Chair which would cease to have effect on 31 March 2021.

Members RESOLVED to:

- APPROVE the changes for ratification at all Health Board meetings before the end of July 2020.

Key risks and issues/matters of concern and any mitigating actions

- Performance in rural areas
- Capital funding for EMRTS and Critical Care Network.

Matters requiring Board level consideration and/or approval

- EASC Governance Update
- Temporary Amendments to the Model Standing Orders.

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	8 September 2020			

The Emergency Ambulance Services Committee

Annual Report 2019-2020

Patterson Liz
07/23/2020 14:56:37

EMERGENCY AMBULANCE SERVICES COMMITTEE

ANNUAL REPORT 2019-2020

1. FOREWORD

As Chair of the EASC, I am pleased to commend this annual report, which has been prepared for the attention of the EAS Committee and reviews the work of this Committee for the financial year 2019 - 2020.

2. INTRODUCTION AND SCOPE OF RESPONSIBILITY

In accordance with the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 No.08), the Local Health Boards (LHBs) established a Joint Committee, which commenced on 1 April 2014, for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services.

In establishing the Emergency Ambulance Services Joint Committee (EASC) to work on their behalf, the seven Local Health Boards (LHBs) recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67))¹ make provision for the constitution of the "Joint Committee" including its procedures and administrative arrangements. The Joint Committee is a statutory committee established under sections 11, 12(3), 13(2) (c) and (4) (c) and 203(9) and (10) of and paragraph 4 of Schedule 2 to the National Health Service (Wales) Act 2006(1). The LHBs are required to jointly exercise the Relevant Services.

In December 2015, the Welsh Ministers directed the Health Boards under the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)² to be responsible for commissioning Non-Emergency Patient Transport (NEPT) services via the Emergency Ambulance Services Committee from April 2016. The Cwm Taf Morgannwg University Health Board (CTUHB) is the identified host organisation. It provides administrative functions for the running of EASC in line with the Directions and has established the Emergency Ambulance Services Committee Team (EASCT) and appointed the Chief Ambulance Services Commissioner as per Direction 8(4), 3 of the Emergency Ambulance Services Committee and related Regulations.

¹ The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67)) <http://www.wales.nhs.uk/sitesplus/documents/1134/Welsh%20Statutory%20Instrument%20for%20EASC%202014%20No%20566%20%28w67%29.pdf>

² the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8) <http://www.wales.nhs.uk/sitesplus/documents/1134/2016%20No%208%20%28W8%29%20The%20EASC%20%28Wales%29%20%28Amendment%29%20Directions%202016.pdf>

The Emergency Medical Retrieval and Transfer Service went live on the 27 April 2015. The service was commissioned "to provide advanced decision making & critical care for life or limb threatening emergencies that require transfer for time critical specialist treatment at an appropriate facility." The service represents a joint partnership between NHS Wales, The Wales Air Ambulance Charity Trust (WAACT) and Welsh Government. The service was initially commissioned by the Welsh Health Specialised Services Committee; however, this function transferred to the Emergency Ambulance Services Committee on the 1 April 2016.

3. PURPOSE

The Joint Committee has been established for the purpose of jointly exercising those functions relating to the commissioning of emergency ambulance services (EMS), non-emergency patient transport services (NEPTS) and the emergency medical retrieval and transfer services (EMRTS) on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance services (EMS), non-emergency patient transport services (NEPTS) and the emergency medical retrieval and transfer services (EMRTS) for residents within their area.

The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance services (EMS), non-emergency patient transport services (NEPTS) and the emergency medical retrieval and transfer services (EMRTS).
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual LHBs Integrated Medium Term Plans
- Agree the appropriate level of funding for the provision of emergency ambulance services, non-emergency patient transport services and emergency medical retrieval and transfer services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EAS Team) in accordance with any specific directions set by the Welsh Ministers
- Establish mechanisms for managing the commissioning risks

Patterson, Liz
07/23/2020 14:56:37

- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance services, non-emergency patient transport services and emergency medical retrieval and transfer services and take appropriate action.

In March 2014, the Joint Committee approved the revised Governance and Accountability Framework including the Standing Orders. These were reviewed and updated in November 2018 which included the Memorandum of Understanding and the Hosting agreement.

In November 2019, the Committee received and endorsed the use of the first Model Standing Orders for EASC provided by the Welsh Government. In accordance with related Regulations and Directions, each Local Health Board ('LHB') in Wales must then agree the Model Standing Orders (SOs) for the regulation of the Emergency Ambulance Services Committee ("Joint Committee") proceedings and business.

These Joint Committee Standing Orders (Joint Committee SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them.

Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee. The Standing Financial Instructions are in the process of development and should be available during 2020-2021.

These documents, together with a Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board UHB ("the Host LHB"), form the basis upon which the Joint Committee's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

A hosting agreement also exists between the Joint Committee and the host LHB (Cwm Taf Morgannwg) in relation to the provision of administrative and any other services to be provided to the Joint Committee.

4. MEMBERSHIP

The membership of the EASC in line with the Standing Orders comprises Chief Executives (or nominated deputies) from all health boards enabling the group to provide appropriate opportunities to make arrangements to fulfil the functions highlighted above. The Chief Executives of NHS Trusts in Wales are associate members of the Committee.

Chris Turner has been the Chair of the Committee for 2019-2020 and Members noted at the meeting held on 12 November 2019 that he had been appointed for a further year. Steve Moore, Chief Executive of Hywel Dda University Health Board has been the Vice Chair since February 2019, a two year appointment initially with an option to extend for a further two years (in line with the Standing Orders).

The Membership is attached as Appendix 1.

5. ATTENDANCE AT MEETINGS

The attendance of members and their nominated deputies has been good at Committee meetings with all meetings being quorate. However, for the second year, two associate members of the Committee have not attended a single meeting. The Members attendance is attached at Appendix 2.

6. MAIN AREAS AND REPORTING LINES FOR EASC

An agreed standard agenda format is used at meetings and the reporting mechanism to health boards includes forwarding the confirmed minutes to all health boards as well as a Chair's summary of the latest meeting. CTM, as the host organisation, is the board where the formal endorsement of the confirmed minutes takes place. The Chair and Chief Ambulance Services Commissioner also attend all health board meetings on an annual basis to share the work of the Committee directly with board members.

The agenda and reports to all meetings can be found on the EASC Website: <http://www.wales.nhs.uk/easc/meetings>.

The standard agenda included:

- Welcome and introduction
- Apologies for absence
- Declaration of interests
- Receive the unconfirmed minutes of the previous Committee meeting
- Action log
- Matters arising
- Chair's Report
- Chief Ambulance Services Commissioner Report
- Finance Report
- Provider issues by exception
- Forward Plan of business

Patterson, Liz
07/23/2020 14:56:37

A summary of specific items received by the Committee are as follows:

14 May 2019

- The Chief Ambulance Services Commissioner's (CASC) Report included a letter relating to the performance at the Welsh Ambulance Services NHS Trust (WAST)
- Ambulance Quality Indicators
- EASC Governance Update including the Annual Governance Statement, Internal Audit report on EASC Governance

23 July 2019

- CASC Report included
 - Update on Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway Review
 - Update on Management Group Meeting
 - RED Performance
 - Mental Health
- Demand and Capacity Review of Emergency Medical Services at the Welsh Ambulance Services NHS Trust (WAST)
- Update on the Amber Review
- Update on Quarter 1 IMTP and return to the Welsh Government
- Regional Escalation
- 'A Healthier Wales' 1% Allocation for approval
- EASC Governance Update to endorse the Chair's action
- The Clinical Risk Review Final Report for approval

10 September 2019

- CASC Report included:
 - Amber Review Implementation Programme
 - Update on EASC Management Group
 - Risk Register development
 - EMRTS Gateway Review
- WAST Relief Gap for Emergency Ambulance Services – Reference Document
- WAST Report included Demand and Capacity Review
- Alternative pathways / Emergency Services map
- Ambulance Quality Indicators
- Regional Escalation
- 'A Healthier Wales' 1% allocation
- Establishment of the South, Mid and West Wales Trauma Network – Welsh Ambulance Services NHS Trust Business Case

12 November 2019

- CASC Report included
 - AMBER Review
 - Emergency Medical Retrieval and Transfer Service (EMRTS) update
 - Update on Mental Health Staff Clinical Desk
- Non-Emergency Patient Transport Progress Report

Patterson, Liz
07/23/2020 14:56:37

- Handover Delays and Escalation - Emergency Departments Quality Delivery Framework (EDQDF)
- Regional Escalation
- Ambulance Quality Indicators
- EASC Governance update to include approving the model Standing Orders and the risk register
- EASC Integrated Medium Term Plan (IMTP) Update and Commissioning Intentions

28 January 2019

- CASC Report included
 - National Transfer Service for Critically Ill Adults
 - Ministerial Ambulance Availability Task Force
 - AQIs
 - Escalation
 - Performance dashboard
 - EMRTS: Gateway Review and progress on review of commissioning framework
 - Mental Health update
 - EASC IMTP for approval
 - Final Demand and Capacity Review for approval
 - Letter of support for the WAST IMTP
 - WAST Response to commissioning intentions
 - Non-emergency patient transport service progress report
 - EASC governance update to include the risk register and the plan for the sub groups to report to the Committee

10 March 2019

- CASC Report included:
 - National Transfer Services including Critical Care
 - Ministerial Ambulance Availability Taskforce
 - Regional Escalation
 - EMRTS Expansion
 - Urgent Mental Health Access and Conveyance Review
 - Co-Chairing a task and finish group to explore opportunities to work closely with the Fire and Rescue Services
- Confirmed action notes from the EASC Sub Groups
- Strategic Commissioning Intentions
- EASC Governance Update
- Performance Report
- Focus on – Ambulance Quality Indicators

7. ACTION LOG

In order to monitor progress and any necessary follow up action, the Committee has developed an Action Log that captures all agreed actions. This is an essential element of assurance to the EAS Committee and the Health Boards across NHS Wales.

Patterson-Lytle
07/23/2020 14:06:37

8. SUB GROUPS

The Emergency Ambulance Services Committee has three sub groups:

1. EASC Management Group (first meeting in July 2019)
2. Emergency Medical Retrieval and Transfer Service Delivery Assurance Group
3. Non-Emergency Patient Transport Service Delivery Assurance Group

EASC Management Group	Emergency Medical Retrieval and Transfer Service Delivery Assurance Group	Non-Emergency Patient Transport Service Delivery Assurance Group
<p>The overall purpose of the Management Group is to provide advice and make recommendations to EASC and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services.</p> <p>Ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC IMTP.</p>	<p>EMRTS DAG Established to support the production, ongoing development and maintenance of the interim Framework.</p> <p>Responsible for the delivery, direction and performance of the EMRTS.</p>	<p>NEPTS DAG Established to support the production, ongoing development and maintenance of the interim Framework.</p> <p>Responsible for the implementation of the NEPTS work programmes that deliver WHC 2007 (005) and the 2015 business case 'The Future of NEPTS in Wales'.</p>
<p>Members include:</p> <ul style="list-style-type: none"> • Chaired by CASC representatives from Host Body • membership from health boards • Welsh Government representative • EASC Team • WAST Chief Executive • Representatives from WAST • Clinical representatives welcomed from health boards. 	<p>Members include:</p> <ul style="list-style-type: none"> • Chaired by CASC representatives from Host Body • membership from health boards • Welsh Government representative • EASC Team • EMRTS National director and service manager • WAST • Contract and Performance lead. 	<p>Members include:</p> <ul style="list-style-type: none"> • Chaired by a member of the EASC Team • EASC Team • NEPT Champion from every Health Board and Velindre NHS Trust • Director of Finance WHSSC representative from Welsh Renal Clinical Network and • Welsh Government.

It should be noted that the sub-group structure changed in 2019/20 with the amalgamation of two former sub groups, the Planning, Development and Evaluation Group (PDEG) and the Joint Management Advisory Group (JMAC) into the single EASC Management Group reporting to the EASC Joint Committee.

All Sub Groups have developed an annual report for submission to the Committee for approval which in line with this report summarises the required functions and captures the work undertaken in 2019-2020.

9. OTHER GOVERNANCE

Chief Ambulance Services Commissioner Quality and Delivery Meetings with the Welsh Ambulance Services NHS Trust

Members will recall that that the Chief Ambulance Services Commissioner was asked by Welsh Government officials in December 2019 to hold the Quality and Delivery meetings with the Welsh Ambulance Services NHS Trust on their behalf. This change was made in line with the recommendations featured in the McClelland 'Strategic Review of Emergency Ambulance Services', and the Welsh Government were aiming to re-emphasise the need for simple governance and accountability for planning and delivery of emergency ambulance services.

EASC Quality and Delivery Meeting

Members will be aware that the CASC and the EASC Team have bimonthly Quality and Delivery meetings with Welsh Government officials. Any issues arising from the WAST Quality and Delivery meeting are discussed with officials and EASC performance is reviewed. Updates from these meetings will be included in the CASC report to the EAS Joint Committee.

10. REVIEW OF THE GROUP'S EFFECTIVENESS

The EAS Joint Committee aims to meet six times during the year with additional meetings being held as required. The role of the secretariat to the Committee is crucial to the ongoing development and maintenance of a strong governance framework for the EAS Committee.

The purpose of an effectiveness survey is to comply with the EASC Standing Orders and evaluate the performance and effectiveness of:

- the Committee
- the quality of the reports presented to the Committee
- the committee secretariat

Patterson, Liz
07/23/2020 14:56:37

Members of the Group need to consider the above by completion of a self-assessment questionnaire (Appendix 3) based the year 2019-2020.

Chris Turner

Chair of the Emergency
Ambulance Services Joint
Committee

Stephen Harrhy

Chief Ambulance Services
Commissioner

Date: 6 July 2020

Patterson, Liz
07/23/2020 14:56:37

Emergency Ambulance Services Committee Members
and Nominated Deputies March 2020

Name	Role	
Chris Turner	Chair	
Stephen Harrhy	Chief Ambulance Services Commissioner	
Member	Health Board	Nominated Deputy
Judith Paget	Aneurin Bevan University Health Board (ABUHB)	Glyn Jones Director of Finance
Simon Dean	Betsi Cadwaladr University Health Board (BCUHB)	Gill Harris Director of Nursing
Len Richards	Cardiff and Vale University Health Board (CVUHB)	Steve Curry Chief Operating Officer
Sharon Hopkins	Cwm Taf Morgannwg University Health Board (CTMUHB)	Nick Lyons Medical Director
Steve Moore Vice Chair (Feb 19)	Hywel Dda University Health Board (HDdUHB)	Karen Miles Director of Planning
Carol Shillabeer	Powys Teaching Health Board (PtHB)	Jamie Marchant Director of Primary Community and Mental Health
Tracy Myhill	Swansea Bay University Health Board (SBUHB)	Sian Harrop-Griffiths Director of Planning
Associate Members		
Jason Killens	Chief Executive	Welsh Ambulance Services NHS Trust
Steve Ham	Chief Executive	Velindre NHS Trust
Tracey Cooper	Chief Executive	Public Health Wales

Annual Attendance Register - Joint Committee Meeting

Organisation	Name	May	Jul	Sep	Nov	Jan	Mar	
Voting Members								
EASC	Chris Turner (Chair)	✓	✓	✓	✓	✓	✓	6/6
	Stephen Harrhy Chief Ambulance Services Commissioner (CASC)	✓	✓	✓	✓	✓	X	5/6
Cwm Taf Morgannwg UHB	Allison Williams Chief Executive	✓						1/1
	Sharon Hopkins Interim Chief Executive		✓	✓	✓	✓	✓	5/5
Cardiff and Vale UHB	Len Richards Chief Executive	X	✓	✓	X	✓	X	3/6
	Lee Davies (non voting)	✓						
	Steve Curry Chief Operating Officer (Nominated Deputy)				✓			
Betsi Cadwaladr UHB	Gary Doherty Chief Executive	✓ VC	✓	✓ VC	✓ VC	✓		5/5
	Simon Dean Interim Chief Executive						X	0/1
	Gill Harris Director of Nursing (Nominated Deputy)							
Hywel Dda UHB	Steve Moore Chief Executive (Vice Chair)	✓	X	✓ VC	✓	✓	X	4/6
	Karen Miles Director of Planning (Nominated Deputy)		✓					
Aneurin Bevan UHB	Judith Paget Chief Executive				✓	✓		2/6
	Glyn Jones Deputy Chief Executive (Nominated Deputy)	✓	✓				✓	
	Nicola Prygodicz Director of Planning (non voting)			✓				
Swansea Bay UHB	Tracy Myhill Chief Executive	✓		✓		✓	✓	4/6
	Sian Harrop Griffiths Director of Planning (Nominated Deputy)		✓		✓			
Powys tHB	Carol Shillabeer Chief Executive	✓	✓	✓		✓	X	4/6
	Jamie Marchant, Director of Primary Community and Mental Health (Nominated Deputy)				✓			

Organisation	Name	May	Jul	Sep	Nov	Jan	Mar	
Associate Members								
Public Health Wales	Tracey Cooper Chief Executive	X	X	X	X	X	X	0/6
Velindre NHS Trust	Steve Ham Chief Executive	X	X	X	X	X	X	0/6
Welsh Ambulance Services NHS Trust	Jason Killens Chief Executive	✓	✓	✓	✓ VC	✓	✓	6/6
In attendance								
EAS Team Hosted by Cwm Taf UHB	Robert Williams Committee Secretary	✓						1/1
	Stuart Davies Director of Finance	✓	✓	✓	✓	✓	✓	6/6
	Shane Mills Deputy CASC	✓	✓	X	✓	X	✓	4/6
	Ross Whitehead, Assistant CASC	✓	✓	✓	✓	✓	✓	6/6
	James Rodaway, Head of Commissioning	✓	✓	✓	✓	✓	✓	6/6
	Julian Baker, Director NCCU	✓	X	✓	✓	✓	X	4/6
	Gwenan Roberts Secretariat		✓	✓	✓	✓	✓	5/5
Welsh Ambulance Services NHS Trust	Rachel Marsh Director of Planning	✓	X	✓	✓	✓	✓	
	Lee Brooks Chief Operating Officer			✓				
	Brendan Lloyd Medical Director	✓						
Quorum	At least 4 voting members	8	9	8	9	9	4	

Patterson, Liz
07/23/2020 14:56:37



EFFECTIVENESS SURVEY

EAS JOINT COMMITTEE

The primary purpose of this annual self-assessment survey is to consider the effectiveness of the Committee. The survey is based on a committee effectiveness survey template used for all Board Sub-Committees and members are requested to answer all questions.

Please read the question fully and add a "✓" in the relevant box to confirm your response.

Part A (The Committee)				
Composition and Establishment				
	Yes (✓)	No (✓)	Don't Know (✓)	Comments
1. Does the Committee have written terms of reference that adequately and accurately define its role, purpose and accountabilities?		✓		EASC Directions 2014 EASC Regulations 2014 Explanatory memorandum for EASC Directions
2. Have the terms of reference been adopted by the Committee?		✓		Not applicable
3. Are the terms of reference reviewed annually to ensure they remain fit for purpose?		✓		
4. Does the Committee have an annual work plan in place?	✓			Forward plan
If yes, is it reviewed regularly?				At each meeting
5. Has the Committee been provided with sufficient membership, authority and resources to perform its role effectively and objectively?				
6. Does the Committee monitor its attendance?	✓			Within the Annual Report
7. Is the Committee membership appropriate, in terms of available skills, expertise? If no, please elaborate within comments section.				
Effective Functioning – Committee				
	Yes (✓)	No (✓)	Don't Know (✓)	Comments
8. Is there effective challenge, scrutiny and learning lessons from all Members?				
9. Do the Health Boards review the progress and outputs of the Committee?				
10. Does the Committee report regularly to health boards and through action notes and make clear recommendations when necessary?	✓			All confirmed minutes and a Chair's summary are sent to all health boards following Committee meetings
11. Does the Committee periodically assess its own effectiveness?				
12. Can members give appropriate feedback on the effectiveness of the Chair and the Secretariat?				

	Yes (✓)	No (✓)	Don't Know (✓)	Comments
13. Has the Committee determined the appropriate level of detail it wishes to receive from reports?				
14. Does the Committee receive the appropriate level of timely and accurate information to allow it to fulfil its role?				
15. Does the Committee have sufficient time to cover its business?				
16. Does the Committee effectively monitor – or ensure monitoring of - agreed actions?				
17. Are members particularly those new to the Committee, provided with training?		✓		
18. Has the Committee formally considered how it integrates with other groups and meetings?		✓		
19. Where they exist, does the Committee receive timely and appropriate feedback from its sub-groups ?				
20. Does the Committee provide clear direction to its sub-groups?				
21. Does the Committee produce an Annual Report of its work?	✓			This is the first one
22. If yes (to Q 22) - Do all members contribute to and review the Groups Annual Report?	✓			
Compliance with the law and regulations governing the NHS				
	Yes (✓)	No (✓)	Don't Know (✓)	Comments
23. Does the Committee have a mechanism to keep it aware of topical issues?				
24. Does the Committee have a mechanism to keep it aware of any related legal / regulatory guidance?				
Assurance				
	Yes (✓)	No (✓)	Don't Know (✓)	Comments
25. Does the Committee receive timely exception reports about the work of external regulatory and inspection bodies?				
26. Does the Committee receive timely information on performance concerns?				
27. Are all reports clear, concise, and readily understood?				
28. Is the Committee able to refer matters outside its own jurisdiction and if yes, is any feedback reviewed on such matters?				
29. If considered appropriate, does the Committee know the process to be followed should it need to escalate matters?				
30. In relation to the Risk Register, does the Committee appropriately review the risks assigned to it?				
Other Issues				
	Yes (✓)	No (✓)	Don't Know (✓)	Comments
31. Does the Committee meet the appropriate number of times to deal with planned matters, development and liaison?				6 times a year
32. Are arrangements in place to call ad hoc meetings when necessary?				

	Yes (✓)	No (✓)	Don't Know (✓)	Comments
33. Are Committee members notified of urgent matters when appropriate?				
34. Does the Committee make the EASC Team aware of issues of staff capacity and skills that impact on the running of the committee?				
Administrative arrangements				
	Yes (✓)	No (✓)	Don't Know (✓)	Comments
35. Are the Committee's costs appropriate to the perceived risks and benefits?				
36. Are papers circulated in good time and are minutes and agreed actions, received as soon as possible after meetings?				
Questions for Consideration & Discussion				
	Yes (✓)	No (✓)	Don't Know (✓)	Comments
37. Does the Committee ensure that its work is fully conveyed to wider organisations?				
38. Is the work of the Committee's duplicated elsewhere? if yes, please elaborate.				
39. Do you consider the Committee to be effective in discharging its duties in line with the legislation?				
40. Do you have any suggestions on how the work of the Committee could be improved or strengthened?				
PART B - Effective Functioning - individual members				
	Yes (✓)	No (✓)	Don't Know (✓)	Comments
41. What is your role on the Group? a. Member b. Designated deputy for the health board c. WAST CEO d. Representative from WAST e. Representative of other NHS Trust f. EASC Team • Other				
42. Do I have sufficient understanding and knowledge of the issues covered within the legal directors of the Committee?				
43. Do I appropriately challenge the Chair and other members of the group particularly on critical and sensitive matters?				

Thank you for taking the time to complete this questionnaire. Please return completed forms to Gwenan Roberts
Gwenan.roberts@wales.nhs.uk

Patterson, Liz
07/23/2020 14:56:37

BOARD MEETING		DATE OF MEETING: 29 July 2020
Subject :	SUMMARY OF PARTNERSHIP BOARD ACTIVITY	
Approved and Presented by:	Carol Shillabeer, Chief Executive	
Prepared by:	Corporate Governance Manager	
Considered by Executive Committee on:	Not before paper submitted to the Board	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

PURPOSE:

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

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

RECOMMENDATION(S):

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

Ratification	Discussion	Information
✗	✓	✗

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

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

BACKGROUND AND ASSESSMENT:

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

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

- NWSSP held a meeting on 21 May 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 virtual meeting of the PSB was held on 25 June 2020. The papers for this meeting can be accessed at:
<https://powys.moderngov.co.uk/ieListDocuments.aspx?CIId=520&MIId=5927&Ver=4>

The next meeting of the PPSB is scheduled for 25 September 2020.

Patterson, L/Jz
07/23/2020 14:56:33

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 was due to meet on 20th April 2020. The meeting was cancelled due to COVID-19 and a new date for this meeting is being sought.

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 next formal meeting of the JPB is scheduled for 15th September 2020.

NEXT STEPS:

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

Patterson, Liz
07/23/2020 14:56:33

BOARD MEETING		DATE OF MEETING: 29 July 2020
Subject :	SUMMARY OF ACTIVITY OF THE BOARD'S ADVISORY FORA	
Approved and Presented by:	Board Secretary	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	Not presented at any other meeting	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Advisory Groups:

- Local Partnership Forum
- Stakeholder Reference Group
- Healthcare Professionals 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

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, a Stakeholder Reference Group and a Healthcare Professionals' Forum.

- 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.
- Stakeholder Reference Group (SRG): The SRG provides a forum to facilitate engagement and active debate amongst stakeholders from across the communities served by PTHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform PTHB's decision making.

The SRG's role is distinctive from that of Community Health Councils (CHCs), who have a statutory role in representing the interests of patients and the public in their areas. The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of PTHB. Membership may include community partners, provider organisations, special interest and other groups operating within Powys. It does not cover those stakeholders whose interests are represented within the remit of other Advisory Groups established by PTHB, e.g., the Healthcare Professionals' Forum and Local Partnership Forum.

- Healthcare Professionals Forum (HPF): The HPF's role is to provide a balanced view of healthcare professional issues to advise the Board of PTHB on local strategy and delivery. It does this by facilitating engagement and debate amongst the wide range of clinical interests within PTHB's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the Board's decision making.

LATEST UPDATE

- Local Partnership Forum: Arrangements for meetings of the LPF were amended as a result of the COVID-19 pandemic with formal meetings suspended and replaced by fortnightly briefings. These have been held on 29 May 2020, 12 June 2020 and 26 June 2020. Formal meetings of the LPF have resumed with one taking place on 16 July 2020. A summary of this meeting is attached at Appendix 1. The next meeting of the LPF is listed for 17 September 2020. The LPF's Annual Report for 2019/20 is also attached at Appendix 2.
- Stakeholder Reference Group: The SRG has not met and there has been no communication with SRG participants. Arrangements for the SRG are due to be reviewed during 2020/21. This timeframe for this will be kept under review as the COVID-19 pandemic progresses.
- Healthcare Professionals Forum (HPF): The HPF is due to be established in 2020/21, in-line with the Annual Governance Programme. This timeframe for this will be kept under review as the COVID-19 pandemic progresses.

NEXT STEPS:

The next update will be presented to the Board on 30 September 2020.

Patterson, Liz
07/23/2020 14:56:37

Reporting Committee:	Local Partnership Forum
Committee Chair	Jane Jones & Carol Shillabeer (Joint Chairs)
Date of last meeting:	16 July 2020
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 16 July 2020 the following matters were discussed:

- Review of Minutes - Matters Arising / Action Log
- Updates on:
 - Work around possible replacement of LPF
 - Director of Workforce update report
 - The use of volunteers
 - Wellbeing at work survey results
 - Agile working/social distancing
 - Update from the Workforce Policy Review Group
 - Digital Strategic Framework
- Information reports on:
 - Chief Executive Report (Board Meeting, 27 May)
 - Financial Performance Month 3 2020/21
 - LPF Annual Report 2019/20

A short summary of the issues discussed at the meeting on 16 July 2020 follows. The approved minutes of the meeting of LPF held on 5 March 2019 are appended to this report.

Minutes

The minutes of the meeting held on 5 March 2020 were agreed and the summary of the issues discussed during the briefings was noted.

Action Log

Brecon Car Park – updated costings are in preparation which will be submitted to the Executive Committee

Health Intervention Officer – on hold whilst the wellbeing offer is reviewed

Dying to Work – will be included annually on the work programme.

Sustainability – the annual report is in preparation and it is understood a staff side representative is on this working group

OD framework – deferred due to covid and will be brought back to a future meeting or shared outside the meeting if the timeframes do not work

Innovative environments – will be brought back to LPF in the autumn

Chief Executive visit to Llandrindod Wells Hospital – visits have been paused due to covid and it is hoped that a socially distanced visit can be arranged

Work programme – work programmes have been delayed due to covid but are now in preparation

Fair and Just culture – will be brought back to LPF in the autumn as a discussion topic

Workforce Futures - will be brought back to a future LPF

Potential Replacement of LPF meetings

This was under discussion when the covid pandemic started and will need to be revisited. The Director of Primary, Community Care and Mental Health and the Director of Workforce and OD together with the Staff Side Secretary to meet to discuss.

Director of Workforce and OD update report

This covered arrangements in regard of Test, Trace and Protect, redeployment and learning the lessons

Use of Volunteers

The use of volunteers in respect of the covid-19 pandemic was discussed together with a draft Volunteer policy. The requirement to ensure any such policy covered all volunteers was noted.

Wellbeing at Work

The actions as a result of the staff wellbeing survey were outlined including the use of Powys Connect to collate all wellbeing advice in one location, wellbeing hubs, Florence (an automated text messaging system for wellbeing) and linked activities. The value of a repeat survey was discussed in light of other similar surveys which have and will take place.

Social Distancing and new work styles

A Social Distancing and New Workstyles Programme Board has been set up which has worked on the following themes in partnership with Staff Side Colleagues two of which have been seconded to support this programme:

- Signage and markings
- Staff areas
- Clinical areas
- Public areas
- Policy and guidance documents
- Checks and monitoring
- Digital

Workforce Policy Review Group update

The current situation regarding workforce policies was outlined.

Digital Strategic Framework

The progress made during covid on digital matters was outlined together with planned actions.

Items for information

- Oral Chief Executives Report from Board meetings
- Financial Performance summary for Month 3
- Local Partnership Forum Annual Report

NEXT MEETING

The next meeting of LPF will be held on 17 September 2020

ATTACHED

Approved minutes - LPF meeting on 5 March 2020 (FOR INFORMATION)

Appendix 1

Local Partnership Forum
16 July 2020
Chair's Report to PTHB Board

Page 3 of 16

Board Meeting
29 July 2020
Agenda Item 3.8a

Pattern
07/23/2016 11:56:37



POWYS TEACHING HEALTH BOARD

LOCAL PARTNERSHIP FORUM

CONFIRMED

MINUTES OF THE MEETING HELD ON 05 March 2020
BOARD ROOM, GLASBURY HOUSE, BRONLLYS HOSPITAL

Management Partners

Carol Shillabeer
Stuart Bourne
Julie Rowles
Hayley Thomas
Pete Hopgood

Chief Executive (Joint Chair)
Director of Public Health
Director of Workforce, OD & Support Services
Director of Planning and Performance
Director of Finance and IT

Staff Partners

Jane Jones

Howard Dray
Cathie Poynton
Ian McCall
Coralie Gittoes-Blower
Sue Reynolds

Unison (Joint Chair/Chair of this meeting of the LPF))
Staff Side Secretary
Unison
Unison
Community Nursing Support
RCN

In attendance:

Mark McIntyre
John Morgan

Deputy Director of Workforce & OD
Facilities Services Improvement Manager

Apologies for Absence:

Wyn Parry
Claire Madsen
Rani Mallison
John Chapple
Joy Organ
Susan Newport

Medical Director
Director of Therapies and Health Sciences
Board Secretary
RCN
Society of Radiographers
IM (Trade Unions)

LPF/19/90	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Unison Joint Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.</p> <p>It was noted that John Chapple would no longer be the RCN representative on this Forum and the Chair asked that thanks to John be recorded for the contributions he had made during his period on this Forum.</p>
LPF/19/91	<p>UPDATE ON COVID 19</p> <p>The Director of Public Health advised the Forum of the following position. 90 cases of Covid 19 had been confirmed in the UK. The Government had outlined four phases the outbreak of Covid 19 was expected to follow:</p> <ul style="list-style-type: none">• Phase 1 – Containment• Phase 2 Delay• Phase 3 Mitigation• Phase 4 (concurrent with Phases 1-3) – Research regarding treatment and vaccine. <p>The UK Government had confirmed that the country is moving from Phase 1 to Phase 2 and had published an Action plan.</p> <p>During Phase 1 which had lasted for 4-5 weeks, PTHB had arranged to test people in community settings on the instruction of Public Health Wales. Tests were couriered to Cardiff where it was taking approximately 24 hours to process. This had put a strain on Public Health Wales, the courier service and the 111 service who were now dealing with public enquiries for advice on Covid 19. The move to extend the countries of concern coupled with people returning from half term breaks had put a strain on the 111 service with the number of calls escalating.</p> <p>Phase 2 would be identified with person to person transmission within the community which were not linked to cases from overseas.</p>

	<p>Plans were being drawn up working towards a worst case scenario. Cases were expected to increase over the coming two months culminating in an intense fortnight of cases before the numbers would start to fall. The intention of Phase 2 was to delay the spread of Covid 19 to allow preparations to be in place to deal with the increase and peak of infection. At present there were no known drugs to prevent or inhibit the effects of Covid 19 although the health service were able to deal with the complications arising from the infection.</p> <p>The UK Government were considering actions to slow the spread of Covid 19 which may include banning mass gatherings of people, school closures and encouraging staff to work from home.</p> <p>Phase 3 of the outbreak would occur when Covid 19 was approaching its peak. The way a service could be provided when there are high numbers of absenteeism would need careful planning.</p> <p>At present one person had tested positive for Covid 19 in Wales but this was expected to increase. There would become a point where the extent of infection meant testing would stop and those staff involved in testing would be moved back to front line services.</p> <p>An exercise would take place the following week to test assumptions and business continuity arrangements in PTHB.</p> <p><i>Will drive through testing facilities be introduced by PTHB?</i></p> <p>Centralised testing was being put in place at Bronllys and Welshpool. People who were concerned were instructed to ring 111. The call handlers would ask a number of questions and make an assessment. Testing arrangements were expected to include a mixed model of home testing (where 2 nurses visit people unable to travel to a central testing site), self-testing at home and central testing at drive through centres. The possibility for people living in border areas to be tested in regional centres was under consideration.</p>
--	---

Patter
 07/23/2020 14:56:37

	<p><i>Are staff members expected to follow the same process for being assessed for Covid 19?</i></p> <p>Yes. In addition, there was specific information for returning healthcare workers.</p> <p>The Chief Executive advised that there were a number of key areas that are being worked on:</p> <ul style="list-style-type: none"> • Leadership and Management • Communications and Engagement – to include a regular letter from the Chief Executive, team briefings, Managers taking responsibility for communications, a dedicated email address, Frequently Asked Questions • Contain/Delay – testing • Mitigation <ul style="list-style-type: none"> ○ Service Models – what can/cannot be provided when the service is under huge pressure ○ Workforce – redeployment, return to practice ○ Logistics – access to supplies
	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interests were made.</p>
LPF/19/92	<p>MINUTES OF PREVIOUS MEETING</p> <p>The minutes of the meeting held on 7th January 2020 were AGREED as an accurate record.</p>
LPF/19/93	<p>MATTERS ARISING FROM THE PREVIOUS MEETING</p> <p>With regard to the two Health and Safety Improvement Notices the Health and Safety Executive (HSE) had revisited in February 2020. One notice had been removed and the HSE would undertake a further visit in June 2020 with regard to the remaining notice. Recognition was given for the work</p>

	undertaken to date and that the Health Board are on an improvement journey.
LPF/19/94	<p>LOCAL PARTNERSHIP FORUM ACTION LOG</p> <p><u>LPF/19/93 – Flu immunisation</u> It was confirmed that PTHB had reached the vaccination target and that the internal communication had been issued.</p> <p><u>LPF/19/84.3 – Chief Executive visit to Llandrindod Hospital</u> It was confirmed that the Minister would be visiting Llandrindod Hospital and that both the Director for Workforce and Organisational Development and the Director of Therapies and Health Sciences had visited. The Chief Executive planned to visit the hospital.</p> <p><u>LPF/19/84.1 and 84.2 - Innovative environments and decarbonisation</u> The Director for Planning and Performance confirmed that all Directorates had received communication regarding what work would produce the greatest impact on the decarbonisation agenda. The Environmental Sustainability Group was working on this and the Local Partnership Forum may wish to request a briefing on this at a future meeting.</p> <p><u>LPF/19/83 – Legionella Risk Assessments</u> It was confirmed that Legionella Risk Assessments had been considered at the Health and Safety Action Group.</p> <p>It was confirmed the OD Framework would be reviewed one year on.</p>
LPF/19/95	<p>UPDATE ON WORK UNDERWAY REGARDING LOCAL PARTNERSHIP MEETINGS REPLACEMENT</p> <p>The Director of Workforce and OD presented this item on behalf of the Director of Primary Care, Community and Mental Health.</p> <p>It was confirmed that consideration had been given to combining this with the Health and Safety Group. The staff side would be invited to a Directorate meeting (Primary Care, Community and Mental Health) to work out how locality</p>

	<p>issues would be picked up. This could be by way of a specific item in Management Team meetings rather than based on a specific geographical area.</p> <p>There would be regular contact regarding partnership issues but the question is does the Forum want separate clinical service group meetings or was it better to discuss issues at the Management Team meeting.</p> <p>The Chief Executive considered that progress had been made on Health and Safety matters, it was well embedded and could be considered as business as usual.</p> <p>It was important not only to consider issues through the locality arrangements as some provision is provided on a county wide basis. Issues needed to be escalated through line management arrangements as line managers have to take responsibility.</p>
LPF/19/96	<p>INVESTMENT IN HEALTH INTERVENTION OFFICERS</p> <p>The Deputy Director of Workforce and OD advised that it had been intended to take a paper to Charitable Funds to appoint a Health Promotion Co-ordinations to improve the health and work on prevention with the workforce. It had since been confirmed that Charitable Funds do not fund Posts.</p> <p>Alternatives were being considered to reframe the bid to help staff access services which are above and beyond which are required to be provided, for example supporting staff regarding healthy weight.</p> <p>It was suggested that this Forum should regularly receive an update from the Wellbeing at Work Group. It was AGREED the Lead Director and Chairs would meet to discuss the work programme. Action: Corporate Governance Manager.</p>
LPF/19/97	<p>UPDATE ON IMPROVEMENT PLAN FROM BRONLLYS DINING ROOM AND MENU ROOLOUT</p> <p>The Director of Workforce and OD advised that whilst this update was focussed on Bronllys it would be covering other</p>

	<p>dining rooms across the organisation. The menu had been changed to promote a healthier offer and portion sizes had been standardised. The dining rooms whilst serviceable were all looking tired and an application to Charitable Funds had been made to improve the ambience of these areas to the benefit of both staff, patients and visitors. In the first instance Bronllys had been supported through Charitable Fund monies.</p> <p>The Facilities Services Improvement Manager had identified project management support for the programme. As the work had progressed other issues had become apparent which was not uncommon when working with older buildings including electrical issues and access issues. A new servery would be installed, space would be available for a drinks servery. The carpet would be lifted to reveal the parquet floor. Staff would be consulted on the colour scheme. A disabled access door would be installed. The lighting had already been replaced. Soft seating was planned in the bay window area. Staff would be on site to be called for hot drinks sale.</p> <p>When the Bronllys dining room project had been completed it was intended to move onto other dining room sites around Powys.</p> <p><i>What is happening with the computers that were provided some years ago in staff rooms?</i> This query to be followed up outside the meeting.</p>
LPF/19/98	<p>UPDATE ON MANAGING ATTENDANCE AT WORK</p> <p>The Director of Workforce and OD advised that sickness levels were rising particularly in relation to short term sickness. The Director of Primary Care, Community and Mental Health was targeting those managers who were yet to be trained in implementing the new sickness policy.</p> <p>The Deputy Director of Workforce and OD confirmed that 253 managers had received this training and the remaining 90 managers yet to be trained would be receiving specific</p>

	<p>invitations to undertake this training. The Structured Assessment required that by September 2020 a review of the new Attendance Management Policy. Preliminary discussions had taken place with staff side around how this review would take place. Long term sickness case management had been successful (this accounts for 75% of sickness absence) but this had been offset by short term sickness levels which have increased potentially as a result of seasonal peaks. The new sickness policy had changed the approach away from trigger points to a review but the review needed to cover the areas that the trigger had covered.</p> <p>The Staff Side Secretary had attended training on Healthy Working Relationships and outlined how the review allowed managers to have a meaningful discussion with staff rather than the difficult conversation a trigger would result in. The Managing attendance and work group are looking at the Disciplinary and Grievance Policy next under A Fair and Just Culture.</p> <p>The Director of Workforce and OD confirmed this was why it was imperative all managers were trained in the new policy. The Managers Training Programme was important as it was often managers inexperience that could lead to problems. The Chief Executive welcomed this Forum discussing this issue to encourage a culture where absence management is not perceived as bullying.</p> <p>The Director of Workforce and OD and Staff Side Secretary AGREED to discuss the Fair and Just Culture outside the meeting with the potential to include this as a discussion item at a future Local Partnership Forum meeting. Action: Director of Workforce and OD.</p> <p>The Joint Chair (Unison) expressed disappointment that the sickness levels were increasing as it had been understood levels were better.</p> <p>The Deputy Director of Workforce and OD explained that the increase was 0.1% which was not a material increase and it</p>
--	---

Local Partnership Forum
 16 July 2020
 Chair's Report to PTHB Board
 07/23/2020 14:56:37

	covered the period October – December 2019 when seasonal factors were likely to be present. PTHB have been almost 1% lower than the all Wales average of 5.5%. There had been national conversations regarding the national sickness target dropping to 4.07%.
LPF/19/99	<p>PAY PROGRESSION</p> <p>The Deputy Director of Workforce and OD advised the Pay Progression policy implemented in April 2019 would have limited effect this year as the organisation was in a period of transition. The policy was applicable for all staff who had started since April 2019 and would apply to all staff from April 2021. The new policy required managers to make an active decision on pay progression but also required that all Personal Appraisal and Development Review (PADR) are up to date. There are limited reasons why pay progression would not be given, for example disciplinary matters, capability and that the manager had not undertaken a PADR.</p> <p>It was acknowledged that there was confusion in the workplace and the Director of Workforce and OD advised that Staff Side representatives should encourage their Members to push to have PADRs without which managers are unable to recommend their staff for pay progression.</p> <p>It was confirmed that pay progression was distinct from pay awards and that if further clarity was needed then Staff Side representatives should advise the organisation so additional information could be circulated.</p>
LPF/19/100	<p>DIGITAL STRATEGIC FRAMEWORK UPDATE</p> <p>The Director of Finance and IT advised that work was ongoing with the Digital Strategic Framework and it was intended to have a draft in place by the end of March 2020. This fitted into the Health and Care Strategy. There would be five key themes:</p> <ul style="list-style-type: none"> • Digital solutions – for the patient and frontline healthcare delivery

	<ul style="list-style-type: none"> • Digital workforce • Information excellence • Digital infrastructure and systems • Digital spaces <p>The Chief Executive advised that this was in draft at present with more engagement to be undertaken. It was about patients, staff and how services are changed to harness the opportunities offered by the digital agenda. The Executive Team would undertake more work on this and it was acknowledged that some will find this agenda exciting whilst others will find it daunting.</p> <p>The Director of Planning and Performance confirmed that there was an issue of digital connectivity across the county which is on the strategic agenda via the Public Service Board. There was also an issue about increasing the digital literacy of the population. Skype consultations are offered at Machynlleth where some patients are keen and others will not engage.</p> <p>It was AGREED an update will be brought to the next meeting of the Local Partnership Forum. Action: Director of Finance and IT.</p>
LPF/19/101	<p>WORKFORCE FUTURES</p> <p>The Director of Workforce and OD advised that this was launched at the Careers Fair on 4th March 2020. A strong presence from the PTHB was present at the Careers Fair and partnership working with Powys County Council was evident with shared stands for careers in health and care.</p> <p>The apprenticeship scheme would be re-advertised in April and the organisation were keen to get the message out that there were opportunities to work at PTHB.</p> <p>This needs to be shared across the organisation through the Chat for Change programme. The first document was developed jointly with partners and this is linked to the National Strategy for Workforce Futures.</p>

	A detailed implementation plan was under development which it was AGREED would be brought back to the Local Partnership Forum. Action: Director of Workforce and OD.
LPF/19/102	<p>NORTH POWYS WELLBEING PROGRAMME</p> <p>The Director of Planning and Performance gave an update advising that this paper would be presented to the Board for approval in March. It was understood there had been concerns regarding the engagement of front line staff as the programme develops and the team have been examining this to ascertain how this can be strengthened for example by way of drop in sessions. Staff side asked for confirmation that they would be included in any such engagement and received assurance this would take place.</p>
LPF/19/103	<p>IMTP 2020-23: EVERYDAY VERSION</p> <p>The Director of Planning and Performance introduced the draft Everyday Version and asked for any comments the group may have to be fed back for consideration prior to publication in April.</p> <p>The Chief Executive advised that it was likely there would be some delay to the approval of the IMTP by Welsh Government given the current situation around Covid-19. It is important to get the document correct prior to submission and the document provided clear focus for the organisation and was not solely provided to meet the requirements of Welsh Government.</p>
LPF/19/104	<p>CHIEF EXECUTIVE'S REPORT (BOARD MEETING 29 JANUARY 2020)</p> <p>The Chief Executive advised that the financial position remained really tight and it was AGREED this would be discussed at the May 2020 meeting of the Local Partnership Forum. Action: Director of Finance and IT.</p>

	<p>After a difficult start in January 2020 there had been an improvement in the rate of delayed transfers of care, patients are being bought back from the District General Hospitals more quickly and discharge to assess service is up and running.</p> <p>There was a challenge with the clinical workforce modelling. There was a national shortage of clinical workforce and it would be necessary to examine the way services are arranged in the organisation to make the best use of available resources for example by using Assistant Practitioners.</p> <p>The RCN representative requested that if discussion around the role of nursing staff was taking place could the RCN be involved. Assurance was given that this involvement would take place.</p>
LPF/19/105	<p>FOR INFORMATION: FINANCIAL PERFORMANCE, MONTH 10 2019/20</p> <p>The Director of Finance and IT introduced the financial performance highlight report.</p> <p>At month 10 the organisation was showing an overspend of £692K but was still forecasting a year end breakeven position but this will take considerable effort to achieve. The Capital Spend was forecasting to be fully spent by year end. The department are now looking at budget planning for the next financial year and how progress delivery against the financial plan will be monitored.</p>
LPF/19/106	<p>ANY OTHER BUSINESS</p> <p>The Chief Executive advised that the Health Inspectorate Wales were discussing how the annual staff survey would be undertaken. It was expected this would take place in September 2020 but Covid-19 may mean this would be delayed. Undertaking a staff survey is a resource intensive exercise but PTHB tend to experience a high uptake. Surveys were previously conducted in 2013, 2016 and 2018.</p>

LPF/19/107	DATE OF NEXT MEETING <ul style="list-style-type: none"> Thursday 14 May 2020
------------	---

Local Partnership Forum
16 July 2020
Chair's Report to PTHB Board
Patterson
07/23/2020 14:56:37



Local Partnership Forum

Annual Report

2019-20

July 2020

Patterson, Liz
07/23/2020 14:56:37

Contents

Foreword

1.	Introduction	4
2.	The 2019-20 Work Programme	4
3.	Frequency of Committee Meetings and Membership	4
4.	Committee Reporting Arrangements	5
5.	Committee's Work Programme	5
6.	Key Developments	7
7.	Assurance and Improvement	8
8.	Self-assessment and Evaluation	8
9.	Key Areas of Focus in 2019-20	8
10.	Conclusion	9
Appendix A	Local Partnership Forum -Terms of Reference 2019-20	10
Appendix B	Local Partnership Forum Meetings 2019-20	27

Patterson.Liz
07/23/2020 14:56:37

Foreword

We are pleased to jointly present this annual report of the Local Partnership Forum (LPF).

The Forum has focussed on a series of ongoing major projects and programmes along with ensuring that it stays briefed on financial performance, flu immunisation and receiving regular updates on Board Business.

Regular Chair's Activity Reports were submitted to the Board along with Committee minutes which were provided for information.

We are grateful to the Members of the Committee who have contributed over the past year and the Board Secretary's team for their support.

This annual report was prepared prior to the covid-19 pandemic and the changed arrangements during this period will be included in the Annual Report covering 2020-21 however, the forum has remained active and it remains the case that we look forward to a full programme of work for the Local Partnership Forum in the coming year.

Carol Shillabeer, Chief Executive and Jane Jones, Unison
Joint Chairs, Local Partnership Forum

Patterson, Liz
07/23/2020 14:56:37

1. Introduction

- 1.1 The Standing Orders of Powys Teaching Health Board (referred to throughout this document as 'PTHB' or the 'Board') state that:

"The LHB has a statutory duty to take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, the Board may and where directed by the Welsh Ministers must, appoint Advisory Groups to the LHB to provide advice to the Board in the exercise of its functions.

The LHB's Advisory Groups include a Stakeholder Reference Group, Healthcare Professionals' Forum and Local Partnership Forum."

- 1.2 The Term of Reference of the Local Partnership Forum (referred to in this report as 'LPF' or the 'Forum') that applied in 2019/20 were approved by the Board in May 2019 (see Appendix 1).

2. 2019-20 Work Programme

- 2.1 There is no requirement to produce a forward work programme for this Forum. Items for the agenda and supporting papers are notified to the Management Secretary no later than at least two weeks in advance of the meeting.

3. Frequency of Committee Meetings and Membership

- 3.1 During 2019-20, the Committee met six times in the Glasbury House Board Room at Bronllys: in May 2019, July 2019, September 2019, November 2019, January 2020 and March 2020. Detail of the Management Partners and Staff Partners who attended these meetings is provided at Appendix B.

4. Committee Reporting Arrangements

- 4.1 Following their approval at the following meeting, the minutes of each meeting of LPF are routinely submitted to the Board.

In addition, the Committee Chair reports to the Board after each meeting of the Committee to draw the attention of Members to any key issues. All Board papers can be accessed via the Powys Teaching Health Board website.

5. Committee Work 2019-20

5.1 Key issues considered by the Forum during 2019-20 included the following:

1st May 2019

- North Powys Wellbeing Programme
- PTHB Board and Committee arrangements 2019-20
- LPF Terms of Reference and Operating arrangements for 2019-20
- Best chance of success – organisational realignment
- 2018 Staff survey action plan
- Health and safety action plan 2019
- Information items:
 - Influenza immunisation programme 2018/19
 - PTHB Financial outturn 2018/19

2nd July 2019

- LPF Terms of Reference 2019/20
- 'Workforce Futures' Strategic Framework
- Organisational Development Strategic Framework 2019 – 21
- Staff Wellbeing Programme
- Estates Compliance
- Information items:
 - Chief Executive Report to the May Board
 - Workforce Policy Review Group
 - PTHB Financial Report 2019 – 20 Month 02
 - Section 33 agreements

4th September 2019

- PTHB Charitable Funds
- 'Workforce Futures' Stocktake
- Long Service Award Policy
- Information items:
 - PTHB Financial Report 2019 – 20 Month 04
 - Making every contact count – influenza vaccination
 - Chief Executive's Report to the July Board
 - Workforce Policy Review Group

5th November 2019

- Staff survey action plan and update
- Workforce Futures Strategic Framework
- 'Dying to Work' campaign
- Health and Safety update
- Update on Brexit planning

- Information items:
 - Workforce Policy Review Group update
 - Primary Care Transformation bid
 - Financial Performance 2019 – 20 Month 07
 - Chief Executive's Report to 31 July 2019 Board
 - Seasonal flu vaccination

7th January 2020

- Wider decarbonisation and sustainability
- 'Easy Read' organisational development strategic framework
- Health and Safety update
- Innovative environment
- Update on Brexit planning
- Organisational realignment stage 3 – update on estates structure
- Workforce futures strategic framework
- North Powys Wellbeing Programme
- Strengthening social partnership – White Paper response
- Information items:
 - Chief Executive's Report to 27 November 2019 Board
 - Update on HPMA Awards
 - Financial Performance 2019 – 20 Month 08
 - Seasonal flu vaccination

5th March 2020

- Update on covid-19
- Update on work underway regarding LPF meetings replacement
- Investment in Health Intervention Officers
- Bronllys dining room and menu rollout
- Managing attendance at work
- Pay progression
- Digital Strategic Framework update
- Workforce Futures
- North Powys Wellbeing Programme
- IMTP 2020-23 Everyday Version
- Information Items
 - Chief Executive's Report to Board meeting 29 January 2020
 - Financial Performance Month 10 2019/20

6. Key Developments

Key developments in 2019-20 include:

Governance

Local Partnership Forum
Annual Report for 2019-20

- 6.1 Terms of Reference for the Local Partnership Forum were reviewed by the Forum in July 2019. The Terms of Reference had been based on the 2010 All-Wales model as updated in March 2012 (local adjustments relating to quorum and election of staff side officers). Minor changes were proposed to reflect practice in PTHB which were referred to Board for approval on 31 July 2019.

7. Assurance and Improvement

- 7.1 Paragraph 5.1 demonstrates the breadth of information received and range of issues discussed at LPF in 2019-20. These enabled the Committee to fulfil its advisory role on behalf of the Board, including in respect of:
- Charitable Funds Strategy
 - Workforce Futures
 - Staff Survey
 - 'Dying to work' campaign
 - Innovative environment

8. Self-assessment and Evaluation

Had been intended to be included following a Board Development Session which was cancelled due to the covid-19 pandemic. This will be rescheduled.

9. Key Areas of focus in 2020 -21

- 9.1 The Forum has continued to meet regularly and provide an opportunity for dialogue between Management and Unions. It is expected that issues of mutual interest will continue to be considered such as the North Powys Wellbeing Programme and Workforce Futures Strategic Framework amongst others, with additional items identified for inclusion on agendas as and when they arise.

10. Conclusion

- 10.1 This report provides a summary of the work undertaken by the Forum over the past 12 months. It demonstrates how the Forum has broadly complied with the Terms of Reference.



Local Partnership Forum Advisory Group Terms of Reference and Operating Arrangements

1. Role and Purpose

The LHB Local Partnership Forum (LPF) is the formal partnership mechanism where the Health Board's Managers and Trade Unions work together to improve health services for the citizens of Powys. It is the forum where key stakeholders will engage with each other to inform thinking around national and local priorities on health issues.

The teaching Health Board (THB) will involve staff side organisations in the key discussions at the THB Board, LPF and Service Area or Departmental level.

The LPF will provide the formal mechanism for consultation, negotiation and communication between the Unions and management. The TUC principles of partnership will apply. These principles are attached at Appendix 2.

The purpose of the LPF will be to:

1. Establish a regular and formal dialogue between the Health Board's Executive and the Trade Unions on matters relating to strategies pursued by the THB.
2. Provide opportunities for Trade Unions input into organisation service development plans at an early stage.

3. Consider the implications on staff of service reviews and identify and seek to agree new ways of working.
4. Consider the implications for staff of NHS reorganisation at a national or local level and to work in partnership to achieve implementation.
5. Appraise the Trade Unions of the financial performance of the organisation on a regular basis.
6. Appraise the Trade Unions of THB clinical activity and its implications.
7. Provide opportunities for Trade Unions input to quality issues, including clinical governance, particularly where such issues have implications for staff.
8. Communicate to Trade Unions the key decisions taken by the Board and senior management.
9. Consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the Board.
10. Negotiate on matters subject to local determination.
11. Ensure Trade Union representatives are afforded time to meet in order to discuss ways forward to encompass partnership working between staff side and management. Reference should be made to the A4C Facilities Agreement.

In addition the LPF can establish LPF sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Localities/Service areas. Where these sub groups are developed they must report to the LHB LPF.

2. General Principles

The THB and LPF accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

The principles of true partnership working between Trade Unions and Management are as follows:

- Trade Unions and management show joint commitment to the success of the organisation with a positive and constructive approach
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- They demonstrate commitment to employment security for workers and flexible ways of working
- They share success – rewards must be felt to be fair
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency
- They must bring effective representation of the views and interests of the workforce
- They must demonstrate a commitment to work with and learn from each other

All members must:

- be prepared to engage with and contribute fully to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- comply with their terms and conditions of appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the LPF within the professional discipline they represent.

A Code of Conduct is attached as Appendix 3.

3. Membership

All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The THB shall agree the overall size and composition of the LPF in consultation with those Trade Unions it recognises. The Trade Union member of the THB Board will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF shall comprise:

Management Representatives

Management will be represented by the Executive Directors (or, by exception, a Deputy Director):

Chief Executive

Director of Workforce and OD

Director of Finance & IT

Medical Director

Director of Nursing

Director of Public Health

Director of Primary Care, Community & Mental Health

Director of Therapies & Health Sciences

Director of Planning & Performance

Members of the Workforce and OD team and other staff may also be invited to attend meetings dependent upon the agenda.

Staff Representatives

The Board recognises those Trade Unions listed in Appendix 4 for the representation of members on individual issues, and for consultation in respect of their members who are employed by the organisation.

It will be the prerogative of the staff side to decide on the formula to achieve the maximum number of representatives. This can be reviewed locally as required.

Staff representatives must be employed by the organisation and accredited by their respective organisations. If a representative ceases to be employed by the Board or ceases to be a member of a nominating organisation then they will automatically cease to be a member of the LPF. Full time officers of the Trade Unions may attend meetings subject to prior notification and agreement.

Members of the LPF who are unable to attend a meeting may send a deputy (who shall have full membership and voting rights), providing such deputies are eligible for appointment to the LPF.

Quorum

Every effort will be made by all parties to maintain a stable membership. There should be a minimum of four Directors (or, in exceptional circumstances and with prior agreement from the Joint Chairs, three Directors and one Deputy Director) and four staff representatives to form a quorum.

If the meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree extraordinary meeting may be scheduled within 7 calendar days' notice.

Consistent attendance and commitment to participate in discussions is essential. Where a member of the LPF does not attend on 3 occasions, the Joint Secretaries will contact the member concerned to discuss their availability to serve as a member of LPF and bring the response to the next meeting for further consideration.

4. Officers

The Staff Organisation Chair, Vice Chair and Secretary will be elected by the Staff Side annually. Best practice requires these three officers to come from different staff organisations where possible.

The names of Staff Side Officers and Staff Representatives will be confirmed at the first meeting of LPF in each financial reporting year.

Chairs

The Management and Staff Organisation Chair will chair the LPF. This will be done on a rotational basis. In the absence of the Chair(s) the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Board's other advisory groups. Supported by

the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the LPF in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions

Joint Secretaries

Each side of the LPF should appoint/elect its own Joint Secretary. The Management and Staff Side Secretary will be responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Management and Staff Side Chairs.

The Director of Workforce and OD (or the nominated representative) will act as Management Side Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

5. Sub Committees

The Workforce Policy Review Group (WPRG) is a standing committee of LPF. The term of reference and membership of WPRG will be confirmed at the first meeting of LPF in each financial reporting year.

When considered appropriate, LPF can appoint further sub-committees to hold detailed discussion on a particular issue (or issues). The term of reference (purpose and membership) of such sub-committee must be approved by LPF. Nominated representatives from sub committees will communicate and report regularly to the LPF.

6. Management of Meetings

Meetings will be held bi monthly but this may be changed to reflect the need of either staff side or management.

The business of the meeting shall be restricted to matters pertaining to LPF issues and should include local operational issues. Board wide strategic issues and issues that have LHB/Trust wide implications shall be referred to the Welsh Partnership Forum via the LHB Board.

The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting.

The LPF has the capacity to co-opt others onto the LPF or its sub groups as deemed necessary by agreement.

Appendix 1

POWYS TEACHING HEALTH BOARD

LOCAL PARTNERSHIP FORUM

ADDENDUM TO TERM OF REFERENCE

The following amendments have been made to the original LPF Term of Reference (September 2010)

March 2012

Paragraph 3 - Quorum: There should be a minimum of four Directors and four staff representatives to form a quorum.

Paragraph 4 - Officers: The Staff Side Chair, Vice Chair and Secretary will be elected by the Staff Side annually. Best practice requires these three officers to come from different staff organisations where possible.

July 2019

Paragraph 3 - Management Representatives: All Executive Directors are members of LPF. Directors have the right, with the agreement of the Joint Chairs, to send a Deputy Director (or equivalent).

Paragraph 3 - Quorum:

1. There should be a minimum of four Directors (or, in exceptional circumstances and with prior agreement from the Joint Chairs, three Directors and a Deputy Director or equivalent) and four staff representatives to form a quorum.

2. Where a member of LPF does not attend on three occasions, the Joint Secretaries will contact the member concerned to discuss their availability to serve as a member of LPF and bring the response to the next meeting for further consideration.

Paragraph 4 - Officers: The names of Staff Side Officers and Staff Representatives will be confirmed at the first meeting of LPF in each financial reporting year.

Paragraph 5 - Sub-Committees

1. The term of reference and membership of WRPB will be confirmed at the first meeting of LPF in each financial reporting year.
2. When considered appropriate, LPF can appoint further sub-committees to hold detailed discussion on a particular issue (or issues). The term of reference (purpose and membership) of such sub-committee must be approved by LPF.

Appendix 4 - Recognised 'Staff Organisations: Addition of two footnotes.

Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

List of the Recognised Trade Unions/Professional Bodies referred to as 'Staff Organisations' within these Standing Orders

- UNISON
- The Royal College of Nursing (RCN)
- The Royal College of Midwives (RCM)
- Unite
- GMB
- The Union of Shop, Allied and Distributive Workers (USDAW)
- The Chartered Society of Physiotherapy (CSP)
- The Community and District Nursing Association (CDNA)
- The Society of Radiographers (SoR)
- The Federation of Clinical Scientists (FCS)
- The British Association of Occupational Therapists (BAOT)
- The Union of Construction Allied Trades and Technicians (UCATT)
- The British Orthoptic Society (BOS)
- The Society of Chiropodists and Podiatrists (SoCP)
- The British Dietetic Association (BDA).

Notes

1. Staff Organisations are entitled to send representation to meetings of LPF. The Joint Secretaries will make contact with Staff Organisations before the start of each financial reporting year to communicate this entitlement and encourage participation.
2. The above Staff Organisations are named in the NHW Wales Agenda for Change framework for 2019/20. This list may be subject to change at any time, subject to formal approval by PTHB's Local Partnership Forum.

Patterson, Liz
07/23/2020 14:56:37

Local Partnership Forum Meetings: 2019-20
Management Partners and Staff Partners

Meeting dates	1 May 2019	2 July 2019	4 Sept 2019	5 Nov 2019	7 Jan 2020	5 Mar 2020
MANAGEMENT PARTNERS						
Carol Shillabeer - Chief Executive (Joint Chair)	✓	✓	✓	✓	✓	
Julie Rowles – Director of Workforce and OD	✓	✓	Apologies	✓	Apologies	
Hayley Thomas – Director of Planning and Performance	✓	✓	✓	Apologies	Apologies	
Wyn Parry – Medical Director	✓	Apologies	✓	✓	Apologies	
Rhiannon Jones – Director of Community Care and Mental Health	✓	Apologies				
Jamie Marchant – Director of Community Care and Mental Health			Apologies	✓	Apologies	
Stuart Bourne – Director of	Apologies	✓	Apologies	✓	✓	

Public Health						
Eifion Williams – Director of Finance and IT	✓					
Pete Hopgood – Director of Finance and IT		✓	Apologies	✓	✓	
Katrina Rowlands – Interim Director of Nursing			✓	✓	✓	
Clare Madsen					✓	

✓ Apologies

Meeting dates	1 May 2019	2 July 2019	4 Sept 2019	5 Nov 2019	7 Jan 2020	5 Mar 2020
STAFF PARTNERS						
Jane Jones – Unison (Joint Chair)	✓	✓	✓	✓	✓	
Howard Dray – Staff side Secretary	✓	✓	✓	✓	✓	
Maureen McCreade - SOCP	✓					

John Chapple - RCN	Apologies	Apologies	✓	✓	✓	
Cathie Poynton - Unison	✓	✓	✓	✓	✓	
Anthea Oakley - Unison	Apologies	Apologies				
Elinor Pennington						
Ian McCall - Unison	✓		✓	✓	✓	
Coralie Gittoes Blowers - Unison	Apologies	Apologies	Apologies	✓		
Joy Organ – Society of Radiographers	✓	✓	Apologies	✓	✓	
Ralph Jones - Unite			Apologies	Apologies	Apologies	

Patterson, Liz
07/23/2020 14:56:37