

# PTHB Board Meeting

30 September 2020, 10:00 to 13:00  
Live Event, Microsoft Teams

## Agenda


### 1. PRELIMINARY MATTERS

 Board\_Agenda\_30Sept2020\_Final.pdf (3 pages)

#### 1.1. Welcome and apologies for absence

#### 1.2. Declarations of interest

#### 1.3. a) Minutes of previous meeting 29th July 2020 (for approval) b) Chair's Summary: In-Committee session 29th July 2020

 Board\_Item\_1.3a\_2020-07-29 PTHB Board Minutes unconfirmed.pdf (21 pages)

 Board\_Item\_1.3b\_InCommittee\_29July20.pdf (2 pages)

#### 1.4. Matters arising from the minutes of previous meeting

#### 1.5. Board Action Log


 Board\_Item\_1.5\_PTHB\_Action\_Log\_Sept20.pdf (1 pages)

#### 1.6. Update Reports from the

##### 1.6.1. Chair

##### 1.6.2. Vice-Chair

##### 1.6.3. Chief Executive


 Board\_Item\_1.6c\_CEO's Report for Board - Sept 2020.pdf (10 pages)

### 2. ITEMS FOR APPROVAL/RATIFICATION/DECISION


#### 2.1. Annual Reports


##### 2.1.1. Annual Report 2019-20 - Ratification of Chair's Action


 Board\_Item\_2.1a\_Annual Report 2019-20.pdf (7 pages)

 Board\_Item\_2.1ai\_PTHB Annual Report 2019-20.pdf (241 pages)


##### 2.1.2. Annual Quality Statement


 Board\_Item\_2.1b\_Annual Quality Statement 2019-20.pdf (4 pages)


 Board\_Item\_2.1bi\_Appendix 1 - annual-quality-statement-2019-2020-guidance.pdf (8 pages)

 Board\_Item\_2.1bii\_Appendix 2 - 200925 AQS 2019-2020 FINAL.pdf (66 pages)

##### 2.1.3. Welsh Language Annual Report


 Board\_Item\_2.1c\_Welsh Language Annual Monitoring Report.pdf (4 pages)

 Board\_Item\_2.1ci\_Welsh Language Standards Annual Monitoring Report 2019 2020.pdf (25 pages)


 Board\_Item\_2.1cii\_WLS Full Compliance Assessment July 2020.pdf (18 pages)


#### 2.2. Capital Planning and Business Cases:

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<b>2.2.1.</b>	<b>Innovative Environments Overview</b>	
	 Board_Item_2.2a_Innovative Environments Interim Framework Sept 2020.pdf	(12 pages)
<b>2.2.2.</b>	<b>Bro Ddyfi Community Hospital - Full Business Case</b>	
<b>2.2.3.</b>	<b>Mechanical Ventilation - Ratification of Chair's action</b>	
	 Board_Item_2.2c_Chairs Action_Ventilation.pdf	(7 pages)
	 Board_Item_2.2ci_AppB_Chairs Action COVID 19 Ventilation.pdf	(8 pages)
<b>3.</b>	<b>ITEMS FOR DISCUSSION</b>	
<b>3.1.</b>	<b>Winter Planning Requirements</b>	
<b>3.2.</b>	<b>Report of the South Powys Pathways Programme</b>	
<b>3.3.</b>	<b>European Union Transition Planning Update</b>	
	 Board_Item_3.3_Board Update on EU Transition Paper.pdf	(4 pages)
<b>3.4.</b>	<b>Nurse Staffing Levels (Wales) Act 2016</b>	
	 Board_Item_3.4_NSLA Act Sept 2020.pdf	(9 pages)
<b>3.5.</b>	<b>Performance Reporting:</b>	
<b>3.5.1.</b>	<b>Quarter 2 Operational Plan</b>	
	 Board_Item_3.5a_Update of Delivery of Phase 2 Plan_Board_Sept20.pdf	(10 pages)
<b>3.5.2.</b>	<b>Performance Overview</b>	
	 Board_Item_3.5b_PerformanceOverview_September2020_FINAL.pdf	(18 pages)
<b>3.6.</b>	<b>Financial Performance Report Month 05, 2020-21</b>	
	 Board_Item_3.6_Financial Performance Report Mth 5 - Board.pdf	(16 pages)
<b>3.7.</b>	<b>Report of the Chief Officer of the Community Health Council</b>	
	 Board_Item_3.7_CO Report for PTHB Sept FINAL.pdf	(6 pages)
	 Board_Item_3.7a_List of CHC dates 2020-2021.pdf	(1 pages)
<b>3.8.</b>	<b>a) Corporate Risk Register, September 2020 b) COVID-19 Risk Register, September 2020</b>	
	 Board_Item_3.8_CRR_30_September_2020_Final.pdf	(8 pages)
	 Board_Item_3.8a_Appendix_A_CRR_September_2020.pdf	(28 pages)
	 Board_Item_3.8b_Appendix_B_2020-09-10 COVID-19 Risk Register (Phase 2).pdf	(26 pages)
<b>3.9.</b>	<b>Assurance Reports of the Board's Committees</b>	
<b>3.9.1.</b>	<b>PTHB Committees</b>	
	 Board_Item_3.9a_A_Committee Chair Reports September 2020.pdf	(3 pages)
	 Board_Item_3.9a_App1_Executive Committee Chair's Assurance Report_Sept20.pdf	(8 pages)
	 Board_Item_3.9a_App2i_Audit Risk and Assurance Committee Chairs Report_8 September 2020.pdf	(7 pages)


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 Board\_Item\_3.9a\_App2ii\_Attach1\_PTHB\_2020-21\_Covid-19 Governance Arrangements Advisory\_Final Internal Audit Report v2.pdf (36 pages)


 Board\_Item\_3.9a\_App3\_Experience Quality Safety Chairs Assurance Report 30 July 2020 V3.pdf (6 pages)

### **3.9.2. Joint Committees**


 Board\_Item\_3.9b\_A\_Joint Committee Reports\_Sept 20.pdf (3 pages)


 Board\_Item\_3.9b\_App 1\_WHSSC 2020.09.08 JC Briefing.pdf (3 pages)

 Board\_Item\_3.9b\_App 2a Chair's EASC Summary 8 Sept 2020.pdf (6 pages)

 Board\_Item\_3.9b\_App 2b Confirmed minutes EASC 14 July 2020.pdf (12 pages)


### **3.10. Assurance Report of the Board's Partnership Arrangements**

 Board\_Item\_3.10\_A\_Partnership Board Reports\_Sept\_20.pdf (3 pages)

 Board\_Item\_3.10\_App 1 SSPC Assurance Report 23 July 2020.pdf (4 pages)

### **3.11. Report of the Board's Local Partnership Forum**

 Board\_Item\_3.11\_Advisory Groups\_Sept\_20.pdf (3 pages)

 Board\_Item\_3.11\_App 1\_Advisory Groups\_LPF Report Sept20.pdf (3 pages)

## **4. OTHER MATTERS**

### **4.1. Any other urgent business**

### **4.2. Close**

### **4.3. Date of next meeting:**

22nd October 2020, 10:00am Live Event, Microsoft Teams

**POWYS TEACHING HEALTH BOARD  
BOARD MEETING  
WEDNESDAY 30<sup>TH</sup> SEPTEMBER 2020  
10:00 AM – 1.00 PM  
LIVE EVENT: MICROSOFT TEAMS**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**AGENDA**

Time	Item	Title	Attached / Oral	Presenter
<b>1: PRELIMINARY MATTERS</b>				
10.00am	<b>1.1</b>	Welcome and Apologies for Absence	Oral	Chair
	<b>1.2</b>	Declarations of Interest	Oral	All
	<b>1.3</b>	a) Minutes of Previous Meeting: 29 July 2020 (for approval)	Attached	Chair
		b) Chair's summary: In-Committee session 29 July 2020	Attached	Chair
	<b>1.4</b>	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	<b>1.5</b>	Board Action Log	Attached	Chair
	<b>1.6</b>	Update from the: a) Chair b) Vice Chair c) Chief Executive	Oral Oral Attached	Chair Vice Chair Chief Executive
<b>2: ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>				
10.15am	<b>2.1</b>	Annual Reports, 2019-20: a) PTHB Annual Performance Report - Ratification of Chair's Action	Attached	Chief Executive
		b) PTHB Annual Quality Statement	Attached	Director of Nursing and Midwifery
		c) PTHB Welsh Language Annual Report	Attached	Director of Therapies and Health Science
	<b>2.2</b>	Capital Planning and Business Cases: a) Innovative Environments Overview b) Bro Ddyfi Community Hospital - Full Business Case c) Mechanical Ventilation - Ratification of Chair's Action	Attached	Director of Planning and Performance & Associate Director of Capital and Estates
11.00am	<b>COMFORT BREAK</b>			

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<b>3: ITEMS FOR DISCUSSION</b>				
11.10am	<b>3.1</b>	Winter Planning Requirements	Presentation	Director of Planning and Performance
	<b>3.2</b>	Report of the South Powys Pathways Programme	Attached	Director of Planning and Performance
	<b>3.3</b>	European Union Transition Planning Update	Attached	Director of Public Health
	<b>3.4</b>	Nurse Staffing Levels (Wales) Act 2016	Attached	Director of Nursing and Midwifery
	<b>3.5</b>	Performance Reporting: a) Quarter 2 Operational Plan b) Performance Overview	Attached	Director of Planning and Performance
	<b>3.6</b>	Financial Performance Report, Month 05, 2020-21	Attached	Director of Finance and IT
	<b>3.7</b>	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer, CHC
	<b>3.8</b>	a) Corporate Risk Register, September 2020 b) COVID-19 Risk Register, September 2020	Attached	Board Secretary
	<b>3.9</b>	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
	<b>3.10</b>	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
	<b>3.11</b>	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
<b>4: OTHER MATTERS</b>				
12.50pm	4.1	Any Other Urgent Business	Oral	Chair
1.00pm	4.2	Close		
	4.3	Date of the Next Meeting: ▪ 22 <sup>nd</sup> October 2020, 10.00am, Live Event, Microsoft Teams		

Key:

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

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**MESSAGE TO THE PUBLIC:**

**Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings by electronic / telephony means as opposed to in a physical location, for the foreseeable future. This will mean that members of the public will not be able attend meetings in person.**

**The Board has taken this decision in the best interests of protecting the public, our staff and Board members.**

**The meeting will be available to view by the public both in real time by a live-stream and after the meeting when it has been uploaded to the website.**

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**POWYS TEACHING HEALTH BOARD**

**UNCONFIRMED**

**MINUTES OF THE MEETING OF THE BOARD**

**HELD ON MONDAY 29<sup>th</sup> JULY 2020, AT 10.00AM**

**VIA TEAMS**

**Present**

Vivienne Harpwood  
Carol Shillabeer  
Melanie Davies  
Trish Buchan  
Owen James  
Susan Newport  
Ian Phillips  
Mark Taylor  
Frances Gerrard  
Tony Thomas  
Julie Rowles  
Stuart Bourne  
Hayley Thomas  
Wyn Parry  
Claire Madsen  
Jamie Marchant

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

Alison Davies  
Samantha Moss

**In Attendance**

Rani Mallison  
Adrian Osborne

Frances Hunt  
Katie Blackburn  
Elaine Matthews  
Helen Higgs  
Rebecca Collier  
Liz Patterson

Board Secretary  
Assistant Director (Engagement and  
Communications)  
CHC  
CHC  
Wales Audit Office  
NWSSP Internal Audit  
Health Inspectorate Wales  
Corporate Governance Manager

### Apologies for absence

Matthew Dorrance

Pete Hopgood

Alison Bulman

Independent Member (Local Authority)

Director of Finance & IT

Corporate Director Children & Adults (PCC)

### PRELIMINARY MATTERS

RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members. Members of the public had been offered the opportunity to contact the Board Secretary should they wish to observe the meeting. The meeting was being recorded and would be uploaded to the PTHB website and YouTube channel after the meeting.

PTHB/20/32

#### **WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above. Questions in advance of the meeting had been invited from Independent Members and a copy of the questions and answers would be uploaded to the PTHB website after the meeting. Questions which had not received a written response would be addressed during the meeting.

PTHB/20/33

#### **DECLARATIONS OF INTEREST**

No new declarations of interest were made.

PTHB/20/34

#### **MINUTES OF MEETING HELD ON 29 JUNE 2020**

The minutes of the meeting held on 29 June 2020 were received and AGREED as being a true and accurate record.

PTHB/20/35

#### **MATTERS ARISING**

There were no matters arising from the minutes.

PTHB/20/36

#### **BOARD ACTION LOG**

The Board Secretary noted there were three outstanding actions all of which had been addressed in the Board Development Plan or Board Work Programme. All three actions were closed.

PTHB/20/37

**UPDATE FROM THE:**

**a)Chair**

The Chair noted this was the first meeting she had attended at Headquarters since the lockdown. Whilst Heath Board meetings could no longer be held in public the organisation was expediting plans to live stream the meetings and the recording of the current meeting, which would be uploaded for public viewing, was part of this process.

The Chair noted that a vacancy remained for an Independent Member after the Public Appointments body suspended the appointments process in March. It was expected this suspension would have a significant effect and the Health Board was working with the Public Appointments body to consider IM appointments on a risk-based approach.

The Chair advised that the Minister had extended Independent Member Susan Newport's term of office until 30 September 2021 and thanked Ms Newport for her continued application to this role.

**b) Vice-Chair**

The Vice-Chair advised that meetings had taken place with the Minister, the National Psychological Therapies and Together for Children and Young People Programme. Interview Panels had also restarted. Additional meetings of the Experience, Quality and Safety Committee had been arranged to ensure all the required work could be covered and Partnership meetings had restarted including the Mental Health Programme, Start Well and the Regional Partnership Board.

**c)Chief Executive**

The Chief Executive presented her report attached to the agenda and drew attention to the following matters.

- The ongoing covid-19 pandemic and an expected difficult winter period
- Formal arrangements for partnership working with the County Council and the third sector had restarted
- The difficulties being experienced at the Shrewsbury and Telford Hospitals NHS Trust on which the Board

	<p>have received and will continue to receive additional information</p> <ul style="list-style-type: none"> <li>• Proposed arrangements to bring forward the opening of The Grange in November 2020</li> <li>• Access to services in a covid environment including challenges around unscheduled care, ambulance performance and an increasing referral to treatment time</li> </ul> <p>The Chief Executive reiterated the thanks expressed by the Chair to staff and the community for the assistance in suppressing the spread of covid-19 and stressed the importance of continuing to be vigilant over the coming months.</p>
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### ITEMS OR APPROVAL, DECISION OR RATIFICATION

PTHB/20/38	<p><b>Covid-19 Response: Update on implementation of the Phase 2 Response Plan</b></p> <p>The Chief Executive presented the report for information (attached to the agenda) which was an overview of the response of the organisation to the pandemic over recent months highlighting key areas which have been progressed. Committees of the Board have received specific and detailed reports. The following areas were highlighted:</p> <ul style="list-style-type: none"> <li>• Test, Trace and Protect</li> <li>• Harm from covid itself</li> <li>• Harm from an overwhelmed health and care system</li> <li>• Harm from a reduction in non-covid activity</li> <li>• Harm from the impacts of lockdown</li> </ul> <p>The overview of Phase 2 Response Plan was NOTED.</p>
PTHB/20/39	<p><b>PTHB Quarter 2 Operational Plan</b></p> <p>The Director of Planning and Performance presented the report (attached to the agenda) which was taken to the Strategy and Planning Committee on 9 July 2020 and a draft plan was submitted to Welsh Government with feedback received.</p> <p>The Phase 2 Plan has been set out to address the four harms and the Test, Trace and Protect programme. It built</p>

on the Phase 2 Plan approved at Board in May 2020 and submitted to Welsh Government. The plan reflected the unusual position of PTHB being both a provider and commissioner and responded to the requirements of the Welsh Government Operating Framework for Q2 – July to September 2020. The plan included a self-assessment for the delivery of essential services and the reintroduction of planned care and included detail on the North Powys Wellbeing Programme and the response to the proposed early opening of The Grange.

*Can some of the language and data around the South Wales programme be clarified for a document in the public domain for example '7.3 minutes' – what does this mean? It is understood there will be a session in September on The Grange. Is this just for Board Members?*

The Chief Executive advised it was important to ensure Welsh Government were aware this was important and significant to PTHB and the south Powys community. Bringing forward the opening date for The Grange changes the landscape and PTHB are still working through the impacts of the change with Aneurin Bevan UHB. There are approximately 4 pathways and Aneurin Bevan UHB will help identify which pathways are being implemented in line with the original plan and which are being brought forward. PTHB will then work out how many patients this will impact on. The South Powys programme will consider this together with the impact on Cwm Taf Morgannwg UHB and Wye Valley NHS Trust on a monthly basis.

At the Board session in early September it is intended to bring forward information on the 47 pathways, the amount of provision which will be retained at Nevill Hall Hospital, Abergavenny, and the number of and proportion of people who potentially will have their pathways changed.

It is important to stress that these changes do not only affect the Aneurin Bevan UHB resident population but affects the catchment population.

*Could the document include a reference to Community Pharmacy regarding a review to see how it can be improved in the future?*

The Chief Executive advised that additional investment had been made in community pharmacy in particular to support

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	<p>care homes via Regional Partnership Board Integrated Care Funding monies.</p> <p>The Deputy Chief Executive advised that all services are being continuously reviewed in relation to the 'new normal' as it will be necessary to question all what is undertaken as it will not be possible to do some things in the same way in the future. Of all of the contractors Community Pharmacy has been the one which has had to keep the door open to the public more than any other. There has been more of a triage approach to dentistry and optometry together with the GP services. The organisation will continue to work with the pharmacies taking into account national contract discussions and maximise the learning from covid-19.</p> <p>The following question had been asked in advance:</p> <p><i>What has been the response of Powys residents affected by changes in shift of care provision?</i></p> <p>The Chief Executive advised the organisation was still trying to understand a comprehensive picture of the response. The organisation has had very few concerns raised around the changes, people have been very understanding of the need for services to have been modified. The CHC has provided some strong feedback on progressing with digital consultation for both during the covid experience and a saving on travel times and disruption to people's lives.</p> <p><i>Is PTHB confident that Community Pharmacies will be able to deliver medicine during the winter period to people who are housebound or shielding?</i></p> <p>The Deputy Chief Executive advised that shielding was expected to end on 16 August and therefore this would not be an issue for the winter period unless this changes. Pharmacy and medical supplies are always closely monitored. There were some national challenges on pharmacy items before covid but mechanisms are in place to address this. The organisation is looking at what worked well and have identified that the voluntary service delivering medication, from both community Pharmacies and dispensing GP practices, was one of these areas and it was hoped that this would be in place if a second wave of covid-19 emerged.</p>
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	<p>The CHC Chief Officer commented that whilst the CHC was happy to embrace new innovation in relation to digitisation, at present, as the organisation was only working through digital means the only consultation that was undertaken was with people who were digitally connected. It is intended to undertake work to gain the views of those who are less digitally connected.</p> <p>The PTHB Operational Plan Q2 was APPROVED.</p>
PTHB/20/40	<p><b>Re-prioritised Strategic Objectives 2020/21</b></p> <p>The Chief Executive presented the report (attached to the agenda) noting when the Board had signed off the revised Annual Plan in May 2020 this had been subject to a 90 day review. Whilst it is a little short of 90 days it was appropriate to undertake a review to assist in planning for an expected difficult winter.</p> <p><i>The document is helpful in reprioritising what is happening. A question was asked in advance on the Corporate Risk Register and this helps with understanding the capacity and capabilities of staff and Directors during this time.</i></p> <p><i>In terms of the Bro Dyfi and the rest of the capital programme how is this reflected in the re-prioritised plan. In Performance and Resources the capital plan was considered with the Rural Healthcare Academy prioritised. It was not expected that this would be at the expense of other projects such as Bro Dyfi.</i></p> <p>The Chief Executive advised that the North Powys Wellbeing Programme (of which a degree of focus has been on preparing a business case for a capital programme in Newtown) was about the whole of north Powys and the Bro Dyfi plan was part of this. At the Executive Innovative Environments Group last week it was agreed to progress this programme.</p> <p>The Director of Planning and Performance confirmed that this continued to be a priority and the organisation was working with new partners on tendered costing to resubmit the full business case in the autumn. This would come back through Committee and Board in the autumn.</p> <p>The re-prioritised Strategic Objectives were APPROVED.</p>

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<p>PTHB/20/41</p>	<p><b>PTHB Podiatry Service Engagement Outcome</b></p> <p>The Director of Therapies and Health Sciences presented the report (attached to the agenda). Arrangements for the Podiatry Service was being considered as part of a review of all services in light of the covid-19 pandemic. A number of questions in advance had been received and some of the answers are provided in the document to be published online.</p> <p>A further question had been received:</p> <p><i>What are the plans for a supplementary on-line service and is there a means of accessing feet via a soon/app in the first instance (like most physiotherapists do). This would only be appropriate in a minority of situations for podiatry?</i></p> <p>It was confirmed that the service had been considering digital podiatry. Some of the team were trained in Attend Anywhere. The potential to work with musculoskeletal patients virtually was being examined and virtual consultations were part of the plan going forward.</p> <p>The Chair of the CHC noted the Executive Committee considered this matter electronically and responded on 29<sup>th</sup> June. Members agreed the consultation had been adequate, the number of responses were disappointing although the health board had allowed additional time. The CHC were unsure how much more the health board could have done given the restrictions in place due to the covid-19 pandemic. CHC members wished the following observations to be recorded:</p> <ul style="list-style-type: none"> <li>• Access issues – parking was already an issue in Welshpool and Newtown</li> <li>• Concerns regarding transport issues attending clinics from outlying rural areas</li> </ul> <p>Option 3 was agreed subject to a number of mitigations and a monthly update to be provided by the health board to the CHC Executive Committee.</p> <p>The Director of Therapies and Health Sciences confirmed that the mitigations had been agreed to.</p> <p>The Board APPROVED the proposed changes to the Podiatry service as outlined in the cover report namely:</p>
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	<p><b>a)</b> The Engagement Report (Appendix A and Annexes), the response from the Community Health Council (Appendix B) and the Equality Impact Assessment (Appendix C) were NOTED</p> <p><b>b)</b> The recommendation for the future model of podiatry services in the county was RATIFIED.</p> <p><b>c)</b> To RECEIVE, REVIEW and APPROVE The proposed mitigations that should be put in place if the recommendation is approved was APPROVED</p> <p><b>d)</b> The proposed approach to patient and stakeholder communication if the recommendation is approved was APPROVED.</p> <p><b>e)</b> The assurance provided against the NHS Wales Engagement guidance and the Gunning Principles was NOTED.</p>
PTHB/20/42	<p><b>PTHB Standing Orders</b></p> <p>The Board Secretary presented the report (attached to the agenda) proposing amendments to Standing Orders that the health board were required to make in relation to a temporary suspension of public appointments between July 2020 and March 2021. This would allow public appointments to be made to health boards for more than the usual 8-year period and potentially up to 10 years to support the Public Bodies Unit with recruitment during the covid-19 pandemic. A second proposal was to amend Standing Orders to allow the 2020 Annual General Meeting to be held by the end of November 2020 rather than September 2020. The final proposal was to amend the Joint Committee Standing Orders for the Welsh Health Specialised Services Committee and Welsh Emergency Ambulance Services Committee in the same way.</p> <p>The amendments to Standing Orders as outlined above were AGREED.</p>
PTHB/20/43	<p><b>Board and Committee Workplans 2020/21</b></p> <p>The Board Secretary presented the report (attached to the agenda) outlining the work plans for the Board and</p>

	<p>Committees for the remainder of the period 2020/21. These align to the reprioritised plan agreed earlier on the agenda. They have been produced in light of the decision at Board in May 2020 that Committees would have shorter agendas focussed on strategic matters and would be held virtually.</p> <p>The Chief Executive noted a question in advance had been received:</p> <p><i>Workforce, digital &amp; innovative environments are important enablers in transforming care in support of managing into the winter period (winter pressures, potential 2<sup>nd</sup> wave COVID-19). Should these be included in the Board work programme?</i></p> <p>The Chief Executive advised that Quarter 2 Plan shows that workforce, digital and environment were included and expected that these issues would continue to feature during Quarters 3 and 4 and they were included in the Strategic Priorities paper. These are items had already been identified in the Health and Care Strategy and the pandemic had given an opportunity to focus on how these ways of working could help both during this period and in the future.</p> <p><i>It is noted that Digital is included in the Performance and Resources Committee programme and that the Digital Plan has been signed off by the Executive Committee. Should this also be signed up to by the full Board? And/or should Digital be considered in the Strategy and Planning Committee work plan?</i></p> <p>The Chief Executive confirmed the Digital Plan was included in the paper on Strategic Priorities. Attend Anywhere was being introduced and it was intended that the uptake of this would be tracked.</p> <p><i>Where will the ongoing progress and monitoring of Workforce Futures be undertaken?</i></p> <p>The Chief Executive advised this was a partnership endeavour where the key priorities of Workforce Futures and reporting arrangements had been discussed at the Regional Partnership Board earlier in the week.</p>
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	<p><i>How do Board Members get to influence strategic elements of the digital plan going forward?</i></p> <p>The Chief Executive advised that staff working in the digital arena had found that covid-19 had effectively been an opportunity for rapid progress. Towards the end of this financial year it would be necessary to take stock and see what progress has been made and what needed to happen next.</p> <p>The Board and Committee Work Plans were AGREED.</p>
PTHB/20/44	<p><b>Board Development Plan 2020/21</b></p> <p>The Board Secretary presented the report advising that a two-year Board Development Plan had been agreed at Board in July 2019. The report provided an updated plan, the progress made during 2019/20, where additional priorities were identified during the year and proposed the actions which would be taken for Board development.</p> <p>The Board Development Plan was AGREED.</p>
<b>ITEMS FOR DISCUSSION</b>	
PTHB/20/45	<p><b>Exiting the European Union</b></p> <p>The Director of Public Health presented the report (attached to the agenda) providing an update on EU transition planning ahead of the 31<sup>st</sup> December 2020 end date of the transition period. The paper recapped the 'no deal' position which was in place until January 2020 and outlined the issues and governance arrangements which would be put in place again for the second half of 2020 with a phased approach commencing in July 2020 and becoming more active in preparatory work with a renewed focus on medicines supply, medical devices, clinical consumables and workforce retention. In addition, the need to consider longer term social and economic impacts in the planning response was noted.</p> <p><i>It is important to prepare for this despite not knowing what the outcomes will be. Where will reports on preparing for Exit of the EU come back?</i></p> <p>The Director of Public Health confirmed that update reports would be brought to Board as outlined in the Board work programme. Whilst some of the short-term impacts had</p>

	<p>been tested recently (access to medicines and medical supplies) medium to longer term impacts needed further attention both locally and across Wales and some would need to be considered in the partnership arena.</p> <p><i>During the pandemic the organisation was drawing on supplies and it was understood that we were dipping into the 'brexit' stocks. Have these been replaced so the organisation can manage when the UK has left the EU and if there is a further surge in covid-19?</i></p> <p>The Director of Public Health advised that some of these areas related to national supply chain issues. There was an acute awareness that EU stocks and national flu stocks have been utilised, including around PPE. The need to restock was recognised to ensure continuity of these items.</p> <p>The Director of Planning and Performance reminded Board that the central stores on Bronllys and Newtown sites had been maintained and it would be necessary to retain these for the next 12 months. In relation to workforce the organisation had identified those staff that need support to get settled status and would ensure that this support was available.</p> <p>The Exiting the European Union Report was NOTED.</p>
PTHB/20/46	<p><b>Performance Overview Report: Q4, 2019/20 &amp; Q1,2020/21</b></p> <p>The Director of Planning and Performance presented the report (attached to the agenda) which had been considered at Performance and Resources Committee on 30<sup>th</sup> June 2020. The report provided an overview of performance including interim performance reporting arrangements due to the covid-19 pandemic and the suspension of Welsh Government Performance reporting during Quarter 4 2019/20 and Quarter 1 2020/21.</p> <p>A question in advance had been asked regarding safe care.</p> <p>The Director of Nursing noted the full response had been provided and would be published on the website after the meeting. A detailed discussion would take place at the Experience, Quality and Safety Committee on 30<sup>th</sup> July 2020 regarding improvement activities relation to infection prevention and control activities. There has been a refreshed approach to infection prevention and control</p>

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	<p>strategic overview and sub-groups during the pandemic. Additional resources had been made available to enhance this function. It was expected that this would result in additional assurance and improvements. It should be noted that in terms of data small numbers are seen and therefore if an indicator went from 0 to 1 this was a 100% increase.</p> <p>Questions in advance had also been received in terms of improvement trajectories relating to Serious Incidents and concerns. The organisation were totally committed to responding in a timely fashion and a clinical plan was in place to support this work. Any resurgence of covid-19 may impact the ability of the service to maintain improvement in this area as was seen earlier in the year. Confidence was expressed that the plans in place to work alongside clinical teams would enable Serious Incidents and Concerns to be addressed in a timely fashion.</p> <p>The Director of Planning and Performance advised that significant work had been undertaken to sustain services during the last period and the report drew attention to the digital work undertaken to allow patients to continue to access consultations during this period and the work to maintain Mental Health services which remained robust through Q4.</p> <p>The Deputy Chief Executive advised in response to a question on diagnostics (written answer available online) that there was a challenge in re-introducing levels of activity and there would be an ongoing issue around capacity because of the requirement to socially distance. The safety and confidence of patients and staff was paramount. People were returning to hospitals expecting to see a safe environment with staff modelling socially distanced behaviour. Access to digital alternatives would help with capacity issues. The team were looking at timelines for outpatients and day case surgery with the intention of reintroducing these services during August when robust processes are in place.</p> <p>The Director of Planning and Performance outlined how it was now possible to access information regarding commissioned planned care but there was a key issue relating to an increasing backlog in place across all</p>
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	<p>services. A report would be brought to Planning and Resources Committee and then Board when this assessment is complete. It was expected that there will be both local and regional solutions.</p> <p>The Director of Workforce and OD noted that there had been a reduction in the rates of PADR compliance. Plans are in place to bring this back on track but this was understandable given the number of staff who had been redeployed. Sickness rates had remained steady and the expected increase was not seen. Compliance rates on mandatory training were maintained.</p> <p>The Director of Planning and Performance confirmed this was an interim performance report and normal reporting arrangements would be in place for the next period.</p> <p>The Performance Overview Report was NOTED.</p>
PTHB/20/47	<p><b>Financial Performance Report Month 03, 2020/21</b></p> <p>The Assistant Director of Finance and presented the report (attached to the agenda) advising that the organisation was £156k overspent on the revenue account assuming Welsh Government fund all costs related to covid-19. The Capital Resource Limit was £1.9million, the organisation had spent approximately £300k. There have been a number of late payments to non-NHS suppliers and the reason for this was under investigation. Plans were in place to meet the savings target of £5.6million in full, however, covid has impacted on this. The latest assessment was that £1.8million savings were possible but this was reviewed on a monthly basis during the pandemic.</p> <p>At the end of June covid related revenue expenditure totalled £20.3million. Some of this was from the plans for surge capacity, Test, Trace and Protect and proposals included in the Q2 Plan. Other areas related to the block arrangements with providers which were prescribed by Welsh Government and the Department of Health. This cost around £3million if the arrangements continue (currently under discussion). This was a pressure because it was more than had been planned for in the IMTP. Finally there was a pressure related to the non-delivery of savings planned since the start of the financial year.</p>

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In Mid July PTHB was asked to submit an updated plan on the capital requirements related to covid which totalled £1.9million. There had been no confirmation to date that PTHB would receive this funding and it was noted that the final figure may be amended as costs relating to ventilation had yet to be confirmed.

The most significant risk was of Welsh Government not funding the revenue required to support covid-19. At the end of June £0.7million of the £20.2million had been received from Welsh Government.

A balanced position was forecast predicated on Welsh Government funding covid-19 expenditure.

Members were asked to note the position at the end of month 3, the position in relation to savings and the covid financial position in relation to revenue and capital.

*What is the position in relation to the write off of historic debt?*

The Assistant Director of Finance confirmed the organisation was not holding historic debt and therefore this would not affect PTHB.

The Chief Executive noted that this was a significant risk for the Health Board. The Strategic Priorities paper discussed earlier had discussed the matter of money and value. It was understood that within the £20.3million approximately £7million were fixed costs and £12million were variable costs. If winter was better than anticipated it may not be necessary to spend money particularly around surge capacity and the TTP programme but if winter was not good these costs could be incurred. This would be revised ahead of Q3 planning. There was also concern regarding the levels of funding going into Welsh Government and from Welsh Government to the NHS. PTHB believes there was a good case to be funded by Welsh Government with robust information to support the expenditure. It would be necessary to revisit this in the autumn to examine the level of financial risk the organisation holds.

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	<p><i>A substantial amount of funding into NHS England will result in a consequential to Wales however, there is no requirement that Welsh Government forward this to Wales NHS. Has there been any indication that the consequential will come in its entirety to NHS Wales?</i></p> <p>The Assistant Director of Finance confirmed that Welsh Government had the power to choose where any consequential funding was directed. There was no indication on the amount of funding that was being held to support the NHS. PTHB were regularly assessed by Welsh Government to understand the financial position which will be used to compare the organisation with others in Wales.</p> <p><i>With regard to the PSPP target is there any indication why this is showing red for performance?</i></p> <p>The Assistant Director of Finance noted that whilst further work was required it was thought to relate to invoicing of agency workers and the team were working with colleagues to resolve this. It may be possible to implement digital solutions which may help address high volume areas.</p> <p>The Financial Performance Report was NOTED.</p>
<p>PTHB/20/48</p>	<p><b>Corporate Risk Register, July 2020</b></p> <p>The Board Secretary presented July version of the Risk Register (copy attached to the agenda) drawing attention to one change since the version considered in May namely re-escalating the risk associated with exiting the EU which was de-escalated to the Director of Public Health's Directorate earlier in the year. It was confirmed that the risks have been assessed in relation to covid-19.</p> <p><i>Risk CR002 Finance risk regarding breakeven position – should this be escalated given what was presented in the finance performance report including the block grant and the organisations reliance on commissioning?</i></p> <p>The Chief Executive noted this had been discussed this with the Director of Finance and IT and it was concluded that this risk would remain at present awaiting further information by Welsh Government, but if further information was not forthcoming the risk would be</p>

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	<p>reviewed ahead of September Board with the score likely to increase.</p> <p><i>There are a number of risks in a number of areas and it would be necessary to have sufficient capacity in the system to mitigate and control the risks. How will this happen?</i></p> <p>The Chief Executive advised that this was the reason behind the production of the Strategic Priorities paper. The country was still suffering from the pandemic including senior managers and clinical leaders in the NHS. Key areas of the Strategic Priorities largely correlate to the challenges identified on the risk register and it was acknowledged that capacity was tight. It was important to remain focussed and not allow business as usual matters to distract from strategic matters but some operational and service delivery matters such as winter planning and operational service delivery were appropriate.</p> <p>The Corporate Risk Register was NOTED.</p>
PTHB/20/49	<p><b>Report of the Chief Officer of the Community Health Council</b></p> <p>The Chief Officer of the CHC presented the report (attached to the agenda) and drew attention to the suspension of activities of the CHC earlier in the year due to the pandemic. The CHC were starting to examine how work could restart for example at the Town Markets which are starting to re-open. Electronic surveys had been used to allow for ongoing helpful input. Thanks were extended to colleagues in the health board for the close working partnership and for acting on the majority of the issues raised. The CHC were yet to hold meetings but this was planned. There had been a lot of lessons learnt including how technology may be able to free the organisation from only holding meetings during the day because of long travel times. Evening meetings would allow a wider range of people to be able to take part.</p> <p>It was intended to meet with the Director of Planning and Performance to discuss some of the temporary and urgent service changes that have had to take place and being more innovative in the future, taking into account the regulation and guidance that is in place.</p>

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	<p>The CHC remain slightly concerned regarding understanding the pathways for The Grange and the need to communicate this to residents in south Powys.</p> <p>The Director of Planning and Performance noted the complexity in Powys was not only what has had to be changed from the perspective of a provider but also what changes neighbouring health boards had introduced both in England and Wales. PTHB have been tracking all the changes to pathways and would be going through this log with the CHC and would bring this back to Strategy and Planning Committee for review.</p> <p><i>Given the truncated timeframe for The Grange what public engagement is planned?</i></p> <p>The Chief Officer of the CHC note that there were regular discussions with colleagues in PTHB including with the communications team and a plan would need to be developed considering that pre-covid means of engagement and information sharing would not always be appropriate now. The changes affect a significant amount of people in south Powys and only a short timeframe is available.</p> <p>The Director of Planning and Performance advised that discussions had already started regarding a communications plan for these changes.</p> <p>The Report of the Chief Officer of the CHC was NOTED.</p>
PTHB/20/50	<p><b>Assurance Reports of the Board's Committees:</b></p> <p><b>a) PTHB Committees</b></p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Chair drew attention to last years Structured Assessment and the Internal Audit Report and noted that considerable progress in governance arrangements had been seen over the last 5 years. The Structured Assessment last year was positive recognising the work which had been done including putting a tracker in place. Reasonable Assurance reports were also being received and thanks were extended to the Chief Executive and Board Secretary.</p>

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	<p><u>Charitable Funds Committee</u></p> <p>The Chair had no matters to escalate to Board.</p> <p><u>Experience, Quality and Safety Committee</u></p> <p>The Chair noted this committee had covered a large amount of work over the year and whilst it had not been possible to undertake a self-assessment due to the pandemic it was intended to do one in February 2021.</p> <p><u>Performance and Resources Committee</u></p> <p>The Chair had no matters to escalate to Board. The opportunities afforded for digital transformation due to the pandemic were noted, the presentation of financial information in an easily understood format was welcomed along with a return to full performance reporting.</p> <p><u>Strategy and Planning Committee</u></p> <p>The Chair noted the Committee met after a period of suspension in July. Much of what was considered in Committee would go to the Board but the opportunity to consider it in more depth in Committee was welcomed.</p> <p><u>Executive Committee</u></p> <p>The Chief Executive noted items discussed at Executive Committee would progress to either a meeting of Board or Board In-Committee.</p> <p><b>b)Joint Committees</b></p> <p>The Chief Executive drew attention to the update from the WHSSC outlining the decision to proceed with the South Wales Trauma Network going into the winter period. Attention was also drawn to performance challenges in the Ambulance Service which had affected Powys patients. The Chief Executive and Deputy Chief Executive had met with the Chief Executive of WAST and the Ambulance Services Commission and a further meeting would take place in September.</p>
<p>PTHB/20/51</p>	<p><b>Assurance Reports of the Board's Partnership Arrangements</b></p> <p>The Chief Executive confirmed the Public Service Board, Regional Partnership Board and Joint Partnership Board were all in the process of becoming re-established and were holding virtual meetings. These groups allowed</p>

	attention to be focussed on the wider implications of covid-19.
PTHB/20/52	<p><b>Update Reports from the Board's Advisory Fora</b></p> <p>The Chief Executive thanked Executive colleagues and in particular the Director of Workforce and OD for the more frequent and focussed engagement with trade union colleagues, and also thanked trade union colleagues for their flexibility during this period. Attention was drawn to the partnership work that was being undertaken on social distancing in the work place with two seconded trade union representatives.</p> <p><i>Whilst it is acknowledged that this is an extremely difficult period, and it is clear from audit reports that the organisation undertakes good levels of engagement formal arrangements are not yet in place via a Stakeholder Reference Group.</i></p> <p>The Chief Executive recognised that this question was a request to formally establish the group and for mechanisms to support stakeholder and healthcare professions engagement. The audit report reflected good levels of stakeholder and healthcare professions engagement, however, the formal mechanisms were not in place for the Stakeholder Reference Group and Healthcare Fora to meet. The Chief Executive held the view that there was much to do in the next six months, if these more formal meetings could be held they would, however, assurance was given that both stakeholder engagement and the involvement of healthcare professionals in work undertaken was taking place even if the formal groups were not being held.</p> <p>The Director of Workforce and OD thanked the trade union partners for their work over recent months and drew attention to the Wellbeing Hubs that are jointly sponsored by the trade unions and Charitable Funds.</p> <p><i>The informal stakeholder and healthcare professional engagement is acknowledged but it is important that a wide range of views is presented to the Board. The difficult situation at present is also acknowledge but it is important that the organisation seeks to maintain and extend engagement with these groups to inform decision making.</i></p>

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	The Chair noted that the organisation was not meeting statutory requirements and it would be appropriate to refresh the Stakeholder Reference Group and establish the Healthcare Professionals Forum once the existing challenges around covid-19 and Brexit have been addressed.
<b>OTHER MATTERS</b>	
PTHB/20/53	<p><b>ANY OTHER URGENT BUSINESS:</b></p> <p>The Chair thanked the Medical Director for his contribution to Powys Teaching Health Board during his time at the health board, virtually presented him with leaving gifts and wished him well for his retirement</p> <p>The Medical Director thanked colleagues for their support over the last two years which had been an interesting period.</p> <p>The questions from Independent Members asked in advance of the meeting, together with the answers are available at <a href="http://www.pthb.nhs.wales">www.pthb.nhs.wales</a>.</p>
PTHB/20/54	<p><b>DATE OF THE NEXT MEETING:</b></p> <p>30 September 2020, 09:30 venue TBC</p>

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**Agenda item: 1.3b**

<b>BOARD MEETING</b>		<b>DATE OF MEETING: 30 September 2020</b>
<b>Subject:</b>	<b>Chair's summary: In-Committee session 29 July 2020</b>	
<b>Approved and Presented by:</b>	Board Secretary	
<b>Prepared by:</b>	Board Secretary	
<b>Other Committees and meetings considered at:</b>	Not Applicable	

**PURPOSE:**

To provide a summary of the discussion held at an In-Committee Meeting of the Board, held on 29 July 2020.

**RECOMMENDATION(S):**

The Board is asked to NOTE this paper presented for public record.

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



## CONTEXT:

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.

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. Meetings will be available to view by the public both in real time by a live-stream and after the meeting when it has been uploaded to the website.

**The Board and its committees conduct as much of its formal business in public as possible. There may be circumstances, however, 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 will schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board 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 Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session.

## SUMMARY:

At the end of its meeting on 29 July 2020, the Board held a short meeting in private session to discuss the health board's commissioning arrangements with Shrewsbury and Telford Hospitals NHS Trust. It was agreed that this item would be discussed separately to that of the main board meeting due to sensitivities at that time.

No formal decisions were taken at the meeting for reporting to the Board.

The Chief Executive Officer's Report to the Board, agenda item 1.6c, includes an updated position on commissioning arrangements with Shrewsbury and Telford Hospitals NHS Trust.

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**Key:**

Action Complete
Not yet due
Due
Overdue



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

### BOARD ACTION LOG (Updated September 2020)

Board Minute	Board Date	Action	Responsible	Progress at 29/07/2020	Status
<i>There are no outstanding actions for inclusion</i>					

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**Agenda item: 1.6c**

**BOARD MEETING**

**DATE OF MEETING:**  
**30<sup>th</sup> September 2020**

**Subject :**

**CHIEF EXECUTIVE REPORT**

**Approved and  
Presented by:**

Carol Shillabeer, Chief Executive

**Prepared by:**

Carol Shillabeer, Chief Executive

**Other Committees  
and meetings  
considered at:**

Elements of this report may have been considered at various committees or meetings prior to being presented.

**PURPOSE:**

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

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

**RECOMMENDATION(S):**

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

**Approval/Ratification/Decision**

**Discussion**

**Information**

✓

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

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

## EXECUTIVE SUMMARY:

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

- High level commentary on the organisations response to the COVID-19 pandemic
- Shrewsbury and Telford Hospitals NHS Trust
- Progress against 12 strategic priorities agreed by the Board in July 2020
- Key performance matters

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

## DETAILED BACKGROUND AND ASSESSMENT:

### Provision of services during the COVID-19 pandemic

The previous Chief Executive report to Board in July 2020 indicated that although the first significant wave of the pandemic appeared to be over, there was significant risk that subsequent waves would emerge as winter drew nearer. It is now clear that a second wave of the pandemic is progressing with a steep rise in the number of cases of COVID across the country. Local restrictions to suppress the virus are now in place across

major parts of Wales. The numbers of new cases each day has just surpassed that of the highest cases in March, although of course the testing regime is different and more cases are now being identified. The onward impact of increased cases to hospital admissions and sadly deaths is starting to indicate increases in both indicators.

The position in Powys at the time of writing is one of low prevalence. Peaks in increases of cases have been largely due to specific incidents in 'high risk' settings and once escalated action and incident management mechanisms have been implemented the cases have reduced/resolved. This generally low incidence rate continues to be achieved through a highly committed public with the underlying actions of hand hygiene, wearing face coverings and social distancing.

Further detail on the testing approach and progress, incidence and mortality is provided in the performance report, however in summary there are a number of key elements to draw out. The testing approach has come under significant pressure since early September. This has been widely covered in the media and these national issues have had an impact locally. There continues however to be high rates of testing with the highest number of weekly tests recorded two weeks ago. The positivity rate is low (the number of positive cases as a proportion of overall tests) which indicates a good coverage of testing. The tracing approach, implemented jointly with Powys County Council is working well with high to very high rates of contacts being achieved within a timely window.

The Prevention and Response Plan, that guides collective effort to both prevent and respond to cases, incidents and clusters of the virus, has been drafted and will be further developed prior to it being presented to the Board in October. The focus on prevention is critical and the detailed development of actions to prevent cases in the identified high-risk settings will be a priority. Also included as part of the Prevention and Response Plan is the need to establish an effective mechanism for mass vaccination. Although the exact timetable for such a programme is not known, plans are progressing that could be activated swiftly as soon as the vaccine becomes available.

### **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-dates on service provision through the Commissioning Assurance Framework Escalation Report. SaTH was placed in special measures (2018).

The overview below summarises:

- The findings of the latest inspection report

- The Improvement Alliance with University Hospitals Birmingham Foundation NHS Trust (UHB)
- The PTHB Risk Reduction Plan

The Care Quality Commission (CQC) carried out a further unannounced inspection of SaTH on the 9<sup>th</sup> and 10<sup>th</sup> of June. This resulted in a letter, known as a Section 31 Notice, imposing further conditions on its regulated activity in relation to the assessment and management of risk, care planning and incident management. The Trust also received warning notices to improve end of life care staffing, competencies, governance systems and support systems for personal patient preferences and individual needs.

The full reports were published on the 13<sup>th</sup> August 2020 and can be accessed through the links below:

- PRH: <https://www.cqc.org.uk/location/RXWAT>
- RSH: <https://www.cqc.org.uk/location/RXWAS>

The focused inspection indicated that the position had deteriorated:

	<b>RSH</b>	<b>PRH</b>
Overall rating	Inadequate	Inadequate
Are services safe?	Inadequate	Inadequate
Are services effective?	Inadequate	Inadequate
Are services responsive?	Inadequate	Inadequate
Are services well led?	Inadequate	Inadequate

The CQCs findings in the Section 31 Notice and inspection reports included concerns in relation to:

- Prompt risk assessment
- Safety incident management to protect patients from avoidable harm
- Person centred care
- End of life care
- The use of national guidance and evidence-based practice
- Mental Capacity Act and Deprivation of Liberty Safeguards
- Leadership
- The culture
- Nursing documentation
- Effective governance systems to improve the quality of services
- Staff with the right qualifications, skills, training and experience
- Pressure area care
- Falls
- The oversight of audits and the improvement of outcomes

The PTHB Executive Committee and relevant Board Committees have received detailed reports through the Commissioning Assurance Framework

process since SaTH was placed in special measures. This is summarised overleaf.

SaTH has been at Chief Executive led escalation within the health board's processes. Reports to the Experience, Quality and Safety Committee and Performance and Resources Committee have explained the work undertaken through Chief Executive level meetings, the Commissioning Assurance Framework, including the development of a Maternity Assurance Framework. (Whilst PTHB is not the main commissioner of SaTH, its DGH services are strategically important to the highly rural population in North Powys. The next nearest DGH is also part of an organisation within special measures).

The key questions from the health board's perspective have been: whether the Trust has a clear understanding of the issues of concern; whether there is a comprehensive plan for improvement with the endorsement of key stakeholders; and whether the organisation has the capacity and capability in place to deliver those improvements. The CEO has liaised with key stakeholders including the Clinical Commissioning Group, NHS England/Improvement (NHSEI) and the CQC to secure a way forward to improve the quality and safety of services.

An "Improvement Alliance" with the University Hospitals Birmingham NHS Foundation Trust (UHB) has been established, recognising the level of intervention and support required for improvement. A new Chair of the Board of SaTH has been appointed from UHB and "Committees in Common" are being established. A new Director of Nursing, Chief Transformation Officer and Medical Lead have been appointed from UHB. SaTH, within the "improvement alliance" will develop an improvement plan and progress will be reported to the Board. The health board continues to work closely with key stakeholders in the Shropshire, Telford and Wrekin system. There is experience of working with a similar model with Wye Valley NHS Trust which helped to that trust to improve sufficiently to have special measures removed.

The health board is attempting to carefully balance risk in this situation. There are services in SaTH that are performing well (for example an innovative scheme to transform the lives of people living with cancer has been shortlisted for a prestigious national award). With key clinicians within the health board a risk reduction plan is being finalised including:

- Enhanced work in relation to specific patients and patient groups (including frail older people; people with impaired mental capacity; children with physical and mental health needs requiring hospital admission; and people at risk of falling)
- Admission avoidance and reduction
- Acceleration of the development of clinically appropriate services in Powys where possible. The North Powys Programme is pivotal development in this context.



Further strengthened governance including patient experience

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Further progress report will be provided to both Experience, Quality and Safety Committee and to the Board.

## Strategic Priorities - Summary

The Board approved revised strategic priorities at its meeting in July 2020. The outline below provides an overview of progress over the last 60 days.

Priority	Rationale/Deliverable
	<ul style="list-style-type: none"> <li>• Key quality and service sustainable concerns requiring escalated and key stakeholder response</li> <li>• Deliver a clear and agreed approach to managing service quality issues for the affected population</li> </ul> <p>Progress update: The health board achieved comprehensive dialogue with key stakeholders (CQC, NHSEI, CCGs, HIW) regarding the concerns at SATH. Positive discussion held with University Hospital Birmingham Chief Executive regarding arrangements for the Improvement Alliance. A draft risk balancing plan has been developed and is currently being reviewed prior to finalisation.</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>- Receive the Improvement Plan for SATH, discussing/managing the expected measurable milestones.</li> <li>- Bring forward the risk balancing plan for endorsement.</li> </ul>
	<ul style="list-style-type: none"> <li>• Major strategic, multiagency programme supported by time limited WG Transformation Fund.</li> <li>• Deliver a Programme Business Case submission to WG within required timeframes.</li> <li>• Deliver core accelerated service improvements to support the provision of effective care in a COVID-19 context.</li> </ul> <p>Progress update: Good progress made on the development of the PBC, and currently being discussed amongst key stakeholder groups in preparation for approval. PBC expected to be presented to Board in October for approval. Welsh Government has announced an extension to the Transformation Fund and the detail for Powys is expected to be confirmed shortly. A number of key accelerated service</p>

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	<p>improvements have progressed, although some modification has been required due to the pandemic.</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>- PBC, including a progress update on the accelerated service improvements, to be presented to Board in October prior to submission to WG.</li> </ul>
Clinical Quality Framework: Year 1 priorities	<ul style="list-style-type: none"> <li>• Key system improvement already identified to improve safety and effectiveness of care</li> <li>• Deliver Year 1 priorities of the Clinical Quality Framework as approved by Experience, Quality and Safety Committee.</li> </ul> <p>Progress update:</p> <p>A project scope/plan for the new Datix system (Once for Wales Concern Management System) has been agreed, led by Director of Finance/IT and supported by Director of Nursing and Midwifery.</p> <p>A revised quality reporting system for the provider part of the organisation is underway.</p> <p>Support has been gained for the establishment of a Learning Group to help ensure spread of learning across the organisation.</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>- Bring forward revised approach for reporting provider quality</li> <li>- Progress report on the new Datix system to be provided to EQS Committee.</li> </ul>
Big 4: Respiratory	<ul style="list-style-type: none"> <li>• COVID-19 as well as predominant winter presentations are respiratory illnesses.</li> <li>• Implement improved care pathways/outcomes for the winter 2020/21.</li> </ul> <p>Progress update:</p> <p>A new role of respiratory physiologist has now been recruited and the new service is being introduced. Digital programmes for supporting patients with respiratory conditions have been introduced, including a pulmonary rehabilitation programme.</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>- Gain feedback from patients regarding the new service delivery, including outcomes tracking.</li> </ul>
South Powys Project	<ul style="list-style-type: none"> <li>• The Grange University Hospital is likely to open in November 2020, changing pathways of care.</li> <li>• Deliver an assessment of changes/impacts in order for decision/plan on management of pathways during winter 2020/21.</li> </ul>

	<p>Progress update: There is a separate item on the Board agenda to discuss the South Powys Pathways.</p>
<p>Health &amp; Care Academy</p>	<ul style="list-style-type: none"> <li>• Significant workforce supply/training/education challenges and opportunities, underpinned by RPB commitment and funding for stage 1 development.</li> <li>• Stage 1 proposal, plus refurbishment of existing building to form Health and Care Academy (South).</li> </ul> <p>Progress update: The multiagency Health and Care Academy Steering Group, which feeds into the Workforce Futures Programme has met twice to rapidly establish a 'blueprint' for the Academy. Positive engagement discussions have taken place with Health Education and Improvement Wales, drawing in a focus on some key developments including more in-reach education via the commissioning process, as well as the thinking regarding primary care academies. Integrated Care Funding (ICF) has been secured for regenerating an existing building for the Academy, and planning for a stimulation 'house' is well underway.</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>- 'Blueprint' for the Health and Care Academy due to be presented to Board in November, alongside the Workforce Futures Programme/RPB/other partnership bodies.</li> </ul>
<p>Elective Care: Risk of harm waiters</p>	<ul style="list-style-type: none"> <li>• Significant demand for elective care exists (including those chose not to access services).</li> <li>• Implement the essential and routine services plan; consider management plan for long waiters.</li> </ul> <p>Progress update: Further detail on progress is given as part of the Q2 Performance overview. In summary however, services across the organisation are operating and are stepping up their levels of activity. Some services are making progress on addressing the backlog of patients waiting for care with plans being developed across all provided services. There are clearly significant numbers of patients now awaiting secondary care. Detailed work is underway to understand trajectories (against a number of scenarios) in order to improve access</p>

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	<p>times. Importantly the digital offer for patient access to services is proving effective.</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>- The Winter Protection Plan response will be presented to the Board for approval in October and will include a detailed section on enabling elective care.</li> </ul>
Exiting the EU	<ul style="list-style-type: none"> <li>• The UK is exiting the EU at end Dec 2020, possibly with no deal in place.</li> <li>• Update risk assessment and mitigation plan; implement plan</li> </ul> <p>Progress update:</p> <p>There is a separate report being presented to the Board.</p>
Money (Value)	<ul style="list-style-type: none"> <li>• There is a risk of significant overspend and/or limited opportunity to implement value-adding changes</li> <li>• Act to manage costs to essential areas and gain support for costs (from WG); mitigate risk for 2021/22.</li> </ul> <p>Progress update:</p> <p>There is a separate report being presented to the Board.</p>
Digital Plan	<ul style="list-style-type: none"> <li>• Provision of services has moved to digital means where possible to maintain maximum provision</li> <li>• Deliver the interim Digital Plan to maximise effective patient service provision.</li> </ul> <p>Progress update:</p> <p>There is clear evidence that digital means are increasingly being utilised in the provision of patient care and the management of organisational business. The organisations response to the Winter Protection Plan will outline the progress in more detail and indicate next critical steps to ensure that where possible digital service provision is maximised.</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>- Consider the digital contribution to service delivery in the Winter Protection Plan response.</li> </ul>
Organisational capability	<ul style="list-style-type: none"> <li>• There are key gaps in organisational capability (including capacity); phase 2 realignment interrupted by pandemic.</li> <li>• Deliver realignment for key critical areas only, taking a consensus change approach where possible.</li> </ul> <p>Progress update:</p>

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	Specific, targeted discussions have taken place in relation to organisational capability. These will be progressing over the next 3 months, with further discussions on some other key areas being further picked up.
<div>Winter Protection Plan (+ Vaccination)</div>	<ul style="list-style-type: none"> <li>• Significantly challenging winter period scenario for 2020/21.</li> <li>• Develop and deliver a robust system winter protection plan for Powys, including vaccination programme as soon as possible.</li> </ul> <p>Progress update: The Winter Protection Plan has been published by Welsh Government and the requirements for the Q3/4 planning for the NHS has also now been received. Planning is well underway and a presentation to the Board is scheduled as part of the Board agenda. Further discussion is planned for the Strategy and Planning Committee prior to Board approval of the next stage plan/response.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>- Board approval during October.</li> </ul>
<b>NEXT STEPS:</b>	
<p>The key issues highlighted in the report will continue to have focused attention in order to support the next stage of development.</p>	

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**Agenda item: 2.1a**

<b>BOARD MEETING</b>		<b>DATE OF MEETING: 30 September 2020</b>
<b>Subject:</b>	<b>PTHB ANNUAL REPORT 2019-20 (THE PERFORMANCE REPORT)</b>	
<b>Approved and Presented by:</b>	Carol Shillabeer, Chief Executive	
<b>Prepared by:</b>	Rani Mallison, Board Secretary	
<b>Other Committees and meetings considered at:</b>	Chairs Action, 25 August 2020	

**PURPOSE:**

The purpose of this paper is to present to the Board the Annual Report 2019-20, which was approved via Chair's Action on 25 August 2020. The Annual Report 2019-20 will be formally published at the Board's Annual General Meeting on 22 October 2020.

**RECOMMENDATION(S):**

The Board is asked to:

- **RECEIVE the Annual Report 2019-20, ahead of its publication; and**
- **RATIFY the approval of the Annual Report 2019-20, agreed via the use of Chair's Action.**

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

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

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

**Chair's Action:**

**As set out in the Board's Standing Orders (last approved November 2019), "There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification."**

The Annual Performance Report was required to be submitted to Welsh Government by the deadline of 31 August 2020, ahead of publication at the health board's Annual General Meeting on 22<sup>nd</sup> October 2020.

To enable board approval of the Performance Report prior to submission, a Chair's Action was convened for 25<sup>th</sup> August 2020. The Chair, in consultation with the Chair of the Experience, Quality & Safety Committee and Chair of the Performance & Resources Committee, APPROVED its content for submission.

A record of the meeting held is attached at **Appendix A**. The Board is asked to RATIFY the approval of the Annual Performance Report, as presented at **Appendix B**.

## The Annual Performance Report:

The Welsh Government has issued, as in previous years, guidance for the preparation of annual reports and accounts. This guidance is based on HM Treasury's Government Financial Reporting Manual (FReM)<sup>1</sup> and is intended to simplify and streamline the presentation of the annual reports and accounts so that they better meet the needs of those who read and use them.

NHS bodies are required to publish, as a single document, a three-part annual report and accounts document, which must include:

**1. Part 1 The Performance Report**, which must include:

- An overview
- A Performance analysis

**2. Part 2 The Accountability Report**, which must include:

- A Corporate Governance Report
- A Remuneration and Staff Report
- A Parliamentary Accountability and Audit Report

**3. Part 3 The Financial Statements**

This report forms the Performance Report element i.e. Part 1 of the Annual Report and Accounts. All three sections are combined into a single document, the 'Annual Report and Accounts' and will be published and presented at the Board's Annual General Meeting on 22 October 2020.

### The Performance Report

The purpose of the performance report is to provide information on the organisation, the Board's main objectives and strategies and the principal risks that it faces. The requirements of the performance report are based on the matters required to be dealt with in a Strategic Report as set out in Chapter 4A of Part 15 of the Companies Act 2006. The main features of the performance report should flow from the organisation's agreed plan and demonstrate how they have delivered against that plan in the year of reporting.

The performance report must provide a fair, balanced and understandable analysis of the organisation's performance, in line with the overarching requirement for the annual report and accounts to be fair, balanced and understandable. Where NHS bodies judge that users of the Performance Report would benefit from further information then it is acceptable to include hyperlinks to any other relevant reports such as the organisations IMTP or other published performance statistics.

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**Overview**

The purpose of the "Overview" is to give the user a short (no more than 5 to 10 pages) summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year. The Overview should be enough for the lay user to have no need to look further into the rest of the annual report and accounts unless they were interested in further detail or had specific accountability or decision making needs to be met.

**Performance analysis**

The purpose of the "Performance analysis" is for organisations to report/summarise on their delivery against performance measures a) each delivery framework domain, b) delivery against finance and workforce plans c) wider performance matters including partnership working, main achievements against service specific delivery plans and delivery against any specific local requirements (expected length 18-20 pages).





**CHAIR'S ACTION**

**MINUTES OF THE MEETING HELD ON TUESDAY 25 AUGUST 2020 VIA TEAMS MEETING**

**Present:**

Vivienne Harpwood	Independent Member (Chair)
Mel Davies	Independent Member (Vice-Chair)
Mark Taylor	Independent Member – Capital and Estates
Hayley Thomas	Director of Planning & Performance

**In Attendance:**

Wayne Tannahill	Assistant Director Estates and Property
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**Committee Support**

Caroline Evans	Head of Risk and Assurance
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**Apologies for absence:**

Carol Shillabeer	Chief Executive
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CA/20/01	<p><b>WELCOME AND APOLOGIES</b></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>
CA/20/02	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>The Committee Chair INVITED Members to declare any interests in relation to the items on the Committee agenda. None were declared.</p>
CA/20/03	<p><b>PTHB ANNUAL REPORT 2019-20: PERFORMANCE REPORT</b></p> <p>Hayley Thomas presented the previously circulated paper, which presents the Performance Report element of the Annual Report 2019-20 for approval. The Annual Report 2019-20 will be presented to the Board for ratification on 30 September 2020 and formally published at the Board's Annual General Meeting on 20 October 2020.</p> <p>Hayley Thomas advised that the purpose of the performance report is to provide information on the organisation, the Board's main objectives and strategies and the principal risks that it faces. The requirements of the performance report are based on the matters required to be dealt with in a Strategic Report as set out in Chapter 4A of Part 15 of the Companies Act 2006. The main features of the performance report should flow from the organisation's agreed plan and demonstrate how they have delivered against that plan in the year of reporting.</p>

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	<p>The performance report must provide a fair, balanced and understandable analysis of the organisation's performance, in line with the overarching requirement for the annual report and accounts to be fair, balanced and understandable. Where NHS bodies judge that users of the Performance Report would benefit from further information then it is acceptable to include hyperlinks to any other relevant reports such as the organisations IMTP or other published performance statistics.</p> <p>Mel Davies stated that the performance report is laid out well, and is a useful document. Mel requested that we ensure we mention the local authority as a key partner in the introduction.</p> <p><b>Action: Director of Planning and Performance / Head of Risk &amp; Assurance.</b></p> <p>Mark Taylor stated that the presentation of the document is good. The Chair stated that the report is well presented, given the circumstances and disruption suffered this year which is unprecedented.</p> <p>Hayley Thomas welcomed the feedback, stating that the performance report has been difficult to produce this year due to the gap between quarter 3 and end of year as a result of the COVID-19 pandemic. The Group APPROVED the Performance Report.</p>
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**ATTACHED SEPARATELY**

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Annual Report 2019-20



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Annual Report 2019 - 2020

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



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



To  
2027  
AND  
BEYOND...



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



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



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



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



## Introduction from Chair and Chief Executive

We are pleased to introduce the Annual Report for the period 01 April 2019 to 31 March 2020. This report provides some helpful background to the organisation and its ambition for the population of Powys. It sets out how the health board has performed over the past year, with highlights of the key achievements and a review of the challenges and risks. This is shaped by the shared long-term Health and Care Strategy, A Healthy, Caring Powys.

During the period January 2020 to March 2020 the health board, along with its partners, government and communities, responded to the COVID-19 pandemic. This required a different approach to governance, planning and performance, with Welsh Government suspending official performance arrangements at the end of Quarter 3. Performance data available for the first three quarters of 2019/2020 is included in this report and local information is provided for the remaining quarter, based on the response to COVID-19.

This report gives the opportunity to publicly thank a number of stakeholders for their partnership and support during the first significant peak of the pandemic. Firstly, the role of the public in Powys has been tremendous and their efforts during the lockdown has meant that health and care services, although under pressure, have not been overwhelmed.

The role of partners such as the Third Sector and Powys County Council has been critical. Working closely in establishing the immediate response; and monitoring and acting during the first wave of the virus has been highly successful. The achievements have been considerable in light of the highly pressured environment and reflections and modifications to the approaches are taking place to embed learning and prepare for the next stage of the pandemic.

Working closely with Primary Care has been key. Colleagues across the health board and with partners in other sectors (including the independent sector – Care Homes and Domiciliary Care) have worked very hard to ensure the best possible care is provided to patients/clients, despite having to change the way the service operates at short notice.

Finally, working closely with other health boards and Trusts has brought a significant value to the preparations and actions to mitigate risk. Strong input into the Command arrangements in England as well as All-Wales working approaches, have enabled a more connected and agile approach to the emergency.



Professor Viv Harpwood (Chair)



Carol Shillabeer (Chief Executive)

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## About this Report

This Annual Report covers the period April 2019 to March 2020. All NHS bodies in Wales are required to produce this report and publish this information. Copies of this report and previous year's report are available at [www.powysthb.wales.nhs.uk](http://www.powysthb.wales.nhs.uk)

The report is made up of three sections:

### Section 1 – The Performance Report

#### Section 1 – The Performance Report

This section provides:

- An overview of the Powys population and the Health Board
- An analysis of performance for 2019 - 2020 including progress against the Well-being and Future Generations Act. Due to the response to the Covid-19 pandemic in Quarter Four of this period, this is in two parts:
  - Performance against the Health Board's Integrated Medium-Term Plan, Well-being Objectives and key delivery targets and outcomes up to the end of Quarter 3 (at which point the performance framework was suspended by Welsh Government due to the response to the pandemic)
  - A report on the arrangements for responding to Covid-19 which took place in Quarter Four of 2019 - 2020
- A report on sustainability and environmental management

### Section 2 – The Accountability Report

This section provides:

- Information on how the organisation is governed – its 'corporate governance'
- Information on remuneration and staffing
- The National Assembly for Wales Accountability and Audit Report.

### Section 3 – The Financial Statements

This section includes the Audited Annual Accounts.

*If you would like this report in another format please contact:*

The Board Secretary, Powys Teaching Health Board, Corporate Headquarters, Glasbury House, Bronllys Hospital, Bronllys, Powys, LD3 0LU.

Or visit our website at [www.powysthb.wales.nhs.uk](http://www.powysthb.wales.nhs.uk)

## SECTION ONE: THE PERFORMANCE REPORT

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## Section 1

### Overview

This Annual Report covers the period from the 1<sup>st</sup> of April 2019 to the end of March 2020. The first nine months of this report, up to the end of December 2019, are set out in the standard format and provide a report against the health board's work against its Integrated Medium-Term Plan for that period. This is shaped by the shared long-term Health and Care Strategy, A Healthy, Caring Powys. This sets out the well-being objectives, shared by the health board, Powys County Council and other partners in the Powys Regional Partnership Board.

During the period from January 2020 to March 2020 the health board, along with its partners, government and communities, had to respond to the COVID-19 pandemic. This required a different approach to governance, planning and performance and Welsh Government suspended the official performance arrangements at the end of Quarter 3.

Performance data available for the first three quarters of 2019/2020 is included in this report and local information is provided for the remaining quarter, based on the response to COVID-19.

### Background – About Powys and its Population

Powys is one of the most rural counties in the UK. Whilst the county is approximately 25% of the landmass of Wales, it has only 5% of the population. The population in Powys is older compared to the rest of Wales and the proportion of older people is growing. The working age adult population is smaller compared to Wales and it is predicted that the number of young people and working age adults will decrease, whilst the number of older people will increase. It is predicted that there will be an 8% decline in the Powys population by 2039.

The county has a strong network of small towns and villages with a high level of community commitment and a strong voluntary sector. Unemployment is low, however Powys has a low income economy with low average earnings and house prices that are high when compared to other areas in Wales. Five areas (Lower Super Output Areas) are among the most deprived 30% in Wales, clustered around the main market towns with higher residential populations.

There are generally good health outcomes in the County and people live longer and spend more years in good health than the national average, eating a healthier diet and being more physically active. Fewer people feel lonely and there is a greater sense of community and satisfaction with life. 83% report that they feel they belong to their local area, compared to 75% in Wales as a whole. However, whilst general health is good, there are issues that have informed our long term strategy. 1 in 5 people still smoke, 1 in 4 children are overweight or obese on entering school and 6 in 10 adults are overweight or obese. Health inequalities amongst people living in the most deprived areas of Powys are significant; a child born in the most deprived area lives approximately 10 years (boys) to 14 years (girls) less than a child born in the least deprived area.

See Powys Well-being Assessment for further detail and sources  
<https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>.

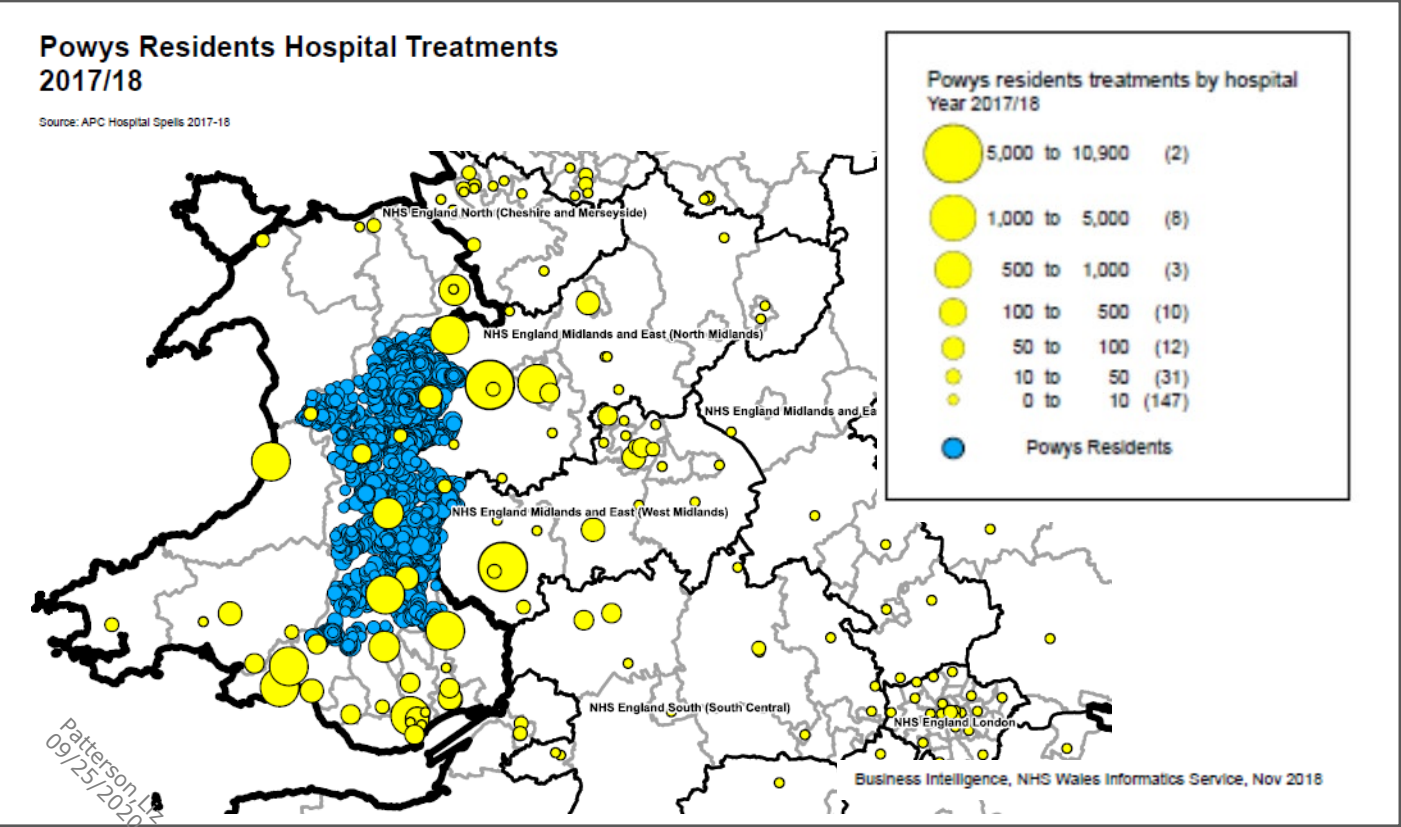
Powys Teaching Health Board is both a commissioner and a direct provider of healthcare and different to other health boards in Wales in relation to the proportion of services that are provided to the population by other health care providers.

The health board’s budget is circa £300m. 50% is spent on secondary and specialist care, 20% is spent on primary care and 30% is spent on directly provided services.

The directly provided services are delivered through a network of community services and community hospitals which includes mental health, learning disabilities, maternity and children’s services. Care is also provided in Powys through primary care contractors such as General Practices, Dental Practices, Pharmacists and Optometrists, as well as the Third Sector. There is also provision of an increasing range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community facilities, bringing care closer into Powys itself and closer to people’s own communities and homes.

In relation to commissioning, there are some unique characteristics that set the Powys context. Being an entirely rural County with no major urban conurbations and no acute general hospitals, people in Powys have to travel outside the county for many services, including secondary and specialist healthcare, higher education and employment.

The health board buys services on behalf of the population from 15 main NHS provider organisations across England and Wales. Shrewsbury and Telford Hospitals NHS Trust makes up the largest proportion of our commissioned activity and Wye Valley NHS Trust is the second largest. In Wales, the health board buys services from Hywel Dda, Aneurin Bevan, Swansea Bay and Cwm Taf Morgannwg University Health Boards and others in smaller proportions. This covers all specialities, however PTHB is not the majority commissioner of any acute provider.



### Rural Powys: Population and Wellbeing Assessment

The health board is responsible for improving the health and well-being of approximately 133,000 people living in Powys.

Powys covers a quarter of the landmass of Wales, but with only 5% of the country's population – it is a very sparsely populated and rural county.

Geography and rurality make access a challenge, with residents of the county accessing acute hospital care from 15 providers around its borders across Wales and England.



### A Commissioner of Services

The health board budget is around £300 million a year; with 50% spent on services that we commission; 30% on directly provided services and 20% on primary care. The largest patient flows from Powys are into the North Midlands and the West Midlands for secondary care.

Long Term Agreement Values 2018/19:

Shrewsbury and Telford NHS Trust (SaTH): £25.280M

Wye Valley NHS Trust (WVT): £14M

Aneurin Bevan (ABUHB): £11.869M

Robert Jones Agnes Hunt Hospital (RJA): £9.155M

Swansea Bay (SBUHB): £7.954M

Hywel Dda (H DUHB): £6.973M

Betsi Cadwaladr (BCUHB): £2.107M

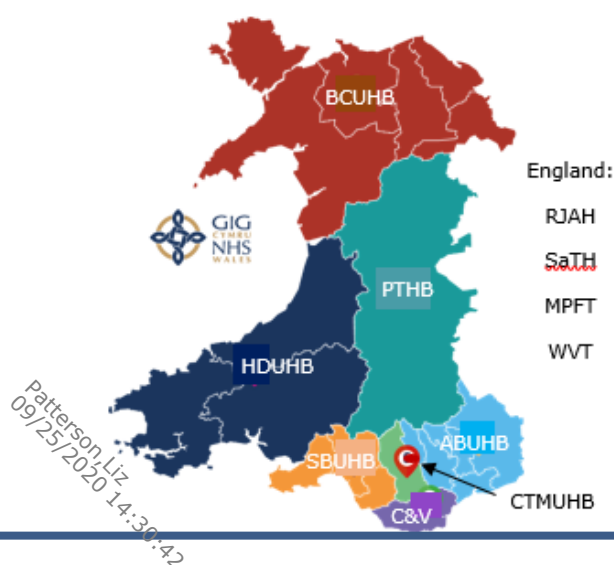
Cardiff & Vale (C&V) UHB: £1.314M

Cwm Taf Morgannwg (CTMUHB): £1.140M

Midlands Partnership Foundation Trust (MPFT): £1.101M

Velindre Cancer Trust: £1.051M

Other English: £2.698M



### Primary and Community Care

Care is provided through our primary care contractors including 16 General Practices, 22 Dental Practices and 5 Community Dental Services, 23 Pharmacies and 17 Optometrists, and also through the Third Sector.

PTHB directly provides healthcare services through its network of community services and community hospitals. There is also provision of an increasing range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community facilities, bringing care closer to home.



#### General Practice

16 practices providing general and extended services and managing inpatient beds



#### Community Hospitals

Providing a wide range of outpatient, inpatient, mental health inpatient, diagnostic and theatre services



#### Community Services

Including therapies, mental health, district nursing midwifery, children's and learning disabilities services



#### Community Pharmacy

Dispensing and supporting medicines management in care home, home, GP and community hospital settings



#### Eye Care

Primary care optometry and accredited optometrists providing out of hospital services



#### Community Dentists

General dental services and more immediate and specialist procedures and services

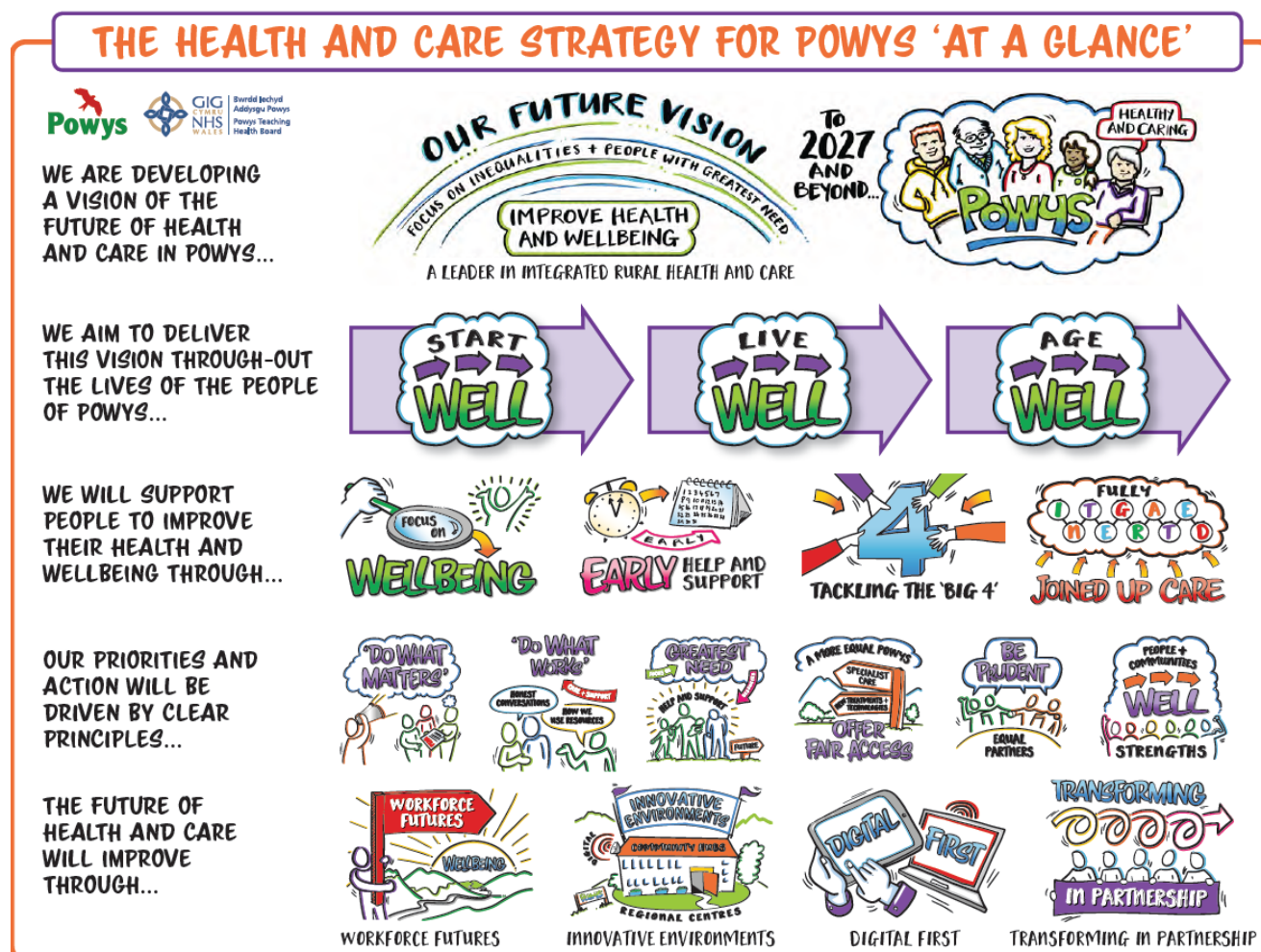
## A Healthy, Caring Powys

The health board and Powys County Council are uniquely positioned as the only co-terminous health board and local authority in Wales and increasingly, services are jointly provided or commissioned by the health board and the Council.

The joint Health and Care Strategy, 'A Healthy, Caring Powys', was developed jointly with Powys County Council and other partners in the Powys Regional Partnership Board (RPB). It was set in the context of both the Social Services and Well-being (Wales) Act 2014, which set out the establishment of the Regional Partnership Board (RPB) and the Well-being of Future Generations (Wales) Act 2015, overseen by Public Service Boards (PSBs).

It was approved by the health board, the Council Cabinet and the RPB in 2018 and the period 2018-2019 saw the first year of full implementation of the strategy into both the health board and the Council's plans, with the period 2019/2020 building on that work and strengthening key areas as noted throughout this report.

The health board's Integrated Medium Term Plan for 2019/2020 is shaped around this shared vision, principles and ambitious well-being objectives for Powys:



There is a strong connection between our vision for 'A Healthy, Caring Powys' and the ambition for 'A Healthier Wales' published by Welsh Government in 2018. We developed our Health and Care Strategy based on extensive local engagement as well as taking into account the Well-being of Future Generations Act and Social Services and Well-being Act.



## Powys Outcomes

Co-produced outcomes were developed as part of the Health and Care Strategy, informed by stakeholder feedback, national outcomes frameworks and the Powys Well-being Assessment:

### Focus on Well-being

- I am responsible for my own health and well-being
- I am able to lead a fulfilled life
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family
- I have life opportunities wherever I am and wherever I live in Powys
- My environment/community supports me to be connected and maintain health and well-being
- As a carer I am able to live a fulfilled life and feel supported

### Provide Early Help and Support

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

### Tackle the Big Four

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

### Ensure Joined up Care

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

### Develop Workforce Futures

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly they know who can
- As a carer, I and those who I care for are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

### Promote Innovative Environments

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me to live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

### Digital First

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent

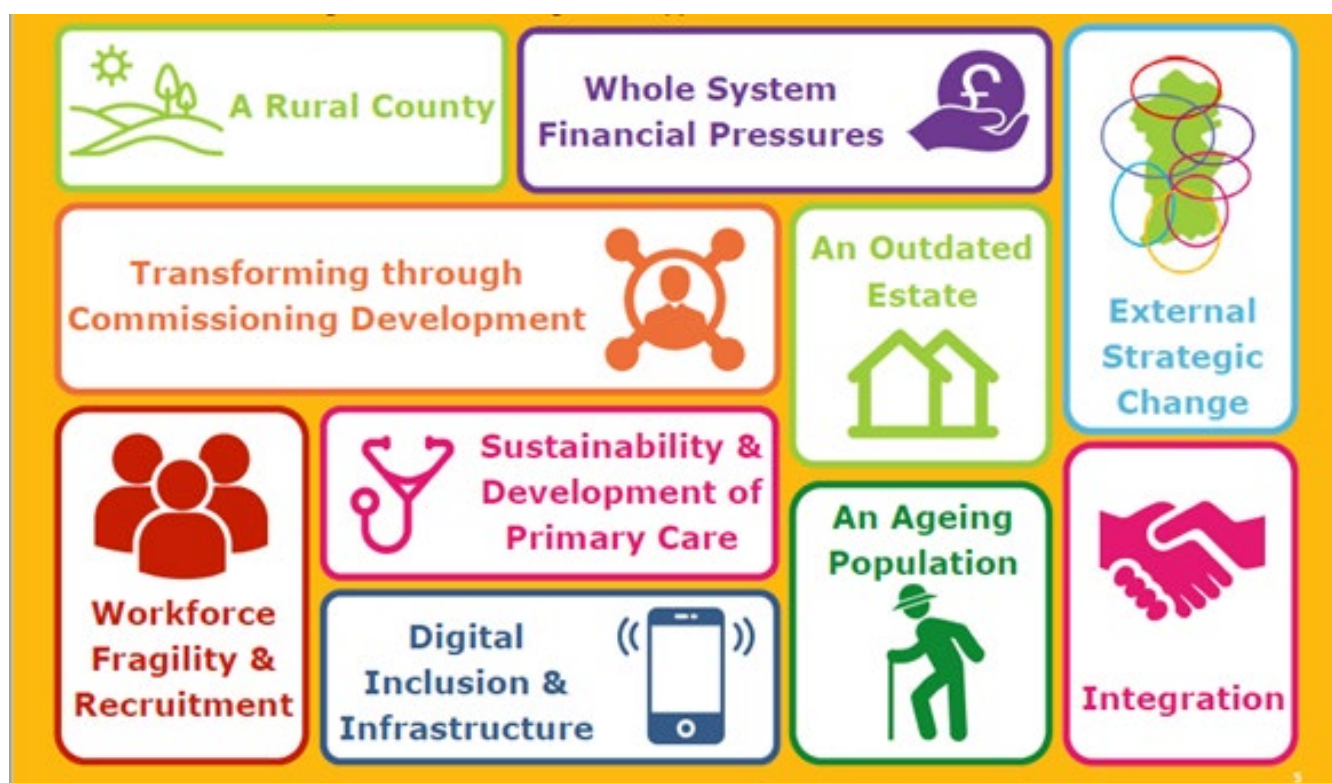
### Transforming in Partnership

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

## Challenges and Opportunities

The health board had a number of challenges and opportunities in 2019 / 2020 that shaped its strategy, planning and delivery. These were identified prior to the onset of the pandemic and are reported as originally identified below.

The key challenges in Powys are set out in more detail in the health board's Integrated Medium-Term plan and the Powys Well-being Assessment, but in summary they include the rurality of the county, the historic nature of the estates, workforce pressures, the complexity of partnerships and commissioning and the need for financial balance and sustainability. These also shape the strategic opportunities for the health board and the partnerships in the rural heartland of Wales:



### Quality and Standards

Many of the above factors have a common driver, which is to maintain and improve the standard of care for Powys residents. 'A Healthy Caring Powys' is our response to these challenges and reflects the drive to improve quality and sustainability of care.

Powys residents are part of multiple, complex healthcare systems and their care pathways from primary through to specialist care involve journeys across many boundaries, with multiple points of handover and care co-ordination across both Wales and England.

Powys is a county with strongly defined local areas, reflected in the three Primary Care Cluster footprints, broadly around North, Mid and South Powys. This brings an opportunity to harness energy at both a place-based level and regionally, working as part of the Powys Regional Partnership Board and Public Service Board, as well as with the wider partnerships across Mid Wales.

The work of the health board is set in a complex environment of change around our borders and across commissioned services and planned service developments which impact on Powys pathways were systematically tracked, with ongoing engagement with the Powys Community Health Council and other stakeholders.

Prior to the Covid-19 pandemic, up to the end of Quarter 3, these included NHS Future Fit programme in Shropshire, Telford and Wrekin, Clinical Futures Programme in South West Wales, the Sustainability and Transformation Partnership in Herefordshire and Worcestershire, Transforming Clinical Services Programme in Mid and West Wales and developments in Specialist provision.

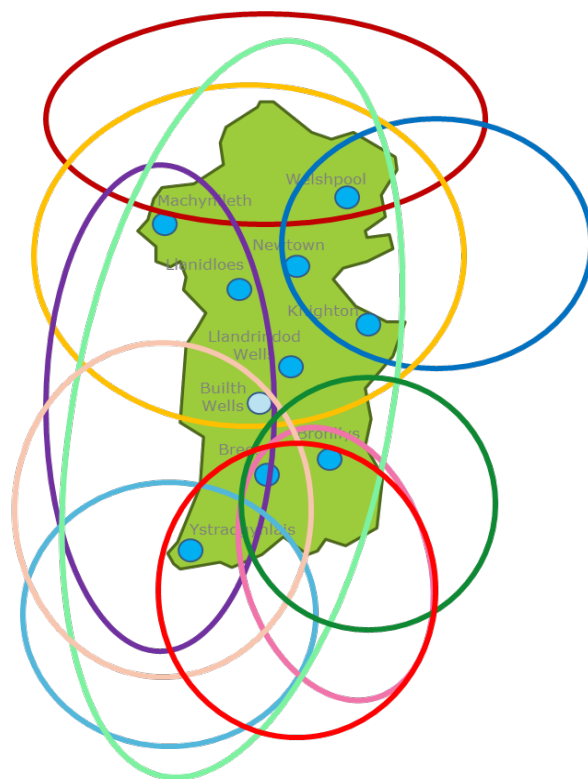
In addition are the NHS Wales Collaborative Programmes, National Delivery Plans, Shared Services, Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), Welsh Ambulance Services Trust (WAST) and NHS Wales Informatics Service (NWIS) work streams.

NHS England published the NHS Long Term Plan (England) in 2019 and neighbouring health bodies in England were also developing responses to this plan in the period up to the end of the Quarter 3 period in 2019.

In this context, Powys Teaching Health Board is a commissioner as much as a direct provider of services. The majority of the funding that is allocated from Welsh Government for the population of Powys, via the health board, is spent with external providers and contractors, across England and Wales. There are financial and sustainability challenges across the whole system in Wales and England, which were present prior to the Covid-19 pandemic. There remains the additional complexities which also arise from the exit from the European Union.

Key transformational schemes were planned prior to the Covid-19 pandemic, up to the end of Quarter 3 of the period of this report, including those being carried forward with the Powys Regional Partnership Board (the North Powys Well-being Programme, Workforce Futures and Digital First) and the health board's own clinical transformation work on the 'Big Four' and Primary and Community Care.

The following pages provide highlights and detailed further analysis of performance against each of the health board's well-being objectives and priorities in its Annual Plan 2019 – 2020.



Strategic Programmes around Powys  
2019/2020

# HIGHLIGHTS: ACHIEVEMENTS 2019-2020

## Focus on Well-being

- Full implementation of maternity led flu vaccination in the 2019/2020 season and 2 separate improvement trials into flu vaccination
- Improvements in recorded MMR vaccine uptake
- Using transfer of client facing stop smoking services to improve coordination of support to smokers
- Healthy Weight: Healthy Wales – developing the local obesity pathway as part of wider work

## Early Help and Support

- Third sector links including Community Connectors part of the community resource team
- Healthy Schools and Pre-Schools schemes on track to achieve 2019/20 targets through 'Bach a Iach'
- Funding received from Health Education and Improvement Wales to support Health Care Support Workers
- Powys RPB joined First 1000 Days Collaborative; shared understanding importance of first 1,000 days and impact of Adverse Childhood Experiences

## Workforce Futures

- A shared Workforce Futures for the Regional Partnership Board developed, following extensive engagement
- PTHB was a finalist in four of eight HPMA Wales awards, winner of 'Rising Star' award and highly commended for staff engagement through Chat to Change

## The Big Four

- Respiratory Clinical Change Programme 'Breathe Well'
- Successful Improving Cancer Journey Implementation
- Cancer champions in all practices
- Baseline assessment of national disease plans completed
- Diabetes Plan 2019 – 2020 in place
- Stroke and Neurological Conditions Plan 2019-2020 in place
- Dementia Home Treatment Service fully operational in Powys
- New personality disorder pathway introduced
- Psychology Single Point of Access (operational April 2020)
- District nurses visiting Farmers Markets across Powys to offer a full 'health MOT' (including emotional health support) to farmers
- Suicide and Self-Harm Prevention Co-ordinator in place
- Drop in sessions and groups at Mind for farming sector
- Online CBT (Silvercloud) with self-referral functionality

## Joined Up Care

- Discharge to Recover and Assess (D2RA) model trialled in North Powys and scaled up across Powys
- Out of Hours Peer Review undertaken and future model agreed for an integrated urgent primary care approach
- Working with Delivery Unit on demand and capacity review for planned care
- Full engagement with the national Eye Care programme
- Catheter Care Passport implemented
- District Nurses using sepsis bundle
- Senior Nurse for Infection Control working with key teams including promotion of e-learning to increase uptake
- Clinical Quality Framework developed

## Digital First

- Powys-wide self-referral model in place for Silvercloud
- Engagement with further health boards leading Silvercloud rollout across NHS Wales
- The Information Department successfully supported the implementation of the new Single Cancer Pathway (SCP)
- Telehealth Co-ordinator engaging key stakeholders including GP Practices to promote use of innovative approaches including 'Florence' virtual support app

## Innovative Environments

- Completion of significant phase of development for Outpatients and Renal at Llandrindod Wells; programme business case in development for Phase 2
- North Powys Well-being programme will include business case for significant capital development to deliver ambition in 2020
- ISO14001 achieved with plans to improve environmental management further including progress towards carbon neutral in 2030
- Continuous improvement with audit and estates improvements and delivery

## Transforming in Partnership

- Commissioning Assurance Framework rolled out to include Primary Care and developed for use thematically for Maternity care
- Primary Care Cluster IMTPs developed for the first time, fully aligned to the Powys Health and Care Strategy and the health board IMTP
- Successful in securing Transformation Funding for the North Powys Well-being Programme and comprehensive engagement carried out; model of care agreed and accelerated areas of delivery underway



## Performance Analysis

To the End of Quarter 3, March 2019 – December 2019

### Performance against The Integrated Medium Term Plan Well-being Objectives and the Annual Plan 2019 - 2020

The health board has a good track record of performance and improvement against the key outcomes and measures set by Welsh Government for healthcare.

In addition, the health board has had an approved IMTP status for five years, enabling the organisation to plan for the longer term, in collaboration with local, regional and national partners. This has enabled the development of the shared Health and Care Strategy and Well-being Objectives and sets the context for the IMTP and Annual Plan.

Delivery priorities in 2019/2020 were framed around the eight well-being objectives as shown below:

Focus on Wellbeing	Early Help and Support	The Big Four	Joined Up Care
<ul style="list-style-type: none"> <li>Wider Determinants of Health (Powys PSB Wellbeing Plan 12 Steps)</li> <li>Health Improvement, Disease Prevention and Population Screening</li> <li>Information, Advice and Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Primary and Community Care</li> <li>Cluster Working</li> <li>Connecting Communities</li> </ul>	<ul style="list-style-type: none"> <li>Cancer</li> <li>Circulatory</li> <li>Respiratory</li> <li>Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>Care Coordination and Urgent Care</li> <li>Planned Care</li> <li>Specialised Care</li> <li>Quality and Citizen Experience</li> </ul>
Workforce Futures	Innovative Environments	Digital First	Transform in Partnership
<ul style="list-style-type: none"> <li>Well-being and Engagement</li> <li>Recruitment and Retention</li> <li>Workforce Design, Efficiency and Excellence</li> <li>Skills and Development</li> </ul>	<ul style="list-style-type: none"> <li>Capital, Estates and Facilities</li> <li>Research, Development and Innovation</li> </ul>	<ul style="list-style-type: none"> <li>Digital care – Telehealth/care to support self-management</li> <li>Digital Access: National ICT Programme</li> <li>Digital Infrastructure and Intelligence</li> </ul>	<ul style="list-style-type: none"> <li>Good Governance</li> <li>Financial Management</li> <li>Planning, Performance &amp; Commissioning</li> <li>Partnership Working</li> </ul>

## Performance against Plan: Well-being Objectives

### Well-being Objective 1 – Focus on Well-being

A focus on well-being is the essential foundation for 'A healthy, caring Powys'. It centres on promoting, supporting and facilitating the physical and mental well-being of people across the life course. It is about reducing avoidable ill-health and enabling people to effectively manage their health. There is a partnership approach to address the long term, wider determinants of health and behavioural risk. Reducing health inequalities is central to this approach, with an aim to strengthen health improvement and disease prevention, enabling people to make decisions and take action.



### 2019/2020 Priorities

- 1.1 Wider Determinants of Health – Powys Wellbeing Plan 12 Steps
- 1.2 Health Improvement, Disease Prevention and Population Screening
- 1.3 Information, Advice and Assistance

### Link to National Goals and Objectives

- Aligns to National Goals 3, 4 and 6: A Healthier Wales, A More Equal Wales, A Wales of Vibrant Culture and Thriving Welsh Language
- Five Ways of Working: Key to delivery against all five
- Quadruple Aim: Aligns to Improved Population Health and Wellbeing

### Powys Outcomes

Through successfully focussing on well-being, people in Powys will say:

- I am engaged in managing my own health and well-being
- I am able to lead a fulfilled life.
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family.
- I have life opportunities whoever I am and wherever I live in Powys.
- I can easily access the information, advice and assistance to inform myself and remain active and independent
- Delivers against 'Working to achieve a healthier future for Wales, Public Health Wales, Long Term Strategy 2018-30
- Aligns to Prudent principle of 'Do only what is needed and do no harm'
- Public Health Wales Act 2017

### Performance Against Well-being Objective 1 to end Quarter 3

All the milestones set in relation to Priority 1.1 Wider Determinants of Health were met as at the end of Quarter 3. These included active involvement in the Public Service Board (PSB) by the Director of Public Health, to progress strategic discussions and decision making. Public Health consultant input was also provided for the PSB Well-being Group and Working Groups.

Positive feedback was received from the Welsh Audit Office exploration of the North Powys Well-being Programme on the application of the sustainable development principle and five ways of working.

In relation to Priority 1.2 Health Improvement, Disease Prevention and Population Screening, key programmes of work were progressed with leadership from Public Health, including:

- The smoking cessation programme and the Tobacco Control Steering Group
- Childhood immunisation including the work of the Powys Vaccination Group, implementation of the Measles Catch Up Campaign and reviews of unwarranted variation in uptake. Work commenced in Quarter 3 on the development of a local action plan for implementation of the National Measles and Mumps Elimination Plan.
- The Flu immunisation programme overseen through the year by the Influenza Steering Group and full roll out was achieved in 2019 for the maternity-led flu vaccination scheme, following a successful trial scheme. A new model of flu vaccination for those over 65 years of age or those under 65 years at risk was in development aligned to Making Every Contact Count (MECC) – as at the end of Quarter 3, thirty clinical nurse specialists had been trained to vaccinate.
- Progression of an Obesity pathway with a review of local need and demand for obesity prevention and management services completed to inform consideration by Executive Committee in Quarter 3.
- A Business Case was developed for the North Powys Well-being Programme targeted prevention work which incorporates the Foundation Phase of Bach a Iach, this was approved in Quarter 3.
- Healthy Pre-schools scheme, 10 Steps to a Healthy Weight and the Healthy Weights Action Plan were also progressed to promote physical activity and healthy eating.

A quality assurance project on COVER data, a long-established vaccine coverage collection that has been running since 1987, has recently been completed in Powys which has led to improvements in the accuracy of COVER data and increases in recorded vaccine uptake in Powys and across Wales. This was a joint project between the health board, Powys Local Public Health, the Public Health Wales Vaccine Preventable Disease Programme Team and NHS Wales Informatics Service.

In relation to Priority 1.3, Information Advice and Assistance, key areas of work included Invest in Your Health, with active liaison across therapy and pharmacy services and a link to Community Connectors to promote sessions and uptake. The Making Every Contact Count training was rolled out further to staff and resources distributed. As noted above, an emphasis on those at risk of flu was built into the use of the MECC approach during Quarter 3.

Further information against national targets and outcome measures are provided later in this report.

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## Well-being Objective 2 – Early Help and Support

Providing early help and support is vital across the life course to manage ill health and ensure timely support is in the place. Primary and Community Care does face challenges in relation to workforce and sustainability but also occupies a unique position, providing the first point of healthcare contact for more than 90% of people using services. This presents an opportunity to make the greatest impact for early help and support, to improve access to urgent, unplanned and routine, preventative care.



### 2019/2020 Priorities

- 2.1 Primary and Community Care
- 2.2 Cluster Working
- 2.3 Connecting Communities

### Link to National Goals and Objectives

- Aligns to National Goals 3, 4, 5 and 6 (A Healthier Wales; A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture and Thriving Welsh Language) with further opportunities across all
- Five Ways of Working: Key to delivery against 'Long Term'; 'Integration'
- Quadruple Aim: Aligns to Improved Population Health and Wellbeing
- Aligns to Prudent principle of 'Care for those with the greatest health need first'
- Delivers against National Programme for Primary and Community Care and Primary Care Model for Wales

### Powys Outcomes

- Through successfully providing early help and support, people in Powys will say;
- I can easily access support to remain active and independent
- As a child and young person I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live with my chronic condition
- The environment /community I live in supports me to be connected and to maintain my health and well-being.
- As a carer I am able to live a fulfilled life and feel supported

### Performance Against Well-being Objective 2 to end Quarter 3

In relation to Priority 2.1 and 2.2, A programme has been progressed in primary and community care which has focused on strengthening access, workforce and sustainability and primary care cluster working. Key achievements to the end of Quarter 3 include:

- A rolling programme of training to support the roll out of triage and signposting including minor illness training through Welsh Universities
- 15 out of 16 practices with a telephone triage system in place and a 'Total triage' model for urgent and routine care in place in the South Cluster

- New roles developed to improve access to primary care including Pharmacist, Pharmacy Technicians and Physician Associates which have been deployed between practices in the Mid Cluster as a shared resource and a Physician Associate Development Manager appointed to mentor and develop these roles
- A Mental Health Practitioner pilot continuing in the North Cluster
- Advanced Nurse Practitioners, Physiotherapists, Mental Health staff and Unscheduled Care Practitioners are also working within GP Practices
- 9 Health Care Support Workers progressing a recognised qualification with funding from HEIW (Health Education and Improvement Wales)
- Practice Sustainability reviews completed
- The Common Ailments service available in 19 Pharmacies was providing wider access and support with 750 people seen in the period July – December 2019; an increase of 34% compared to the period January – June 2019.
- Two pharmacists in Powys are at the forefront of a further innovative approach in pharmacy, having qualified as Independent Prescribers, with a further commencing a course in 2019.
- 11 pharmacies also took part in training to be able to deliver the sore throat test and treat service in 2019
- The community pharmacy team from Boots in Newtown were the first in Powys to provide expert support into the multi-disciplinary team reviews of people in a care home setting in Machynlleth
- Over 20% of Dental Practices took part in the General Dental Services Practice Reform programme, and presentation made at PTHB Dental Conference
- A review of General Dental Service in Machynlleth and Builth Wells was carried out in 2019 and actions taken to improve access as a result, including a mobile dental clinic in Machynlleth and Foundation Dentist supporting the Builth Wells practice
- Increased digital offer including online cognitive behavioural therapy, apps for chronic condition management and self-care including 'Florence', text reminder and cancellation services, My Health Online

In relation to Primary Care Cluster Working, plans were developed in 2019, fully aligned to the shared vision and long-term strategy 'A Healthy Caring Powys' and the health board's IMTP. Delivery priorities for Cluster Plans in 2019 included:

- Rural Regional Centre and Community Well-being Hubs providing access in local areas in each Cluster
- Integrated 'Community Resource Teams' for physical, mental and social well-being; access to urgent and planned care
- Building on strong existing offer of clinical triage and use of extended and alternative roles
- Proactive case management for complex needs and care planning for those at high risk

- Improved routine and preventative care and targeted support for those with complex needs and at high risk
- Collaboration within and across Clusters – increasing number of roles being designed as a joint resource across Clusters
- Local offers for key services to address fragility of in reach for example pain management and Intrauterine Contraceptive Devices.
- Expansion of Community Dental and Eye Care offers
- Maximising use of digital tools and support
- Continued development of Sustainability Toolkit and Commissioning Assurance Framework

In relation to Priority 2.3 Connecting Communities, the health board works as part of the Regional Partnership Board on community development, the plan for carers in Powys, actions on Adverse Childhood Experiences and volunteering opportunities. The RPB joined the First 1000 Days Collaborative in 2019 and held engagement events in July 2019 to explore opportunities for improvement.

Third sector partnerships were a strong focus in 2019, with Community Connectors becoming a key part of Community Resource Teams and winter resilience planning.

Highlights to the end of Quarter 3 include the progression of the First 1000 Days initiative which included an engagement event held in November 2019 and the review of the carers' framework in 2019 as part of the work of the Carers Steering Group chaired by the health board's Director of Nursing.

The Children's Pledge was also adopted which includes a list of promises to all children and young people in Powys, based on what they said is important to them. These include providing access to information, listening to views, providing safe environments, and treating all children equally. The Pledge, which was launched in November (Children's Rights Day), forms a commitment to ensure children have equal access to our services, support and life opportunities.

Bach a Iach won the 'Early Help and Support' Award at the Powys Teaching the health board's 2019 Excellence and Long Service Awards ceremony, and the strong partnership working was highlighted. Bach a Iach was also invited to present at the Public Health Wales Annual Conference (October 2019).

An example of work carried out in 2019 was the promotion of the Welsh Government guidelines for Food and Nutrition for Childcare Settings (published in November 2018). This work built on the strong links between the Healthy Schools Team and local pre-school settings developed over recent years through Bach a Iach, and the close working partnership between Bach and Iach and Dietetics. The teams worked together to develop bespoke training for pre-school settings, with attendees able to cascade information to colleagues and parents.

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## Well-being Objective 3 – Tackling the Big Four

The Powys Wellbeing Assessment indicates that there are four main causes of ill health, burden of disease and premature mortality in Powys. The Health and Care Strategy aims to tackle 'The Big Four':

- Mental Health
- Cancer
- Respiratory
- Circulatory



## 2019/2020 Priorities

- 3.1 Mental Health
- 3.2 Cancer
- 3.3 Respiratory
- 3.4 Circulatory

## Link to National Goals and Objectives

- Aligns to National Goals 3 and 4 (A Healthier Wales; A More Equal Wales) with further opportunities across all
- Five Ways of Working: Key to delivery against all five
- Quadruple Aim: Aligns to Improved Population Health and Wellbeing; Higher Value Health and Social Care
- Prudent principle 'Reduce inappropriate variation through evidence based approaches'
- Delivers against National Delivery Plan Priorities

## Powys Outcomes

Through tackling the Big Four, people in Powys will say;

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

## Performance Against Well-being Objective 3 to end Quarter 3

In the context of a complex commissioning landscape, the health board has a unique challenge to deliver value for the people of Powys, ensuring the best outcomes for patients at the best cost, addressing health inequalities and unwarranted variation.

In 2019 the Clinical Change Programme was progressed, to bring the priorities to tackle the 'Big Four' into a whole system approach spanning prevention, resilience and health inequalities. Capacity was strengthened in 2019 / 2020 to include a specialist in commissioning intelligence and a Public Health Consultant in healthcare public health.

### 3.1 Mental Health

2019/2020 was the last year of delivery against the national ten year strategy, *Together for Mental Health (T4MH)*. Work in the decade of the strategy has seen a cross-cutting approach with actions jointly achieved by partners, including Welsh Government, Health Boards, Local Authorities, the Third and Independent sector, Education, Public Health Wales, Police, Fire, Ambulance, people using services and those close to them. In 2019 health board and partners carried out a consultation on a new phase of delivery to extend the work to 2022. The work is overseen by the National Partnership Board and there continues to be a Local Partnership Board (LPB) in each area. In Powys the LPB is known as the Mental Health Planning and Development Partnership (MHP&DP). 'A Healthy Caring Powys' outlines local actions and outcomes for our population.

Efforts to improve access to psychological therapies resulted in a 45% decrease in those waiting since April 2019 to the end of 2019 and there were also reductions in those waiting more than 26 weeks, with 5 people in this category at the end of Quarter 3. The on-line CBT Service Silver Cloud (blended with face to face counselling) offered greater access and a new service was developed for complex trauma and personality disorder with specialist staff recruited in 2019/2020. Skill development of current staff with new interventions and specialist skills was also progressed to ensure access to the best and latest quality therapeutic tools.

Referrals into the Mental Health service increased in 2019 and as a result the target for people to receive a therapeutic intervention within 28 days was not achieved, however the target to receive an assessment in 28 days was achieved and liaison with GP practices was undertaken to identify referrals suitable for Tier 0 services and Silvercloud.

Other areas of the mental health measure were achieved in 2019, with 100% of people assessed within Part 3 of the Mental Health measure sent a copy of the outcome of their assessment within 10 days and 96.4% of those people who require a care and treatment plan having one in place.

The Early Intervention in Psychosis service was co-designed with users and family members, based on lived experience, and funding secured to establish the service with roll out underway across Powys. Funding was also secured for a co-ordinating post for Suicide and Self Harm reduction to deliver the priorities in the Suicide Prevention Plan (Talk to Me 2).

Social prescribing has been an increasing area of focus, in areas such as "Arts in Health", "Green Prescribing" and "Eco-therapy" related projects provided by our partners in the Third Sector, County Council's Countryside Services, National Park Authorities, Natural Resources Wales and Wildlife Trusts.

The Child and Adolescent Mental Health Service (CAMHS) moved to the Mental Health Directorate in 2019 and prioritised delivering integrated services, developing emotional health and resilience for young people and a single point of access. Funding was received through the Regional Partnership Board (RPB) to develop a virtual emotional health and wellbeing service, bringing together partners such as children's social services, youth services, and Xenzone (counselling service and education).

Mental Health transformation funding has been utilised to develop increased support through primary mental health care workers in schools, developing links with children's social services to provide dedicated consultation and training to staff.



The work of the Crisis Care Forum has gathered momentum in 2019/2020 and Powys continues to lead on the Integrated Risk Intervention Support (IRIS). This unique multi-agency approach to case management and review has proven invaluable in providing specialist support for people at risk.

A joint action plan for Veterans mental health has been delivered throughout 2019 including establishing links with Community Connectors to promote access and support. The health board works with the Powys Armed and Ex Forces Forum multi agency group to ensure that health issues relating to the Armed Forces Covenant are appropriately reflected and there is continual improvement across services.

There was a continued strong focus on the involvement of people who use mental health services and their parents and carers. Individual representatives of people using services are active members of the Partnership and provide feedback from local networks and from national forums and partnerships. The Engage to Change group seeks to resolve issues raised and use these to improve services. In 2019/2020, the group conducted a survey of people using mental health services in Powys and used the findings to make changes, such as updating patient information provided in relation to Part 3 of the Mental Health Measure.

## Dementia

The health board is working to achieve the themes within the Dementia Action Plan for Wales 2018 – 2021 overseen by the Powys Dementia Leads groups. Progress is reported to Welsh Government bi-annually in detail.

Achievements include collaborative work with third sector partners to raise awareness in local communities; there are currently twelve towns working towards becoming dementia friendly in Powys. Examples of initiatives across the county include Dementia Friends sessions, Virtual Dementia tour bus and Dementia Matters meeting centres which are now open in Ystradgynlais, Brecon, Llandrindod Wells and Newtown. These Centres offer support, education and activities that are led by the people who attend.

Intergenerational projects continued with Schools across Powys and work with General Practices included a project to raise awareness about dementia using the electronic screens is being developed in one area.

Hospitals continue to use the Butterfly Scheme and John's Campaign to support the recommendations in the Royal College of Psychiatry National Audit of Dementia Care in general hospitals.

The Dementia Home Treatment team in South Powys commenced in November 2019 following the successful pilot in North Powys. Its purpose is to provide rapid assessment, treatment and review; to reduce the need for hospital admission, and to enable the patient to be assessed and supported in their usual place of residence.

## Substance Misuse

In relation to Substance Misuse, actions overseen by the Powys Area Planning Board for 2019/2020, included:

Securing funding from Welsh Government to focus on Harm Reduction across agencies to reduce the instances of harm across people living with substance misuse and mental health distress

Obtaining further funding for two new posts providing additional support to people who are living with complex needs in relation to substance misuse and mental health distress, working with Community Mental Health Teams, Police, Social Services and the Third Sector to coordinate care and support for people

Further capacity has been augmented by securing funding for four posts, based in the Third Sector, looking at complex care needs for people with mental health, substance misuse and housing issues.

Jointly looking at the need for an independent "Clinical Audit" of the currently commissioned service to determine what is working well and what could be improved in currently commissioned substance misuse services.

### 3.2 Cancer

The Improving Cancer Journey Programme was launched in April 2019 with appointments into key posts for programme management, communications and engagement. The first phase of this was underway including a review of good practice and the production of a Draft Governance Framework.

The Macmillan lead nurse role incorporates Cancer and End of Life Care and key activities in this period have included the delivery of oncology and palliative care education programmes and the launch of the Macmillan Cancer Quality Toolkit.

The Powys Cancer Partnership Group was refreshed in November 2019 with a key role to implement the Single Cancer Pathway, with leadership from the Medical Director.

In relation to the Single Cancer Pathway, an integrated information system was established to enable cancer waits tracking and the functionality for operational teams to enter urgent suspected cancer referrals and record incidental findings. This utilisation of the WPAS system was a significant development in 2019. It will enable the health board to evidence the importance of rapid diagnosis procedures and early cancer care.

#### Single Cancer Pathway (SCP) performance summary (2019 period)

- 199 patient pathways recorded April to October 2019 with a suspicion of cancer on WPAS using the new integrated cancer waits system (CWS)
- In this period 197 patient pathways have been closed
- 46 pathways (23%) tertiary referred out of the provider for further care
- Patients wait less than 12 days on average for a diagnostic endoscopy procedure
- Of the 151 downgrades 52% occurred within 28 days optimal pathway period
- Predominately, delays over the 28 day period for downgrade are linked to pathology and CT/MRI waits/reporting
- Further rollout of tracking planned with use of PTHB developed Incidental findings E-Form to robustly ensure all start points are captured accurately

Monitoring of performance and quality of provision of cancer care services for both directly provided and commissioned services was delivered through the health board's Commissioning Assurance Framework.

- English cancer performance now utilises multiple sources to provide assurance which flow into the health board Commissioning Assurance process.
- With the challenges around data access the process has changed to use main provider reports which include harm reviews and further utilise the English Digital Cancer Waiting times reports.
- These reports show the providers performance for all patients including Powys residents and their adherence to English targets. All Powys responsible patient breaches are reported with individual pathway breakdowns and harm reviews.

### 3.3 Respiratory

The Breathe Well programme was established in 2019 with a Programme Board overseeing a phased implementation plan, and a Transformation Programme Manager was appointed and commenced work in Quarter 3.

The programme is clinically led by the Medical Director with two key streams: adult and children.

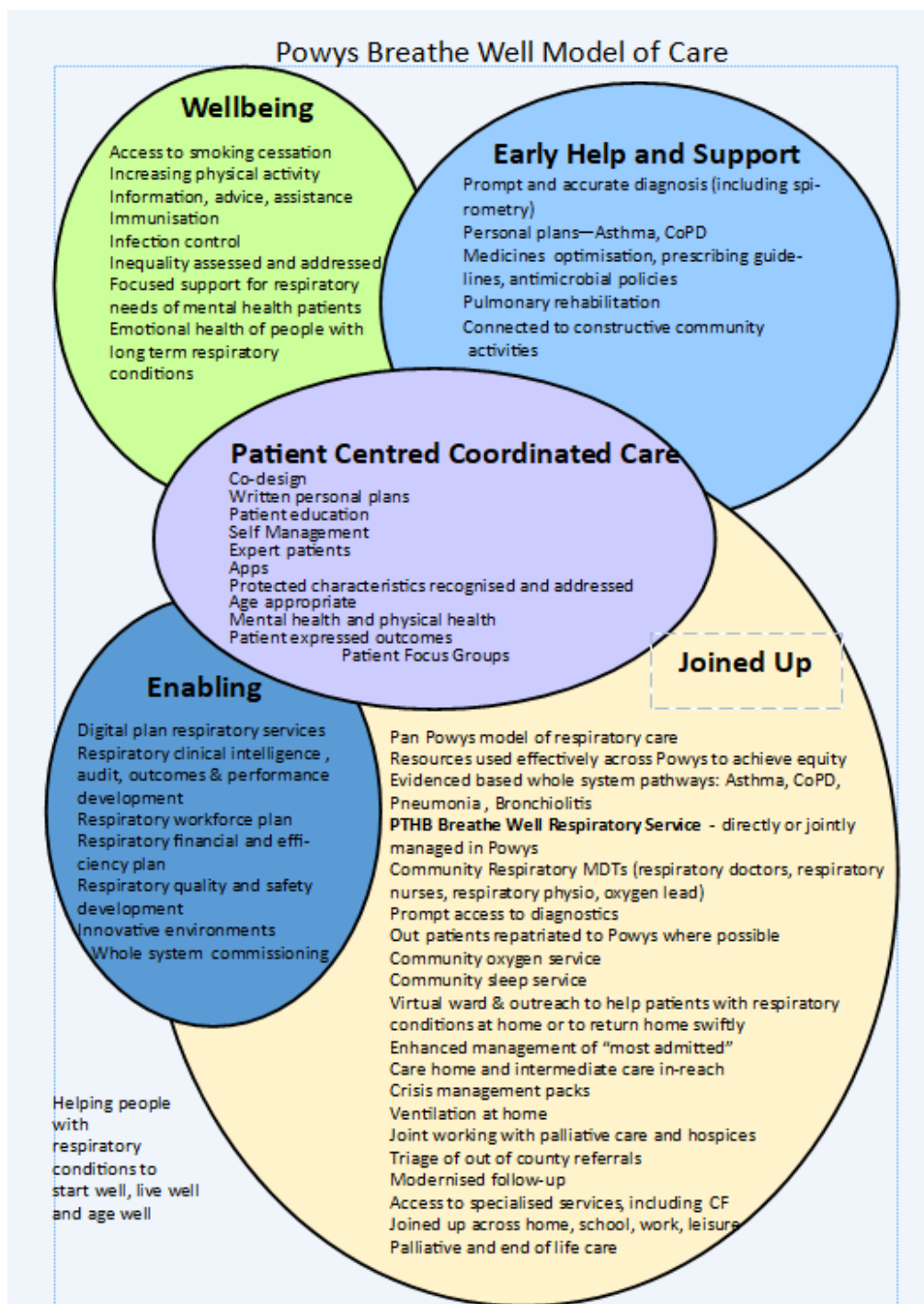
Phase 1 was commenced in 2019 and an impact assessment was completed for the programme against Essential Standards, to inform the priorities in the programme implementation plan.

Key initiatives progressed in 2019 included:

- Adult Outpatient review of 144 referrals in Mid Powys completed; indicated 99% of outpatient care could be delivered in Powys; (47) 33% were sleep referrals and (8) 5.6% required advice only.
- Impact assessment underway to determine the extent of possible Outpatients modernisation and repatriation to Powys (whole model - but including physiology, sleep service and medical staffing).
- Pilot pre-hospital response to 999 respiratory patients in South Powys developed in conjunction with Welsh Ambulance Services and funded by EASC (Emergency Ambulance Services Committee) – to include respiratory specialist nurse and paramedic in rapid response vehicle; evaluation to be supported by National Collaborative Commissioning Unit (NB due to commence in February 2020 however arrangements under review due to Covid-19 pandemic response)
- A joint Pharmacy Project with Aneurin Bevan University Health Board focused on respiratory reviews and support to improve inhaler technique

A Senior Pharmacist undertaking a Respiratory Diploma

- Completion of a Community Respiratory Team review of oxygen requirements



### 3.4 Circulatory

The extension of the clinical change transformation approach, commenced with the Breathe Well programme noted above, was rolled out to include circulatory at the end of 2019 and a Programme Manager commenced work in December 2019.

The initial phase of work included service mapping and baseline assessment against the Essential Standards for circulatory conditions and National Delivery Plans, encompassing heart conditions, diabetes, stroke and neurological conditions and care. The outcomes were being used to inform the Project Plan and Milestones.

Oversight of the Diabetes Plan 2019/2020 was carried out through the Powys Diabetes Planning and Delivery Group and key activities included structured

education, to increase the uptake of people with diabetes and provide them with the tools and techniques needed to effectively manage their conditions with the appropriate support of healthcare professionals.

The Stroke and Neurological Plan 2019/2020 is similarly overseen by a Powys Action Plan Group and was delivered on track with a focus on rehabilitation and service development in 2019. Moving on after stroke self management programmes in place and Neuro Cafes providing peer support to stroke survivors, in partnership with the Stroke Association.

The health board has contributed to national and regional programmes of work including providing evidence for the All Party Review of Stroke Services, engagement in the Herefordshire and Worcestershire Stroke Programme, NHS Future Fit in Shropshire, Telford and Wrekin and the ARCH programme in West and South West Wales.

The health board was also engaged in the national work 'Building a Healthier Wales' which incorporates primary prevention of chronic disease, behavioural and clinical risk.

In addition, a comprehensive stocktake exercise was carried out in Quarter 3 and submitted to Welsh Government, across all of the national condition specific areas, contributing to the All Wales review of progress against the National Delivery Plans.

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## Well-being Objective 4 – Joined Up Care

Providing Joined Up Care in Powys requires a whole system approach, for commissioned and directly provided services and population needs. Collaboration across boundaries is essential as residents in Powys access urgent, planned and specialised care across a wide geography spanning North, Mid and South Wales, the West Midlands and North of England.



### 2019/2020 Priorities

- 4.1 Care Co-ordination and Urgent Care
- 4.2 Planned Care
- 4.3 Specialised Care
- 4.4 Quality and Citizen Experience

### Link to National Goals and Objectives

- Aligns to National Goals 3, 4 and 5 (A Healthier Wales; A More Equal Wales, A Wales of Cohesive Communities)
- Five Ways of Working: Key to 'Integration'; Collaboration' and 'Involvement'
- Quadruple Aim: Aligns to Improved Population Health and Wellbeing; Better Quality & More Accessible Health and Social Care Services
- Aligns to Prudent principle 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National Programmes for Planned Care and Unscheduled Care and Transformational Model of integrated, seamless services

### Powys Outcomes

Through Joined Up Care, people in Powys will say:

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life

### Performance Against Well-being Objective 4 to end Quarter 3

'A Healthy Caring Powys' aims to bring care closer to home wherever possible with access to wider networks as required for the whole pathway of care.

#### Care Co-ordination and Urgent Care

In relation to Priority 4.1, care co-ordination and urgent care, the health board took forward a number of targeted initiatives in 2019 including progressing the Discharge to Recover and Assess model, Home First initiative, Patient Flow and Co-ordination and Community Resource Teams.

Specific areas of work included:

- The introduction of the 'Plan for Every Delay' system with case management of each patient
- The introduction of a Delayed Transfer of Care dashboard to track and report on system delays on a weekly basis
- Consistent high performance in Minor Injuries Units
- Winter monies via the Regional Partnership Board focused on impact to benefit flow and alternatives to domiciliary care
- Collaborative work also included care homes admission avoidance, community falls avoidance, and minor injuries support during winter
- WAST red performance was an area of concern and the health board oversaw actions at Chief Executive level of escalation, including working with Welsh Ambulance Services to use a business information tool to target improvement
- Delayed transfers of care (DTOCs) also posed challenges but there was improvement and a consistent reduction as a result of the work noted above – refer to performance against measures later in this report for figures.
- A Peer Review of Out of Hours care was undertaken in November 2019, which informed improvements to the model and the endorsement of an integrated urgent primary care approach.

The **winter resilience plan 2019/2020** was developed with key partners including GPs, Welsh Ambulance Services, Powys County Council and PAVO.

It builds on lessons learnt and set out the plan for 2019 (which was prior to the impact of the Covid-19 pandemic).

It is set in the context of the All Wales Delivery Framework.

Key areas of work included:

- ☐ Additional escalation bed capacity
- ☐ Mental health bed capacity
- ☐ Direct allocation to GP practices (30% of PtHB allocation)
- ☐ Discharge to recover and assess (Powys wide) including additional social work input and third sector
- ☐ Catheter care home training
- ☐ Domiciliary care capacity

Further information on performance against the key national measures for urgent care is provided later in this report.

## Planned Care

In relation to Priority 4.2 Planned Care the health board consistently achieved referral to treatment targets for its own directly provided services despite some fragility with in-reach provision and some challenges in directly provided services.

For Commissioned services the picture is complex and monitoring, up to the end of Quarter 3, was carried out via the Commissioning Assurance Framework, with reporting and actions transacted via the CQPRM process (Contracting, Quality, Performance Reporting Meetings).

The health board engaged in the National Planned Care arrangements including the Planned Care Board and task and finish groups for a range of areas such as endoscopy, glaucoma and ophthalmology. A review against the National Planned Care Programme was completed in December 2019 and identified key areas of development including ophthalmology, ENT (Ear, Nose and Throat) and Dermatology.

In April 2019 the health board were awarded another year of JAG (Joint Advisory Group) accreditation for the Endoscopy unit in Brecon. The health board remains one of only six units in Wales (out of a total of 20) to gain this accreditation.

The health board worked with the National Programme for Eye Care to map the complexity of care for Powys residents as part of the work on the Electronic Patient Record (EPR). A baseline assessment was completed in November 2019. An Optometry Advisor was appointed in November 2019 and an Ophthalmology Clinical Lead role was in development for the Mid Wales region in Quarter 3.

Other key initiatives underway to the end of Quarter 3 included a pharmacy led osteoporosis scheme, a fracture liaison service in the Mid Powys Cluster and expansion of the pain management service to deliver more care in Powys following pathway changes by a commissioned provider.

A demand and capacity modelling exercise was underway with the Welsh Government Delivery Unit, taking into account the complexity of pathways and provision for Powys residents.

The health board worked with the Welsh Endoscopy programme to model demand and capacity for this speciality and understand the areas of underlying capacity gaps. An outline Endoscopy Plan was submitted in December 2019.

Digital solutions were being increasingly introduced including the use of skype for outpatients' appointments and the use of apps including 'Florence' to support self care for those with chronic conditions.

In relation to the programme of work for the strategy on Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV), work was underway to incorporate changes to the regional framework and rollout of the Group 2 Training was completed in line with the National Training Framework, with 113 professionals attending and completing. Phase 1 of the Sexual Assault Referral Centre (SARC) Project was approved in 2019 and implementation underway as at the end of Q3.

There was a focus in 2019 on Non Emergency Patient Transport, including supporting the All Wales arrangements to transfer this to a national provider and procurement processes being led by two of the neighbouring areas in England which the health board supported as a commissioner.



Further information is provided on key national measures for timely care including referral to treatment times are provided later in this report.

### Specialised Care

In relation to Priority 4.3 Specialised Care, the health board participates in the Management Group and Joint Committee arrangements for the Welsh Health Specialised Services Committee (WHSSC), to oversee delivery of the Integrated Commissioning Plan (ICP) for 2019/2020.

A particular focus in the later part of 2019 was the development of the Integrated Commissioning Plan (ICP) for 2020/ 2021 and the alignment with the health board's Integrated Medium Term Plan.

The health board carried out a review of patient flow data to understand the equity of provision for Powys residents in relation to specialised care and clarify the complex pathways particularly in the Midlands in England.

### Quality and Citizen Experience

In relation to Priority 4.4 Quality and Citizen Experience, please refer to the separate Annual Quality Statement for the full information. Key data is also provided on national outcomes and measures later in this report.

Quality is a watchword in the NHS and is a clear expectation in a '*A Healthier Wales: our Plan for Health and Social Care*' (Welsh Government, 2018). It is at the heart of our Integrated Medium Term Plan and our Annual Plan. In the widest sense, in relation to the determinants of health, it is embedded into the 'A Healthy, Caring Powys' with a clear commitment to high quality services and positive patient and citizen experience. Working with citizens, patients and carers is key to improve services, experience and outcomes of care and treatment.

The Health and Social Care (Quality & Engagement) (Wales) Bill includes a duty to secure quality in health services, whatever the setting. As a provider and commissioner of services this is particularly important for Powys Teaching Health Board.

Work was completed in 2019 on the PTHB Clinical Quality Framework and it was approved in January 2020. This has the vision of '*Systematic, clinically-led, continuous and sustained, year-on-year improvement in the quality of clinical care provided by Powys Teaching Health Board*'. The implementation of the framework will further improve and assure the quality of care and provide a toolkit of improvement methodologies for use across the health board and in partnership with our key stakeholders, including people using the services and the residents and communities of Powys.

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## Well-being Objective 5 – Workforce Futures

Workforce Futures remains an essential enabler to deliver 'A Healthy Caring Powys', across directly provided services and commissioned services. It requires an agile workforce with transferrable knowledge, skills and competencies to adapt to new and enhanced roles and ways of working, with greater integration and collaboration, working with the Regional Partnership Board and Public Service Board.



### 2019/2020 Priorities

- 5.1 Well-Being and Engagement
- 5.2 Recruitment and Retention
- 5.3 Workforce Design, Efficiency and Excellence
- 5.4 Skills and Development

### Link to National Goals and Objectives

- Aligns to National Goals 2, 3, 5 and 6 (A resilient Wales, A Healthier Wales; A Wales of Cohesive Communities, A Wales of Vibrant Culture and Thriving Welsh Language) with further opportunities in Goals 4 and 7 in particular
- Five Ways of Working: Key to 'Long Term'; 'Integration' and 'Collaboration'
- Quadruple Aim: A Motivated and Sustainable Health and Social Care Workforce
- Prudent principle 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National HEIW Vision and Workstreams

### Powys Outcomes

Through workforce futures, people in Powys will say:

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly they know who can.
- As a carer, I and those who I care for are part of the team.
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities.
- I am enabled to provide services digitally where appropriate.
- I am engaged and satisfied with my work.

### Performance Against Well-being Objective 5 to end Quarter 3

During 2019/20 the health board has progressed the Workforce Futures Programme at pace. This is a key enabler of the Health and Care Strategy, which aims to create a 'Healthy, Caring Powys' between now and 2027. The Workforce Futures programme has focused on developing a Health and Care Strategic Framework, the first example of this approach in Wales. It was developed with the people of Powys and partners of the Regional Partnership Board, including representatives from social care, health, the voluntary and independent sectors. Over 300 people were engaged with as part of the development of the framework.

In relation to Priority 5.1 Well-being and Engagement, there was a focus on the provision of support and activities for well-being. Chat2Change continued to play an

important role in engagement with staff on the outcome of the staff survey and the associated development of the organisation and staff well-being initiatives.

Improved access was put in place for key mechanisms including the Counselling service, occupational health and a review of the Stress and Well-being Policy.

The Silvercloud offer was promoted to staff to provide support in relation to psychological well-being and self-referral was in place as at the end of Quarter 3. A series of staff roadshows were also held in 2019, supported by Chat2Change, Health and Safety, Leisure and Libraries and PAVO (Powys Association of Voluntary Organisations).

A monthly calendar of health and well-being campaigns was promoted through Powys Announcements and Well-being boards and amongst the campaigns that the health board promoted were World Mental Health Day; Time to Talk; Flu campaigns; Alcohol Awareness and Dry January; Time to Change.

An Executive Development programme was carried out in 2019 with the University of South Wales who produced an observation report to inform themes to support future organisational development.

In relation to Priority 5.2, Recruitment and Retention, an annual action plan was on track and key areas of delivery included:

- Health Care Support Worker apprenticeships- two appointments made, one for the health board and one for Powys County Council, with an additional appointment to business administration
- Charitable Funds secured for external marketing of 'Step into Health' to maximise recruitment from the armed forces community
- Roster efficiencies being tracked using an Insight reporting system
- Working with the Nursing Directorate to review establishments
- Targeted recruitment events based on supply and demand of the Temporary Support Unit (TSU)
- Armed Forces Covenant and Dying to Work pledge signed
- Fast track process agreed for nurse recruitment and student streamlining

In relation to Priority 5.3, the health board progressed an Organisational Change Process 'Best Chance of Success' aimed at achieving alignment across the long term strategy 'A Healthy Caring Powys' and the organisational structure. A Job Evaluation Policy and Procedure was reviewed and published and the new authorisation process is in place, with Disclosure and Barring Service checking as part of the request process.

The Phase 2 Nursing Cadet scheme was continuing within the health board and further actions to strengthen monitoring and compliance with the National Staffing Act, including collation of Provided and Commissioned Services information. Powys Birth Rate Plus self-assessment was also completed.

In relation to Priority 5.4, a clinical skills delivery programme was in development, to incorporate venepuncture, basic life support and Intravenous Therapy. A comprehensive Operational Managers programme was also designed and had commenced in Quarter 3.

## Well-being Objective 6 – Innovative Environments

Innovative environments are essential to deliver 'A Healthy Caring Powys'. This is partly about safe, effective and sustainable physical environments and facilities for patients and for working. It is also about fostering the space for innovation and taking forward bright ideas to support the delivery of our vision. There is a short term, medium term and longer term programme of capital developments, facilities management and research and development.



### 2019/2020 Priorities

- 6.1 Capital, Estates and Facilities
- 6.2 Research, Development and Innovation

### Link to National Goals and Objectives

- Aligns to National Goals 2, 3, 5, 6 and 7 (A resilient Wales, A Healthier Wales; A Wales of Cohesive Communities, A Wales of Vibrant Culture and Thriving Welsh Language, A Globally Responsive Wales)
- Five Ways of Working: Key to 'Long Term' and 'Integration'
- Quadruple Aim: Higher Value Health and Social Care; Better Quality and More Accessible Health and Social Care Services
- Aligns to Prudent 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National Capital programme and partnership working via ICF

### Powys Outcomes

Through innovative environments, people in Powys will say:

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

### Performance Against Well-being Objective 6 to end Quarter 3

The PTHB Capital Programme covers three areas of capital expenditure and a range of works, encompassing estates works and equipment:

- Discretionary capital which is allocated to the health board for use on projects based on project need and focused on organisational and estates compliance. The assessments are risk based and appraise health and safety, business criticality, audit and statutory compliance and consideration against the sustainable development principle.

- All Wales Capital Funding which is subject to specific bids for project works or equipment. This can range from specific equipment requests to full business case submissions for major refurbishments or new build projects.
- Integrated Care Funding which is subject to partnership bids for integrated working between social services, health, housing and the voluntary and independent sectors.

The PTHB Capital Programme sets out specific priorities and projects at the commencement of the year and this is reflected in the Integrated Medium Term Plan, this includes a schedule of intended business cases over a three year horizon and more specific projects annually. Some of these are already in approval status and others are included as part of the overall ambitions of the health board, subject to successful submission of bids and cases.

The Project Pipeline is used throughout the year to capture the wider range of works and activity such as scheme funding from charitable sources/ league of friends groups/ revenue and primary care sources.

This is set in the context of a challenging estates infrastructure, in particular in relation to the age profile of the estates and the related maintenance requirements. PTHB has an estate with an overall profile that is considerably older in build than other comparators across NHS Wales.

Capital Programme Priorities in 2019 were delivered as follows:

- Llandrindod Wells Community Hospital: delivery of phases for Birthing, Dental, Renal and Outpatients by December 2019
- Bro Dyfi Community Hospital, Machynlleth: Pre-construction phase - Design and Build Lead appointed and progression of Full Business Case resubmission to Welsh Government
- Llanfair Caereinion Medical Practice –as per agreed programme on track
- Anti-ligature works for Mental Health sites across Powys and exploration of funding availability
- North Powys Well-being Programme includes capital development as part of a wider partnership transformation programme; Programme Business Case stage in development; reporting to the Regional Partnership Board

A modernisation programme was progressed in 2019 to deliver facilities improvements including a review of waste and recycling; catering and transport. This included improvements to security arrangements across hospital sites. Other improvements included hand hygiene facilities; recycling and staff catering efficiencies and cost recovery.

In relation to estates maintenance and sustainability, including the achievement of ISO14001, please refer to the separate report later in this document.

In relation to Priority 6.2 Research, Development and Innovation, a proposal was developed to take forward the Research and Innovation Hub as part of the Medical Directorate and a strengthened innovation portfolio. A health board wide approach to patient reported outcomes and experience was also in development as at the end of Quarter 3.

## Well-being Objective 7 – Digital First

Digital First for Powys is a conscious shift in our approach to utilising new technologies to support healthcare. It is using technology to improve services and achieve better outcomes. As many residents have to travel outside Powys for healthcare, digital solutions are key to providing care closer to home. Digital solutions and innovations are key to a sustainable health care approach, enabling self-care and more effective services.



### 2019/2020 Priorities

- 7.1 Digital care – Telehealth and telecare to support patient self-management
- 7.2 Digital Access: Implementation of the National ICT Programme
- 7.3 Digital Infrastructure and Intelligence

### Link to National Goals and Objectives

- Aligns to National Goals 2, 3 and 4 (A resilient Wales, A Healthier Wales; A More Equal Wales) with further opportunities across 5,6 and 7
- Five Ways of Working: Key to 'Long Term' 'Integration' 'Collaboration'
- Quadruple Aim: Better Quality and More Accessible Health and Social Care Services
- Aligns to Prudent principle of 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National ICT Programmes / Aligned with NWIS Programme

### Powys Outcomes

Through Digital First, people in Powys will say;

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent
- We have an effective and safe technology infrastructure that supports residents

### Performance Against Well-being Objective 7 to end Quarter 3

The Digital First programme is a complex and extensive area of work encompassing Projects and Programmes across all three priorities of Digital Care, Digital Access and Digital Infrastructure and Intelligence.

In relation to digital care, the key reporting areas are telehealth and telecare developments. Highlights in 2019 include the development of online, text and app based support; virtual in reach and roll out of e-approaches to care including cognitive therapy. A telehealth co-ordinator is in place who is supporting increased adoption and concurrency of users; and the evaluation of impact. Silvercloud continues to be rolled out within Powys and across Wales and work commenced on the welsh translation functionality in 2019.

In relation to Digital Access, there is a programme of work to implement the systems which will improve access, care co-ordination, referral and diagnostics. The programme incorporates the roll out of WCCIS (Welsh Community Care Information System); WCCG (Welsh Clinical Communications Gateway); WNCR (Welsh Nursing Care Records) and WCP (Welsh Clinical Portal). The roll out of these is complex nationally and locally and involves testing and refinement of updates and releases to resolve issues and progress functionality. For Powys there are additional complexities in relation to the interface and interoperability with English NHS systems and this forms part of the programme of work.

The development of Digital Infrastructure and Intelligence is similarly complex and encompasses information storage and hosting; security and recovery; back up and archiving; connectivity and skill development. A Data Centre programme was under construction as at the end of Q3 alongside the individual concept, project and business cases. Key developments in relation to user interfaces include the rollout of Office 365 which commenced in 2019 and the update to Windows 10.

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## Well-being Objective 8 – Transforming in Partnership

There is a strong platform of collaboration in Powys. Building on this requires a balance between robust organisational governance and innovative partnership. This includes embedding the principles of prudent and value based healthcare. This final Well-being Objective brings the Powys picture back to the unique characteristics of the county, and the unique position of Powys as a commissioner as well as a direct provider, in a complex environment.



### 2019/2020 Priorities

- 8.1 Good Governance
- 8.2 Financial Management
- 8.3 Planning, Performance and Commissioning
- 8.4 Partnership Working

### Link to National Goals and Objectives

- Aligns to National Goals 3, 5, 6 and 7 (A Healthier Wales; A Wales of Cohesive Communities, A Wales of Vibrant Culture and Thriving Welsh Language, A Globally Responsive Wales) and further opportunities across 1,2 and 4
- Five Ways of Working: Key to 'Long Term' 'Integration' 'Collaboration'
- Quadruple Aim: Higher Value Health and Social Care; Better Quality and More Accessible Health and Social Care Services
- Aligns to Prudent principle of 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National Efficiency Framework, Value Based Health Care; WHSCC and EASC Programmes with links to All Wales / NHS England commissioning

### Powys Outcomes

Through Transforming in Partnership, people in Powys will say;

- I can tell my story once
- I am confident that those looking after me are working together in my best interest
- The services I receive are co-ordinated and seamless
- I am able to access buildings and resources which are

### Performance Against Well-being Objective 8 to end Quarter 3

#### Good Governance

In relation to Priority 8.1 an Annual Governance Programme has been delivered in 2019 which saw an update of the Board Development Plan and Scheme of Delegation, with a renewed Board and Committee Structure put in place.



<b>Priorities for Improving Organisational Effectiveness 2019-2021 (approved by Board May 2019)</b>	
<b>Culture</b>	Assessment of Culture Mature Partnership Approach Staff Engagement & Wellbeing Drawing together Performance, Risk & Assurance, Decision Making & Culture
<b>People</b>	Board Development Executive Team Development Clinical and Professional Leadership & Development Workforce Futures Strategic Framework
<b>Structure</b>	Organisational Design Model Investment in specific areas to enable delivery of Health & Care Strategy Cluster Working
<b>Process</b>	Governance Programme Designated Management Groups Organisational Processes

An annual review of risk management was approved by the Board in 2019, and the risk appetite statement was revisited and risk targets re-aligned accordingly.

The Standards of Behaviour Policy and Framework was also approved which included the Declaration of Interests, Gifts and Hospitality.

A Records Management Improvement Plan was approved by Board and implementation underway in 2019, in response to an internal audit which reported no assurance.

Internal Audits were also carried out for Staff well-being, disciplinary case management, safeguarding employees and financial planning and budgetary control (reasonable assurance); Freedom of Information Act and Deprivation of Liberty/ Best Interests Assessors (limited assurance). Recommendations and actions for all audit outcomes are tracked and reported via the Audit and Assurance Committee.

Please also refer to the Accountability section in this document for further information on the governance of the organisation.

### Financial Management

Please refer to the Financial Statement section of this report for information relating to Priority 8.2, Financial Management.

## Planning, Performance and Commissioning

In relation to Priority 8.3, a strengthened approach was put in place for Planning, Performance and Commissioning. This ensured a robust approach and delivery of the Integrated Medium-Term Plan and submission of this to both PTHB Board for approval in January 2020 and Welsh Government at the end of January 2020.

The IMTP was subsequently suspended by Welsh Government in order to respond to the Covid-19 pandemic and therefore the formal approvals were not issued in 2020. Operational Planning and response was put in place in Quarter 4 and that is reported separately later in this report.

Similarly, the arrangements for integrated performance, commissioning assurance and long-term agreements / service level agreements were progressed up to the end of Quarter 3 and suspended in Quarter 4, to respond to the pandemic.

During 2019, the Commissioning Assurance Framework was developed and encompassed Secondary care, Powys provider services, Primary care (General Medical and Dental Services), Maternity and the inclusion of a domain for Governance. Mechanisms in place under this process include Contract, Quality and Performance Review Meetings, Escalation processes and targeted involvement and action planning in areas of key risk.

There was an investment in Commissioning Intelligence in 2019 with a specific focus on quality and outcomes for the Powys population, supporting a focus of attention on the risk-based plan in place with key providers.

A self-assessment was carried out against the Royal College of Gynaecology/ Royal College of Maternity recommendations (May 2019). A total of 21 areas were examined and no 'low'/no assurance areas were identified. 9 'medium' areas were identified requiring further development broadly in information analysis and intelligence reporting, further development of commissioning assurance, concerns management, risk management and clinical audit and board development. This was progressed as part of the work of the Governance Improvement Programme and Clinical Quality Framework noted in previous sections of this report.

## Partnership Working

In relation to 8.4, Partnership Working, the health board is an active partner in the Powys Regional Partnership Board (examples of work shown below); the Powys Public Service Board and the Mid Wales Joint Committee for Health and Care.

As part of the Regional Partnership Board the health board is taking forward the 'North Powys Well-being Programme' which is a once in a generation opportunity to transform services in north Powys. This is also building and testing the model of care Pan Powys. Phase 1 was completed in 2019 and encompassed a full engagement programme; agreement of the Proof of concept; production of the draft case for change and model of care; tendering for evaluation support; demand and capacity modelling with clinical / professional engagement and business case development. Examples of Accelerated Delivery Areas were also developed as below:

- Discharge to Recover and Assess
- Repatriation of Children (Looked After; Early Help Service, Multi Agency Single Point of Access)
- Targeted Prevention
- Digital (Virtual Clinics, Digital House, Information Kiosk)

Other Regional Partnership Board Developments are shown below:

## Regional Partnership Board Developments



- Children's Zone for Families with Complex needs (Newtown)
- Children on the Edge of Care
- Integrated Disability Service
- Small Grants Scheme – building community preventative capacity
- Young Carers Project
- Training and Awareness for Perinatal Mental Health
- Dads Research
- Solihull Antenatal Programme



- Integrated Autism Service
- Return to Home
- Home Support
- Shared Lives
- Disability Powys – Access Support
- Transition
- Dementia Home Treatment Service



- Befriending
- Right Sizing Care Packages
- Enhanced Brokerage
- Patient Flow Coordination nit
- Virtual Ward Integrated Team
- Community Wellbeing Hubs
- Read and Remember
- Digital Social Care (Ask Sara/Digital Wallet)
- Micro Enterprise Development (Social Care)
- Integrated Commissioning Practice



**Cross-cutting** - Technology Enabled Care, Carers, Social Value, Workforce, PAVO Engagement, Welsh Language, Models of Care, WCCIS, RPB Operations/Development Programme

**Capital** – Specialist Equipment, Powys Extra Care, Fan Gorau refurbishment, Llanwrtyd Wells community kitchen, property development for day services.



Throughout 2019 there was a focus on the management of strategic change and collaboration as part of these regional arrangements and in relation to the response to any impacts and benefits for the Powys population. This included neighbouring change programmes such as Clinical Futures led by Aneurin Bevan University Health Board and NHS Future Fit in Shropshire, Telford and Wrekin.

Key areas of communications and engagement with the Powys population, service users, communities and stakeholders included:

- The North Powys Well-being Programme
- Dyfi Valley Health Consultation on GP Practice change
- Engagement with Powys residents on Hywel Dda University Health Board's Major Trauma proposals
- Involvement in the Independent Reconfiguration Panel review of the NHS Future Fit Consultation (Shropshire, Telford and Wrekin)
- Promotional Campaign for the introduction of NHS 111 in Powys
- Support to the bi-lingual approach to communications as part of the active Welsh Language offer (more information below)

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## Welsh Language, Equalities and Human Rights

A separate Annual Monitoring Report is being produced setting out performance against the Welsh Language Standards. The submission of this has been adjusted to later in the year, at the end of September 2020. This was not available at the time of publication of this document but will be available on the PTHB Website at that point.

Significant progress has been made during 2019-2020 with the implementation of the Welsh Language Standards. Following the appointment of a new Service Improvement Manager a Welsh Language Service Leads Group has been established to monitor the progress being made across each department. Key achievements during 2019/2020 include:

- Development and promotion of new Welsh language resources and procedural guidelines for staff
- Higher compliance rates and strengthened reporting mechanisms which include baseline assessments and statistical data to provide assurance to the Board
- Improved quality and quantity of available bilingual documentation. This has been aided by the review of external translation companies and the appointment of an internal Welsh Language Communications Officer
- The development and roll-out of Welsh Language Awareness Training for staff groups to raise awareness of the 'Active Offer Principle'
- Extending the use of Datix risk management software to identify incidents relating to Welsh language
- Improved relations and joint-working to Welsh language requirements between the health board and independent primary care contractors
- Increase in data of staff Welsh language skills on the electronic staff record
- Bilingual Take Control of your Recruitment Process (TRAC) functions
- Strengthened links with Welsh Language Leads across NHS Wales, Welsh Government and the Welsh Language Commissioner's Office.

A separate Equality Annual Report will also be produced for 2019/2020 which will include workforce statistical data and evidence of performance against the legislative requirements for equalities and human rights. As above, this was not available at the time of publication of this document but will be available on the PTHB Website later in the year.

Following a review of our Strategic Equality Plan (SEP) for 2016-2020 undertaken with the Equality and Human Rights Commission in October 2019, the health board is performing well with key areas of development in terms of engaging with local communities and individuals with specific needs in order to help us better plan and deliver our services accordingly.

The health board has developed a new four year Strategic Equalities Plan and the All Wales Standards for Accessible Communication and Information for People with Sensory Loss continue to be implemented across the health board.

## Preparation for EU Exit

The health board participated in the national and regional arrangements for the preparation for exit from the European Union, which in the period up to the end of 2019 was focused around the 'no-deal brexit' scenario in particular.

This included the EU Transition Health and Social Services Senior Responsible Officers Group and groups established as part of Dyfed-Powys Local Resilience Forum arrangements.

An internal planning group was also established, with an action plan focused on:

- Medical devices and clinical consumables
- Medicines
- Supplies
- Workforce
- Communications
- ICT
- Support for the Farming Sector
- Assurance in relation to commissioned services

**Supporting the farming sector:**

- District nurses visiting Farmers Markets across Powys to offer a full 'health MOT' (including emotional health support) to farmers
- Suicide and Self-Harm Prevention Co-ordinator supporting engagement work with the agricultural community
- Drop in sessions and support groups at Mind
- Online Cognitive Behavioural Therapy (Silvercloud) providing support for stress, anxiety, depression, bereavement, sleep difficulties
- Local Primary Mental Health Support Services including mental health assessment, counselling and other psychological therapies) accessed via a GP referral

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## Performance against NHS Wales Outcome and Delivery Framework

Welsh Governments NHS Outcome and Delivery Framework has been developed to provide assurance around the population and its health outcomes. This framework is reviewed and updated yearly to ensure emerging priority areas are reflected, this can involve the development, revision and retirement of measures from previous years, and allows an evolving and modernised approach to population health assurance. This framework is based around seven key domains linked to multiple NHS outcome statements, these have been identified as key drivers when assessing the NHS and its delivery of services, and the resulting population well-being and health improvement.

This year the need to plan and respond to the COVID-19 pandemic has had a significant impact on Powys Teaching Health Board, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to risks. The need to respond and recover from the pandemic will continue both for the organisation and wider society throughout 2020/21 and beyond. The COVID-19 pandemic presented a number of challenges to the organisation which are represented in the following disclosures within the performance reporting and scorecard.

Complete performance data for Powys Teaching Health Board has been presented for the first three quarters of 2019/20 only. The remaining quarter (January 2020 to March 2020) was impacted by the pandemic and the suspension of performance monitoring mid-March. Performance trends have been assessed using the April 2019 to December 2019 period. Only those measures which have an absolute monthly / quarterly target for December 2019 or quarter 3 2019/20 have been included in the 'Targets achieved' column on the scorecard.

The organisation has provided local management information and narrative on the final quarter of 2019/20 as recommended by Welsh Government.

Powys Teaching Health Board	Improved Performance	Sustained Performance	Decline Performance	Target Summary	Targets Achieved
<b>Staying Healthy:</b> People in Wales are well informed and supported to manage their own physical and mental health	2 measures	0 measures	3 measures	↓	1 measure
<b>Safe care:</b> People in Wales are protected from harm and supported to protect themselves from known harm	3 measures	1 measures	4 measures	↓	3 measures
<b>Individual care:</b> People in Wales are treated as individuals with their own needs and responsibilities	0 measures	1 measures	4 measures	↓	1 measures
<b>Our staff and resources:</b> People in Wales can find information about how their NHS is resourced and make careful use of them	2 measures	0 measures	2 measures	→	
<b>Timely care:</b> People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	7 measures	4 measures	5 measures	↑	8 measures
<b>Effective care:</b> People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	5 measures	1 measures	1 measures	↑	2 measures
<b>Dignified care:</b> People in Wales are treated with dignity and respect and treat others the same	0 measures	0 measures	2 measures	↓	
<b>Summary</b>	<b>19 measures</b>	<b>7 measures</b>	<b>21 measures</b>	↓	<b>15 measures</b>

## Performance against Well-being Objectives and Domains

### Staying Healthy Domain in the National framework: Aligns to 'Focus on Wellbeing' and 'Joined Up Care' in A Healthy Caring Powys

<b>Powys Teaching Health Board - Staying Healthy</b>				
	<b>3 Quarter Trends</b>			
	<b>Q1 2019/20</b>	<b>Q2 2019/20</b>	<b>Q3 2019/20</b>	<b>Trend</b>
% of children who received 2 doses of the MMR vaccine by age 5	92.3%	93.3%	91.8%	↓
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96.9%	96.4%	96.2%	↓
% children 10 days old who accessed 10-14 days health visitor component of Healthy Child Wales Programme	94.1%	94.8%	95.2%	↑
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales**	499.3	518.3	498.1	↑
	<b>Annual Trends</b>			
	<b>2018</b>	<b>2019</b>	<b>Trend</b>	
% of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)*	26.3%	16.7%	↓	

\*Taken from Jan-20 merged data set

\*\*Taken from April APC refresh

Powys Teaching Health Board performance against the Staying Healthy domain has remained robust when compared to other health boards in Wales.

Childhood immunisation has seen steady improvement through 2019/20.

Both the measure for '6 in 1' vaccination and MMR (measles mumps & rubella) dose 2 by age 5 met the trajectories set within the health board IMTP. The '6 in 1' vaccination rate met the national target every quarter during the year (98.4% Q4) and the MMR dose 2 performance improved over the four quarters when compared to 2018/19 narrowly missing the national target of 95% in Q4 at 94.1%. Ongoing work to improve this performance included public campaigns especially during the height of COVID early in Quarter 4.

The healthy weights, physical activity and health visitor services are also continuing to prove successful and we see continuing improvement trends of the health visitor part of the Healthy Child Wales Programme in Powys.

Performance against the hospital admissions attributed to alcohol has continued to show a slight trend of improvement during the first three quarters of 2019/20.

Influenza vaccine uptake is another key area within the staying healthy domain, although not included within the Welsh Government provided data tables the health board has seen a positive improvement in uptake across most of the measures when compared to 2018/19.

<b>Measure</b>	<b>Target</b>	<b>2018/19</b>	<b>2019/20</b>	<b>Trend</b>
Uptake in patients aged 65y and older (%)	75%	65.5%	67.1%	↑
Uptake in patients younger than 65y at risk (%)	55%	43.1%	44.3%	↑
Uptake among pregnant women (%)	75%	85.7%	93.3%	↑
Staff with direct patient contact	60%	64.3%	64.3%	→

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None of the health boards within Wales met the national targets for uptake in the patients aged 65years and older or under 65 at risk. Powys performance for uptake among pregnant women was the highest of all Welsh health boards at 93.3%.

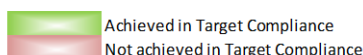
Health care staff with direct uptake remains above the 60% target but did not see significant improvement from 2018/19.

## Quality, Safety & Patient Experience Domain in the National framework: Aligns to 'Joined Up Care' in A Healthy Caring Powys

Powys Teaching Health Board - Safe Care										
	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
Of the Serious Incidents due for assurance within the month, % which assured in agreed timescales**	0.0%	0.0%	50.0%	33.3%	0.0%	0.0%	0.0%	50.0%	0.0%	⬆️
Number of new Never Events**	0	0	0	0	0	0	0	0	0	➡️
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
Opioid average daily quantities per 1,000 patients	4,028.85	4,063.26	4,086.71	⬇️						
Number of patients aged 65+ prescribed an antipsychotic	481	474	475	⬆️						
Total antibacterial items per 1,000 STAR-PUs	227.14	226.86	262.44	⬇️						
Fluoroquinolones, Cephalosporins, Clindamycin & Co-amoxiclav per 1,000 patients	11.08	11.46	11.37	⬇️						
Number of Patient Safety Solutions Wales Alerts & Notices not assured within the agreed timescales	1	0	0	⬆️						
	Annual Trends									
	2018	2019	Trend							
Number of hospital admissions with any mention of self harm for children/young people per 1,000 pop*	4.20	4.50	⬇️							

\*Taken from March APC refresh

\*\*Data as at 29/04/20



Patient Safety and Quality of care remains challenging to meet the national framework targets. Powys Teaching Health Board has continued to report zero never events during 2019/20. Unfortunately, the health board has not achieved compliance with the national measure in relation to the timely processing of Serious Incidents.

Prescribing indicators for 2019/20 show a similar position to the same periods in 2018/19, Opioid daily quantity rates have seen a slight increase during 2019/20, this makes it unlikely that we would meet the 4-quarter reduction target by the end of the year, but we are below the All Wales rate consistently for this measure.

The rate of prescribed Anti-Psychotic medication for the first three quarters has seen a reduction in line with national targets and is considerably lower than the All Wales position for the same time period.

Total antibacterial items per 1000 did not meet the health board 5% reduction target in Q3 and data for Q4 is not available at the time of this document, it should be noted that areas of work during Q3 included work such as the antimicrobial stewardship review to highlight opportunities.



Progress against the Fluoroquinolone, Cephalosporin, Clindamycin & Co-amoxiclav remains robust meeting the 10% reduction health board specific target, however the performance remains below the All Wales average.

The health board performance against patient safety solutions remains robust with all required assurances within the timescales being met, through to Q4 2019/20.



## 'Individual Care' Domain in the National framework: Aligns to 'Tackling the Big Four' and 'Early Help and Support' in A Healthy Caring Powys

Powys Teaching Health Board - Individual Care										
	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% of HB residents in receipt of secondary MH services (all ages) who have a valid CTP	95.1%	94.2%	94.1%	94.7%	96.0%	96.4%	96.8%	96.4%	86.3%	↓
% of HB residents sent their outcome assessment report within 10 working days after assessment	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	→
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
Number of calls to the MH helpline CALL by Welsh residents per 100,000 of population	218.2	151.0	166.9	↓						
Number of calls to the Wales dementia helpline by Welsh residents per 100,000 of population (age 40+)	4.9	16.0	2.5	↓						
Number of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of population	43.8	42.3	30.2	↓						

 Achieved in Target Compliance  
 Not achieved in Target Compliance

Performance against the national measures continues to remain robust.

The measure for percentage of health board residents in receipt of secondary mental health services care treatment plan improved during Q4 to finish March with 92.7% against the 90% target.

The helpline performance in Powys showed a downward rate per 100k across the 3 quarters reported.

## 'Timely Care' Domain in the National framework: Aligns to 'Early Help and Support', 'Joined Up Care' and 'Tackling the Big Four in A Healthy Caring Powys



As a provider we have continued to perform consistently with timely access where applicable locally within in-reach outpatient services. Up until the end of Q3 no patients waited longer than 36 weeks for treatment, and 98.3% waited less than 26 weeks.

A small number of patients waited longer than 8 weeks for a diagnostic test, during the 9 months to December 2019, this capacity pressure is a result of the fragility of in-reach services, and staffing pressures on small teams. During Q3 a sustainability plan for endoscopy was developed linking with the National Endoscopy Programme, funding was received and utilised from the Single Cancer Pathway workstream which funded additional theatre staff for increased capacity.

Patients breaching the 14 week target for therapies during the 9 months reported were low, the majority of all breaches were linked to the fragile speech and language specialty, with its limited capacity, especially in learning disabilities.

Follow-up compliance against outpatient appointments has seen improvements throughout the 9 months, with a reduction trend in the number of patients waiting, and those being delayed for a long period in excess of 100% past their date. Further work in January with the patient administration system including significant validation work meant that the nationally set health board specific targets were met at the end of Q4.

Powys Teaching Health Board - Timely Care										
	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% of patients waiting less than 26 weeks for treatment	99.0%	98.6%	98.9%	98.7%	98.8%	98.7%	98.9%	98.7%	98.3%	↓
Number of patients waiting more than 36 weeks for treatment	0	0	0	0	0	0	0	0	0	→
Number of patients waiting more than 8 weeks for a specified diagnostic	16	21	9	27	18	12	0	0	1	↑
Number of patients waiting more than 14 weeks for a specified therapy	2	9	6	6	5	7	6	6	7	↓
Number of patients waiting for a follow-up outpatient appointment	8,610	8,368	8,277	8,202	8,169	8,289	7,618	7,692	7,610	↑
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	515	456	427	436	467	450	412	501	336	↑
% of emergency responses to red calls arriving within 8 mins	58.9%	59.8%	74.7%	71.3%	61.0%	58.6%	57.6%	61.1%	63.1%	↓
% of patients spend < 4 hours in emergency care from arrival until admit, transfer or discharge	100.0%	99.9%	100.0%	100.0%	99.9%	100.0%	99.9%	99.9%	99.8%	↓
Number of patients spent ≥12 hrs in emergency care from arrival until admit, transfer or discharge	0	0	0	0	0	0	0	0	0	→
% of MH assessments undertaken within 28 days from the date of receipt of referral	78.6%	81.8%	81.0%	87.4%	87.9%	84.1%	82.9%	89.2%	90.2%	↑
% of therapeutic interventions started within 28 days following an assessment by LPMHSS	71.8%	61.6%	59.6%	47.7%	51.9%	58.4%	62.1%	59.7%	72.8%	↑
% of patients waiting less than 26wks to start a psychological therapy	52.4%	53.7%	62.5%	66.5%	68.3%	72.2%	74.5%	80.4%	89.4%	↑
% of children/young people waiting less than 26 wks to start ADHD or ASD neurodevelopment assessment	93.0%	79.9%	80.7%	87.9%	83.2%	94.2%	94.9%	96.3%	100.0%	↑
% R1 ophthalmology patients waiting within target date or within 25% beyond target date for an OP appointment	93.6%	96.6%	96.3%	96.3%	95.2%	95.6%	95.2%	94.6%	92.4%	↓
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
% of qualifying patients who first had contact with an IMHA within 5 working days of their request	100.0%	100.0%	100.0%	→						
	Annual Trends									
	2018	2019	Trend							
% GP practices offering appointments between 17:00 and 18:30 on 5 days a week	87.5%	87.5%	→							

 Achieved in Target Compliance  
 Not achieved in Target Compliance

Powys urgent care saw intense pressure during the winter period, Welsh ambulance targets for RED call responses struggled to meet the 65% target, the challenges of ambulance handover times in district general hospitals and the geographical spread of patients. Our own minor injuries units consistently perform to a very high level, at least 99% of admissions or higher wait less than 4hrs within out departments, and no patients have waiting longer than 12hrs for 2019/20 including Q4.

Mental health performance remains robust, we have met the targets set consistently with the exception of interventions within 28 days which has shown improvement. Silver Cloud an online mental health resource has seen exceptional uptake and continues rollout across Wales.

Specific fragility around in reach ophthalmology has impacted on compliance for the national measures reported by Welsh Government. In December PTHB had 96.4% of patients waiting with a health risk factor (HRF). Of the patients with an HRF classed as R1 92.4% are waiting within or less than 25% of their target date. As a comparison, the All Wales average in was 65.2% in November.

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## 'Effective Care' Domain in the National framework: Aligns across Well-being Objectives and particularly 'Focus on Well-being', 'Early Help and Support', 'Joined Up Care' and 'Tackling the Big Four' in A Healthy Caring Powys

Powys Teaching Health Board - Effective Care										
	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
Crude hospital mortality (<= 74 years of age) rolling 12 months ending*	1.70%	1.76%	1.99%	1.91%	1.98%	2.02%	2.06%	2.30%	2.27%	↓
% of episodes clinically coded within one reporting month post episode discharge end date	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	→
% comp of completed level 1 IG (Wales) training element of Core Skills & Training Framework	78.3%	81.9%	83.5%	86.2%	87.7%	89.0%	89.6%	90.9%	91.6%	↑
Number of health board non mental health DToC	31	32	26	27	33	28	19	20	17	↑
Number of health board mental health DToC	3	1	2	3	3	2	1	2	2	↑
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	95.6%	96.1%	96.7%	↑						
	Annual Trends									
	2018/19	2019/20	Trend							
% clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	93.8%	95.9%	↑							

\*Taken from April CHKS refresh

✓	Achieved in Target Compliance
✗	Not achieved in Target Compliance

Performance within this domain as a summary has improved within the 9 months reported with two exceptions.

The rate of crude mortality continues to increase, we have the highest level in Wales but this links to our service composition. Powys cares for a significant proportion of end of life patients within a palliative care setting at community hospital sites.

The second measure where we are not meeting the target, is for the timely availability of new medicines after approval, the health board does not meet the 100% target set nationally but remains close to the All Wales performance levels. Clinical coding and Delayed Transfers of Care (DToC) performance are significantly positive areas within this domain, for coding compliance Powys Teaching Health Board remains consistently the best in Wales when compared to other health boards. And the DToC performance for both Mental Health and Non-Mental Health showed an improving reduction trend in line with national targets for year end.

## 'Dignified Care' Domain in the National framework: Aligns to 'Joined Up Care' in A Healthy Caring Powys

The health board has not met the target required for the last two years, in Q3 28.2% of complaints received a reply or interim reply within the required 30-day period, the All Wales compliance was reported at nearly 70%.

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Powys Teaching Health Board - Dignified Care				
	3 Quarter Trends			
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend
% complaints that had final reply (Reg 24)/interim reply (Reg 26) <30 working days of concern received	64.8%	45.5%	28.2%	↓
	Annual Trends			
	Dec-18 (9mths ending)	Dec-19 (9mths ending)	Trend	
Number procedures postponed either on the day or day before for specified non-clinical reasons*	10	60	↓	

\*Taken from April refresh



Achieved in Target Compliance

Not achieved in Target Compliance

In-reach fragility, staffing and other problems have caused challenges to procedures undertaken, with significantly more being postponed for non-clinical reasons during the 9 months to December when compared to the same period in 2018.

### Staff and Resources - Aligns to 'Workforce Futures' and 'Transforming in Partnership' in A Healthy Caring Powys

Powys Teaching Health Board - Our Staff & Resources										
	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% of headcount who have had a PADR/medical appraisal in previous 12 months	72.8%	72.4%	73.0%	74.2%	75.2%	75.3%	75.7%	76.5%	77.0%	↑
% compliance for all completed Level 1 competencies within Core Skills & Training Framework	82.5%	83.8%	83.6%	84.4%	84.8%	85.4%	85.6%	81.8%	82.5%	↓
% staff sickness absence (rolling 12 months)	4.48%	4.50%	4.46%	4.40%	4.39%	4.39%	4.49%	4.62%	4.71%	↓
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
% adult dental patients in the HB pop re-attending NHS primary dental care between 6 & 9 mths	36.2%	35.1%	33.7%	↑						



Achieved in Target Compliance

Not achieved in Target Compliance

The health board continues to perform well against the Workforce measures when compared to the All Wales position, PADR compliance for the 9 months to December had a positive trend of improvement although missing the national target. The Workforce Directorate continues to raise awareness and provide support across the health board to improve compliance. Mandatory Core Skills and Training have not met the 85% target or shown an improving trend but compare favourably to the All Wales figure of 79.9% in December 2019.

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## Performance Analysis – Quarter 4, January 2020 – March 2020

During the period from January 2020 to March 2020 the health board, along with its partners, government and communities, had to respond to the COVID-19 pandemic. This required a different approach to governance, planning and performance and Welsh Government suspended the official performance arrangements at the end of Quarter 3, therefore an update is given on this quarter based on local information as below.

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

- Coordinate strategic decision making and effective use of resources throughout the assessment, treatment and recovery phases; ensuring key supporting roles are covered;
- Ensure strategic oversight of the response to COVID-19 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 was 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 up to the end of March and into the first Quarter of 2020/2021.

For Phase 1 A Central Control & Coordination Function, led by the Director of Planning & Performance, supported the GOLD group and co-ordinated the actions taken to limit the impact on any business continuity disruption and manage the key stages of response (incident management response, recovery and resumption of 'business as usual') to the COVID-19 pandemic. Specifically, the Function coordinated:

- Master Plan development, implementation & tracking
- Performance monitoring & reporting
- SITREP Reporting
- LRF (Local Resilience Forum) Tactical Group Link
- Public health guidance
- Tactical Military Liaison
- Communications/ Engagement
- Tracking Service Changes/CHC liaison
- DGH Liaison/ Powys Demand Model
- Specialised Services Liaison
- WAST Liaison

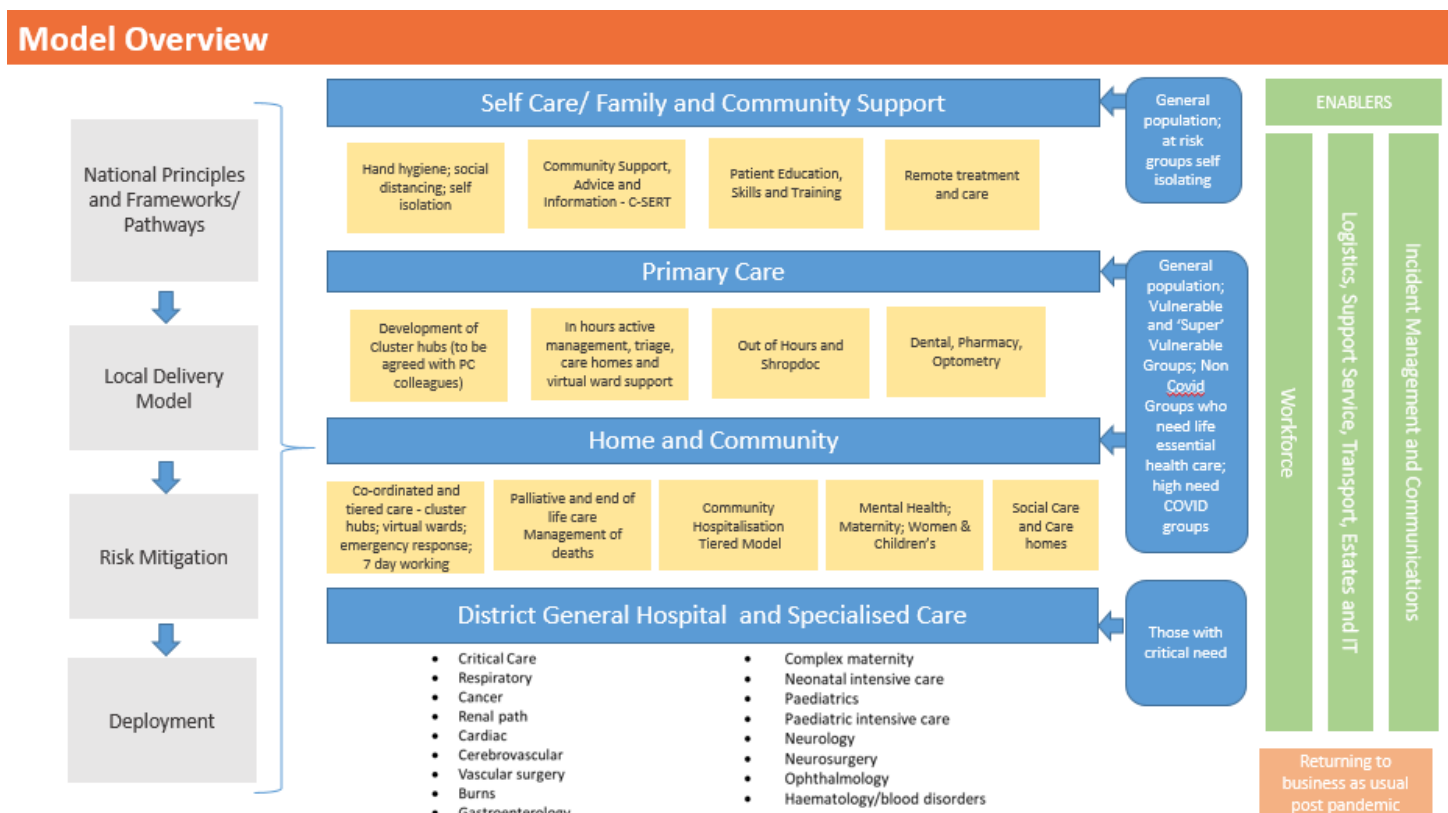
For Phase 1 of COVID-19 three programme Workstreams, led by nominated Executive Directors, were established to provide planning and operational management support and to deliver the strategic aims and objectives in response to COVID-19. Specifically to:

- Co-ordinate implementation of the respective workstream actions contained within the COVID-19 detailed action plan;
- Update and report respective actions contained within the COVID-19 detailed action plan; and
- Identify, manage and escalate key risks associated with implementation.

Specific areas of work delegated to the three Programme Workstreams were:

## Clinical Response Model

Development, Operational Oversight and Delivery of Clinical Response Model:



## Core Support Services Model

Operational Oversight of Delivery of Core Support Services Model involved:

- Transport
- Estates
- IT & Information
- Support Services
- Equipment & Procurement

## **Workforce Model**

Operational Oversight of Delivery of Workforce Model involved:

- Planning
- Recruitment
- Staff Testing
- Redeployment
- Policies / Guidance
- Staff wellbeing
- Staff Side Partnership link

## **Clinical Leadership Group**

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.

## **Performance Reporting**

Performance reporting in Quarter 4 was therefore set in the context of the COVID response work, in line with the revised Welsh Government framework and requirements, and reporting was reshaped to provide effective management information within this new context.

Key mechanisms developed for this period included a daily GOLD Dashboard and a detailed Implementation Plan for each phase of the Covid response.

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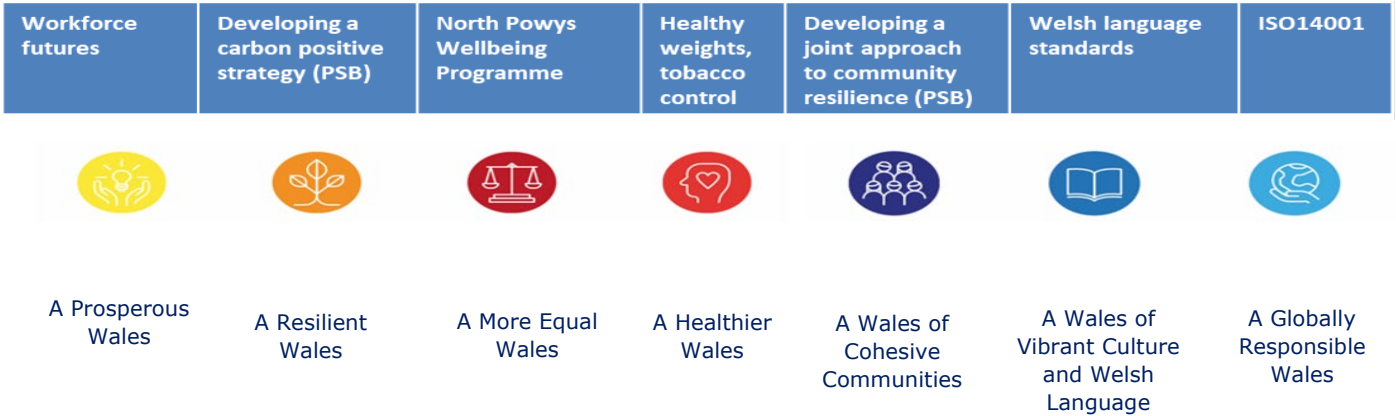


Well-being of Future Generations Statement

There is a requirement as part of the Well-being of Future Generations Act (WBFGA) for the health board to demonstrate the progress being made in setting and delivering against well-being objectives.

A Healthy Caring Powys set out our long term vision and was formally approved by the health board, the council and the Regional Partnership Board in March 2018, enabling each organisation to embed the vision, principles and well-being objectives into their core business.

Specific areas of our IMTP are aligned to delivery against National Well-being Goals:



For the health board, the goals and well-being objectives are fully assimilated into the Integrated Medium Term Plan (IMTP). This meets the requirement for all NHS bodies in Wales to ensure:

- Well-being objectives are contributing to the achievement of well-being goals
- They are taking all reasonable steps to meet their well-being objectives and
- Well-being objectives are consistent with the sustainable development principle

The Performance Analysis on the preceding pages provides the detailed analysis against these Well-being Objectives, for the period up to the end of Quarter 3 (December 2020). As noted previously, Welsh Government suspended performance reporting at this date due to the need to respond to the COVID-19 Pandemic.

The Office of the Future Generations Commissioner provided feedback on the PTHB self-assessment against the Well-being of Future Generations Act in 2019. This noted several areas of good practice in particular partnership working, a focus on prevention in our wellbeing objectives and a recognition of the importance of workforce futures.

The health board has taken further steps in 2019/2020 and held a Board Development session on sustainability which enabled a deeper consideration of the health board’s role and actions on the environment, climate change and social and cultural well-being.

The health board achieved ISO 14001 in 2019 and this put robust environmental management at the core of our business.

The health board also took forward specific, practical changes in line with the ‘journey checker’ approach set out by the Office of the Future Generations Commissioner and focusing on the seven corporate areas for change. An assessment of alignment with the WBFGA has been incorporated into requests for estates projects within the health board.



The Wales Audit Office examination of the North Powys Well-being Programme in 2019 demonstrated alignment with the sustainable development principle and five ways of working, with further opportunities to embed the approach as this programme evolves.

PTHB remains active in the Public Service Board (PSB), with the lead for Steps 11 and 12 of the Powys Well-being Plan 'Towards 2040'.

Our approach to the Powys model of care is delivering against the **five ways of working**, examples are given below:

- A Healthy Caring Powys sets out our **long term** vision. Key to this is the evidence of the well-being assessment which explores the long term impact if the current approach remains the same. The IMTP sets out progress against these long term outcomes.
- The Health and Care Strategy and the IMTP span across primary, secondary and tertiary **prevention**. We are utilising the Welsh Government definition of prevention to ensure that encompasses a broader approach, with connections within and between communities of geography and communities of interest, as well as a life course approach in our IMTP and in key Partnership Plans (the Public Services Board Well-being Plan and the Regional Partnership Board Area Plan).
- Key to this is the triple **integration** approach of health and social care, mental and physical health and primary and community care. The Powys RPB takes a life course approach to 'Start Well', Live Well and Age Well' and there is a programme of work across each of these.
- 'A Healthy Caring Powys' is reliant on **collaboration** between and across members of the Regional Partnership Board, which includes the health board, Powys County Council, the Third Sector, Universities, the public, patients and carers. The IMTP described the work of the RPB in more detail in the Transforming in Partnership section.
- The Powys well-being objectives and outcomes were developed through **involvement** with our communities and stakeholders. It reflects what the people of Powys said about their health and care – in service user surveys, complaints, compliments, engagement events, service user forums, conferences and specific health and care events.

The Environment and Sustainability report that follows also provides further detail specifically related to the environmental aspects of the Act.

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Environment and Sustainability Report

The health board recognises the value of sustainability as a central organising principle within the Welsh Government (WG) and public sector bodies in Wales.

It also recognises that there is an immediate need to tackle climate change by reducing its CO2<sub>e</sub> emissions, whilst at the same time ensuring measures are implemented to adapt to the changing environment. The imperative for change was reinforced by the WG ‘climate emergency’ declaration on 29 April 2019.

This report documents sustainability performance for the year 2019-20, and presents an overview of the sustainability performance for the reported year.

*"In accordance with HM Treasury Public Sector annual reporting the health board is required to publish data in relation to key sustainability metrics including but not limited to: utilities consumption, waste production and Environmental Management. The following submission is in accordance with the HMT guidance issued in 2020."*

Powys Teaching Health Board – description of the organisation

Aggregated sites include Clinics:	9
Hospital sites:	9
Total Estate Site Footprint	40,108 m <sup>2</sup>
Total Estate Site Land Area	7525 Hectare
Total full time equivalent Staff Employed	1838.5

The health board’s Environment and Sustainability Group (ESG) is accountable to the Capital and Estates Improvement Group, and provides strategic direction to implement a structured approach to sustainability.

The ESG now presides over all areas where the health board has a major impact on the environment including:

- Energy and Water
- Waste
- Transport and Parking
- Building and Biodiversity
- Procurement

The ESG promotes consistency and transparency in management of environmental issues across the health board. The group is also working to reduce the health board’s impact on the environment, and comply with all relevant acts and associated legislation by implementing the health board’s Environment Policy, and relevant Health Technical Memorandums.

By ensuring continual improvement of the health board’s Environmental Management System (EMS), and implementation of the Wellbeing of Future Generations Act, Powys Teaching Health Board is delivering the three key principles of Sustainable Development:

- 1) Environment
- 2) Economic

### 3) Social

The main legislative drivers for change within the health board in respect of the environment are:

- The Environment (Wales) Act 2016
- Well-being of Future Generations (Wales) Act 2015<sup>1</sup>

Under the Environment Act two major targets have been set for the public sector which are:

- 1) Zero Waste to Landfill (target to achieve: 2050)<sup>2</sup>
- 2) Decarbonisation of the public sector (target to achieve: 2030)<sup>3</sup>

Annual objectives and targets set by the organisation, in the main, are developed to meet these nationally set targets, and to embed the Well-being Act into the organisation's management system.

During this reporting year the following delivery plans have been produced to work towards achieving national and international targets:

- Environment and Decarbonisation Plan (draft)
- Buildings and Biodiversity Plan (finalised 2019)
- Communications Plan (updated 2019)

PTHB continues to support sustainability as a central organising principle. The importance of the Environment agenda has been further realised within the health board, and is reflected in the Integrated Medium Term Plan (IMTP)<sup>4</sup> for 2020-21. The IMTP also supports the health board's endeavours to embed the principals of the Wellbeing of Future Generations Act and the *five ways of working*.

During 2019-20 the organisation was successful in gaining certification to ISO14001 (2015), environmental management system standard<sup>5</sup> and has continued to develop and monitor its EMS in preparation for re-certification in 2020.

In summary achievements during 2019-20:

- ISO14001 audit and certification
- Appointment of Environment and Sustainability Officer
- Environment and Sustainability board development session with guest speakers from the Welsh Government and government funded energy service, facilitated by Cynnal Cymru
- Reprioritisation of the Environment and Sustainability Group to include all parts of the organisation represented by senior staff
- Development and drafting of Powys Teaching Health Board's 'Environment and Decarbonisation Framework'
- Trial of 'Departmental Decarbonisation Plan'

<sup>1</sup> <https://futuregenerations.wales/about-us/future-generations-act/>

<sup>2</sup> <https://gov.wales/sites/default/files/publications/2019-05/towards-zero-waste-our-waste-strategy.pdf>

<sup>3</sup> <https://www.assembly.wales/Research%20Documents/15-030-Environment/15-030.pdf>

<sup>4</sup> <http://www.powysthb.wales.nhs.uk/document/324113>

<sup>5</sup> <https://www.iso.org/iso-14001-environmental-management.html>

- Significant contributions to business case writing to ensure step change towards an environmentally sustainable model of care
- Standard specification for products and materials to ensure the best and least environmentally impactful goods are used
- Continual support for the Public Service Board (PSB) and the active participation for 'A Carbon Positive Powys Strategy' development
- Review of printer/scanner fleet and recommendations to reduce environmental impacts

### Future strategy to improve performance

The Environment and Sustainability Group continues to support initiatives to reduce CO<sub>2</sub>e emissions from scope 1, 2 and 3, including, an increased diversion of waste from landfill, an improvement in the estate's biodiversity and the development of procurement procedures. This will help meet national targets whilst ensuring compliance with legal obligations, improving staff and patient experience, and helping to drive through efficiency changes.

The health board has identified the following aims to achieve these reductions:

1. Finalise and publish its Environment and Decarbonisation Framework
2. Continue to gain executive support and participation for the Environment and Sustainability Group
3. Align strategic documents with the PSB 'A Carbon Positive Powys' and NWSSP's decarbonisation strategy, to be published in 2020
4. Roll out PTHB Departmental Decarbonisation Plans
5. Support the development of the NHS Wales Carbon Footprint 2019-2020
6. Develop and deliver sustainable transport
7. Bring systems in line with new government carbon emission reporting and ensure accurate submissions.
8. Development and implementation of carbon offsetting measures
9. Continue to develop and monitor the organisation's Environmental Management System and retain ISO14001 certification
10. Review and recommendations paper to Board to reduce environmental impacts of printer and scanner technology

### Commentary on greenhouse gas emissions

Powys Teaching Health Board continues to repatriate services back to the organisation, which in the medium to long-term will have an effect on patient numbers and energy demands. 2019-20 continues to see a trend of lower ward admissions by an average of **%23** balanced by an increase of outpatient attendance by circa **%18**.

All gas, electric and water figures are taken from actual records and validated through internal systems. Any account not covering a full year at the time of reporting have been pro-rated to give as full an account of the year as possible. Once a full year's accounts are received and validated figures from previous years, if significantly different from reported figures, will be amended.

In 2018-19 electricity emissions were reported as zero as the organisation had procured REGO (renewable) backed electricity. This has now been revised and carried into 2019-2020 as green tariffs are included into electricity conversion calculations.

Energy usage falls below the threshold for CRC reporting and no carbon offsetting has been undertaken or procured during 2019-20

Emissions from transportation include all NHS owned and private vehicles business mileage and does not include private home to work commute. Previous figures have been recalculated to reflected this.

In line with Annual Reports and Accounts guidance the UK Governments GHG Conversion Factors for Company Reporting has been used for all CO<sub>2</sub>e conversion calculations.

Greenhouse Gas (GHG) emissions are one of the sustainability performance indicators that are most requested by stakeholders. The Greenhouse Gas Protocol set the benchmark for reporting GHG and established three categories of emissions (Scope 1, Scope 2 & Scope 3)

**Scope 1 Direct GHG**, defined as 'emissions from sources that are owned or controlled by the organisation', eg. onsite combustion of fossil fuels and mobile combustion through transport

**Scope 2 Energy Indirect GHG**, defined as 'emissions from the consumption of purchased electricity, steam, or other sources of energy'

**Scope 3 are also referred to as Other Indirect GHG**, and are defined as 'emissions that are a consequence of the operations of an organisation, but are not directly owned or controlled by the organisation' including employee commuting, business travel, third-party distribution and logistics, production of purchased goods and emissions from the use of sold products

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<b>Greenhouse Gas Emissions</b>		<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>
Non-Financial Indicators (1,000 tCO2e)	Total Gross Emissions	<b>4.981</b>	<b>4.611<sup>7</sup></b>	<b>4.174</b>
	Total Net Emissions	4.981	4.611 <sup>7</sup>	4.174
	Gross Emissions Scope 1 (direct)	Gas: 2.712 Oil: 0.206 <sup>6</sup>	Gas: 2.539 Oil: 0.182	Gas 2.300 Oil 0.200
	Gross Emissions Scope 2 & 3 (indirect)	Electric 1.239 Business travel 0.600 <sup>7</sup>	Electric <sup>7</sup> 0.987 Business travel 0.903 <sup>7</sup>	Electric 0.932 Business travel 0.742 <sup>7</sup>
Related Energy Consumption (million KWh)	Electricity: Non-renewable	3.551	3.468 <sup>7</sup>	3.653
	Electricity: Renewable	0.200	0.200	0.200
	Gas	14.725	13.965 <sup>7</sup>	12.509
	LPG	N/A	N/A	N/A
	Other	Oil 0.812	Oil 0.669	Oil 0.641
Financial Indicators (£million)	<b>Expenditure on Energy</b>	Electric: 0.501 Gas: 0.424 Fuel oil: 0.066 Total: 0.991	Electric: 0.527 <sup>7</sup> Gas: 0.457 <sup>7</sup> Fuel oil: 0.040 Total: 1.024 <sup>7</sup>	Electric: 0.690 Gas: 0.410 Fuel oil: 0.034 Total: 1.134
	CRC License Expenditure (2010 onwards)**	N/A	N/A	N/A
	Expenditure on accredited offsets (e.g. GCOF)**	N/A	N/A	N/A
	Expenditure on official business travel	1.523	1.061	1.089

## Commentary on waste

The ability to verify waste weights and costs has improved significantly since the last period. Where accurate waste data is not readily available from waste disposal contractors, auditable systems are in place to estimate waste weights for each waste stream. It is envisaged that the methodologies in place within the waste monitoring system will enable near-real-time access to waste generation reports

<sup>6</sup> Amended following re-evaluation

<sup>7</sup> Revised from 2018-19 reported figures following final invoice validation

from 2020/21 and onwards. This will enable waste to be more closely managed, reduce the volume of waste going to landfill and be in a position to set targets for future reduction to meet zero waste ambitions.

Work is nearing completion to enable a specification to go to tender for our non-clinical waste streams. This is an opportunity not only to seek the best value for money but to have access to accurate generated waste data, also to ensure that a new service will better provide the means to manage down our landfill waste and minimise our waste impact on the environment.

To keep abreast of the incoming changes to waste management and local waste reduction initiatives in the health board, a comprehensive review of policy, procedures and associated waste management documentation is being undertaken.

The health board also received £1,594 from the sale of old and broken equipment.

<b>Waste</b>		<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>
<b>Non-financial indicators (tonnes)</b>	Total waste	<b>412.80</b>	<b>371.61</b>	<b>374.27</b>
	Landfill	General waste 175.94 <sup>8</sup> Medical 0000 Total 175.94	General waste 165.55 <sup>8</sup> Medical 000.00 Total 165.55	General waste 140.83 <sup>8</sup> Medical 022.00 Total 162.83
	Reused /Recycled	General 068.78 <sup>8</sup> Medical 000.00 Total 068.78	General 096.33 <sup>8</sup> Medical 000.00 Total 096.33	General 118.04 <sup>8</sup> Medical 026.01 Total 144.05
	Composted	Food 010.79	Food 010.79	Food 011.24
	Incinerated with energy recovery	General 000.00 Medical 122.68 Total 122.68	General 000.00 Medical 098.94 Total 098.94	General 000.00 Medical 056.15 Total 056.15
	Incineration without energy recovery	0.0	0.0	0.0
<b>Financial indicators (£million)</b>	Total disposal cost	<b>£0.150</b>	<b>£0.132</b>	<b><sup>9</sup>£0.186</b>
	Landfill	General 0.075 Medical 0.000 Total 0.075	General 0.065 Medical 0.000 Total 0.065	General 0.067 Medical 0.008 Total 0.076
	Reused/ recycled	General 0.012 Medical 0.000 Total 0.012	General 0.014 Medical 0.000 Total 0.014	General 0.039 Medical 0.000 Total 0.039
	Composted	Food 0.003	Food 0.003	Food 0.003
	Incinerated with energy recovery	General 0.000 Medical 0.060 Total 0.060	General 0.000 Medical 0.050 Total 0.050	General 0.000 Medical 0.068 Total 0.068
	Incinerated without energy recovery	N/A	N/A	N/A

<sup>8</sup> To reflect a greater understanding of medical waste treatments between 2017-19 medical landfill waste and reused/recycled has been reassigned to incineration with energy recover as 'offensive waste' and some clinical waste turned into 'flock' and used in industries for energy. 2019-20 data reflects a better understanding of the splits between incineration with energy recovery and landfill.

<sup>9</sup> Grand total includes administration and delivery costs

Commentary on water usage

Water conservation is balanced against water safety. The figures below are based on pro-rata accounts so the actual figure may be different from reported.

Total supplied volumes are based on metered and rateable sites. As a result, the figures based on rateable value may influence the accuracy of water volume used for the organisation during this period.

Finite Resource Consumption			2017-18	2018-19	2019-20
Non-Financial Indicators (000m³)	Water Consumption (Office Estate)	Supplied	42.898	43.410	33.458
		Sewerage	31.502	30.900	25.404
		Abstracted	N/A	N/A	N/A
		Per FTE	0.024	0.025	0.018
	Water Consumption (Non-Office Estate)	Supplied	Not available	Not available	Not available
		Abstracted	Not available	Not available	Not available
Financial Indicators (£million)	Water Supply Costs (Office Estate)		0.071	0.071	0.051
	Sewerage Supply Costs (Office Estate)		0.061	0.064	0.056
	Water Supply Costs (Non-Office Estate)		N/A	N/A	N/A

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**SECTION TWO: THE ACCOUNTABILITY REPORT**

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# Accountability Report: 2019-20



**SIGNED BY:**

**CAROL SHILLABEER  
[CHIEF EXECUTIVE]**

**DATE: 30 JUNE 2020**

## INTRODUCTION TO THE ACCOUNTABILITY REPORT

Powys Teaching Health Board is required, as are all Welsh NHS bodies, to publish annually an Annual Report and Accounts. Copies of previous year's reports can be accessed from the health board [website](#).

A key part of the Annual Report is the Accountability Report. The requirements of the Accountability Report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

As not all requirements of the Companies Act 2006 apply to NHS bodies, the structure adopted is as described in the Treasury's Government Financial Reporting Manual (FReM) and set out in the 2019-20 Manual for Accounts for NHS Wales, issued by the Welsh Government.

The Accountability Report is required to have three sections:

- A [Corporate Governance Report](#)
- A [Remuneration and Staff Report](#)
- A [National Assembly for Wales Accountability and Audit Report](#)

An overview of the content of each of these three sections is provided below.

## THE CORPORATE GOVERNANCE REPORT

This section of the Accountability Report provides an overview of the governance arrangements and structures that were in place across Powys Teaching Health Board during 2019-20. It also explains how these governance arrangements supported the achievement of the health board's core and enabling well-being objectives.

The Board Secretary has compiled the report, the main document being the Annual Governance Statement. This section of the report has been informed by a review of the work taken forward by the Board and its Committees over the last 12 months and has had input from the Chief Executive, as Accountable Officer, Board Members and the Audit, Risk and Assurance Committee.

In line with requirements set out in the Companies Act 2006, the Corporate Governance report includes:

- [The Directors Report](#)
- [A Statement of Accountable Officer Responsibilities](#)

- [A Statement of Directors' Responsibilities in Respect of the Accounts](#)
- [The Annual Governance Statement](#)

## **REMUNERATION AND STAFF REPORT**

This report contains information about the remuneration of senior management, fair pay ratios, and sickness absence rates and has been compiled by the Directorate of Finance and the Workforce and Organisational Development Directorate.

## **NATIONAL ASSEMBLY FOR WALES ACCOUNTABILITY AND AUDIT REPORT**

This report contains a range of disclosures on the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities, and the audit certificate and Auditor General for Wales' Report.

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## PART A: CORPORATE GOVERNANCE REPORT

This section of the Accountability Report provides an overview of the governance arrangements and structures that were in place across Powys Teaching Health Board during 2019-20. It includes:

1. A Director's Report
2. A Statement of Accountable Officer Responsibilities
3. A Statement of Directors' Responsibilities in Respect of the Accounts
4. The Annual Governance Statement

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# 1. THE DIRECTORS' REPORT FOR 2019-20

The Directors' report brings together information about the Board of Powys Teaching Health Board (PTHB), including the Independent Members and Executive Directors, the composition of the Board and other elements of its governance and risk management structure.

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## THE COMPOSITION OF THE BOARD AND MEMBERSHIP

Part 2 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 sets out the required membership of the Boards of Local Health Boards, the appointment and eligibility requirements of members, the term of office of non-officer members and associate members. In line with these Regulations the Board of Powys Teaching Health Board comprises:

- a chair;
- a vice-chair;
- officer members; and
- non-officer members.

The members of the Board are collectively known as “the Board” or “Board members”; the officer and non-officer members (which includes the Chair) are referred to as Executive Directors and Independent Members respectively. All members have full voting rights.

In addition, Welsh Ministers may appoint up to three associate members. Associate members have no voting rights.

Before an individual may be appointed as a member or associate member they must meet the relevant eligibility requirements, set out in Schedule 2 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, and continue to fulfil the relevant requirements throughout the time that they hold office.

The Regulations can be accessed via the Government’s legislation website: <http://www.legislation.gov.uk/wsi/2009/779/contents/made>

## VOTING MEMBERS OF THE BOARD DURING 2019-20

During 2019-20, the following individuals were voting members of the Board of Powys Teaching Health Board:

<b>Independent Members (IM)</b>		
<b>Vivienne Harpwood</b>	Chair	Full year
<b>Melanie Davies</b>	Vice Chair	Full Year
<b>Anthony Thomas</b>	IM (Finance)	Full Year
<b>Matthew Dorrance</b>	IM (Local Authority)	Full Year
<b>Owen James</b>	IM (Community)	Full Year
<b>Trish Buchan</b>	IM (Third Sector)	Full Year
<b>Duncan Forbes</b>	IM (Legal)	To 07 August 2019
<b>Frances Gerrard</b>	IM (University)	Full Year
<b>Ian Phillips</b>	IM (ICT)	Full Year
<b>Susan Newport</b>	IM (Trade Union Side)	Full Year
<b>Mark Taylor</b>	IM (Capital & Estates)	From 03 July 2019
<b>Executive Directors</b>		
<b>Carol Shillabeer</b>	Chief Executive	Full Year
<b>Julie Rowles</b>	Executive Director of Workforce and OD	Full Year
<b>Eifion Williams</b>	Executive Director of Finance and IT	To 30 June 2019
<b>Pete Hopgood</b>	Interim Executive Director of Finance and IT	From 01 July 2019
<b>Hayley Thomas</b>	Executive Director of Planning and Performance	Full Year
<b>Wyn Parry</b>	Executive Medical Director	Full Year
<b>Stuart Bourne</b>	Executive Director of Public Health	Full Year
<b>Rhiannon Jones</b>	Executive Director of Nursing	To 14 July 2019
	Interim Executive Director of Therapies & Health Science	
<b>Katrina Rowlands</b>	Interim Director of Nursing	15 July 2019 to 20 January 2020
<b>Alison Davies</b>	Executive Director of Nursing & Midwifery	From 20 January 2020
<b>Claire Madsen</b>	Executive Director of Therapies & Health Sciences	From 07 January 2020
<b>Patsy Roseblade</b>	Interim Executive Director of Primary, Community Care and Mental Health	To 14 April 2019
<b>Jamie Marchant</b>	Executive Director of Primary, Community and Mental Health Services	From 11 June 2019



During 2019/20, vacancies in the Board consisted of:

Independent Member	Executive Director
<ul style="list-style-type: none"> <li>Independent Member (Legal) from 08/08/19 to present</li> <li>Independent Member (Capital) from 01/04/19 to 02/07/19</li> </ul>	<ul style="list-style-type: none"> <li>Executive Director of Primary, Community &amp; Mental Health Services from 15/04/19 to 10/06/19</li> <li>Executive Director of Therapies and Health Sciences from 15/07/19 to 06/01/20</li> </ul>

Whilst roles on the Board were vacant, responsibilities were covered by other Board members to ensure continuity of business and effective governance arrangements. Independent Members attended Board Committee meetings where necessary to ensure meetings remained quorate and the Board's duties could be discharged. The Chief Executive provided leadership and support to the Primary, Community & Mental Health Services Directorate whilst the Director post was vacant.

On 23 March 2020 the Welsh Government suspended all Ministerial Public Appointment campaigns with immediate effect. At the time of this suspension the Health Board has one Independent Member vacancy. The intention is to recommence Campaigns in September 2020, however this is being kept under review as the public health response to COVID-19 develops.

## NON-VOTING MEMBERS OF THE BOARD DURING 2019-20

During 2019/20, the following Associate Members, were appointed by the Minister for Health and Social Services, to the Board as a non-voting member:

- **Alison Bulman**, Corporate Director (Children & Adults), Powys County Council.

The following Associate Member positions were vacant on the Board during 2019/20:

- Chair of the Stakeholder Reference Group (Advisory Group of the Board)  
The Stakeholder Reference Group did not meet in 2019/20 and a Chair has not yet been appointed.
- Chair of the Healthcare Professionals' Forum (Advisory Group of the Board)  
The Healthcare Professionals' Forum is not yet in place and will be established in 2020/21.

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Further details in relation to role and composition of the Board can be found at page 23 of the Annual Governance Statement. In addition, short biographies of all our Board members can be found on the health board [website](#). The Annual Governance Statement also contains further information in respect of Board and Committee Activity.

## **DECLARATION OF INTERESTS**

Details of company directorships and other significant interests held by members of the Board which may conflict with their responsibilities are maintained and updated on a regular basis. A Register of Interests is available on the health board [website](#), or a hard copy can be obtained from the Board Secretary on request.

## **PERSONAL DATA RELATED INCIDENTS**

Information on personal data related incidents formally reported to the Information Commissioner's office and "serious untoward incidents" involving data loss or confidentiality breaches are detailed on page 57 of the Annual Governance Statement.

## **ENVIRONMENTAL, SOCIAL AND COMMUNITY ISSUES**

The Board is aware of the potential impact that the operation of the health board has on the environment and it is committed to wherever possible:

- ensuring compliance with all relevant legislation and Welsh Government Directives;
- working in a manner that protects the environment for future generations by ensuring that long term and short term environmental issues are considered; and
- preventing pollution and reducing potential environmental impact.

The Board's Sustainability Report forms a key part of the Performance Report section of the Annual Report and provides greater detail in relation to the environmental, social and community issues facing the health board.

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## STATEMENT OF PUBLIC SECTOR INFORMATION HOLDERS

As the Accountable Officer of Powys Teaching Health Board, and in line with the disclosure requirements set out by the Welsh Government and HM Treasury, I confirm that the health board has complied with the cost allocation and charging requirements set out in HM Treasury guidance during the year.

**SIGNED BY:**

**DATE: 30 JUNE 2020**

**CAROL SHILLABEER [CHIEF EXECUTIVE]**

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09/25/2020 14:30:42

## STATEMENT OF ACCOUNTABLE OFFICER RESPONSIBILITIES: 2019-20

Patterson, Liz  
09/25/2020 14:30:42

## **STATEMENT OF MY CHIEF EXECUTIVE RESPONSIBILITIES AS ACCOUNTABLE OFFICER OF POWYS TEACHING HEALTH BOARD**

The Welsh Ministers have directed that I, as the Chief Executive, should be the Accountable Officer of Powys Teaching Health Board.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are Set out in the Accountable Officer's Memorandum issued by the Welsh Government.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as the Accountable Officer.

I also confirm that:

- as far as I am aware, there is no relevant audit information of which Powys Teaching Health Boards auditors are unaware. I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Powys Teaching Health Board's auditors are aware of that information.
- Powys Teaching Health Board's annual report and accounts as a whole is fair, balanced and understandable. I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

**SIGNED BY:**

**DATE: 30 JUNE 2020**

**CAROL SHILLABEER  
[CHIEF EXECUTIVE]**

Patterson, Liz  
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**STATEMENT OF DIRECTORS' RESPONSIBILITIES  
IN RESPECT OF THE ACCOUNTS FOR 2019-20**

Patterson Liz  
09/25/2020 14:30:42

## STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors of Powys Teaching Health Board are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year.

The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the health board and of the income and expenditure of the health board for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury;
- make judgements and estimates which are responsible and prudent; and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

On behalf of the directors of Powys Teaching Health Board we confirm:

- that we have complied with the above requirements in preparing the 2019-20 accounts; and
- that we are clear of our responsibilities in relation to keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Ministers.

### By Order of the Board

**SIGNED BY:**

**VIV HARPWOOD**  
**[CHAIR]**

**DATE: 30 JUNE 2020**

**SIGNED BY:**

**CAROL SHILLABEER**  
**[CHIEF EXECUTIVE]**

**DATE: 30 JUNE 2020**

**SIGNED BY:**

**PETE HOPGOOD**  
**[INTERIM DIRECTOR OF FINANCE AND ICT]**

**DATE: 30 JUNE 2020**

## ANNUAL GOVERNANCE STATEMENT

This Annual Governance Statement details the arrangements that were in place to manage and control resources during the financial year 2019-20. It also sets out the governance arrangements in place to ensure probity, mitigate risks and maintain appropriate controls to govern corporate and clinical situations.

Patterson, Liz  
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## SCOPE OF RESPONSIBILITY

The Board is accountable for Governance, Risk Management and Internal Control. As Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

Powys Teaching Health Board (PTHB, the health board) was established in 2003. The health board is predominantly a commissioning organisation, buying services on behalf of the population from a wide range of providers, including from primary care contractors, independent sector care homes, ambulance services, district general hospitals and other specialist hospitals. There are a range of directly provided services across Powys, including a network of community hospitals, a health and social care centre, community services such as district nursing, midwifery and health visiting, therapies, mental health and services for people with a learning disability. Increasingly, services are jointly provided by the health board and Powys County Council, working together and pooling resources.

Detailed information about the services we provide and our facilities can be found in the section labelled 'Services' on the health board [website](#). Our Integrated Medium Term Plan for 2019-2022 and Annual Report also provide helpful overviews of our services.

The Board of PTHB is accountable for good governance, risk management and internal control. As the Chief Executive and Accountable Officer of PTHB I have clearly defined responsibilities as set out in the Accountable Officer Memorandum and my letter of appointment. These responsibilities relate to maintaining appropriate governance structures and procedures, as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These duties are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

I am held to account for my performance by the Chair of the health board and the Chief Executive and Accounting Officer for the NHS in Wales. I have formal performance meetings with both the Chair and the Chief Executive of NHS Wales. Further, the Executive Team of the health board meet with the senior leaders of the Department of Health and Social Services on a regular basis.

At the time of preparing this Annual Governance Statement the Health Board and the NHS in Wales is facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by COVID-19, whilst also planning to resume other activity where this has been impacted.

The required response has meant the whole organisation has had to work very differently both internally and with our staff, partners and stakeholders and it has been necessary to revise the way the governance and operational framework is discharged. In recognition of this, Dr Andrew Goodall, Director General Health and Social Services/NHS Wales Chief Executive wrote to all NHS Chief Executives in Wales, with regard to "COVID -19- Decision Making and Financial Guidance". The letter recognised that organisations would be likely to make potentially difficult decisions at pace and without a firm evidence base or the support of key individuals which under normal operating circumstances would be available. Nevertheless, the organisation is still required to demonstrate that decision-making has been efficient and will stand the test of scrutiny with respect to compliance with Managing Welsh Public Money and demonstrating Value for Money after the COVID-19 crisis has abated and the organisation returns to more normal operating conditions.

The actions and decisions taken by the Health Board in response to COVID-19 have been explained within this Annual Governance Statement.

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## FUNCTIONS HOSTED BY PTHB

In compliance with requests made by the Welsh Ministers, PTHB hosts the following functions:

- **The seven Community Health Councils that operate across Wales and the Board of Community Health Councils in Wales:**

The Community Health Councils operate across Wales and provide help and advice if citizens have problems with, or complaints about, NHS services. They ensure that citizens' views and needs influence the policies and plans put in place by health providers in their area. They monitor the quality of NHS services from a citizen's perspective and provide information about access to the NHS.

The Board of Community Health Councils in Wales was established in April 2004 with the aim to advise, assist and monitor the Community Health Councils with respect to the performance of their functions, and to represent their collective views and interests to the Welsh Ministers. In 2015, the regulations were revised and it was clearly stated that the Board had responsibility of setting standards and to monitor the performance of the Community Health Councils, the conduct of members and performance of officers as well as operating a Complaints Procedure.

- **Health and Care Research Wales (HCRW):**

HCRW is a national, multi-faceted, virtual organisation funded and overseen by the Welsh Government's Division for Social Care and Health Research. It provides an infrastructure to support and increase capacity in research and development, runs a number of funding schemes, and manages the NHS research and development funding allocation in Wales. Its aim is to generate and support excellent research to improve the health and care of people in Wales across a range of conditions and settings.

The Board of PTHB is not responsible for the delivery of the objectives of these functions, or their day to day management. It is however responsible for ensuring that the functions are staffed using appropriate recruitment mechanisms, and that PTHB's Standing Financial Instructions and Workforce and OD policies are complied with.

The health board has nominated its Director of Workforce and OD as the Lead Director for Community Health Council and its Medical Director as the Lead Director for Health and Care Research Wales. Key officers from the finance and workforce teams have been identified to provide support to the functions, as appropriate.

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During 2019-20 we continued to work with Welsh Government to strengthen the governance and accountability arrangements for the functions that we host. The Audit, Risk and Assurance Committee held discussion regarding hosted functions in January 2020 following an Advisory Internal Audit Report. Internal Audit made a number of recommendations for improvement which will be taken forward in 2020/21.

The development of robust accountability frameworks, in conjunction with Welsh Government and hosted bodies, will be necessary to allow each function to discharge its responsibilities.

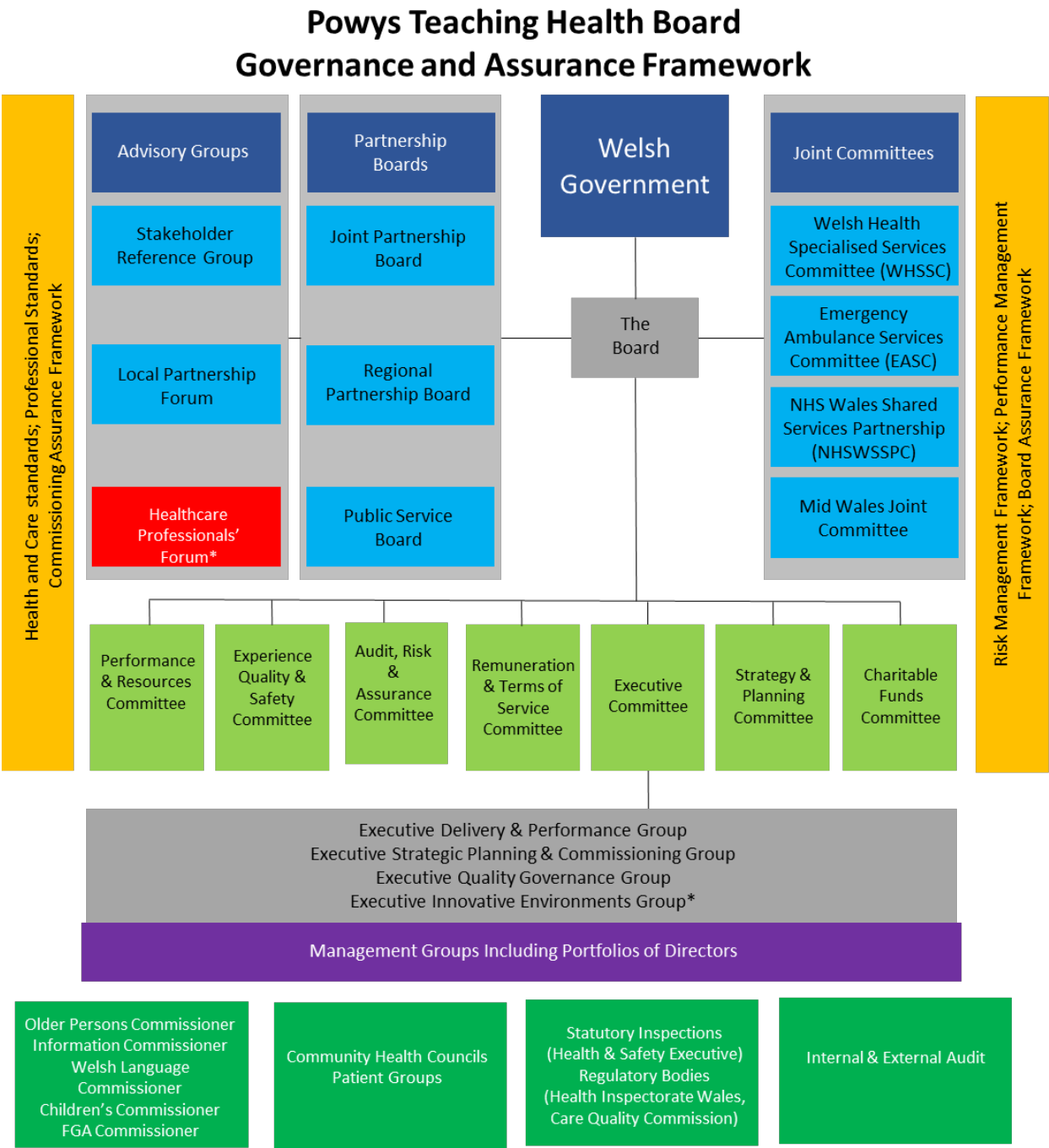
## OUR GOVERNANCE AND ASSURANCE FRAMEWORKS

PTHB has a clear purpose from which its strategic aims and objectives have been developed. Our vision is to enable a 'Healthy Caring Powys'. The Board is accountable for setting the organisation's strategic direction, ensuring that effective governance and risk management arrangements are in place and holding Executive Directors to account for the effective delivery of its three year Integrated Medium Term Plan and related Annual Plan. A copy of our Integrated Medium Term Plan for 2019-20 to 2021-22 can be found on the health board [website](#).

**Figure 1** on the page that follows provides an overview of the governance framework that was in operation during 2019-20:

Patterson, Liz  
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Figure 1: Powys Teaching Health Board's Governance and Assurance Framework



\* Yet to be established

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## THE BOARD

The Board has been constituted to comply with the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009. The Board functions as a corporate decision making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board. Details of those who sit on the Board are published on the health board [website](#). Further information is also provided in the Directors Report at page 6.

The Board sits at the top of the organisation's governance and assurance systems. Its principal role is to exercise effective leadership, provide strategic direction and control. The Board is accountable for governance and internal control in the organisation, and I, as the Chief Executive and Accountable Officer, am responsible for maintaining appropriate governance structures and procedures. In summary, the Board:

- Sets the strategic direction of the organisation within the overall policies and priorities of the Welsh Government and the NHS in Wales;
- Establishes and maintains high standards of corporate governance;
- Ensures the delivery of the aims and objectives of the organisation through effective challenge and scrutiny of performance across all areas of responsibility;
- Monitors progress against the delivery of strategic and annual objectives; and
- Ensures effective financial stewardship by effective administration and economic use of resources.

## STANDARDS OF BEHAVIOUR

The Welsh Government's *Citizen-Centred Governance Principles* apply to all public bodies in Wales. These principles integrate all aspects of governance and embody the values and standards of behaviour expected at all levels of public services in Wales.

The Board is strongly committed to the health board being value-driven, rooted in 'Nolan' principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership. The Board has in place a Standards of Behaviour Policy, which sets out the Board's expectations and provides guidance so that individuals are supported in delivering that requirement.

The Standards of Behaviour Policy re-states and builds on the provisions of Section 7, Values and Standards of Behaviour, of the health board's Standing Orders. It re-emphasises the commitment of the health board to ensure that it operates to the highest standards, the roles and responsibilities of those

employed by the health board, and the arrangements for ensuring that declarations of interests, gifts, hospitality, honoraria and sponsorship can be made. The policy also aims to capture public acceptability of behaviours of those working in the public sector in order that the health board can be seen to have exemplary practice in this regard.

Details of the Board's Standards of Behaviour Policy incorporating Declarations of Interest, Gifts, Hospitality and Sponsorship, is available on the health board's [website](#).

## **STANDING ORDERS AND SCHEME OF RESERVATION AND DELEGATION**

The health board's governance and assurance arrangements have been aligned to the requirements set out in the Welsh Government's Governance e-manual and the Citizen Centred Governance Principles. Care has been taken to ensure that governance arrangements also reflect the requirements set out in HM Treasury's 'Corporate Governance in Central Government Departments: Code of Good Practice 2011'.

The Board has approved Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out in the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice. Together with the adoption of a scheme of matters reserved for the Board, a detailed scheme of delegation to officers and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the health board and define "its ways of working". The Standing Orders in place during 2019-20 were adopted by the Board on 27 November 2019 and are available on the health board's [website](#).

The Board, subject to any directions that may be made by the Welsh Ministers, is required to make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the health board may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. To fulfil this requirement, in alignment with the review of Standing Orders and Committee terms of reference, a detailed review of the Board's Scheme of Reservation and Delegation of Powers has also been completed. The document, which was approved by the Board on 27 November 2019 can be found on the health board's [website](#).

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## COMMITTEES OF THE BOARD

Section 3 of Powys Teaching Health Board's Standing Orders 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."* In line with these requirements the Board has established a standing Committee structure, which it has determined best meets the needs of the health board, while taking account of any regulatory or Welsh Government requirements. Each Committee is chaired by an Independent Member of the Board and is constituted to comply with Welsh Government's Good Practice Guide – Effective Board Committees. All Committees annually review their Terms of Reference and Work Plans to support the Board's business. Committees also work together on behalf of the Board to ensure that work is planned cohesively and focusses on matters of greatest risk that would prevent the health board from meeting our mission's aims and objectives.

During 2018-19, a full and considered review of the Board's committee structure and each of the terms of reference was undertaken. This review highlighted the need for a refreshed approach to ensure: an appropriate balance between strategy and performance; and reduced duplication and increased integration between committees. Work was taken forward to develop revised committee arrangements, and these were formally approved by the Board in March 2019, the revised committee arrangements were implemented in 2019-20. A paper outlining the changes made and agreed by the Board can be found on the health board's [website](#).

The Committees that were in place during 2019-20 were:

- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Executive Committee
- Experience Quality and Safety Committee
- Performance and Resources Committee
- Remuneration and Terms of Service Committee
- Strategy and Planning Committee

The detailed Terms of Reference, agendas and papers for each of these Committees can be found on the health board's [website](#).

The Chair of each Committee reports regularly to the Board on the committee's activities. This contributes to the Board's assessment of risk, level of assurance and scrutiny against the delivery of objectives. In addition, and in-line with Standing Orders, each committee is required to produce an annual report. The development of committee annual reports for 2019/20 was delayed in order that capacity could be made available to support the health board's response to COVID-19.



Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its board and committee business as possible in a session that members of the public are normally welcome to attend and observe. The Board and its Committees meet throughout the year, and attendance is formally recorded within the minutes, detailing where apologies have been received and deputies have been nominated.

In light of Welsh Government's advice in relation to COVID-19, the Board took a decision at its meeting on 25 March 2020 to conduct meetings by electronic / telephony means as opposed to in a physical location, for the foreseeable future. This will mean that members of the public will not be able attend in person or observe on-line. The Board took this decision in the best interests of protecting the public, our staff and Board members. The Board agreed to publish a summary of meetings held on the health board's website within a week of the meeting to promote openness and transparency.

In addition, the Board agreed to temporarily stand down the following meetings:

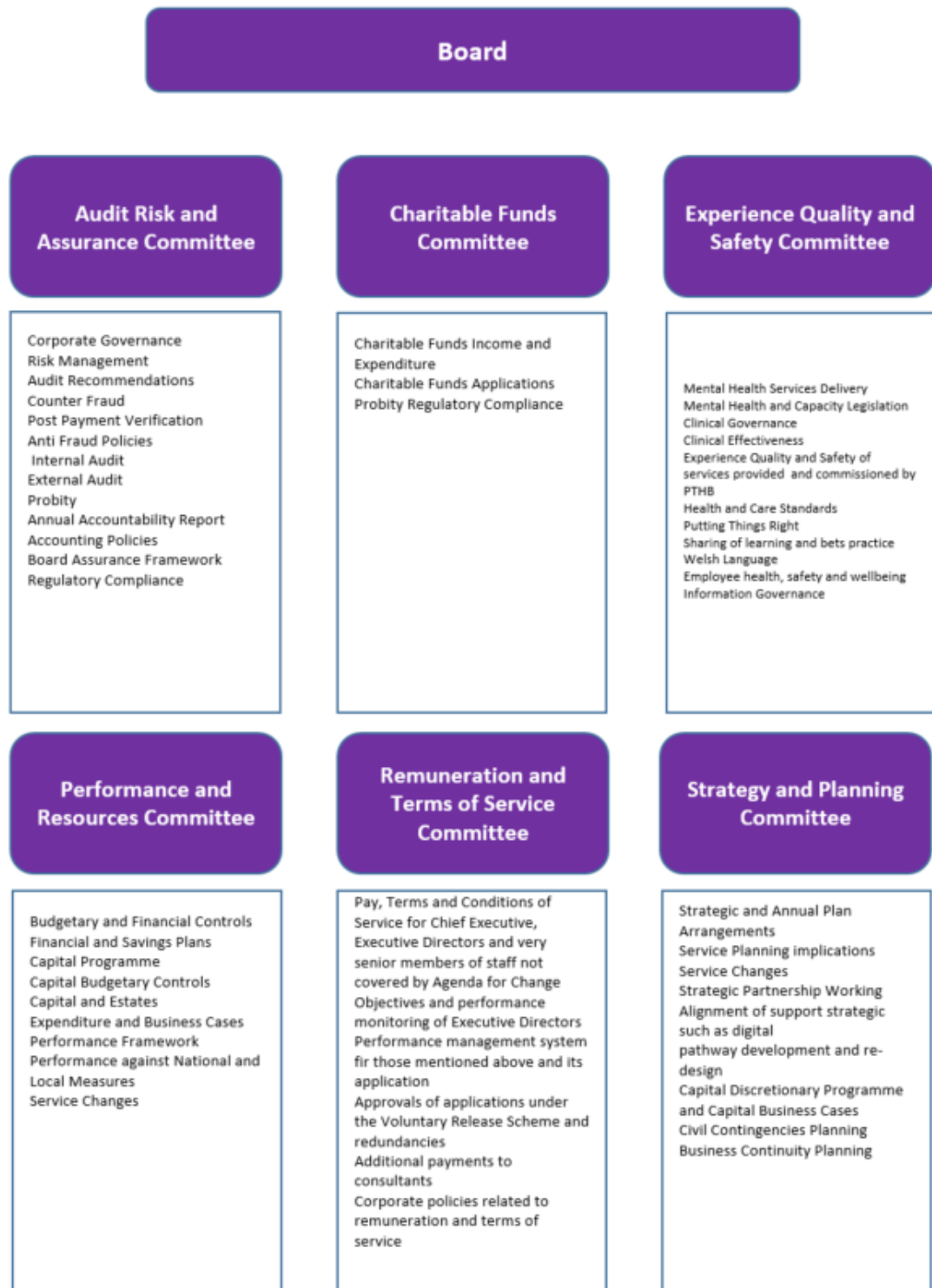
- Performance and Resources Committee meeting scheduled for 29<sup>th</sup> April 2020 would be cancelled. In its absence, finance and performance reporting will go to the full Board on 27<sup>th</sup> May 2020 (the usual Finance Monthly Report will be issued and Integrated Performance Report) along with any other critical areas and material issues; and
- Strategy and Planning Committee meeting scheduled for 23<sup>rd</sup> April 2020 would be cancelled, recognising that the organisation's immediate focus would be on COVID-19.

Figure 2 below provides an overview of the role and responsibilities of the Board's Committees, as set out within respective Terms of Reference.

Figure 3 below provides an overview of Board and Committee meetings held during 2019-20.

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**Figure 2: Roles and Responsibilities of Committees of the Board**



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**Figure 3: Board and Committee meetings held during 2019-20**

Board/ Committee	Dates											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Board</b>		8 & 29		31		25		27		29		25
<b>Audit Risk and Assurance</b>		7 & 28		16		12		11		14		9
<b>Charitable Funds</b>			11				15				3	
<b>Experience Quality and Safety</b>	16		4		1		10		3		4	
<b>Performance and Resources</b>	30		24		6		22		16		24	
<b>Remuneration and Terms of service</b>		7			6			5			11	
<b>Strategy and Planning</b>		2	24					1		16		14

Details of Board Members and their attendance at the Board can be found at **Appendix 1**.

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## ITEMS CONSIDERED BY THE BOARD IN 2019-20

During 2019-20 the Board held:

- Five meetings in public;
- One extraordinary meeting held in public to consider a recommendation from the Branch Practice Review Panel, in respect of a Branch Surgery Closure Application received from Dyfi Valley Health regarding Cemmaes Road and;
- Six developmental sessions.
- One meeting of the Board (25 March 2020) was held in closed session due to the advice and guidance in relation to COVID-19. This meant that members of the public were not be able to attend in person or observe on-line. The Board took this decision in the best interests of protecting the public, staff and Board members. The Board published a summary of the meeting held on the website within a week of the meeting to promote openness and transparency.

All meetings of the Board held in 2019-20 were appropriately constituted with the required quorum.

### COVID-19 Response

In March 2020, the Board approved its Clinical Response Model to the COVID-19 pandemic. This outlined the model of care to be put in place to save lives during COVID-19, and included five main elements:

1. Stay home and save lives;
2. Saving Lives through Self Care, Families and Support;
3. Saving Lives through the best use of the skills & resources in Primary Care;
4. Saving Lives through the best use of the skills & resources in Community Care; and
5. Saving Lives through strong partnership with acute & specialist care.

The first four elements of the model outlined above will mean that as many people as possible will continue to receive their care at home or close to home in Powys. We have increased beds, the skills and services within the community to care for more patients with the virus, which will reduce the need for patients to be admitted to acute hospital, and bringing them closer to home when they are more stable and no longer need acute hospital care. In addition to this we have refocussed our community hospitals and health & care centres to provide an enhanced level of in-county community hospital care for those who need it. This also includes increasing the number of beds, increasing the scope of practice so that we are able to provide a higher level of care within the county than would normally be possible, as well as making sure we are able to continue to provide dignified palliative support and end of life care. We also continue to develop plans so that extra local capacity can be put in place if the need for additional health and care support is required. There will be some people, however, with more

serious illnesses who will need to be admitted for specialist and critical care, with specialist teams and equipment to give them the best chance of recovery. We have very well established relationships with our network of neighbouring hospitals who provide acute and specialist inpatient care for the people of Powys. This will continue to be the case during this period and each of our neighbouring hospitals is increasing their own capacity so that as the impact of COVID-19 increases, they will continue to be able to provide essential care, including for our communities – both for COVID-19 as well as for the other essential services.

### **Organisational Development Framework**

In May 2019, the Board considered and approved '*Best Chance of Success*', An Organisational Development Strategic Framework to support 'A Healthy, Caring Powys' 2019 – 2021.

The purpose of this framework is to outline the development priorities to improve Powys Teaching Health Board's organisational effectiveness, enabling the health board to be best placed to deliver against its commitments for the population of Powys. These commitments are set out in the 10-year health and care strategy: 'A Healthy, Caring Powys' and are operationalised in our three year Integrated Medium Term Plan.

### **Workforce Futures Strategic Framework**

The Board approved the Workforce Futures Strategic Framework in January 2020. The Framework sets out the health board's intentions, by describing our high-level strategic priorities based on what we know about the current workforce landscape, and ensures everyone is clear about what is needed to deliver 'A Healthy, Caring Powys' through our workforce resource. It makes a commitment to design a health and care workforce model that will meet the needs of our citizens and communities, attract the right people with the right skills and knowledge, continue to value, engage and retain our workforce through compassionate and collective leadership, and provide education and development opportunities.

### **Strategic Planning and Service Change**

#### **Integrated Medium Term Plan (IMTP) 2020-21 - 2022-23**

The Health and Care Strategy for Powys 'A Healthy Caring Powys' provided a robust strategic context for the IMTP for 2019/2020 – 2021/2022. This provided the long-term strategy that has been agreed jointly between the health board, the local authority and the Regional Partnership Board, as the Local Area Plan for Powys. The IMTP for 2019/2020 – 2021/2022 represented Year Two of the delivery of this long term strategy. Further to Board approval, the IMTP 2019/2020 – 2021/2022 received approval from Welsh Government in March 2019.

In January 2020, the Board approved its IMTP for 2020-23. In March 2020, Welsh Government confirmed to the health board that, following a robust assessment, the IMTP was considered to be approvable, which provided a

baseline for future planning discussions. However, in light of the challenges associated with COVID-19, Welsh Government had taken the decision to pause the IMTP processes and allow all resources to be redirected to sustaining key services.

During 2019-20, the Board also considered and approved:

- **Branch Surgery Closure Application received from Dyfi Valley Health**  
The Board ratified a decision of a Branch Practice Review Panel, held on 18 April 2019, to accept an application from Dyfi Valley Health to close their premises in Cemmaes Road and consolidate their services at their premises in Machynlleth from 31 July 2019.
- **South Wales Trauma Network Programme Business Case**  
In November 2019, the Board approved the overall network model described in the Programme Business Case (clinical, operational and governance) for a South Wales Trauma Network. This included the Operational Delivery Network (ODN) and the role of the health board as a provider of respective components of the service model.
- **Powys Winter Resilience Plan 2019/20**  
In November 2019, the Board approved its Winter Resilience Plan which was co-produced with partners and key stakeholders to ensure the health and care community was fully prepared for the winter period to ensure safe, timely and effective care together with positive experiences and outcomes for the people of Powys.
- **Strategic Change Programmes**  
The Board received regular updates and assurances in relation to other external change programmes, including: Aneurin Bevan University Health Board – 'Clinical Futures'; NHS Future Fit (Shrewsbury and Telford Hospitals); and Hereford and Worcestershire STP – Stroke Programme.

### Clinical Quality Framework

In January 2020 the Board approved its Clinical Quality Framework. The specific purpose of the PTHB Clinical Quality 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 Powys Teaching Health Board".*

In this context and through its approach, the framework encompasses fundamental pre-determinants of the delivery of high quality clinical care, including:

- Organisational culture - encompassing honesty and openness
- Clinical leadership
- The improvement methodology in place in the organisation
- Clinical quality intelligence and performance reporting

The Framework is structured around five organisational goals linked improvement actions to determine good quality care in PTHB clinical services, during the period 2020-2023.

## **Governance, Risk Management and Assurance**

The Board received regular updates on, and participated in, the further development and strengthening of risk management and assurance arrangements across the organisation.

In March 2019, the Board approved its Board Assurance Framework, with an update regarding the Board Assurance Framework received quarterly. The Board Assurance Framework is available on the health board [website](#). In July 2019, the Board approved its Risk Appetite Statement and in September 2019 approved its updated Risk Management Framework. The Board considered its Corporate Risk Register at each meeting, ensuring risks were managed in-line with its appetite and thresholds.

In November 2019 the Board approved: revised Standing Orders and a revised Scheme of Reservation and Delegation of Powers.

During 2019-20, the Board approved the following key policies for implementation in the organisation:

- **Putting Things Right Policy**  
This Policy sets out the arrangements, under Putting Things Right (PTR), by which Powys Teaching Health Board will manage, respond and resolve concerns in order to meet the requirements of the NHS Welsh Government legislation: Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011. These Regulations came into force on 1 April 2011, except Part 7, which came into force in April 2012. Part 7 of the Policy deals with the consideration of Redress where a Welsh NHS body has commissioned care from a NHS Provider in England – Cross Border Arrangements.
- **Standards of Behaviour Policy**  
The aim of this policy is to ensure that arrangements are in place to support employees and Independent Members to act in a manner that upholds the Standards of Behaviour Framework, as well as setting out the arrangements in place to manage declarations of interests, gifts, hospitality, honoraria and sponsorship, through the standard forms in place.
- **Bribery Policy**  
The primary purpose of this policy is to outline the Health Board's position in respect of compliance with the Bribery Act; set out the Health Board's responsibilities, and the responsibilities of those working for the Health Board, in preventing bribery and corruption; and provide clear guidance on how to report any concerns or suspicions in respect of potential fraudulent behaviour. This policy forms a key part in the Health Board's defence against the risks posed by economic crime.

## **Nurse Staffing Levels (Wales) Act**

The Nurse Staffing Levels (Wales) Act 2016 came into force on 21 March 2016,

with a phased commencement with full implementation required by 6 April 2018. In May 2019, the Board received a position report from the Executive Director of Nursing regarding local implementation of the Act, with assurance that all necessary steps had been taken to ensure compliance for provided services. In terms of services commissioned from other providers, safe staffing is included as a requirement within the Long Term Agreement and staffing levels are monitored through the Board's Commissioning Assurance Framework.

In addition to the above, the Board:

- Approved the Annual Accounts for 2018-19;
- Approved the Resource Plan for 2019-20;
- Received feedback from service users and patients through experience stories;
- Approved and monitored the Discretionary Capital Programme;
- Received, considered and discussed financial performance and the related risks being managed by the health board;
- Routinely considered the Board's performance in relation to key national and local targets and agreed mitigating actions in response to improve performance where appropriate.
- Routinely received assurance reports from the Committees and Advisory Groups of the Board.

## **ITEMS CONSIDERED BY COMMITTEES OF THE BOARD**

During 2019-20, Board Committees considered and scrutinised a range of reports and issues relevant to the matters delegated to them by the Board. Reports considered by the committees included a range of internal audit reports, external audit reports and reports from other review and regulatory bodies, such as Healthcare Inspectorate Wales and the HSE.

As was the case in previous years, the Committees' consideration and analysis of such information has played a key role in my assessment of the effectiveness of internal controls, risk management arrangements and assurance mechanisms.

The Committees also considered and advised on areas of local and national strategic developments and new policy areas. Board Members are also involved in a range of other activities on behalf of the Board, such as Board Development sessions (at least six a year), attending partnership meetings, shadowing and a range of other internal and external meetings.

An overview of the key areas of focus for each of the Board committees is set out in Figure 4 that follows.



**Figure 4: Key Areas of Focus of Committees of the Board**

<b>Audit Risk and Assurance Committee</b>	<ul style="list-style-type: none"> <li>▪ Approved the Internal Audit Plan for 2019-20</li> <li>▪ Oversaw the delivery of a programme of internal and external audit reports</li> <li>▪ Sought assurance in relation to Post Payment Verification Checks</li> <li>▪ Kept an overview of the adequacy of Local Counter Fraud Services</li> <li>▪ Monitored the implementation of audit recommendations</li> <li>▪ Kept under review the health board's arrangements for risk management and assurance</li> <li>▪ Reviewed and sought assurance on the accuracy of Annual accounts</li> <li>▪ Oversaw the Governance Improvement Programme</li> </ul>
<b>Executive Committee</b>	<ul style="list-style-type: none"> <li>▪ Took forward actions arising from the Integrated Performance Report and performance managing the delivery of those action plans.</li> <li>▪ Kept the operational effectiveness of policies and procedures under review.</li> <li>▪ Scrutinised key reports and strategies prior to their submission to other Committees of the Board and/or the Board to ensure their accuracy and quality.</li> <li>▪ Provided a strategic view of issues of concern ensuring co-ordination between directorates.</li> <li>▪ Provided advice to the Committees of the Board and/or the Board on matters related to quality, safety, planning, commissioning, service level agreements and change management initiatives.</li> <li>▪ Ensured staff are kept up to date on health board wide issues.</li> <li>▪ Acted as the forum in which Directors and senior managers can formally raise concerns and issues for discussion, making decisions on these issues.</li> </ul>
<b>Charitable Funds Committee</b>	<ul style="list-style-type: none"> <li>▪ Scrutinised applications for charitable funds</li> <li>▪ Kept and overview of charitable funds income and expenditure</li> </ul>
<b>Experience Quality and Safety Committee</b>	<ul style="list-style-type: none"> <li>▪ Reviewed performance against key patient experience, quality and safety indicators</li> <li>▪ Sought assurance in relation to the quality of directly provided services and commissioned services</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Monitored the health board's approach to complaints and concerns</li> <li>▪ Sought assurance in relation to specific issues, for example, Commissioned Maternity Services</li> <li>▪ Oversaw the development of the Annual Quality Statement</li> <li>▪ Received reports on matters such as Infection Prevention and Control, Wellbeing at Work, Safeguarding and Health and Safety</li> <li>▪ Monitored Welsh Language requirements, equality and diversity; and compliance with mental health legislation.</li> <li>▪ Monitored the effectiveness of arrangements in place to support Improvement and Innovation</li> <li>▪ Considered the safeguarding of information and associated governance arrangements.</li> <li>▪ Sought assurance on the implementation of Putting Things Right regulations and lessons learnt.</li> </ul>
<b>Performance and Resources Committee</b>	<ul style="list-style-type: none"> <li>▪ Sought assurance regarding financial management and financial performance.</li> <li>▪ Oversaw the delivery of the health board's performance against the National Outcomes Framework, the Integrated Medium Term Plan and related Annual Plan, and key local outcomes.</li> <li>▪ Sought assurance regarding arrangements for the performance management and accountability of directly provided and commissioned services</li> <li>▪ Monitored workforce and organisational development frameworks and plans; and the monitoring of key workforce metrics.</li> <li>▪ Monitored GDPR and Freedom of Information, requirements</li> <li>▪ Monitored the achievement of shared outcomes, including the Regional Partnership Board and Public Services Board.</li> </ul>
<b>Strategy and Planning Committee</b>	<ul style="list-style-type: none"> <li>▪ Oversaw the development of the Board's Capital Discretionary Programme and Capital Business Cases</li> <li>▪ Received reports on matters such as Board's Integrated Medium-Term Plan, including the Financial Plan and Workforce Plan and Board's Annual Plan, aligned to the Integrated Medium-Term Plan.</li> <li>▪ Considered and kept the following under review:</li> </ul>

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	<ul style="list-style-type: none"> <li>• any necessary revision of the Health Board's strategies and plans</li> <li>• implications for service planning arising from the development of the Health Board's strategies and plans or those of its stakeholders and partners</li> <li>• Health Board Civil Contingency Plan and Business Continuity Plan</li> </ul>
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## BOARD DEVELOPMENT

In July 2019, the Board approved its Board Development Plan 2019/20 – 2020/21. The purpose of Plan outlines the key components of an effective Board, areas for further development as identified through a process of self-assessment and reflection (undertaken in January 2019) and confirms the Board Development Plan for delivery throughout 2019/20 and 2020/21.

During the year, the Board took part in a number of development and briefing sessions which covered topics that included risk management, organisational development, strategic commissioning, key issues and hot topics and presentations from organisations, such as Welsh Health Specialised Services Committee and the Health and Safety Executive.

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.

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## ADVISORY GROUPS

PTHB's Standing Orders require the board to establish three advisory groups in place. These allow the Board to seek advice from and consult with staff and key stakeholders. They are the:

- Stakeholder Reference Group
- Local Partnership Forum
- Healthcare Professionals' Forum

Information in relation to the role and terms of reference of each Advisory Group can be found in the health board's Standing Orders on the health board's [website](#).

The Local Partnership Forum (LPF) is well established. Work was undertaken in 2019-20 to strengthen the Forum's operating arrangements and maximize its role in providing advice to the Board. Considerations have been made in 2019-20 regarding the potential of combining the Local Partnership Forum and the Health and Safety Group. This will be given further consideration in 2020/21. There were no significant issues considered by the LPF on behalf of the Board during 2019-20.

The Stakeholder Group did not meet during 2019/20. Whilst the Board had identified actions to review the SRG's terms of reference and membership and establish a schedule of meetings during 2019/20, other actions within the Annual Governance Programme were delivered as a priority. During 2020/21, in-line with the Annual Governance Programme, work will be undertaken to review the Stakeholder Reference Group's membership, to ensure clarity on its role and purpose and ensure alignment with the Board's programme of business.

The Board does not have in place its Healthcare Professionals' Forum. Whilst the Board had identified action to establish the Healthcare Professionals' Forum during 2019/20, other actions within the Annual Governance Programme were delivered as a priority.

In the absence of this Group, the Board engages clinical professionals through its clinical directors (Medical Director, Director of Nursing, Director of Therapies and Health Sciences and Director of Public Health) and existing management groups such as the Heads of Nursing and Midwifery Group and the Heads of Therapies. The Board also engages with GPs through its cluster arrangements.

The Healthcare Professional's Forum is due to be established in 2020/21, in-line with the Annual Governance Programme.

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## JOINT COMMITTEES

Regular reports on the work of the Joint Committees are provided by the Chief Executive to the Board at each meeting and can be viewed on the health board [website](#).

### **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) & EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC)**

The Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee are joint committees of Welsh Health, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and 2014 (2014/9 (w.9)) (the WHSSC Directions) and the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)) (the EASC Directions).

## PARTNERSHIP AND COLLECTIVE WORKING

Regular reports on the work of the Partnership Boards are provided by the Chief Executive to the Board at each meeting and can be viewed on the health board [website](#).

### **POWYS COUNTY COUNCIL**

Powys Teaching Health Board and Powys County Council have a series of overarching Section 33 agreements through which the organisations manage joint arrangements for Care Homes, Community Equipment, Glan Irfon, Information Communication Technology (ICT) services, Reablement Services and Substance Misuse. In addition to Section 33 agreements, there are a number of key areas where there is integrated working, including: Mental health services, services for people with learning disabilities, older people, carers and children's. Section 33 arrangements are overseen by a Joint Partnership Board which is outlined below.

### **JOINT PARTNERSHIP BOARD**

Powys has been made a region in its own right under Part 9 of the Social Services Wellbeing (Wales) Act 2014. In light of this and combined with the requirements of the Well-being of Future Generations Act (Wales) 2015 and the Social Services Wellbeing (Wales) Act 2014, and the collective drive towards increased integration between the health board and County Council, in February 2016, PTHB and PCC established a Joint Partnership Board. This brings together nominated strategic leaders from PCC and the health board to ensure effective partnership working across organisations within the county for the benefit of the people of Powys. The Joint Partnership Board also has oversight of the Section 33 agreements, as mentioned above.

The Joint Partnership Board is responsible for oversight of the integration

agenda. Formal Terms of Reference are in place and a collaborative agreement between the health board and PCC has been signed.

### **POWYS PUBLIC SERVICE BOARD**

The Public Service Board (PSB) is the statutory body established by the Well-being of Future Generations (Wales) Act which brings together the public bodies in Powys to meet the needs of Powys citizens present and future. The aim of the group is to improve the economic, social, environmental and cultural well-being of Powys. Working in accordance with the five ways of working, the Board has published its Well-being Assessment and Well-being Plan. The Well-being Plan which has been developed through extensive engagement sets out four local objectives for the Powys we want by 2040.

The health board contributes to achieving these objectives through the delivery of the health and care strategy and the Integrated Medium Term Plan (IMTP). The PSB has set out in its Well-being Plan 15 well-being steps that we will concentrate on during 2018-21 to contribute to achieving the objectives. These steps are those where the biggest difference can be made by developing solutions together.

### **POWYS PUBLIC SERVICE BOARD SCRUTINY COMMITTEE**

The PSB Scrutiny Committee was set up in September 2018 as a joint committee with representatives of the organisations which sit on the Powys Public Service Board. This Committee was active during the year scrutinizing progress on a number of the 12 steps of the Well-being Plan.

### **POWYS REGIONAL PARTNERSHIP BOARD**

The Powys Regional Partnership Board (RPB) is the statutory legal body established in April 2016 by the Social Services and Well-being (SSWB) (Wales) Act 2014. Its key role is to identify key areas of improvement for care and support services in Powys. The RPB has also been legally tasked with identifying integration opportunities between social care and health. This has been achieved through building on the years of joint working and through the development of the health and care strategy which has identified key priorities. The key opportunities for integrated working identified and the actions to be taken in support of them are outlined in the Area Plan and focuses on 'Delivering the Vision'. Priorities have been identified as a Focus on Wellbeing, Tackling the Big 4 (Cancer, Cardio-vascular diseases, respiratory diseases and mental health), Early Help and Support and Joined up care. The Regional Partnership Board is currently overseeing a major integrated project in North Powys providing a new model of care jointly for health and social care and extending to include supported accommodation and primary education.

Welsh Government has distributed an Integrated Care Fund across Wales to the seven Regional Partnership Boards (RPBs) in Wales. The aim of the fund is to drive and enable integrated working between social services, health, housing and the third sector and independent providers to develop sustainable services. Powys RPB is responsible for overseeing and managing the use of the fund in Powys.

In September 2019, Wales Audit Office (WAO) examined whether the fund is being used effectively to deliver sustainable services that achieve better outcomes for service users. WAO identified a number of areas where Powys RPB could improve upon at a regional level, as set out in their report. In addition, WAO identified some key questions that Board members of Health Boards and scrutiny members of local authorities could explore with lead officers responsible for the fund to maintain a close handle on how the fund continues to be used across the region. The Board's Strategy and Planning Committee will consider these in its 2020/21 workplan.

### **MID WALES JOINT COMMITTEE FOR HEALTH AND SOCIAL CARE (MWHC)**

Following the Welsh Government's formal recognition of mid Wales as a designated planning area, the Mid Wales Healthcare Collaborative transitioned to the Mid Wales Joint Committee for Health and Social Care in March 2018. The Welsh Government's long-term plan for the future of health and social care in Wales, 'A Healthier Wales: Our Plan for Health and Social Care', sets out the long term future vision of a 'whole system approach to health and social care' which focuses on health, wellbeing and prevention of illness.

The Mid Wales Joint Committee supports this direction of travel and its Strategic Intent sets out what we will do to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales over the next three years.

### **SOUTH EAST WALES REGIONAL PLANNING – DELIVERY FORUM**

In 2017-18, the Cabinet Secretary for Health and Social Services, following discussions with Health Board Chairs, wrote asking that they establish Regional Planning arrangements that address at pace some of the clinical service redesign options where solutions sit outside individual Health Board boundaries.

The Regional Planning and Delivery Forum was therefore established, which includes the Chief Executive NHS Wales and Chair and Chief Executive representation from Cwm Taf University Health Board, Cardiff & Vale

University Health Board, Aneurin Bevan University Health Board, Abertawe Bro Morgannwg University Health Board, Powys Teaching Health Board, Velindre NHS Trust and Welsh Ambulance Services Trust.

### **NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

A NHS Wales Shared Services Partnership Committee (NWSSPC) has been 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.

More information on the governance and hosting arrangements of these committees can be found in the health board's Standing Orders on the health board [website](#).

## **THE CORPORATE GOVERNANCE CODE**

The Corporate Governance Code currently relevant to NHS bodies is 'The Corporate governance code for central government departments: Code of Good Practice 2017'. This can be found on the Welsh Government website.

The health board like other NHS Wales organisations is not required to comply with all elements of the Code, however the main principles of the Code stand as they are relevant to all public sector bodies.

The Corporate Governance Code is reflected within key policies and procedures. Further, within our system of internal control, there are a range of mechanisms in place which are designed to monitor our compliance with the code, these include: Self-assessment; Internal and external audit; and Independent reviews.

The Board is clear that it is complying with the main principles of the Code, and is conducting its business openly and in line with the Code, and that there were no departures from the Code as it applies to NHS bodies in Wales.

## **THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROLS**

As I have reported in previous Annual Governance Statements, the system of internal control operating across Powys Teaching Health Board is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of policies, aims and objectives of the



health board, to evaluate the likelihood of those risks being realised and to manage them efficiently, effectively and economically.

I can confirm the system of internal control has been in place at the health board for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts. Some elements of the system of internal control were however adapted or suspended in the last quarter of 2019/20 to support the health board's response to COVID-19, specifically:

- The board's Performance and Resources Committee and Strategy and Planning Committee meeting did not meet, with any urgent business being absorbed by the Board;
- The implementation of Audit Recommendations was not monitored;
- The Internal Audit Plan for 2019/20 was closed down with two audits deferred to 2020/21;
- The Risk & Assurance Group did not meet to oversee Operational Risk Management, although risk management remained the responsibility of managers as set out within the Risk Management Framework;
- A Command and Control Model was established to lead the planning and response to COVID-19.

The system of internal control will continue to be reviewed and refined as the organisation moves into the second phase of responding to COVID-19.

## **CAPACITY TO HANDLE RISK AND KEY ASPECTS OF THE CONTROL FRAMEWORK**

As Accountable Officer, I have overall responsibility for risk management and report to the Board on the effectiveness of risk management across the health board. My advice to the Board has been informed by executive officers, feedback received from Board Committees; in particular the Audit, Risk and Assurance Committee and Experience, Quality and Safety Committee.

Executive Committee (Committee of the Board, as per page 23) meetings present an opportunity for executive directors to consider, evaluate and address risk and actively engage with and report to the Board and its committees on the organisation's risk profile. In addition, the Risk and Assurance Group, constituted by Assistant Directors and Senior Managers to oversee operational risk management, reports into the Executive Committee.

The health board's lead for risk is the Board Secretary, who is responsible for establishing the policy framework and systems and processes that are needed for the management of risks within the organisation. Depending on the nature of risk, other Directors will take the lead, for example, patient

safety risks fall within the responsibility of the Medical Director, Director of Nursing, and Director of Therapies and Health Science.

## **THE RISK MANAGEMENT FRAMEWORK**

Robust risk management is seen by the Board as being integral to good management and the aim is to ensure it is integral to the health board's culture. It is an increasingly important element of the health board's planning, budget setting and performance processes.

The Board's Risk Management Framework, reviewed and updated in September 2019, sets out the health board's processes and mechanisms for the identification, assessment and escalation of risks. It has been developed to create a robust risk management culture across the health board by setting out the approach and mechanisms by which the health board will:

- make sure that the principles, processes and procedures for best practice risk management are consistent across the health board and fit for purpose;
- ensure risks are identified and managed through a robust organisational Assurance Framework and accompanying Corporate and Directorate Risk Registers;
- embed risk management and established local risk reporting procedures to ensure an effective integrated management process across the health board's activities;
- ensure strategic and operational decisions are informed by an understanding of risks and their likely impact;
- ensure risks to the delivery of the health board's strategic objectives are eliminated, transferred or proactively managed;
- manage the clinical and non-clinical risks facing the health board in a co-ordinated way; and
- keep the Board and its Committees suitably informed of significant risks facing the health board and associated plans to treat the risk.

The Risk Management Framework sets out a multi-layered reporting process, which comprises the Assurance Framework and Corporate Risk Register, Directorate Risk Registers, Local Risk Registers and Project Risk Registers. It has been developed to help build and sustain an organisational culture that encourages appropriate risk taking, effective performance management and organisational learning in order to continuously improve the quality of the services provided and commissioned.

The Risk Management Framework sets out the ways in which risks will be identified and assessed. It is underpinned by a number of policies which relate to risk assessment including incident reporting, information governance, training, health and safety, violence and aggression, complaints, infection control, whistle blowing, human resources, consent, manual handling and security.

The Risk Management Framework is available on the health board [website](#).

## **EMBEDDING EFFECTIVE RISK MANAGEMENT**

Embedding effective risk management remains a key priority for the Board as it is integral to enabling the delivery of our objectives, both strategic and operational, and most importantly to the delivery of safe, high quality services.

In March 2020, Internal Audit undertook a review of Risk Management and Board Assurance arrangements, which focused on how the Board Assurance Framework and Risk Management Framework are being implemented and updated in-line with the revised IMTP. A limited assurance rating was provided to the Board in respect of this review.

Internal Audit confirmed that the Board has adopted a structured approach to risk management, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation. Further, the health board's Risk Management Framework identifies those individuals with responsibilities for the management of risk, and sets out the health board's key risk management structures and processes.

Whilst, Internal Audit recognised the progress made during 2019-20 at an organisational and strategic level to set the framework by which risk will be identified and managed, Internal Audit made a number of recommendations by which improvements could be made in embedding risk into the operational management of the organisation. During 2020-21, we will take forward Internal Audit's recommendations as a priority.

I recognise the limited assurance that Internal Audit was able to provide given the weaknesses identified in the operational management. I am satisfied that the Board did continue to receive and review its corporate risk register to ensure that strategic risks were managed and this was acknowledged by Internal Audit and the Wales Audit Office as part of the 2019 Structured Assessment.

## **RISK APPETITE**

The Board's Risk Appetite Statement sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a 'live' document that will be regularly reviewed and modified, so that any changes to the organisation's strategies, objectives or its capacity to manage risk are properly reflected.

In updating and approving its Risk Appetite Statement in July 2019, the Board gave careful consideration to the health board's capacity and

capability to manage risk.

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

The Risk Appetite Statement for 2019-20 was developed to reflect an increased appetite in relation to innovative and financial risks, which may be necessary to support achievement of the Board's ten-year strategy, 'A Healthy, Caring Powys'. In recognising the risks inherent in healthcare services, the risk appetite statement starts at the basis of a low appetite.

The Risk Appetite Statement confirms that the Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which we operate. The Board has greatest appetite to pursue innovation and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The following risk appetite levels, informed by the Good Governance Institute, have been included have been used as the basis in determining the appetite levels set out in the Statement:

<b>Risk Appetite Level</b>	<b>Risk Maturity</b>	<b>Risk Appetite Description</b>
LOW (Risk Score 1-6)	Minimal	Preference for ultra-safe, well established/evidence based delivery options that have a low degree of risk.
MODERATE (Risk Score 8-10)	Cautious	Preference for safe delivery options, also used by other organisations that have some degree of known risk outweighed by potential benefit.
HIGH (Risk Score 12-15)	Open	Willing to consider all potential delivery options, established and new, and make a choice which also provides an acceptable level of reward.
SIGNIFICANT (Risk Score 16-25)	Seek  Mature	Eager to be innovative and to choose options offering potentially higher rewards despite greater potential risk.  Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

The thresholds provided within the Risk Appetite Statement, approved in July 2019, is provided below:

<b>Risk Category</b>	<b>Description</b>
<b>APPETITE FOR RISK: Low (Risk Score 1-6)</b>	
<b>Quality &amp; Safety of Services</b>	<p>The provision of high quality services is of the utmost importance to the Health Board and we have a cautious appetite to risks that impact adversely on quality of care.</p> <p>We consider the safety of patients and staff to be paramount and core to our ability to operate and carry out the day-to-day activities of the organisation. We have a low appetite to risks that result in, or are the cause of incidents of avoidable harm to our patients or staff.</p> <p>This means we are not open to risks that could result in poor quality care or clinical risk assessment, non-compliance with standards of clinical or professional practice, unintended outcomes or poor clinical interventions.</p> <p>We will not accept risks associated with unprofessional conduct, underperformance, bullying, or an individual's competence to perform roles or tasks safely and, nor any incidents or circumstances which may compromise the safety of any staff member or group.</p>
<b>Regulation &amp; Compliance</b>	<p>We will not accept risks that could result in the organisation being non-compliant with UK law or healthcare legislation, or any of the applicable regulatory frameworks in which we operate.</p>
<b>APPETITE FOR RISK: Moderate (Risk Score 8-10)</b>	
<b>Reputation &amp; Public Confidence</b>	<p>We will maintain high standards of conduct, ethics and professionalism at all times, espousing our Values and Behaviours Framework, and will not accept risks or circumstances that could damage the public's confidence in the organisation.</p> <p>Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government.</p> <p>We have a moderate appetite for risks that may impact on the reputation of the health board when these arise as a result of the health board taking opportunities to improve the quality and safety of services, within the constraints of the regulatory environment.</p>
<b>Finance</b>	<p>We have been entrusted with public funds and must remain financially viable. We will make the best use of our resources for patients and staff. Risks associated with investment or increased expenditure will only be</p>

	<p>considered when linked to supporting innovation and strategic change.</p> <p>We will not accept risks that leave us open to fraud or breaches of our Standing Financial Instructions.</p>
<b>APPETITE FOR RISK: High (Risk Score 12-15)</b>	
<b>Innovation &amp; Strategic Change</b>	<p>We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity and by being creative and pro-active in seeking new initiatives, consistent with the strategic direction set out in the Integrated Medium Term Plan, whilst respecting and abiding by our statutory obligations.</p> <p>We will consider risks associated with innovation, research and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient centred values and approach. We will only take risks when we have the capacity and capability to manage them, and are confident that there will be no adverse impact on the safety and quality of the services we provide or commission.</p>

## THE HEALTH BOARD'S RISK PROFILE

As can be seen from the Heat Map at **Figure 7**, at the end of March 2020 a number of key risks to the delivery of the health board's strategic objectives had been identified. Full details of the controls in place and actions taken to address these risks can be found in the Corporate Risk Register on the health board's [website](#).

**Figure 7: Strategic Risk Heat Map**

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

An overview of the key risks (i.e. those in the red section of the Heat Map) and actions taken is provided in **Figure 8**.

**Figure 8: Key Risks and Controls**

RISK DESCRIPTION	CONTROLS IN PLACE, ACTION TAKEN & IMPROVEMENT ACTIONS
Some commissioned services are not sustainable or safe, and do not meet national targets	<p><b>CONTROLS IN PLACE/ACTION TAKEN:</b></p> <ul style="list-style-type: none"> <li>▪ Implementation of the Strategic Commissioning Framework (for whole system commissioning)</li> <li>▪ Embedding the Commissioning Assurance Framework (CAF) escalation process</li> <li>▪ Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services)</li> <li>▪ Regular review at Delivery and Performance Meetings</li> <li>▪ Scrutiny by Performance and Resources Committee</li> <li>▪ Scrutiny by Experience, Quality and Safety Committee</li> <li>▪ Internal Audits</li> <li>▪ Contract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers</li> <li>▪ Individual Patient Funding Request Panel and Policy</li> <li>▪ WHSSC Joint Committee and Management Group</li> <li>▪ WHSSC ICP agreed within PTHB IMTP</li> <li>▪ Emergency Ambulances Services Committee</li> <li>▪ Shared Services Framework Agreements</li> <li>▪ Section 33 Agreements</li> <li>▪ Responsible Commissioner Regulations for Vulnerable Children Placed away from Home</li> <li>▪ Specific Organisational Delivery Objectives set out in health board's Annual Plan for 2019-20</li> <li>▪ Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales)</li> <li>▪ Commissioning Intentions set out in IMTP</li> <li>▪ NHS LTA and SLA Overview submitted to the Executive Committee (and approval process)</li> <li>▪ Executive Committee approved LTA and SLA narrative (updated each year)</li> <li>▪ CEO signed LTAs and SLAs for healthcare</li> <li>▪ CAF developed for General Dental Services</li> <li>▪ CAF developed for General Medical Services</li> <li>▪ Recruitment of Public Health Consultant to help strengthen commissioning intelligence</li> <li>▪ Prior approval policy in place</li> <li>▪ EEA policy arrangements in place</li> <li>▪ INNU policy out to consultation</li> </ul> <p><b>IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2020-21:</b></p> <ul style="list-style-type: none"> <li>▪ Embed whole system commissioning through the implementation of the Strategic Commissioning Framework</li> <li>▪ Embed and ensure implementation of the Commissioning Assurance Framework</li> <li>▪ Implement commissioning intentions for 2018-19</li> <li>▪ Robustly manage the performance of all providers of planned care services for the people of Powys through the Commissioning</li> </ul>

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	<p>Assurance Framework</p> <ul style="list-style-type: none"> <li>▪ Programme of work to strengthen effective processes to develop and manage condition specific and service plans</li> <li>▪ Strengthening of commissioning intelligence in line with IMTP</li> <li>▪ Review Patient flows and activity into specialised services to ensure safe and appropriate pathways</li> <li>▪ Strengthen the organisation's capacity, capability and governance processes for commissioning – including interface with specialised services</li> <li>▪ 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</li> <li>▪ Through the Joint Partnership Board, continue to develop opportunities for pooling Third Sector commissioning</li> <li>▪ Recruitment of a pooled fund manager for Section 33 Residential Care</li> <li>▪ Strengthen the whole system approach to the Big 4</li> </ul>
<p>The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose</p>	<p><b>CONTROLS IN PLACE/ACTION TAKEN:</b></p> <p><u>ESTATES</u></p> <ul style="list-style-type: none"> <li>▪ Specialist sub-groups for each compliance discipline</li> <li>▪ Risk based improvement plans introduced</li> <li>▪ Specialist leads identified</li> <li>▪ Estates Compliance Group and Capital Control Group established</li> <li>▪ Medical Gases Committee; Fire Safety Group; Water Safety Group; Health &amp; Safety Committee in place</li> <li>▪ Capital Programme developed for compliance and approved</li> <li>▪ Capital and Estates set as a specific Organisational Priority (OP 22) in the health board's Annual Plan for 2019-20 with related Organisational Delivery Objectives</li> <li>▪ Address (on an ongoing basis) maintenance and compliance issues</li> <li>▪ Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards</li> </ul> <p><u>CAPITAL</u></p> <ul style="list-style-type: none"> <li>▪ Capital Procedures for project activity</li> <li>▪ Capital Procedures for project activity</li> <li>▪ Routine oversight / meetings with NWSSP Procurement</li> <li>▪ Specialist advice and support from NWSSP Specialist Estates Services</li> <li>▪ Audit reviews by NWSSP Audit and Assurance</li> <li>▪ Close liaison with Welsh Government, Capital Function</li> <li>▪ Reporting routinely to P&amp;R Committee</li> <li>▪ Capital Programme developed and approved</li> <li>▪ Detailed Strategic, Outline and Full Business Cases defining risk</li> <li>▪ Capital and Estates set as a specific Organisational Priority (OP 22) in the health board's Annual Plan for 2019-20 with related Organisational Delivery Objectives</li> </ul> <p><u>ENVIRONMENT</u></p> <ul style="list-style-type: none"> <li>▪ ISO 14001 accreditation with ongoing external audit to retain accreditation</li> <li>▪ Environment &amp; Sustainability Group</li> <li>▪ NWSSP Specialist Estates Services (Environment) support and oversight</li> <li>▪ Welsh Government support and advice</li> </ul>

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	<p><b>IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2020-21:</b></p> <ul style="list-style-type: none"> <li>▪ Implement the Capital Programme and develop the long term capital programme</li> <li>▪ Continue to seek WG funding</li> <li>▪ Develop capacity and efficiency of the Estates and Capital function</li> <li>▪ Review current structure of capital and estates department</li> </ul>
Resources (financial and other) are not fully aligned to the health board's priorities	<p><b>CONTROLS IN PLACE/ACTION TAKEN:</b></p> <ul style="list-style-type: none"> <li>▪ Approved IMTP signals confidence in planning and delivery</li> <li>▪ Development of an Organisational Development Framework</li> <li>▪ Assessment of organisational capability including staff survey, WAO and Internal Audit, external review work</li> <li>▪ Strengthened Regional Partnership Board working and ICF management – potential for further investment</li> </ul> <p><b>IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2020-21:</b></p> <ul style="list-style-type: none"> <li>▪ Development of a Workforce Futures Strategic Framework and its implementation</li> <li>▪ Development of an Innovative Environments Strategic Framework and its implementation</li> <li>▪ Development of a Digital First Strategic Framework and its implementation</li> </ul>
Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of a high consequence infectious disease.	<p><b>CONTROLS IN PLACE/ACTION TAKEN:</b></p> <ul style="list-style-type: none"> <li>▪ PTHB Pandemic Framework invoked; Gold (Strategic), Silver (Tactical) and a series of task and finish groups have been convened to meet weekly. Incident management team established</li> <li>▪ Action plan in place</li> <li>▪ Scientific Advisory Group on Emergencies (SAGE) reasonable worst case planning assumptions being used to model the impact of a 4-6 month outbreak on the Powys population and plan the health board response</li> <li>▪ Support being given to the wider system in Wales through participation in WG and PHW-led planning and response groups</li> <li>▪ Regular updates on COVID-19 guidance issued via Powys Announcements to ensure effective communication processes across the health board are in place</li> <li>▪ Walkthrough of local response arrangements at key PTHB hospital sites</li> <li>▪ Community testing in place to support the 'Contain' phase</li> <li>▪ UK Govt guidance circulated to primary and community services</li> </ul> <p><b>IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2020-21:</b></p> <ul style="list-style-type: none"> <li>▪ Local Resilience Forum arrangements may need to be invoked at some point in the future, depending on the scale of the outbreak and the effectiveness of the public health response</li> </ul>

As referenced in the table above, in developing our Integrated Medium Term Plan for 2020-23 we gave careful consideration to the actions that we will be taken to mitigate such risks.

The Integrated Medium Term Plan also set out an initial risk assessment, which outlined an indication of the scale of risk contained within the financial framework. The risks included a range of delivery issues, partner compliance issues, delivery of savings targets, receipt of additional income and risks arising from the fact that assumptions had to be made based on current

knowledge of the future pressures on the NHS. These risks have been monitored during 2019-20 by the Performance & Resources Committee and the Board.

During 2019/20, the Board agreed to reduce the likelihood of occurrence for a number of risks included in the Corporate Risk Register, due to the impact of mitigating actions being implemented or a change in circumstance. These included:

- A risk that ICT systems are not robust or stable enough to support safe, effective and up to date care
- 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 (GPs)
- A risk that services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures
- A risk that there is a Service Failure of Out of Hours GMS Care

During 2019/20, the Board agreed to de-escalate a number of risks from the Corporate Risk Register to the Directorate Risk Register, due to the impact of mitigating actions being implemented or a change in circumstance. These included:

- A risk that a “no deal’ Brexit scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys

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 situation has been changing constantly and has required 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.

During the COVID-19 Pandemic, the Board will continue to review the existing Corporate Risk Register 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;

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- 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.

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 will be reported to the Board alongside the Corporate Risk Register during 2020/21.

The Audit, Risk and Assurance Committee has a key role in monitoring the effectiveness of internal control and the process for risk management. Work will continue in 2020/21 to strengthen the reporting of risks to the Board's Committees.

General Practitioners (GPs), Pharmacists, Dental Practitioners, Optometrists, Nursing Care Homes, Voluntary organisations and those where we have partnership relationships for service delivery, e.g. Local Authorities and other health boards, are responsible for identifying and managing their own risks through the contractual processes in place.

## **KEY ASPECTS OF THE CONTROL FRAMEWORK**

In addition to the Board and Committee arrangements described earlier in this document, I have over the last 12 months worked to further strengthen the health board's control framework. Key elements of this include:

### **QUALITY GOVERNANCE STRUCTURE**

During 2019-20, the health board progressed work to review arrangements and activities to support the delivery of high-quality clinical care. The existing quality governance structure of the Experience, Quality and Safety Committee continued to receive reports on assurance and escalated risks linked to patient experience, quality and safety. A new Quality Governance Group was set up in July 2019, its

focus to ensure robust governance, management systems and processes were in place and were operating effectively; this reported via the Executive Committee to the Experience, Quality and Safety Committee on matters of risk or escalation. Recognising its collective responsibility for quality and with a particular focus on clinical quality and clinical quality improvement, in January 2020, the Board approved 'Improving Clinical Quality: Powys Teaching Health Board Framework for Action 2020-2023'.

The Board recognises people's experience is an important aspect of optimising clinical outcome. Listening and learning from patient stories at Board has supported a strong focus on the provision of person centered, outcome focused care to help inform decision making in relation to service planning design, delivery and evaluation. This year the Board has received presentations about driving when living with Parkinson's disease, Powys' triage approach to treating patients with musculoskeletal conditions in primary care and our model of care within occupational therapy. The driving checklist is now integrated into practice as part of the routine annual review for anyone with Parkinson's disease who drives. This improvement was also shared via the Chief Nursing Officer's Annual Conference last year and more widely, through the Parkinson's Disease Excellence Networks, along with a poster presentation at an international conference.

## **HEALTH AND CARE STANDARDS**

The health board continues to utilise the Health and Care Standards (HCS) to inform on the quality of services provided in in-patient settings. Services undertake self-assessments which enables identification of good practice, which is shared across the health board to help support improvement in other areas. The HCS are referenced as part of all reports to Committees, with associated risks and escalation raised.

In December 2019, Welsh Government wrote to health boards advising that a review of the standards framework was underway. As part of the review, health boards were asked to complete a questionnaire on the current effectiveness of the standards in particular whether they remain fit for purpose or whether there is a need for wholesale review at this time.

## **HEALTH AND SAFETY**

During 2019-20 the health board invested in its Health and Safety function, aligning the team to both Occupational Health and Workforce Training. During early 2019, the Health and Safety Executive visited various PTHB sites as part of a national initiative to look at the management of Violence and Aggression and Manual Handling, and recommended a number of areas for improvement. At the revisit in November 2019, the HSE reported significant improvements had been made by PTHB in the identified areas, where clear awareness, knowledge and application by staff was evident. During the revisit, two improvement notices were served and two contraventions of health & safety law were

identified, in relation to Water Safety testing and robust site risk assessments.

The refreshed Health and Safety Group has a clear line of accountability to the Executive Team and the Experience Quality and Safety Committee, through to Board.

A number of key H&S policies have been reviewed, updated and signed off. Manual Handling Training provision has been streamlined to four key areas.

The following risk assessment templates have been reviewed and updated:

- Patient Handling Assessment and Safer Handling Plans
- Inanimate Load Handling Risk Assessment form and guidance
- General Risk Assessment Template Form and Toolkit
- All Wales Violence and Aggression Risk Assessment form

Waiting lists for occupational health Doctors have reduced from nine months to six weeks. SliverCloud online CBT programme is in place, including provision for self-referrals.

## **COMMISSIONING DEVELOPMENT AND ASSURANCE FRAMEWORKS**

Powys is unlike other Health Boards in Wales in that around 75% of the funding entrusted to it by Welsh Government is spent on securing healthcare from providers it does not directly manage. Our commissioning work spans the continuum through health promotion, primary care, secondary care, specialised services, individual patient commissioning, continuing healthcare, partnership commissioning and joint commissioning with the local authority.

As a highly rural area with no District General Hospital, around 90% of admitted patient care and 80% of secondary care outpatients is delivered beyond its borders. It is a significant challenge to ensure that the quality and safety of the services its residents receive across five health economies, spanning England and Wales, in up to 30 different specialties is appropriate.

In 2019-20, under the Strategic Commissioning Framework, work has been undertaken with public health expertise to help strengthen commissioning intelligence building an approach which will enable the health board to scan multiple systems and sources of information (including the Clinical Health Knowledge System and the MAIR system for specialised services) to highlight the most important issues.

As part of our commissioning approach we have in place a Commissioning Assurance Framework to help ensure we have a safer more holistic and robust understanding of the services currently commissioned - with a rules based approach to escalation. Work has been successfully undertaken with Wye Valley NHS to reduce key areas of concern including mortality indicators. Escalation

processes have also been used in relation to services in special measures including Shrewsbury and Telford NHS Trust, where there have been significant concerns in relation to Emergency Department and maternity services in particular. As well as its own escalation procedures, PTHB has also participated in system wide risk management arrangements for that provider led by NHS England.

In 2019-20 significant work has been undertaken to develop a specific thematic view of maternity services “across the system” with a maternity assurance spanning all providers feeding into the Commissioning Assurance Framework. The fragility of some neighbouring maternity services, including Shrewsbury and Telford NHS Trust and those in Cwm Taf Morgannwg University Health Board, has been a particular concern.

The dedicated lead for the quality and safety of commissioned services has populated a dashboard of key indicators covering key issues such as serious incidents, mortality, pressure sores, hospital acquired infections and patient experience.

Via Internal Audit there was reasonable assurance in relation to financial management of commissioned services. The Executive Committee approves the values of the DGH Agreements, which are signed by myself as Accountable Officer. Regular reports of progress in reaching signature through negotiation are received through the “Long Term Agreement and Service Level Agreement Overview”.

A “Fragile Services Log” is also regularly submitted to the Strategic Planning and Executive Group of the Executive Committee.

Assurances in relation to specialist services are reported to the Board through reports from the Welsh Health Specialised Services Committee strategic quality framework, and assurance on Emergency Ambulance Services through the Emergency Ambulance Services Committee.

A signed Section 33 Agreement has been in place with Powys County Council for care home functions. There was difficulty appointing a Pooled Fund Manager which was achieved in January 2020. The Health Board provided additional interim support and resources in-year to help take forward a programme of work needed for the Section 33 Agreement, including developing an information report ahead of a commissioning assurance approach.

A new procedure for Prior Approval was consulted upon and implemented in addition to the continued use of updated policies and procedures for Individual Patient Funding Requests and European Economic Area cases, which have helped to ensure robust processes for highly complex individual cases.

## CLINICAL AUDIT

The current Clinical Audit Strategy is due to be reviewed during 2020, as set out in the Board's Clinical Quality Framework. Recognising that clinical audit is one of a number of tools that enable the provision of high quality, safe and effective healthcare, PTHB's approach to clinical audit will be incorporated into a Clinical Effectiveness and Quality Improvement Strategy. A Clinical Audit Programme Plan aligned to the Clinical Quality Framework has been developed. This reflects the changes to both the governance arrangements of the Health Board and the organisational realignment. A Clinical Audit Plan will be drafted for 2020/21 which incorporates within the plan:

- National Audit Programme elements as they apply to PTHB;
- Learning from Serious Incidents (SIs) or complaints;
- New or changes to existing policy / practice and areas where service improvement is required; and
- The prioritisation of new and repeat clinical audit projects (taking account of any recognised clinical risks).

All clinical services continued to offer a local audit programme during the course of 2019-20, with the Health Board also participating in the National Clinical Audits for:

- Cardiac Rehabilitation;
- Audiology; and
- Primary Care Diabetes Care.

## COMPLAINTS AND CONCERNS FRAMEWORK

Significant work has taken place in 2019/20 to improve compliance with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. This has resulted in focused work led through the Executive Team to improve the way in which serious incidents are managed, through to investigation, learning and sharing of lessons. Concerns/ complaints have been targeted with the aim of providing quality responses within assessed timeframes. This work is continuing through our Improving Clinical Quality: Powys Teaching Health Board Framework for Action 2020-2023, setting out clear goals for improving clinical quality, safety, effectiveness and patient experience.

Further detail on complaints and concerns will be published in the Annual Quality Statement 2019-2020 and Putting Things Right Annual Report for 2019-2020. These and further information on Putting Things Right can be found on the [health board website](#).

## MORTALITY REVIEWS

The normal process for in-patient mortality review continued to take place in Powys hospitals throughout the year, with a change to a quarterly pan Powys mortality review to be introduced in 2020. A group also undertook a review of the

proposed Datix module for mortality review documentation. Extensive feedback was offered to the manufacturers by Powys users. Links were also made to the All-Wales Medical Examiner's office about the future use of the software. Unfortunately the coronavirus pandemic is currently delaying a final implementation of quarterly reviews, Datix software or the full Medical Examiner role. A report summarising local mortality reviews was submitted to the Board's Experience, Quality and Safety Committee in November 2019

## ANNUAL QUALITY STATEMENT

The Annual Quality Statement provides the opportunity to:

- share how well we are doing across all services and across the patient pathway, including working with social care and the third sector;
- promote good practice to share and spread more widely;
- confirm any areas which need improvement;
- reporting our progress year on year;
- account to our public and other stakeholders on the quality of our services; and
- engage our public on the quality of services received.

The health board will publish its Annual Quality Statement by 30 September 2020. This will provide a summary of the health board's activities in addressing local need. The Annual Quality Statement will highlight a summary of actions taken to improve the quality and safety of the services provided and commissioned, along with reference to the Health and Social Care (Quality & Engagement) (Wales) Bill, which is set to be introduced within the next year. The Annual Quality Statements of the health board can be found on the health board [website](#).

## EXECUTIVE PORTFOLIOS

In November 2019, the Board approved an updated Scheme of Delegation and Reservation of Powers. This document set out the delegation of responsibility to Executive Directors. The allocation of responsibilities is based on ensuring an appropriate alignment of accountabilities and authority within each Directorate and Director portfolio, and to also ensure that directorates focus on their core responsibility. The Scheme of Delegation also supports the strengthening of clinical leadership. An overview of Executive Director portfolios is set out in

**Figure 9.**

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**Figure 9: Executive Portfolios – November 2019**



## **STAFF AND STAFF ENGAGEMENT**

We engage with our staff in a number of ways which are part of the checks and balances we undertake to enable good governance.

The Board has in place a Local Partnership Forum as a formal advisory group. The purpose of the Local Partnership Forum provides a formal mechanism where the health board as employer, and trade unions/professional bodies representing the health board's employee's work together to improve health services for the citizens of Powys, achieved through a regular and timely process of consultation, negotiation and communication. The Local Partnership Forum's allows engagement on local priorities on workforce and health service issues.

In addition to these formal mechanisms, we have a consultation process open to all staff for all new and revised organisational policies and staff engagement events. These mechanisms are used in parallel with Facebook, Twitter, Powys Announcements, a weekly Newsletter and other virtual ways for staff to share their work and opinions.

Positive staff engagement and communication programmes have enabled us to maintain high levels of uptake of flu immunisation, and to continue our programmes to embed our values to ensure a kind and compassionate culture across the organisation including a very successful Staff Excellence Awards.

## **COMMUNICATION AND ENGAGEMENT**

During 2019-20 we have continued to strengthen our systems and processes for engagement and communication.

The main formal consultation activity during the year was the analysis and decision-making phase following formal consultation on the Dyfi Valley Health primary care proposals.

However, this was a significant year for engagement programmes with the planning, launch and delivery of a comprehensive partnership engagement programme for the North Powys Wellbeing Programme culminating at the end of the year with the development of the new Model of Care. Alongside this, the health board engagement and communication team planned and launched a programme of engagement on podiatry services.

During the year we have also strengthened our stakeholder engagement and delivered a range of campaigns, publications and events with increasing levels of co- production with stakeholders. Examples include the continuation of the Welsh Government-led Local Care and Support programme to promote alternatives to GP Primary Care.

During the year we have continued our work on the transition of the health

board's website from the Cascade Content Management System to a new platform being implemented by NWIS. Website migration will continue during 2020/21 having been delayed during Q4 by the need to focus on COVID-19.

As mentioned above, a significant focus during Q4 has been the emerging issue of COVID-19 with the health board's engagement and communication capacity and capability being fully occupied in support of addressing this major public health emergency.

## **INFORMATION GOVERNANCE**

Information Governance (IG) is the way in which the health board handles all information, in particular personal and sensitive information relating to our patients, services users and employees. IG sets out the requirements and standards that the health board must achieve to ensure it fulfills its obligations to handle information securely, efficiently and effectively.

Responsibility for IG in the health board rests with the Board Secretary, and the Executive Director of Finance acts as the Senior Information Risk Owner (SIRO). The Information Governance Manager is the health board's nominated Data Protection Officer (DPO) in line with the requirements of General Data Protection Regulation (GDPR). The Medical Director is the nominated Caldicott Guardian. Performance against IG related legislation for Powys Teaching Health Board is captured and reported to our Performance and Resources Committee <http://www.powysthb.wales.nhs.uk/performance-and-resources-committee>.

During the Covid-19 response, reliance on IG has increased with the introduction of new technologies to share information and communicate with patients and staff. Performance indicators against IG related legislation include the following:

- **INFORMATION GOVERNANCE TRAINING**

Powys Teaching Health Board achieved a compliance rate of 93% for the mandatory Information Governance training for 2019-20. This exceeded the national average training compliance, and target set for compliance for NHS Wales organisations.

- **PERSONAL DATA RELATED INCIDENTS (BREACHES)**

A personal data incident is a breach of security leading to the accidental or unlawful destruction, loss, alteration, un-authorised disclosure of, or access to, personal data. In line with GDPR requirements, all personal data incidents must be reviewed daily and any incidents deemed significant must be formally reported to the Information Commissioner's office (ICO) within 72 hours. During 2019/20, six personal data incidents were formally reported to the ICO. These included over disclosure to the courts, and over disclosure to relatives of patients. The health board did not incur any financial penalties from the ICO as a result of those incidents reported. However the health board did adopt ICO

recommendations locally, with these recommendations due to be added to the internal audit recommendations register, and we continue to take on board any lessons learned or feedback. Figures on the number of IG related breaches are reported to our Experience, Quality and Safety Committee (<http://www.powysthb.wales.nhs.uk/experience-quality-and-safety-committee>)

- **FREEDOM OF INFORMATION ACT**

The Freedom of Information Act (FOIA) 2000 gives the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector.

During the period 1 April 2019 to 31 March 2020, Powys Teaching Health Board received a total of 354 requests for information, 201 of these were answered within the 20 day target. Four requests for internal review was received, and one complaint was received from the Information Commissioner's Office.

An audit of the Publication Scheme was undertaken which reviewed the 7 classes of information required to be published on the health board's [website](#). The organisation is compliant with 49 of the 60 standards and work continues to progress the areas of non-compliance.

Key performance indicators on access to information requests are routinely reported to the Board's Performance and Resources Committee and papers are available on the health board's [website](#).

- **WELSH INFORMATION GOVERNANCE (IG) TOOLKIT**

The Welsh IG Toolkit is the national self-assessment tool that enables organisations to measure their level of compliance against National Information Governance Standards and data protection legislation to ascertain whether information is handled and protected appropriately. It replaces the previous assessment tool, the Caldicott Principles into Practice (C-PIP). A pilot of the assessment was released in 2019-20 and the closing date for submission was end of February 2020. Work will take place in 2020/21 to evaluate the results of the submission, target areas for improvement and to provide a compliance report and improvement plan to the Board Secretary and Medical Director as Caldicott Guardian.

## **RECORDS MANAGEMENT**

Records Management is the process by which the health board manages all aspects of records whether internally or externally generated and in any format or media type, from their creation through their lifecycle to their eventual disposal. Responsibility sits with the Board Secretary, whose role includes the overall development and maintenance of records management practices within the organisation, and for ensuring that related policies and procedures conform to the latest legislation and standards.

In August 2019, Internal Audit undertook a review of records management. The

objective of the review was to assess the adequacy of the arrangements in place for the management of health records, including compliance with policies and procedures.

The review sought to provide assurance that: -

- roles, responsibilities and arrangements for the creation, storage, management, retention and disposal of records are clearly documented and reflect the GDPR;
- records are securely shared and stored, including the tracking and transportation of information, accessibility / availability and maintenance of records (including archiving and disposal);
- any record management issues have been identified, risk prioritised and reported; and
- sufficient resources are afforded to train staff (including induction training) and that staff overseeing the management of records have sufficient knowledge and experience.

Internal Audit concluded the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with records management is 'No Assurance'. Internal Audit's report recommended six high rated recommendations for action.

In its meeting of 11 November 2019, the Audit, Risk & Assurance Committee approved the Records Management Improvement Plan that was developed by the Board Secretary in response to the audit. A Service Improvement Manager for Records Management has been appointed from 1 February 2020 to implement the recommendations and progress against the Plan will be reported to the Performance & Resources Committee. Although work continues, the Covid-19 outbreak has had a detrimental impact on the ability to address many of the requirements in accordance with the timescales set out in the Plan.

## **ADDITIONAL MANDATORY DISCLOSURES**

### **PENSIONS SCHEME**

I can confirm that as an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employers' contributions and payments into the Scheme are in accordance with Scheme rules and that the member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Note 9.7 to the Annual Accounts provides details of the scheme, how it operates and the entitlement of employees.

## WELSH LANGUAGE

During 2019-2020, significant improvements have been made to Welsh language service provision across PTHB. Following the appointment of a new Service Improvement Manager, PTHB has begun implementing a set of Welsh Language Standards which aim to improve patient experience for our Welsh speaking service users. Further information on the standards with which PTHB is required to comply can be found on the [website](#).

A series of departmental Welsh language action plans have been developed and Service Leads have been identified to oversee the monitoring procedures. A new Welsh Language Steering Group has been established to address any issues and to share examples of best practice. This is having a positive impact in raising awareness across the Health Board and encouraging more proactive bilingual service provision in line with the 'Active Offer' principle. Many initiatives to raise awareness of Welsh language and culture are now being rolled out such as our St David's Day ward activities, our promotion of the new Welsh Language Rights Day on 6 December 2019 and our nursing staff who took part in S4C's 'Nyrsys', a Welsh language documentary series which followed newly qualified nurses preparing to care for patients across Wales which also promoted the use of Welsh in healthcare settings.

Improvements have been made to the way in which Welsh speaking service users are identified. Patient Services are able to record and flag a person's preferred language at the point of referral which can allow staff to pair Welsh speaking staff to Welsh speaking patients, examples of which can be found right across the Health Board. PTHB also continues to assess the skills of its workforce in order to monitor the availability of Welsh speaking staff, especially in communities with high numbers of Welsh speakers.

Welsh language resources and aids are now available to support staff in their roles and all staff who wish to learn Welsh or improve upon their existing skills are encouraged to do so. Several members of staff have already taken up the opportunity to attend the Welsh language courses on offer and are more confident in using their language skills with patients in the workplace.

Considerable efforts have been made to ensure that PTHB does not treat the Welsh language any less favourably than English. Staff have undertaken assessments of the information available to patients and the public and existing translation procedures have been reviewed and strengthened to ensure that information is produced bilingually in accordance with the requirements of the Welsh Language Standards.

In 2019-20, Internal Audit undertook a review of high-level review of the actions



the health board had taken to assess the impact of, and achieve compliance with, the Welsh Language Regulations 2018. Internal audit provided the Board with a limited level of assurance with weaknesses identified. Recognising that the health board has made progress in 2019-20 in respect of the Welsh Language, further improvements will need to continue into 2020/21.

## **EQUALITY AND DIVERSITY**

PTHB has continued to implement a series of initiatives aimed to improve the quality and accessibility of its services to minority and vulnerable groups. PTHB's Strategic Equality Plan (SEP) and Objectives has been reviewed and considerable engagement and consultation has been undertaken in preparation for a new 4yr SEP for 2020-2024. A joint-working approach between Powys, Carmarthenshire, Pembrokeshire and Ceredigion took place where all public sector and 3rd sector bodies joined together to conduct a survey with members of the public and targeted groups with protected characteristics. The data was analysed by the Regional Collaboration Group and was used to inform the new SEP objectives. PTHB has worked closely with neighbouring Hywel Dda UHB to ensure that its SEP objectives are aligned with the national objectives set out in Welsh Government's SEP objectives. In addition, PTHB has cross-referenced the new 4yr action plan to the actions included in the refreshed IMTP to help mainstream equality and diversity across all directorates and to ensure that a consistent approach is taken within PTHB.

Considerable achievements have been made during 2019-2020 to improve the lives of dementia patients who also have a physical or learning disability, which include meaningful ward activities, quicker referrals to audiology for dementia patients with hearing loss, and the development of our dementia home treatment teams to prevent hospital admissions.

Other notable achievements include the work completed by staff within the Mental Health Directorate who have been working with Diverse Cymru to implement the Cultural Competency Toolkit as part of our ambition to achieve the BME Mental Health Workplace Good Practice Certification Scheme. Also, a successful Maternity Day Assessment Project has been rolled out providing vital access to scans and support in the county, reducing the need for expectant parents to travel to neighbouring District General Hospitals and PTHB Maternity Flu Immunisation Project Team is also leading the way in midwife-led flu immunisation.

## **EMERGENCY PREPAREDNESS AND CIVIL CONTINGENCIES**

PTHB is described as a Category 1 responder under the Civil Contingencies Act 2004 (CCA) and is therefore required to comply with all the legislative duties set out within the Act.

The CCA places 5 statutory duties upon Category 1 responders, these being

to:

- assess the risks of emergencies;
- have in place emergency plans;
- establish business continuity management arrangements;
- have in place arrangements to warn, inform and advise members of the public;
- share information, cooperate and liaise with other local responders.

In December 2014, the Board approved the Powys Pandemic Framework which provides an overarching framework that details the Powys THB response to an influenza pandemic. The Pandemic Framework was developed in considering Welsh Government Guidance and other Multi-Agency Response Plans. The Board has also approved (January 2020) its Civil Contingency Plan. The purpose of which is to enable PTHB to respond effectively to a major incident or an emergency situation.

During 2019, the Health Board has participated in a number of multi-agency planning, training and exercises to increase the health board's ability to respond to a wide-range of emergencies.

Key areas of planning for 2019/2020 include:

- **Preparing for a 'no-deal' BREXIT**

The Health Board continued to prepare for the potential impacts of a 'no-deal' Brexit on its services throughout 2019/2020.

At a national level, the Health Board was represented at a number of NHS Brexit planning groups, which had been established by Welsh Government as part of the UK's overall governance arrangements for 'no-deal' Brexit. The Health Board was also represented at Dyfed-Powys Local Resilience Forum, ensuring that effective multi-agency planning and coordination was in place in response to the potential impact of a 'no-deal' Brexit.

At a local level, the focus of the Health Board's 'no-deal' Brexit preparations was on ensuring continuity and quality of service to ensure that the Health Board was as prepared as it could reasonably be, to respond to the challenges of leaving the EU. Key areas of this work included:

- ensuring continuity of supply of medicines, medical devices and clinical consumables as part of work being undertaken at a national level;
- ensuring that our workforce feel valued by providing continued support to EU staff working in Powys, including the promotion of the EU Settlement Scheme, which officially opened on 30<sup>th</sup> March 2019;
- the provision of mental wellbeing support in the farming sector;



- effective communications;
- seeking assurance from commissioned service providers that appropriate preparations were being developed in the context of a 'no-deal' Brexit.

In January 2020, the Health Board stood-down its 'no-deal' Brexit preparations, as directed by Welsh Government.

### • **Planning Arrangements for COVID-19**

The current novel coronavirus (COVID-19) outbreak has presented significant challenges internationally, since the new strain was first identified in Wuhan City, China in December 2019. Since then, cases have been identified across the world, including the United Kingdom.

On 30<sup>th</sup> January 2020, the World Health Organisation (WHO) declared the outbreak of Coronavirus a "Public Health Emergency of International Concern". On 11<sup>th</sup> March 2020, the WHO subsequently declared COVID-19 as a "Pandemic" following the rapid global transmission of the outbreak.

As previously highlighted the need to plan and respond to the COVID-19 pandemic presented a number of challenges to the organisation. A number of new and emerging risks were identified. Whilst the organisation did have a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004, the scale and impact of the pandemic has been unprecedented. Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. This has also involved working in partnership on the multi-agency response as a key member of the Strategic Co-ordination Group. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer-term delivery of services by the organisation, although I am confident that all appropriate action is being taken.

The PTHB Pandemic Framework is being used to shape the preparatory and response arrangements that are being undertaken within the Health Board at the time of completing this annual report.

The Health Board has established internal command and control arrangements, which centre on Gold (Strategic) and Silver (Tactical) groups, as part of its response to COVID-19. Task and finish groups have been established to carry out specific pieces of work, e.g. establish procedures for community and staff testing.

In addition, an internal COVID-19 action plan has been developed to ensure that the Health Board's response encompasses all measures currently

directed by Welsh Government.

The organisation continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response, and planning into the recovery phase. It will be necessary to ensure this is underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks which may impact on the ability of the organisation to achieve their strategic objectives.

### **MINISTERIAL DIRECTIONS & WELSH HEALTH CIRCULARS**

The Welsh Government has previously issued Non-Statutory Instruments and reintroduced Welsh Health Circulars in 2014/15. Details of these and a record of any ministerial directions given is available on the Welsh Government website. I can confirm that all of the Directions previously issued have been fully considered and where appropriate implemented. There was 1 ministerial direction issued in December 2019, relating to action on 2019/20 Pension Tax Impacts. A full detail of WHCs, ministerial directions and the health board's action is included at Appendix 2.

### **POST PAYMENT VERIFICATION**

In accordance with the Welsh Government directions the Post Payment Verification (PPV) Team, (a role undertaken for the health board by the NHS Shared Services Partnership), in respect of General Medical Services Enhanced Services and General Ophthalmic Services has carried out its work under the terms of the service level agreement (SLA) and in accordance with NHS Wales agreed protocols. The Work of the Post Payment Verification Team is reported to the Board's Audit, Risk and Assurance Committee with papers available on the health board's [website](#).

### **REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS ON THE USE OF RESOURCES**

The National Health Service Finance (Wales) Act 2014 amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. The Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of three financial years; and
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

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The health board achieved both financial duties in 2019-20.

### **SUSTAINABILITY AND CARBON REDUCTION DELIVERY PLANS**

Risk assessments are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the organisation's obligation under the Climate Change Act and the Adaptation Reporting requirements are complied with. To meet Welsh Government's 'decarbonisation by 2030' target, Powys Teaching Health Board has developed and is implementing an Environmental Management System in line with ISO14001:2015, which includes a decarbonisation delivery plan. This, along with a carbon footprint exercise carried out by the Carbon Trust, sets the agenda to develop a 'Carbon Neutral Strategy' through the Public Service Board and will support the health board working collaboratively and effectively with partner organisations to meet the 2030 targets.

The Board's Sustainability Report forms a key part of the Performance Report section of the Annual Report and provides greater detail in relation to the environmental, social and community issues facing the health board.

### **INTEGRATED MEDIUM TERM PLAN (IMTP)**

The National Health Service Finance (Wales) Act of 2014, established a statutory duty on health boards to develop and publish a Board approved Integrated Medium Term Plan (IMTP) on an annual basis. Amendments to the National Health Service (Wales) Act 2006 also set out the statutory duty for health boards to have their IMTPs approved by Welsh Ministers.

In accordance with these legislative duties, the health board developed and published an approved IMTP for 2019-22, which was approved by the Minister for Health and Social Care. A copy of the plan is available on the health board [website](#).

A detailed analysis of the health board's performance for 2019/20 will be provided in the PTHB Annual Report 2019/20, which will be published in August 2020.

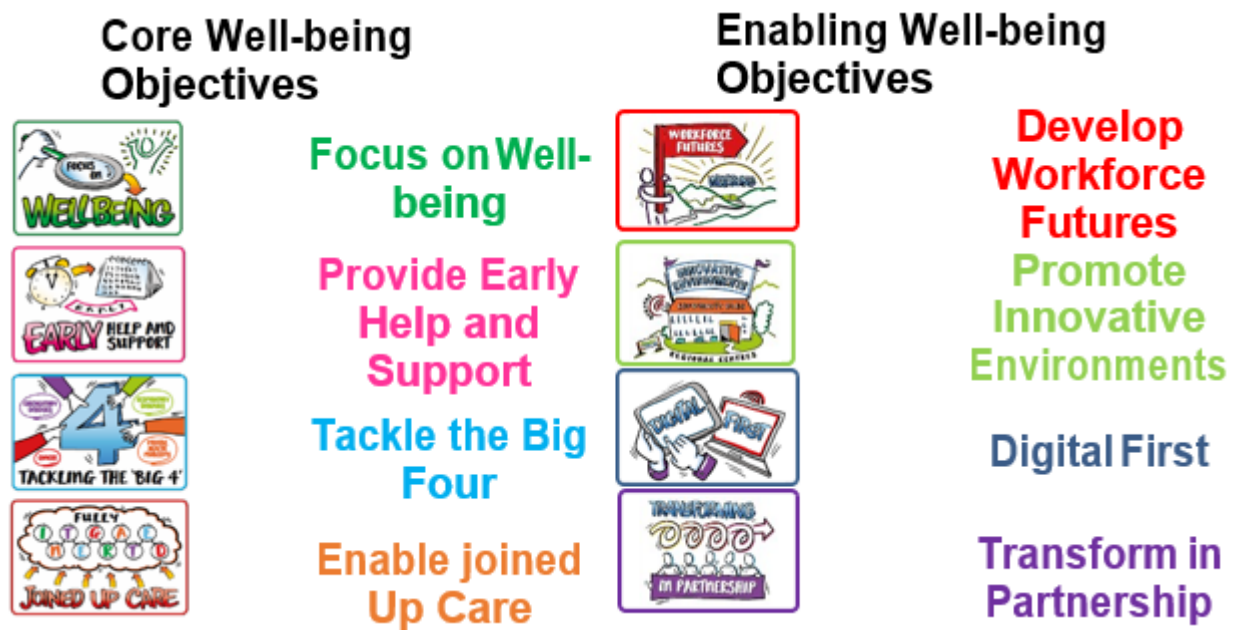
The health board continues to perform well against most of the directly influenced key targets set by Welsh Government. We are also performing well against the well-being objectives set jointly as part of the Health and Care Strategy, A Healthy Caring Powys.

The health board delivered the financial target of breakeven in 2019/20 and remained within the Capital Resource Limit (CRL).

In March 2020, Welsh Government confirmed to the health board that, following a robust assessment, the IMTP 2020-23 was considered to be approvable, which provided a baseline for future planning discussions. However, in light of the challenges associated with COVID-19, Welsh Government had taken the decision to pause the IMTP processes and allow all resources to be redirected to sustaining key services.

The IMTP also functions as the health board’s Well-being Statement, demonstrating how through the actions to deliver our well-being objectives we are contributing to the seven well-being goals for Wales and in accordance with the sustainable development principle.

The IMTP has been developed within the context of the Health and Care Strategy, published in July 2017. It sets out the vision to enable a ‘Healthy Caring Powys’, delivered through focusing on four core well-being objectives and four enabling well-being objectives underpinned by six delivery principles; Do What Matters, Do What Works, Focus on Greatest Need, Offer Fair Access, Be Prudent and Work with People and Communities.



The health board’s planning approach continues to strengthen and mature. The approach is multi-faceted and takes into account the multiple planning streams across local, organisational and regional levels. The key principles of planning processes in the health board are to ensure:

- Patients are at the centre of service design and delivery.
- There is a clinically led planning environment with multi professional input.
- There is whole system planning, ensuring alignment with neighbouring provider plans.

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- There is a transformation of commissioning and provider functions.
- Promotion of integration at a strategic and service level.
- There are internal relationships including staff side/trade unions.
- There are external relationships with key stakeholders.
- There are strong Community Health Council planning links.

In its Structured Assessment for 2019, the Wales Audit Office confirmed "*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*".

## **INTEGRATED PERFORMANCE MANAGEMENT AND REPORTING**

Delivery against the IMTP is managed through the Framework for Improving Performance with delivery and performance reported to the Board on a quarterly basis in the form of an Integrated Performance Report.

The objective of the framework is to ensure that information is available which enables the Board and other key personnel to understand, monitor and assess the organisation's performance against delivery of the IMTP, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery.

The Framework for Improving Performance is a contributor to the Board Assurance Framework which ensures that there is sufficient, continuous and reliable assurance on the management of the major risks to the delivery of strategic objectives and most importantly to the delivery of quality, patient-centred services.

## **REVIEW OF EFFECTIVENESS OF SYSTEM OF INTERNAL CONTROL**

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their annual audit letter and other reports. In addition, the independent and impartial views expressed by a range of bodies external to the health board has been of key importance, including Welsh Government; Powys Community Health Council; and Healthcare Inspectorate Wales.

As Accountable Officer I have overall responsibility for risk management and report to the Board regarding the effectiveness of risk management across the Health Board. My advice to the Board is informed by reports on internal controls received from all its committees and in particular the Audit, Risk and Assurance Committee and the Experience, Quality and Safety Committee. The Experience, Quality and Safety Committee also provides assurance relating to issues of clinical governance and patient safety. In addition, reports submitted to the Board by the Executive Team identify risk issues for consideration.

Each of the Health Board's Committees have considered a range of reports relating to their areas of business during the last year, which have included a comprehensive range of internal audit reports and external audit reports and reports on professional standards and from other regulatory bodies. The Committees have also considered and advised on areas for local and national strategic developments and new policy areas. Each Committee reports its business regularly and these are received by the Board in public.

Whilst significant progress has been made in 2019/20 to strengthen the system of internal control, I recognise that further improvements are essential in 2020/21 in respect of risk management and embedding the Board's Assurance Framework. Fundamental work will also be taken forward in implementing the Boards Organisational Development Framework and Clinical Quality Framework which will contribute to the system of control.

## **INTERNAL AUDIT**

Internal audit provide me as Accountable Officer and the Board through the Audit, Risk and Assurance Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit and Assurance Committee and is focused on significant risk areas and local improvement priorities.

We will ensure that the work of all regulators, inspectors and assurance bodies is mapped and evidenced in our assurance framework so that the Board is fully aware of this activity and the level of assurance it provides. We will also prioritise work to support the recording and monitoring of recommendations arising from the work of regulators, inspectors and other key assurance reviews.

## **HEAD OF INTERNAL AUDIT'S OPINION FOR 2019-20**

The overall opinion by the Head of Internal Audit on governance, risk

management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

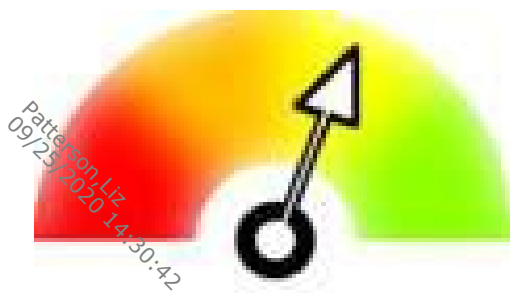
The 2019/20 audit programme was impacted by the need to respond to the COVID-19 pandemic with some audits deferred to 2020/21 as the organisation responded to the pandemic. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit's opinion is arrived at having considered whether or not the arrangements in place to secure governance, risk management and internal control are suitably designed and applied effectively in the following assurance domains:

- Corporate Governance, Risk Management and Regulatory Compliance
- Strategic Planning, Performance Management and Reporting
- Financial Governance and Management
- Clinical Governance, Quality and Safety
- Information Governance and Security
- Operational Service and Functional Management
- Workforce Management
- Capital and Estates Management

The scope of this opinion is confined to those areas examined in the risk based audit plan which has been agreed with senior management and approved by the Audit, Risk & Assurance Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement.

The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control for 2019-20 is set out below:



**"In my opinion 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."

The Head of Internal Audit has confirmed that in reaching their opinion both professional judgement and the Audit & Assurance "*Supporting criteria for the overall opinion*" guidance produced by the Director of Audit & Assurance for NHS Wales has been used.

The Head of Internal Audit has also concluded that Reasonable Assurance could be reported for five of the eight assurance domains, around which the plan is structured. The three assessed as 'limited' assurance this year are 'corporate governance, risk management and regulatory compliance', 'clinical governance quality & safety' and 'information governance and I.T. security'.

Of the 27 reviews included in the 2019/20 Internal Audit Plan, 15 were rated as providing 'reasonable' assurance and two 'substantial'. Six reviews were rated as 'limited' assurance with a further one providing 'no' assurance. Ratings were not applicable to three reviews.

Audits of 'risk management & board assurance', 'Welsh Language Standards', 'care and nursing homes governance', 'DOLS best interest assessments', 'FoI requests' all received limited assurance. In addition, the follow up work on the 2017/18 'no' assurance report of 'podiatry' received a 'limited' assurance rating in 19/20.

The health board recognises that the effective management of risk is a key responsibility. The Head of Internal Audit noted in the review of risk management "*It is disappointing that for the second year running we have been able to deliver only a 'limited' assurance rating. We observed limited progress with implementing prior year recommendations, resulting in several of the findings from our 2018/19 limited assurance report being repeated. Whilst we noted slight improvement, the key finding from previous years remains – there is an absence of directorate level risk registers and a lack of evidence of management oversight by directorate teams.*"

A 'no assurance' rating was assigned to the review of the 'records management' where significant issues were highlighted. The overarching theme of audit findings was the inadequacy of arrangements in place. The majority of the findings were consistent with those raised in previous audits, dating as far back as 2012, including a no assurance report in 2015/16. Six

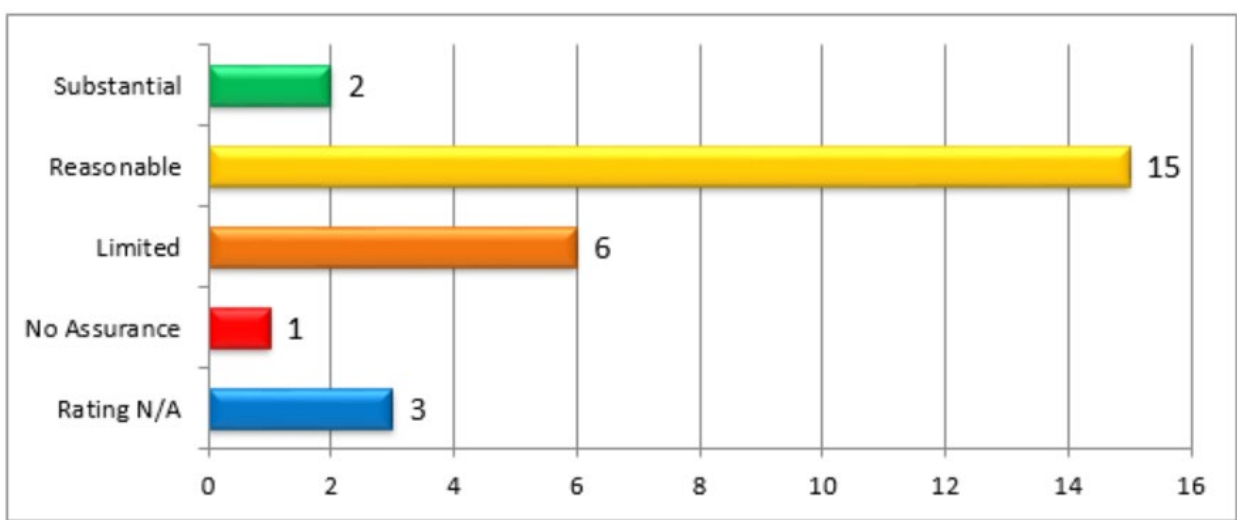


high priority recommendations were raised.

Due to the Covid-19 outbreak and the impact on health board resource, Internal Audit was unable to progress two of the four remaining follow up reviews of 2018/19 limited assurance outcomes ('health & safety' and 'Section 33 governance arrangements'). The reviews of 'dental services – monitoring the GDS contract' and 'catering department' evidenced sufficient improvements to enable assurance ratings of 'reasonable'.

Both the Board and operational management have worked in partnership with Internal Audit throughout the year and formal feedback on the work demonstrates that Internal Audit is helping the health board to make continuous improvements.

A summary of audit ratings provided in 2019-20, is outlined in the table below:



The findings to all limited and no assurance rated internal audit reviews undertaken in 2019/20 were accepted in full by management, and action plans included in final reports. All Internal Audit reports were reported to the Audit, Risk and Assurance Committee for oversight and monitoring.

The Audit, Risk and Assurance Committee has responsibility for tracking all recommendations made by Internal Audit and to ensure that they are addressed in a way that is appropriate and timely, through robust systems for recording and monitoring audit recommendations arising from Internal and External Audit Reviews.

I will monitor the implementation of audit action plans/recommendation implementation through regular meetings of the Executive Delivery and

Performance Group.

The full Head of Internal Audit Opinion and Internal Audit Reports can be accessed on the health board's [website](#).

## **COUNTER FRAUD**

In line with the NHS Protect Fraud, Bribery and Corruption Standards for NHS Bodies (Wales) the Local Counter Fraud Specialist (LCFS) and Director of Finance agreed, at the beginning of the financial year, a work plan for 2019-20. This was approved by the Audit, Risk and Assurance Committee in May 2019.

The work plan for 2019-20 was completed and covered all the requirements under Welsh Government directions. The Counter Fraud Service provides regular reports and updates to members of the Executive Team and directly to the Audit, Risk and Assurance Committee. The Audit, Risk and Assurance Committee will receive the Counter Fraud and Corruption Annual Report for 2020-21 on 25 June 2020.

The NHS Counter Fraud Authority (formerly NHS Protect) provides national leadership for all NHS anti-fraud, bribery and corruption work and is responsible for strategic and operational matters relating to it. A key part of this function is to quality assure the delivery of anti-fraud, bribery and corruption work with stakeholders to ensure that the highest standards are consistently applied.

## **EXTERNAL AUDIT: STRUCTURED ASSESSMENT FINDINGS**

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The Wales Audit Office (WAO) undertakes the external auditor role for Powys Teaching Health Board on behalf of the Auditor General.

The 2019 Structured Assessment work reviewed aspects of the health board's corporate governance and financial management arrangements and, in particular, the progress made in addressing the previous year's recommendations. The scope was broadened to include commentary on arrangements relating to procurement, asset management and improving efficiency and productivity.

Overall the WAO concluded that the Structured Assessment work had demonstrated that the Health Board's arrangements provide strong foundations for delivering its vision, and that the Board has a clear understanding of which arrangements require further development and has focused action to deliver improvements.

The WAO made three recommendations within its report. Recommendations in respect of governance related to: functioning of the Performance and Resources Committee; and, evaluation of the new committee structure.

While pleased that the Wales Audit Office considers good progress to be made I am fully aware of the need to further strengthen and enhance the health board's governance arrangements. I can confirm that actions to address each of the recommendations are underway.

The WAO Structured Assessment 2019 can be viewed on the health board's [website](#).

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## CONCLUSION

As Accountable Officer for Powys Teaching Health Board, based on the assurance process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control. I can confirm that the Board and its Executive Directors are alert to their accountabilities in respect of internal control and the Board has had in place during the year a system of providing assurance aligned to corporate objectives to assist with identification and management of risk. I am pleased to note that as a result of our internal control arrangements, Powys Teaching Health Board continues to be on 'routine' monitoring as part of NHS Wales Escalation and Intervention arrangements.

During 2019-20, we proactively identified areas requiring improvement and requested that Internal Audit undertake detailed assessments in order to manage and mitigate associated risks. Further work will be undertaken in 2020-21 to ensure implementation of recommendations arising from audit reviews, particular where a limited or no assurance rating is applied. We have taken substantial steps to embed risk management and the assurance framework at a corporate level; this work will continue in 2020-21. Implementation of the Board's Annual Governance Programme will see a further strengthening of the Board's effectiveness and system of internal control in 2020-21.

This 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, I will continue to drive improvements and will seek to provide assurance for our citizens and stakeholders that the services we provide are efficient, effective and appropriate and designed to meet patient needs and expectations.

As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020/21 and beyond. I will ensure our Governance Framework considers and responds to this need.

**SIGNED BY:**

**CAROL SHILLABEER [CHIEF EXECUTIVE]**

**DATE: 30 JUNE 2020**

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## Appendix 1

### Board and Board Committee Membership and Attendance at Board

Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Vivienne Harpwood	Chair	▪ Chair of the Board	7/7	
		▪ Chair of the Remuneration and Terms of Service Committee	4/4	
Melanie Davies	Vice Chair	▪ Vice Chair of the Board	6/7	
		▪ Chair of the Experience, Quality and Safety Committee	5/6	
		▪ Vice Chair of the Remuneration and Terms of Service Committee	3/4	
		▪ Member of the Performance and Resources Committee	4/6	
Ian Phillips	Independent Member [Information Technology]	▪ Member of the Board	5/7	
		▪ Vice Chair of the Strategy and Planning Committee	4/4	
		▪ Member of the Audit, Risk and Assurance Committee	4/6	
		▪ Member of the Performance and Resources Committee	5/6	
Trish Buchan	Independent Member [Third Sector]	▪ Member of the Board	7/7	Cleaning, Hygiene and Infection Management
		▪ Chair of the Strategy and Planning Committee	4/4	
		▪ Vice Chair of the Experience, Quality and Safety Committee	6/6	
		▪ Member of the Charitable Funds Committee	3/3	
Matthew Dorrance	Independent Member [Local Authority]	▪ Member of the Board	4/7	
		▪ Chair of the Performance and Resources Committee	3/6	
		▪ Member of the Audit, Risk and Assurance Committee	4/7	
		▪ Member of the Remuneration and Terms of Service Committee	4/4	
Owen James	Independent Member [Community]	▪ Member of the Board	7/7	
		▪ Chair of the Charitable Funds Committee	2/3	
		▪ Member of the Experience, Quality and Safety Committee	6/6	
		▪ Member of the Strategy and Planning Committee	4/4	

Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Tony Thomas	Independent Member [Finance]	▪ Member of the Board	7/7	
		▪ Chair of the Audit, Risk and Assurance Committee	7/7	
		▪ Vice Chair of the Charitable Funds Committee	3/4	
		▪ Member of the Performance and Resources Committee	5/6	
		▪ Member of the Remuneration and Terms of Service Committee	4/4	
Mark Taylor	Independent Member [Capital and Estates]  [From July 2019]	▪ Member of the Board	6/6	
		▪ Vice Chair of the Audit, Risk and Assurance Committee	4/5	
		▪ Vice Chair of Performance & Resources Committee	4/4	
		▪ Member of the Charitable Funds Committee	2/2	
		▪ Member of the Strategy and Planning Committee	2/2	
Susan Newport	Independent Member [Trade Union]	▪ Member of the Board	6/7	Armed Forces/Veterans Health
		▪ Member of the Experience, Quality and Safety Committee	4/6	
		▪ Member of the Remuneration and Terms of Service Committee	3/4	
Duncan Forbes	Independent Member [Legal]  [To August 2019]]	▪ Member of the Board	2/3	
		▪ Vice Chair of the Performance and Resources Committee	1/3	
		▪ Member of the Audit, Risk and Assurance Committee	2/3	
		▪ Member of the Strategy and Planning Committee	2/2	
Frances Gerrard	Independent Member [University]  [Sickness Absent from 2 <sup>nd</sup> February 2020]	▪ Member of the Board	5/6	
		▪ Member of the Experience, Quality and Safety Committee	4/5	

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Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Carol Shillabeer	Chief Executive	<ul style="list-style-type: none"> <li>Member of the Board</li> <li>Member of the Emergency Ambulance Services Committee</li> <li>Member of the Joint Partnership Board</li> <li>Member of the Welsh Health Specialist Services Committee</li> </ul> <p><u>Required attendee at:</u></p> <ul style="list-style-type: none"> <li>Remuneration and Terms of Service Committee</li> <li>Regular attendee at all Board Committees</li> </ul>	Board Attendance 7/7	
Patsy Roseblade	Director of Primary and Community Care, and Mental Health  [To April 2019]	<ul style="list-style-type: none"> <li>Member of the Board</li> <li>Member of the Emergency Ambulance Services Committee (in Chief Executives absence)</li> <li>Member of the Welsh Health Specialist Services Committee (in Chief Executives absence)</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>Experience Quality and Safety Committee</li> <li>Performance and Resources Committee</li> </ul> <p><u>Attendee as requested at all Board Committees</u></p>	Board Attendance 0/0	
Jamie Marchant (From June 2019)	Director of Primary and Community Care, and Mental Health  [From June 2019]	<ul style="list-style-type: none"> <li>Member of the Board</li> <li>Member of the Emergency Ambulance Services Committee (in Chief Executives absence)</li> <li>Member of the Welsh Health Specialist Services Committee (in Chief Executives absence)</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>Experience Quality and Safety Committee</li> <li>Performance and Resources Committee</li> </ul> <p><u>Attendee as requested at all Board Committees</u></p>	Board Attendance 4/5	

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Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Wyn Parry	Medical Director	<ul style="list-style-type: none"> <li>Member of the Board</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>Experience, Quality and Safety Committee</li> </ul> <u>Attendee as requested at all Board Committees</u>	Board Attendance 5/7	
Rhiannon Jones	Director of Nursing and Interim Director of Therapies and Health Sciences  [To July 2019]	<ul style="list-style-type: none"> <li>Member of the Board</li> </ul> <u>Executive Lead and Required Attendee:</u> <ul style="list-style-type: none"> <li>Experience, Quality and Safety Committee</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>Performance and Resources Committee</li> <li>Strategy and Planning Committee</li> <li>Charitable Funds Committee</li> </ul> <u>Attendee as requested at all Board Committees</u>	Board Attendance 2/2	
Claire Madsen	Director of Therapies and Health Sciences  [From January 2020]	<ul style="list-style-type: none"> <li>Member of the Board</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>Experience, Quality and Safety Committee</li> <li>Performance and Resources Committee</li> </ul> <u>Attendee as requested at all Board Committees</u>	Board Attendance 2/2	
Alison Davies	Director of Nursing  [From January 2020]	<ul style="list-style-type: none"> <li>Member of the Board</li> </ul> <u>Executive Lead and Required Attendee:</u> <ul style="list-style-type: none"> <li>Experience, Quality and Safety Committee</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>Strategy and Planning Committee</li> <li>Charitable Funds Committee</li> </ul> <u>Attendee as requested at all Board Committees</u>	Board Attendance 1/1	

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Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Katrina Rowlands	Interim Director of Nursing  [From July 2019 to January 2020]	<ul style="list-style-type: none"> <li>Member of the Board</li> </ul> <u>Executive Lead and Required Attendee:</u> <ul style="list-style-type: none"> <li>Experience, Quality and Safety Committee</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>Strategy and Planning Committee</li> <li>Charitable Funds Committee</li> </ul> <ul style="list-style-type: none"> <li>Attendee as requested at all <u>Board Committees</u></li> </ul>	Board Attendance 3/3	
Julie Rowles	Director of Workforce and OD	<ul style="list-style-type: none"> <li>Member of the Board</li> </ul> <u>Executive Lead and Required Attendee:</u> <ul style="list-style-type: none"> <li>Remuneration and Terms of Service Committee</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>Experience, Quality and Safety Committee</li> <li>Performance and Resources Committee</li> <li>Strategy and Planning Committee</li> </ul> <u>Attendee as requested at all other Board Committees</u>	Board Attendance 7/7	
Hayley Thomas	Director of Planning and Performance	<ul style="list-style-type: none"> <li>Member of the Board</li> </ul> <u>Executive Lead and Required Attendee:</u> <ul style="list-style-type: none"> <li>Strategy and Planning Committee</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>Performance and Resources Committee</li> </ul> <u>Attendee as requested at all other Board Committees</u>	Board Attendance 7/7	

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Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Stuart Bourne	Director of Public Health	<ul style="list-style-type: none"> <li>Member of the Board</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>Strategy and Planning Committee</li> <li>Experience, Quality and Safety Committee</li> </ul> <u>Attendee as requested at all other Board Committees</u>	Board Attendance 7/7	
Eifion Williams	Director of Finance and IT  [To July 2019]	<ul style="list-style-type: none"> <li>Member of the Board</li> </ul> <u>Executive Lead and Required Attendee:</u> <ul style="list-style-type: none"> <li>Performance and Resources Committee</li> <li>Charitable Funds Committee</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>Audit, Risk and Assurance Committee</li> <li>Strategy and Planning Committee</li> </ul> <u>Attendee as requested at all other Board Committees</u>	Board Attendance 2/2	
Pete Hopgood	Interim Director of Finance and IT  [From July 2019]	<ul style="list-style-type: none"> <li>Member of the Board</li> </ul> <u>Executive Lead and Required Attendee:</u> <ul style="list-style-type: none"> <li>Performance and Resources Committee</li> <li>Charitable Funds Committee</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>Audit, Risk and Assurance Committee</li> <li>Strategy and Planning Committee</li> </ul> <u>Attendee as requested at all other Board Committees</u>	Board Attendance 5/5	

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## Appendix 1

### Ministerial Directions and Welsh Health Circulars 2019-20

Ministerial Direction/ Welsh Health Circular	Year of Adoption	PTHB Position
Ministerial Direction referred to in letter from Andrew Goodall, 19 December 2019 – Action on 2019/20 Pension Tax Impacts	2019	Received and detailed in financial statements.
WHC 2019 (001) - Changes to the availability of gluten free (GF) foods for the treatment of coeliac disease on prescription in England – Implications for Wales	2019	Reported to prescribing leads at the Drugs and Therapeutics Committee. No specific action required within Powys.
WHC 2019 (002) - Update on ordering influenza vaccines for the 2019-20 season	2019	Circular cascaded in line with guidance. Circulated to members of Influenza Steering Group on 07/02/19 and on 11/02/19. Reviewed at Influenza Steering Group meeting on 11/02/19.
WHC 2019 (003) - List of Welsh Health Circulars - 1 August 2018 – 31 January 2019	2019	All WHCs for the period received and actioned
WHC 2019 (004) - Statutory and Administrative Financial Duties of Health Education and Improvement Wales	2019	HEIW's financial responsibilities noted.
WHC 2019 (005) - Maintaining continuity of supply of medicines in the event of leaving the European Union in a 'no deal' scenario	2019	Head of Pharmacy is a member of the WG Medicine Shortages Group Messaging for Wales wide shortage risks will be managed centrally though this group Within Powys, We have 1. Asked MM team to actively discourage stockpiling 2. Working with our DGH suppliers to identify potential over-ordering National advice has been sent to all Community pharmacies and GP practices, and re-iterated at PCD&T
WHC 2019 (006) - NHS Wales National Clinical Audit and Outcome Review Plan	2019	Audits relevant to PTHB underway to be completed in 2020

Annual Rolling Programme for 2019/20		
WHC 2019 (007) - Annual Quality Statement 2018 / 2019 Guidance	2019	The Annual Quality Statement was prepared and published by the 31 May as required.
WHC 2019 (008) - Changes to the shingles immunisation programme from 1 April 2019	March 2019	Circular cascaded in line with guidance. Circulated to members of Powys Vaccination Group on 19/02/19. Reviewed at Powys Vaccination Group meeting on 12/03/19.
WHC 2019 (011) - Implementing recommendations of the review of sexual health services – action to date and next steps	2019	Finance, Planning and Performance paper prepared in September in anticipation of the forthcoming Sexual Health Welsh Health Circular  Multi-agency workshop held in October 2018 to prepare the relevant priorities for Powys Sexual Health Improvement plan  The content will be populated as part of the required response to the Welsh Health Circular by June 2019
WHC 2019 (012) - Implementation of OBS Cymru (Obstetric Bleeding Strategy for Wales), a management strategy for Postpartum Haemorrhage (PPH), in Maternity Services	2019	Powys fully implemented Community element (stage 1 risk. assessment of OBS Cymru (Obstetric Bleeding Strategy for Wales) as the the agreed all Wales management strategy for Postpartum Haemorrhage (PPH), in Maternity Services. Full training of all Powys midwives was undertaken in the 19-20 Midwifery updates in regards to use of documentation and objective measurement of blood loss. Early VHA, haemoglobin and lactate testing is undertaken on transfer for PPH in the community
WHC 2019 (013) - 2019/20 LHB & Trust Monthly Financial Monitoring Return Guidance	2019	The Guidance has been implemented and being adhered to by the Finance Team
WHC 2019 (014) - Dispute Arbitration Process – Guidance for Disputed Debts (invoices and service agreements within NHS Wales – 2019/20 – 2020/21	2019	Revised guidance incorporating a change in timescales for service agreement disputes. This is being followed should the need arise. There have been no requirements for arbitration in 19/20

WHC 2019 (015) - The National Influenza immunisation Programme 2019-2020	2019	Circular forwarded to lead officers. Relevant actions in WHC 015/2019 included in 2019/20 PTHB seasonal flu vaccination action plan approved by Executive Committee in July'19. - Enclosure – Childhood Influenza Vaccination Programme 2019/2020 - National Enhanced Service Specification
WHC 2019 (016) - European Parliamentary Elections - 23 May 2019	2019	Guidance issued by Powys Announcements and included in Standards of Behaviour Policy
WHC 2019 (017) - Living with Persistent Pain in Wales	2019	Powys has introduced a Chronic Pain Pathway that is compliant with NICE Guidelines.
WHC 2019 (018) - Augmentative and Alternative Communication (AAC) Pathway	2019	Circular cascaded in line with guidance.
WHC 2019 (019) - AMR & HCAI IMPROVEMENT GOALS FOR 2019-20	2019	5 year National Action Plan 2019 – 2024 underpinning the UK AMR Strategy 20
WHC 2019 (020) - Changes to the Human Papillomavirus (HPV) immunisation programme for the academic school year starting September 2019	2019	Circular forwarded to lead officer for school nursing service. Confirmation provided that plans in place to extend HPV immunisation from Sep'19 as per the requirements.
WHC 2019 (021) - The Role of the Community Dental Service and Services for Vulnerable People	2019	The CDS is now transmitting FP17's and all actions are complete.
WHC 2019 (022) - Sharing Patient information between healthcare professionals – a joint statement from the Royal College of Ophthalmologists and College of Optometrists	2019	Consultants advised of requirements.
WHC 2019 (023) -UPDATE OF GUIDANCE ON CLEARANCE AND MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH A BLOODBORNE VIRUS (BBV)	2019	Occupational Health Physician revising guideline, scheduled for completion end March 2020
WHC 2019 (024) -Pertussis – occupational vaccination of healthcare workers	2019	There is no PGD for pertussis this was due to be discussed with Medicines Management 5 March 2020. Mitigation is that Occupational Health Physician signs individual prescriptions. Focus on Pertussis will increase now that

		influenza campaign is coming to an end, however progress may be adversely affected dependent upon demand generated by COVID-19.
WHC 2019 (025) - List of Welsh Health Circulars - 31 January 2019 – 31 July 2018	2019	All WHC for the period received and actioned.
WHC 2019 (026) - Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	2019	Compliance achieved.
WHC 2019 (027) - Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee and the Emergency Ambulances Services Committee	2019	Board approved amended versions in November 2019.
WHC 2019 (028) -Consolidated rules for managing cancer waiting times	2019	For Planned Care the management of patients is in accordance with the relevant elements of consolidated guidance (mainly in relation to the start of the pathway and diagnostics, treatment is not undertaken in PTHB).
WHC 2019 (029) - NHS Wales Planning Framework 2020-23	2019	The PTHB IMTP 2020/2023 has been developed in accordance with the NHS Wales Planning Framework 2020-23. PTHB Board approved the IMTP in January 2020 and it was submitted to Welsh Government for the deadline of the end of January 2020.
WHC 2019 (030) - National Integrated Medium Term Plan (IMTP) – An All Wales Review of NHS IMTPs for 2019-22	2019	The PTHB IMTP 2020/2023 has been developed in accordance with the NHS Wales Planning Framework 2020-23. PTHB Board approved the IMTP in January 2020 and it was submitted to Welsh Government for the deadline of the end of January 2020.
WHC 2019 (031) - The Department of Culture, Media and Sport (DCMS) guidance for UK departments on mitigation options for risks to data flows	2019	Guidance used as part of no-deal Brexit planning up to 31st January 2020. Will be re-visited in the second half of 2020, depending on WG future direction regarding no-deal Brexit planning.

WHC 2019 (032) -Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	2019	As a service communication preference is recorded on referral forms.
WHC 2019 (034) -National Optimal Pathways for Cancer (2019 tranche 1)	TBC	Improving data capture shows that more work is required to ensure we consistently meet the 62 day target for diagnosis. There is a requirement to address symptom awareness, encourage uptake of screening opportunities and healthcare consultations to review possible red flag symptoms and the increase clinical suspicion amongst healthcare providers.
WHC 2019 (035) - UK General Election 2019	2019	Guidance shared via Powys Announcements. Standards of Behaviour Policy updated to include revised guidance.
WHC 2019 (036) - UK General Election 2019 – Guidance for NHS Wales	2019	Guidance shared via Powys Announcements. Standards of Behaviour Policy updated to include revised guidance.
WHC 2019 (037) - Ordering Influenza Vaccines for the 2020-2021 Season	2019	Advice circulated to GPs and community pharmacists by WG. Shared internally via the PTHB Influenza Steering Group membership (inc to Medicines Management, School Nursing and Maternity).
WHC 2019 (038) - Guidance for the Provision of Continence Containment Products for Adults in Wales	2019	All Wales guidelines developed and implemented locally. Local audit planned to confirm compliance by March 2021.
WHC 2019 (039) - Good Working Practice Principles for the Use of Chaperones During Intimate Examinations or Procedures Within NHS	2020	Action undertaken by the Safeguarding Group during January 2020.
WHC 2019 (040) - 2020-21 Health Board and Public Health Wales NHS Trust Allocations	2020	Noted. Detail included in IMTP 2020-23.
WHC 2019 (041) - Changes to the infant pneumococcal conjugate vaccine (PCV) immunisation schedule.	2020	Received and cascaded to clinical leads.

WHC 2019 (042) - Annual Quality Statement 2019 / 2020 Guidance	2020	Noted. AQS to be developed by September 2020, in-line with revised timescales.
WHC 2020 (003) - Value Based Health Care Programme - Data Requirements	2020	Cascaded to commissioning and information teams for action.
WHC 2020 (004) - List of Welsh Health Circulars - 1 August 2019 – 31 January 2020	2020	All WHCs for the period received and actioned.
WHC 2020 (006) - COVID-19 RESPONSE – CONTINUATION OF IMMUNISATION PROGRAMMES	2020	Received and cascaded to clinical leads.

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## PART B: REMUNERATION AND STAFF REPORT

This report contains information about the remuneration of senior management, fair pay ratios, sickness absence rates etc. and has been compiled by the Directorate of Finance and the Workforce and Organisational Development Directorate.

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# THE REMUNERATION AND STAFF REPORT

## BACKGROUND

The Treasury's Government Financial Reporting Manual (FReM) requires that a Remuneration Report shall be prepared by NHS bodies providing information under the headings in SI 2008 No 410, made to the extent that they are relevant. The Remuneration Report contains information about senior manager's remuneration. The definition of "Senior Manager" is:

*"those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."*

This section of the Accountability Report meets these requirements.

## THE REMUNERATION TERMS OF SERVICE COMMITTEE

Remuneration and terms of service for Executive Directors and the Chief Executive are agreed, and kept under review by the Remuneration and Terms of Service Committee. The Committee also monitors and evaluates the annual performance of the Chief Executive and individual Directors (the latter with the advice of the Chief Executive).

In 2019-20, the Remuneration and Terms of Services Committee was chaired by the health board's Chair, Vivienne Harpwood, and the membership included the following Members:

- Melanie Davies, Vice Chair of the Board;
- Tony Thomas, Chair of Audit and Assurance Committee;
- Matthew Dorrance, Chair of Performance and Resources Committee; and
- Susan Newport, Independent Member (Trade Union)

Meetings are minuted and decisions fully recorded.

## INDEPENDENT MEMBERS' REMUNERATION

Remuneration for Independent Members is decided by the Welsh Government, which also determines their tenure of appointment.

## DIRECTORS' AND INDEPENDENT MEMBERS' REMUNERATION

Details of Directors' and Independent Members' remuneration for the 2019-20 financial year, together with comparators are given in Table 2 opposite.

The norm is for Executive Directors and Senior Managers salaries to be uplifted in accordance with the Welsh Government identified normal pay

inflation percentage. In 2019-20, Executive Directors received a pay inflation uplift, in-line with Welsh Government's Framework.

If there were to be an up-lift over and above this level, this would always be agreed as a result of changes in roles and responsibilities and with advice from an independent consultancy with specialist knowledge of job evaluation and executive pay within the NHS. In addition, the Remuneration and Terms of Services Committee would receive a detailed report in respect of issues to be considered in relation to any uplift to Executive Directors salaries (including advice from the Welsh Government) and having considered all the advice and issues put before them, would report their recommendations to the Board for ratification.

The Committee also reviews objectives set for Executive Directors and assesses performance against those objectives when considering recommendations in respect of annual pay uplifts.

It should be noted that Executive Directors are not on any form of performance related pay. All contracts are permanent with a three month notice period. Conditions were set by Welsh Government as part of the NHS Reform Programme of 2009. However, for part of the year there were interim Directors in post; an Interim Director of Nursing, and Interim Director of Primary, Community Care and Mental Health, and an Interim Director of Finance & IT.

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## SALARY AND PENSION DISCLOSURE TABLE: SALARIES AND ALLOWANCES

Name and title	2019-20						2018-19					
	Salary	Benefits in Kind	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension - Related Benefits Salary	Single Total remuneration	Salary	Benefits in Kind	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension - Related Benefits Salary	Single Total remuneration
	(bands of £5,000) £000	(taxable) to nearest £100 £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	(taxable) to nearest £100 £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
<b>Executive directors</b>												
Carol Shillabeer - Chief Executive	165 - 170	0	0	0	42.5 - 45.0	210 - 215	160 - 165	0	0	0	2.5 - 5.0	165 - 170
Julie Rowles - Director of Workforce and Organisational Development **	115 - 120	59	0	0	102.5 - 105.0	225 - 230	105 - 110	47	0	0	(42.5) - (45.0)	65 - 70
Catherine Woodward - Director of Public Health (From 1st September 2018 to 31st January 2019)	0	0	0	0	0	0	110 - 115	0	0	0	90.0 - 92.5	200 - 205
Hayley Thomas - Director of Planning and Performance **	115 - 120	65	0	0	72.5 - 75.0	195 - 200	105 - 110	55	0	0	42.5 - 45.0	155 - 160
Rhiannon Jones - Director of Nursing and Interim Director of Therapies & Health Science (to 14th July 2019 )	35 - 40	20	0	0	55.5 - 57.0	95 - 100	105 - 110	58	0	0	22.5 - 25.0	135 - 140
Eifion Williams - Interim Director of Finance (to 30th July 2019)	30 - 35	0	0	0	0	30 - 35	130 - 135	0	0	0	10.0 - 12.5	140 - 145
Stuart Bourne - Interim Director of Public Health (to 31st August 2018) - Director of Public Health (From 1st February 2019)	105 - 110	0	0	0	12.5 - 15.0	115 - 120	75 - 80	0	0	0	7.5 - 10.0	85 - 90
Patsy Roseblade - Interim Director of Primary, Community Care and Mental Health (From 15th October 2018 to 14th April 2019)	5 - 10	0	0	0	0	5 - 10	50 - 55	0	0	0	27.5 - 30.0	75 - 80
Wyn Parry - Medical Director (From 10th September 2018)	130 - 135	0	0	0	140.0 - 142.5	270 - 275	70 - 75	0	0	0	67.5 - 70.0	140 - 145
Pete Hopgood - Interim Director of Finance (From 1st July 2019)	100 - 105	0	0	0	132.5 - 135.0	235 - 240	0	0	0	0	0	0
Jamie Marchant - Director of Primary, Community Care and Mental Health Services (From 11th June 2019)	80 - 85	0	0	0	15.0 - 17.5	95 - 100	0	0	0	0	0	0
Katrina Rowlands - Interim Director of Nursing (From 15th July 2019 to 19th January 2020)	50 - 60	0	0	0	132.5 - 135.0	185 - 190	0	0	0	0	0	0
Rani Mallison - Board Secretary	75 - 80	0	0	0	105.0 - 107.5	180 - 185	0	0	0	0	0	0
Claire Madsen - Director of Therapies and Health Science (From 7th January 2020)	20 - 25	0	0	0	12.5 - 15.0	35 - 40	0	0	0	0	0	0
Alison Davies - Director of Nursing (From 20th January 2020)	15 - 20	0	0	0	20.0 - 22.5	35 - 40	0	0	0	0	0	0

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Name and title	2019-20						2018-19					
	Salary	Benefits in Kind	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension - Related Benefits Salary	Single Total remuneration	Salary	Benefits in Kind	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension - Related Benefits Salary	Single Total remuneration
	(bands of £5,000) £000	(taxable) to nearest £100 £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	(taxable) to nearest £100 £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
<b>Associate Members</b>												
Director of Social Services, Powys County Council (Alison Bulman)	0	0	0	0	0	0	0	0	0	0	0	0
Chair of Healthcare Professionals Forum (TBC)	0	0	0	0	0	0	0	0	0	0	0	0
Chair of Stakeholder Reference Group (TBC)	0	0	0	0	0	0	0	0	0	0	0	0
<b>Non-Officer Members</b>												
Professor Vivienne Harwood - Chair *	50 - 55	0	0	0	0	50 - 55	40 - 45	0	0	0	0	40 - 45
Melanie Davies - Vice Chair	30 - 35	0	0	0	0	30 - 35	30 - 35	0	0	0	0	30 - 35
Matthew Dorrance - Independent Member (Local Authority )	5 - 10	0	0	0	0	5 - 10	5 - 10	0	0	0	0	5 - 10
Patricia Buchan - Independent Member (Third Sector )	5 - 10	0	0	0	0	5 - 10	10 - 15	0	0	0	0	10 - 15
Mark Baird - Independent Member (ICT - to 30th June 2018)	0	0	0	0	0	0	0 - 5	0	0	0	0	0 - 5
Sara Williams - Independent Member (Capital and Estates to 30th September 2018)	0	0	0	0	0	0	5 - 10	0	0	0	0	5 - 10
Owen James - Independent Member (Community)	5 - 10	0	0	0	0	5 - 10	5 - 10	0	0	0	0	5 - 10
Anthony Thomas - Independent Member (Finance)	5 - 10	0	0	0	0	5 - 10	5 - 10	0	0	0	0	5 - 10
Duncan Forbes - Independent Member (Legal - to 7th August 2019)	0 - 5	0	0	0	0	0 - 5	5 - 10	0	0	0	0	5 - 10
Frances Gerrard - Independent Member (University held post relating to health)	5 - 10	0	0	0	0	5 - 10	5 - 10	0	0	0	0	5 - 10
Ian Phillips - Independent Member (ICT - from 1st September 2018)	5 - 10	0	0	0	0	5 - 10	5 - 10	0	0	0	0	5 - 10
Susan Newport - Independent Member (Trade Union - from 1st September 2018)	0	0	0	0	0	0	0	0	0	0	0	0
Mark Taylor - Independent Member (Capital and Estates from 3rd July 2019)	5 - 10	0	0	0	0	5 - 10	0	0	0	0	0	0

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\*Please note that Professor Vivienne Harpwood is also Chair for the Welsh Health Specialist Services Committee and the costs of this role are paid by Powys THB and recharged to Cwm Taf Morgannwg University Health Board. These costs are excluded from the above calculations

\*\* Please note that the salary figure for 2019-20 includes arrears of pay relating to 2018-19

The remuneration Report now contains a Single Total Figure of remuneration, this is a different way of presenting the remuneration for each individual for the year. The table used is similar to that used previously, and the salary and benefits in kind elements are unchanged. The amount of pension benefits for the year which contributes to the single total figure is calculated using a similar method to that used to derive pension values for tax purposes, and is based on information received from NHS BSA Pensions Agency.

The value of pension benefits is calculated as follows:  $(\text{real increase in pension} \times 20) + (\text{real increase in any lump sum}) - (\text{contributions made by member})$

\*excluding increases due to inflation or any increase or decrease due to a transfer of pension rights

The Single Total Figure of remuneration is not an amount which has been paid to an individual by the THB during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a person's salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.

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Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation’s workforce. The banded remuneration of the highest-paid director in PTHB in the financial year 2019-20 was £165,000 to £170,000 (2018-19, £160,000 to £165,000. This was 5.61 times (2018-19, 5.75 times) the median remuneration of the workforce, which was £29,763 (2018-19, £28,479).

In 2019-20, 1 (2018-19, 2) employees received remuneration in excess of the highest-paid director. Remuneration for all staff ranged from £17,652 to £169,422 (2018-19, £17,460 to £171,635).

	2019-20	2018-19
Band of Highest paid Directors' Total Remuneration £000	165 - 170	160 - 165
Median Total Remuneration £000	30	28
Ratio	5.6	5.8

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. Overtime payments are included for the calculation of both elements of the relationship.

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## SALARY AND PENSION DISCLOSURE TABLE: PENSION BENEFITS

		Real increase in pension at age 60	Real increase in pension lump sum at aged 60	Total accrued pension at age 60 at 31 Mar 2020	Lump sum at aged 60 related to accrued pension at 31st March 2020	Cash Equivalent transfer value at 31 Mar 2020	Cash Equivalent transfer value at 31 Mar 2019	Real increase in Cash equivalent transfer value	Employer's contribution to stakeholder pension
		(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	£000	£000	£000	£000
<b>Name and title</b>									
Carol Shillabeer - Chief Executive		2.5 - 5.0	0.0 - 2.5	55 - 60	145 - 150	1,070	981	66	0
Julie Rowles - Director of Workforce and Organisational Development		5.0 - 7.5	7.5 - 10.0	55 - 60	140 - 145	1,168	1,018	126	0
Hayley Thomas - Director of Planning and Performance		2.5 - 5.0	5.0 - 5.5	30 - 35	70 - 75	552	469	71	0
Rhiannon Jones - Director of Nursing and Interim Director of Therapies & Health Science (to 14th July 2019 )		2.5 - 5.0	7.5 - 10.0	50 - 55	155 - 160	1,091	891	59	0
Eifion Williams - Interim Director of Finance (to 30th July 2019)**		0	0	0	0	0	1,742	0	0
Stuart Bourne - Interim Director of Public Health (to 31st August 2018) - Director of Public Health (From 1st February 2019)		0.0 - 2.5	0.0 - (2.5)	30 - 35	70 - 75	584	545	26	0
Patsy Roseblade - Interim Director of Primary, Community Care and Mental Health (From 15th October 2018 to 14th April 2019)**		0	0	0	0	0	643	0	0
Wyn Parry - Medical Director (From 10th September 2018)*		5.0 - 7.5	20.0 - 22.5	45 - 50	145 - 150	0	997	0	0
Pete Hopgood - Interim Director of Finance (From 1st July 2019)		7.5 - 10.0	17.5 - 20.0	35 - 40	80 - 85	632	457	124	0
Jamie Marchant - (From 11th June 2019)		0.0 - 2.5	0.0 - (2.5)	25 - 30	50 - 55	463	427	21	0
Katrina Rowlands - Interim Director of Nursing (From 15th July 2019 to 19th January 2020)*		5.0 - 7.5	(7.5) - (10.0)	45 - 50	75 - 80	0	0	0	0
Rani Mallison - Board Secretary		5.0 - 7.5	10.0 - 12.5	10 - 15	25 - 30	183	111	70	0
Claire Madsen - Director of Therapies and Health Science (From 7th January 2020)		0.0 - 2.5	0.0 - 2.5	25 - 30	75 - 80	549	475	15	0
Alison Davies - Director of Nursing (From 20th January 2020)***		0.0 - 2.5	2.5 - 5.0	30 - 35	100 - 105	0	0	0	0

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The above calculations are provided by the NHS Pensions Agency and are based on the standard pensionable age of 60.

For Directors marked:

\* the member is over normal retirement age in existing scheme therefore a CETV calculation is not applicable

\*\* the members are now retired

\*\*\* CETV figures are not currently available

As Non officer members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

## **CASH EQUIVALENT TRANSFER VALUES**

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

## **REAL INCREASE IN CETV**

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

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## STAFFING DETAILS

### STAFF PROFILE

As of 31 March 2020, the total number of staff employed by the Health Board stood at 1709.26 Whole Time Equivalents (WTE). The table below provides a breakdown of the staff groups we employ excluding hosted services, such as the Board of Community Health Councils, Health and Care Research Wales and All Wales CHC.

Staff Group	Average Weekly WTE 19/20	Average Weekly WTE 18/19
Add Prof Scientific and Technic	59.83	53.96
Additional Clinical Services	327.56	306.20
Administrative and Clerical	413.3	510.61
Allied Health Professionals	123.81	118.44
Estates and Ancillary	161.76	151.11
Healthcare Scientists	2.43	2.58
Medical and Dental	36.55	32.61
Nursing and Midwifery Registered	541.62	531.94
<b>Grand Total</b>	<b>1667</b>	<b>1707.45</b>

### STAFF COMPOSITION

As at 31 March 2020 the composition of the staff of Powys Teaching Health Board was as follows:

	Female	Male
<b>Directors</b>	5	4
<b>Employees</b>	1,815	302

### SICKNESS ABSENCE

2019-20 information on sickness absence is provided in the table below:

	2019/2020	2018/19
Days Lost Long Term	22268.65	21071.66
Days Lost Short Term	7625.87	7037.26
<b>Total Days Lost</b>	<b>29894.52</b>	<b>28108.92</b>
<b>Total Staff Years</b>	<b>81.90</b>	<b>77.01</b>
Average Working Days Lost	17.96	15.85
Total Staff Employed in Period (Headcount)	2126	2182
Total Staff Employed in Period with no absence (Headcount)	945	978
<b>Percentage of Staff with no Sick Leave</b>	<b>45.56%</b>	<b>44.82%</b>

## STAFF POLICIES

Powys Teaching Health Board as a range of staff policies in place. The policies applied during the financial year:

- For giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities.
- For continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period when they were employed by the company.
- Otherwise for the training, career development and promotion of disabled persons employed by the health board.

Were the *Employing Disabled people Policy* and the *Policy on Impact Assessment for Equality*. These were utilised alongside a range of other policies such as the *Sickness Absence Policy* and *Recruitment and Selection Policy* to ensure fair consideration was given to applications for employment made by a disabled person and for supporting their continued employment.

## TAX ASSURANCE FOR OFF-PAYROLL APPOINTEES

The following table shows all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months:

▪ The total number of existing engagements as of 31 March 2020;	0
▪ The number that have existed for less than one year at time of reporting;	0
▪ The number that have existed for between one and two years at time of reporting;	0
▪ The number that have existed for between two and three years at time of reporting;	0
▪ The number that have existed for between three and four years at time of reporting; and	0
▪ The number that have existed for four or more years at time of reporting.	0

There have been no new engagements, or those that reached six months in duration during 2019-20.

There have been no off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2019 and 31 March 2020.

## EXIT PACKAGES AND SEVERANCE PAYMENTS

This disclosure reports the number and value of exit packages taken by staff leaving in the year. This disclosure is required to strengthen accountability in the light of public and Parliamentary concern about the incidence and cost of these payments.

Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures	Cost of other departures	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special element included in exit packages
	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s
<b>Exit package cost band</b>								
less than £10,000	0	0	0	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0	0	0	0
more than £200,000	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

Redundancy and other departure costs if paid would have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Exit costs in this note are accounted for in full in the year of departure on a cash basis in this note as specified in EPN 380 Annex 13C. Should the health board have agreed early retirements, the additional costs would have been met by PTHB and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension's scheme and are not included in the table.

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## **PART C: WELSH PARLIAMENT ACCOUNTABILITY AND AUDIT REPORT**

This report contains a range of disclosures on the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities, long-term expenditure trends, and the audit certificate and report

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## THE NATIONAL ASSEMBLY FOR WALES ACCOUNTABILITY REPORT

### Regularity of Expenditure

Regularity is the requirement for all items of expenditure and receipts to be dealt with in accordance with the legislation authorising them, any applicable delegated authority and the rules of Government Accounting.

Powys Teaching Health Board ensures that the funding provided by Welsh Ministers has been expended for the purposes intended by Welsh Ministers and that the resources authorised by Welsh Ministers to be used have been used for the purposes for which the use was authorised.

The Health Board's Chief Executive is the Accountable Officer and ensures that the financial statements are prepared in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, the Chief Executive is required to:

- observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
- prepare them on a going concern basis on the presumption that the services of the Health Board will continue in operation.

### Fees and Charges

Where the Health Board undertakes activities that are not funded directly by the Welsh Government the Health Board receives income to cover its costs which will offset expenditure reported under programme areas. Miscellaneous Income can be seen in Note 4 (page 29) of the Annual Accounts.

When charging for this activity the Health Board has complied with the cost allocation and charging requirements set out in HM Treasury guidance.

### Remote Contingent Liabilities

Remote contingent liabilities are made for three categories, comprising indemnities, letters of comfort and guarantees.

The value of remote contingent liabilities for 2019-20 is £0.00m and is disclosed in note 21.2 (page 55) of the Health Board's Annual Accounts.

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## **THE CERTIFICATE AND INDEPENDENT AUDITOR'S REPORT OF THE AUDITOR GENERAL FOR WALES TO THE SENEDD**

### **REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS**

#### **Opinion**

I certify that I have audited the financial statements of Powys Teaching Local Health Board for the year ended 31 March 2020 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the 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).

In my opinion 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.

#### **Basis for opinion**

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### **Conclusions relating to going concern**

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the board's ability to continue to adopt the going concern basis of accounting for

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a period of at least twelve months from the date when the financial statements are authorised for issue.

### **Emphasis of Matter – effects of Covid-19 on the valuation of land and buildings**

I draw attention to Note 1.24 to the financial statements, which describes a material valuation uncertainty clause in the valuation report on certain property items arising from circumstances caused by the Covid-19 pandemic. My opinion is not modified in respect of this matter.

### **Emphasis of Matter – Clinicians' pension tax liabilities**

I draw attention to Note 21.1 of the financial statements, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS Clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. The Health Board has disclosed the existence of a contingent liability at 31 March 2020, and my opinion is not modified in respect of this matter.

### **Other information**

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

### **Opinion on regularity**

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

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## REPORT ON OTHER REQUIREMENTS

### Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance;
- the information given in the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Accountability Report has been prepared in accordance with Welsh Ministers' guidance.

### Matters on which I report by exception

In the light of the knowledge and understanding of the board and its environment obtained in the course of the audit, I have not identified material misstatements in the Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

### Report

I have no observations to make on these financial statements.

## RESPONSIBILITIES

### Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages 12 and 14, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial

statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the board’s ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

**Auditor’s responsibilities for the audit of the financial statements**

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor’s responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor’s report.

**Responsibilities for regularity**

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Adrian Crompton	24 Cathedral Road
Auditor General for Wales	Cardiff
2 July 2020	CF11 9LJ

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## SECTION THREE: THE FINANCIAL STATEMENTS

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# POWYS TEACHING LOCAL HEALTH BOARD

## FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have with the approval of the Treasury directed.

### Statutory background

Powys Teaching Local Health Board was established under the Local Health Boards (Establishment) (Wales) Order 2003 (S.I. 2003/148 (W.18))

As a statutory body governed by Acts of Parliament the THB is responsible for :

- agreeing the action which is necessary to improve the health and health care of the population of Powys;
- supporting and financing General Practitioner-led purchasing of the services needed to meet agreed priorities, including charter standards and guarantees;
- supporting and funding the contractor professions;
- the commissioning of health promotion, emergency planning and other regulatory tasks;
- the stewardship of resources including the financial management and monitoring of performance in critical areas;
- eliciting and responding to the views of local people and organisations and changing and developing services at a pace and in ways that they will accept;
- providing Hospital and Community Healthcare Services to the residents of Powys.

Powys THB hosts the Community Health Councils in Wales. In addition, it is also responsible for hosting specific functions in respect of the accounts of the former Health Authorities mostly significantly in respect of clinical negligence. The THB also hosts the functions of Health and Care Research Wales (HCRW) and All Wales Retrospective Continuing Health Care Reviews Project.

### Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2019-20. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

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## Statement of Comprehensive Net Expenditure for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Expenditure on Primary Healthcare Services	3.1	72,773	67,927
Expenditure on healthcare from other providers	3.2	157,686	148,167
Expenditure on Hospital and Community Health Services	3.3	109,381	97,347
		<b>339,840</b>	313,441
Less: Miscellaneous Income	4	(15,328)	(14,264)
<b>LHB net operating costs before interest and other gains and losses</b>		<b>324,512</b>	299,177
Investment Revenue	5	0	0
Other (Gains) / Losses	6	0	0
Finance costs	7	19	7
<b>Net operating costs for the financial year</b>		<b>324,531</b>	<b>299,184</b>

See note 2 on page 25 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 70 form part of these accounts

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# Other Comprehensive Net Expenditure

	2019-20 £'000	2018-19 £'000
Net (gain) / loss on revaluation of property, plant and equipment	(705)	(721)
Net (gain) / loss on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	0	0
Net (gain)/loss on revaluation of financial assets held for sale	0	0
Impairment and reversals	0	0
Transfers between reserves	0	0
Transfers to / (from) other bodies within the Resource Accounting Boundary	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0
Other comprehensive net expenditure for the year	(705)	(721)
<b>Total comprehensive net expenditure for the year</b>	<b>323,826</b>	<b>298,463</b>

The notes on pages 8 to 70 form part of these accounts

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**Statement of Financial Position as at 31 March 2020**

		<b>31 March 2020</b>	31 March 2019
	<b>Notes</b>	<b>£'000</b>	<b>£'000</b>
<b>Non-current assets</b>			
Property, plant and equipment	11	<b>74,674</b>	78,465
Intangible assets	12	<b>0</b>	0
Trade and other receivables	15	<b>14,791</b>	23,322
Other financial assets	16	<b>0</b>	0
<b>Total non-current assets</b>		<b>89,465</b>	101,787
<b>Current assets</b>			
Inventories	14	<b>156</b>	150
Trade and other receivables	15	<b>9,024</b>	9,615
Other financial assets	16	<b>0</b>	0
Cash and cash equivalents	17	<b>540</b>	2,317
		<b>9,720</b>	12,082
Non-current assets classified as "Held for Sale"	11	<b>0</b>	0
<b>Total current assets</b>		<b>9,720</b>	12,082
<b>Total assets</b>		<b>99,185</b>	113,869
<b>Current liabilities</b>			
Trade and other payables	18	<b>(35,164)</b>	(40,435)
Other financial liabilities	19	<b>0</b>	0
Provisions	20	<b>(2,461)</b>	(2,446)
<b>Total current liabilities</b>		<b>(37,625)</b>	(42,881)
<b>Net current assets/ (liabilities)</b>		<b>(27,905)</b>	(30,799)
<b>Non-current liabilities</b>			
Trade and other payables	18	<b>0</b>	0
Other financial liabilities	19	<b>0</b>	0
Provisions	20	<b>(20,679)</b>	(29,145)
<b>Total non-current liabilities</b>		<b>(20,679)</b>	(29,145)
<b>Total assets employed</b>		<b>40,881</b>	41,843
<b>Financed by :</b>			
<b>Taxpayers' equity</b>			
General Fund		<b>768</b>	2,415
Revaluation reserve		<b>40,113</b>	39,428
<b>Total taxpayers' equity</b>		<b>40,881</b>	41,843

The financial statements on pages 2 to 7 were approved by the Board on 29 June 2020 and signed on its behalf by:

Chief Executive and Accountable Officer .....

Date: 29 June 2020

The notes on pages 8 to 70 form part of these accounts

## Statement of Changes in Taxpayers' Equity

### For the year ended 31 March 2020

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
<b>Changes in taxpayers' equity for 2019-20</b>			
<b>Balance at 1 April 2019</b>	2,415	39,428	41,843
Net operating cost for the year	(324,531)		(324,531)
Net gain/(loss) on revaluation of property, plant and equipment	0	705	705
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other Reserve Movement	0	0	0
Transfers between reserves	20	(20)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
<b>Total recognised income and expense for 2019-20</b>	(324,511)	685	(323,826)
Net Welsh Government funding	319,391		319,391
Notional Welsh Government Funding	3,473		3,473
<b>Balance at 31 March 2020</b>	<b>768</b>	<b>40,113</b>	<b>40,881</b>

The notes on pages 8 to 70 form part of these accounts

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## Statement of Changes in Taxpayers' Equity

### For the year ended 31 March 2019

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
<b>Changes in taxpayers' equity for 2018-19</b>			
<b>Balance at 31 March 2018</b>	1,630	38,724	<b>40,354</b>
Adjustment for Implementation of IFRS 9	(20)	0	<b>(20)</b>
<b>Balance at 1 April 2018</b>	1,610	38,724	<b>40,334</b>
Net operating cost for the year	(299,184)		<b>(299,184)</b>
Net gain/(loss) on revaluation of property, plant and equipment	0	721	<b>721</b>
Net gain/(loss) on revaluation of intangible assets	0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets	0	0	<b>0</b>
Net gain/(loss) on revaluation of assets held for sale	0	0	<b>0</b>
Impairments and reversals	0	0	<b>0</b>
Other reserve movement	0	0	<b>0</b>
Transfers between reserves	17	(17)	<b>0</b>
Release of reserves to SoCNE	0	0	<b>0</b>
Transfers to/from LHBs	0	0	<b>0</b>
<b>Total recognised income and expense for 2018-19</b>	<b>(299,167)</b>	<b>704</b>	<b>(298,463)</b>
Net Welsh Government funding	299,972		<b>299,972</b>
<b>Balance at 31 March 2019</b>	<b>2,415</b>	<b>39,428</b>	<b>41,843</b>

The notes on pages 8 to 70 form part of these accounts

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**Statement of Cash Flows for year ended 31 March 2020**

		<b>2019-20</b>	<b>2018-19</b>
		<b>£'000</b>	<b>£'000</b>
<b>Cash Flows from operating activities</b>	Notes		
Net operating cost for the financial year		<b>(324,531)</b>	<b>(299,184)</b>
Movements in Working Capital	27	<b>3,901</b>	17,141
Other cash flow adjustments	28	<b>14,327</b>	<b>(3,998)</b>
Provisions utilised	20	<b>(11,612)</b>	<b>(7,504)</b>
<b>Net cash outflow from operating activities</b>		<b>(317,915)</b>	<b>(293,545)</b>
<b>Cash Flows from investing activities</b>			
Purchase of property, plant and equipment		<b>(3,253)</b>	<b>(5,295)</b>
Proceeds from disposal of property, plant and equipment		<b>0</b>	0
Purchase of intangible assets		<b>0</b>	0
Proceeds from disposal of intangible assets		<b>0</b>	0
Payment for other financial assets		<b>0</b>	0
Proceeds from disposal of other financial assets		<b>0</b>	0
Payment for other assets		<b>0</b>	0
Proceeds from disposal of other assets		<b>0</b>	0
<b>Net cash inflow/(outflow) from investing activities</b>		<b>(3,253)</b>	<b>(5,295)</b>
<b>Net cash inflow/(outflow) before financing</b>		<b>(321,168)</b>	<b>(298,840)</b>
<b>Cash Flows from financing activities</b>			
Welsh Government funding (including capital)		<b>319,391</b>	299,972
Capital receipts surrendered		<b>0</b>	0
Capital grants received		<b>0</b>	0
Capital element of payments in respect of finance leases and on-SoFP		<b>0</b>	0
Cash transferred (to)/ from other NHS bodies		<b>0</b>	0
<b>Net financing</b>		<b>319,391</b>	299,972
<b>Net increase/(decrease) in cash and cash equivalents</b>	17	<b>(1,777)</b>	1,132
<b>Cash and cash equivalents (and bank overdrafts) at 1 April 2019</b>		<b>2,317</b>	1,185
<b>Cash and cash equivalents (and bank overdrafts) at 31 March 2020</b>		<b>540</b>	2,317

The notes on pages 8 to 70 form part of these accounts

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## Notes to the Accounts

### 1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2019-20 Manual for Accounts. The accounting policies contained in that manual follow the 2019-20 Financial Reporting Manual (FReM), which applies European Union adopted IFRS and Interpretations in effect for accounting periods commencing on or after 1 January 2019, except for IFRS 16 Leases, which is deferred until 1 April 2021; to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

#### 1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

#### 1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

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Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

## 1.4. Employee benefits

### 1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### 1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated in 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in the 2019-20 annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

### 1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

## 1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

## 1.6. Property, plant and equipment

### 1.6.1. Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

### 1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2017-18 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver

services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

### 1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

## 1.7. Intangible assets

### 1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

## Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

### 1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

### 1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

### 1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed



sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

### 1.11. Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

#### 1.11.1. Powys Teaching Local Health Board as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the SoCNE.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

#### 1.11.2. Powys Teaching Local Health Board as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Wales organisation net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the NHS Wales organisation's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

### 1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost

and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

### 1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

### 1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

#### 1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in 2019-20. The WRP is hosted by Velindre NHS Trust.

#### 1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

### 1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

### 1.16. Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

#### 1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

#### 1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

**1.16.3 Held to maturity investments**

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

**1.16.4. Available for sale financial assets**

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

**1.16.5. Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

**1.17. Financial liabilities**

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

**1.17.1. Financial liabilities are initially recognised at fair value**

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

**1.17.2. Financial liabilities at fair value through the SoCNE**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

**1.17.3. Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

**1.18. Value Added Tax (VAT)**

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

**1.19. Foreign currencies**

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

**1.20. Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

**1.21. Losses and Special Payments**

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

## 1.22. Pooled budget

The NHS Wales organisation has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

## 1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

## 1.24. Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these

claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

A formal valuation of Llandrindod Wells War Memorial Hospital was undertaken during the year, with the Valuation Office Agency specifying the following:

The outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organisation as a "Global Pandemic" on 11 March 2020, has impacted global financial markets. Travel restrictions have been implemented by many countries. Market activity is being impacted in many sectors.

As at the valuation date, we consider that we can attach less weight to previous market evidence for comparison purposes, to inform opinions of value. Indeed, the current response to COVID-19 means that we are faced with an unprecedented set of circumstances on which to base a judgement.

Our valuation is therefore reported on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10 of the RICS Red Book Global. Consequently, less certainty – and a higher degree of caution – should be attached to our valuation than would normally be the case. Given the unknown future impact that COVID-19 might have on the real estate market, we recommend that you keep the valuation of this property under frequent review.

#### 1.24.1. Provisions

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

#### 1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

<b>Remote</b>	Probability of Settlement	0 – 5%
	Accounting Treatment	Contingent Liability.
<b>Possible</b>	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision
	Contingent Liability for all other estimated expenditure.	

Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.75%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

### 1.25 Private Finance Initiative (PFI) transactions

The LHB does not have any Private Finance Initiative Transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The NHS Wales organisation therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

#### 1.25.1. Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

#### 1.25.2. PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the NHS Wales organisation's approach for each relevant class of asset in accordance with the principles of IAS 16.

#### 1.25.2. PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

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An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

### **1.25.3. Lifecycle replacement**

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Wales organisation's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

### **1.25.4. Assets contributed by the NHS Wales organisation to the operator for use in the scheme**

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Wales organisation's SoFP.

### **1.25.5. Other assets contributed by the NHS Wales organisation to the operator**

Assets contributed (e.g. cash payments, surplus property) by the NHS Wales organisation to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Wales organisation, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Wales organisation through the asset being made available to third party users.

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**1.26. Contingencies**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

**1.27. Absorption accounting**

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

**1.28. Accounting standards that have been issued but not yet been adopted**

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts Not EU-endorsed.\*

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 16 Leases is to be effective from 1st April 2021.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

**1.29. Accounting standards issued that have been adopted early**

During 2019-20 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

**1.30. Charities**

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the NHS Wales

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organisation has established that as it is the corporate trustee of the linked NHS Charity 'Powys Teaching Local Health Board Charitable Fund and other Related Charities', it is considered for accounting standards compliance to have control of the 'Powys Teaching Local Health Board Charitable Fund and other Related Charities' as a subsidiary and therefore is required to consolidate the results of the 'Powys Teaching Local Health Board Charitable Fund and other Related Charities' within the statutory accounts of the NHS Wales organisation.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Charity or its independence in its management of charitable funds.

However, the NHS Wales organisation has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

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## 2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016 -17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

### 2.1 Revenue Resource Performance

	Annual financial performance			
	2017-18 £'000	2018-19 £'000	2019-20 £'000	Total £'000
<b>Net operating costs for the year</b>	291,900	299,184	324,531	915,615
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,734	1,682	1,855	5,271
Less revenue consequences of bringing PFI schemes onto SoFP	0	0	0	0
Total operating expenses	293,634	300,866	326,386	920,886
Revenue Resource Allocation	293,730	300,931	326,441	921,102
<b>Under /(over) spend against Allocation</b>	96	65	55	216

Powys THB **has** met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2017-18 to 2019-20.

The Health Board **did not** receive any repayable brokerage during the year.

### 2.2 Capital Resource Performance

	2017-18 £'000	2018-19 £'000	2019-20 £'000	Total £'000
<b>Gross capital expenditure</b>	5,482	5,372	3,373	14,227
Add: Losses on disposal of donated assets	0	0	0	0
Less NBV of property, plant and equipment and intangible assets disposed	(250)	0	0	(250)
Less capital grants received	0	0	0	0
Less donations received	(304)	(276)	(176)	(756)
Charge against Capital Resource Allocation	4,928	5,096	3,197	13,221
Capital Resource Allocation	4,933	5,108	3,200	13,241
<b>(Over) / Underspend against Capital Resource Allocation</b>	5	12	3	20

Powys THB **has** met its financial duty to break-even against its Capital Resource Limit over the 3 years 2017-18 to 2019-20.

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2.3 Duty to prepare a 3 year plan

The NHS Wales Planning Framework for the period 2019-20 to 2021-22 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The LHB submitted an Integrated Medium Term Plan for the period 2019-20 to 2021-22 in accordance with NHS Wales Planning Framework.

2019-20  
to  
2021-22

The Minister for Health and Social Services approval

Status  
Date

Approved  
27/03/2019

The THB has therefore met its statutory duty to have an approved financial plan for the period 2019-20 to 2021-22.

2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	2019-20	2018-19
Total number of non-NHS bills paid	45,593	42,654
Total number of non-NHS bills paid within target	43,965	40,843
Percentage of non-NHS bills paid within target	96.4%	95.8%

The LHB has met the target.

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### 3. Analysis of gross operating costs

#### 3.1 Expenditure on Primary Healthcare Services

	Cash limited £'000	Non-cash limited £'000	2019-20 Total £'000	2018-19 £'000
General Medical Services	37,613		37,613	36,020
Pharmaceutical Services	4,574	(2,899)	1,675	1,774
General Dental Services	8,356		8,356	8,157
General Ophthalmic Services	0	1,044	1,044	1,022
Other Primary Health Care expenditure	4,810		4,810	2,626
Prescribed drugs and appliances	19,275		19,275	18,328
<b>Total</b>	<b>74,628</b>	<b>(1,855)</b>	<b>72,773</b>	<b>67,927</b>

The negative non cash limited balance on Pharmaceutical services relate to prescriptions for Powys residents being dispensed in non Powys Pharmacies. The effect of this is a net outflow for Powys THB. The increase in Other Primary Health Care Expenditure relates to an increase of Integrated Care Fund expenditure in 2019/20 of £4.024M (2018/19: £2.393M) which aims to drive and enable integrated and collaborative working between social services, health, housing, the third and independent sectors to support underpinning principles of integration and prevention.

#### 3.2 Expenditure on healthcare from other providers

	2019-20 £'000	2018-19 £'000
Goods and services from other NHS Wales Health Boards	38,997	36,701
Goods and services from other NHS Wales Trusts	2,947	2,465
Goods and services from Health Education and Improvement Wales (HEIW)	0	0
Goods and services from other non Welsh NHS bodies	61,146	58,721
Goods and services from WHSSC / EASC	37,035	34,256
Local Authorities	1,954	1,593
Voluntary organisations	2,141	1,823
NHS Funded Nursing Care	2,218	2,208
Continuing Care	12,461	11,508
Private providers	379	635
Specific projects funded by the Welsh Government	0	0
Other	(1,592)	(1,743)
<b>Total</b>	<b>157,686</b>	<b>148,167</b>

The 7 Health Boards in Wales have established the Welsh Health Specialist Services Commission (WHSSC) which, through the operational management of Cwm Taf Health Board, secures the provision of highly specialised healthcare for the whole of Wales. These arrangements include funding of services operated through a risk sharing arrangement. The THB payment for the WHSSC commissioning arrangements for the year ended 31st March 2020 is £37.035M.

The increase in Goods and services of other non Welsh NHS bodies results from increased activity and increases in tariffs within English NHS providers. The most significant increases are Shrewsbury and Telford Hospitals NHS Trust £1.518M Wye Valley NHS Trust £0.425M and Gloucestershire Hospitals NHS Foundation Trust £0.208M in comparison to 2018/19 expenditure.

The increase in Continuing Health Care expenditure during 2019/20 has resulted from from an increase in the number of cases being funded for this health need in comparison to 2018/19.

The decrease in Private Providers expenditure during 2019/20 has resulted from a decline in the number of patients placed within Private Providers with more patients being placed within NHS Provider bodies.

The negative balance within the Other line relates to the write back of Liabilities from the Statement of Financial Position that have been assessed as no longer payable, which relate to previous years

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**3.3 Expenditure on Hospital and Community Health Services**

	2019-20 £'000	2018-19 £'000
Directors' costs	1,363	1,419
Staff costs	83,158	76,331
Supplies and services - clinical	4,962	4,585
Supplies and services - general	1,321	1,343
Consultancy Services	448	561
Establishment	2,490	2,639
Transport	1,415	1,288
Premises	5,084	4,940
External Contractors	0	0
Depreciation	3,734	3,327
Amortisation	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	4,135	(87)
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	263	263
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	238	92
Research and Development	0	0
Other operating expenses	770	646
<b>Total</b>	<b>109,381</b>	<b>97,347</b>

**3.4 Losses, special payments and irrecoverable debts:  
charges to operating expenses**

	2019-20 £'000	2018-19 £'000
<b>Increase/(decrease) in provision for future payments:</b>		
Clinical negligence;		0
Secondary care	1,825	(7,699)
Primary care	0	0
Redress Secondary Care	48	98
Redress Primary Care	0	0
Personal injury	557	452
All other losses and special payments	2	3
Defence legal fees and other administrative costs	(2)	87
Gross increase/(decrease) in provision for future payments	2,430	(7,059)
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	84	43
<b>Less: income received/due from Welsh Risk Pool</b>	<b>(2,276)</b>	<b>7,108</b>
<b>Total</b>	<b>238</b>	<b>92</b>

	2019-20 £	2018-19 £
Permanent injury included within personal injury £:	87,035	1,639

The main increases in staff costs relates to the NHS Pay Award being agreed and implemented during 2019/20 and the full year effect of the increase in Employer pensions costs payable by 6.3% during the year. Full details of the impact of these additional pension costs is provided in detail at note 34.1.

Clinical Redress expenditure including defence fees during the year was £0.066M in respect of 26 cases (2018-19 £0.115M in respect of 20 cases). This relates to the movement on provision for claims currently in progress. These are expected to be fully reimbursed by the Welsh Risk Pool should payments be made in respect of the claims. This provision is included within Note 20 of the accounts.

The Movement on Clinical Negligence, Personal Injury and Defence fees links to Note 20 of the accounts and includes the arising in year amounts on these lines offset by the reversed unused amounts of the opening provision.

**4. Miscellaneous Income**

	2019-20 £'000	2018-19 £'000
Local Health Boards	2,616	3,195
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	0	0
NHS Wales trusts	67	26
Health Education and Improvement Wales (HEIW)	557	325
Foundation Trusts	0	0
Other NHS England bodies	320	415
Other NHS Bodies	0	0
Local authorities	0	0
Welsh Government	5,166	4,904
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	1,770	1,826
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	63	92
Other income from activities	1,550	1,316
Patient transport services	33	32
Education, training and research	502	448
Charitable and other contributions to expenditure	0	0
Receipt of donated assets	176	276
Receipt of Government granted assets	0	0
Non-patient care income generation schemes	0	0
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	64	73
Other income:		
Provision of laundry, pathology, payroll services	0	0
Accommodation and catering charges	109	107
Mortuary fees	22	25
Staff payments for use of cars	0	0
Business Unit	0	0
Other	2,313	1,204
<b>Total</b>	<b>15,328</b>	<b>14,264</b>
Other income Includes;		
	0	0
	0	0
	0	0
	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

Welsh Government miscellaneous income includes funding received on behalf of the hosted function of Health and Care Research Wales within the THB. This has increased to £4.964M from an amount of £4.548M received in 18/19.

The Receipt of donated assets is due to four significant patient related building schemes being funded by League of Friends and the THB Charity. These include the creation of Palliative Care Suite in Bronllys hospital and redevelopment of patient garden areas at Brecon, Welshpool and Ystradgynlais Hospitals. Smaller items of medical equipment have also been purchased by League of Friends and the THB Charity for the use of Service areas within the THB.

The increase in other Income relates mainly to the receipt of monies due to the Health Board in respect of a fraud case relating to prior years of £0.498M.



**5. Investment Revenue**

	2019-20 £000	2018-19 £000
<b>Rental revenue :</b>		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
<b>Interest revenue :</b>		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**6. Other gains and losses**

	2019-20 £000	2018-19 £000
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**7. Finance costs**

	2019-20 £000	2018-19 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
<b>Total interest expense</b>	<b>0</b>	<b>0</b>
Provisions unwinding of discount	19	7
Other finance costs	0	0
<b>Total</b>	<b>19</b>	<b>7</b>

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## 8. Operating leases

### LHB as lessee

As at 31st March 2020 the LHB had 52 operating leases agreements in place for the leases of premises, 21 arrangements in respect of equipment and 126 in respect of vehicles, with 7 premises, 4 equipment and 40 vehicle leases having expired in year.

Payments recognised as an expense	2019-20 £000	2018-19 £000
Minimum lease payments	1,007	924
Contingent rents	0	0
Sub-lease payments	0	0
<b>Total</b>	<b>1,007</b>	<b>924</b>

### Total future minimum lease payments

Payable	£000	£000
Not later than one year	959	807
Between one and five years	1,206	957
After 5 years	334	251
<b>Total</b>	<b>2,499</b>	<b>2,015</b>

### LHB as lessor

Rental revenue	£000	£000
Rent	322	424
Contingent rents	0	0
<b>Total revenue rental</b>	<b>322</b>	<b>424</b>

### Total future minimum lease payments

Receivable	£000	£000
Not later than one year	322	424
Between one and five years	46	181
After 5 years	136	163
<b>Total</b>	<b>504</b>	<b>768</b>

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**9. Employee benefits and staff numbers**

<b>9.1 Employee costs</b>	<b>Permanent Staff</b>	<b>Staff on Inward Secondment</b>	<b>Agency Staff</b>	<b>Other</b>	<b>Total</b>	<b>2018-19</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Salaries and wages	62,017	271	5,451	0	67,739	65,097
Social security costs	5,383	0	0	0	5,383	5,115
Employer contributions to NHS Pension Scheme	11,399	0	0	0	11,399	7,538
Other pension costs	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0
<b>Total</b>	<b>78,799</b>	<b>271</b>	<b>5,451</b>	<b>0</b>	<b>84,521</b>	<b>77,750</b>
Charged to capital					202	188
Charged to revenue					84,319	77,562
					<b>84,521</b>	<b>77,750</b>
Net movement in accrued employee benefits (untaken staff leave accrual included above)					0	0

**9.2 Average number of employees**

	<b>Permanent Staff</b>	<b>Staff on Inward Secondment</b>	<b>Agency Staff</b>	<b>Other</b>	<b>Total</b>	<b>2018-19</b>
	<b>Number</b>	<b>Number</b>	<b>Number</b>		<b>Number</b>	<b>Number</b>
Administrative, clerical and board members	546	4	4	0	554	529
Medical and dental	37	0	6	0	43	40
Nursing, midwifery registered	541	1	25	0	567	571
Professional, Scientific, and technical staff	59	0	5	0	64	61
Additional Clinical Services	328	0	9	0	337	320
Allied Health Professions	124	0	5	0	129	127
Healthcare Scientists	2	0	0	0	2	3
Estates and Ancillary	162	0	3	0	165	157
Students	0	0	0	0	0	2
<b>Total</b>	<b>1,799</b>	<b>5</b>	<b>57</b>	<b>0</b>	<b>1,861</b>	<b>1,810</b>

**9.3. Retirements due to ill-health**

	<b>2019-20</b>	<b>2018-19</b>
Number	3	5
Estimated additional pension costs £	92,113	341,766

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

**9.4 Employee benefits**

The LHB does not have an employee benefit scheme.

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## 9.5 Reporting of other compensation schemes - exit packages

	2019-20	2019-20	2019-20	2019-20	2018-19
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0

	2019-20	2019-20	2019-20	2019-20	2018-19
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0

There have been no exit packages within the organisation during 2019/20 and 2018/19

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**9.6 Remuneration Relationship**

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the median remuneration of the organisation’s workforce.

The banded remuneration of the highest-paid director in the LHB in the financial year 2019-20 was £165,000 to £170,000 (2018-19, £160,000 to £165,000). This was 5.61 times (2018-19, 5.75 times) the median remuneration of the workforce, which was £29,763 (2018-19, £28,479).

In 2019-20, 1 (2018-19, 2) employees received remuneration in excess of the highest-paid director. Remuneration for all staff ranged from £17,652 to £169,422 (2018-19, £17,460 to £171,635).

Total remuneration includes salary and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

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## 9.7 Pension costs

### PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

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The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

### **c) National Employment Savings Trust (NEST)**

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,136 and £50,000 for the 2019-20 tax year (2018-19 £6,032 and £46,350).

Restrictions on the annual contribution limits were removed on 1st April 2017.

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## 10. Public Sector Payment Policy - Measure of Compliance

### 10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2019-20	2019-20	2018-19	2018-19
	Number	£000	Number	£000
<b>NHS</b>				
Total bills paid	2,367	149,083	2,448	134,693
Total bills paid within target	1,890	142,439	1,553	124,183
Percentage of bills paid within target	79.8%	95.5%	63.4%	92.2%
<b>Non-NHS</b>				
Total bills paid	45,593	75,892	42,654	68,922
Total bills paid within target	43,965	70,760	40,843	63,368
Percentage of bills paid within target	96.4%	93.2%	95.8%	91.9%
<b>Total</b>				
Total bills paid	47,960	224,975	45,102	203,615
Total bills paid within target	45,855	213,199	42,396	187,551
Percentage of bills paid within target	95.6%	94.8%	94.0%	92.1%

The THB performance at 96.4% has met the administrative target of payment of 95% of the number of non-nhs creditors paid within 30 days.

### 10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2019-20	2018-19
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
<b>Total</b>	<b>0</b>	<b>0</b>



## 11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 1 April 2019</b>	14,429	55,014	657	7,591	6,635	545	4,653	0	89,524
Indexation	(141)	912	13	0	0	0	0	0	784
Additions									
- purchased	0	2,117	0	297	435	0	348	0	3,197
- donated	0	6	0	155	15	0	0	0	176
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	21	5,280	0	(5,301)	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	177	0	0	0	0	0	0	177
Impairments	0	(4,312)	0	0	0	0	0	0	(4,312)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(87)	(46)	0	0	(133)
<b>At 31 March 2020</b>	14,309	59,194	670	2,742	6,998	499	5,001	0	89,413
<b>Depreciation at 1 April 2019</b>	0	3,934	40	0	4,144	206	2,735	0	11,059
Indexation	0	78	1	0	0	0	0	0	79
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(87)	(46)	0	0	(133)
Provided during the year	0	2,278	27	0	768	74	587	0	3,734
<b>At 31 March 2020</b>	0	6,290	68	0	4,825	234	3,322	0	14,739
<b>Net book value at 1 April 2019</b>	14,429	51,080	617	7,591	2,491	339	1,918	0	78,465
<b>Net book value at 31 March 2020</b>	14,309	52,904	602	2,742	2,173	265	1,679	0	74,674
<b>Net book value at 31 March 2020 comprises :</b>									
Purchased	14,309	50,058	602	2,731	2,013	265	1,679	0	71,657
Donated	0	2,846	0	11	160	0	0	0	3,017
Government Granted	0	0	0	0	0	0	0	0	0
<b>At 31 March 2020</b>	14,309	52,904	602	2,742	2,173	265	1,679	0	74,674
<b>Asset financing :</b>									
Owned	14,309	52,904	602	2,742	2,173	265	1,679	0	74,674
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2020</b>	14,309	52,904	602	2,742	2,173	265	1,679	0	74,674

The net book value of land, buildings and dwellings at 31 March 2020 comprises :

	£000
Freehold	67,815
Long Leasehold	0
Short Leasehold	0
	<u>67,815</u>

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## 11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 1 April 2018</b>	14,146	53,514	650	5,151	5,846	577	3,827	0	<b>83,711</b>
Indexation	282	449	7	0	0	0	0	0	<b>738</b>
Additions									
- purchased	0	418	0	2,831	838	183	826	0	<b>5,096</b>
- donated	0	147	0	9	120	0	0	0	<b>276</b>
- government granted	0	0	0	0	0	0	0	0	<b>0</b>
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	<b>0</b>
Reclassifications	0	400	0	(400)	0	0	0	0	<b>0</b>
Revaluations	0	0	0	0	0	0	0	0	<b>0</b>
Reversal of impairments	1	86	0	0	0	0	0	0	<b>87</b>
Impairments	0	0	0	0	0	0	0	0	<b>0</b>
Reclassified as held for sale	0	0	0	0	0	0	0	0	<b>0</b>
Disposals	0	0	0	0	(169)	(215)	0	0	<b>(384)</b>
<b>At 31 March 2019</b>	<b>14,429</b>	<b>55,014</b>	<b>657</b>	<b>7,591</b>	<b>6,635</b>	<b>545</b>	<b>4,653</b>	<b>0</b>	<b>89,524</b>
<b>Depreciation at 1 April 2018</b>	0	1,726	13	0	3,702	373	2,285	0	<b>8,099</b>
Indexation	0	17	0	0	0	0	0	0	<b>17</b>
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	<b>0</b>
Reclassifications	0	0	0	0	0	0	0	0	<b>0</b>
Revaluations	0	0	0	0	0	0	0	0	<b>0</b>
Reversal of impairments	0	0	0	0	0	0	0	0	<b>0</b>
Impairments	0	0	0	0	0	0	0	0	<b>0</b>
Reclassified as held for sale	0	0	0	0	0	0	0	0	<b>0</b>
Disposals	0	0	0	0	(169)	(215)	0	0	<b>(384)</b>
Provided during the year	0	2,191	27	0	611	48	450	0	<b>3,327</b>
<b>At 31 March 2019</b>	<b>0</b>	<b>3,934</b>	<b>40</b>	<b>0</b>	<b>4,144</b>	<b>206</b>	<b>2,735</b>	<b>0</b>	<b>11,059</b>
<b>Net book value at 1 April 2018</b>	<b>14,146</b>	<b>51,788</b>	<b>637</b>	<b>5,151</b>	<b>2,144</b>	<b>204</b>	<b>1,542</b>	<b>0</b>	<b>75,612</b>
<b>Net book value at 31 March 2019</b>	<b>14,429</b>	<b>51,080</b>	<b>617</b>	<b>7,591</b>	<b>2,491</b>	<b>339</b>	<b>1,918</b>	<b>0</b>	<b>78,465</b>
<b>Net book value at 31 March 2019 comprises :</b>									
Purchased	14,429	48,188	617	7,582	2,241	339	1,918	0	<b>75,314</b>
Donated	0	2,892	0	9	250	0	0	0	<b>3,151</b>
Government Granted	0	0	0	0	0	0	0	0	<b>0</b>
<b>At 31 March 2019</b>	<b>14,429</b>	<b>51,080</b>	<b>617</b>	<b>7,591</b>	<b>2,491</b>	<b>339</b>	<b>1,918</b>	<b>0</b>	<b>78,465</b>
<b>Asset financing :</b>									
Owned	14,429	51,080	617	7,591	2,491	339	1,918	0	<b>78,465</b>
Held on finance lease	0	0	0	0	0	0	0	0	<b>0</b>
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	<b>0</b>
PFI residual interests	0	0	0	0	0	0	0	0	<b>0</b>
<b>At 31 March 2019</b>	<b>14,429</b>	<b>51,080</b>	<b>617</b>	<b>7,591</b>	<b>2,491</b>	<b>339</b>	<b>1,918</b>	<b>0</b>	<b>78,465</b>

The net book value of land, buildings and dwellings at 31 March 2019 comprises :

	£000
Freehold	66,126
Long Leasehold	0
Short Leasehold	0
	<b>66,126</b>

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

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**11. Property, plant and equipment (continued)****Disclosures:****i) Donated Assets**

Assets donated in the year were purchased from funds donated by the public and charitable organisations and from funds provided by associations linked to specific hospitals.

**ii) Valuations**

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. Land and buildings are restated to current value using professional valuations carried out by the District Valuers of the Inland Revenue at 5 yearly intervals and in the intervening years by the use of indices provided from the District Valuer via the Welsh Government. The valuations are carried out primarily on the basis of Modern Equivalent Asset cost for specialised operational property and existing use value for non-specialised operational property. For non-operational properties the valuations are carried out at open market value. A formal valuation exercise of Land and Buildings was undertaken during the 2017/18 financial year

**iii) Asset Lives**

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

**iv) Compensation**

There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

**v) Write Downs**

There have not been write downs.

vi) The THB does not hold any property where the value is materially different from its open market value.

**vii) Assets Held for Sale or sold in the period.**

There are no assets held for sale or sold in the period.

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**11. Property, plant and equipment****11.2 Non-current assets held for sale**

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
<b>Balance brought forward 1 April 2019</b>	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance carried forward 31 March 2020</b>	0	0	0	0	0	0
<b>Balance brought forward 1 April 2018</b>	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance carried forward 31 March 2019</b>	0	0	0	0	0	0

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## 12. Intangible non-current assets

### 2019-20

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2019</b>	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Gross cost at 31 March 2020</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Amortisation at 1 April 2019</b>	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Amortisation at 31 March 2020</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net book value at 1 April 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net book value at 31 March 2020</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>At 31 March 2020</b>							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
<b>Total at 31 March 2020</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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## 12. Intangible non-current assets

### 2018-19

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2018</b>	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Gross cost at 31 March 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Amortisation at 1 April 2018</b>	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Amortisation at 31 March 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net book value at 1 April 2018</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net book value at 31 March 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>At 31 March 2019</b>							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
<b>Total at 31 March 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**13 . Impairments**

	2019-20		2018-19	
	Property, plant & equipment £000	Intangible assets £000	Property, plant & equipment £000	Intangible assets £000
Impairments arising from :				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	4,135	0	(87)	0
Reversal of Impairments	0	0	0	0
<b>Total of all impairments</b>	<b>4,135</b>	<b>0</b>	<b>(87)</b>	<b>0</b>

**Analysis of impairments charged to reserves in year :**

Charged to the Statement of Comprehensive Net Expenditure	4,135	0	(87)	0
Charged to Revaluation Reserve	0	0	0	0
	<b>4,135</b>	<b>0</b>	<b>(87)</b>	<b>0</b>

Within the healthcare segment of the THB, there is one downward impairment in year totalling £4.312M, charged to the statement of Comprehensive Net Expenditure.

This is as a result of the initial valuation for the bringing into use the hospital reconfiguration scheme phase 2 scheme and upgrade of Renal Unit at Llandrindod Wells Hospital.

There is also a reversal of impairment of £0.177M which has occurred as a result of an increase arising on revaluations due to indexation that reversed an impairment for the same assets previously recognised as impairments in expenditure. In this case it is credited to expenditure to the extent of the decrease previously charged there.

Impairment funding to cover adjustments required is provided to the THB by Welsh Government on an annual basis

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# 14.1 Inventories

	31 March 2020 £000	31 March 2019 £000
Drugs	89	88
Consumables	44	30
Energy	4	7
Work in progress	0	0
Other	19	25
<b>Total</b>	<b>156</b>	<b>150</b>
Of which held at realisable value	0	0

# 14.2 Inventories recognised in expenses

	31 March 2020 £000	31 March 2019 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

Note 14.2 only relates to Health bodies that purchase assets to sell and as such does not apply to the Health Board.

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**15. Trade and other Receivables**

Reclassified

<b>Current</b>	<b>31 March 2020 £000</b>	<b>31 March 2019 £000</b>
Welsh Government	1,821	1,910
WHSSC / EASC	231	49
Welsh Health Boards	537	1,888
Welsh NHS Trusts	540	282
Health Education and Improvement Wales (HEIW)	72	157
Non - Welsh Trusts	289	251
Other NHS	0	0
Welsh Risk Pool Claim reimbursement		0
NHS Wales Secondary Health Sector	1,510	1,390
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	171	103
Other	0	0
Local Authorities	788	551
Capital debtors - Tangible	213	364
Capital debtors - Intangible	0	0
Other debtors	2,895	2,424
Provision for irrecoverable debts	(394)	(320)
Pension Prepayments NHS Pensions	0	0
Other prepayments	351	566
Other accrued income	0	0
<b>Sub total</b>	<b>9,024</b>	<b>9,615</b>
<b>Non-current</b>		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
Welsh Risk Pool Claim reimbursement;		0
NHS Wales Secondary Health Sector	14,791	23,322
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangible	0	0
Capital debtors - Intangible	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Other prepayments	0	0
Other accrued income	0	0
<b>Sub total</b>	<b>14,791</b>	<b>23,322</b>
<b>Total</b>	<b>23,815</b>	<b>32,937</b>

**15. Trade and other Receivables (continued)**

	31 March 2020 £000	31 March 2019 £000
<b>Receivables past their due date but not impaired</b>		
By up to three months	619	86
By three to six months	91	472
By more than six months	375	366
	<b>1,085</b>	<b>924</b>

**Expected Credit Losses (ECL) / Provision for impairment of receivables**

Balance at 31 March 2019		(258)
Adjustment for Implementation of IFRS 9		(20)
Balance at 1 April 2019	(320)	(278)
Transfer to other NHS Wales body	0	0
Amount written off during the year	0	0
Amount recovered during the year	36	61
(Increase) / decrease in receivables impaired	(110)	(103)
Bad debts recovered during year	0	0
Balance at 31 March 2020	(394)	(320)

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

**Receivables VAT**

Trade receivables	0	0
Other	0	0
Total	<b>0</b>	<b>0</b>

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**16. Other Financial Assets**

	<b>Current</b>		<b>Non-current</b>	
	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>
	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Financial assets</b>				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)	0	0	0	0
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**17. Cash and cash equivalents**

	<b>2019-20</b>	<b>2018-19</b>
	<b>£000</b>	<b>£000</b>
Balance at 1 April 2019	2,317	1,185
Net change in cash and cash equivalent balances	(1,777)	1,132
Balance at 31 March 2020	<b>540</b>	<b>2,317</b>
 Made up of:		
Cash held at GBS	406	2,251
Commercial banks	131	62
Cash in hand	3	4
Current Investments	0	0
<b>Cash and cash equivalents as in Statement of Financial Position</b>	<b>540</b>	<b>2,317</b>
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
<b>Cash and cash equivalents as in Statement of Cash Flows</b>	<b>540</b>	<b>2,317</b>

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**18. Trade and other payables**

<b>Current</b>	<b>31 March</b>	Reclassified 31 March
	<b>2020</b>	2019
	<b>£000</b>	£000
Welsh Government	0	0
WHSSC / EASC	19	289
Welsh Health Boards	3,013	2,608
Welsh NHS Trusts	370	406
Health Education and Improvement Wales (HEIW)	0	0
Other NHS	2,585	6,179
Taxation and social security payable / refunds	555	548
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	856	778
Non-NHS payables - Revenue	4,313	5,408
Local Authorities	4,289	4,342
Capital payables- Tangible	1,420	1,627
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	1,128	1,087
Non NHS Accruals	16,616	17,163
Deferred Income:		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub Total</b>	<b>35,164</b>	<b>40,435</b>
<b>Non-current</b>		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS payables - Revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub Total</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>35,164</b>	<b>40,435</b>

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

**18. Trade and other payables (continued).**

Amounts falling due more than one year are expected to be settled as follows:

	31 March 2020 £000	31 March 2019 £000
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	<u>0</u>	<u>0</u>

**19. Other financial liabilities**

Financial liabilities	Current		Non-current	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
<b>Total</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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## 20. Provisions

Reclassified

	At 1 April 2019	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2020
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence:-	0								0
Secondary care	611	0	0	367	8,114	(8,331)	(284)	0	477
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	93	0	0	0	92	(34)	(44)	0	107
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	802	0	0	59	555	(317)	(15)	3	1,087
All other losses and special payments	0	0	0	0	2	(2)	0	0	0
Defence legal fees and other administration	57	0	0	5	82	(26)	(32)		86
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	657			812	10	(652)	(190)	15	652
Restructuring	0			0	0	0	0	0	0
Other	226		0	0	120	(166)	(128)		52
<b>Total</b>	<b>2,446</b>	<b>0</b>	<b>0</b>	<b>1,243</b>	<b>8,975</b>	<b>(9,528)</b>	<b>(693)</b>	<b>18</b>	<b>2,461</b>
<b>Non Current</b>									
Clinical negligence:-	0								0
Secondary care	22,824	0	0	(367)	0	(2,025)	(6,005)	0	14,427
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,346	0	0	(59)	17	0	0	0	1,304
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	182	0	0	(5)	8	(59)	(60)		66
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	4,793			(812)	901	0	0	0	4,882
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>29,145</b>	<b>0</b>	<b>0</b>	<b>(1,243)</b>	<b>926</b>	<b>(2,084)</b>	<b>(6,065)</b>	<b>0</b>	<b>20,679</b>
<b>TOTAL</b>									
Clinical negligence:-	0								0
Secondary care	23,435	0	0	0	8,114	(10,356)	(6,289)	0	14,904
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	93	0	0	0	92	(34)	(44)	0	107
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,148	0	0	0	572	(317)	(15)	3	2,391
All other losses and special payments	0	0	0	0	2	(2)	0	0	0
Defence legal fees and other administration	239	0	0	0	90	(85)	(92)		152
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	5,450			0	911	(652)	(190)	15	5,534
Restructuring	0			0	0	0	0	0	0
Other	226		0	0	120	(166)	(128)		52
<b>Total</b>	<b>31,591</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,901</b>	<b>(11,612)</b>	<b>(6,758)</b>	<b>18</b>	<b>23,140</b>

## Expected timing of cash flows:

	In year to 31 March 2021	Between 1 April 2021 31 March 2025	Thereafter	Total
				£000
Clinical negligence:-	0			0
Secondary care	477	14,427	0	14,904
Primary care	0	0	0	0
Redress Secondary care	107	0	0	107
Redress Primary care	0	0	0	0
Personal injury	1,087	586	718	2,391
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	86	66	0	152
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	652	2,380	2,502	5,534
Restructuring	0	0	0	0
Other	52	0	0	52
<b>Total</b>	<b>2,461</b>	<b>17,459</b>	<b>3,220</b>	<b>23,140</b>

The opening balances on this note have been reclassified during the year

The THB estimates that in 2020/21 it will receive £1.511M and in 2021-22 and beyond £14.791M from the Welsh Risk Pool in respect of Losses and Special Payments

£16.095M (2018/19: £24.308M) of the provision total relates to the probable liabilities of former Health Authorities in respect of Medical Negligence and Personal Injury Claims for incidents which occurred before the establishment of NHS Trusts (Pre 1996 and Pre 1992 depending on the Trust)

Contingent Liabilities are directly linked to these claims in Note 21.

Also included within 'other' at 31st March 2020 is £0.051M relating to retrospective continuing health care claims (2018/19 £ 0.226M)

During the year the opening provision has been reclassified to the Redress Secondary Care line and Defence Legal Fees and other administration to provide for expected payments in respect of redress arrangements under National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. The amount of Provision in relation to this at 31st March 2020 is £0.127M including defence costs (2018/19: £0.103M) and all payments are expected to be fully reimbursed from the Welsh Risk Pool.

## 20. Provisions (continued)

20. Provisions (continued)	Reclassified		Reclassified	Reclassified	Reclassified	Reclassified	Reclassified	Reclassified	
	At 1 April 2018	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2019
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence:-	0	0	0	0	0	0	0	0	0
Secondary care	11,236	0	0	8,186	75	(5,891)	(12,995)	0	611
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	98	(5)	0	0	93
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,070	0	0	66	431	(487)	(279)	1	802
All other losses and special payments	0	0	0	0	3	(3)	0	0	0
Defence legal fees and other administration	106	0	0	30	75	(145)	(9)		57
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	702			628	2	(657)	(24)	6	657
Restructuring	0			0	0	0	0	0	0
Other	423		0	0	122	(183)	(136)		226
<b>Total</b>	<b>13,537</b>	<b>0</b>	<b>0</b>	<b>8,910</b>	<b>806</b>	<b>(7,371)</b>	<b>(13,443)</b>	<b>7</b>	<b>2,446</b>
<b>Non Current</b>									
Clinical negligence:-	0	0	0	0	0	0	0	0	0
Secondary care	25,899	0	0	(8,186)	5,221	(110)	0	0	22,824
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,112	0	0	(66)	300	0	0	0	1,346
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	214	0	0	(30)	21	(23)	0		182
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	5,275			(628)	477	0	(331)	0	4,793
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>32,500</b>	<b>0</b>	<b>0</b>	<b>(8,910)</b>	<b>6,019</b>	<b>(133)</b>	<b>(331)</b>	<b>0</b>	<b>29,145</b>
<b>TOTAL</b>									
Clinical negligence:-	0	0	0	0	0	0	0	0	0
Secondary care	37,135	0	0	0	5,296	(6,001)	(12,995)	0	23,435
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	98	(5)	0	0	93
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,182	0	0	0	731	(487)	(279)	1	2,148
All other losses and special payments	0	0	0	0	3	(3)	0	0	0
Defence legal fees and other administration	320	0	0	0	96	(168)	(9)		239
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	5,977			0	479	(657)	(355)	6	5,450
Restructuring	0			0	0	0	0	0	0
Other	423		0	0	122	(183)	(136)		226
<b>Total</b>	<b>46,037</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,825</b>	<b>(7,504)</b>	<b>(13,774)</b>	<b>7</b>	<b>31,591</b>

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## 21. Contingencies

### 21.1 Contingent liabilities

	2019-20 £'000	Reclassified 2018-19 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence:-		
Secondary care	16,341	900
Primary care	0	0
Redress Secondary care	0	0
Redress Primary care	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	0	0
Continuing Health Care costs	0	0
Other	0	0
Total value of disputed claims	16,341	900
Amounts (recovered) in the event of claims being successful	(16,277)	(630)
<b>Net contingent liability</b>	<b>64</b>	<b>270</b>

**Legal Claims for alleged medical or employer negligence:** £0.604M of the £16.341M relates solely to the former Health Authorities in respect of Medical Negligence and Personal Injury Claims for incidents which occurred before the establishment of NHS Trusts (Pre 1996 and Pre 1992 depending on the Trust). £15.737M of the £16.341M relates to Powys THB cases. Legal advice has established that these claims are not likely to result in payments. In the unlikely event that amounts are payable, all payments over a threshold of £0.025M will be reimbursed to Powys THB by the Welsh Risk Pool.

#### **Pensions tax annual allowance – Scheme Pays arrangements 2019/20**

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

- clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement;
- Powys Teaching Local Health Board will then pay them a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

This scheme will be fully funded by the Welsh Government with no net cost to Powys Teaching Local Health Board.

Clinical staff have until 31 July 2021 to opt for this scheme and the ability to make changes up to 31 July 2024.

Using information provided by the Government Actuaries Department and the NHS Business Services Authority, a national 'average discounted value per nomination' (calculated at £3,345) could be used by NHS bodies to estimate a local provision by multiplying it by the number of staff expected to take up the offer.

At the date of approval of these accounts, there was no evidence of take-up of the scheme by our clinical staff in 2019-20 and no information was available to enable a reasonable assessment of future take up to be made. As no reliable estimate can therefore be made to support the creation of a provision at 31 March 2020, the existence of an unquantified contingent liability is instead disclosed.

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**21.2 Remote Contingent liabilities**

2019-20	2018-19
£'000	£'000

Please disclose the values of the following categories of remote contingent liabilities :

Guarantees	0	0
Indemnities	0	0
Letters of Comfort	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

There are no remote Contingent Liabilities for 2019/20

**21.3 Contingent assets**

2019-20	2018-19
£'000	£'000

	0	0
	0	0
	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

There are no Contingent Assets for 2019/20

**22. Capital commitments****Contracted capital commitments at 31 March**

2019-20	2018-19
£'000	£'000

Property, plant and equipment	107	877
Intangible assets	0	0
<b>Total</b>	<b>107</b>	<b>877</b>

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24. Finance leases

24.1 Finance leases obligations (as lessee)

The Local Health Board has no finance leases receivable as a lessee.

Amounts payable under finance leases:

Land	31 March 2020 £000	31 March 2019 £000
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

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## 24.1 Finance leases obligations (as lessee) continued

## Amounts payable under finance leases:

## Buildings

	31 March 2020 £000	31 March 2019 £000
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

## Present value of minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

## Other

	31 March 2020 £000	31 March 2019 £000
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

## Present value of minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

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**24.2 Finance leases obligations (as lessor) continued**

The Local Health Board has no finance leases receivable as a lessor.

**Amounts receivable under finance leases:**

	31 March 2020 £000	31 March 2019 £000
<b>Gross Investment in leases</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	<u>0</u>	<u>0</u>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	<u>0</u>	<u>0</u>

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## 25. Private Finance Initiative contracts

### 25.1 PFI schemes off-Statement of Financial Position

The Local Health Board [has no](#) PFI Schemes off-statement of financial position.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2020 £000	31 March 2019 £000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

### 25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11 £000

Contract start date:

Contract end date:

The Local Health Board has no Private Finance Initiatives in operation

£000

Contract start date:

Contract end date:

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2020 £000	31 March 2020 £000	31 March 2020 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0
	On SoFP PFI Capital element	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2019 £000	31 March 2019 £000	31 March 2019 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0
Total present value of obligations for on-SoFP PFI contracts	0		

25.3 Charges to expenditure

	2019-20	2018-19
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	0	0

The LHB is committed to the following annual charges

	31 March 2020	31 March 2019
	£000	£000
<b>PFI scheme expiry date:</b>		
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
<b>Total</b>	0	0

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract

	On / Off-statement of financial position
Number of PFI contracts which individually have a total commitment > £500m	0

PFI Contract

On/Off  
On/Off

25.5 The LHB has no Public Private Partnerships



**26. Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

**Currency risk**

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

**Interest rate risk**

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations

**Credit risk**

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

**Liquidity risk**

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

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**27. Movements in working capital**

	<b>2019-20</b>	2018-19
	<b>£000</b>	£000
(Increase)/decrease in inventories	(6)	(20)
(Increase)/decrease in trade and other receivables - non-current	8,531	2,783
(Increase)/decrease in trade and other receivables - current	591	10,107
Increase/(decrease) in trade and other payables - non-current	0	0
Increase/(decrease) in trade and other payables - current	(5,271)	4,072
<b>Total</b>	<b>3,845</b>	<b>16,942</b>
Adjustment for accrual movements in fixed assets - creditors	207	82
Adjustment for accrual movements in fixed assets - debtors	(151)	117
Other adjustments	0	0
	<b>3,901</b>	<b>17,141</b>

**28. Other cash flow adjustments**

	<b>2019-20</b>	2018-19
	<b>£000</b>	£000
Depreciation	3,734	3,327
Amortisation	0	0
(Gains)/Loss on Disposal	0	0
Impairments and reversals	4,135	(87)
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	(176)	(276)
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	3,161	(6,942)
Other movements	3,473	(20)
<b>Total</b>	<b>14,327</b>	<b>(3,998)</b>

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**29. Events after the Reporting Period**

The THB has not experienced any events having a material effect on the accounts, between the date of the statement of the financial position and the date on which these accounts were approved by the Board. The impact of the COVID 19 pandemic is outlined in Note 34.3.

### 30. Related Party Transactions

The Welsh Government is regarded as a related party. During the year the LHB have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	7	326,463	0	1,821
Aneurin Bevan University Health Board	15,744	356	757	174
Betsi Cadwaladr University Health Board	3,515	573	186	91
Cardiff & Vale University Health Board	2,304	162	578	24
Cwm Taf Morgannwg University Health Board	2,555	109	241	96
Hywel Dda University Local Health Board	8,586	411	392	104
Public Health Wales NHS Trust	335	390	115	73
Swansea Bay University Health Board	9,221	1,440	859	48
Velindre University NHS Trust	3,143	667	173	424
Welsh Ambulance Services Trust	1,159	43	82	43
Welsh Health Specialised Services Committee	37,036	134	19	231
Health Education and Improvement Wales (HEIW)	0	564	0	72
Powys County Council	10,929	2,048	4,289	788
PAVO - Powys Association of Voluntary Organisations	1,112	0	0	0
Swansea University	22	0	0	0
	<b>95,668</b>	<b>333,360</b>	<b>7,691</b>	<b>3,989</b>

Powys THB has hosted the following functions on behalf of NHS Wales on which it receives income from the Welsh Government and other LHB's:

- Residual Clinical Negligence
- Community Health Councils
- Continuing Care Case Administration
- Health and Care Research Wales (HCRW)

Powys THB also has material transactions with English NHS Trusts with whom it commissions healthcare including:

- Shrewsbury and Telford NHS Trust
- Wye Valley NHS Trust
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Powys THB has also received items donated from the Powys THB Charitable Fund, for which the Board is the Corporate Trustee.

A number of the THB's Board members have interests in related parties as follows:

Name	Details	Interests
Councillor Matthew Dorrance	Independent Member	Councillor, Powys County Council
Patricia Buchan	Independent Member	Ex Officio Trustee - Powys Association of Voluntary Organisations
Alison Bulman	Associate Member	Strategic Director of People, Powys County Council
Eifion Williams	Interim Finance Director (to 30th July 2019)	Employee of Abertawe Bro Morgannwg University Health Board Member of Finance Committee at Swansea University
Patsy Roseblade	Interim Director of Primary, Community Care and Mental Health (to 14 April 2019)	Employee of Welsh Ambulance Services NHS Trust

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### 31. Third Party assets

The LHB held £1,840.20 cash at bank and in hand at 31 March 2020 (31 March 2019, £2,530.20) which relates to monies held by the LHB on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the Accounts.

None of this cash was held in Patients' Investment Accounts in either 2019-20 or 2018-19.

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### 32. Pooled budgets

#### A Funded Nursing Care

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 31 of the Health Act 1999. The health related function which is subject to these arrangements is the provision of care by a registered nurse in care homes, which is a service provided by the NHS Body under section 2 of the National Health Service Act 1977. In accordance with the Social Care Act 2001 Section 49 care from a registered nurse is funded by the NHS regardless of the setting in which it is delivered. ( Circular 12/2003)

The agreement will not affect the liability of the parties for the exercise of their respective statutory functions and obligations. The partnership agreement operates in accordance with the Welsh Government Guidance NHS Funded Nursing Care 2004.

	Funding £	Expenditure £	Total £
<b>Gross Funding</b>			
Powys County Council	1,064,557		1,064,557
Powys Teaching Health Board	1,118,455		1,118,455
<b>Total Funding</b>	<b>2,183,012</b>		<b>2,183,012</b>
<b>Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement		2,218,369	2,218,369
<b>Total Expenditure</b>		<b>2,218,369</b>	<b>2,218,369</b>
<b>Net under/(over) spend</b>			<b>(35,357)</b>
The above memorandum account is subject to the financial statements of Powys County Council (the Host).			

#### B Provision of Community Equipment

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in respect of lead commissioning from a pooled fund for the provision of community equipment in accordance with Section 33 of the National Health Services Act 2006. Powys County Council is the host partner for the purposes of the Regulations. The purpose of the agreement is to facilitate the provision of a community equipment service and the development of this service in Powys. The service is provided from a pooled fund and is within the THB's and the Council's powers.

	Funding £	Expenditure £	Total £
<b>Gross Funding</b>			
Powys County Council	521,000		521,000
Powys Teaching Health Board	521,000		521,000
<b>Total Funding</b>	<b>1,042,000</b>		<b>1,042,000</b>
<b>Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement		1,042,000	1,042,000
<b>Total Expenditure</b>			<b>1,042,000</b>
<b>Net under/(over) spend</b>			<b>0</b>
<b>Share of overspend</b>			<b>0</b>
The above memorandum account is subject to the financial statements of Powys County Council (the Host).			

#### C Provision of Section 33 Joint Agreement for the provision of IT Services

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 33 of the National Health Services Act 2006.

The agreement will not affect the liability of the parties for the exercise of their respective statutory functions and obligations.

Powys County Council is the lead commissioner and the host partner for the purposes of the regulations.

The purpose of the agreement is to facilitate the provision of ICT services within Powys.

	Funding £	Net Expenditure £	Total £
<b>Gross Funding</b>			
Powys County Council	3,145,450		3,145,450
Powys Teaching Health Board	1,023,777		1,023,777
Shortfall of Powys Teaching Health Board Funding from Reserve	253,013		253,013
<b>Total Funding</b>	<b>4,422,240</b>		<b>4,422,240</b>
<b>Net Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement			
<b>Expenditure</b>		5,243,108	5,243,108
<b>Income</b>		(1,061,972)	(1,061,972)
<b>Total Expenditure</b>			<b>4,181,136</b>
<b>Net under/(over) spend</b>			<b>241,104</b>
The above memorandum account is subject to the financial statements audit of Powys County Council (the Host).			

**32. Pooled budgets (Continued)****D Provision of Section 33 Joint Agreement for the provision of a Reablement Service**

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in respect of lead commissioning from a pooled fund for the provision of an effective and sustainable joint reablement service which meets the needs of the Powys communities in accordance with Section 33 of the National Health Services Act 2006. Powys County Council is the host partner for the purposes of the Regulations. This service is provided from a pooled fund and is within the THB's and the Council's powers.

	Funding £	Expenditure £	Total £
<b>Gross Funding</b>			
Powys County Council	413,380		413,380
Powys Teaching Health Board	828,000		828,000
<b>Total Funding</b>	<b>1,241,380</b>		<b>1,241,380</b>
<b>Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement		1,212,205	1,212,205
<b>Total Expenditure</b>		<b>1,212,205</b>	<b>1,212,205</b>
<b>Net under/(over) spend</b>			<b>29,175</b>
The above memorandum account is subject to the financial statements audit of Powys County Council (the Host).			

**E Provision of Section 33 Joint Agreement for the provision of Tier 2/3 Psycho-social Treatment Services**

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 33 of the National Health Services Act 2006. Powys County Council is the lead commissioner and the host partner for the purposes of the Regulations. The agreement will not affect the liability of the parties from the exercise of their respective statutory functions and obligations. The purpose of the agreement is to provide a Tier 2 and 3 service provision for drug and alcohol users and their concerned others.

	Funding £	Expenditure £	Total £
<b>Gross Funding</b>			
Powys County Council	669,912		669,912
Powys Teaching Health Board	121,864		121,864
<b>Total Funding</b>	<b>791,776</b>		<b>791,776</b>
<b>Expenditure</b>			
Monies spent in accordance with Joint Arrangement		791,776	791,776
<b>Total Expenditure</b>		<b>791,776</b>	<b>791,776</b>
<b>Net under/(over) spend</b>			<b>0</b>
The above memorandum account is subject to the financial statements audit of Powys County Council (the Host).			

**F Provision of Section 33 Joint Agreement for the provision of Personal Care at Glan Irfon Integrated Health and Social Care Unit, Builth Wells**

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement to enable the use of resources relating to the Inpatient Services at the Glan Irfon Health and Social Centre, Builth Wells. This agreement will not affect the liability of the parties from the exercise of their respective statutory functions and obligations.

Powys County Council is the lead commissioner and the host partner for the purposes of the Regulations.

The purpose of the agreement is to facilitate the provision of person centred care at Glan Irfon, for 12 residents within the short stay shared care reablement unit with in-reach clinical, nursing and reablement support (registered under CSSIW for Residential Care).

	Funding £	Expenditure £	Total £
<b>Gross Funding</b>			
Powys County Council	226,920		226,920
Powys Teaching Health Board	226,920		226,920
<b>Total Funding</b>	<b>453,840</b>		<b>453,840</b>
<b>Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement		453,840	453,840
<b>Total Expenditure</b>		<b>453,840</b>	<b>453,840</b>
<b>Net under/(over) spend</b>			<b>0</b>
The above memorandum account is subject to the financial statements audit of Powys County Council (the Host).			

32. Pooled budgets (Continued)

**G Provision of Section 33 for the provision of Services to Carers**

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement to ensure the integrated provision high quality, cost effective services to Carers which meet local health and social care needs, through the establishment of a Pooled fund / non pooled but delegated to funds under Section 33 of the National Health Service Wales Act 2016

	Funding	Expenditure	Total
	£	£	£
<b>Gross Funding</b>			
Powys County Council	236,650		236,650
Powys Teaching Health Board	16,580		16,580
<b>Total Funding</b>	<b>253,230</b>		<b>253,230</b>
<b>Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement		253,230	253,230
<b>Total Expenditure</b>		<b>253,230</b>	<b>253,230</b>
<b>Net under/(over) spend</b>			<b>0</b>
The above memorandum account is subject to the financial statements audit of Powys County Council (the Host).			

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### 33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

		Total Total Powys "Health" £'000	Total Residual Clinical Negligence £'000	Total Community Health Councils £'000	Total Continuing Care Case Administration £'000	Total Health and Care Research Wales (HCRW) £'000	Consolidation Adjustments £'000	Total £'000
	Note							
Expenditure on Primary Healthcare Services	3.1	72,773	0	0	0	0	0	72,773
Expenditure on healthcare from other providers	3.2	157,369	0	0	0	317	0	157,686
Expenditure on Hospital and Community Health Services	3.3	99,751	25	4,153	564	4,964	(76)	109,381
		329,893	25	4,153	564	5,281	(76)	339,840
Less: Miscellaneous Income	4	9,559	0	0	564	5,281	(76)	15,328
<b>THB net operating costs before interest and other gains and losses</b>		<b>320,334</b>	<b>25</b>	<b>4,153</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>324,512</b>
Investment Income	8	0	0	0	0	0	0	0
Other (Gains) / Losses	9	0	0	0	0	0	0	0
Finance costs	10	19	0	0	0	0	0	19
<b>THB Net Operating Costs</b>		<b>320,353</b>	<b>25</b>	<b>4,153</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>324,531</b>
Add Non Discretionary Expenditure	3.1	1,855	0	0	0	0	0	1,855
Revenue Resource Limit	2.1	322,263	25	4,153	0	0	0	326,441
<b>Under / (over) spend against Revenue Resource Limit</b>		<b>55</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>55</b>

Note the segment of Continuing Care Case Administration ended at 31st July 2019. This all wales project was ended and any remaining case reviews were transferred back to the Local Health Boards that the claims related to.

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**34. Other Information****34.1. 6.3% Staff Employer Pension Contributions - Notional Element**

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2019 to 31 March 2020. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2019 and February 2020 alongside Health Board/Trust/SHA data for March 2020.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

<b>Statement of Comprehensive Net Expenditure</b>		<b>£'000</b>
<b>for the year ended 31 March 2020</b>		

Expenditure on Primary Healthcare Services	<b>2019-20</b>	105
Expenditure on Hospital and Community Health Services	<b>2019-20</b>	3368

<b>Statement of Changes in Taxpayers' Equity</b>		
<b>For the year ended 31 March 2020</b>		

Net operating cost for the year	<b>Balance at 31 March 2020</b>	3473
Notional Welsh Government Funding	<b>Balance at 31 March 2020</b>	3473

**Statement of Cash Flows for year ended 31 March 2020**

Net operating cost for the financial year	<b>2019-20</b>	3473
Other cash flow adjustments	<b>2019-20</b>	3473

**2.1 Revenue Resource Performance**

Revenue Resource Allocation	<b>2019-20</b>	3473
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**3. Analysis of gross operating costs****3.1 Expenditure on Primary Healthcare Services**

General Dental Services	<b>2019-20</b>	44
Other Primary Health Care expenditure	<b>2019-20</b>	51
Prescribed drugs and appliances	<b>2019-20</b>	10

**3.3 Expenditure on Hospital and Community Health Services**

Directors' costs	<b>2019-20</b>	63
Staff costs	<b>2019-20</b>	3305

**9.1 Employee costs****Permanent Staff**

Employer contributions to NHS Pension Scheme	<b>2019-20</b>	3473
Charged to capital	<b>2019-20</b>	7
Charged to revenue	<b>2019-20</b>	3466

**18. Trade and other payables****Current**

Pensions: staff	<b>Balance at 31 March 2020</b>	0
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**28. Other cash flow adjustments**

Other movements	<b>2019-20</b>	3473
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### 34.2 IFRS 16 Impact

HM Treasury agreed with the Financial Reporting Advisory Board (FRAB), to defer the implementation of IFRS 16 Leases until 1 April 2021, because of the circumstances caused by Covid-19. To ease the pressure on NHS Wales Finance Departments the IFRS 16 detailed impact statement has been removed by the Welsh Government Health and Social Services Group, Finance Department.

We expect the introduction of IFRS16 will not have a significant impact and this will be worked through for disclosure in our 2020-21 financial statements.

### 34.3 COVID 19

The need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020/21 and beyond. The organisation's Governance Framework will need to consider and respond to this need

The Financial statements for 2019/20 have not been significantly impacted and only minor changes have been required in the preparation of the financial statements in comparison to previous years. These are as follows:

A physical verification of Equipment was not possible in some areas due to resource capacity at operational level to verify asset existence at the end of the financial year. Where physical verification has not been undertaken a cross reference to disposed items documentation has been undertaken by the finance department.

Due to low level of clinical and medical consumables expenditure on an annual basis, formal stock takes are not undertaken by the THB in this area. The increase in spend on clinical and medical consumables in the last 3 weeks of the financial year is not material and the THB has received an allocation from Welsh Government during 2019/20 of £0.173M in recognition of increased costs incurred due to the pandemic of COVID 19.

As the 2020/21 financial year progresses there will be significant additional costs that will be incurred due to the pandemic and the previously prepared Financial Plan completed as part of the Integrated Medium Term Planning process will be regularly updated to reflect any changes required. Any amendments will be clearly documented to Welsh Government and the Board via the THB monthly Financial Reporting process.

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**THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY**

**LOCAL HEALTH BOARDS**

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)1, in the form specified in paragraphs [2] to [7] below.

**BASIS OF PREPARATION**

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

**FORM AND CONTENT**

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

**MISCELLANEOUS**

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009

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**Agenda item: 2.1b**

<b>BOARD MEETING</b>		<b>DATE OF MEETING: 30 September 2020</b>
<b>Subject :</b>	<b>Annual Quality Statement</b>	
<b>Approved and Presented by:</b>	Alison Davies, Executive Director of Nursing & Midwifery	
<b>Prepared by:</b>	Wendy Morgan Assistant Director Quality & Safety	
<b>Other Committees and meetings considered at:</b>	Experience, Quality & Safety Committee July 2020 Quality Governance Group July & September 2020	

**PURPOSE:**

This report provides the Board with the Annual Quality Statement 2019/20 for approval for publication the 30 September 2020.

**RECOMMENDATION(S):**

The Board is asked to NOTE the work undertaken in its preparation in readiness for APPROVAL for publication.

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

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

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

**EXECUTIVE SUMMARY:**

This report provides the Board with the Annual Quality Statement (AQS) 2019/20 in readiness for publication the 30 September 2020.

The AQS has been developed in accordance with the *Welsh Health Circular (WHC) (2019) 042 Annual Quality Statement 2019/20 Guidance*.

Internal Audit have completed their review of the AQS to provide an opinion on the information published.

**DETAILED BACKGROUND AND ASSESSMENT:**

**Background**

The Welsh Health Circular (WHC) (2019) 042 Annual Quality Statement 2019/20 Guidance published 23 December 2019 (see **Appendix 1**) sets out what the annual quality statement is and provides a template for production. The WHC sets out similar requirements to those of previous years, and to note the planned changes for future years reflecting the introduction of the Health and Social Care (Quality & Engagement) (Wales) Bill.

## Developing the AQS

As in previous years, the AQS looks back at the previous year to see what has been achieved and a forward look using the data and information available.

There has been no activity reference 'Wales for Africa' other than one development ongoing.

## AQS Publication Date

The AQS is required to be published no later than the 30 September 2020.

## Final Annual Quality Statement

The final AQS is available at **Appendix 2**.

## Engagement and Feedback

Developed with the involvement of services, the AQS has been centrally coordinated. The standard approach of engagement and feedback has been affected by the current pandemic. The draft AQS has been presented to the Quality Governance Group and the Experience, Quality & Safety Committee meetings, the latter available as public papers on the health board website.

## Assuring the Content of the Annual Quality Statement

Internal Audit have carried out field work to provide an opinion on the information published to ensure it is both accurate and representative of the quality of services provided and the improvements it is committing itself to within Powys.

In 2019/20 Internal Audit recommended (medium level priority within one month):

*'To strengthen the information/evidence gathering process it is recommended that the Patient Experience Steering Group is considered as the editorial forum for the AQS, with AQS being a standing agenda item.'*

*Nominated officers for each Directorate should be responsible for ensuring that evidence is collated and provided at the same time the narrative / data is submitted for inclusion in the AQS.*

*Nominated officers should ensure that staff within their Directorate are aware of what constitutes satisfactory evidence, and where appropriate, challenge evidence prior to submission.'*

The AQS became a standard agenda item on the Patient Experience Steering Group (PESG) meeting, however, the timetable for the PESG meetings was

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suspended from February 2020, and reinstated in July 2020, with only one meeting being held since this time.

The development of the AQS continued outside of the meetings.

Internal Audit have now completed their field work and their overall conclusion is the sample of information tested is now consistent with the supporting documentation and sources and the WHC 2019/20 has been complied with, where applicable. During the testing phase, whilst the evidence provided verified the majority of the 25 statements selected in their sample, there were six instances whereby the information provided did not fully verify the statement / data tested. Additional evidence was sourced but not provided before the end of audit fieldwork. Further, one example of evidence did not agree with the qualitative data sampled. This was due to a report being delayed due to the Covid-19 pandemic. Changes were made to the AQS to reflect the feedback.

As a result of above, Internal Audit identified a higher exception rate than in the prior year, mainly relating to statements that could not be verified. On this basis, the previous recommendation will remain open this coming year at a medium priority ensuring the AQS is a standing item agenda in an arena/forum where patient experience is considered.

### **Accessible Documents**

Advice was sought from the communications team with regards to ensuring the AQS is accessible to as many people as possible; the document has been checked for accessibility for printing and reading on line. The welsh translation version of the AQS has also been subject to accessibility checking and the final welsh translated version is being finalised in readiness for publication.

### **Translation**

The final AQS has been translated into welsh and will be made available.

### **NEXT STEPS:**

- (1) To publish the Annual Quality Statement 2019/20 on the 30 September 2020.

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# WELSH HEALTH CIRCULAR



**Issue Date: 23 December 2019**

Llywodraeth Cymru  
Welsh Government

**STATUS: INFORMATION**

**CATEGORY: QUALITY & SAFETY**

**Title:** Annual Quality Statement 2019 / 2020 Guidance

**Date of Expiry / Review** March 2021

**For Action by:**  
NHS Wales

**Action required by:** 29 May 2020

**Sender:** Jan Firby  
Healthcare Quality Delivery  
Population Healthcare

**DHSS Welsh Government Contact(s) :**

Mandy Stone  
Population Healthcare  
Health and Social Services Group  
Welsh Government  
Cathays Park  
Cardiff  
CF10 3NQ

**Enclosure(s):** Annual Quality Statement 2019-20 Guidance

# The Annual Quality Statement 2019-20

## 1. Background

The Annual Quality Statement (AQS) provides an opportunity for organisations to 'tell the story' of good practice and initiatives being taken forward, as well as confirming what **went well** and what **not so well** and the **actions being taken as a result**. All NHS organisations are required to publish an AQS, as part of the annual reporting process.

NHS organisations need to be mindful that the Health and Social Care (Quality & Engagement) (Wales) Bill includes a new, broader duty of quality which requires NHS bodies in Wales to exercise their functions with a view to securing improvement in the quality of health services.

The Bill is at a relatively early stage in the Assembly's legislative scrutiny process. If the Bill is passed by the Assembly, we hope to bring the new duty into force in Summer 2021.

Detailed guidance will be developed with stakeholders to support its implementation. The Welsh Government will also supply training materials so staff are aware of the new duty and what it means in practice.

The Bill contains annual reporting requirements which require NHS bodies to assess the extent to which the steps they have taken to comply with the new duty of quality have led to improvements in outcomes. This new reporting requirement will build on and replace the existing Annual Quality Statement to form the basis of the mechanism through which the duty will be reported. Revised guidance will be co-produced ahead of the new requirements being introduced.

In the interim, annual quality statements will continue very much as in previous years but with an eye on the future requirements under the Bill. This Welsh Health Circular therefore provides guidance on the content and structure of the statement for 2019-20.

## 2. What should a Statement include and look like?

The AQS is for each organisation's resident population and provides an opportunity to let the public know, in an open and honest way, how it is doing to ensure its services are addressing local need and meeting high standards. Bringing together a summary highlighting what has been done to improve the quality of the services it provides and commissions, in order to drive both improvements in population health and the quality and safety of healthcare services. In developing the AQS it should enable LHBs and trusts to:

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- provide an assessment of how well they are doing across all services, across the patient pathway, including social care and the third sector;
- promote good practice to share and spread more widely;
- confirm any areas which need improvement;
- build on the previous year's AQS, report on progress, year on year;
- account to its public and other stakeholders on the quality of its services; and
- engage the public on the quality of services received from their health board / NHS Trust to help inform the AQS content.

Engagement with the public will be important to understand what matters to them and what they would like to see in their local quality statements.

The statement needs to encompass all key themes in line with the *Health and Care Standards for Wales* and the *NHS Wales Outcome and Delivery Framework*. It also provides the opportunity to reflect improvements being made to services in line with the expectations set out in *A Healthier Wales*, the *Social Services and Well-being (Wales) Act 2014* and the *Well-being of Future Generations (Wales) Act 2015*.

It should be presented in a way that can be understood by those who use the services provided, written in plain English and be jargon-free, using visual graphics to underline key messages. To ensure national consistency in approach, more detailed advice is provided in annex 1.

Organisational communications leads will need to work closely with their quality and safety colleagues to ensure the content and format of the statement is as would be expected of a public-facing report. We expect the communications departments to be actively involved and engaged with the promotion of the AQS through the use of internet, intranet and approved social network sites such as Facebook and Twitter.

A communications strategy should also be developed to aid publication and promotion of the AQS.

### 3. What does it need to cover?

The AQS should combine an element of looking back at what has been achieved with a forward look using data and information available for the reporting year. In looking back, LHBs and trusts should seek to answer the following questions:

- are we meeting standards and delivery requirements and are we improving outcomes, across the whole patient pathway?
- are we genuinely seeking to understand the patient/user experience and is it improving?
- are we meeting or exceeding our improvement goals?
- are we being open and learning from errors and concerns?

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Examples of initiatives or work to demonstrate commitment to the following should also be included:

- Wales for Africa and other international health partnerships
- embedding a rights based approach which challenges ageist attitudes and stereotypes, making rights real in public service.
- mitigating risk in achieving high quality care and being honest about performance.
- identifying and celebrating areas of local innovation in service delivery and transformation to ensure spread and sustainable improvement
- integration and partnership working.

#### 4. Publishing the AQS

As the AQS is a public document it should be presented in a way which is accessible to all. A bilingual AQS must be published electronically on organisations' websites, with hard copies being made available on request. Organisations should also take into account the needs of their local populations and consider making the statement available in other formats or languages where there is a need to do so, considering going beyond meeting the legal requirements in such matters.

Organisations may want to consider using a number of ways to 'tell the story'. This could be through a mix of case studies and patient stories as well as quantitative data presented clearly and succinctly, signposting the reader to more detailed or technical information as required. It should provide a balance between positive information and an acknowledgment of where services need to improve.

The AQS must be produced on a financial-year basis, which aligns with the financial and performance data reporting periods within NHS organisations' Annual Accounts. Statements must be published no later than **29 May 2020**, in line with the annual accounting and reporting timetable.

It is recognised that this can present difficulties in accessing timely data at the year end to meet publication deadlines. To overcome this it is suggested that quantitative information be presented in one of three ways, depending on data availability at the time of reporting:

1. If a full financial year of data is available, then data for the 1<sup>st</sup> April to 31<sup>st</sup> March should be included.
2. If a full financial year of data is not available, data for a calendar year, 1<sup>st</sup> January to 31<sup>st</sup> December, should be used to show performance trends supported by commentary on projected end of year delivery where possible.
3. If the measure is qualitative in nature or the data is not available either on a financial or calendar year basis then NHS organisations should provide commentary on past and anticipated end of year delivery. Cross correlation, where appropriate with your Annual Report is recommended to reduce duplication and to provide more collaborative approach.

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## 5. Assuring the Annual Quality Statement

The Board is accountable for each organisation's quality statement and must therefore assure itself, through its internal assurance mechanisms, including internal audit, that the information published is both an accurate and representative picture of the quality of services it provides and the improvements it is committing to. The Chair and Chief Executive will need to include a statement confirming this. Organisations may also wish to include statements demonstrating engagement from other stakeholders, such as Community Health Councils and social care when agreeing their statement.

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## Annual Quality Statement Template for 2018/19

### 1. Statement from the Chair and Chief Executive

### 2. Introduction

This section should set the context, describing the population needs of the organisation which have been identified and how these will be met. Summarising the steps being taken to engage with its population and users and the improvement priorities set last year and any in-year challenges including unexpected events which may have influenced this.

### 3. Looking Back Over the Past Year

This section should be set out in line with the individual themes below. It should aim to ensure a consistent national approach as far as possible, whilst at the same time providing the opportunity to reflect local priorities. When providing specific examples, it is suggested they are chosen to reflect the local context. **Not all of the areas set out below will be relevant to each organisation, so organisations should draft their response in the spirit of this guidance and adapt their content to suit the services or programmes which they provide.**

Each theme should provide examples of achievements and improvements as well as challenges, including actions in response to any quality triggers or external reviews which may have taken place during the year. It should show how the organisation has listened to, learnt from and is working with all its partners including social care and the third sector.

#### ➤ Staying Healthy

Examples of actions to promote and protect health – examples drawn from obesity, smoking, alcohol, exercise, immunisation rates etc. and/or examples of health improvement programmes implemented. Examples of innovative services in primary and community care to help people maintain good health and live independently.

#### ➤ Safe Care (Services)

This section should specifically include examples of actions to improve safety, including nutrition and hydration, falls, pressure ulcers and progress in reducing healthcare associated infections. Progress and learning from case note mortality reviews and other sources of mortality data, serious incidents, safeguarding issues and independent reviews and descriptions of any never events and learning should be included in this section.

#### ➤ Effective Care (Services)

Examples of achievements and challenges across individual service delivery plans in providing evidence based effective pathways of care, including efforts to ensure integration and joint working with social services. This section may

need to signpost to more detailed reports for some areas e.g. cancer, stroke, mental health, primary care, children etc. A few examples of participation and learning from national clinical audit, clinical outcome reviews and peer review. This could be linked to local improvement priorities also participation in and learning from research, development and innovation.

### ➤ **Dignified Care**

A summary of progress against actions agreed in 'Dignified Care', as well as examples of improvements or challenges which have impacted on meeting the needs and overall experience of patients with dementia, cognitive impairment or sensory loss. Summary of actions being taken to ensure the provision of good continence care, including improvement actions where needed. Improvements made following inspections undertaken by Healthcare Inspectorate Wales.

### ➤ **Timely Care (Services)**

A summary of progress and actions taken to improve timely access to and discharge from services including GP access, unscheduled care, ambulance handovers, delayed transfers of care and preventing late night/early hours discharges from hospital, working with social services where required. This could include a summary of participation in the national unscheduled care programme. Examples of actions taken to reduce risk of harm associated with delays in accessing services/care, including participation in the national planned care programme.

### ➤ **Treating People as Individuals**

Examples of services/care designed to meet individual need e.g. communication needs, sensory loss, disability and maintaining independence, supporting carers as well as improving services for vulnerable groups. Listening and learning from individual feedback, including the Evans Review of Putting Things Right (PTR) and progress and examples in implementing the National Service User Experience Framework. This should include or signpost to PTR data and learning.

### ➤ **Our staff**

A summary of the workforce profile and challenges e.g. actions taken to ensure safe staffing levels, tackle recruitment difficulties, etc. and numbers of and the support provided by volunteers. Examples of actions taken following staff feedback/surveys etc. Examples of actions to develop and support staff to deliver compassionate care and make improvements: including through the provision of training and development in areas such as dementia, cognitive impairment and sensory loss, as well as staff appraisal. This section should also include progress in embedding the Improving Quality Together Framework (IQT), individual and team awards.

The OPC also sets out 3 areas relating specifically to staff, including staffing levels, training and responding to the views of staff. LHBs and trusts should increasingly demonstrate how such issues are considered throughout the year

and how findings etc are brought together to support the evidence provided within the Annual Quality Statement. These expectations align with those set out within the Health and Care Standards Framework.

It is suggested the Wales for Africa disclosure is captured within this theme. You may wish to include reference to information such as the number of staff granted 'volunteering' time, number of staff otherwise engaged with health links work, or any international learning opportunities undertaken. This section also provides an opportunity to draw attention to any other wider strategic international links and projects, and to draw attention to activity undertaken locally to implement the principles of the Charter for International Health Partnerships in Wales:

<http://www.internationalhealth.wales.nhs.uk/sitesplus/documents/1100/IHCC%20Charter%20for%20IHP%20%28Interactive%29%20E.pdf>

#### **4. Forward Look**

This section should summarise how each organisation has used this process to identify areas for focus and improvement for the coming year, working with all its partners including social services. It should set out clear, measurable improvement actions against each of the themes above. It should also describe how the organisation will track progress during the year, including evidence from how it listens and learns to drive continuous improvement.

#### **5. Engagement and Feedback**

The document should also be seen as a tool for engagement and a key element in the organisation's communication strategy. Organisations are encouraged to engage with all their stakeholders or partners in agreeing the final statement and include any endorsements/engagement statements as appropriate. They should also include details of how the reader can contact the organisation to comment on the statement or to seek further information.

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GIG  
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WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board



# Annual Quality Statement 2019/20

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# Introduction

We are pleased to present our Annual Quality Statement for 2019-2020. The statement is about the quality of services provided by Powys Teaching Health Board, recognising our purpose is to help improve the health and wellbeing of the people of Powys and to secure and provide excellent healthcare services.

Quality is described as a watchword in the NHS and is a clear expectation in a '*A Healthier Wales: our Plan for Health and Social Care*' (Welsh Government, 2018). It is emphasised how our Integrated Medium-Term Plans must continue to build on the opportunities presented by '*A Healthier Wales*' and demonstrate a truly integrated planning approach that links local population need to quality, service delivery and outcomes, ensuring quality and safety across all services. Some of the challenges that face the NHS can only be addressed sustainably through transformation and collaboration and as public bodies we have a role, collectively and individually, to respond to the wider remit within the Well-being of Future Generations Act. We have through the Powys Health and Care Strategy '*A Healthy, Caring Powys*' made a clear commitment to high quality services and positive patient and citizen experience. We recognise our approach to working with citizens, patients and carers is key in our efforts to improve services, experience and outcomes of care and treatment and this is further signalled through the health board's Integrated Medium-Term Plan 2020/2021 to 2022/2023.

Quality has been set as a key priority that must underpin all aspects of services, settings and contacts with the NHS in Wales. Ensuring quality is in everything that we do, the '*NHS Wales Planning Framework 2020/23*' (Welsh Government, 2019) makes clear how services should be developed to ensure quality is in all aspects of care, pathways and workforce planning and delivery.

The new Health and Social Care (Quality & Engagement) (Wales) Bill is coming in the next year and will include a new, broader duty of quality whereby NHS bodies will have a duty to secure quality in health services, whatever the setting. As a provider and commissioner of secondary and more specialist services we recognise the need to put and keep in place the arrangements for monitoring and improving the quality of the health care provided. In January 2020, we approved our Clinical Quality Framework the purpose of which is to realise the vision of '*Systematic, clinically-led, continuous and sustained, year-on-year improvement in the quality of clinical care provided by Powys Teaching Health Board*'. This provides a toolkit of improvement methodologies for use across the health board and in partnership with our key stakeholders



and offers a framework to further improve and assure the quality of Powys Teaching Health Board clinical services. Progress will be made during 2020-2021 to embed the framework at all levels within the health board and help ensure the health board is well placed to clearly articulate and, where necessary, improve the quality of health services provided.

During the period from January 2020 to March 2020 the health board, along with its partners, government and communities, had to respond to the COVID-19 pandemic. This required a different approach to governance, planning and performance and Welsh Government suspended the official performance arrangements at the end of Quarter 3. Staff were redeployed into new roles and a new clinical model was outlined for responding to coronavirus (Covid-19) in conjunction with partners both inside and outside the county in order to make this happen. The way in which services were delivered and how people worked to support the clinical model was swiftly enacted and the feelings of overwhelming pride for everyone in their response during this uncertain time were immense. Thank you to our staff, patients and partners for supporting this initial call to action.

Carol Shillabeer, CEO, Viv Harpwood, Chair

Chair of Quality and Safety Committee – Melanie Davies Vice-Chair

Executive Director of Nursing & Midwifery – Rhiannon Jones (April 2019-July 2019) Katrina Rowlands (*interim August 2019-January 2020*) and Alison Davies (*from January 2020*)

We are pleased to present Powys Teaching Health Board Annual Quality Statement for 2019-2020.

If you would like more information about patient experience and the quality and safety of our services the Experience, Quality and Safety Committee papers can be accessed online at:  
[www.powysthb.wales.nhs.uk/experience-quality-and-safety-committee](http://www.powysthb.wales.nhs.uk/experience-quality-and-safety-committee)

You can access our:

Annual Report at <http://www.powysthb.wales.nhs.uk/annual-report-aqs>

Health and Care Strategy at [www.powysthb.wales.nhs.uk/document/312141](http://www.powysthb.wales.nhs.uk/document/312141)

Integrated Medium Term Plan (IMTP) at [www.powysthb.wales.nhs.uk/strategies](http://www.powysthb.wales.nhs.uk/strategies)

## Health Board Profile

The health board is responsible for improving the health and well-being of approximately 133,000 people living in Powys. Powys covers a quarter of the landmass of Wales, but with only 5% of the country's population – it is a very sparsely populated and rural county. Geography and rurality make access a challenge, with residents of the county accessing acute hospital care from 15 providers around its borders across Wales and England. This requires the health board to be innovative and creative to ensure timely access to high quality services to meet people's needs.

The needs of our population differ to the rest of Wales, people are older and the working age adult population is smaller. It is predicted that there will be:

- 8% decline in population by 2039
- 15% Population aged 15 and under
- 59% Population aged 16 to 65
- 26% Population aged 65 or over

The number of young people and those under 65 will decrease while older adults will increase

44% increase of people with dementia

83% report they feel they belong to their local area (Wales 75%)

For a full analysis of our Wellbeing Assessment visit: <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

## Primary and Community Care

Care is also provided through our primary care contractors. The health board directly provides healthcare services through its network of community services and community hospitals. There is also provision of an increasing range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community facilities, bringing care closer to home.



#### General Practice

16 practices providing general and extended services and managing inpatient beds



#### Community Hospitals

Providing a wide range of outpatient, inpatient, mental health inpatient, diagnostic and theatre services



#### Community Services

Including therapies, mental health, district nursing midwifery, children's and learning disabilities services



#### Community Pharmacy

Dispensing and supporting medicines management in care home, home, GP and community hospital settings



#### Eye Care

Primary care optometry and accredited optometrists providing out of hospital services



#### Community Dentists

General dental services and more immediate and specialist procedures and services

### Commissioned Services

We buy in services on behalf of our residents from other health boards and NHS Trusts in Wales and England. The health board budget is around £300 million a year; with 50% spent on services that we commission; 30% on directly provided services and 20% on primary care. For more information see our IMTP at [www.powysthb.wales.nhs.uk/strategies](http://www.powysthb.wales.nhs.uk/strategies)

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# Staying Healthy

Staying healthy physically can help you stay healthy emotionally too. Through our Health and Care Strategy [www.powysthb.wales.nhs.uk/document/312141](http://www.powysthb.wales.nhs.uk/document/312141) our focus is to promote, support and facilitate the physical and mental well-being of people in Powys to reduce avoidable ill-health and enable the people of Powys to effectively manage their health.

We said...	Target	How we did
Provide effective stop smoking services	<ul style="list-style-type: none"> <li>Percentage of current smokers treated by NHS smoking cessation services.</li> <li>Percentage of treated smokers' carbon monoxide validated as successfully quit at 4 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>Estimated number of smokers in Powys in 2019/20: 16,830</li> <li>Total number of treated smokers in 2019/20: 547 (3.2% of smoking population)</li> <li>Total number of CO validated quits in 2019/20: 206 (37.7% quit rate)</li> </ul>
Keep smoking prevalence below 2016 target levels.	<ul style="list-style-type: none"> <li>Self-reported smoking status (via National Survey for Wales)</li> </ul>	<ul style="list-style-type: none"> <li>15% for Powys (National Survey for Wales data) *2018/19 and 2019/20 combined to increase sample size.</li> </ul>
Improve flu vaccination uptake	Percentage uptake in: <ul style="list-style-type: none"> <li>Over 65yrs.</li> <li>Under 65yrs "at risk".</li> <li>Pregnant women.</li> <li>Healthcare staff.</li> </ul>	<ul style="list-style-type: none"> <li>Over 65yrs 67.2%</li> <li>Under 65yrs "at risk". 44.3%</li> <li>Pregnant women 93.3%</li> <li>Healthcare staff 57.6% Total 64.3% Direct contact</li> </ul> (National data to 26 Mar 2020, PHW)
Maintain childhood vaccination uptake	<ul style="list-style-type: none"> <li>Percentage of children who receive 3 doses of the hexavalent '6 in 1' vaccine by age 1yr.</li> <li>Percentage of children who receive 2 doses of the MMR vaccine by age 5yrs.</li> </ul>	2019/20 <ul style="list-style-type: none"> <li>95.8% 6 in 1 by age 1yr</li> <li>92.1% of 2 doses of MMR by age 5 years</li> </ul> (2019/20 Annual Cover data, PHW)

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## Quality Assurance Project Leads to Increases in Recorded Vaccination Uptake

A quality assurance project on COVER data, a long-established vaccine coverage collection that has been running since 1987, has recently been completed in Powys which has led to improvements in the accuracy of COVER data and increases in recorded vaccine uptake in Powys and across Wales.

This was a joint project between the health board, Powys Local Public Health, the Public Health Wales Vaccine Preventable Disease Programme Team and NHS Wales Informatics Service. It was undertaken in response to concerns that local data didn't appear to match the national COVER data along with national concerns about declining uptake of three doses of "5 in 1" vaccine at age five despite uptake of three doses of "5 in 1" vaccine at one year of age being above 95% for over ten years. This provided an opportunity for an in-depth evaluation of the quality of the COVER data compared to local data and to develop methods for repeating the audit in other areas of Wales.

The findings showed a high degree of agreement between local and national data for one and two-year old's and for older children when measured close to the time of vaccination. However, the project identified a systematic difference affecting the reported coverage of some vaccines in children who had moved between areas, meaning the way the vaccine records were set up meant that vaccination records for children who had moved between areas, was limited to data for the two years prior to their move. As a result, although the local records contained a full history for these children, records for vaccinations given prior to two years before a child moved area were not included leading to an underestimation of uptake of some vaccines in the COVER reports.

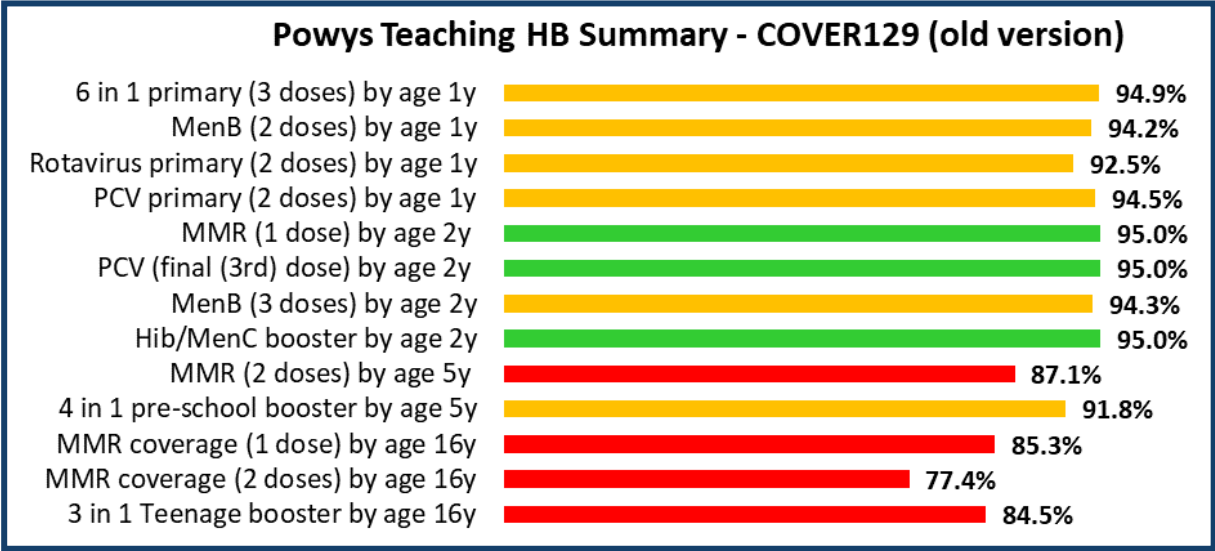
When the discrepancy was corrected an increase was seen in the uptake of some vaccines for children aged over four. The charts show a summary of the COVER data for the period October-December 2018 before (figure 1) and after (figure 2) the changes were made. These show that the recorded uptake of MMR2 at 5 years increased by 3.8 percentage points from 87.1% to 90.9%, moving this "tier 1" indicator from red to amber. An even higher increase was seen amongst 16 years where recorded uptake increased from 77.4% to 87.9% (10.5 % percentage points).

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This work has improved the completeness and accuracy of COVER data in Powys and across Wales and will be used to inform ongoing local work to ensure that local data is as accurate and timely as possible and to improve uptake of childhood vaccinations.

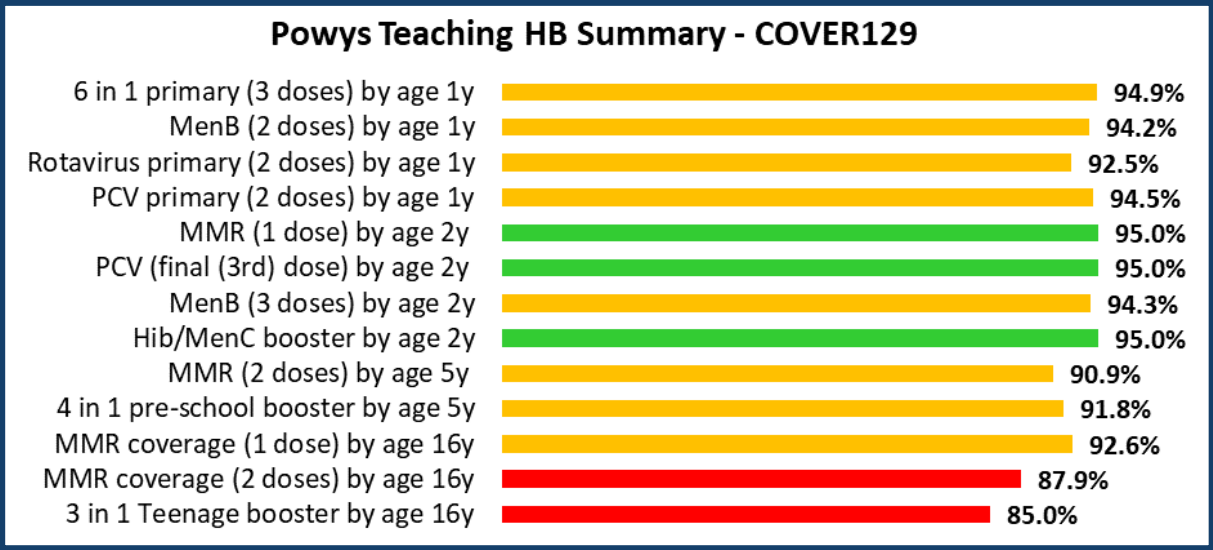
**Figure 1: Summary of cover data for Powys for the period October to December 2018 (Cover report 129) before correction of algorithm**



*Source: Public Health Wales, Vaccination Preventable Disease Programme*

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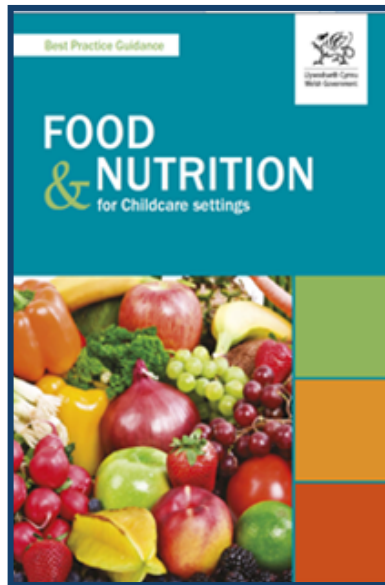
**Figure 2: Summary of cover data for Powys for the period October to December 2018 (Cover report 129), after correction of algorithm**



*Source: Public Health Wales, Vaccination Preventable Disease Programme*

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## Bach a Iach and Dietetics working together to promote healthy eating for pre-school children



Welsh Government's best practice Guidelines Food and Nutrition for Childcare Settings was published in November 2018. Bach a Iach (Small and Health) initiative (part of the Powys Healthy Pre-school Scheme) is named as an example of good practice model in this guidance and in 2019, Powys Healthy Schools and Dietetics teams worked together to promote the guidance to local pre-school settings.

This work built on the strong links between the Healthy Schools Team and local pre-school settings that have been developed over recent years through Bach a Iach, and the close working partnership between Bach and Iach and Dietetics.

The teams worked together to develop bespoke training for pre-school settings. Three training sessions were delivered across Powys by a Dietitian and were attended by 35 staff from 22 pre-school settings. Hard copies of the guidance were also printed and distributed to the settings.

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The training and resources received good feedback and it was encouraging to hear staff planning to cascade the learning to their colleagues and to parents. 65% of staff who attended the training said that they planned to make changes to improve the menu in their childcare setting. Of those who attended only 18% reported any previous formal nutrition education and 83% were interested in receiving further nutrition training. 46% reported that they were already aware of the new guidance but only 37% said that they had been using it prior to training.

Children develop their eating habits at a young age and early years settings are ideally placed to promote healthy eating messages. This work shows that preschool settings are keen to positively influence children's eating habits. Further sessions are planned to meet demand from those who were unable to attend the first run and two Community Food and Nutrition Skills for the Early Years courses are planned in the new year to further develop the skills of pre-school staff.

Bach a Iach won the 'Early Help and Support' Award at the Powys Teaching the health board's 2019 Excellence and Long Service Awards ceremony, and the 'strong partnership working' between Community Dietetics and the Healthy Pre-Schools Team was highlighted.

Bach a Iach was also invited to present at the Public Health Wales Annual Conference (October 2019).



Following the phased implementation of the **Midwife-led influenza immunisation** in Powys last year, whereby pregnant women were being encouraged to access their flu vaccine from the midwives, it is anticipated if the phased implementation is successful, midwives will become the default provider for flu vaccination of all pregnant women across Powys from 2019/20 flu season.

## Safe Care

We said...	Target	How we did
We will improve the management of urinary tract infections and catheter usage	<ul style="list-style-type: none"><li>Reduction in the number of catheter associated urinary tract infections</li><li>Reduction in the number of catheters in use</li></ul>	The catheter passport was used from January 2020. Catheter usage prevalence for February 2020 was 22.5%, a reduction from 25% reported in 2018.

### Nutrition and Hydration

#### Food Supply

Work is completed to ensure that all purchases for the health board are made through the NHS procured supply chain which ensures value for money, effective food screening and ethical purchasing.

SITE	CURRENT FOOD HYGIENE RATING
Bronllys	4
Brecon	5
Knighton	5
Llanidloes	5
Llandrindod	5
Machynlleth	4
Newtown	5
Welshpool	5
Ystradgynlais	5

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## Food Hygiene

We aim to achieve a Level 5 food safety award at each of our nine kitchens. Of these seven currently have a rating of Level 5, the remaining two have a rating of Level 4. We apply a zero tolerance to any shortfalls found in the safe delivery of catering and are responding robustly where we have less than optimal rating, in close collaboration with our Environmental Health and Infection Control partners, and also in the areas where we need to maintain a rating of Level 5.

## International Dysphagia Diet Standardisation Initiative (IDDSI)

Powys Teaching Health Board have implemented the IDDSI guidelines, which were founded with the goal of developing new global standardised terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and all cultures. We have trained 122 members of ward and catering staff over 18 training sessions across 9 sites in Powys, with 99% of participants reporting that their expectations of the training were met. New patient menus have been developed and implemented to reflect the changes.



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The health board has rolled out the new **All Wales standardised nutritional risk assessment** in October 2019. The Adult Nutritional Risk Screening Tool (WAASP) has been validated as the tool for inpatient use whilst the Malnutrition Universal Screening Tool (MUST) will remain in use in the community setting.

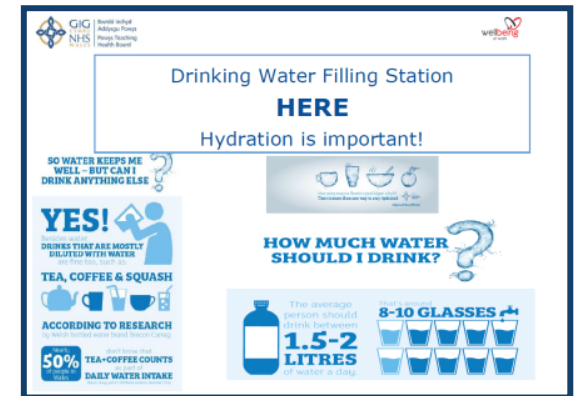
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### Drinking Vessels and Nutritional Drinks:

The number of coloured glasses on the wards have been increased. It has been recorded that that patients drink more from a coloured glass rather than a clear one. As well as using coloured glasses, ward staff have access to nutritional drinks which include milk shakes, to encourage the fluid intake of patients, particularly in hot weather.

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The **Water Safety Group** remit is to maintain the safety of water supplies across the health board; this includes drinking water, ice cubes, showers, sinks and baths and ensures that patients and staff have access to safe water.



## Staff and Visitors Menus

Staff menus have been aligned with the new NHS Wales-wide patient menu, reducing cost and waste and improving nutritional and dietary standards.





## Digitisation of Nursing Documentation – In-Patient Wards

This is the national project aimed at changing the documentation nurses are required to complete every day. The project focused to design, develop, pilot and implement e-nursing documents across Wales. The aim is to release nurses from the administrative burden of completing paper documents in order to spend more time on direct patient care. Since last year, the health board has appointed into a full time substantive Senior Nurse Clinical Informatics role as their representative on clinical digitalisation projects

The inpatient e-documentation project indicated as taking place in June 2019 will be taking place on Y Bannau ward in March 2020. The aim of the project is to make patient's information more accessible, cutting down on duplication, streamlining the admission process and giving nurses more time back at the bedside. The vision to implement consistent information across Wales has been well received in Powys and core risk assessments have been imbedded in adult in-patient wards. Alongside this Y Bannau ward are about to trial a new electronic bed management system which aims to save resources, administration time and duplication whilst providing a clear and up to date view of bed capacity across the organisation.

**Safeguarding** the people of Powys is at the heart of all the care and services we deliver. If we are concerned about a person's wellbeing and/or safety we aim to work with people, their families and carers to encourage them to make their own decisions with clear information. Safeguarding people is the responsibly of all our employees, at times who have a duty to share information and work with our statutory partner agencies to promote, support and offer solutions that are tailored to your needs and based on best practice.

We work openly and transparently learning lessons to improve care from local and national reviews. Our staff have access to safeguarding training, support and supervision from a specialist team in our health board, all our work is guided by local and national policies

## Maternity Assurance Framework

In response to the Royal College of Obstetricians and Gynaecology and Royal College of Midwives Independent Review of Maternity Services in the former Cwm Taf University Health Board published on 30th April 2019 (<https://gov.wales/review-maternity-services-former-cwm-taf-university-health-board>)

Powys Teaching Health Board acted to review maternity services provided and an approach was taken to assess the health board as a whole, rather than just look at maternity and midwifery services.

The quality and safety of midwifery-led care provided in Powys was considered to be of a good standard. Areas for improvement were highlighted within provided services, namely, information analysis and intelligence reporting, Clinical Quality Review Meetings with our 15 NHS providers, concerns management, risk management, clinical audit and Board development, plus a great area of focus related to commissioned services. The full report can be found at [www.powysthb.wales.nhs.uk/2019-20-eqs-2-4-june-2019](http://www.powysthb.wales.nhs.uk/2019-20-eqs-2-4-june-2019).

The latest update report on maternity services for 2019/20 can be found at [www.powysthb.wales.nhs.uk/2019-20-experience-quality-safety-commit-2](http://www.powysthb.wales.nhs.uk/2019-20-experience-quality-safety-commit-2)

## **Medical Equipment and Devices**

Work has taken place over the last year to improve the management of medical devices for patient safety. Key actions taken includes:

- Policies for the effective management of medical devices approved and in place.
- The development of an asset management system to handle, for example, service scheduling and creating a central medical device replacement programme.
- Working with service leads to ensure effective ordering and processing of equipment and devices in conjunction with procurement colleagues.
- Carrying out spot checks on how medical devices and equipment is stored in wards and departments resulting in action being taken to address poor storage conditions of some equipment/devices, the cleanliness of devices and equipment and security of equipment.
- Replacement of devices health board wide including patient hoists, electrocardiogram (ECG) machines and patient baths and staff training provided in their use.

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## Medicines Management

The medicines management team has continued to provide wide ranging clinical and pharmaceutical support to other healthcare professionals and members of the public across Powys. The team continues to support prescribers with information and support to meet national and local prescribing indicators and to provide safe and optimal medicines use, for Powys patients.

Through collaborative working, the medicines management team have developed wider working partnerships over the year, such as the Pain & Fatigue Management Service. A senior medicines management technician joined the multidisciplinary team, on a weekly basis, to support people with persistent pain to safely reduce high dose pain medications, such as opioids.

The team has continued to work with community pharmacy partners on various projects including a joint initiative with the respiratory nursing service to support patients in managing their Chronic Obstructive Pulmonary Disease (COPD) exacerbations at home. Recent data suggests that this work is reducing hospital attendance, including admissions and decreasing the overall requirement of antibiotics in this group of patients.

Through developing the local Pharmacy professional workforce, we have extended our partnership with Health Education and Improvement Wales (HEIW) to increase pharmacy professional training placements, including, new for this year, postgraduate training to allow us, to, develop Pharmacy Professionals and to attract them to Powys. Our unique joint working with a local community pharmacy, also allowed us to develop the first multi-sector pharmacy technician training, with our first student winning the Association of Pharmacy Technicians (APTUK) award for Pre-registration Pharmacy Technician of the Year.

Changes in regulatory requirements have allowed a review of non-medical prescribing training in the organisation, and means a wider range of prescribers can now mentor members of staff working towards their prescribing qualification. It is hoped that this will increase availability of training and ultimately lead to a greater number of prescribers, allowing further improvements to patient care. The health board non-medical prescribing lead continues to link with national work and local Universities and provides ongoing support to both trainees and qualified prescribers to ensure continuing professional development around prescribing.

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## Effective Care

We said...	Target	How we did
We will progress the implementation of the Neighbourhood Nursing Pilot	<ul style="list-style-type: none"> <li>Reduction in hospital admissions</li> <li>Reduction of length of stay in hospital</li> </ul>	The overall number of admissions for this financial year is lower than when compared to the same quarter for the previous financial year (Figure 1).

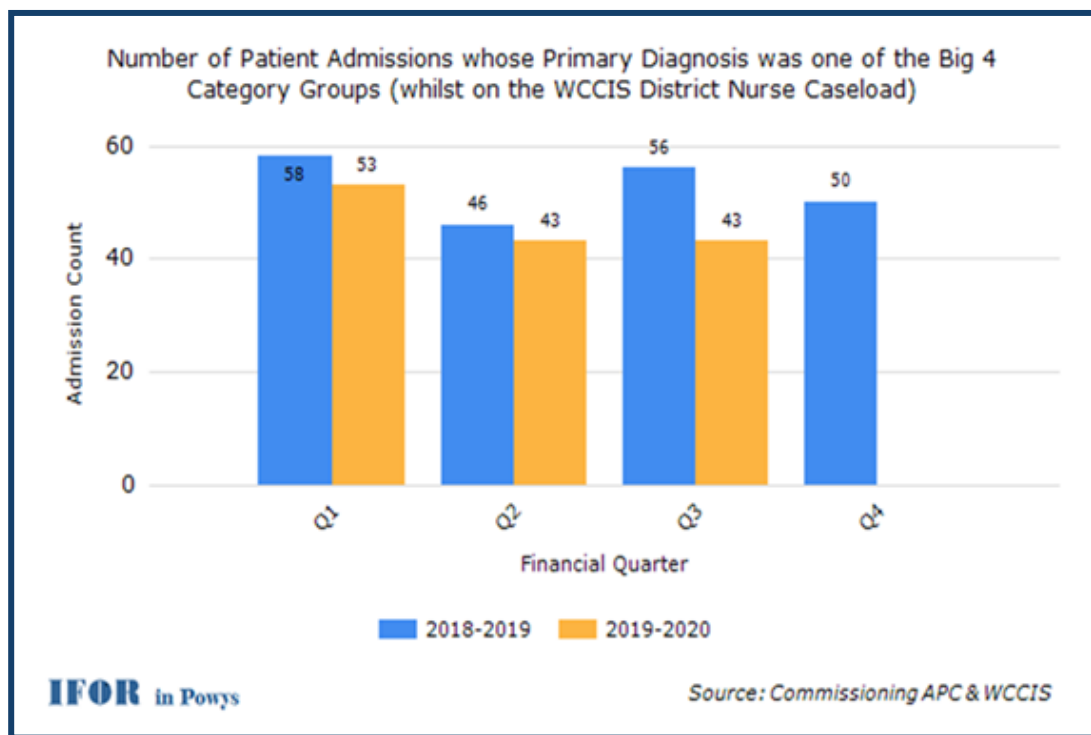


Figure 1: Chart showing overall number of admissions

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The Chart below (Figure 2) does look more specifically at the diagnosis category for the emergency admission, and this does show some slight variations per quarter for the number of admissions.

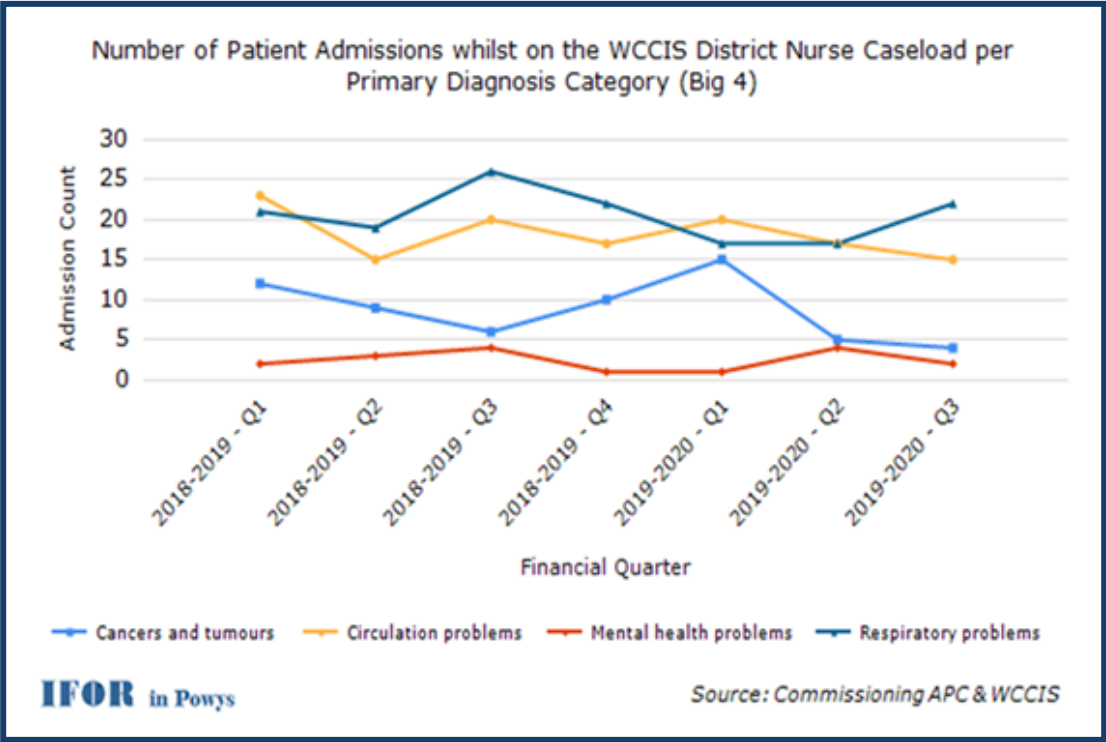


Figure 2: Chart showing diagnosis category for number of admissions

The Chart (Figure 3) shows the average length of stay based on the emergency admissions during each financial quarter. Mental Health does appear to be the one where length of stays are longer but the number of admissions with this diagnosis category are small so there is more of an impact on the average.

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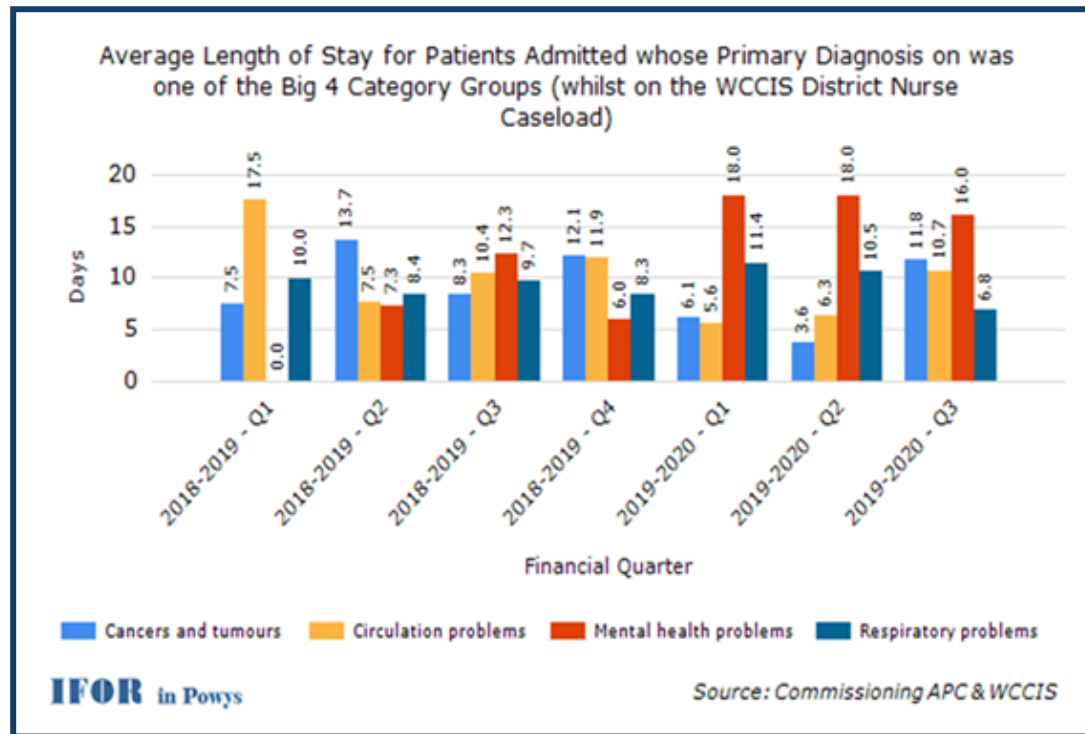


Figure 3: Chart showing average length of stay

## Managing Type 1 Diabetes through DAFNE

DAFNE stands for Dose Adjustment for Normal Eating and is a way of managing Type 1 diabetes for adults and provides the skills necessary to estimate the carbohydrate in each meal and to inject the right dose of insulin.

The aim of DAFNE is to help patients with Type 1 diabetes lead as normal a life as possible, while controlling their blood glucose levels, hence reducing the risk of long-term diabetes complications. DAFNE allows people to fit diabetes into their lifestyle, rather than changing their lifestyle to fit in with their diabetes.

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The Diabetes delivery plan for Wales 2016-2020 recommends that structured education should be offered to all patients with Type 1 diabetes. It has to be delivered by a Diabetes Specialist Nurse and a Dietician. The health board has received Welsh Government funding to train Eleri Evans, Diabetes Specialist Nurse and Hayley Kemp, Dietician, to attend the course enabling them to deliver the education to diabetic patients in Powys since June 2019. The course has been of benefit for patients.

*"I've just completed a DAFNE course and just wanted to say wow what a fantatsic course. I've had type 1 diabetes for 33 years and was very sceptical about attending as I thought I knew the correct way to manage my diabetes but I can honestly say this course has been really beneficial, it has helped me to get my blood sugars within range and an improved hba1c as well.*

*Previosuly I was having highs and then lows then highs then lows, a constant vicious circle, this course helped me to understand how to treat a low blood sugar correctly and minimise havinng a high after, it also helped me to reduce the high but not have a low this for me was a massive eye opener and has stopped these from occurring.*

*The course is all about fine tuning your insulin and carbohydrate ratios and not acting too quickly as most fast acting insulin's last for 4 hours so testing 2 hours after food as previously advised was of no benefit as that vicious circle I mentioned above will start.*

*The course is designed to allow you to live your life and be able to eat the foods you like so rather than allowing diabetes to control you, you can control diabetes.*

*This I'm sure appeals to a lot of type I diabetics. The course was an interactive course that allowed me to learn from other type I diabetic's experiences which was a massive improvement in any other courses I have attended.*

*So I'd like to say a huge thank you to PTHB for proviidng this course and suggest to anyone with type 1 diabetes to grab this opportunity to attend a very thorough and worthwhile course with both hands as it will improve your control drastically (Take it from someone who's had diabetes for over 30 years.)"*

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*"I agree with Anna 100% here. The DAFNE Course has given me the confidence back to control my type 1 diabetes and not let it control me.*

*I've spent five weeks with other diabetics, who all know how the daily struggles feel, and I'm so grateful to **Powys Teaching Health Board** for the opportunity to take part in this course.*

*Having had a rough few years with diabetic complications I wanted to do something to ensure I keep any more of these at bay for as long as possible, as well as making sure I am fully up to date with ever-changing practices.*

*Managing Type 1 Diabetes is a full time job, and even after nearly 28 years it is a constant learning curve, but with the support of DSN Eleri and Dietician Hayley, as well as other diabetics on the course and The DAFNE course materials, I feel like I'm far more equipped to deal with it 💙 #DAFNE#Type1Diabetes"*

We opened a new **paediatric audiology suite in Brecon** aimed at providing more audiology services in Powys for children and young people. The room has state of the art technology, which allows children from South Powys to have their hearing tested in a safe, comfortable and fun environment. Children under three have their hearing tested by visual reinforcement audiometry using LCD screens. This technology gives the option of uploading images and animations specific to each child, making testing for some children more reliable. We also now have the option of completing speech testing for older children, this highlights the impact a hearing loss is having on a child in an everyday scenario. The new testing room has allowed for children that would have normally be seen outside of Powys to be seen within their own county, increasing the services demand and capacity.



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## Creating a first-class continence service for children in Powys

Following action to set up a paediatric continence service, the launch planned for 2019, the service was launched with an ERIC led learning event for Health Visitors and School nurses to explore continence issues in children and young people. A clinical nurse specialist was employed to implement the single integrated service and dedicated clinics commenced in Autumn 2019. The nurse is currently completing her advanced practitioner MSc training which includes advanced clinical assessment and independent prescribing. This will allow children to be seen for complex or chronic continence problems in Powys without the need to travel outside the county thus supporting the care closer to home agenda. The service also employs an assistant practitioner who provides direct support for children and parents in their own homes or school as appropriate and also providing structured assessment for the provision of containment products.

As part of the drive to provide effective care closer to home, the Community Children's Nursing Team identified that **children and young people with epilepsy** across Powys were receiving variance in the care they were receiving. An epilepsy link nurse was identified and underwent specialist training to specifically work with the epilepsy care teams in all the adjoining health boards in Wales and Trusts in England. She has audited the service provision in each area and worked with clinical nurse specialists to agree the input required to ensure families who have a child with epilepsy in Powys are supported locally. This initiative has reduced the travel for families and there has been positive feedback on having a local contact. The link nurse also works with schools and provides training across Powys and support the writing of education health care plans.

A pilot for **a Neurodisability joint clinic** with Community Paediatric consultant and physiotherapist commenced in December 2019. This joint approach will provide a holistic review of the child's needs, prevent assessment duplication for practitioners and reduce the number of clinic attendances with associated travel time for the parent and time out of school for the child.

The **Cerebral Palsy register for Wales** is being piloted in Powys with planned rollout nationally through electronic health systems. Our aim is to establish a systematic approach to the monitoring and surveillance of cerebral palsy in Wales and to support research into the condition. For more details see <https://cerebralpalsyregister.wales/welcome-to-http-cerebralpalsyregister-wales>

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## 'Be Hear, Be Clear'

The poster features a grey background with blue and white text. At the top left, there is a logo with a blue bird and the text 'Be Here Be Clear' and 'Bydd yma Bydd yn Glir'. The main title 'Be Here Be Clear: preventing early language difficulties' is in large blue letters. Below the title, there are several bullet points and quotes. A quote bubble says 'fast improvement in only the four visits'. Another quote bubble says 'she is babbling more, trying to talk'. A third quote bubble says 'when she babbles I interpret what she is babbling about'. A fourth quote bubble says 'great to have this helpful team in developing my daughter's language'. The bottom of the poster has contact information: 'For further information please contact catherine.pape@wales.nhs.uk'.

**Be Here Be Clear:**  
Bydd yma Bydd yn Glir

**Be Here Be Clear:**  
preventing early language difficulties

• A Bevan exemplar project to develop, pilot and evaluate a new preventative approach to promote early language through positive interactions

• A collaboration between Speech & Language Therapy, Health Visitors and Action for Children

• Strong emphasis on co-production and involving Dads

• 4 sessions, delivered at home, in which each parent is filmed with their child and then supported to choose a relevant target (e.g. Getting face to face; following the child's lead)

• Evaluation of the project is currently underway

For further information please contact [catherine.pape@wales.nhs.uk](mailto:catherine.pape@wales.nhs.uk)

The project is now half way through completion. Data for the new manual is now being collected and aims to be completed in October 2020. The Adopt and Spread Bevan Exemplar scheme has seen four regions in Wales also gaining funding to use the programme and a further project is being developed to support these teams in its roll out.

## Aromatherapy in Maternity Services

A pilot scheme was run in Powys which aimed to test whether aromatherapy could help women and families to achieve the birth they wanted. Having been monitored over the past 12 months the feedback has been positive:

*"One week overdue and tired of being pregnant, midwife Rachel arrived armed with aromatherapy! It was instantly relaxing while being used during a hand massage, then a few drops in the bath before bed."*

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*When labour pains started, it was a great distraction and helped me to stay at home longer before heading into the birth centre”.*



## **Endoscopy Services**

2019-2020 has been another busy year for endoscopy services.

- In April 2019 the health board were awarded another of year Joint Advisory Group (JAG) accreditation for the unit. The health board remains one of only six units in Wales (out of a total of 20), to gain this accreditation. The inspection specifically reviewed the clinical care of patients within the unit, the patient experience, decontamination facilities and workforce performance and satisfaction. All endoscopists were rigorously analysed regarding their performance. Staff contributed upwards of 15 clinical audits to support evidence presented and all documents pertaining to endoscopy were re-written or reviewed.
- Additional toilet facilities were opened to improve patient privacy and dignity. During the building work no endoscopy bookings were cancelled ensuring patients were being seen in a timely way.
- In January 2019 the health board employed an Advanced Nurse Endoscopist, Dr Helen Griffiths, to replace and expand the upper endoscopy service.
- A new endoscopy suite has been developed in Llandrindod Wells Hospital. It is expected to open in Spring 2020. This will be the first endoscopy facilities in mid Powys for over 8 years. It is aimed to work toward getting this facility JAG accredited in 2022.

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- The health board has seen growth in endoscopy referrals by approximately 10% yearly for the past 4 years (in line with Welsh Government and UK predictions), and work is taking place across the health board including operational teams and senior leadership to ensure there are prospective and pragmatic plans to meet the increased demand and the anticipated 10% yearly growth for the next 5 years.
- Bowel Screening Wales have continued their services to the Powys population. We anticipate increased growth in the immediate and intermediate future in numbers of patients attending as Bowel Screening Wales Faecal Immunochemical Testing (FIT) is introduced and the age range is widened. For more information on FIT testing please see
- Our Consultant Endoscopist Nurse completed a PhD in Medicine & gained a post as an Honorary Lecturer in Medicine with Swansea University.
- Our Consultant Endoscopist Nurse participated in a charitable visit to Bangladesh teaching nurses and doctors in advanced endoscopic techniques. The highlight was an audience with the Prime Minister to discuss the educational program being provided.

## **Neighbourhood Nursing**

A patient and staff survey have been undertaken to capture feedback at the end of the project, which was due to complete the 1<sup>st</sup> April. A formal evaluation of the project is to be undertaken by the University of South Wales.

## **Carers**

A Carers plan on a page was approved via the Regional Partnership Board (RPB). The Carers Steering Group continues with good representation from Carers. Key areas of focus have been agreed and funding has been made available to take forward flexible respite.

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# Dignified Care

We said...	Target	How we did
We will work with our partners to increase the number of Powys communities signing up as 'Dementia Friendly Communities.	<ul style="list-style-type: none"> <li>Increase in the number of Powys communities signing up as 'Dementia Friendly Communities.</li> </ul>	We now have 4 dementia meeting centres across Powys

## Dementia

The health board is working to achieve the themes within the Dementia Action Plan for Wales 2018 – 2021, overseen by the Dementia Leads groups and progress reported Welsh Government six monthly.

Collaborative work continues with our third sector partners to raise awareness in local communities and there are currently twelve towns working towards becoming dementia friendly in Powys. Dementia Friends sessions continue to be run through the dementia friendly communities. In one area the Virtual Dementia tour bus was hired and available free for the public to go through the bus to raise awareness of what a person with dementia may experience. Over 95 people completed a session in the virtual dementia bus.

Dementia Matters in Powys have successfully opened a fourth dementia meeting Centre, now running in Ystradgynlais, Brecon, Llandrindod Wells and Newtown. These Centres offer support, education and activities that are led by the people who attend. Intergenerational projects continue with Schools across Powys.

The Memory Assessment service is currently part of a trial to complete the audit workbook for Memory services in conjunction with Improvement Cymru, before it is rolled out nationally.

Engagement work with General Practices continues and a project to raise awareness about dementia using the electronic screens is being developed in one area.

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The Dementia Lead is working with Improvement Cymru to progress the Dementia Action Alliance, Dementia Friendly Hospital Charter which has recently been adopted by Welsh Government and is planned to be launched in September 2020. This has already been adopted in England. Hospitals continue to use the Butterfly Scheme and John's Campaign to support the recommendations in the Royal College of Psychiatry National Audit of Dementia Care in general hospitals.

The Dementia Home Treatment team in South Powys has been developed and opened as a service in November 2019. Its purpose is to provide rapid assessment, treatment and review; to reduce the need for hospital admission, and to enable the patient to be assessed and supported in their usual place of residence. They are based in Bronllys and currently operate between the hours of 9am – 5pm, Monday – Friday.

There is a focus on dementia training in February and March 2020 when all staff are being encouraged to complete the NHS All Wales dementia e-learning module with the dementia lead attending hospital wards to support work-based learning. A classroom programme has been arranged throughout 2020 pan Powys. There is a Welsh Government evaluation of the work that has been completed in Powys in April 2020.

## **Mental Health and Partnerships**

*Together for Mental Health (T4MH)* is the Welsh Government's 10-year strategy to improve mental health and well-being in Wales. The last year of the second Delivery Plan which covers the 2019/20 period, continues to require a cross-cutting approach with actions jointly achieved by partners, including Welsh Government, Health Boards, Local Authorities, the Third and Independent sector, Education, Public Health Wales, Police, Fire, Ambulance, people using services and those close to them. The health board and partners spent considerable time during the year consulting and supporting local engagement around the new T4MH Delivery Plan (2019-2022). Whilst there are some areas of development in the new plan, Powys is actually ahead in some aspect of the plan such as in Workforce Planning and Co-Production with our Service Users. The work is overseen by the National Partnership Board and there continues to be a Local Partnership Board (LPB) in each area. In Powys the LPB is known as the Mental Health Planning and Development Partnership (MHP&DP) and our strategy for mental health is outlined within the "Health and Care Strategy", outlining local outcomes for our population.

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Throughout 2019/2020, a range of actions have been undertaken to achieve the Partnership's vision to promote mental and emotional health and wellbeing for all ages and to enable the provision of truly integrated care, thus making a positive difference in the lives of people in contact with our services.

During 2019/2020, the health board's Partnership Manager working jointly with the **Powys Area Planning Board**, overseeing services supporting people living with substance misuse issues, followed up key actions from last year by:

- Securing funding from Welsh Government for a post looking specifically at Harm Reduction across agencies to help support the work of substance misuse services and importantly helping reduce the instances of harm across people living with substance misuse and mental health distress
- Obtaining further funding for two new posts providing additional support to people who are living with complex needs in relation to substance misuse and mental health distress, working directly with Community Mental Health Teams, Police, Social Services and the Third Sector to coordinate care and support for people
- Further capacity has been augmented by securing funding for four posts, based in the Third Sector, looking at complex care needs for people with mental health, substance misuse and housing issues.
- Jointly looking at the need for an independent "Clinical Audit" of the currently commissioned service to determine what is working well and what could be improved in currently commissioned substance misuse services.

We continue to prioritise the work of the **Powys Armed and Ex Forces Forum** (PAEFF), which is a multi-agency group, including representatives of Veterans and Ex Forces Personnel and people with lived experience of mental distress who have been in active duty within the armed forces. The Forum's role is to ensure that health issues relating to the Armed Forces Covenant are appropriately reflected in NHS service design and continually improves across all services.

The Partnership continues to deliver a joint action plan to ensure mental health services for Veterans in Wales are able to meet needs in a timely and appropriate manner. Ongoing awareness raising of the mental health support services for Veterans within the community and across other health and social care services continues. We have recruited a new representative to sit on the board and continue to look at how people can access the service across Powys. Of particular interest this past year has been linking in new community services such as Community Connectors and other local Third Sector services personnel may not know

about and the commitment to ensuring that any personnel applying for posts within the NHS are well positioned to receive support.

The MHP&DP continues to bring together key partners, facilitated by the health board, and great care is taken to involve people who use services, parents and carers in the ongoing planning and in the delivery of our local Health and Care Strategy. There is a significant amount of **co-production and involving our patients and service users** that goes on annually. Individual representatives of people using services are active members of the Partnership. They provide the Partnership with feedback from local networks (formal and informal) and from the national service user's and carer's forum and national partnership boards and ensures that key priorities of the local delivery plan stay at the forefront of Partnership business. Representatives are heavily involved in the Partnership's work streams.

**The Engage to Change group** is a subgroup of the MHP&DP Board and encompasses representatives from our partner agencies and citizens. The subgroup was established to more widely promote the Partnership and seeks to resolve issues raised by people in contact with services and those close to them at local and regional levels with staff. The group considers feedback gathered from people using services and uses it to help inform and improve services developed through the partnership. Some of the group activities in 2019/2020 supported a number of mental health awareness events throughout the year. Members (and their respective organisations) have participated in "Time to Talk Day", "World Mental Health Day" and "Self-Injury Awareness Day" (inset) amongst others. In 2019/2020, our individual representatives conducted a survey of some people using mental health services in Powys and used the findings to make small but effective improvements to mental health services, such as working to update the patient information provided in relation to Part 3 of the Mental Health Measure.

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Listening to our patients/service users and citizen representatives, the health board have secured funding this year for a new **Early Intervention in Psychosis service** that is now fully staffed and beginning to roll out across Powys. They are actively seeking to work with patients and family members in co-designing the service based on the lived experience and patient stories of people who have experienced first episode psychosis.

In addition to our continued success with our on-line CBT Service Silver Cloud (blended with face to face counselling) offering greater access to psychological therapies, we have developed a new service relating to **complex trauma** and **personality disorders** and have recruited in 2019/2020 specialist staff. We are also upskilling current staff with new interventions and specialist skills ensuring that access to the best and latest quality therapeutic tools and is provided.

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**Suicide and Self-Harm** reduction continue to be a key priority for us and our statutory partners and this year has seen us secure funding from Welsh Government for a specific coordinating post across partners which will help us continue to deliver the priorities in the Suicide Prevention Plan (Talk to Me 2).

In working with our partners in the **Third Sector**, we are also looking at the need for more focused **“social prescribing”** within mental health, new areas such as **“Arts in Health”** and we are actively recruiting a coordinator this year to help deliver projects across our hospitals, community groups and partners in addition to **“Green Prescribing”** links with **“Eco-therapy”** related projects provided by our partners in the Third Sector, County Council’s Countryside Services, National Park Authorities and Natural Resources Wales.

**The Child and Adolescent Mental Health** Service (CAMHS) this year moved to the Mental Health Directorate and prioritised delivering integrated services, developing emotional health and resilience for young people. We were successful in receiving funding through the Regional Partnership Board (RPB) to develop a virtual emotional health and wellbeing service, bringing together many partners such as children’s social services, youth services, both universal and targeted, in addition to Xenzone – counselling service and education. Much work has been undertaken on developing a single point of access/integrated access to our service model.

A partnership with Montgomery Wildlife Trust in North Powys is developing specifically in relation to green/social prescribing for young people from primary and secondary care, along with providing joined up support with other partners in the Voluntary Sector.

Mental Health transformation funding has also been utilised to develop increased support through primary mental health care workers in schools, including year six primary schools and developing links with children’s social services to provide dedicated consultation and training to staff.

Moving to the Mental Health Directorate has also been a spring board to secure an age appropriate bed for inpatients in Powys.

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The work of the **Crisis Care Forum**, pushing the Crisis Care Concordat with our partners in the Police, social services, Third Sector and health has gathered momentum in 2019/2020 and Powys continues to lead on the work of our **Integrated Risk Intervention Support (IRIS)** launched last year. We have seen the use of IRIS increase appropriately and this unique multi-agency approach to collaborative risk assessment and case management and review has proven invaluable in our integrated approach to providing specialist support for people at risk.

## **Equality and Diversity**

The health board has continued to build upon the work already undertaken around Equality and Diversity which aims to improve service delivery for those with a protected characteristic under the Equality Act 2010. Our aim has also been to increase staff awareness of the challenges that individuals face and promoting best practice.

Following a review of our Strategic Equality Plan (SEP) for 2016-2020 undertaken with the Equality and Human Rights Commission in October 2019, the health board is performing well but we recognise that there is much more that we can do, especially in terms of engaging with local communities and individuals with specific needs in order to help us better plan and deliver our services accordingly.

The health board has developed a new 4year SEP which looks to build upon the existing work already undertaken to ensure that services are accessible to all and we aim to ensure that those with a protected characteristic are not disadvantaged in any way when accessing healthcare services.

The All Wales Standards for Accessible Communication and Information for People with Sensory Loss continue to be implemented across the health board. Our local Eye Care Liaison Officer regularly attends eye care clinics to offer information and advice on a wide range of support services available to those with sensory loss. Audiology departments have introduced methods to identify dementia patients with hearing loss and have put new ward referral procedures in place to ensure that these patients are seen urgently. Our priorities going forward for are to work with individual 3<sup>rd</sup> sector organisations who can also support people with sensory loss. Going forward, the health board will be looking to source additional specialist training to equip our clinical staff with further knowledge and skills when dealing with those who have a sensory loss.

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Significant achievements have been made throughout 2019-2020, most notably within our Dementia Services. The health board has made considerable efforts to make improvements to the lives of our dementia patients and their families. There are now 4 dementia meeting centres across Powys where people can access support, advice and meaningful activities along with their carers. Dementia home treatment teams have been developed to support people with increased needs to prevent hospital admission. The recommendations of the 'Trusted to Care' Report (<https://gov.wales/sites/default/files/publications/2019-04/trusted-to-care.pdf>) have been implemented successfully to help improve patient experience for dementia sufferers with physical health issues, and initiatives implemented include:

- 'John's Campaign' to allow families and carers open access to visiting.
- Purchase of the Reminiscence and interactive activity units (RITA) to provide meaningful activities for people on the wards and in 2019-2020.
- Welshpool hospital nursing and allied health professional's dementia care training team were recognised at the health board internal staff excellence awards for the work they have done to improve the environment for dementia patients.

Other examples of achievements within other departments include:

- Our Mental Health Directorate has been working with Diverse Cymru to implement the Cultural Competency Toolkit as part of our ambition to achieve the black and minority ethnic (BME) Mental Health Workplace Good Practice Certification Scheme.
- A successful Maternity Day Assessment Project has been rolled out providing vital access to scans and support in the county, reducing the need for expectant parents to travel to neighbouring District General Hospitals. The Maternity Flu Immunisation Project Team is also leading the way in midwife-led flu immunisation.
- The health board has also recognised the needs of the local Nepalese community and has responded to the need for information to be made available in Nepalese. As a result, a series of mental health patient leaflets are being translated.
- Staff at Ynys y Plant, Newtown were recognised at the health board internal staff excellence awards for their efforts in making life better in Powys for people with disabilities.

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## External Inspections

### National Maternity Review – Inspection of Birth Units

As part of the national review of maternity services across Wales, Healthcare Inspectorate Wales (HIW) have undertaken inspections at birth units at Welshpool, Newtown, Llanidloes, Knighton, Llandrindod Wells and Brecon commencing on 10 February 2020.

HIW reporting positively in the following:

- Women rated the care and treatment provided during their time in the units as excellent
- We observed professional and kind interactions between staff and patients, and care was provided in a dignified way
- There was a safe and robust process inspected for medicines management
- Documentation was of a high standard
- Excellent health promotion information was seen throughout the units
- Care given was to a high standard with clear continuity in care planning
- The units were all found to be clean, welcoming and suitable to meet the needs of mothers to be and their families.

HIW recommended that the service could improve:

- Evacuation methods of the birthing pool
- Review of emergency drill processes
- Review of environments within Llanidloes War Memorial Hospital and Knighton Hospital.

It is pleasing to note the summary comments from HIW included reference to the service providing respectful, dignified, safe and effective care to patients. Noting there were some good arrangements in place to support the delivery of safe and effective care and positive multidisciplinary team working, we recognise there are some area identified for improvement. The health board have already started to work towards ensuring these improvements are made and the improvement plan will be monitored internally via this Group as per governance and assurance arrangements.

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### Inspection of Community Mental Health Team (CMHT) – Newtown Hospital

This joint inspection by HIW and Care Inspectorate Wales (CIW) took place on 4 and 5 February 2020. This followed the 2017/2018 Joint Thematic Review of Adult Mental Health in the Community and further CMHT inspections conducted in 2018-2019.

The inspection was conducted over two days, and included discussions with CMHT staff, service users and carers, as well as examining documentation including service user records, policies, staff records and system reviews.

Immediately following the inspection both the health board and local authority were formally notified that areas of concern had been identified which would pose an immediate risk to the safety of patients. The inspection team had been notified during the inspection by members of staff there was a long standing and on-going problem with the electronic records management system (WCCIS).

### Felindre Ward, Bronllys Hospital – November 2019

Felindre is a 12 bedded acute adult mental health admission ward, with the addition of two crisis beds, servicing the population of Breconshire.

Health Inspectorate Wales (HIW) completed an unannounced mental health inspection of Felindre Ward, on the evening of 18 November 2019 and the following days of 19 and 20 November 2019.

During the initial feedback HIW requested immediate assurance in relation damage to a fire door, the window had been damaged and boarded up. Due to the damage to the window the integrity of the fire door was compromised which would reduce the effectiveness of the fire door in the case of fire. The door was replaced.

The HIW report identified a dedicated staff team that were committed to providing a high standard of care to patients. They observed that staff interacted with patient respectfully throughout the inspection. Concern was raised with the number of maintenance issues that were unresolved on the ward, which was impacting negatively on patient experience. Action was put in place to rectify these issues.

HIW reported positively in the following:

- Staff interaction and engagement with patients respectfully
- Good team working and motivated staff

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- Safe and effective medicine management
- Established governance arrangements that provided safe and clinically effective care

HIW recommended the health board needed to improve in the following:

- The maintenance of the hospital facilities
- The capacity of its adult inpatient mental health service
- The provision of information on the ward for patients
- The range of therapies and activities available to patients
- The effectiveness of emergency resuscitation equipment checks
- Review and update of policies

The final report was published by HIW on 21<sup>st</sup> November 2019.

#### Llewellyn Ward, Bronllys Hospital – October 2019

An unannounced inspection of Llewellyn Ward, Bronllys Hospital took place on 29 and 30 October 2019. Llewellyn Ward is a 15 bed GP led general ward. The report identified staff were committed to providing patients with safe and effective care. Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received. They found good management and leadership, with staff commenting positively on the support that they received from the Ward Manager. However, there was some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

HIW reported positively in the following:

- Staff engagement
- Multidisciplinary working
- Provision of food and drink
- Palliative care suite
- Designated lounge and dining area
- Assessment, care planning and record keeping
- Medication management
- Management overview
- Clinical audits
- Staff training, support and supervision

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HIW recommended we need to improve in the following:

- Welsh language provision
- Pain assessment
- Storage of wheelchair and segregation of clean and dirty equipment
- General Risk assessment
- Maintenance in some areas
- Staff recruitment

The final report was published by HIW on 31<sup>st</sup> January 2020.

HIW reports for Powys can be accessed via [https://hiw.org.uk/service-index?search\\_api\\_fulltext=&latlon%5Bdistance%5D%5Bfrom%5D=32&latlon%5Bvalue%5D=powys&field\\_service\\_type%5B17%5D=17&display\\_map=false](https://hiw.org.uk/service-index?search_api_fulltext=&latlon%5Bdistance%5D%5Bfrom%5D=32&latlon%5Bvalue%5D=powys&field_service_type%5B17%5D=17&display_map=false)

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## Timely Care

We said	Target	How we did
Implement serial casting across Powys	<ul style="list-style-type: none"><li>Serial casting services in place</li></ul>	The service is being brought back into Powys from April 2020

**Serial casting** is a common conservative intervention for children and young people who are idiopathic toe walkers, or who have cerebral palsy and develop calf muscle contracture (shortening). It involves the use of a lightweight cast over several weeks to gradually stretch the muscle.

The repatriated Serial Casting service has now been established across the whole of Powys, conducting our first Serial Casting Board meeting in January 2020. The Bevan Exemplar leading to the Serial casting service transformation work in Powys is now being rolled out across the whole of Betsi Cadwallader University Health Board as part of the Bevan Adopt and Spread work. The repatriation has led to enhanced staffing, skills and products within Powys that will ensure the long-term delivery of these services closer to home to children and families.

A **community paediatric remodelling project** is in progress within the Women and Children's Directorate. This project has sought to develop a whole systems approach to the delivery of paediatric services within Powys. As part of this project a pilot to triage paediatric referrals (both community and General Practice referrals for out of county hospitals) was initiated in October 2018 with an aim to ensure that children and young people are seen in a timely way by the most appropriate practitioner. The triage team comprises of the children's patient service manager and senior clinical staff from nursing with input from the paediatricians when required.

This prudent approach has resulted in children being seen more quickly and reduced the pressure on the community paediatric waiting list. Of 600 accepted referrals, 400 were directed to a professional other than a paediatrician, for example a Therapist, Health Visitor or School Nurse.

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The **neurodevelopmental service commenced** in February 2018, requests for assessment outstripped the capacity leading to a lengthy waiting list for children and their families. A plan to reduce waiting times to meet the 26-week referral to assessment time was put in place. This included dedicated project management time with the result of bringing the waiting time for first appointment from over 36 weeks back to under 26 weeks within a 6-month timeframe.

### **Commissioned Services**

About 70% of PTHB's budget of £300 million is spent on services it does not directly provide. As a highly rural area Powys Teaching Health Board secures District General Hospital (DGH) services from other health boards and NHS Trusts in England and Wales; specialised services are commissioned through the Welsh Health Specialised Services Committee (WHSSC); continuing care packages are also funded; and about 20% of the budget is spent on primary care. For more information see our IMTP at [www.powysthb.wales.nhs.uk/strategies](http://www.powysthb.wales.nhs.uk/strategies)

### **Quality & Safety in Commissioning Services**

There is no District General Hospital within Powys Teaching Health Board as it is too sparsely populated. This means a range of services, across all ages and specialties, emergency and planned care, are commissioned from surrounding Health Boards and NHS Trusts across England and Wales. The health board continuously collaborates with seventeen main organisations to help ensure services are sustainable, safe and meet national targets.

PTHB is in a highly usual and very complex situation. Whilst 90% of hospital admissions and nearly 80% of outpatient appointments take place beyond its borders, PTHB is not the main commissioner of any other NHS organisation. (At best PTHB's activity is around 10%- 15% of its main neighbouring DGH providers, however in most Powys patients are less than 1% of the total activity.) PTHB has to work across the different systems for England and Wales. It also has to work in a system where there is considerable fragility, as some DGH providers are in special measures. It is also affected by strategic and service changes in other areas and has to work hard to ensure its highly rural population can reach essential services.

This level of risk is reflected on the corporate risk register. A number of controls have been developed. However, where Powys is not the main commissioner and, particularly where there are cross border matters, PTHB has had to link with other systems and regulators. The processes which help to reduce risk include:

- Implementation of the Strategic Commissioning Framework (so that there is a “whole system” view which includes the needs and experiences of Powys patients treated out of county)
- Embedding the Commissioning Assurance Framework (CAF) escalation process
- An Executive Committee Strategic Planning and Commissioning Group (including consideration of fragile services)
- Regular review at Delivery and Performance Meetings
- Scrutiny by Performance and Resources Committee
- Scrutiny by Experience, Quality and Safety Committee
- Internal Audits
- Commissioning Quality and Performance Review Meetings
- Participation in specialised services commissioning arrangements through the WHSCC Joint Committee and Management Group
- Participation in the Emergency Ambulances Services Committee
- Shared Services Framework Agreements
- Section 33 Agreements
- Prioritisation through the IMTP and Annual planning process, including commissioning intentions
- Participation in the Cross-Border Network Between England and Wales
- Strengthening of commissioning intelligence
- Compliant commissioning policies, such as for Individual Patient Funding Requests and for Prior Approval.

A maternity assurance framework has been developed to provide a cross-cutting view of maternity services across all providers. The Maternity Assurance Framework considers information across the domains of quality and safety; patient experience; finance and activity; access and strategic change and governance.

The following providers are in special measures:

*Shrewsbury and Telford Hospitals NHS Trust (SaTH)* is one of the main providers of secondary care for the North Powys population and has been a particular concern. SATH was placed in Special Measures in November 2018 and has also had conditions imposed on its regulated activity by the Care Quality Commission. SaTH has been at the highest level of escalation under the PTHB Commissioning Assurance Framework, with Chief Executive Officer level meetings. There has been participation in a safety oversight group including regulators and system leaders. A formal improvement alliance has been announced with the University Hospitals Birmingham Foundation NHS Trust, which will establish “committees in common” to improve the quality and safety of services.

During the last financial year *Cwm Taf Morgannwg University Health Board's* maternity services were placed in special measures. An Independent Maternity Oversight Panel is in place tasked with seeking robust assurance from the Health Board. Arrangements to improve the effectiveness of Board leadership and governance in the organisation are underway. There has also been work with the NHS Delivery Unit to strengthen the reporting, management and review of patient safety incidents and concerns.

*Worcestershire Acute Hospital* is rated overall by the Care Quality Commission as requiring improvement. However, the CQC, in a report published on the 13<sup>th</sup> February 2020, following an unannounced focused inspection rated the urgent and emergency services there to be inadequate (although staff were found to be doing their best to care for patients with compassion the CQC found some patients had delays to initial assessments and timely treatments). The Trust is implementing a range of actions to reduce overcrowding. A Section 31 condition was imposed upon the Trust to ensure urgent improvements in the timeliness of assessment, care and treatment for patients.

*Betsi Cadwaladr University Health Board* remains in special measures, although there have been some service and governance improvements. A substantive Chief Executive Officer has been appointed.

## **Welsh Health Specialised Services**

Specialised services support people with a range of rare and complex conditions which are provided in relatively few hospitals accessed by comparatively small numbers of people. They are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally by Welsh Health Specialised Services (WHSSC) on behalf of the seven Health Boards in Wales.

The quality of care that patients and their families receive, and their experience is central to the commissioning of specialised services driving quality assurance and improvement. One of the key features of the quality assurance framework is the strengthening of the relationships between health boards and the role of their Quality & Patient

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Safety Committee. This is core to ensuring that each health board is assured regarding the quality of the services commissioned for their population but also to facilitate shared learning.

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## Individual Care

We said	Target	How we did
Improve our management of concerns	<ul style="list-style-type: none"> <li>Percentage increase in the number of complaints responded to within 30 working days</li> <li>Number of informal concerns responded to within 2 working days</li> <li>Reduce the number of concerns reported to the Public Services Ombudsman for Wales</li> <li>Strengthened feedback on citizen experience and the use of stories with a focus on outcomes and learning.</li> </ul>	<ul style="list-style-type: none"> <li>We achieved 54% in quarter 3 compared to 59% in 2018/19</li> <li>76% of informal concerns responded to compared to 59% previously.</li> <li>Across Wales, the proportion of new complaints about complaint handling has decreased from 11% to 9%.</li> <li>We gathered feedback from our patients – see examples in this section.</li> </ul>
Strengthened feedback on citizen experience and the use of stories with a focus on outcomes and learning.	<ul style="list-style-type: none"> <li>Evidence of outcomes and learning from patient stories</li> <li>Consistent data collection of citizen experience that is reported and supported with improvements and learning, where indicated</li> </ul>	<ul style="list-style-type: none"> <li>Patient experience stories were presented to the Board</li> <li>We gathered feedback from our patients – see examples in this section.</li> </ul>
Achieve compliance with the Welsh Language standards as per plan.	<ul style="list-style-type: none"> <li>Welsh Language improvement plan in place and evidence of improvement</li> </ul>	A welsh language improvement plan is in place and there is evidence of improvement.

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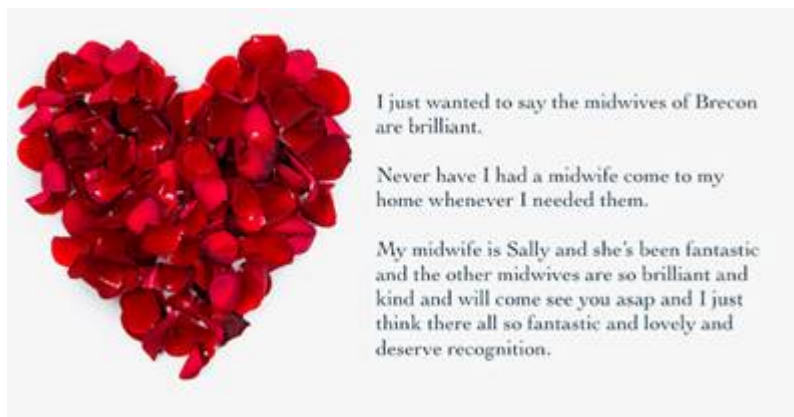
## Patient Stories

Patient experience stories were presented to the Board throughout the year, two examples are cited below and further information can be found at: <http://www.powysthb.wales.nhs.uk/board-meetings-2019-20>

- **Driving when living with Parkinson's Disease**  
The presentation explained an innovative approach to managing driving risks and supporting patients with Parkinson's Disease. The main feature of the approach was a Parkinson's Disease Driving Questionnaire which went into more detail than the DVLA Form PK1, which must be completed by all drivers diagnosed with Parkinson's Disease. The Powys approach provided a basis for GP risk assessment and a scoring system, which through annual reassessment allowed change in risk to be measured over time. The benefits of the Powys approach included greater recognition by patients of the risks associated with driving with Parkinson's Disease, patients were less anxious and more in control of planning for the future, and there was also less tension or concern amongst family members.
- **Physiotherapy first contact practitioners in Powys**  
Powys' triage approach to treating patients with musculoskeletal (MSK) conditions in primary care, which typically made up 30% of GP caseload and was the number one cause of sickness absence from work. The approach had shown that 85% of cases could be managed without the patient seeing a GP. This was an example of professional expertise and skills being used to support primary care, by reducing GP workload and providing non-medical prescribers. It had also improved patient care by providing longer appointment times compared to seeing a GP and quicker and easier access to specialist diagnostic help and advice.

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## Patient experience Feedback



*"I just wanted to say the midwives of Brecon are brilliant. Never have I had a midwife come to my home whenever I needed them. My midwife is Sally and she's been fantastic, and the other midwives are so brilliant and kind and will come see you asap and I just think there all so fantastic and deserve recognition."*

In April 2019, the **Children's Audiology Services in Brecon** carried out a **Patient Satisfaction Survey**, in conjunction with the All Wales Audiology Quality Standards. 13 questions were asked focusing on accessibility, surroundings, staff, treatment and their overall view of the services provided. Eighteen responses were received, of which only 2 responses recorded as very dissatisfied with accessibility, that is, the location of the appointment and communication with the service. 6%-17% of respondents indicated they were satisfied with regards their surroundings and staff, and between 83%-100% of respondents reported very satisfied to all remaining questions.

Numerous comments were received, examples included:

*"very happy all round"*  
*"all aspects are 10/10"*



*Everything went smoothly throughout the appointment”  
“nothing needs improving”*

Children’s comments on what went well:

*“she said it was great, she loved the ship”  
“he liked the hearing game and the clicking noise, he liked the toys 😊”  
“He would like to say thank you for letting him pick his favourite colour”*

### **An Occupational Therapy-led Discharge to Recover and Assess Model in Powys is supporting people to return home promptly and safely from hospital**

The rural nature of Powys means that our residents rely on neighbouring district general hospitals for their acute care. Even their nearest community hospital may be some distance away. Extended hospital stay can lead to deconditioning, and the unfamiliarity of a hospital environment can mean that reablement and recovery plans develop at hospital may not necessarily be “what matters” and “what works” when the patient returns home. An Occupational Therapy-led “discharge to recover and assess” programme in Powys is helping to tackle this.

With strong leadership from the Occupational Therapists team, a co-productive approach was taken, utilising the full range of community assets. This has included the patient and their circles of support, adult social care & reablement, health board multi-disciplinary teams, General Practices and the third sector. This has created a Discharge to Recover and Assess approach that works with patients to ensure that those that can be supported in their own home are discharged from the ward quickly with wraparound support if required and assessments taking place in their own home environment following discharge.

An in-reach model was implemented, with designated Reablement Occupational Therapists working alongside the ward multi-disciplinary team to identify patients that were at a functional level and could be discharged home with community support. The Occupational Therapists then linked with social care to ensure that referrals were prioritised. They carried out strength-based assessments and worked closely with patient’s families and used different agencies to support patients to ensure that they could be discharged home in a timely and supported

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way, for example Red Cross hospital from home as an alternative to Reablement. This was also done as patients' needs changed following discharge

Patients were either seen on day of discharge or next day at home by the Occupational Therapists to "right size" any support package and ensure that the patient and their family had an opportunity to discuss any concerns they may have.

First and foremost, the programme has provided an opportunity to improve patient experience. Importantly we have also been seeing significant productivity benefits for the NHS through measures such as shorter length of stay. There has also been valuable learning. Whilst the team has been able to discharge quicker, this has been dependent upon cooperation of all NHS staff – and it can be resource intensive. Having the right conversation with the patient and their family has been critical, so that they feel supported and in control of decisions when planning their discharge from hospital. Cultural change within the hospital ward to create new approaches to the successful management of risk has also been vital. Going forward, it is also clear that more could be achieved as the project develops including through strengthened partnerships with the third sector.

The next steps including rolling out the model across the whole of North Powys and then across all 2000 square miles of Powys. This is expected to include increasing the scope of patients that are included (minimise risk aversion & 'cwtch' culture), supporting increasing numbers of patient's home from acute settings on a discharge to assess pathway (home first), enabling timelier and more responsive step-down support (e.g. Red Cross, PURSH, Community Connectors), and remodeling the therapy workforce, to promote an in-reach model from community onto ward.

*"Everybody was so nice, they got me packed. Everyone looked after me wonderfully at Welshpool Hospital but it is always nice to get home to my own surroundings and I was so pleased to have Physiotherapy in the warmth of my home. Everyone is kind, cheerful and the physiotherapist and her staff gentle and encouraging, keeping me happy when I was down. The Reablement team came each morning and evening and made me feel very supported"*

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## Welsh Language

Significant progress has been made during 2019-2020 with the implementation of the Welsh Language Standards. Following the appointment of a new Service Improvement Manager a Welsh Language Service Leads Group has also been established to monitor the progress being made across each department. Key achievements during 2019/2020 include:

- Development and promotion of new Welsh language resources and procedural guidelines for staff;
- Higher compliance rates and strengthened reporting mechanisms which include baseline assessments and recording statistical data to provide assurance to the Board;
- Improved quality and quantity of available bilingual documentation. This has been aided by the review of external translation companies and the appointment of an internal Welsh Language Communications Officer;
- The development and roll-out of a new interactive Welsh Language Awareness Training session for staff groups to raise awareness of the 'Active Offer Principle';
- Extending the use of Datix risk management software to identify incidents relating to Welsh language;
- Improved relations and joint-working approach to Welsh language requirements between the health board and independent primary care contractors;
- Increase in available data of staff Welsh language skills on the electronic staff record;
- Bilingual Take Control of your Recruitment Process (TRAC) functions to support Welsh speaking applicants; and
- Strengthened links with Welsh Language Leads across NHS Wales, Welsh Government and the Welsh Language Commissioner's Office.

The health board has also ensured that their renewed integrated medium-term plan (IMTP) for 2020-2023 has clear links with the requirements of the Wellbeing of Future Generations (Wales) Act 2015, and the wellbeing objective 'A Wales of Vibrant Culture and Thriving Welsh Language' has been cross-referenced with our IMTP objectives. This ensures that Welsh language requirements are monitored as part of the reporting procedures for the IMTP which can highlight any associated risks and outline the necessary mitigating actions.

Going forward, the health board intends to continue with its implementation of the Welsh Language Standards to drive forward improvements to bilingual service provision. A key action for 2019-2020 will be to liaise with NHS

Wales Shared Services (NWSSP) to undertake a detailed audit of compliance levels with the Standards and to identify areas for further improvement.

The health board will refer to the new 5-year plan which will be published in line with Standards 110. This will outline our plans to increase our capacity to carry out clinical consultations in Welsh with a focus on the following:

- Increasing staff skills and capacity to support clinical consultations in the medium of Welsh
- Recording patient language choice and pairing them with Welsh speaking staff
- Promoting Welsh as a skill in the workplace
- Pairing Welsh speaking mentors with Welsh speaking students whilst on placement
- General awareness raising of the 'Active Offer Principle'

Work is ongoing at a national level in collaboration with NWSSP to look at implementing Standard 106A and 107A which refers to bilingual job advertisements and bilingual job descriptions which is also a challenging target for all health boards.

## Compliments

During 2019-2020 a total of 514 compliments were reported. A combination of cards, letters and gifts, such as chocolates and biscuits, all expressing their sincere thanks and appreciation for their kindness, compassionate care and support provided. Letters and cards have been sent to staff across the health board to thank them for the care they have provided. Some of the notable comments are:

*"thank you for giving me back my confidence" This was received from a patient who was receiving physiotherapy*

*"thank you to all the staff who have provided care and treatment over the last 10 days... you have helped me get through an exceptionally difficult time".*

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## Complaints (known as Concerns)

The health board recognises patient feedback as a rich source of patient and citizen experience that can lead to improved services. We want to ensure that Powys residents have safe, effective and compassionate care and when the quality of care gives cause for concern, whether it is within Powys or through services we commission, we want our systems to act swiftly in response. In the last year we made key policy commitments:

- We will listen
- We will act
- We will learn

Informal concerns, often termed 'on the spot' concerns usually relate to issues which can be resolved quickly. All concerns, informal and formal, have to be acknowledged within two working days. Our internal target for the acknowledgement of informal concerns is 100%. Informal concerns are usually acknowledged at the time of taking the call or at the point of contact with the staff member. The last quarter of 2019/2020 we achieved 100% in managing and acknowledging informal concerns.

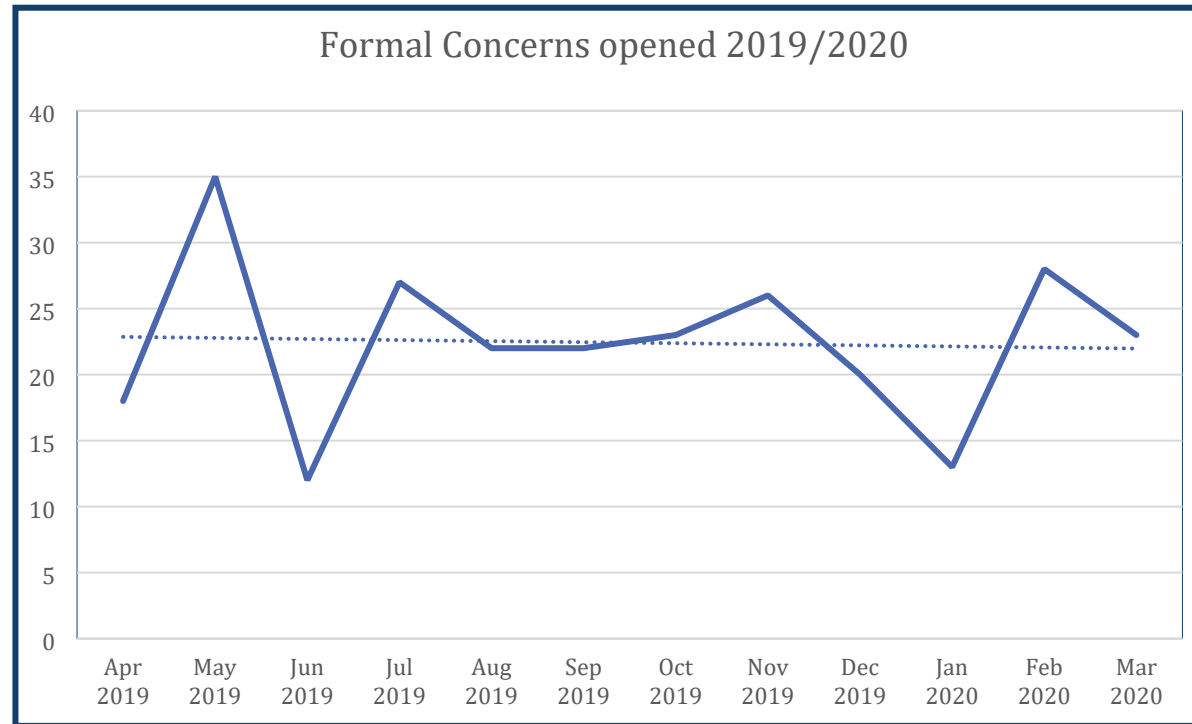
The health board set an internal target of 90% of informal concerns to be responded to within the new Welsh Risk Pool Services and Welsh Government target of 2 working days, as opposed to the previous 5 days. During 2019/2020 the health board received 57 informal concerns which is a significant decrease on the previous year of 127 informal concerns, the decrease is attributed to this change in process.

During 2019/2020 the health board received 267 formal concerns and 53 informal concerns, an increase on the previous year. The increase is attributed to the change in how informal concerns were managed, as described above. The graph below shows the numbers of concerns opened by month, it will be noted that there is an increase in concerns during May 2019 which from analysis relates to the concerns raised regarding the closure of the Robert Jones Agnes Hunt Orthopaedic Hospital Pain Management Services.

The graph below demonstrates by month the number of formal concerns received across the health board.

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**Graph 1: Formal Concerns opened during 2019/2020**

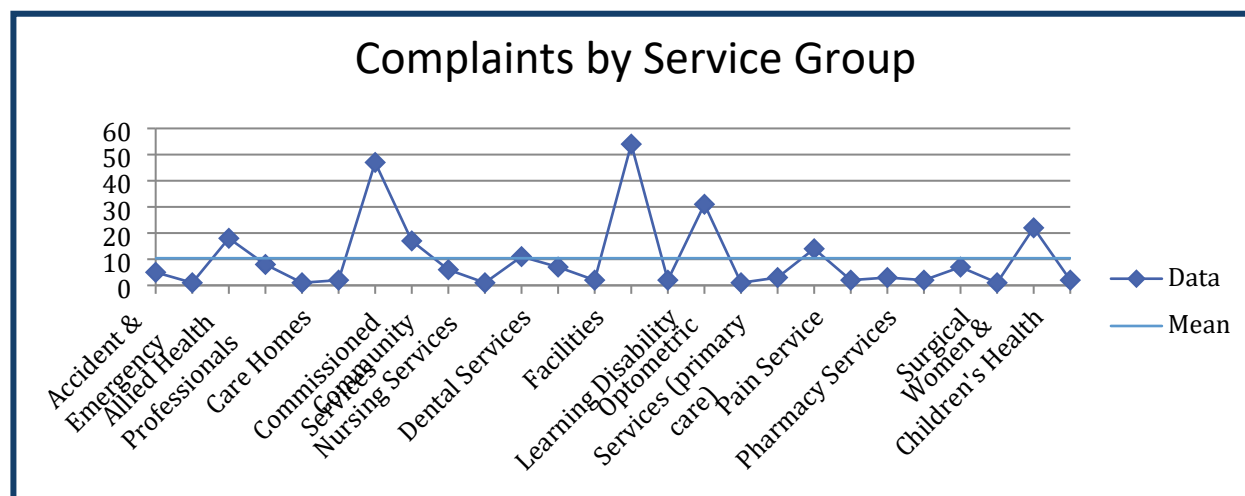


Primary Care Services including General Practitioners have the highest number of formal concerns, the concerns relate to access to appointments. The report highlights that the Mental Health and Learning Disabilities Service Group have a high number of formal concerns. Following analysis of these concerns they relate to access to appointments and family members seeking to obtain information about ongoing care and treatment.

It will also be noted from the data in the graph below that Commissioned Services have the second highest formal concerns, see later detail in relation to these concerns.

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**Graph 3: Formal Complaints by Service Group**



During 2019/2020 the health board achieved 47% of concerns closed within the 30 working days against the Welsh Government target of 75%. During the last two quarters of 2019/2020 the concerns team have been undertaking focussed work to secure improvements and improve upon this target.

Focused work continues to ensure effective management of concerns and this includes:

- Weekly meetings to discuss current cases and timescales for responding to concerns;
- Proactive action to ensure concerns responses are drafted timely to meet response timeframes; and,
- Escalation of concerns where timely responses are not available.

### Concerns raised about Commissioned Services

A review of the concerns raised via the health board for our commissioned services over a 3-year period between 01 April 2017 to 31 March 2020, has been completed. This was aimed at understanding the issues being raised by Powys residents in respect of the of services the health board commissions from other health boards and NHS

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Trusts. The data below represents a small number of concerns and it is clear further work is required to understand the true figures. This data has to be considered in context and to note it represents information we have gathered through a variety of routes, namely:

- concerns patients have raised with the health board about services delivered through providers;
- concerns raised by patients or with the support of the Community Health Council directly with the commissioned service and a copy of the concerns letter has been provided to the health board for information; and,
- notification of a concern through other routes, for example, notification by the provider themselves or through other intelligence gathered such as provider meetings.

From reviewing the data, the key issues that arise across the commissioned services relate to appointments and waiting times.

Following analysis of the data relating to Robert Jones Agnes Hunt (RJA), an increase in concerns in May 2019 reflected the concerns raised around the closure of the Pain Management Clinic. The health board saw an increase of concerns raised by patients who did not know the arrangements in place following this closure and patients and their local Ministers of Parliament, Assembly Members and local Councillors raised concerns on behalf of Powys residents. Action was taken to assess all identified Powys resident patients transferred from RJA in order that they could be clinically assessed as to their need. The prioritised patients were then either allocated to PTHB pain management services or appropriate referrals made to neighbouring health bodies to support ongoing care and treatment.

Further information can be found in our Putting Things Right Annual Report 2019/2020 at:

<http://www.powysthb.wales.nhs.uk/concerns-and-compliments>

### **Putting Things Right and Learning from Concerns**

Learning from formal and informal concerns is reported through the health board's quarterly Patient Experience Steering Group meetings as well as individual learning through wards and departments, newsletters, and 'You said, we did' boards.



Key lessons identified include:

- Clear communication with patients.
- Clear care plans in place for care for the patients and their families to understand the care that is needed for the patient.
- Reminding staff of the importance of accurate record keeping
- Ensure appropriate discharge information is given
- To ensure all procedures are explained to patients before they undergo treatment
- Ensure patients are kept informed of changes in services

## Serious Incidents

A serious incident is defined as an incident that occurred during the provision of NHS funded healthcare. All serious incidents are reported to Welsh Government.

53 serious incidents were reported in 2019/2020, compared to 47 the previous year. The reduction in reporting is attributed to the change in reporting of pressure ulcers since 2 January 2019, all health boards now reporting only avoidable pressure ulcer damage.

During 2019-2020 the health boards community hospitals and mental health services reported the most serious incidents with a total of 35 serious incidents being reported between these two service groups.

### *Themes and trends*

Following review of the of the data there has been an increase in reporting Child and Adolescent Mental Health (CAMHS) patients being admitted in to adult wards. There is work being undertaken around this to reduce this and to engaged with colleagues to appropriately place these patients.

### *No Surprises*

Welsh Government are notified of sensitive issues via a process known as *no surprises*. Between 01 April 2019 and 31 March 2020, the health board reported 17 no surprises; no themes or trends identified.

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No *never events* have been reported.

Examples of lessons learnt include:

- To continue to follow the falls policy and maintain patient safety.
- Continue with regular updating of falls assessments and implementation of falls policy instantly in the event of a fall.
- Blood glucose not documented as per falls policy; the importance of completing a blood glucose test following a fall.
- Keeping family's informed and keeping communication open at all times.

### **Coroner Cases**

During 2019/2020 there have been 21 HM Coroner enquiries, the majority of which related to patients who may have accessed mental health services. During this time there have been no Regulation 28 Reports issued by the HM Coroner to Powys in respect of any of these cases.

It should be noted that due to Covid-19 the HM Coroner stopped all Inquests from the 24 March 2020 with a planned review date in July 2020 reference recommencing inquests.

### **Public Service Ombudsman for Wales**

If a patient remains dissatisfied with a response to a concern investigated by the health board, the complainant has the right to raise the matter directly with the Public Services Ombudsman for Wales (PSOW). The PSOW reviews the case and determines whether they wish to pursue a full investigation or not, with the authority to impose sanctions on the health board by way of financial compensation to the complainant. In addition, there PSOW can issue a Public Interest Report and reports issued under Section 16 or Section 21 (see PSOW website for more information <https://www.ombudsman.wales/?emergency=1> )

A total of 23 enquiries from the PSOW were recorded as received in year, down from 26 the previous year. The main themes relating to:

- Retrospective NHS funded continuing healthcare (13 complaints received)
- Complaints handling
- Clinical treatment in hospital

The health board has received complaints relating to delays in determination of retrospective claims for NHS funded continuing healthcare. It was found that the health board failed to determine the claims within the recommended timeframe, or even within a reasonable time, concluding maladministration. It was felt the claimants suffered the injustice of not knowing whether their claims would succeed, and if they were successful, the delay in receiving reimbursement for the costs incurred. The health board were required to apologise to the complainants and make a payment of £125 to each, in recognition of the delay experienced.

## Claims

The health board has a small claims portfolio. During 2019/2020 the health board were managing 11 clinical negligence claims with 8 clinical negligence claims pending reflecting the position of medical records being disclosed with the intention of bringing a claim against the health board.

For the period 2019/2020 the number of personal injury cases has remained low.

Further information can be found in our Putting Things Right Annual Report 2019/2020 at:  
<http://www.powysthb.wales.nhs.uk/concerns-and-compliments>

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## Staff and Resources

We said	Target	How we did
Increase the number of volunteers working across Powys	<ul style="list-style-type: none"><li>Percentage increase in the number of volunteers working across Powys</li></ul>	We have increased the number of volunteers.

### Health Care Support Worker Development (HCSW)

As part of the HCSW framework, mandatory clinical induction was introduced to all HCSW's new to employment since April 2016. Previously, the health board commissioned the delivery of clinical induction from external education providers but have now employed 2 x Clinical Skills Trainers who are responsible for the delivery of the Clinical Induction Programme, allowing the design and delivery to be more flexible and very Powys focused. As part of our 'grown our own' approach an apprenticeship programme has been launched in January 2020 offering a 13-month programme to apprentices to work as a Nursing HCSW and they will be working towards gaining a Level 2 qualification. The health board is committed to the development of our current HCSWs and have 22 HCSWs from across nursing and Allied Health Professionals signed up to a Level 2 qualification, and 58 HCSWs signed up to a Level 3 qualification. The health board is working closely with Neath Port Talbot College to improve the flexibility of the HCSW qualification offer, with a view to a further 60-80 Nursing HCSWs signing up to the qualification over the next few months.

### Workforce Futures

During 2019/20 the health board has progressed the Workforce Futures Programme at pace. As a key enabler of the Health and Care Strategy, which aims to create a 'Healthy, Caring Powys' between now and 2027, the Workforce Futures programme has focused on developing a Health and Care Strategic Framework. Being the first Health and Care Workforce Futures Strategic Framework in Wales, we have taken time to develop the framework with the people of Powys and partners of the Regional Partnership Board, including representatives from social care, health, the voluntary and independent sectors. Over 300 people were engaged with as part of the development of the framework.

The Strategic Framework articulates our aspirational outcomes we want to achieve between now and 2027. It focuses on 5 key themes which include Designing, Planning and Attracting the Workforce; Leading the Workforce; Engagement and Wellbeing; Education, Training and Development and Partnership & Citizenship. Each of the themes are underpinned by Utilising Technology and a Digital Infrastructure.

Early 2020, partners across the county will collectively progress the implementation of the Strategic Framework in Powys. This is a significant move forward in Wales to address the transformation of health and care service delivery through supporting the workforce in the best way.

### **Mental Health Support and Wellbeing at Work**

The Wellbeing at Work Group held regular meetings throughout 2019, the group organised Wellbeing at Work Roadshows across Powys. Roadshows are open to all health board colleagues and aim to provide an opportunity to promote the benefits and support the health board can offer employees.

Mental health support continues to be one of our main priorities. A robust Occupational Health (OH) triage is in place through rapid telecom access to the OH Mental Health Nurse/OH Manager. The OH Registered Mental Health Nurse is able to support employees' mental health by delivering stress management awareness sessions, as well as employee resilience training.

In addition, PTHB offers SilverCloud, which is an online Cognitive Behavioural Therapy (CBT) programme that staff can access through primary care, mental health, the Occupational Health department or through self-referral. The programme offers a broad choice of supportive modules and the provider is able to add modules specific to the need of Powys workforce.

Through external provider we have been able to increase a number of counsellors, who can offer weekly sessions in Bronllys, Welshpool and Newtown; as well as supporting additional locations across the county and immediate telephone provision.

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## **Organisational Development Framework**

The Organisational Development (OD) Strategic Framework has been developed and approved at Executive Board and provides an organisational Operating Model and high-level key priorities. The role of the framework is to focus on improving the effectiveness of Powys Teaching Health Board and to support the alignment, delivery and improvement approach across all areas and levels.

## **Leadership and Management Training**

Leadership and management development is a key priority in the Organisational Development Strategic Framework and fundamental for continued improvement as shown in the 2018 staff survey. At the core of all of the programmes is the Compassionate Leadership Model developed by Professor Michael West at Kings Fund.

A leadership and management development framework has been created to ensure that managers at each level have access to the development that they require to undertake their role effectively. This includes:

- Introduction of an internal Manager's programme for all managers at Band 7 and below.
- The continued delivery of the Level 5 Diploma in Leadership and Management, again through USW as part of the Apprenticeship Framework. This also sees the continued joint working with Powys County Council.
- The development of an Assistant Director Development Programme to support the transition from operational to strategic leadership positions.
- An Executive Development Programme that has involved the Executive Team undertaking observed sessions, coaching and feedback as well as away sessions to explore their development as a team.

## **Resourcing: Recruitment, Retention and Temporary Staffing**

Recruitment and retention of staff continues to be an important area of work for the health board. The Recruitment and Retention Group has now been amalgamated with the Workforce Improvement & Efficiencies Group, which is exploring new and innovative approaches in terms of recruitment. We are further developing new relationships with schools in the hope of nurturing our future workforce through avenues such as the Powys Careers Fair, mock interviews and presentations. We continue to maintain relationships with the local Job Centres and Careers Wales

to expand the promotion of our job opportunities within the communities of Powys. Work to support armed forces veterans into employment continues, with the health board now signed up to the Armed Forces Covenant.

The achievements to date that have supported the work of resourcing team and temporary staffing unit are:

- the centralising of bank and agency requests and bank worker recruitment;
- continue the pilot of the 'Hard to Fill' enhanced shift payment scheme;
- all bank workers now receive electronic payslips;
- new process agreed to fast track registered nurses through the recruitment shortlisting process and therefore guarantee them an interview for bank and substantive roles.
- new Health Care Support Worker (HCSW) fast track process for 1st year student nurses has been agreed.
- successful appointment of 4 newly qualified nurses via the student streamlining process.

## **Nurse Staffing Act**

The All Wales Staffing Group work stream has focused on the reporting requirements of the Act, namely section 25E (2a) whereby health boards have to report 'the extent to which the nurse staffing levels have been maintained'. The Act will be extended to Paediatric Services, interim principles are now in place and compliance is being submitted twice yearly.

Interim District Nursing Principles remain in place whilst the Welsh Levels of Care Acuity Tool is developed for District Nursing. The health board is generally compliant against all but two of the principles.

The Nurse Staffing Annual Report to the Board was delayed due to the Covid-19 pandemic, and rescheduled for reporting in September 2020.

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## **Wales for Africa**

We have shared stories with you about the Brecon Molo Link in previous editions and since this time they have gone through a period of review, and have now reformed as the Mau Basin Community. They have a sitting volleyball project going at the moment to raise the profile of disabled people.

## **Awards**

Benefits of a Local serial Casting service for Children and Young People in Powys shortlisted for an NHS award 2019

First leadership conference held for Paediatric Physiotherapists from whole of Wales August 2019

Paediatric & 14+ Physiotherapy Technician 2<sup>nd</sup> in Wales to complete the Level 3 Agored Cymru Diploma

Paediatric Physiotherapist presented at Physiotherapy UK 2019 & the Senedd in Cardiff on Serial casting

Royal College of Midwives Conference 2019 Powys midwife-led flu - Oral presentation

All Wales Public Health Conference and Improvement Cymru Conference 2019 – Community Perinatal Mental Health audit results – poster presentations

Baby Lifeline Patient Safety Conference London – Poster presentation on Creating a Maternity Safety culture– January 2020

RCM Research and Education Conference March 2020 – Interim findings from the research with men into their transition to parenthood

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# Looking Forward

Our Clinical Quality Framework at [www.powysthb.wales.nhs.uk/board-meeting-29-january-2020](http://www.powysthb.wales.nhs.uk/board-meeting-29-january-2020) sets out the way in which we will focus on clinical quality, clinical quality improvement and clinical outcomes going forward with particular reference to the Health and Social Care (Quality and Engagement) (Wales) Bill.

The Framework set out spans 2020-2023 and is structured around five organisational goals and linked improvement activities to determine good quality care in clinical services the health board provides during this time. Further work will be completed during 2020-21 to ensure the health board's commissioning assurance framework and associated monitoring arrangements are reviewed to ensure alignment to the Framework.

## GOAL 1

Implement the Darzi model for clinical quality, encompassing safety, effectiveness and patient experience

## GOAL 2

Optimise organisational culture, to enable high quality clinical care

## GOAL 3

Develop excellent clinical leadership, to enable high quality clinical care

## GOAL 4

Implement a defined programme of improvement methodology, to enable high quality clinical care

## GOAL 5

Develop excellent information and intelligence systems, to enable high quality clinical care

We will report on progress over the next three years.

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Thank you for reading our Annual Quality Statement

Our mission is to deliver high quality care and services to you.

We welcome your feedback on this publication. If you would like to comment on this publication, or would like to request this information in another format, you can contact us in the following ways:

Post:

Powys Teaching Health Board  
Glasbury House  
Bronllys Hospital  
Bronllys  
LD3 0LS

Email: [powys.geninfo@wales.nhs.uk](mailto:powys.geninfo@wales.nhs.uk)

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Website: [www.pthb.nhs.wales](http://www.pthb.nhs.wales)

Facebook: [www.facebook.com/PTHBhealth](http://www.facebook.com/PTHBhealth)

Twitter: @PTHBhealth

YouTube: [www.youtube.com/PowysTHB](http://www.youtube.com/PowysTHB)

Mae'r ddogfen hon hefyd ar gael yn Gymraeg

**Agenda item: 2.1c**

<b>BOARD MEETING</b>		<b>DATE OF MEETING:</b> <b>30<sup>th</sup> September 2020</b>
<b>Subject:</b>	<b>Welsh Language Standards Annual Report</b>	
<b>Approved and Presented by:</b>	Claire Madsen, Director of Therapies & Health Sciences	
<b>Prepared by:</b>	Kathryn Cobley, Services Improvement Manager – Welsh Language	
<b>Other Committees and meetings considered at:</b>	Executive Committee, 9 September 2020	

**PURPOSE:**

The purpose of this paper is to seek approval of the draft Welsh Language Standards Annual Monitoring Report for 2019-2020 which must be published by **30 September 2020**. The report outlines the progress made against the implementation of the Standards

It also provides an assessment of the Standards which remain challenging for the health board and outlines the associated risks and implications.

**RECOMMENDATION:**

The Board is asked to **RATIFY** and **NOTE** the annual monitoring report.

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

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

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

**EXECUTIVE SUMMARY:**

The Welsh Language Standards Annual Monitoring Report for 2019-2020 outlines the progress made against each of the 121 Standards throughout 2019-2020. The report was discussed and approved by the Executive Committee on 9 September 2020.

Whereas considerable progress has been made throughout the year, there are still some areas which have some risks and implications for the health board in terms of increasing current compliance levels. Departmental Action Plans have been updated with the individual Service Leads for Welsh Language and a full assessment of current compliance levels has been undertaken. This report also highlights the Standards which require more attention in 2020-2021 in order to mitigate the risks of any non-compliance.

**BACKGROUND AND ASSESSMENT:**

As per the requirements of the Record Keeping Welsh Language Standards, PTHB must produce and publish an Annual Monitoring Report which outlines to what extent the health board has complied with each of the Standards. The health board is also required to provide specific statistical data as part of the reporting process.



This Annual Monitoring Report is the first of its kind since the introduction of the Standards for Healthcare Sector Bodies in May 2019. The report has been drafted in line with the template report recommendations outlined in the Welsh Language Commissioner's publication 'Draft Section of Welsh Language Standards Annual Report Good Practice Guidance' which was issued to Health Boards and Trusts in June 2020.

Due to the COVID-19 pandemic, there has been an extension to the submission date. Health Boards and Trusts must now produce and publish an Annual Monitoring Report before **30 September 2020**.

## Progress made throughout 2019-2020

Notable progress has been made in the following areas:

- Bilingual recruitment procedures which ensure that the health board seeks to recruit Welsh speakers to posts where there are few or no Welsh speaking staff and which ensures that Welsh speaking applicants are encouraged to apply for posts and are not treated unequally to their English counterparts;
- Departmental Welsh language action plans which help service leads and managers to focus on the Standards which are most relevant to their service areas. These action plans also make it easier to monitor compliance with the Standards across all service areas, allowing the health board to direct specialised, targeted support and advice to specific teams which have shown partial or non-compliance;
- Welsh language resources for staff which are promoted to staff via regular communication announcements and are available on a new dedicated page on the intranet; and
- A new Welsh Language Awareness training session which raises awareness of the Standards and the 'Active Offer' principle and will help teams to address any challenges and identify workable solutions when implementing the Standards.

## Risks and Implications

- Should the Commissioner be notified of a breach with any given standard the health board risks a statutory investigation and a possible financial penalty of up to £5000 for **each** standard breached;
- Reputational damage for the health board is also a risk should the organisation be found to be in breach of the Standards;
- The temporary secondment Welsh language post within the Communications Team is nearing the 2yr marker and needs addressing before **31 January 2021**;
- The external translation company has noted possible capacity issues to deal with the increasing demand for Welsh language translation as a result of the

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Standards. Some translation work is currently being outsourced to PCC to deal with this issue, however translation capacity is also an issue within PCC translation unit;

- The lack of current funding within PTHB to address Equality and Diversity matters.

Key actions have been developed with Service Managers to address the risks and implications to drive improvements in compliance rates. The Service Improvement Manager for Welsh Language, the Executive Lead for Welsh Language and the Service Leads Welsh Language Steering Group will continue to monitor the implementation of the Welsh Language Standards. Any increase in risk will be escalated via the appropriate channels and further actions will need to be agreed by the Executive Team in order to provide further assurance to the Board that action is being taken to mitigate the risks and implications for the health board.

#### **NEXT STEPS:**

In order to build upon the work already undertaken to implement the Standards and to increase compliance levels, the following actions will be taken forward in 2020-2021:

- Publish Welsh Language Standards Annual Monitoring Report;
- Develop and monitor an overarching Welsh Language Action Plan for the health board;
- Proceed with review of current capacity and available resources to implement the Standards;
- Continue to monitor compliance via departmental action plans and feed data from into overarching compliance matrix with RAG rate compliance levels against each standard;
- Continue to audit public materials and arrange for translation into Welsh;
- Draft the More Than Just Words Strategic Framework update report for Welsh Government by 31 October 2020 against the NHS Delivery Framework Objectives;
- Develop and publish relevant Welsh language policies and procedures in line with the requirements of the Standards;
- Continue to review and develop new EQIA procedures for the health board;
- Continue to promote Welsh language initiatives to staff across the health Board; and
- Continue to liaise with Welsh Language Managers and Equality Managers across NHS Wales.

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# **Welsh Language Standards Annual Monitoring Report 2019-2020**

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## Foreword

The Welsh Language (Wales) Measure 2011 sets out a legal framework which imposes a duty on Powys Teaching Health Board (PTHB) to comply with the Welsh Language Standards. The health board has responded positively to the Welsh Language Standards and has used this opportunity to reinforce Welsh language requirements and to improve the quality and availability of our services through the medium of Welsh. During 2019-2020, the health board continued with its efforts to implement the requirements of Welsh language legislation, working closely with managers within all service areas to ensure they can conform.

We have been working hard to raise awareness of the requirements of the Standards which were introduced to Health Boards and Trusts in NHS Wales in May 2020. Considerable efforts have been made to mainstream and embed the Standards into our strategic planning and procedures and PTHB has developed several new policies and procedural guidelines to assist staff in the implementation of the Standards, further details of which will be provided in this report.

A new Welsh Language Service Leads Steering Group has been established to monitor the implementation of the Standards across all service areas. This active network has been instrumental in cascading information to staff and promoting the available information and resources which have been made available to assist them. A key focus of the Steering Group has been to support the workforce to use Welsh in their day-to-day work with the aim to increase opportunities to learn the language and also to build confidence in using it in the workplace.

As well as implementing the requirements of the Welsh language Standards, the health board's main focus during this period has been to continue to implement the key objectives of Welsh Governments More Than Just Words Strategic Framework to and raise awareness of the "Active Offer" principles. A new Welsh language awareness training session has been rolled out to key staff groups in order to intensify their knowledge and ability to make improvements in the workplace which will benefit our Welsh speaking service users and their families.

Our Service Improvement Manager for Welsh Language has established links with colleagues across Wales to enable consistency and a joint approach to language planning within healthcare. A joint-working approach has also been taken on a Powys-wide basis with our Service Improvement Manager for Welsh Language regularly liaising with the Welsh Language

Promotion and Challenge Group within Powys County Council (PCC) and Powys Association of Voluntary Organisations (PAVO) to make improvements to our service delivery for Welsh speaking residents across Powys.

We trust that the information included in this report demonstrates our commitment to becoming a bilingual organisation which not only treats the Welsh language equally to the English language, but also actively promotes the use of Welsh in the workplace and across the healthcare sector in our wider communities.

Claire Madsen

Executive Director for Therapies and Health Sciences

Executive Lead for Welsh Language and Equality

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## Executive Summary

This report outlines the steps taken by PTHB to implement the Welsh Language Standards as listed in the compliance notice.

It provides details on the progress made in key service areas and notable achievements which will improve our capacity to deliver health care services bilingually. These include improvements made in the following key areas:

- Bilingual recruitment procedures which ensure that the health board seeks to recruit Welsh speakers to posts where there are few or no Welsh speaking staff and which ensures that Welsh speaking applicants are encouraged to apply for posts and are not treated unequally to their English counterparts;
- Departmental Welsh language action plans which help service leads and managers to focus on the Standards which are most relevant to their service areas. These action plans also make it easier to monitor compliance with the Standards across all service areas, allowing the health board to direct specialised, targeted support and advice to specific teams which have shown partial or non-compliance;
- Welsh language resources for staff which are promoted to staff via regular communication announcements and are available on a new dedicated page on the intranet; and
- A new Welsh Language Awareness training session which raises awareness of the Standards and the 'Active Offer' principle and will help teams to address any challenges and identify workable solutions when implementing the Standards.

Further information on the above alongside a detailed account of the health board's compliance against each of the Standards can be found in the Matters Arising section of this report. The health board will use its compliance assessment to identify the key actions and areas of focus going forward in 2020-2021.

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## Background

The Welsh Language Measure (2011) modernised the existing legal framework regarding the use of the Welsh language in the delivery of public services. It includes provision about the official status of the Welsh language and saw the introduction of a Welsh Language Commissioner and the development of the Welsh Language Standards.

PTHB along with other Health Boards and Trusts in Wales must comply with a set of Standards as outlined in [The Welsh Language Standards \(No. 7\) Regulations 2018](#).

In these regulations, Welsh Ministers have specified 4 types of standards with which PTHB must comply, these are:

- Service delivery standards
- Policy making standards
- Operational standards
- Promotional Standards
- Record keeping standards.

Although it is the Welsh Ministers who specify the standards, it is for the Commissioner to decide upon the standards with which a body has to comply. In November 2018, the Commissioner issued a compliance notice to PTHB which outlined the standards with which it must comply and the date by when it must be compliant. A copy of PTHB's compliance notice can be found [here](#).

Included in these Standards is the requirement for PTHB to monitor the implementation of the Standards and produce an annual report which provides details of how the health board has complied with the Standards.

All staff must take responsibility for implementing the Standards across PTHB. Service Leads will monitor compliance within their own service areas and will report progress to the Service Improvement Manager for Welsh

Language who will advise and support the implementation of the Standards accordingly. At the end of each financial year, the Service Improvement Manager for Welsh Language will draft an annual report which will be presented to the Executive Lead for Welsh Language and approved by the Executive Committee and the Board before being published on the health board's website.

### **Matters Arising**

PTHB is pleased with the progress made throughout 2019-2020 in relation to its bilingual service provision of healthcare to our service users within Powys. Changes have been made across all areas to ensure compliance with the Standards which will enable significant improvements for our Welsh speaking service users, staff, stakeholders and the general public.

#### ***Welsh Language Service Leads Steering Group***

A series of departmental Welsh language action plans have been developed and Service Leads have been identified to oversee the monitoring procedures. A new Welsh Language Service Leads Steering Group has been established to address any issues and to share examples of best practice. This is having a positive impact in raising awareness across the Health Board and encouraging more proactive bilingual service provision in line with the 'Active Offer' principle. The Service Leads are proactive in cascading relevant information to staff within their service areas and have initiated informal audits to address incidents of non-compliance. The departmental Welsh language action plans are used to identify areas which need addressing within each service area, allowing the Service Improvement Manager for Welsh Language to offer specific support and advice to key staff in order to facilitate improvements and improve compliance levels. Examples of this targeted approach can be evidenced in the following examples:

- Strengthened internal procedures for dealing with concerns and complaints in relation to the Welsh Language Standards or those made in the medium of Welsh. Additional information has been placed upon the concerns and complaints section of the website and staff can now cross reference incidents recorded on the Datix

system if there is a link to compliance with the Welsh Language Standards, making it easier for the health board to identify and address any possible non-compliance issues.

- New vacancy approval procedures are now in place to comply with standards relating to recruitment procedures within PTHB to ensure equality for Welsh speaking applicants and to promote PTHB as a bilingual organisation.

### ***Welsh Language Resources for Staff***

A new Welsh Language Resource page is now available to staff via the intranet. This page is maintained by the Service Improvement Manager for Welsh Language and the Communications Team and includes bilingual templates, guidance on complying with the Standards, support and advice when dealing with Welsh speakers, and information on available training opportunities.

### ***Welsh Language Training Opportunities***

A variety of Welsh language training opportunities have been promoted and made available to all staff with the aim of supporting staff who wish to learn Welsh or improve upon their existing skills. The Welsh Language Service Leads have further promoted these training opportunities, especially to staff in key areas such as patient services. Several members of staff have already taken up the opportunity to attend the Welsh language courses on offer.

### ***Welsh Language Promotion***

Many initiatives to raise awareness of Welsh language and culture are now being rolled out such as St David's Day ward activities, promotion of the new Welsh Language Rights Day on 6 December 2019 and more notably nursing staff who took part in S4C's 'Nyrsys', a Welsh language documentary series which followed newly qualified nurses preparing to care for patients across Wales which also promoted the use of Welsh in healthcare settings. The Communications Team also produced a promotional video for use on social media of a Welsh speaking healthcare support worker who uses her Welsh with patients on the wards to demonstrate that benefits of basic conversational Welsh language when dealing with Welsh speaking patients.

### ***The Active Offer***

Improvements have been made to the way in which Welsh speaking service users are identified. Patient Services are able to record and flag a person's preferred language at the point of referral which can allow staff to pair

Welsh speaking staff to Welsh speaking patients, examples of which can be found right across the Health Board. PTHB also continues to assess the skills of its workforce in order to monitor the availability of Welsh speaking staff, especially in communities with high numbers of Welsh speakers.

### ***Compliance with the Welsh Language Standards***

In addition to the examples provided above, details of the extent of which PTHB has complied with the Welsh Language Standards is provided below:

#### **Service Delivery Standards**

Standards 1-7 relating to correspondence sent by the health board
Progress
A new Manager's Resource and Guidance document has been developed and promoted across the health board. This document acts as a general guide for all staff on how to implement the Standards efficiently. The document has been designed for use during team meetings to prompt discussions and generate ideas on how best to comply with the Standards. Guidance is offered on the best practice for dealing with correspondence in Welsh. During 2019-2020, a review of translation services has been undertaken and staff have access to professional translation services to assist them with Welsh language correspondence in a timely manner.
Further action to take
To introduce an internal audit mechanism to monitor compliance rates and to continue to use data from the Welsh Language Commissioner's Annual Monitoring Survey to identify and rectify any instances of non-compliance.

Standards 8 – 20 relating to telephone calls made and received by the health board
Progress
The Manager's Resource and Guidance document includes information on dealing with Welsh speakers on the telephone. In addition, a separate guide on answering the telephone bilingually and dealing with Welsh speaking callers has been developed and promoted to staff across the health board.
Across PTHB within our contact centre and main reception areas, we currently have 10 (10.4%) members of staff who are able to deal with Welsh speakers.
Further action to take

Work is ongoing within Patient Services to develop actions to address gaps in our patient service areas where there may be little provision to deal with telephone calls in the medium of Welsh. This includes exploring options to introduce a new automated telephone service across PTHB which will allow callers to be directed to a Welsh speaker when making calls to the main telephone number(s).

PTHB will implement the new vacancy approval procedures to identify the Welsh language skills required for new and vacant posts within Patient Services to ensure that every effort is made to recruit Welsh speakers to key posts on main receptions and within our contact centre.

Regular reminders will continue to be issued to all staff via the Service Leads and the staff intranet with advice on best practice for Standards 8-20.

Standards 20-22CH relating to meetings that are not open to the public

Progress

The Manager's Resource and Guidance document includes information on holding meetings with members of the public. Further consultation with the Welsh Language Service Leads has demonstrated that where possible, Welsh speaking staff will undertake meetings with individuals if the individual has stated that Welsh is their preferred language. Where Welsh speaking staff are not available to attend meetings, staff have access to interpretation services who can assist. Details of the approved interpretation services are available to staff on the intranet and have been promoted to staff.

Further action to take

Continue to monitor compliance levels and feedback from Welsh Language Service Leads.

Standards 23-25 relating to in-patients and case conferences

Progress

In-patient language choice can be recorded via several channels across PTHB. Our WPAS and WCCIS electronic systems both have capacity to record patient language choice. Many of our service user referral forms also asks patients for their preferred language choice. Informal mechanisms also exist for identifying in-patients and service users who speak Welsh, for example, recording this information on patient records on the wards and patient information flow boards.



In addition to sourcing available Welsh speaking staff via our ESR system, managers have been asked to develop local systems for identifying and utilising Welsh speaking staff to treat Welsh speaking in-patients. (This has also been included as an action in our Clinical Consultations Plan in line with the requirements of Standard 110).

Case conferences are organised by staff within the Local Authority. Discussions have been held with the Welsh Language Officer inn Powys County Council who has provided assurance that systems are in place to comply with these Standards when an individual wishes to attend a case conference and use Welsh as their preferred language. This will either be achieved by utilising Welsh speaking members of staff or via approved interpretation services.

Further action to take

Continue to monitor compliance levels and liaise with key staff within Powys County Council.

Standards 26-32 relating to meetings and events that are open to the public

Progress

Professional Translators are used for meetings which are open to the public as evidenced in previous AGMs and the consultation and engagement events for the North Powys Wellbeing Programme. Relevant information and documentation are also produced bilingually, for example consultation documents and PowerPoint presentations. Building upon this good practice, the Communications Team has developed new 'Welsh Language – Communication and Marketing' procedural guidelines which has recently undergone internal consultation. These guidelines provide detailed information on how to comply with the Standards when arranging meetings which are open to the public and will be promoted to managers and staff within their teams.

Further action to take

Further promotion the new Welsh Language – Communication and Marketing guidelines

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Standards 33-38 relating to publicity and advertising, displaying material in public, producing and publishing document and forms
Progress
Good progress has been made throughout the year to ensure compliance with these standards. In addition to the Manager's Guidance and Resource and the Communications and Marketing Guidelines, Managers have been asked to audit existing materials and documents within their service areas to ensure compliance which has resulted in a noticeable increase in translation requests.
Further action to take
Introduce an internal auditing system to ensure compliance.  Address any incidents if non-compliance as and when they occur.

Standards 39-46 relating to the health board's website, apps and social media
Progress
Plans were put in place for the introduction of a new website for PTHB during 2019-2020. The new website has been designed to comply with the requirements of the Standards. A new temporary Welsh Language Communications Translator has been appointed to increase compliance levels with these Standards. This post is currently being reviewed to explore options for recruiting a permanent Translator post for the health board.
Further action to take
Continue to monitor compliance levels.  Introduce an internal auditing system to ensure compliance.  Address any incidents if non-compliance as and when they occur.

Standards 47-49 relating to signage
Progress
Procedures are in place to ensure that new and replacement signage is compliant with the Standards. A useful resource pack has also been developed for more

common temporary signage which will make it easier for staff to comply with the Standards at short notice.

Further action to take

Introduce an internal auditing system to ensure compliance.

Address any incidents of non-compliance as and when they occur.

Standards 50-53 relating to receiving visitors

Progress

Badges, lanyards, and posters are all available for main reception staff to help identify Welsh speaking staff in these areas.

PTHB is in the process of implementing the new vacancy approval procedures to identify the Welsh language skills required for new and vacant posts within main reception areas to ensure that every effort is made to recruit Welsh speakers to key posts where gaps exist.

Throughout 2019-2020, information has been regularly sent to main reception staff about targeted Welsh language training for those who wish to learn or improve their Welsh language skills.

Further action to take

Review the organisation's bilingual skills strategy.

Continue to address gaps in main reception areas where there are no Welsh speakers on main reception areas.

Continue to offer targeted Welsh language training to main reception staff.

Standards 54-59 relating to awarding grants and contracts

Progress

PTHB does not award grants. Contracts are advertised and awarded in line with the requirements of the Standards. This process is managed centrally by NWSSP. Commissioning and contract procedural documents internal to PTHB include guidelines and information which enable the health board to comply with these standards.

Further action to take
Continue to monitor compliance levels if current procedures change.

Standards 60-61 relating to promoting Welsh language services
Progress
PTHB is committed in its objective to treat Welsh and English equally and has measures in place to ensure that service users have access to all services bilingually whether this will involve utilising Welsh speaking staff or the assistance of professional translation and interpretation services. Therefore, all services are available and promoted bilingually.
Further action to take
N/A

Standard 62 relating to corporate identity
Progress
Corporate identity is fully bilingual and is managed centrally by NHS Wales.
Further action to take
N/A

Standards 63 relating to education courses offered by the health board
Progress
Discussions have been held around the types of educational courses offered by the Health Board. Some courses are offered bilingually, for example, the 'Invest in Your Health' modular course. The Managers Guidance and Resource document includes information on complying with this standard such as asking in advance of the course if anyone wishes to receive course materials and instruction in the medium of Welsh. This would allow the health board to put mechanisms in place to deliver the course in Welsh if possible.

Further action to take
Undertake a more detailed audit of current educational courses on offer across the health board to monitor compliance levels.
Develop specific guidance for staff who are involved in the planning and delivery of educational courses.

Standard 64 relating to public address systems
Progress
There are currently no public address systems in operation within PTHB.
Further action to take
N/A

Standards 65-68 relating to primary care
Progress
In 2019-2020 Welsh Language Awareness Sessions were offered and delivered to independent primary care contractor staff across Powys. The session was received positively by attendees and there has been a noticeable increase in requests from GP staff for advice and support in delivering bilingual services to the residents of Powys. This has included making key documents, signs, notices and websites bilingual. The Primary Care Support Manager is also in the process of auditing the Welsh language skills of independent primary care contractor staff in order for the health board to promote establishments where the public have access to Welsh speaking staff. Welsh language training opportunities for staff have also been promoted to independent primary care contractor staff throughout the year.
Further action to take
Analyse audit data and promote establishments where Welsh speakers are available to deal with the public.
Continue to promote the Standards and support primary care staff in delivering bilingual services.

## Policy Making Standards

Standards 69 – 78A relating to policy making decisions
Progress
<p>The health board's policy on equality impact assessment (EIA) was due to be reviewed upon expiry, however, this has been delayed due to the effects of the COVID-19 pandemic. It has been agreed to formally extend the existing policy in the interim. This means that the impact upon the Welsh language is considered for all policies which require formal approval. Welsh language impact assessment also forms part of our existing engagement and consultation procedures as was evident in our consultation for the North Powys Wellbeing Programme where large numbers of our Welsh speaking service users reside. The same EIA procedures apply to decisions in relation to primary care to meet the requirements of Standards 78 and 78A.</p> <p>In 2019-2020 all policies which were presented to the Executive Committee and the Board underwent EIA before receiving formal approval.</p> <p>In 2019-2020 7 public consultations were undertaken which looked at the impact upon our Welsh speaking service users. These included:</p> <ul style="list-style-type: none"> <li>• North Powys Wellbeing Programme</li> <li>• Podiatry Services</li> <li>• Powys Regional Partnership Board</li> <li>• Powys Public Service Board</li> <li>• NHS Future Fit / The Shrewsbury and Telford Hospital NHS Trust / sustainability of services provided by The Shrewsbury and Telford Hospital NHS Trust</li> <li>• Clinical Futures Programme (Gwent)</li> <li>• Local Care and Support (the primary care model for Wales)</li> </ul> <p>Work is ongoing to review EIA procedures and plans are in place to adopt a Powys-wide procedure for EIA. Powys County Council have introduced a robust EIA assessment tool which includes a more detailed Welsh language impact assessment section. The health board intends to adopt a similar assessment tool for use within PTHB during 2020-2021 in order to strengthen existing</p>

mechanisms for looking at the impact of our policy making decisions upon our Welsh speaking communities.
Further action to take
Continue to review and implement more robust EIA procedures with strengthened Welsh language impact assessment.  Publish details of the new policy and procedural guidelines on the website.

## Operational Standards

Standard 79 relating to a policy on the internal use of the Welsh language
Progress
The Managers Guidance and Resource document doubles up as the policy for using Welsh internally which is published on the intranet. The use of Welsh is encouraged alongside the promotion of Welsh language training for those who wish to learn or improve their language skills.
Further action to take
Review the Managers Guidance and Resource to assess its suitability for the requirements of Standard 79.

Standards 80 – 81 relating to employment documents
Progress
Individuals are automatically asked if they wish to received a copy of their employment contract in Welsh via the TRAC recruiting system. PTHB has a bilingual document for undertaking individual Performance and Development Reviews and paper copies of forms relating to employment are also available bilingually.
Further action to take
N/A

Standard 82 - relating to operational policies
Progress
The policies listed in Standard 82 are published bilingually by NWSSP and can be viewed <a href="#">here</a>
Further action to take
N/A

Standard 83 – 88 relating to complaints and disciplinary action against members of staff
Progress
<p>The health board's policies and procedures for dealing with complaints and disciplinary action regarding staff are bilingual. Systems are in place to use independent professional translation and interpreter services to assist staff who wish to use the Welsh language if it is not appropriate or possible for a Welsh speaking member of the HR Team to undertake these duties.</p> <p>In 2019 – 2020 no staff opted to use Welsh during any complaints or disciplinary cases.</p>
Further action to take
Continue to monitor compliance with these standards to ensure equality for our Welsh speaking staff employees.

Standard 89 relating to bilingual computer software
Progress
Bilingual computer software for checking spelling and grammar is available to all PTHB staff.
Further action to take
N/A



Standards 90 – 95 relating to the intranet
Progress
PTHB will be reviewing the content of its intranet during 2020-2021 as part of the plans to update the existing intranet system. Bilingual documentation is already published on the intranet and the health board will look to develop bilingual interface pages to meet the requirements of these standards. A designated page for the promotion of Welsh language has been developed for staff where they can access support materials and information. This is reviewed and maintained regularly by the Service Improvement Manager for Welsh Language and the Communications Team.
Further action to take
To develop bilingual interface pages on the intranet to meet the requirements of Standards 90 – 95.

Standards 96 – 101 relating to staff Welsh language skills and training					
Progress					
Staff Welsh language skills are assessed and recorded on the electronic staff record (ESR) system. As of 18 August 2020, out of 2934 staff, PTHB has the following staff with Welsh language skills:					
0 skills	Level 1 skills	Level 2 skills	Level 3 skills	Level 4 skills	Level 5 skills
1077	565	151	65	58	107
During 2019-2020 all opportunities to learn and improve Welsh language skills have been promoted to staff via the intranet, Powys Announcements, and via the Service Leads and Managers. Staff have the opportunity to attend training during working hours. If the lessons occur outside of working hours, staff should apply for study leave in line with the requirements of our study leave policy. The health board has agreed to fund Welsh language training. Information on accessing both informal online learning and classroom-based training Welsh language training is available on the intranet. In light of the COVID-19					

pandemic, the Service Improvement Manager for Welsh Language has liaised with the National Centre for Learning Welsh and local providers such as Aberystwyth University to explore future opportunities for online accredited Welsh language training and staff will be encouraged to continue to access training in this way until further notice. These methods will be reviewed to assess the suitability for long-term use in the future.

During 2019-2020

8 members of staff expressed an interest in learning Welsh via the Service Improvement Manager for Welsh Language. 3 members of staff attended formal lessons.

168 members of staff enrolled upon the available Work Welsh online courses and have are in the process of completing the modules. 31 members of staff have completed each of the modules.

Further action to take

Continue to promote available training options to staff across PTHB  
Encourage more staff to complete the Work Welsh online modules

Standards 102-103 relating to Welsh language awareness training

Progress

During 2019-2020 a new Welsh Language Awareness Session has been developed and delivered to staff groups including Independent Primary Care Contractors, Learning Disabilities, and Workforce and Organisational Development. The sessions raise awareness of the 'Active Offer' principle and allows teams the opportunity to discuss the challenges surrounding the implementation of the Standards and highlights best practice and options for overcoming these challenges. The new training session has been received positively by staff who have attended as it gave them the opportunity to discuss how the Standards are relevant to their specific service areas. This session will need to be adapted for future use online in light of the COVID-19 pandemic. It is also the intention to roll-out the session to other staff groups on a more formal basis with attendance recorded on ESR. However, as a minimum, all staff must complete the e-learning module 'Treat me Fairly' as part of the core mandatory training. Completion of this course is monitored by line managers. New staff members are also provided with information on the Welsh Language Standards

and the 'Active Offer' principle during corporate induction training and are signposted to further information and resources to help them in their new roles.

During 2019-2020 out of 512 new employees, 234 have attended corporate induction. The COVID-19 Pandemic has meant that staff who would usually deliver induction training have been redeployed resulting in fewer corporate induction courses running at present.

210 members of staff have been recruited to the bank and have been offered to attend corporate induction voluntarily although this is not compulsory. Bank members of staff are provided with a corporate handbook.

Further action to take

Continue to roll out the new Welsh Language Awareness sessions to staff across all directorates and record attendance on ESR.

Explore options to deliver this training session virtually.

Work closely with Corporate Induction Trainers and Workforce and OD Team to monitor uptake of corporate induction and to provide those who have not yet attended corporate induction with information on Welsh language awareness.

Standards 104-105 relating to identifying Welsh speaking staff

Progress

Badges and lanyards to identify Welsh speaking staff and Welsh learners are available to all staff.

Bilingual email signature templates are available on the Welsh language resource intranet page and also in the Managers Guidance and Resource document.

Further action to take

Include email signatures in future internal audits of Welsh Language Standards.

Standards 106 – 109 relating to recruitment

Progress

During 2019-2020 considerable progress has been made to develop and implement new procedures to ensure that our recruitment policy and procedures

do not put Welsh speakers who wish to apply for posts at any disadvantage. New vacancy approval procedures have been implemented which includes an assessment tool for assessing the Welsh language skills required for new and vacant posts. All job adverts, job descriptions and relevant recruitment documentation are published bilingually. Agreements have been made with professional translation companies to undertake timely translations. The health board's recruitment policy has been amended to reflect these operational changes.

During 2019-2020:

0 posts were advertised with Welsh language skills as essential

2 posts were advertised with Welsh language skills as need to be learnt

535 posts were advertised with Welsh language skills as desirable

43 posts were advertised with Welsh language skills as not required

Out of 512 new employees during 2019-2020, 28 were Welsh speaking. 3 of those were appointed within the Mental Health Directorate, 5 were appointed within the Women and Children's Directorate and 14 were appointed within the Primary and Community Care Directorate.

Further action to take

Continue to promote the new vacancy approval procedures and skills assessment tool to recruiting managers across the health board.

Continue to monitor compliance levels with Service Leads.

Standards 110-110A relating to a plan for bilingual clinical consultations

Progress

A plan has been developed to enable the health board to increase its capacity to undertake clinical consultations in the medium of Welsh. This has undergone consultation with the Welsh Language Service Leads and the Executive Committee and was approved in May 2020. This implementation of this plan will be monitored by the Welsh Language Service Leads and the Executive Lead for Welsh Language. The COVID-19 pandemic has delayed the new website implementation phase and the plan is now due to be published on the website in September 2020.

Further action to take
To cross reference the action plan with a new overarching Welsh Language Plan for PTHB in 2020-2021.
To promote the plan to staff across the health board.
To implement and monitor the identified actions within the 5yr plan.

Standards 111 – 113 relating to signage
Progress
Procedures are in place to ensure that all new and replacement permanent signage is produced and displayed in accordance with the requirements of the Standards.
Resources have been developed and promoted to staff who may produce temporary signage to ensure that this is also displayed in line with these requirements. The Welsh Language Service Leads requested an audit of temporary signage and notices within their service areas which has resulted in an increase in translation of existing temporary signage. These audits will continue at regular intervals in the future to monitor compliance.
Further action to take
Continue to monitor compliance levels.
Include signage in future internal audits of the Standards.

Standard 114 relating to recorded announcements
Progress
PTHB does not have any audio announcement systems in place, however, new visual display screens have been introduced around the health board which display bilingual information to staff.
Further action to take
N/A

## Concerns and Complaints

During 2019-2020 PTHB received no complaints in relation to the implementation of the Welsh Language Standards.

PTHB follows the conditions set out in NHS Wales 'Putting Things Right' policy. This document sets out how Health Boards and Trusts in Wales must address concerns and complaints in line with The NHS Concerns, Complaints and Redress Arrangements Wales Regulations (2011). These documents include information on dealing with complaints relating to the Welsh language and also complaints made to a health board in the medium of Welsh. Copies of these documents can be found [here](#).

In addition, PTHB has updated the information on the concerns page of its website which also has additional information on complaints relating to the implementation of the Welsh Language Standards. This page can be found [here](#).

## Moving Forward

As outlined in the body of the report, PTHB is committed to increasing compliance levels with the Welsh Language Standards in all areas across the health board. PTHB is proud of the significant steps already taken to improve our bilingual service provision for our service users, staff, stakeholders and members of the public.

However, we recognise that there is room for improvement in many areas and we will address areas of concern during 2020-2021.

Further actions to take have already been identified in Matters Arising Section of this report and PTHB intends to develop an overarching Welsh Language Action plan for 2020-2021 to ensure that these actions are achieved. The plan will aim to collate all Welsh language aims and objectives into a singular place and will cross reference similar actions identified in the following plans and strategies:

- More Than Just Words Strategic Framework
- PTHB 5yr Plan for Welsh-medium Clinical Consultations
- Bilingual Skills Strategy for PTHB (due to be redeveloped in 2020-2021)

- IMTP
- Any other specific Welsh language actions identified in other action plans / risk registers

The health board intends for this new overarching plan to be a live document to track our overall compliance with the Welsh Language Standards and to monitor the progress made in key service areas and those which have been identified as needing improvement.

PTHB is committed to ensuring equality for the Welsh language and Welsh speakers and will continue to promote and encourage the use of Welsh within PTHB at every opportunity.

For further information on the details of this report and for further information on PTHB's implementation of the Welsh Language Standards, please contact the Service Improvement Manager for Welsh Language by emailing:

[Kathryn.Cobley2@wales.nhs.uk](mailto:Kathryn.Cobley2@wales.nhs.uk)

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09/25/2020 14:30:42

No.	Standard	Date	Therapies & HS	Comms & Engagement	Corporate Governance	Medical	Nursing	Mental Health	Quality & Safety	Safeguarding	Patient Services	Primary Care	Commissioning	Estates & Facilities	Finance	ICT	R&D	WOD	% Compliance
1	If you receive correspondence from a person in Welsh you must reply in Welsh (if an answer is required), unless the person has indicated that there is no need to reply in Welsh.	30-May-19												N/A	N/A	N/A		N/A	
4	When you send the same correspondence to several persons, you must send a Welsh language version of the correspondence at the same time as you send any English language version. You must comply with standard 4 in every circumstance, except: when you send the same correspondence to several persons, and all of those persons have informed you that they do not wish to receive correspondence in Welsh.	30-May-19												N/A	N/A	N/A		N/A	
5	If you don't know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person you must provide a Welsh language version of the correspondence.	30-May-19												N/A	N/A	N/A		N/A	
6	If you produce a Welsh language version and a corresponding English language version of correspondence, you must not treat the 30/05/2019 Welsh language version less favourably than the English language version (for example, if the English version is signed, or if contact details are provided on the English version, then the Welsh version must be treated in the same way).	30-May-19												N/A	N/A				
7	You must state - (a) in correspondence, and (b) in publications and notices that invite persons to respond to you or to correspond with you, that you welcome receiving correspondence in Welsh, that you will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.	30-May-19												N/A		N/A			
8	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must greet the person in Welsh.	30-May-19												N/A					
9	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform the person that a Welsh language service is available.	30-Nov-19	N/A	N/A		N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person's wish until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.	30-Nov-19	N/A			N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11	When you advertise telephone numbers, helpline numbers or call centre services, you must not treat the Welsh language less favourably than the English language.	30-May-19	N/A			N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
12	If you offer a Welsh language service on your main telephone number (or numbers), on any helpline numbers or call centre numbers, the telephone number for the Welsh language service must be the same as for the corresponding English language service.	30-May-19	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A



13	When you publish your main telephone number, or any helpline numbers or call centre service numbers, you must state (in Welsh) that you welcome calls in Welsh. If you have performance indicators for dealing with telephone calls, you must ensure that those performance indicators do not treat telephone calls made in Welsh any less favourably than calls made in English.	30-Nov-19	N/A			N/A	N/A	N/A	N/A	N/A							
		30-May-19	N/A	N/A		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
14	Your main telephone call answering service (or services) must inform persons calling, in Welsh, that they can leave a message in Welsh.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
		30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
15	When there is no Welsh language service available on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform persons calling, in Welsh (by way of an automated message or otherwise), when a Welsh language service will be available.	30-Nov-19	N/A	N/A		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
		30-May-19	N/A	N/A		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
16	If a person contacts one of your departments on a direct line telephone number (including on staff members' direct line numbers), and that person wishes to receive a service in Welsh, you must deal with the call in Welsh until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.	30-Nov-19															
		30-May-19															
17	When a person contacts you on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff), you must ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.	30-Nov-19															
		30-May-19															
18	When you telephone an individual ("A") for the first time you must ask A whether A wishes to receive telephone calls from you in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh you must keep a record of that wish, and conduct telephone calls made to A from then onwards in Welsh. You must comply with standard 19 in every circumstance, except: where it is necessary for a member of staff who does not speak Welsh to provide a service on a specific subject matter; where no Welsh speaking member of staff is available to provide a service on that specific subject matter; and where a one off telephone call is made to a patient in relation to booking or cancelling an appointment. The requirement under standard 19 to ask A whether A wishes to receive telephone calls from you in Welsh and to keep a record of A's wish applies each time a telephone call is made to A for the first time in relation to the specific matter of the call ("the matter in hand"); The requirement under standard 19 to conduct telephone calls made to A from then onwards in Welsh applies in relation to every call which involves the matter in hand.	30-Nov-19															
		30-May-19															
19	Any automated telephone systems that you have must provide the complete automated service in Welsh.	30-Nov-19															
		30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
20		30-Nov-19															
		30-May-19															

If you invite one person only ("P") to a meeting—  
(a) you must ask P whether P wishes to use the Welsh language at the meeting, and inform P that you will conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose, and (b) if P has informed you that P wishes to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting. You must comply with standard 21 in relation to persons that are individuals by 30 May 2019. You must comply with standard 21 in relation to every other person by 30 November 2019.

21 30-May-19

If you invite more than one person to a meeting, you must ask each person whether they wish to use the Welsh language at the meeting. You must comply with standard 22 in relation to persons that are individuals by 30 May 2019. You must comply with standard 22 in relation to every other person by 30 November 2019.

22 30-May-19

If you have invited more than one person to a meeting, and at least 10% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting. You must comply with standard 22A in relation to persons that are individuals by 30 May 2019. You must comply with standard 22A in relation to every other person by 30 November 2019.

22A 30-May-19

If you have invited more than one person to a meeting, and all of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting. You must comply with standard 22CH in relation to persons that are individuals by 30 May 2019. You must comply with standard 22CH in relation to every other person by 30 November 2019.

22CH 30-May-19

You must ask an in-patient ("A") on the first day of A's in-patient admission whether A wishes to use the Welsh language to communicate with you during that in-patient admission.

23 30-May-19

If the in-patient ("A") informs you that A wishes to use the Welsh language to communicate with you during an in-patient admission you must identify to your staff who are likely to communicate with A, that A wishes to use the Welsh language to communicate with you during that in-patient admission.

23A 30-May-19

You must produce and publish a policy on how to establish whether an in-patient ("A") wishes to use the Welsh language during A's inpatient admission if A is unable to inform you that A wishes to use the Welsh language to communicate with you during an in-patient admission.

24 30-May-19

								N/A		N/A	N/A	N/A	N/A		N/A
								N/A		N/A	N/A	N/A	N/A		N/A
								N/A		N/A	N/A	N/A	N/A		N/A
								N/A		N/A	N/A	N/A	N/A		N/A
								N/A		N/A	N/A	N/A	N/A		N/A
	N/A	N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A



32

33


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39 You must ensure that your website is available in a language page on your website and (c) the Welsh language is more favourably than the English language website.

40	<p>You must ensure that— (a) the text on the homepage of your website is available in Welsh, (b) any Welsh language text on your homepage (or, where relevant, your Welsh language homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your website.</p> <p>You must ensure that when you publish a new page on your website or amend a page— (a) the text of that page is available in Welsh, (b) any Welsh language version of that page is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to that page.</p>	30-May-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	<p>If you have a Welsh language web page that corresponds to an English language web page, you must state clearly on the English language web page that the page is also available in Welsh, and you must provide a direct link to the Welsh page on the corresponding English page.</p>	30-May-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	<p>You must provide the interface and menus on every page of your website in Welsh.</p>	30-May-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	<p>All apps that you publish must function fully in Welsh, and the Welsh language must be treated no less favourably than the English language in relation to that app.</p>	30-Nov-20	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	<p>When you use social media you must not treat the Welsh language less favourably than the English language. You must comply with standard 45 in the following circumstances:  when using social media on your corporate and departmental accounts.</p>	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	<p>If a person contacts you by social media in Welsh, you must reply in Welsh (if an answer is required).</p>	30-Nov-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
46	<p>When you— (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or on a separate sign or notice); and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.</p>	30-May-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
47	<p>When you— (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.</p>	30-May-19														
48	<p>You must ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression.</p>	30-May-19														
49		30-May-19														

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50 every other reception service  
You must display a sign in your reception which states (in Welsh) that persons are welcome to use the Welsh language at the reception. You must comply with standard 52 in relation to the following by 30 May 2019: ☐ Machynlleth Community Hospital reception service; ☐ Ystradgynlais Community Hospital main reception service; and ☐ Llanidloes Community Hospital main reception service. You must comply with standard 52 in relation to the following by 30 November 2019: ☐

52 every other reception service.  
You must ensure that staff at the reception who are able to provide a Welsh language reception service

53 wear a badge to convey that  
Any documents that you publish which relate to applications for a grant must be published in Welsh, and you must not treat a Welsh language version of such documents less favourably than an English

54 language version.

9	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A

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58	When you publish invitations to tender for a contract, you must— (a) state in the invitation that tenders may be submitted in Welsh, and that a tender submitted in Welsh will be treated no less favourably than a tender submitted in English, and (b) not treat a tender for a contract submitted in Welsh less favourably than a tender submitted in English (including, amongst other matters, in relation to the closing date for receiving tenders, and in relation to the timescale for informing tenderers of decisions)	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
59	When you inform a tenderer of your decision in relation to a tender, you must do so in Welsh if the tender was submitted in Welsh.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
60	You must promote any Welsh language service that you provide, and advertise that service in Welsh. If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce, or website that you publish, which refers to the English service must also state that a corresponding service is available in Welsh.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
61	When you form, revise or present your corporate identity, you must not treat the Welsh language less favourably than the English language.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
62	If you offer an education course to one or more individuals, you must— (a) undertake an assessment of the need for that course to be offered in Welsh; (b) offer that course in Welsh if the assessment indicated that the course needs to be offered in Welsh.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
63	When you announce a recorded message over a public address system, you must make that announcement in Welsh and, if the announcement is made in Welsh and in English, the announcement must be made in Welsh first	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64		30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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# Primary Care

No.	Standard	Date	Therapies & HS	Comms & Engagement	Corporate Governance	Medical	Nursing	Mental Health	Quality & Safety	Safeguarding	Patient Services	Primary Care	Commissioning	Estates & Facilities	Finance	ICT	Research & Development	WOD	% Compliance
65	when you know that a primary care provider is willing to provide a primary care service or part of a primary care service through the medium of Welsh, you must designate and maintain a page on your website (in Welsh) containing that information. you must— (a) provide an English to Welsh translation service for use by a primary care provider to enable it to obtain Welsh language translations of signs or notices displayed in connection with its primary care service, and (b) encourage the use of the translation service provided by you in accordance with this standard.	30-May-19	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A								
66	you must— (a) make available to a primary care provider a badge for it or its staff to wear to convey that they are able to speak Welsh, and (b) promote to a primary care provider the wearing of the badge.	30-May-19	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A								
67	you must provide training courses, information or hold events so that a primary care provider can develop— (a) an awareness of the Welsh language (including awareness of its history and its role in Welsh culture); and (b) an understanding of how the Welsh language can be used in the workplace.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A								
68		30-May-19	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A								

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# Policy Making

No.	Standard	Date	Therapies & HS	Comms & Engagment	Corporate Governance	Medical	Nursing	Mental Health	Quality & Safety	Safeguarding	Patient Services	Primary Care	Commissioning	Estates & Facilities	Finance	ICT	Research & Development	WOD	% Compliance
69	When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or adverse), the policy decision would have on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	30-May-19																	
70	When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would have positive effects, or increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	30-May-19																	
71	When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30-May-19																	
72	When you publish a consultation document which relates to a policy decision, the document must consider, and seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	30-May-19																	
73	When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would have positive effects, or increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	30-May-19																	
74	When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30-May-19																	
75	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers what effects, if any (and whether positive or adverse), the policy decision under consideration would have on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

76	when you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would have positive effects, or so that it would have increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30-May-19														
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
77	when you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	30-May-19														
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
78	You must publish a policy on providing a primary care service which requires you to take the following into account when you make decisions in relation to providing a primary care service— (a) what effects, if any (and whether positive or negative), the decision would have on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; (b) how that decision could be taken or implemented so that it would have positive effects, or increased positive effects, on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; and (c) how the decision could be taken or implemented so that it would not have adverse effects, or so that it would have decreased adverse effects on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language.	30-Nov-19														
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
78A	On the expiry of 5 years after publishing the policy in accordance with standard 78 (whether or not revisions have been made to that policy) and on the expiry of each subsequent period of 5 years you must— (a) assess to what extent you have complied with the policy; and (b) publish that assessment on your website within 6 months of the end of the period.	30-Nov-19														
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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# Operational

No.	Standard	Date	Therapies & HS	Comms & Engagement	Corporate Governance	Medical	Nursing	Mental Health	Quality & Safety	Safeguarding	Patient Services	Primary Care	Commissioning	Estates & Facilities	Finance	ICT	Research & Development	WOD	% Compliance
79	You must develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and you must publish that policy on your intranet. When you enter a new post to an individual, you must ask that individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh; and if that is the individual's wish you must provide the contract in Welsh.	30-May-19	N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
80	wishes to receive any of the following in Welsh, and if A wishes to receive one or more in Welsh you must provide it (or them) to A in Welsh - (a) any paper correspondence that relates to A's employment, and which is addressed to A; (b) any documents that outline A's training needs or requirements; (c) any documents that outline A's performance objectives; (ch) any documents that outline or record A's career plan; (d) any forms that record and authorise annual leave; (dd) any forms that record and authorise absences from work; (e) any forms that record and authorise flexible working hours. You must comply with standard 81 in every circumstance by 30 November 2019, except: when the activity is carried out through the use of the Electronic Staff Record (ESR). You must comply with standard 81 in every circumstance by 30 November 2020.	30-Nov-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
81	if you publish any of the following, you must publish it in Welsh - (a) a policy relating to behaviour in the workplace; (b) a policy relating to health and well-being at work; (c) a policy relating to salaries or workplace benefits; (ch) a policy relating to performance management; (d) a policy relating to absence from work; (dd) a policy relating to working conditions; (e) a policy relating to work patterns.	30-Nov-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
82	You must allow and state in any document that you have that sets out your procedures for making complaints that each member of staff may - (a) make a complaint to you in Welsh, and (b) respond to a complaint made about him or about her in Welsh; and you must also inform each member of staff of that right.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
83	if you receive a complaint from a member of staff or a complaint about a member of staff, and a meeting is required with that member of staff, you must - (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh or, if necessary, with the assistance of a simultaneous or consecutive translation service from Welsh to English.	30-Nov-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
84																			

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When you inform a member of staff (A) of a decision you have reached in relation to a complaint made by A, or in relation to a complaint made about A, you must do so in Welsh if A - (a) made the complaint in Welsh, (b) responded in Welsh to a complaint about A, (c) asked for a meeting about the complaint to be conducted in Welsh, or (ch) asked to use the Welsh language at a meeting about the complaint.

85 You must - (a) draw and state in any document that you have which sets out your arrangements for disciplining staff that any member of staff may respond in Welsh to any allegations made against him or against her, and (b) if you commence a disciplinary procedure in relation to a member of staff, inform that member of staff of that right.

86 If you engage a meeting with a member of staff regarding a disciplinary matter that relates to his or to her conduct you must - (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh, or if necessary with the assistance of a simultaneous or consecutive translation service from Welsh to English.

87 When you inform a member of staff (A) of a decision you have reached following a disciplinary procedure, you must do so in Welsh if A - (a) responded to allegations made against A in Welsh, (b) asked for a meeting regarding the disciplinary procedure to be conducted in Welsh, or (c) asked to use the Welsh language at a meeting regarding the disciplinary procedure

88 You must provide staff with computer software for checking spelling and grammar in Welsh, and provide Welsh language interfaces for software (where an interface exists).

89 You must ensure that - (a) the text of each page of your intranet is available in Welsh, (b) every Welsh language page on your intranet is fully functional, and (c) the Welsh language is treated no less favourably than the English language on your intranet. You must comply with standard 90 in relation to pages on your intranet that relate to the matters within the following operational standards: ☐ the use of the Welsh language within your internal administration; ☐ complaints made by staff; ☐ disciplining staff; ☐ developing skills through planning and training the workforce; and ☐ recruiting and appointing

30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-Nov-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-Nov-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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you must ensure that - (a) the text on the homepage of your intranet is available in Welsh (b) any Welsh language text on your intranet's homepage (or, where relevant, your Welsh language intranet homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your intranet. If you have a Welsh language page on your intranet that corresponds to an English language page, you must state clearly on the English language page that the page is also available in Welsh, and must provide a direct link to the Welsh language page on the corresponding English language page. You must designate and maintain a page (or pages) on your intranet which provides services and support material to promote the Welsh language and to assist your staff to use the Welsh language.

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you must provide training opportunities so that your employees can develop - (a) awareness of the Welsh language (including awareness of its history and its role in Welsh culture); (b) an understanding of the duty to operate in accordance with the Welsh language standards; and (c) an understanding of how the Welsh language can be used in the workplace.

30-May-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-May-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-May-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-May-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-Nov-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
30-Nov-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
30-Nov-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
30-May-19																
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30-May-19																
30-May-19	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

when you provide information to new employees (for example by means of an induction process), you must provide information for the purpose of raising their awareness of the Welsh language.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
103 you must provide (a) wording for your staff to include in e-mail signatures which will enable them to indicate whether they speak Welsh fluently or whether they are learning the language, and (b) wording for your employees which will enable them to include a Welsh language version of their contact details in e-mail messages, and to provide a Welsh language version of any message which informs others that they are unavailable to respond to email messages	30-May-19															
104 You must - (a) make available to members of staff who are able to speak Welsh a badge for them to wear to convey that; and (b) promote the wearing of the badge to members of staff.	30-May-19															
105 When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply - (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	30-May-19															
106 If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must - (a) specify that when advertising the post, and (b) advertise the post in Welsh	30-Nov-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
106A When you advertise a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably than an application submitted in English.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
107 If you publish (a) application forms for posts; (b) material that explains your procedure for applying for posts; (c) information about your interview process, or about other assessment methods when applying for posts; or (ch) job descriptions; you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents	30-Nov-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
107A You must not treat an application for a post made in Welsh less favourably than you treat an application made in English (including, amongst other matters, in relation to the closing date you set for receiving applications and in relation to any timescale for informing applicants of decisions).	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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## Record Keeping

No.	Standard	Date	Therapies & HS	Comms & Engagement	Corporate Governance	Medical	Nursing	Mental Health	Quality & Safety	Safeguarding	Patient Services	Primary Care	Commissioning	Estates & Facilities	Finance	ICT	Research & Development	WOD	% Compliance
115	You must keep a record, in relation to each financial year, of the number of complaints you receive relating to your compliance with standards	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
116	You must keep a record (following assessments of your employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and, where you have that information, you must keep a record of the skill level of those employees	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
117	You must keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where— (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
118	You must ensure that a document which records the standards with which you are under a duty to comply, and the extent to which you are under a duty to comply with those standards, is available on your website.	30-May-19	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
119	You must— (a) ensure that you have a complaints procedure that deals with how you intend to deal with complaints relating to your compliance with the standards with which you are under a duty to comply, and (b) publish a document that records that procedure on your website.	30-May-19	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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(1) You must produce a report (an "annual report"), in Welsh, in relation to each financial year, which deals with the way in which you have complied with the standards with which you were under a duty to comply during that year.

(2) The annual report must include the following information (where relevant, to the extent you are under a duty to comply with the standards referred to)—

(a) the number of complaints that you received during the year in question which related to compliance with the standards with which you were under a duty to comply (on the basis of the records you kept in accordance with standard 115);

(b) the number of employees who have Welsh language skills at the end of the year in question (on the basis of the records you kept in accordance with standard 116);

(c) the number (on the basis of the records you kept in accordance with standard 117) of new and vacant posts that you advertised during the year which were categorised as posts where—

(i) Welsh language skills were essential;

(ii) Welsh language skills needed to be learnt when appointed to the post;

(iii) Welsh language skills were desirable; or

(iv) Welsh language skills were not necessary.

(3) You must publish the annual report no later than 6 months following the end of the financial year to which the report relates.

(4) You must ensure that a current copy of your annual report is available on your website.

120 You must provide the Welsh Language Commissioner (if requested by the Commissioner) with any information which relates to your compliance with the service delivery standards, the policy making standards or the operational standards with which you are

121 under a duty to comply.

30-May-19	N/A	N/A		N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	
30-May-19															

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

#### **PURPOSE:**

This paper has been produced with reference to the Integrated Medium Term Plan (IMTP), which has indicated that we would be developing for Board approval an Innovative Environments Strategic Framework to support delivery of the Health and Care Strategy. This has needed to be reprofiled given the pandemic. The purpose of this paper, therefore, is to provide an interim framework for the key priorities relating to the capital element of Innovative Environments.

#### **RECOMMENDATION(S):**

It is recommended that that Board receives a briefing and update on the status and approach to the Innovative Environments: Interim Framework and SUPPORTS the direction of travel.

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

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

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

## EXECUTIVE SUMMARY:

The paper outlines the approach to developing an Innovative Environment Strategy Framework which encompasses the traditional estates strategy approach, alongside the guiding factors within the 10-year Health and Care Strategy. To support delivery of the strategy a new integrated model has been developed for Powys, it was approved by Board and Cabinet earlier this year. The model shifts the focus of the current health and care system away from service delivery in acute and specialist hospital settings and offers a more holistic, integrated model of care with more wellbeing, prevention and early help services delivered closer to people's homes and communities. Creating innovative environments to support delivery of this model is essential.

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

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

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

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

## DETAILED BACKGROUND AND ASSESSMENT:

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

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

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



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

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

### Powys Outcomes for Innovative Environments

Through innovative environments, people in Powys will say:

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

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

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

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

#### WBFGA WELL-BEING GOALS:

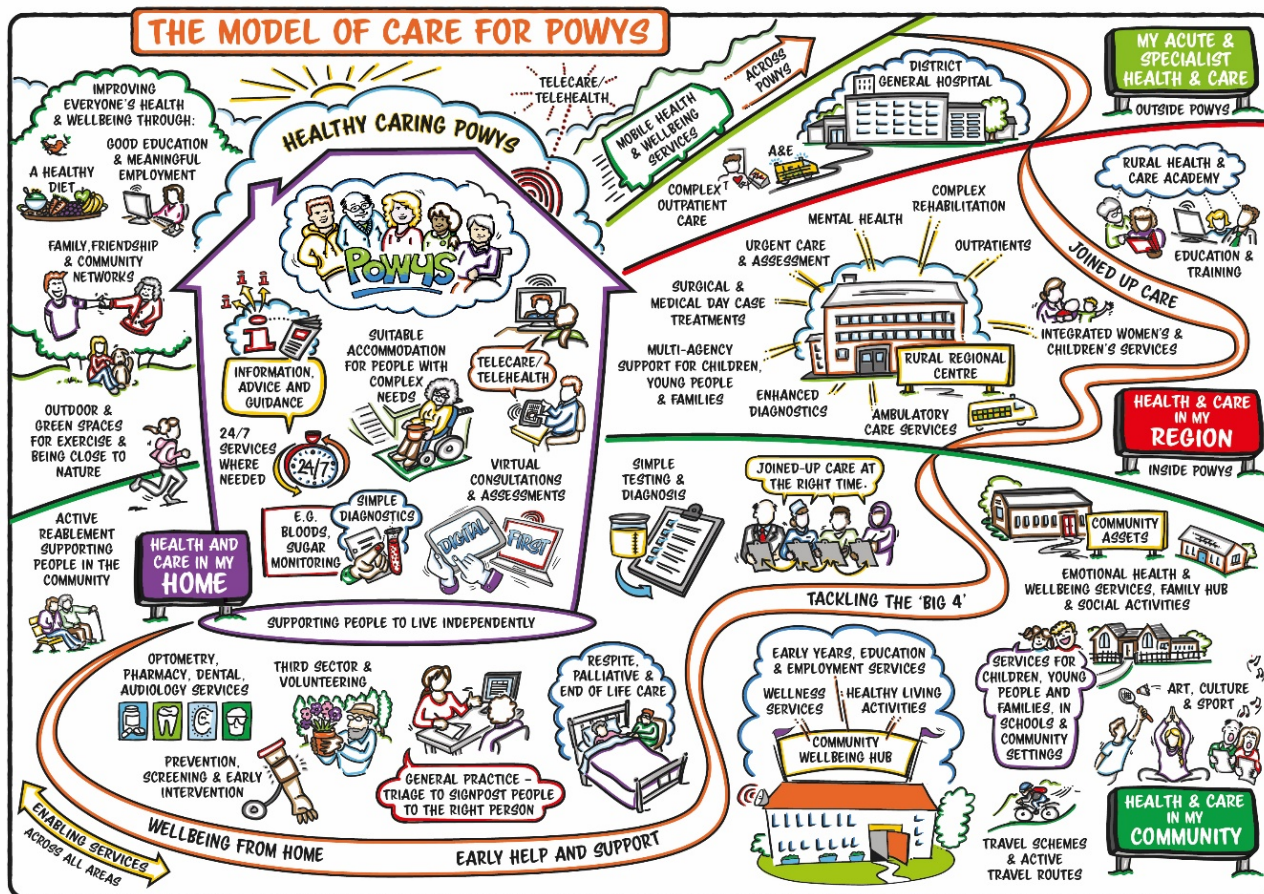


#### Powys Model of Care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

- Short term:

- o Optimise the available discretionary capital to support prioritised investment in the current estate reducing backlog maintenance to ensure compliance with core Health and Safety standards for the patient environment.
- o Continue to develop current major capital schemes to completion to improve statutory compliance and service improvements in Llandrindod Wells, Machynlleth Community, and Ystradgynlais Hospitals.
- o Continue to develop the Rural Regional Centre Pathfinder Project in North Powys.
- o continue to develop a sustainable and efficient Capital service, with enhanced capability, working in partnership with Powys County Council and NHS Wales Shared Services Partnership.

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

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

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

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

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

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

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

### **Primary and Community Care Infrastructure**

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

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

Two schemes were included for Powys:-

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

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

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

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

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

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

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

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

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

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

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

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

- Zero waste to landfill by 2050
- Decarbonisation by 2030

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

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

## NEXT STEPS:

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

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

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical			X	
Financial			X	
Corporate			X	
Operational			X	
Reputational			X	
Overall risk level is acknowledged and evidenced by significant backlog maintenance levels, age of estate, etc. Management approach defined as risk-based to manage risk on multiple levels.				

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**Agenda item: 2.2c**

<b>BOARD MEETING</b>		<b>DATE OF MEETING:</b> <b>30 September 2020</b>
<b>Subject:</b>	<b>COVID-19: Mechanical Ventilation</b>	
<b>Approved and Presented by:</b>	Hayley Thomas, Director of Planning and Performance	
<b>Prepared by:</b>	Wayne Tannahill, Associate Director of Estates and Property	
<b>Other Committees and meetings considered at:</b>	Chairs Action, 25 August 2020	

**PURPOSE:**

The purpose of this paper is to seek ratification of decision taken via Chair's Action on 25 August 2020, in respect of funding to support the installation of mechanical ventilation systems into the community hospitals as part of a range of COVID-19 infection, prevention and control measures.

**RECOMMENDATION(S):**

The Board is asked to **RATIFY** the approval of funding to support the installation of mechanical ventilation systems into the community hospitals as part of a range of COVID-19 infection, prevention and control measures, agreed via the use of Chair's Action.

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

**Chair's Action:**

**As set out in the Board's Standing Orders (last approved November 2019), "There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification."**

Board approval was required to support the appointment of the successful tenderer in the sum of £630K to install ventilation systems at Brecon, Llandrindod and Welshpool hospitals (Phase 1 works) and for £340K for Phase 2 works to introduce a more limited scale of ventilation into the remaining hospitals to support aerosol generating procedures.

A Chair's Action was convened for 25<sup>th</sup> August 2020. The Chair, in consultation with the Chair of the Experience, Quality & Safety Committee and Chair of the Performance & Resources Committee, APPROVED the proposal submitted. A record of the meeting held is attached at **Appendix A**.

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The Board is asked to RATIFY the Chair's decision to approve funding to support the installation of mechanical ventilation systems into the community hospitals as part of a range of COVID-19 infection, prevention and control measures. The outline proposal presented to the Chair for decision is attached at **Appendix B**.

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Chair's Action, Ventilation



## APPENDIX A



### CHAIR'S ACTION

#### MINUTES OF THE MEETING HELD ON TUESDAY 25 AUGUST 2020 VIA TEAMS MEETING

**Present:**

Vivienne Harpwood	Independent Member (Chair)
Mel Davies	Independent Member (Vice-Chair)
Mark Taylor	Independent Member – Capital and Estates
Hayley Thomas	Director of Planning & Performance

**In Attendance:**

Wayne Tannahill	Assistant Director Estates and Property
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**Committee Support**

Caroline Evans	Head of Risk and Assurance
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**Apologies for absence:**

Carol Shillabeer	Chief Executive
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CA/20/01	<b>WELCOME AND APOLOGIES</b> The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above.
CA/20/02	<b>DECLARATIONS OF INTERESTS</b> The Committee Chair INVITED Members to declare any interests in relation to the items on the Committee agenda. None were declared.
CA/20/04	<b>COVID-19: MECHANICAL VENTILATION</b> Hayley Thomas presented the previously circulated paper, which sought approval via Chair's Action for the installation of mechanical ventilation systems into the community hospitals as part of a range of COVID-19 infection, prevention and control measures (Phase 1). Hayley Thomas advised that work was undertaken in May 2020 to review emerging guidance in relation to COVID-19 infection, prevention and control and the importance of mechanical ventilation as part of a range of measures to mitigate risk

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On 3 June 2020 Gold Group approved the installation of mechanical ventilation systems in the three main COVID-19 hospital locations at Brecon, Llandrindod and Welshpool; this would incorporate 6 air change per hour capability into the main ward areas and also include the capability for two side rooms off the main wards to achieve 12 air changes per hour, which would create an appropriate space to undertake Aerosol Generated Procedures (AGP). In addition, the dental suite at Brecon would have 12 air change per hour capability introduced.

Work has been focused initially on the three main hospital sites, which aligns with the work also being undertaken to strengthen the capacity to deliver oxygen to the ward areas in these same three hospitals. Detail design has been completed and tender costs have now been returned following on open tender exercise, with the contractor ready to appoint.

Once appointed, a detailed sequenced programme of work would be agreed in consultation with the PTHB operational team with advice from the contractor in respect of work activity timescales and availability of plant and equipment, whilst also being conscious of the impending winter pressures and changing status and guidance around COVID-19.

Phase 2 of the project would entail engaging a suitable contractor to undertake the work already designed by the consultant to introduce AGP appropriate ventilation into a small number of rooms for each of the community hospitals and, additionally, to the dental suites across PTHB estate.

Overall costs including VAT, fees and contingency for Phases 1 and 2 would be in the order of £970K. Welsh Government (WG) have been kept informed of the risk-based approach under which the decision to pursue the installation of formal mechanical ventilation systems for the health board was taken, and were also updated at the Capital Review Meeting (CRM) on 20 August of the overall cost of just under £1M and acknowledged that this sum was included in WGs capital plan.

Mark Taylor raised the following questions in advance of the meeting:

1. The first part of the report states that Gold on 3rd June only approved works in dental but the Exec summary refers to Gold on 3rd June approving mech ventilation at 3 main covid hospitals. Could you provide some clarification?

Wayne Tannahill stated that originally only Dental was included in the original Gold discussion, and we have now expanded that.

2. I am concerned that the design consultants have not had the benefit of detailed asbestos surveys. How much of a risk is this to cost and programme particularly if we have to try and deal with licensed work in active sites?

Wayne Tannahill stated that it is really important that we share the information of asbestos surveys with the consultant and the team. We have an obligation under CDM to disclose information to any consultants and contractors working on our site. We work very closely with them and our Asbestos Manager has been doing work in parallel in terms of the surveys that we need to do and asbestos removal.

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	<p>3. What is the worst downside for us in terms of surge capacity if the works cannot be implemented in whole/part and what are options for dealing with scenarios’?</p> <p>Mark Taylor reformatted this question, asking “What is the situation given these guidelines, in how we could manage COVID patients in an environment where there wasn’t this standard of ventilation?</p> <p>Hayley Thomas stated that we have been dealing with COVID patients in our hospitals during the first two phases, as have most hospitals across the NHS.</p> <p>In the hierarchy of actions that can be taken to mitigate risk, one of these includes ventilation. Other Health Boards have focused on high risk areas, e.g. aerosol generated procedures such as critical care.</p> <p>We will need to continue to support the NHS Wales system, supporting the DGHs to get patients home or back to Powys quicker. We would continue to see the patients; the issue would be the additional measure on improving the ventilation would minimise the risk further.</p> <p>The main issue for us is around aerosol generated procedures (AGPs). We cannot do AGPs currently in the suites where we do not have the ventilation. The broader impact is significant on areas such as dental. It will minimise the risk and enable a better environment to provide patient care, but we still wouldn’t be able to not accept patients back if we did not do the ventilation works.</p> <p>Mel Davies stated this is about our duty of care to our patients and accountability of the Board to demonstrate we have considered necessary measures throughout. This would support winter protection planning.</p> <p>The Group APPROVED the Phase 1 works to install ventilation systems at Brecon, Llandrindod and Welshpool hospitals.</p>
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**APPENDIX B**

**ATTACHED SEPARATELY**

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Chair's Action, Ventilation

## Appendix B

<b>Subject:</b>	<b>COVID-19: Mechanical Ventilation</b>
<b>Approved and Presented by:</b>	Hayley Thomas, Director of Planning and Performance
<b>Prepared by:</b>	Wayne Tannahill, Associate Director of Estates and Property
<b>Other Committees and meetings considered at:</b>	Gold Group: 3 June & 19 August 2020 Capital Review Meeting, Welsh Government: 20 August 2020

### PURPOSE:

To seek Board approval via Chair's Action for the installation of mechanical ventilation systems into the community hospitals as part of a range of COVID-19 infection, prevention and control measures.

The paper sets out status of the work, seeks approval to proceed for the tendered work at the three main COVID-19 hospital sites (Phase 1) and provides an overall indication of costs to include a second phase of works for the remaining hospitals, introducing rooms suitable for undertaking Aerosol Generating Procedures.

The initial Gold Group meeting on 3 June gave approval for the introduction of mechanical ventilation into the dental suite at Brecon only. Subsequently, the risk of Aerosol Generated Procedures has been better understood in the context of dental services, and Gold Group on 20 August supported the need for mechanical ventilation systems to be installed in all dental sites across Powys. This will be incorporated in Phase 2 works.

### RECOMMENDATION(S):

Board **APPROVAL** is sought for the appointment of the successful tenderer in the sum of £630K to install ventilation systems at Brecon, Llandrindod and Welshpool hospitals (Phase 1 works) and for £340K for Phase 2 works to introduce a more limited scale of ventilation into the remaining hospitals to support aerosol generating procedures. Costs of £970K in total are currently

included in the finance template returns to Welsh Government in relation to anticipated capital expenditure on COVID-19.

General update and status report provided for **INFORMATION** with work planned to be undertaken in two phases.

Approval/Ratification/Decision <sup>1</sup>	Discussion	Information
✓		✓

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

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

#### EXECUTIVE SUMMARY:

Work was undertaken in May 2020 to review emerging guidance in relation to COVID-19 infection, prevention and control and the importance of mechanical ventilation as part of a range of measures to mitigate risk, with appendices attached as follows:-

- **Appendix A:** SBAR COVID-19 in Community Hospitals 11 May 2020
- **Appendix B:** COVID-19 ventilation meeting notes 22 May 2020
- **Appendix C:** risk assessment covid transmission with ventilation options paper 02 June 2020

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

On 3 June 2020 Gold Group approved the installation of mechanical ventilation systems in the three main COVID-19 hospital locations at Brecon, Llandrindod and Welshpool; this would incorporate 6 air change per hour capability into the main ward areas and also include the capability for two side rooms off the main wards to achieve 12 air changes per hour, which would create an appropriate space to undertake Aerosol Generated Procedures (**AGP**). In addition, the dental suite at Brecon would have 12 air change per hour capability introduced.

Work has been focused initially on the three main hospital sites, which aligns with the work also being undertaken to strengthen the capacity to deliver oxygen to the ward areas in these same three hospitals. Detail design has been completed and tender costs have now been returned following on open tender exercise, with the contractor ready to appoint.

Once appointed, a detailed sequenced programme of work would be agreed in consultation with the PTHB operational team with advice from the contractor in respect of work activity timescales and availability of plant and equipment, whilst also being conscious of the impending winter pressures and changing status and guidance around COVID-19.

Phase 2 of the project would entail engaging a suitable contractor to undertake the work already designed by the consultant to introduce AGP appropriate ventilation into a small number of rooms for each of the community hospitals and, additionally, to the dental suites across PTHB estate.

Overall costs including VAT, fees and contingency for Phases 1 and 2 would be in the order of £970K. Welsh Government (**WG**) have been kept informed of the risk-based approach under which the decision to pursue the installation of formal mechanical ventilation systems for the health board was taken, and were also updated at the Capital Review Meeting (**CRM**) on 20 August of the overall cost of just under £1M and acknowledged that this sum was included in WGs capital plan.

## DETAILED BACKGROUND AND ASSESSMENT:

A paper was presented to Gold Group on 3 June 2020 which confirmed work could be progressed to support the installation of mechanical ventilation in the following areas to support a range of COVID-19 risk mitigation measures:-

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- 1. Main wards in Brecon, Llandrindod and Welshpool hospitals;** noting that Brecon was one of the few hospitals with mechanical ventilations systems already installed in part of the hospital – the existing system had been decommissioned circa ten years ago and had been recommissioned as part of the COVID-19 response. The ventilation specification for the wards would provide a 6 air change per hour (**ac/hr**) capability as agreed with Microbiology, Infection, Prevention and Control (**IPC**) and NHS Wales Shared Services Partnership, Specialist Estates Services (**NWSSP-SES**). This work also aligns well with the enhancement of the capacity of oxygen storage and availability at these three sites, with work on the VIE at Llandrindod and Welshpool scheduled by BOC for installation in September.
- 2. Rooms to accommodate Aerosol Generating Procedures (AGP);** these procedures give rise to a heightened risk of infection and, as such, should be conducted in rooms which provide 12 ac/hr ventilation. In addition to this provision being incorporated into the design for the three main COVID-19 hospitals, provision would also be made in the other PTHB community hospitals (excluding Knighton) where COVID-19 patients may be treated using AGP. The spaces to be identified would be two single rooms adjacent to the main wards on all sites.
- 3. Dental;** the proposal to Gold Group included the provision to be made for 12 ac/hr capability to be introduced the dental suite at Brecon hospital where the intention was to use this as the primary location to treat COVID-19 patients. Subsequently, it became clear that there were challenges in identifying asymptomatic COVID-19 patients and due to the nature of the service offered by Dental, it was recommended that all dental suites across the health board be considered for ventilation provision at 12 ac/hr. Gold Group approved the inclusion of measures for all dental suites on 19 August 2020.

**PHASE 1:** due to the urgent and critical nature of the work, complexity of the ventilation system design process and the geographical spread of sites, a design consultant was engaged at an early stage from a procurement compliant framework. Hoare Lea have now completed the preliminary and detailed design work at the three main hospitals and this work has now been tendered via Sell2Wales in open competition and the contractor is ready to appoint.

Hoare Lea design cost for Phase 1 design is £25,693 (excl. VAT which would be recoverable) and the tendered construction costs for the ventilation plant is £445,988 (excl. VAT but inclusive of limited contingency); breakdown of construction costs at table 1. Further allowance is required for asbestos surveys and potential asbestos removal in the roof voids where the ventilation ducts will be run, and project management fees for the construction period (internal and external costs). Overall cost including VAT and fees will be in the order of **£630K**.



**PHASE 2:** site visits and design work has also been undertaken by Hoare Lea for the 12 ac/hr work at the remaining five hospital sites and, additionally, for the dental suites and will shortly be ready to seek construction costs. Indicative costs are as follows with separate tables for hospital works and dental:

<b>Ventilation: 12 Air Change Per Hour Rooms, Community Hospitals</b>		
Location:	Construction Cost excl. VAT	Overall estimated cost including fees, contingency, asbestos surveys and VAT
Llanidloes	£20K	£35K
Machynlleth	£25K	£40K
Ystradgynlais	£25K	£40K
Bronllys	£20K	£35K
Newtown	£25K	£40K
<b>Total costs:</b>	<b>£115K</b>	<b>£190K</b>

<b>Ventilation: 12 Air Change Per Hour Rooms, DENTAL SUITES</b>		
Location:	Construction Cost excl. VAT	Overall estimated cost including fees, contingency, asbestos surveys and VAT
Brecon	Incl. Phase 1	Incl. Phase 1
Machynlleth	£15K	£25K
Glan Irfon	£35K	£50K
Welshpool	£15K	£25K
Newtown	£30K	£50K
<b>Total costs:</b>	<b>£95K</b>	<b>£150K</b>

Costs for Phase 2 work would be in the order of £340K with £190K for the 12 ac/hr rooms and £150K for work to the dental suites.

## **PROGRAMME AND SEQUENCING OF WORK**

Work scheduling will be coordinated with the PTHB operational teams with a view to take advantage of lower bed occupancy but also with the intention to undertake as much work as possible to avoid winter pressures. The main air conditioning plant is on a 10 to 12 week lead-in period which will allow work to commence initially on the ductwork installation in the roof and ceiling voids with standard size ductwork being available 'off the shelf'. In order to undertake the work in a safe manner, areas below fragile ceilings will need to be decanted to avoid the risk of items falling through into the space below.

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'Procurement Policy Note (PPN 01/20) in response to COVID-19' allows for consideration of 'direct award due to extreme urgency' and this approach will be considered when awarding Phase 2 contract work to the contractor appointed following market testing for Phase 1 work, to enable these important measures to be implemented as soon as possible in support of any further COVID-19 resurgence.

Consultants will be appointed via procurement compliant framework for project management, cost control, structural and health and safety (CDM) activities for the construction period.

## RISKS

- **Timelines:** this is a complex piece of technical work on multiple sites, in the most sensitive patient facing areas of our community hospitals. Operational colleagues are aware of the challenges as we engage to define programmes and phasing of work across the hospital sites. The main ventilation plant, which will largely be positioned externally, will be on an 8 to 10 week lead-in period from point of order. The work will need to minimise impact that could coincide with winter pressures and there is an unknown factor in respect of any further COVID-19 resurgence. Contingency plans for suspending or reinstating work will need to be considered should the need arise in an emergency scenario.
- **Asbestos:** work to install the ventilation ductwork in roof spaces and ceiling voids may encounter asbestos, either known and recorded in the Asbestos Register or unknown and identified as part of the intrusive pre-commencement refurbishment surveys. If significant issues with asbestos are encountered requiring notifiable removal, then this could entail a cost and time impact. A sum of £30K is included for Phase 1 work and a sum of £30K is included in Phase 2 work for surveys and potential limited removal or encapsulation work.

## NEXT STEPS:

- **Phase one:** appoint the successful contractor to install ventilation systems in Brecon, Llandrindod and Welshpool hospitals; liaise with local hospital management teams to agree a programme of work activity to minimise disruption.
- **Phase two:** seek to appoint a contractor for the 12 ac/hr installations at Ystradgynlais, Bronllys, Llanidloes, Newtown and Machynlleth and at all dental clinic locations.
- Liaise with Welsh Government and PTHB Finance to monitor and report on progress and costs.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
<p style="text-align: center;"><b>Statement</b></p> <p>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken – Not Applicable</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial		✓		
Corporate	✓			
Operational		✓		
Reputational	✓			
<p style="text-align: center;"><b>Statement</b></p> <p>Risks relates to clashes with operational activity and winter pressures with timescale of construction work, also overall budget.</p>				

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**Table 1: CONSTRUCTION COSTS**

Site	Area	Air change requirements	Comments	Cost Nett	Cost Gross	Comments
Brecon Hospital	COVID beds - Hospital	6ac/hr & 12ac/hr (wards)	Phase 1 – Tendered – Cooling option	Tendered - £170,239k	£204,286k	Includes £10k contingency
Llanidloes Hospital	COVID beds - Hospital	6ac/hr & 12ac/hr (wards)	Phase 1 – Tendered – Cooling option	Tendered - £123,489k	£148,186k	Includes £10k contingency
Welshpool Hospital	COVID beds - Hospital	6ac/hr & 12ac/hr (wards)	Phase 1 – Tendered – Cooling option	Tendered - £152,260k	£182,712	Includes £10k contingency
Brecon Dentistry	DENTAL	2 treatment rooms @ 12ac/hr	Phase 1 – Tendered – Cooling option	Included in Brecon Costs	Included in Brecon Costs	Included in Brecon Costs
Ystradgynlais Hospital	COVID beds - Hospital	2 ward rooms @ 12ac/hr	Phase 2 – Design in progress – Not tendered	Design Estimate - £25k	£30k	
Ystradgynlais Dentistry	DENTAL	2 treatment rooms @ 12ac/hr	Phase 2 – Design in progress – Not tendered	Design Estimate - £20k	£24k	
Bronllys Hospital	COVID beds - Hospital	2 ward rooms @ 12ac/hr	Phase 2 – Design in progress – Not tendered	Design Estimate - £20k	£24k	
Newtown Hospital	COVID beds - Hospital	2 ward rooms @ 12ac/hr	Phase 2 – Design in progress – Not tendered	Design Estimate - £25k	£30k	
Newtown (Park St) Dentistry	DENTAL	3 treatment rooms 12ac/hr	Phase 2 – Design in progress – Not tendered	Design Estimate - £30k	£36k	
Machynlleth Hospital	COVID beds - Hospital	2 ward rooms 12ac/hr	Phase 2 – Design in progress – Not tendered	Design Estimate - £25k	£30k	
Machynlleth Dentistry	DENTAL	1 treatment room 12ac/hr	Phase 2 – Design in progress – Not tendered	Design Estimate - £15k	£18k	
Welshpool Health Centre Dentistry	DENTAL	1 treatment room 12ac/hr	Phase 2 – Design in progress – Not tendered	Design Estimate - £15k	£18k	
Llanidloes Hospital	COVID beds - Hospital	2 x 12ac/hr	Phase 2 – Design in progress – Not tendered	Design Estimate - £20k	£24k	
Glan Irfon Dentistry	DENTAL	3 x 12ac/hr	Phase 2 – Design in progress – Not tendered	Design Estimate - £35k	£42k	

£28k required extra for 10% contingency

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**Agenda item: 3.3**

<b>BOARD MEETING</b>		<b>Date of Meeting:</b> <b>30<sup>th</sup> September 2020</b>
<b>Subject:</b>	<b>EU Transition Planning Update</b>	
<b>Approved and Presented by:</b>	Director of Public Health	
<b>Prepared by:</b>	Civil Contingencies Manager	
<b>Other Committees and meetings considered at:</b>	This paper has not been presented at any other committee.	

**PURPOSE:**

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

**RECOMMENDATION(S):**

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

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

**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	x
	3. Tackle the Big Four	x
	4. Enable Joined up Care	x
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	x
	7. Put Digital First	x
	8. Transforming in Partnership	x

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Health and Care Standards:	• Staying Healthy	x
	• Safe Care	x
	• Effective Care	x
	• Dignified Care	x
	• Timely Care	x
	• Individual Care	x
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✓

## EXECUTIVE SUMMARY:

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

Since the last briefing was presented to Board in July 2020, internal work has been undertaken to reconvene the health board's internal planning group. This group will begin to refresh, renew and make necessary adjustments to the 'no-deal' Brexit planning arrangements that were previously in place, ensuring that the existing plans remain fit for purpose in the lead up to the end of the Transition Period on the 31<sup>st</sup> December 2020.

PTHB continues to be fully engaged in national, regional and local preparedness arrangements that have been stood-up ahead of the end of the EU Transition Period.

## DETAILED BACKGROUND AND ASSESSMENT:

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

### Current assessment

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

The implications of no agreement being in place between the UK and the EU on the 1<sup>st</sup> January 2021, are likely to be closely related to the 'no-deal' contingency arrangements previously put into place prior to the UK's exit

from the EU in January 2020. Some changes will happen irrespective of whether there is a Comprehensive Trade Deal or not, and some of the longer term social and economic issues need to play a more significant part in the planning arrangements going forward. In response to this, adaptations and refinements to previous 'no-deal' Brexit arrangements will be required, and a number of the challenges are likely to be exacerbated by the impact of COVID-19 (for example, supplier readiness and the impact of COVID-19 on previously acquired stockpiles) and business as usual activities i.e. seasonal pressures often associated with this time of year.

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

### **Leadership and Planning**

The Welsh Government EU Transition Health and Social Care Leadership Group has reconvened and is continuing to meet on a regular basis. Other NHS EU Transition planning groups have also been reconvened, providing a mechanism to refresh the membership and remit of the various groups, to ensure that they are fit for purpose for the new context in which they will now be operating. PTHB will continue to fully engage and be appropriately represented at these groups, as planning activities are expected to increase over the following months.

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

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-medicine supplies (including Medical Devices and Clinical Consumables). Locally, reviewing the need to increase stock holdings to a 'high average stock', ensuring local supply of critical non-catalogue stock items, and working closely with NHS Wales Shared Service Partnership on the wider supply chain management being put into place for Wales.
- Workforce - reassessing any workforce implications at national and local level, including an assessment of any longer-term impacts of the UK Governments UK points-based immigration system on health and social care.

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- Longer term impacts on health and well-being – reviewing work around the potential response to the longer term economic and social challenges for health and well-being which can be expected as a result of the UK leaving the EU, also taking account the impact of COVID-19 on these issues.

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

#### **NEXT STEPS:**

PTHB will continue to:

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

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BOARD MEETING		DATE OF MEETING: 30 <sup>th</sup> September 2020	
Subject:	Annual Report: Nurse Staffing Levels (Wales) Act 2016		
Approved and Presented by:	Alison Davies, Executive Director of Nursing & Midwifery		
Prepared by:	Alison Davies, Executive Director of Nursing & Midwifery Sue Pearce, Professional Head of Nursing Wendy Morgan Assistant Director Quality & Safety Rosanne Lyles, Quality & Safety Commissioning Lead Ruth Derrick, Head of Mental Health Nursing Helen James, Head of Children’s Nursing Julie Rowles, Director of Workforce and OD		
Other Committees and meetings considered at:	None		
PURPOSE:			
The purpose of this paper is to report to Board Powys Teaching Health Board’s compliance with Nurse Staffing Levels (Wales) Act 2016 as it applies to this health board and others in Wales from which Powys residents receive healthcare. The paper also provides commentary on the status of nurse staffing in NHS Trusts in England, who are commissioned by Powys Teaching Health Board but not directly subject to Welsh legalisation and identifies the areas of proposed extension of the Act which will influence the way in which nursing and health visiting services are developed and provide into the future.			
RECOMMENDATION:			
The Board is asked to <b>DISCUSS</b> the content of the paper.			
Approval/Ratification/Decision		Discussion	Information
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**THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):**

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

**EXECUTIVE SUMMARY:**

The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016. It requires health service bodies to have regard for the provision of appropriate nurse staffing levels, and to ensure there are sufficient nurses to care for patients sensitively.

The Chief Nursing Officer issued a letter on the 24 March 2020 in relation to the implications of covid 19 on compliance with the Nurse Staffing Levels (Wales) 2016, whereby it is noted that health boards may wish to indefinitely defer the annual report scheduled to be presented to Board in May 2020. Board will recall the subsequent paper considered by the Experience Quality and Safety Committee in May 2020 and the updated local position shared at Board in July 2020. This paper fulfils the need for a deferred annual report.

Based on the written evidence available, it would seem Powys Teaching Health Board can take assurance that health boards in Wales have systems in place for review of nursing establishments, planning the nursing workforce required based on the Welsh levels of Care, monitoring the availability of nursing staff, reporting and acting where required. All health boards have reported on the measures above to their Boards, reports are scrutinised by Welsh Government and therefore, it would appear, are striving for compliance with the Act.

The data generated from Board reports, performance, workforce, quality and incident reports and the minutes of the Clinical Quality Review meetings,

illustrates the status of nurse staffing within English NHS Trusts from whom the health board commission healthcare for the population of mid and north Powys.

Of note, the Care Quality Commission has applied an inadequate rating to staffing within Shrewsbury and Telford NHS Trust, who are subject to a high degree of external scrutiny and support, with recovery plan in place. It is reported that establishment reviews for all in-patient adult ward areas have been undertaken, including triangulation with quality, safety and acuity data. Oversight is being provided by the NHSI National Lead for Safer Staffing.

Based on the written evidence available, it would seem Powys Teaching Health Board can take assurance that English NHS Trusts commissioned by the health board generate reports on the measures being taken in relation to nurse staffing. Hence it would appear, English NHS Trusts are taking actions to comply with policy requirements that inform two of the principles used for inspection by the Care Quality Commission. These appear complementary to the Nurse Staffing Levels (Wales) Act, 2016.

Within Powys, there are a number of ways in which the health board strive to ensure there are sufficient nurses to care for patients sensitively as required by the Act. Nursing sensitive quality indicators are regularly reported to the Experience Quality and Safety Committee. Following interrogation of the incident reporting system and the ways in which the health board strive to ensure there are sufficient nurses to care for patients sensitively, the Board can take a reasonable amount of assurance in relation to compliance with the Nurse Staffing levels (Wales) Act 2016.

Going forward, a Nurse Staffing Levels (Wales) Act group has been initiated, with the aim of greater coordination and oversight focussing on commissioned services in Wales, commissioned services in England, generating data and intelligence that assists in demonstrating the level of compliance within directly provided services and extension of the Act. The group will report into the Quality Governance Group and the Experience Quality and Safety Committee as required.

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## DETAILED BACKGROUND AND ASSESSMENT:

### 1. Overarching national context

- 1.1 Based on the evidence demonstrating clear links between staffing levels, patient safety and service quality, the Nurse Staffing Levels (Wales) Act 2016 became law in March 2016. It requires health service bodies to have regard for the provision of appropriate nurse staffing levels, and to ensure there are sufficient nurses to care for patients sensitively. The former applies to acute medical and surgical wards and can be monitored in Welsh health boards commissioned to provide health care to Powys residents, the latter is an expectation of the directly provided services by Powys Teaching Health Board.
- 1.2 There is currently no law in England which gives clear responsibility or accountability for workforce planning and supply; the issue of staffing features within the 13 fundamental standards required by the Care Quality Commission, that set out the expectation of providers to have enough suitably qualified, competent, and experienced staff that have access to support, training, and supervision. The CQC require staff to be 'fit and proper staff' who provide care and treatment appropriate to their role.
- 1.3 Midwifery services in Wales and England use Birthrate Plus as a method for calculating the required numbers of midwives to meet need in relation to defined standards and models of care and to local workforce planning needs.
- 1.4 The Nurse Staffing Levels (Wales) Act, places upon NHS organisations, a duty to use a triangulated approach to calculate the nurse staffing levels in adult acute medical and surgical inpatient areas, take all reasonable steps to maintain the nurse staffing levels and report compliance in maintaining the nurse staffing levels as a means of providing assurance to the public, the Board and Welsh Government.
- 1.5 The Chief Nursing Officer issued a letter on the 24 March 2020 in relation to the implications of covid 19 on compliance with the Nurse Staffing Levels (Wales) 2016, whereby it is noted that health boards may wish to indefinitely defer the annual report scheduled to be presented to Board in May 2020. Board will recall the subsequent paper considered by the Experience Quality and Safety Committee in May 2020 and the updated local position shared at Board in July 2020. This paper fulfils the need for a deferred annual report.

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## 2. Extension of the Nurse Staffing Levels (Wales) Act 2016

As part of the All Wales Nurse Staffing Programme there are a suite of work streams, aimed at devising an evidence-based approach to determine the appropriate nurse staffing levels within their area of speciality. There is also growing consideration of the multidisciplinary teams' role in providing safe, quality care, hence this is a key focus in each of the workstreams.

- 2.1 Paediatric inpatient settings: the first completion of the interim paediatric nurse staffing principles template has been undertaken, based on data included in the healthcare management system, a timetable of the actions required to support health boards in preparing for the extension of the Act is developing.
- 2.2 Mental health: The covid19 pandemic has adversely affected progress. A new workstream chair and vice chair have been appointed and the mental health project lead post is advertised and is required as a priority to support and accelerate this workstream. Draft staffing principles have been developed, the workstream plan and timescales are being revised. A review of the professional judgement audit process and document is required prior to next planned audit in November, along with consideration of the draft Welsh Levels of Care for Mental Health, to include involvement of wider stakeholders and members of the multi-disciplinary team.
- 2.3 Health visiting: there are 4 subgroups (Welsh levels of care, quality indicators, professional judgement, user engagement) to progress aspects of the work on behalf of the wider group. Each subgroup will determine the actions required and timeframes to ensure momentum. Local workshops are being planned for 2021, when the project lead will be in post, to progress the work in further developing the Welsh Levels of Care tool. A literature review has identified 20 possible quality indicators covering broad themes and public health priorities, Healthy Child Wales Programme and childhood outcomes. Agreeing interim nurse staffing principles for health visiting is a priority.
- 2.4 District Nursing: new chair, vice chair and project lead in place, prior to this, a loss of momentum has resulted in many of the actions not being achieved, the workstream is red RAG rating. The membership and TOR have been revised and sub groups will be set up to focus on progress aspects of the work on behalf of the wider group. Priorities include review and analyse the draft Welsh Levels of Care, consider multi-disciplinary team working and alignment with cluster working. The Powys Executive Nurse Director has been identified as sponsor.

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### 3. Compliance with the Nurse Staffing Levels (Wales) Act 2016

- 3.1 The Nurse Staffing Levels (Wales) Act 2016 places a general duty on all health boards to provide sufficient nurses to care for patients sensitively in all areas they provide or commission. It also places a specific second duty to calculate and maintain the nurse staffing level for adult acute medical inpatient wards and adult acute surgical inpatient wards. The latter does not apply to directly provided services in Powys, but remains an essential element for consideration of compliance with the Act, in relation to Welsh health boards who provide care for Powys residents. This forms a core element of the Long-Term Agreements and reviewed through Clinical Quality Performance Review meetings.
- 3.2 The duties on Powys Teaching Health Board include the production of a three-yearly report to Welsh Ministers, due May 2021. The Act seeks to ensure that nurse staffing levels within the Welsh NHS are sufficient to provide safe, effective and high quality nursing care at all times.
- 3.3 Data generated through Board reports and minutes from Clinical Quality Review meetings in relation to Welsh Health Boards, identifies a range of actions taken in relation to calculating the nurse staffing level on section 25B wards during the reporting period, including recalculation through to the establishment of a planning cell to monitor and manage risks in line with section 25A and 25B.

All health boards are using the triangulated approach on section 25B wards and systems in place to inform patients of the status regarding compliance. The extent to which the nurse staffing levels have been maintained, the process for maintaining the nurse staffing level and the actions taken if the level is not maintained, are all well-articulated, with slight variation across health boards.

The potential impact on care of not maintaining the nurse staffing levels is clearly described by Hywel Dda University Health Board and there is some data for Cwm Taf Morgannwg University Health Board. Others are less well articulated with data unavailable, this will be addressed at an all Wales level as the system for data collection and analysis becomes more established. Based on the written evidence available, it would seem Powys Teaching Health Board can take assurance that health boards in Wales have systems in place for review of nursing establishments, planning the nursing workforce required based on the Welsh levels of Care, monitoring the availability of nursing staff, reporting and acting where required. All health boards have reported on the measures above to their Boards, reports are scrutinised by Welsh Government and therefore, it would appear, are striving for compliance with the Act.

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- 3.4 The data generated from Board reports, performance, workforce, quality and incident reports and the minutes of the Clinical Quality Review meetings, illustrate the status of nurse staffing within English NHS Trusts from whom the health board commission healthcare for the population of mid and north Powys.

Of the Trusts commissioned by the health board, with the exception of Shropshire Community Hospital Trust continue to present data relating to nursing staffing levels, but do not at present align to patient safety issues. Whilst reporting by Shropshire Community Hospital Trust identify a number of issues related to inpatient care, the residents of Powys mostly use the outpatient services provided and were not involved in the incidents reported.

Actions taken in relation to calculating the nurse staffing levels was evident including reference to reviews of inpatient nursing acuity and dependency and reports made confirming Trusts as meeting the required minimum safe staffing levels, along with reductions in agency use, and retirement activity.

Of note and as reported via the Experience Quality and Safety Committee, the Care Quality Commission has applied an inadequate rating to staffing within Shrewsbury and Telford NHS Trust, who are subject to a high degree of external scrutiny and support, with recovery plan in place. It is reported that establishment reviews for all In-patient adult ward areas have been undertaken, including triangulation with quality, safety and acuity data. Oversight is being provided by the NHSI National Lead for Safer Staffing.

Each NHS Trust identifies means by which patients are informed of nurse staffing establishments and the extent to which the nurse staffing levels have been maintained, for example, active recruitment, longstanding agency contracts and robust approach to induction of temporary staff. The process for maintaining the nurse staffing level and actions taken when the nurse staffing level was not maintained are also reported upon. The quality of services provided by those commissioned to do so is monitored via the Commissioning Assurance Frameworks, which form the basis of regular, scheduled dialogue with executive and other teams.

Based on the written evidence available, it would seem Powys Teaching Health Board can take assurance that English NHS Trusts commissioned by the health board generate reports on the measures being taken in relation to nurse staffing. Hence it would appear, English NHS Trusts are taking actions to comply with policy requirements that inform two of the principles used for inspection by

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the Care Quality Commission. These appear complementary to the Nurse Staffing Levels (Wales) Act, 2016.

3.5 Within Powys, there are a number of ways in which the health board strive to ensure there are sufficient nurses to care for patients sensitively as required by the Act, these include:

- Strong, consistent, visible senior nursing leadership via the Professional Head of Nursing and team
- Regular review of staffing levels using professional judgement, triangulated with nursing metrics, for example, rate of pressure ulcers, falls, medication errors, safeguarding referrals, patient and staff experience, expressed through incident reporting, concerns, staff survey and soft intelligence, for example, morale
- Effective rostering accommodating the acuity and complexity of patient need, alongside efficient absence management, proactively in relation to annual leave, reactively in relation to sickness and at least daily review of staffing levels
- Workforce and Organisational Development led programmes of recruitment and workforce efficiency

3.6 Nursing sensitive quality indicators are regularly reported to the Experience Quality and Safety Committee, including hospital acquired pressure damage (grade 3, 4 and unstageable), falls resulting in serious harm or death medication related never events and complaints about nursing care resulting in patient harm.

Following interrogation of the incident reporting system using the criteria 'all community hospitals, Powys', does this incident concern Nursing Care (Y), Incident date 01 April 2019 to 31 March 2020, nurse staffing levels were not found to be a contributory factor in any incident reports generated.

Based on the above and the ways in which the health board strive to ensure there are sufficient nurses to care for patients sensitively, the Board can take a reasonable amount of assurance in relation to compliance with the Nurse Staffing levels (Wales) Act 2016.

Going forward, a Nurse Staffing Levels (Wales) Act group has been initiated, with the aim of greater coordination and oversight focussing on commissioned services in Wales, commissioned services in England, generating data and intelligence that assists in demonstrating the level of compliance within directly provided services and extension of the Act. The group will report into the Quality Governance Group and the Experience Quality and Safety Committee as required.

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### **NEXT STEPS:**

- A nursing establishment review is planned to optimise the nursing contribution to the provision of safe, quality care. This work, along with a wider emphasis on workforce, will report into the workforce efficiencies group and help inform the implementation of Workforce Futures.
- The establishment of a Nurse Staffing Levels (Wales) Act group, led by the Director of Nursing and Midwifery, bringing coordination and oversight to this agenda. The group will report into the Quality Governance Group and the Experience Quality and Safety Committee as required.
- The Director of Nursing will lead the all Wales workstream for district nursing and the senior nursing team will contribute to the remaining workstreams.
- The commissioning assurance frameworks will continue to mature with the aim of accurately understanding the quality of commissioned services.

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**Agenda item: 3.5a**

<b>Board Meeting</b>		<b>Date of Meeting: 30<sup>th</sup> September 2020</b>
<b>Subject :</b>	<b>Update of Delivery of Phase 2 Plan</b>	
<b>Approved and Presented by:</b>	Director of Planning and Performance	
<b>Prepared by:</b>	Assistant Director of Planning	
<b>Other Committees and meetings considered at:</b>	(This update has not been considered at other meetings; however the Phase 2 Plan has been considered at Delivery and Performance Group, Strategy and Planning Committee and PTHB Board in its first iteration for Q1 (June 2020) and second iteration for Q2 (July 2020).	

**PURPOSE:**

This report provides the Board with an update of delivery against the Phase 2 plan (July -September 2020).

**RECOMMENDATION(S):**

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

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

**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	✓

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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 delivery against the Phase 2 Plan, setting out the background and context, delivery arrangements and a detailed update on delivery against key areas of the plan.

## DETAILED BACKGROUND AND ASSESSMENT:

### Phase 2 Plan – Background

The Phase 1 Plan was originally approved by PTHB Board in May 2020 and submitted to Welsh Government in June 2020 to fulfil the requirement for an operational plan covering the Quarter 1 period (April – June 2020). It responded to the first iteration of the Welsh Government Operating Framework published in May 2020.

A Phase 2 Plan was further developed in June 2020 in response to the second iteration of the Welsh Government Operating Framework published in June 2020. This covered the Quarter 2 period (July – September 2020). This was considered by PTHB Strategy and Planning Committee on 9<sup>th</sup> July 2020 and subsequently submitted in draft form to Welsh Government on the same day. It was subsequently submitted to PTHB Board on 29 July 2020 and formally approved.

### Phase 2 Plan - Context

The Phase 2 Plan was developed to reflect the dual track approach recommended by the World Health Organisation, based on a 'proceed with caution' principle, remaining ready to provide care needed to prevent, diagnose, isolate and treat COVID-19 (Track 1) and addressing accumulated demand from services that were paused to reduce exposure to and provide care for during outbreak peaks (Track 2).

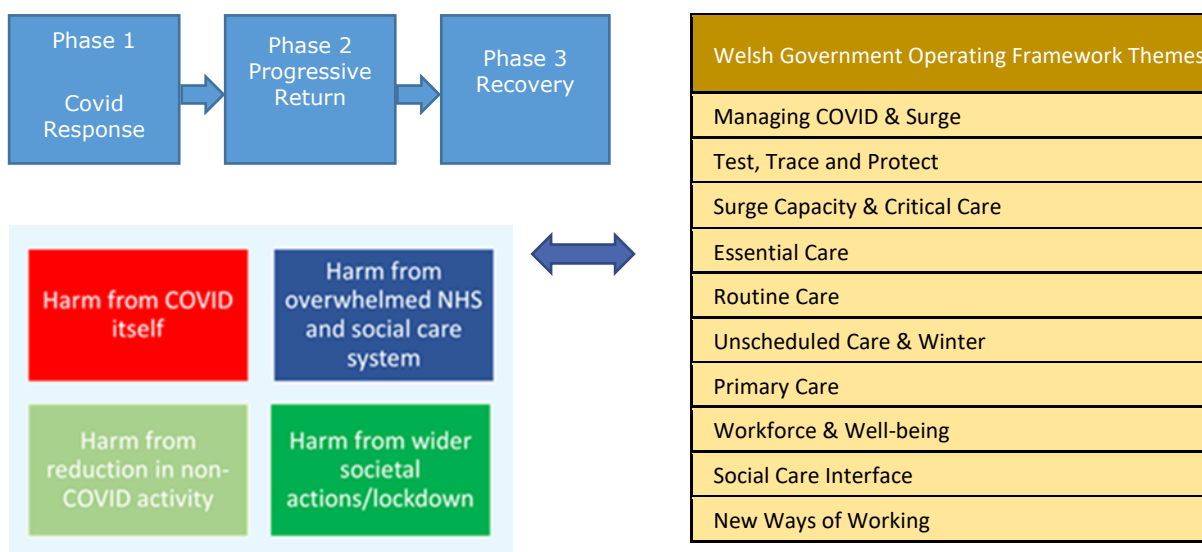
The Plan also reflected the unique circumstances of Powys as both a provider and a commissioning organisation and responded to the requirements of the Welsh Government Operating Framework for Quarter 2 in that context.

The Plan is shaped around the 'Four Harms' proposed by Welsh Government:

- Harm from the Covid-19 pandemic
- Harm from the risk of an overwhelmed health and social care system
- Harm from the reduction in non-covid activity

- Harm from the lockdown or wider societal actions

It responded to the themes set out in the Welsh Government framework:



The plan provided an overview of the health board's work on Test, Trace and Protect, a self-assessment for the delivery of essential services and the progressive recovery of non-essential routine care. It also described the ambition to recover in the longer term, with work being re-started on key strategic priorities in the shared Health and Care Strategy, 'A Healthy Caring Powys'. These include the re-shaping of the North Powys Well-being Programme and the response to the early opening of The Grange / Clinical Futures which became the South Powys Programme during the Phase 2 period.

The Phase 2 Plan was developed in the context of ongoing complexity and uncertainty nationally and internationally, with significant inter-dependencies with partner organisations in both Wales and England. The Plan set out the continued partnership working with Powys County Council and the Regional Partnership Board as well as other health boards and systems in NHS Wales and NHS England. This included work to support care homes as well as the wider harm from lockdown and societal actions and the re-starting of key areas of work for the Regional Partnership Board. The plan highlighted the support for collaboration across third sector organisations who have worked together to respond to the pandemic.

The health board plan built on 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. The third sector collaborations were also of key importance and for many people across Powys became the first line of response and support, particularly for people isolating or shielding. Phase 2 included the period of lockdown as well as the gradual easing of restrictions and the collective efforts of agencies and communities were reflected in the planning framework which is described in more detail below.

## **PTHB Delivery Arrangements for Phase 2**

A Strategic Gold Group, chaired by the Chief Executive was established to manage the response to the Covid-19 pandemic and this has continued throughout Phase 2. This group determines the overall strategy and approach for the management of the health board's response.

For Phase 2 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.

The Phase 2 Plan was underpinned by delivery principles defined at PTHB Strategic Gold Command for the Phase 2 period:

- 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

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The PTHB Planning Framework for Phase 2 is set out below:

### Framework for Phase 2 Response Planning

1.	Test, Trace and Protect	Leadership & Management	Expert Advice & Guidance	Contact Tracing	Testing	Enablers	Outcomes and Experience
2.	Harm from COVID itself	Clinical Response Model	Rehabilitation and Recovery Pathways	Care Homes and Enhanced Settings	Early Warning System and Modelling		
3.	Harm from overwhelmed NHS and social care system	Planning and Operating Framework	New Ways of Working	Core Support Services	Workforce	Health, Safety & Wellbeing	
4.	Harm from reduction in non-COVID activity	Planning Non COVID Services	Regional, DGH and Specialist Services	Powys Provider			
5.	Harm from wider societal actions/lockdown	Leadership and Management	Safeguarding & Vulnerable Groups	Children's Wellbeing	Emotional Health and Wellbeing		

Delivery is tracked using an Implementation Plan which is overseen at Strategic Gold Group. This was initially updated and reported on a weekly basis to Gold during the Quarter 1 period of Phase 2; it is now updated and reported on a fortnightly basis.

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

#### Test Trace and Protect

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

#### Quarter 2 achievements

##### *Leadership and Management*

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

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### *Testing*

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

### *Tracing*

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

### *Outcomes & Experience*

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

### *Enablers*

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

## **Harm from Covid**

This section details plans to manage harm from Covid itself, at current or decreasing levels and in the event of increased prevalence of the disease. This includes the clinical response model and core services support model and additional surge capacity to meet demand if required. Support plans were also developed for care homes including testing, primary care and therapy input and the management of Section 33 arrangements. Delivery of rehabilitation and recovery care was also included in the Phase 2 Plan, for those who have had Covid-19, with the aim of enabling people to return to their optimal level of independence and well-being.

## **Quarter 2 achievements**

### *Clinical Response Model*

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

### *Rehabilitation and Recovery*

- Rehabilitation pathways to support Acute COVID-19

### *Care Homes and Enhanced Settings*

- Capacity in place to support hospital discharge process in relation to step up and step down beds
- COVID-19 testing protocol in place for residential care settings which is consistent with Welsh Government policy
- Primary care input into care homes monitored in line with the DES
- Community therapy teams supporting respiratory need in nursing homes
- NHS Wales perspective on care home sustainability developed

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- Commissioning Assurance Framework for Care Homes as set out in Section 33 implemented

#### *Early Warning System and Modelling*

- Early Warning system developed and implemented- 'triggers' / escalation plan linked with R value, surveillance data and other intelligence

### **Harm from an Overwhelmed NHS and Social Care System**

This section sets out the progressive recovery to the long-term shared Health and Care Strategy, A Healthy Caring Powys. This includes the re-shaping of the North Powys Well-being Programme and response to the earlier opening of The Grange with impacts on South Powys pathways, which became a formal Programme of work in Quarter 2. It also includes the Capital programme.

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

### **Quarter 2 achievements**

#### *Planning and Operating Framework*

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

#### *New ways of working*

- Access to patient information via WCP (welsh clinical portal) for our cross border partners was enabled for out of hours GP Services
- Rapid deployment of Microsoft teams to work collaboratively and stay connected
- Attend anywhere to deliver video consultations
- Consult connect and tablets to enable patients to stay connected

#### *Core Support Services*

- Transport plan developed to support Clinical Response Model Phase 2
- Community Hospital Oxygen Supply & Ventilation System in place
- Home Oxygen model agreed and supply distributed
- VIE Oxygen procured for Llandrindod, Welshpool and Llandrindod sites.
- Remote working and Office 365 implemented
- Attend Anywhere implemented
- Consultant Connect implemented
- Opportunities for further digital acceleration explored i.e. virtual clinics

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### *Workforce, Health & Safety and Well-being*

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

### **Harm from reduction in Non Covid Activity**

This section describes the Powys Delivery Framework as both a direct provider and a commissioner of healthcare for the Powys population. There is a summary of the comprehensive assessment and modelling undertaken for primary care, essential and routine services, within Powys and across the whole system of neighbouring providers, District General Hospitals and specialised care. It sets out provisions for unscheduled care and outlines the principles and key actions to be developed as part of winter preparedness.

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

### **Quarter 2 achievements**

#### *Planning Non Covid Services*

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

#### *Regional, DGH and Specialist Services*

- Participation in cross-border arrangements including system resilience and response structures in Shropshire, Telford and Wrekin and Herefordshire and Worcestershire
- Information strengthened with regards to Powys residents testing and deaths related to Covid-19 deaths out of county
- PTHB demand built into the modelling for main District General Hospital providers in both England and Wales
- Arrangements in place to work collaboratively with Welsh Government, WHSSC and other health boards regarding access for Powys residents
- Discharge arrangements in place in line with Government guidance
- Mapping and risk assessment of essential clinical guidance issued by Welsh Government for Powys population
- Liaison with main providers (15 providers across 5 health economies in England and Wales) to understand and log pathway / service changes
- Graduated plan for re-establishing commissioning arrangements in place
- Whole system maternity assurance arrangements in place

- 20/21 Long Term Agreement / Service Level Agreement approach revised in light of the pandemic and civil contingencies arrangements
- Revised financial plan for District General Hospital services developed
- Access to specialised services for super vulnerable clarified
- Arrangements for vulnerable children out of county maintained
- Revised NHS Wales and NHS England reporting requirements and statutory performance reporting requirements confirmed

#### *Powys Provider*

- Service responses developed and implemented at pace as per Clinical Response model
- Rapid innovations developed and implemented including hot assessment and hot clinic sites
- Continuation of services for life critical and essential care including mental health, community and primary care
- Further appraisals carried out throughout Phase 2 and Quarter 2 Plan included assessment of demand and capacity in relation to restoration of services and backlog
- Alternative delivery mechanisms put in place at pace including range of digital solutions across primary and community services where appropriate

### **Harm from wider societal actions / lockdowns**

This section provides information relating to the key partnerships and social care interface, as well as information on the third sector including the C-SERT initiative established in response to the Covid-19 pandemic. The delivery of actions to ensure safeguarding and children's well-being was a continued key area of focus for Quarter 2.

### **Quarter 2 achievements**

#### *Leadership and Management*

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

#### *Safeguarding & Vulnerable Groups*

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

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- Implemented rehabilitation pathways to support any harm from lockdown and other pathways

#### *Emotional Health and Wellbeing, Children's Well-being*

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

#### Performance, Finance and Risk Management

The Phase 2 Plan also includes the Covid-19 Financial position and forecast and the performance position and plan, these are reported in detail to PTHB Board in separate papers. Risk management arrangements are also described in the Phase 2 plan in relation to both the Covid-19 Risk Register and alignment with the Corporate Risk Register. These are reported separately to Board.

#### **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.

Work is underway currently to ensure that the response plan for the Quarter 3 and 4 period, which will be the 'Winter Protection Plan', reflects this complexity and addresses the continuing immediate priorities of responding to Covid 19, alongside the reset of NHS services and winter preparedness.

In the long term, this also continues to be shaped by our shared Health and Care Strategy, A Healthy Caring Powys. 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.

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<b>BOARD MEETING</b>		<b>Date of Meeting: 30<sup>th</sup> September 2020</b>
<b>Subject:</b>	<b>Performance Overview against National Outcome Framework – Month 5, 2020/21</b>	
<b>Approved and Presented by:</b>	Director of Planning and Performance	
<b>Prepared by:</b>	Lead Performance Analyst	
<b>Other Committees and meetings considered at:</b>	Scheduled for Performance and Resources Committee, 6 <sup>th</sup> October 2020.	

**PURPOSE:**

This report is to be used for information and provides a brief update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position for Powys Teaching Health Board month 5 2020/21, and a high-level overview of COVID performance.

**RECOMMENDATION(S):**

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

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

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

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

**EXECUTIVE SUMMARY:**

This report provides the Board with a performance update against the 2020/21 NHS Delivery Framework which is now based on the Single Integrated Outcome Framework for Health and Social care and the Healthier Wales quadruple aims.

The following pages provide a brief update on the changes for this year, and the health board's performance against the 4 new aims and their measures.

The dashboard sets out the levels of compliance against the domains in the National Framework. Using this data, we highlight performance achievements and challenges at a high level, as well as brief comparison to the All Wales performance benchmark where available.

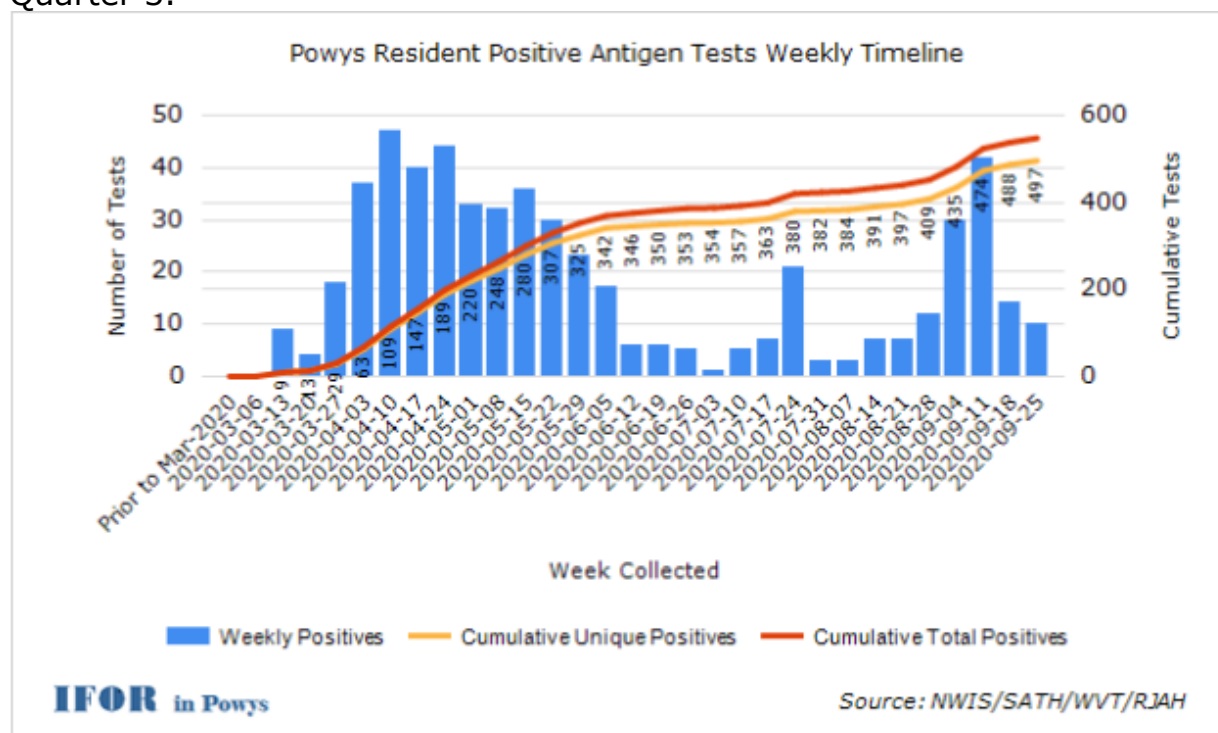
This continues to be an interim process as a result of the COVID pandemic in the absence of the regular Integrated Performance Report. The report also includes a high-level summary of COVID performance.

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## DETAILED BACKGROUND AND ASSESSMENT:

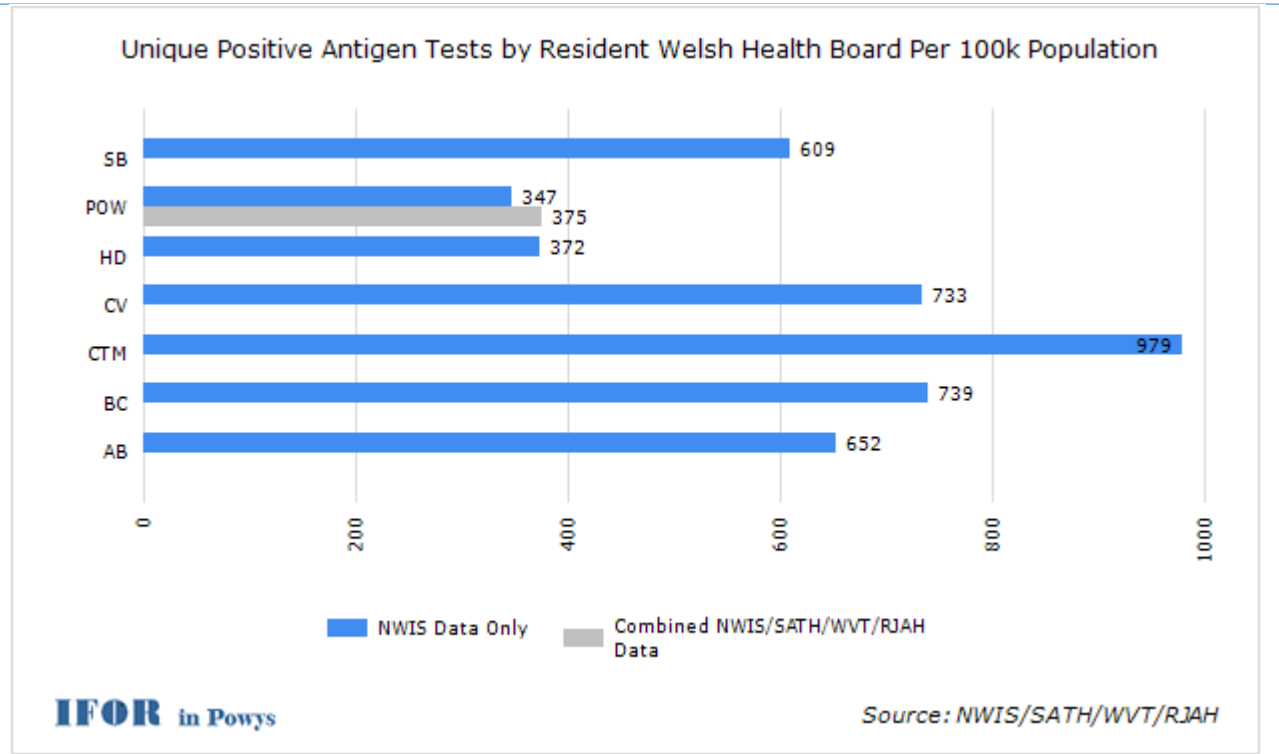
### COVID-19 Powys Resident Positive Cases – 24/09/2020

The latest position for COVID shows cumulatively 497 unique residents have had a positive test outcome. The graph below shows the incidence of positive tests remained low following the first peak of infections during Quarter 2 & Quarter 3.



\*N.B Incomplete data for week 25/09/20.

The rate of positive cases per 100k by health board residency displays that the infection rate for Powys is one of the lowest in Wales.

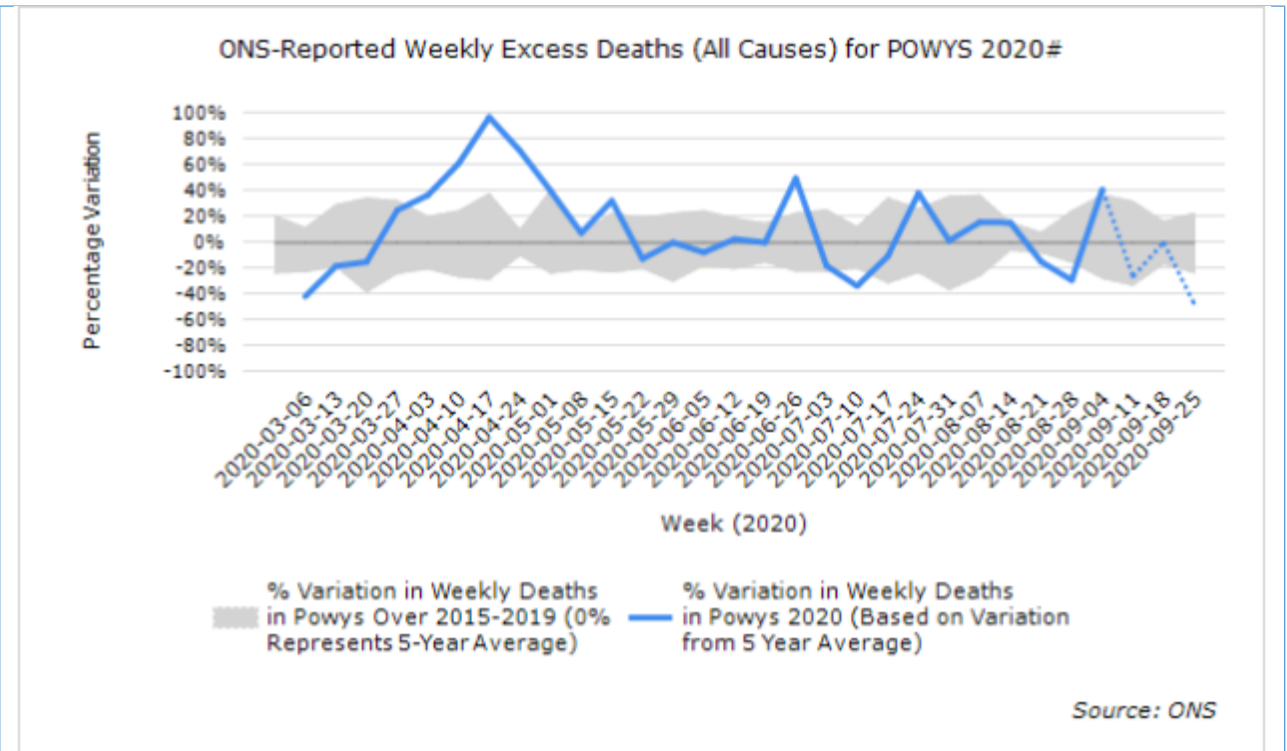


### Resident Deaths – Source ONS

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

In Powys the cumulative total deaths reported from COVID is 100 since the pandemic started. Predominately the peak of resident COVID deaths occurred within the care home setting during April and May. The below graph shows the maximum and minimum range of weekly deaths over the previous 5 years 2015-2019 as a percentage range (grey bar) and the % variation observed deaths over or under the average of what would normally be expected (blue line). We can see that during the April and May period COVID caused excess deaths within the population. Since this spike excess deaths have remained predominately within expected values.

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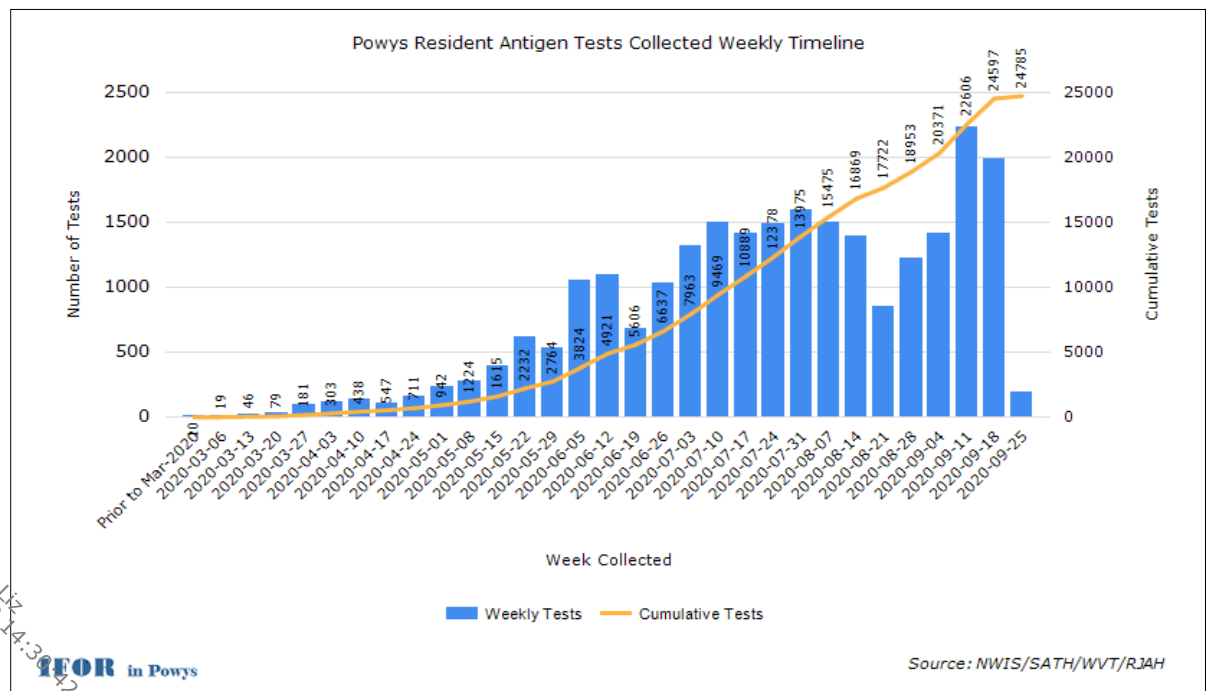


## TEST, TRACE, PROTECT

The COVID-19 seven-day case incidence rate for the week ending 19<sup>th</sup> September was **6.8 cases per 100,000 population**. The test positivity rate was **0.7%**.

Two thousand tests were performed on Powys residents during the week ending 18<sup>th</sup> September. A timeline of weekly testing is shown below.

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





*\*N.B Incomplete data for week 25/09/20.*

In the first three weeks of September, **67 positive cases** were identified for contact tracing, of which **89%** were followed up within 24 hours. Contact tracing identified **371 contacts**, of which **80%** were followed up within 24 hours.

## **NHS DELIVERY FRAMEWORK PERFORMANCE**

The NHS Delivery Framework has had significant changes for 2020/21. In the previous years the reportable delivery measures fell under seven domains

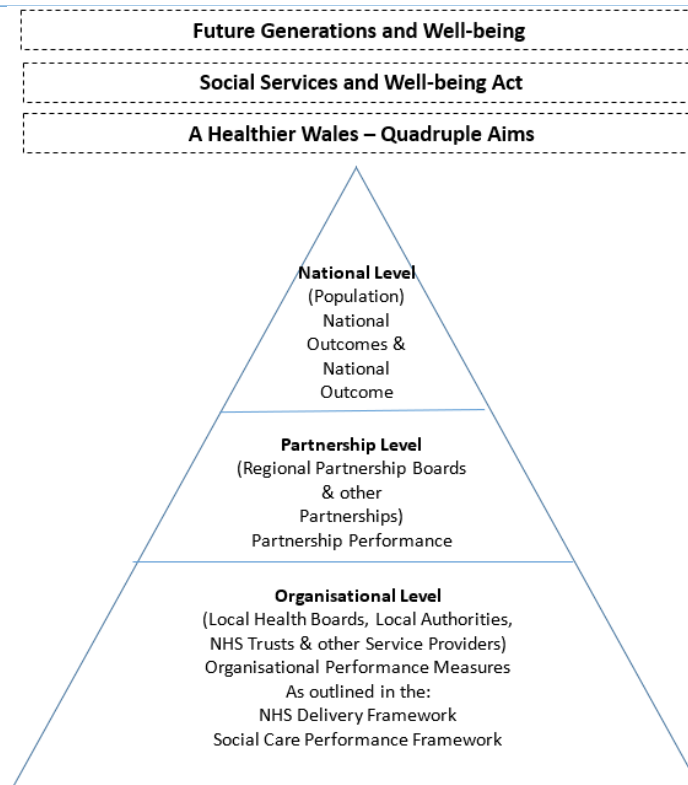
- **Staying Healthy**
- **Safe Care**
- **Effective Care**
- **Dignified Care**
- **Timely Care**
- **Individual Care**
- **Our Staff and Resources**

These domains and their measures were mapped to the health board strategic objectives.

Prior to the outbreak of COVID Welsh Government worked towards the development of a new Single Integrated Outcome Framework for Health and Social Care (SIOF). This framework aimed to enable the service integration of social and health supporting 'A Healthier Wales' which is a new quadruple set of aims with their associated outcomes, indicators and performance measures, these would allow an improved measure of the health and well-being of people in Wales.

The SIOF will reflect performance at three different levels, national, partnership and organisational.

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The NHS Delivery Framework is part of the organisational level and will be used to measure the NHS in Wales.

Changes for the delivery measures include an emphasis on outcome rather than evaluation.

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

- **Quadruple Aim 1:** People in Wales have improved health and well-being and better prevention and self-management.
- **Quadruple Aim 2:** People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.
- **Quadruple Aim 3:** The health and social care workforce in Wales is motivated and sustainable.
- **Quadruple Aim 4:** Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes.

It should be noted that the Delivery Framework and its measures were set out prior to the COVID pandemic, it is expected that the resulting impact and

challenge to the NHS has triggered national workplans to provide revision of existing systems such as risk stratifying of waiting lists as a long-term plan, and further rules or processes to optimise patient outcomes.

## **PTHB Performance**

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

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

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

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

- The percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 met the nationally set target. Even with the challenge of COVID during Q1 2019/20 the levels of vaccination have remained robust with performance above national average the provider is ranked 2<sup>nd</sup> in Wales.

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- The percentage of children who received 2 doses of the measles mumps & rubella (MMR) vaccine by age 5 has not met the national target. The provider has the highest level of uptake in Wales and has shown slow but steady improvement over the last five quarters, the national average is 92.4% and PTHB ranks 1<sup>st</sup> in Wales.
- Smoking cessation services have shown that cumulatively at the end of 2019/20 more patients have attempted to quit smoking. With national campaigns, and the highlighted risk of smokers from COVID we see an improved uptake, the health board has achieved a +1% uptake increase on 2019/20. CO-validated quitters at 4 weeks did not meet the national target (40%) with 37.7% compliance, this is still an improved position on the equivalent period 2018/19.
- Reviewing the uptake of influenza vaccination in Powys at the end of 2019/20 we can clearly see that increased uptake has occurred on all measures except clinical staff. Where the national target has not been met for +65 years and <65 years at risk we are benchmarked closely to the national average or slightly above. Pregnant women and staff uptake were very good in comparison nationally. It is expected that the national drive and associated COVID risk should see the performance levels improve through 2020/21.
- The new cancer screening measures added for 2020/21 show that in 2018/19 Powys Teaching Health Board had similar uptake to screening as the national picture.
- The Mental Health Part 2 measure focuses on the care treatment plan (CTP) compliance for health board patients, as part of the 2020/21 framework revisions all Mental Health is reported within two distinct age categories under 18 and 18+. Monthly performance for CTP has been broadly compliant although there are occasions when the target was not met since April. Ongoing work is being carried out by the Mental Health Team to assess and improve performance.
- Estimated dementia diagnosis by GP's remains low when compared to the 54.7% national average during 2018/19. Powys Teaching Health Board reports a downward trend ranking 7<sup>th</sup> overall in Wales.

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

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

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

- Measure 17 the percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS and Measure 18 - Percentage of children regularly accessing NHS primary dental care within 24 months are both new to the 2020/21 outcome framework. Further work with their respective leads will be required to assess, analyse and provide further narrative for Quarter 4.
- WAST performance against Red 8 minute calls has not met the target required since May 2020, various challenges including geography (location), ambulance handover times at DGH's and other complications including low number variation regularly resulting in poor compliance against the target.
- MIU access compliance remains excellent, the COVID pandemic caused process change with complications of PPE, social distancing etc. Numbers attending MIU's were reduced during April and May but patient numbers accessing the service have risen to approximately 50% of previous activity levels across all MIU's. For patient access into non-Powys major A&E units the under 4 hour compliance remains similar to August 2019 (77.68%), what should be noted is that patients waiting +12 hours has fallen significantly with only 26 waiting longer during August 2020 (overall numbers of attendances are slightly reduced when compared to equivalent period 2019/20).
- Diagnostic performance, the number of patients waiting over 8 weeks has stabilised slightly during month 5 with 354 patients breaching the national target of zero. The largest cohort of patients breaching are for Non-Obstetric ultrasound (208) where COVID caused a significant impact and backlog of patients, some of the challenges include in-reach service restoration, PPE and social distancing limitations. Endoscopy services are being restored in South Powys focusing on urgent and USC patients, capacity has now reached 50% of pre covid levels. All diagnostic referrals, and waiting patients are risk stratified to provide the safest service possible, but the COVID challenge of PPE, distancing and facility cleaning between patients results in limiting throughput. The All Wales pictures is significantly challenged with 62k Welsh residents waiting over 8 weeks, PTHB residents will be within this cohort waiting for CT, MRI and other scans or diagnostics that are not available locally, or are delayed due to COVID restrictions around aerosol generating procedures (AGP).
- Therapies performance has improved slightly since the peak of 986 breaches in June, 30% more patients are now on the waiting list when compared to the start of the year. Work around virtual solutions e.g. Attend Anywhere is being rolled out, dietetics as an example has been a keen advocate to use this system. Ongoing robust clinical triage and risk stratification continues in line with national COVID guidance to maintain care quality and reduce backlog.

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- The latest validated provider RTT position for August is that 48.6% of 3865 patients were waiting less than 26 weeks, but the number of patients that had waited 36+ weeks increased to 867. The challenge remains that services were suspended during the initial COVID phase, this resulted in a backlog and presently restoration of services cannot provide enough capacity to resolve this in the short term. The All Wales picture is that this cohort of patients continue to wait within their treatment pathways. Further challenges are linked to uptake of virtual solutions both technical and patient access, AGP procedures are limited or suspended and the reliance on in-reach consultant services provide a further challenge for PTHB. The All Wales position is similar to PTHB with 48.2% of patient waiting under 26 weeks, and over 148k patients waiting longer than 36 weeks. With the challenges to the NHS system for patient waits, urgent work is being carried out on outpatient transformation, including the development of new national patient prioritising rules/systems (risk strategies). As a provider of care the health board ensures the risk stratification is being carried out on our waiting lists & referrals and we fully engage in the national process for our Commissioned patient care.

Table summarising RTT performance as a provider:

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

RTT waits - Open Pathways Snapshot August 2020					
Source: NWIS	Under 26 weeks	26-35 weeks	36 - 52 weeks	52+ weeks	Total
Specialty					
100 - GENERAL SURGERY	250	111	101	6	468
101 - UROLOGY	97	61	43	0	201
110 - TRAUMA & ORTHOPAEDICS	294	220	169	< 5	685
120 - ENT	341	240	76	< 5	658
130 - OPHTHALMOLOGY	329	188	197	7	721
140 - ORAL SURGERY	66	97	112	< 5	279
143 - ORTHODONTICS	16	22	31	0	69
191 - PAIN MANAGEMENT	38	0	0	0	38
300 - GENERAL MEDICINE	22	20	< 5	0	44
320 - CARDIOLOGY	77	57	38	0	172
330 - DERMATOLOGY	35	18	32	< 5	86
410 - RHEUMATOLOGY	65	16	< 5	0	82
420 - PAEDIATRICS	32	< 5	0	0	35
430 - GERIATRIC MEDICINE	26	11	30	0	67
502 - GYNAECOLOGY	191	55	14	0	260
Total	1879	1119	846	21	3865

Table summarising Commissioned RTT position:

Commissioned RTT position - Source NWIS			
Latest Snapshot	Aug-20		
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
Aneurin Bevan Local Health Board	52.8%	350	79
Betsi Cadwaladr University Local Health Board	39.6%	80	63
Cardiff & Vale University Local Health Board	41.2%	98	30
Cwm Taf Morgannwg University Local Health Board	40.2%	97	38
Hywel Dda Local Health Board	48.8%	214	38
Swansea Bay University Local Health Board	40.6%	343	167
Latest Snapshot	Jul-20		
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
English Other	69.7%	18	3
Robert Jones & Agnes Hunt Orthopaedic & District Trust	62.3%	303	0
Shrewsbury & Telford Hospital NHS Trust	56.9%	530	0
Wye Valley NHS Trust (Jun-20)	65.9%	288	33
WVT latest position Jun-20			

- The Commissioned RTT position for our residents mirrors the local challenge, a large cohort of patients remains in the system as back log. All providers are challenged to restore capacity with urgent cases taking the clinical priority.
- Follow-up (FUP) outpatient measure performance is currently not a reliable indicator due to the COVID impact. The total number of FUP's waiting has reduced but this is a result of service suspension. The real risk/challenge is that FUP patients are waiting longer due the capacity challenges of the service e.g. risk stratification, in reach service limitations are reducing capacity and prioritising patients. Further work is also being undertaken to validate lists with clinical input.
- The Eye care service in Powys has been a positive story of restoration and recovery, in the adverse COVID environment with support from optometry (community and hospital optometry) for WET AMD and glaucoma management/risk stratification, patient care and quality has been good. The health board did not meet the national measures target on R1 patients waiting within their clinical date target date

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(83.6%) but performed significantly higher than the All Wales average by nearly 40%. WET AMD capacity is now reaching 100% with no delays, and cataract capacity is running at 60% of pre COVID levels.

- Mental Health performance has remained robust so far in 2020/21, the performance of CAMHS has ensured that 95% of young people wait less than 28 days for an outpatient department appointment, against the 80% national target. Mental Health part 1 assessments are 100% compliant in both under 18 and 18 and older categories. For therapeutic interventions under 18's is also 100% compliant, but for 18+ there has been a significant challenge. Performance for the 18+ category has steadily improved to 73.5% when compared to 12 months ago (41.3%). Further work is being undertaken to improve performance for patients with longer waiting times and ongoing improvement is expected to result in a more positive picture in Quarter 4.
- Powys Teaching Health Board's neurodevelopment service for children prior to COVID had the highest performance position in Wales. With the impact of COVID, the service was suspended and has been significantly affected, latest data for August shows that only 14% of patients are still waiting less than 26 weeks. Across Wales the performance for this measure has also dropped significantly to 30.6% in July 2020, only ABUHB has continued to meet the target. There is currently a plan in development to rectify the position as quickly as possible.
- National DTOC reporting has been suspended, the health board continues to track performance locally and there is a strong operational focus on managing flow. Assurance of delays is now carried out in a weekly capacity snapshot with Welsh Government.
- For the safety and quality measures around infections PTHB continues to report low levels of incidence, the health board is not nationally benchmarked.

## **Cancer**

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

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

During COVID all Cancer services in Wales were affected and the number of referrals reduced as emergency cases flowed directly into DGH's referred by Primary Care. Latest data shows that during August 14 USC referrals were

received, and during the same period 23 patients were downgraded following a USC referral. With the impact on in-reach consultants and DGH based diagnostics this has adversely affected wait times and locally the speed of confirmation of downgrade. The compliance for downgrade within the recommended 28-day period was only 26% and work is in progress to improve compliance against this measure.

For the reported care of Commissioned patients waits in Wales 88% of our residents in July-20 were treated within 62 days on the USC pathway, and 83.3% were treated within 31 days on the NUSC pathway

For English providers 3 breaches were reported in Wye Valley NHS Trust during June and 1 further breach in Shrewsbury and Telford NHS Trust. All English breaches had a root cause analysis carried out to provide assurance of care pathways.

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

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider					Performance		Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest available	12month Previous	Previous Period	Current	Ranking	All Wales
50	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2019/20	93.1%		87.9%	5th	88.60%
53	Performance Appraisals (PADR)	85%	Aug-20	77.6%	72.6%	72.5%	4th (May-20)	62.1% (May-20)
55	Core Skills Mandatory Training	85%	Aug-20	81.97%	85.25%	85.35%	3rd (May-20)	79.7% (May-20)
57	(R12) Sickness Absence	12m↓	Aug-20	4.56%	5.07%	5.05%	3rd (May-20)	5.96% (May-20)
60	Concerns & Complaints	75%	Q1 20/21	63%	44%	45%	9th	58.6%
Local	Serious Incidents Compliance	90%	Aug-20	0%	66%	0%		

- PADR compliance has not met the national target in August, it is expected that the challenges continue to be linked to remote working, redeployment, sickness and recording consistency.
- Staff members continue to meet their mandatory core skills and training requirements against the national target of 85%. Performance has remained consistent and the health board ranks above the national average and is in a robust position when compared to other health boards.
- The rolling 12 figure for sickness is reported at 5.05% in August, this slight improvement remains within the predicted performance for this period of the year.
- The health board's compliance to complaints that receive a final reply within 31 days has remained non-compliant against target, in Q1 we

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were 45% compliant (local data) against the 75% national target. In comparison to other health boards in Wales we rank poorly against the national average of 58.6%.

- Serious incident compliance has been removed from the 2020/21 NHS Delivery Framework as a reportable measure, but with ongoing need to improve performance it has been retained as a local measure. During August compliance was 0%, two cases required assurance within this time period but the investigations were complex and fell outside the best practice timescales.

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

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider					Performance		Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest available	12month Previous	Previous Period	Current	Ranking	All Wales
61	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	37	Q4 19/20	34		10	10th	total 14,280
62	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	1	Q4 19/20	0		0	8th	total 858
63	Crude hospital mortality rate (74 years of age or less)	12m↓	Jul-20	1.9%	2.6%	3.0%	Not applicable	1.20%
68	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q4 19/20	95.8%	96.7%	96.0%	6th	98.10%
69	Total antibacterial items per 1,000 STAR-PUS	267.6↓	Q4 19/20	260.8	262.4	260.6	1st	307.5
70	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q4 19/20	285	475	483	1st	total 10,006
72	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q4 19/20	4011.3	4086.7	3926.2	2nd	4428.5
76	R12 Number of procedures postponed for specified non-clinical reasons	<=81 Mar-21	Aug-20	82	66	63	*1st	*13,015
77	Agency spend as a percentage of the total pay bill	12m↓	May-20	5.0%	4.8%	4.6%	7th (May-20)	4.08% (May-20)
78	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual improvement	2019/20	93.80%		95.9%	2nd	93.9%

- The uptake of patients for Health care research did not meet the required targets, it should be noted that during 2019/20 only three active studies were undertaken in Mental health and Primary care. When compared to 2018/19 there were 7 studies carried out in Powys.
- Crude Mortality rate in the health board has consistently increased through 2020/21 to 3.0% in August 2020, this is the highest reported position of any health board in Wales although PTHB is not officially benchmarked by Welsh Government. The measure of reduction from a

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service perspective will be hard to achieve for PTHB with on-site palliative care services, and a reduction in the overall number of admissions (e.g. denominator has reduced). Detailed Mortality reporting is undertaken through the Experience, Quality and Safety Committee.

- Powys performance in relation to new medicines, is at 96.0% (Q4 2019/20). This does not meet the required performance level of 100% for new medicines recommended by AWMSG and NICE being made available within 2 months of publication of NICE Final Appraisal Determination or the AWMSG appraisal but is an improvement when compared to the equivalent time period 12 months prior.
- For antibacterial prescribing, a slightly reduced rate of 260.6 in Q4 2019/20 meets the national target, the health board is ranked 1<sup>st</sup> in Wales.
- Prescriptions for antipsychotics in the 65+ patient age group have increased in Q4 2019/20 to 483, this is a significant increase from Q4 2018/19. It should be noted that although we have prescribed the least in Wales and rank 1<sup>st</sup> our resident population is smaller, nationally the number of prescriptions has increased quarterly for the last year.
- PTHB are compliant for the new Opioid measure with 3926.2 per 1000 patients in Q4 2019/20 against the national target of 4 quarter reduction, the health board is ranked 2<sup>nd</sup> in Wales.
- The number of procedures postponed for non-clinical reasons is meeting the target of less than 81. However, with the suspension of day case theatre procedures, this is because no cancellations have been made since March 2020.
- The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has not been met with a peak in March to 9.7%. We rank 7<sup>th</sup> in Wales and in May-20 reported 4.61% against the national figure of 4.08%.
- Powys Teaching Health Board consistently provides good compliance to coding requirements, in June 100% of records were coded with a valid primary diagnosis code within the required target. This exceptional and consistent performance does not adversely affect the quality of the coding. During 2019/20 coding accuracy improved to 95.9% where the health board ranks 2<sup>nd</sup> in Wales, the national average is 93.9%.

#### **NEXT STEPS:**

The landscape of care as a result of COVID has dramatically altered, with the fragility of service restoration and ongoing back log pressures this will result

in Q3 and Q4 being challenging, especially with normal winter pressures compounded by COVID.

In response Welsh Government are driving a rapid process of change, including the modernisation of electronic systems and virtual access, this has affected the way patients receive their care in Wales. To measure patient outcomes, the health board will respond to new WG performance management arrangements for example by including the modernisation of patient access policies to meet the rapidly evolving environment. The changes will be implemented by operational teams to ensure the best possible patient outcomes are attained.

Data on mortality, testing and tracing in relation to COVID-19 will continue to be monitored on a weekly basis. Case incidence and test positivity rates will be monitored daily as part of a national system of alert and escalation.

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# Powys THB Finance Department

## Financial Performance Report

### Board Item 3.6

**Period 05 (August 2020)**  
**FY 2020/21**

**Date Meeting: 30<sup>th</sup> September**

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<b>Subject:</b>	<b>FINANCIAL PERFORMANCE REPORT FOR MONTH 5 OF 2020-21</b>
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Assistant Director of Finance
Other Committees and meetings considered at:	Performance & Resources Committee Board

<b>PURPOSE:</b>
This paper provides the Board/Committee with an update on the August 2020 (Month 5) Financial Position including Financial Recovery Plan (FRP) delivery.
<b>RECOMMENDATION:</b>
<p>It is recommended that the Board/Committee:</p> <ul style="list-style-type: none"> <li>• DISCUSS and NOTE the Month 5 2020/21 financial position.</li> <li>• NOTE that actions will be required in 2020/21 to ensure full achievement of any brought forward and in year savings targets.</li> <li>• NOTE and APPROVE Covid-19 Revenue and Capital position in main report and TTP in appendix 1 on Year To Date and forecast position reported.</li> <li>• NOTE risk on delivery of balance position at 31<sup>st</sup> March 2021</li> </ul>

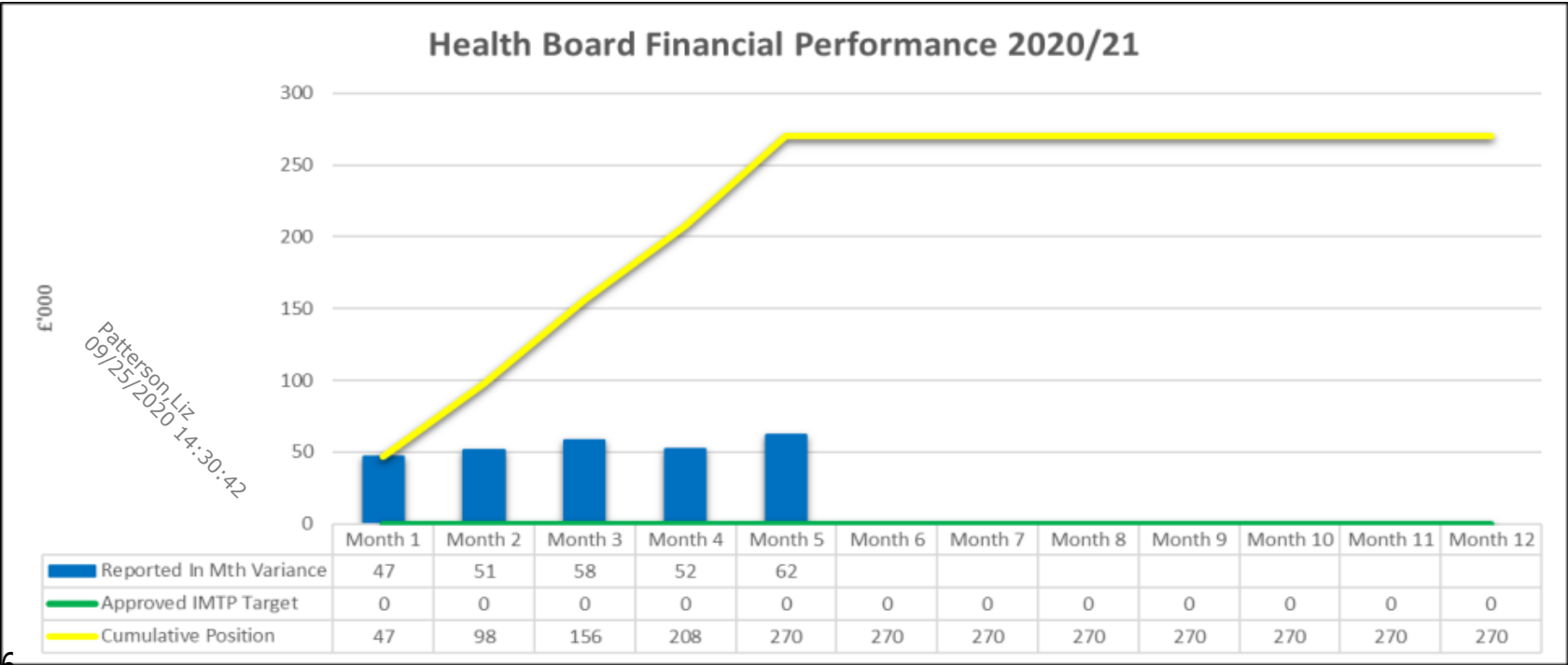
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
<b>Strategic Objectives:</b>	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative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

Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Amber	62	↑
Reported Year To Date financial position – deficit/(surplus) – Amber	270	↑
Planned year end forecast – deficit/(surplus) – Forecast Green	0	→

Capital		
Financial KPIs : To ensure that the costs do not exceed the capital resource limit set by Welsh Government	Value £'000	Trend
Capital Resource Limit	2,200	→
Reported Year to Date expenditure	573	↑
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 19<sup>th</sup> March 2019. The plan is balanced and represented by the green line of the chart opposite.

Spend in relation to Covid -19 is included in the overall position but is offset by an anticipated allocation for WG, so is not directly contributing to the £0.270m overspend in Mth 5.

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

PSPP – only reported on a quarterly basis and no change to the reported position from Mth 3.



## Overall Summary of Variances @ Mth 4 YTD £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(142,142)	(142,142)	0
02 - Capital Donations	(54)	(54)	0
03 - Other Income	(2,425)	(1,898)	527
<b>TOTAL INCOME</b>	<b>(144,621)</b>	<b>(144,094)</b>	<b>527</b>
05 - Primary Care - (excluding Drugs)	16,809	16,422	(387)
06 - Primary care - Drugs & Appliances	11,808	12,892	1,084
07 - Provided services -Pay	33,691	32,874	(818)
08 - Provided Services - Non Pay	10,515	9,026	(1,489)
09 - Secondary care - Drugs	419	397	(22)
10 - Healthcare Services - Other NHS Bodies	57,767	58,940	1,173
12 - Continuing Care and FNC	5,990	6,248	258
13 - Other Private & Voluntary Sector	1,282	1,227	(56)
14 - Joint Financing & Other	4,856	4,856	(0)
15 - DEL Depreciation etc	1,461	1,461	0
16 - AME Depreciation etc	21	21	0
18 - Profit\Loss Disposal of Assets	0	0	0
<b>TOTAL COSTS</b>	<b>144,621</b>	<b>144,365</b>	<b>(257)</b>
<b>TOTAL</b>	<b>(0)</b>	<b>270</b>	<b>270</b>

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

Workstream	Original 2020/21 £
Medicines Mangt	492,339
Pathways	2,629,623
Procurement, Non Pay & CHC	741,558
Workforce Efficiency	1,623,916
<b>Total</b>	<b>5,487,436</b>

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

As result C-19 outbreak a full review of all schemes is undertaken monthly and using information available at each point it is assessed that likely delivery for 20/21 would be £1.746m based on a number assumptions

## Revised Planned Scheme 2020/21 = **£1.746m**

Workstream	Revised 2020/21 £
Medicines Mangt	206,113
Pathways	664,179
Procurement, Non Pay & CHC	216,299
Workforce Efficiency	659,900
<b>Total</b>	<b>1,746,492</b>

Note - £1.746m assumes delivery of 1 red scheme totalling £0.118m

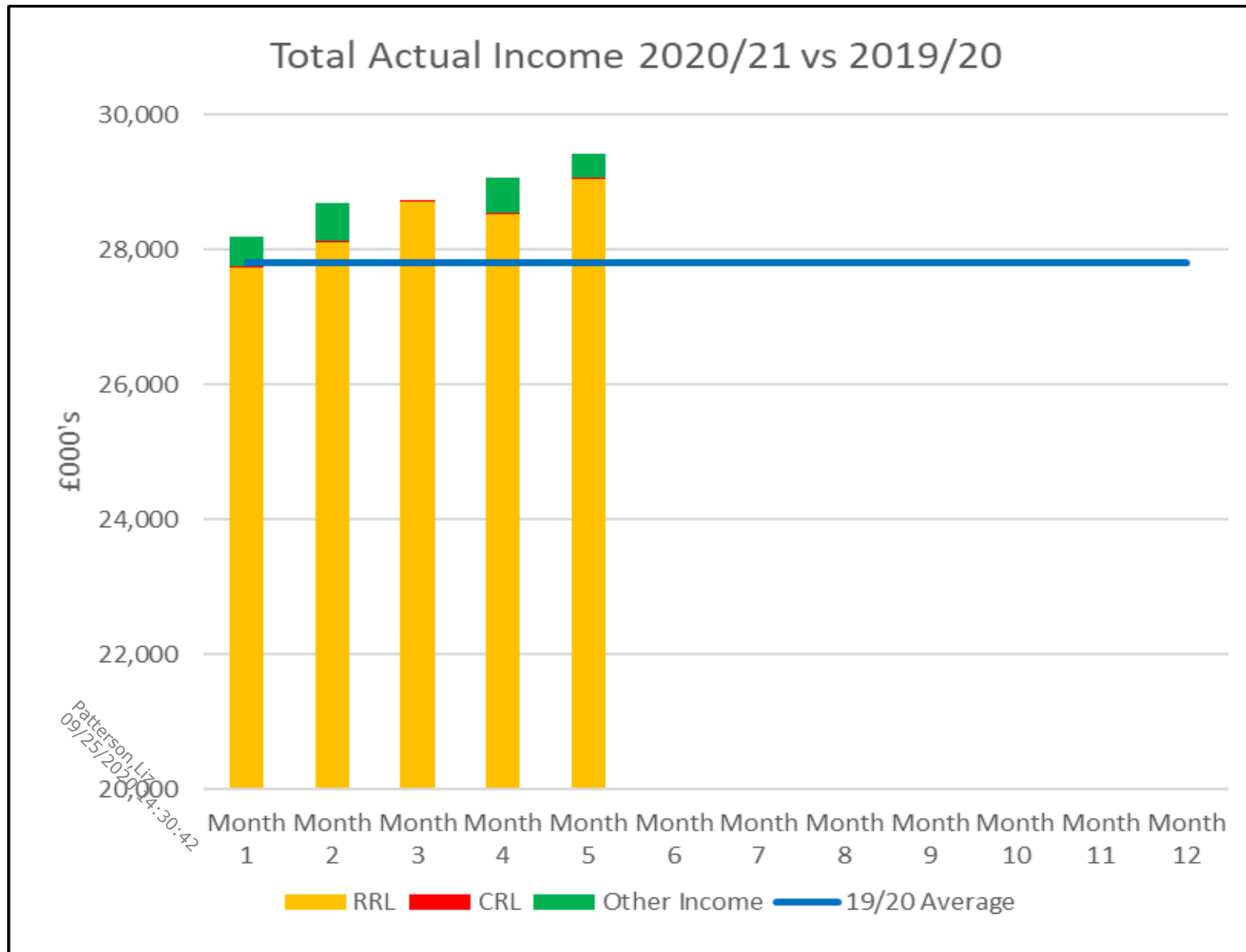
1. Shortfall in Financial Plan = **£3.9m** (£5.638m-£1.756m)
2. Movement from Original Planned Schemes = **£3.7m** (£5.487m - £1.746m)

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

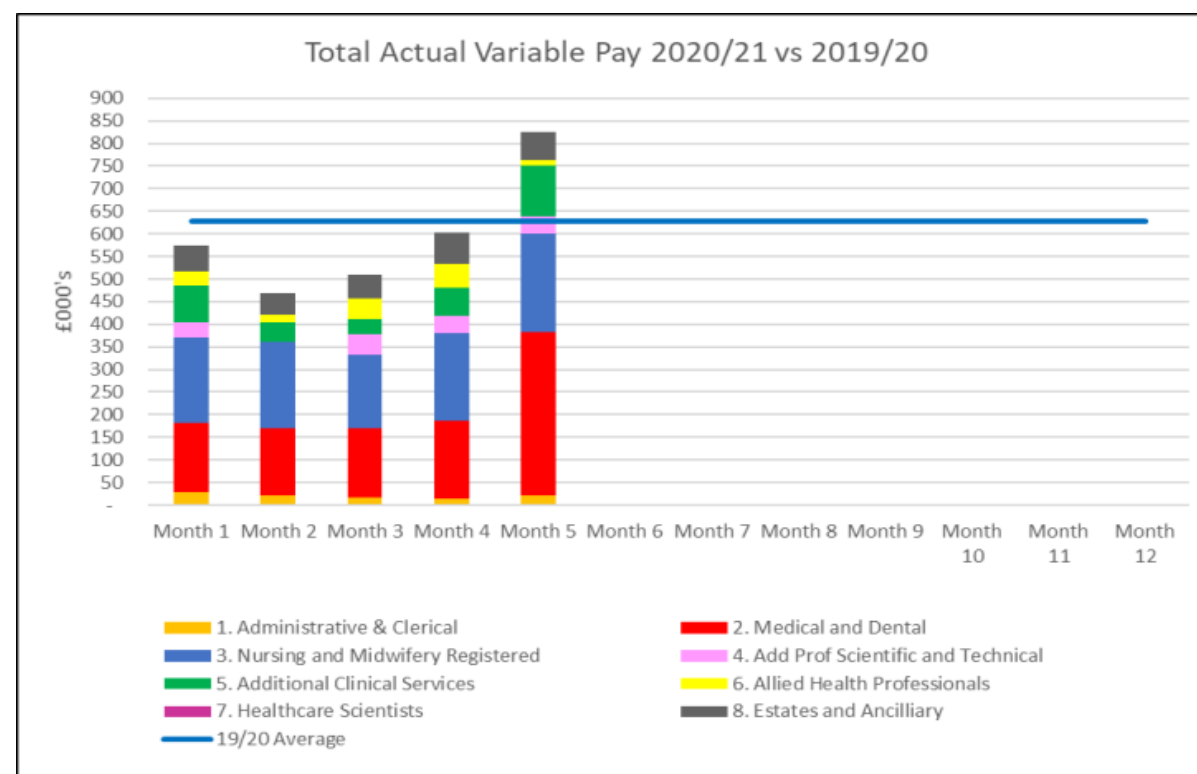
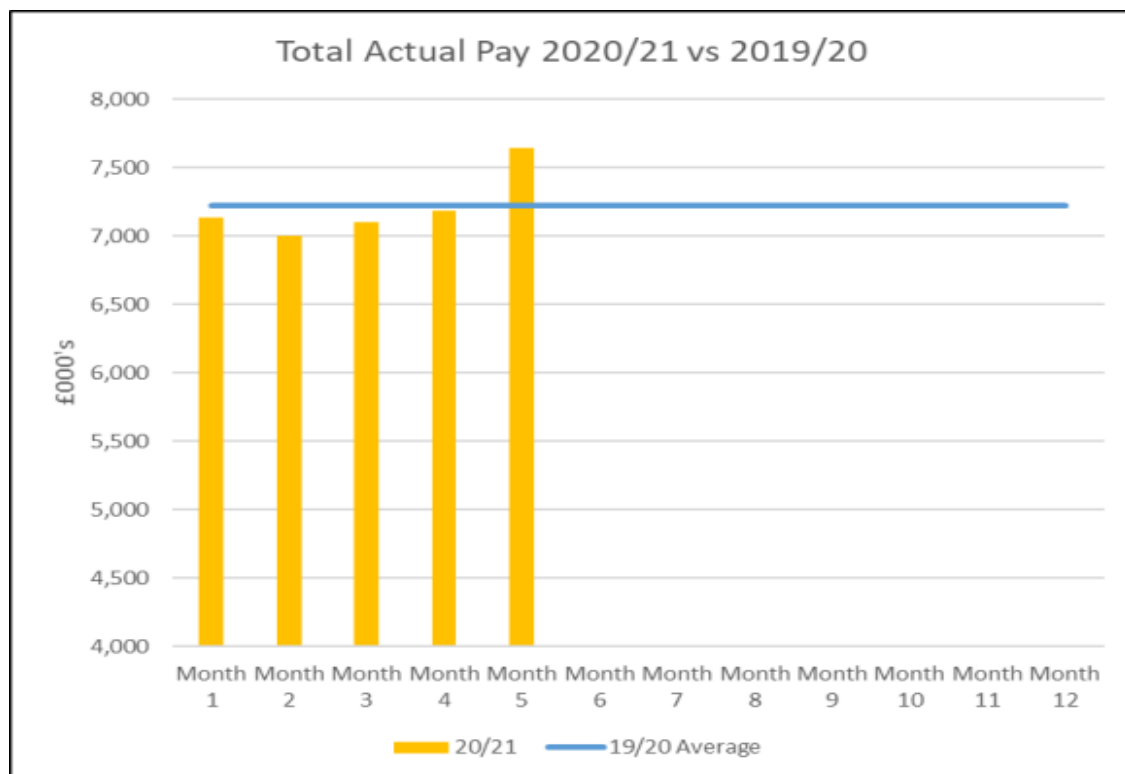
**Current assumption in 2020/21 Forecast is that shortfall in savings funded by WG as part of Covid-19 expenditure**

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

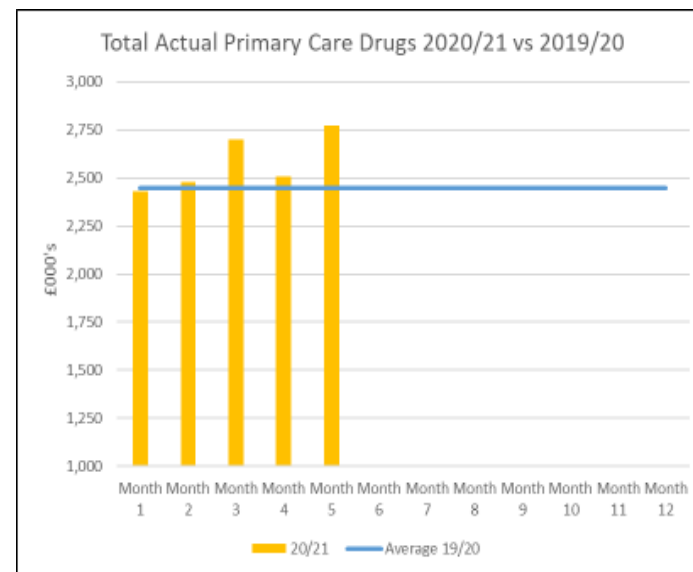
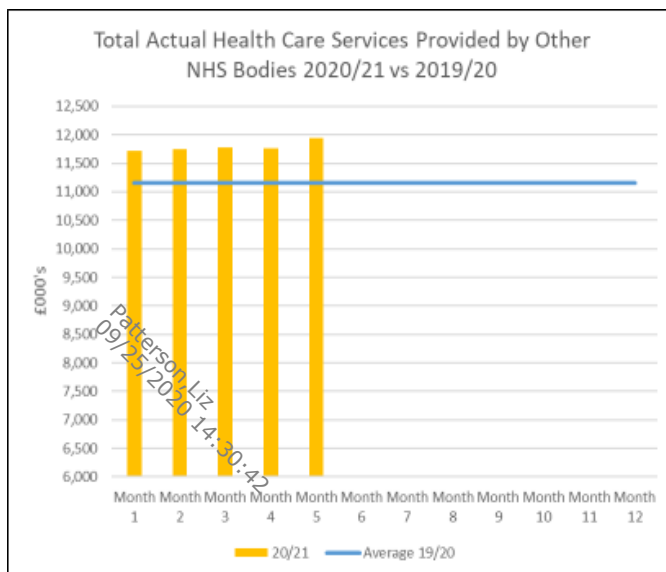
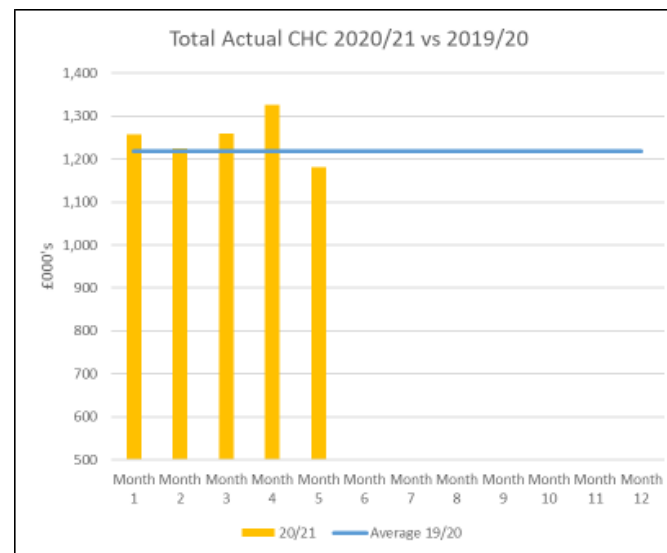
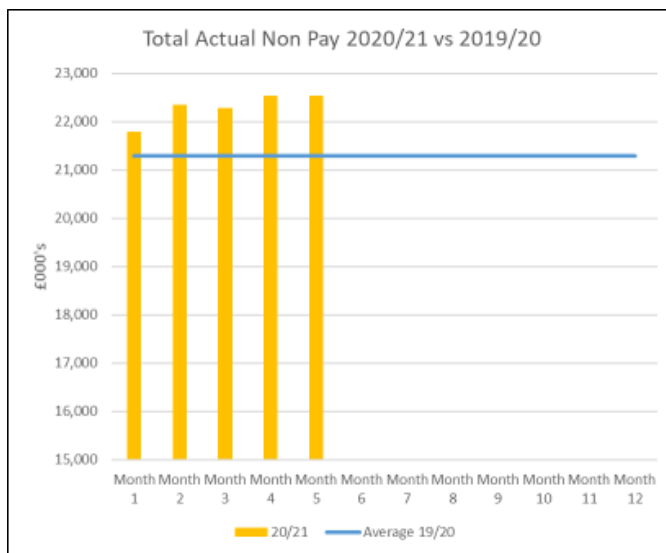
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- The total income received in 2020/21 is higher than the average for 2019/20. In the main this will relate to the allocation uplift provided by WG as well as additional in year funding.
- Other income reduced significantly in month 3 which is linked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



- The month 5 YTD pay is showing an underspend of £0.818m against the year to date plan. Underspends are being experienced across a number of the service areas.
- Variable pay costs have increased significantly compared to the 19/20 monthly average during Mth 5 and this predominantly relates to medical locum costs and work is underway to review this. In addition both bank and agency costs have increased slightly from Mth 4.



- 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. CHC remains an area of risk for the organisation and is reported as such to WG – see Risk & Opportunity slide.
  - Prescribing – At Mth 1 and 2 no prescribing data was available as it is always 2 months in arrears so these figures were based on estimates. The first actual Prescribing data was received at the end of June for the month of April and showed a significant increase, which in part is linked to Covid-19. The May data received at the end of July showed a slight increase but significantly less than April, but June data received in August saw spend levels return to the April position. In addition to C-19, No Cheaper Stock Obtainable and Cat M pricing is also having an impact for Powys and presents a significant risk to the organisation's ability to deliver breakeven - see Risk & Opportunity slide.

## Summary Actual to Mth 5 & Blended Forecast Covid-19 Revenue Expenditure 2020/21

Forecast Range			Actual @ Mth 5	Forecast					
Key Assumptions				Version 1 With Certainty	Version 2 With some level of Certainty	Version 3 Reduced Level of Certainty	Version 4 as Reported Table B3	Version 5 Reasonable Worse Case #1	Version 6 Reasonable Worse Case #2
			n/a	No stepped increase in Pay& Non Pay above Mth 5 levels for remaining Mths/ LTA Blocks remain in all year / Savings as per current / TTP non pay as per forecast	As per version 1 but for TTP Staffing Phase 1 Testings in place 1st September; 1 fullyappointed Clinical Trading Team from 1st Sept;and fully staffed Admin hub from 1st Sept and all TTP non- pay	As per version 2 but with only50% surge costs for workbroe & PPE/M&SE in place from 1st October 2020	As per detail in MMR tables and assumptions in narrative	As Version 4 but beds at 180-185 from 1st Oct and no savings delivered in 2021	As per version 4 (199 beds); no savings delivered in 2020/21; and presorbing maintaining current average spend levels
			£'000	£'000	£'000		£'000	£'000	£'000
Type Spend	Key Driver / Decision Impact on Forecast	Fixed or Variable							
PAY:									
Covid Surge / General	n/a	Fixed	282	678	678	1,166	1,247	1,247	1,247
- Fixed Terms	n/a	Fixed	282	678	678	1,166	1,247	1,247	1,247
- Bank / Agency / Bank Contracted	Beds	Variable	415	996	996	2,105	2,973	2,473	2,973
Covid TTP									
- Admin Hub (Fixed)	n/a	Fixed	38	90	189	189	189	189	189
- Testing Phase 1	No. Centres	Variable	-	-	316	316	316	316	316
- Testing Phase 2	No. Centres	Variable	-	-	-	-	118	118	118
- Clinical Tracers Teams	No. Teams	Variable	6	13	264	264	564	564	564
Sub Total = Pay			741	1,778	2,443	4,040	5,407	4,907	5,407
NON PAY:									
- PPE / M&SE	Beds	Variable	310	744	744	972	1,953	1,487	1,953
- Primary Care	n/a	Fixed	279	697	697	697	697	697	697
- Primary Care Drugs	Prices/Scripts	Variable	612	1,469	1,469	1,469	1,814	1,814	2,543
- Provider	Various	Variable	1,236	2,967	2,967	2,967	5,610	5,610	5,610
- LTA Block	Block	Fixed End Q2	1,174	2,815	2,815	2,815	2,815	2,815	2,815
- TPP (inc LA costs)	No. Teams	Variable	337	1,819	1,819	1,819	1,819	1,819	1,819
Sub Total = Non Pay			3,949	10,511	10,511	10,739	14,708	14,242	15,437
Savings	Block/Beds	Fixed	2,250	4,010	4,010	4,674	4,010	5,638	5,638
Underspends/Slippage	Various	Variable	- 271	- 650	- 650	- 650	- 2,595	- 2,595	- 2,595
Gross Forecast C-19 Position			6,669	15,648	16,313	18,802	21,530	22,193	23,887
Less WG Funding to Date			709	709	709	709	709	709	709
Net Forecast C-19 Position			5,960	14,939	15,604	18,093	20,821	21,484	23,178

Further details full Covid-19 Position and the assumptions underpinning the forecast are documented in the WG Narrative Report attached to Appendix 1



## Summary Submission - @ 17<sup>th</sup> 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
<b>Total</b>	<b>1,891,350</b>

Note: above excludes the £38k expenditure on beds also included on a separate tab on the 17<sup>th</sup> July submission

## Key Assumptions

- WG requested a revised capital submission for submission on 17<sup>th</sup> July 2020, which was building on the submission made on 5<sup>th</sup> June 2020. This was resubmitted as our formal position on 11<sup>th</sup> September. Key points:
  - 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 @ 16<sup>th</sup> July
- At time of submission final tenders for ventilation were outstanding and so the final figure may be subject to change.

**Table 1: Risk Reflected MMR Mth 5**

<b>Risk</b>	<b>£ '000</b>	<b>Likelihood</b>
Under delivery of Amber Schemes included in Outtum via Tracker	-221	Medium
Continuing Healthcare Prescribing	-500	Medium
Pharmacy Contract	-787	High
WHSSC Performance	0	-
Other Contract Performance	-356	Medium
GMS Ring Fenced Allocation Underspend Potential Claw back	0	-
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
Anticipated COVID Allocations not received	0	-
In Year Pressures Impacting 20/21 Financial Position	-20,821	Medium
WRP Pressure above 19/20 budget	0	-
	-312	Medium
<b>Total</b>	<b>-22,997</b>	

**Table 2: Opportunities Reflected MMR Mth 5**

<b>Opportunity</b>	<b>£ '000</b>	<b>Likelihood</b>
Red Pipeline Schemes	118	Low
Funding Slippage / Divert Funding to C-19	1,200	Medium
<b>Total</b>	<b>1,318</b>	



## Key Messages

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

- Health Board has an approvable IMTP for 2020/21 which had a number of assumptions detailed in the Resources Plan presented to Board, but in summary:
  - Savings target agreed in IMTP need to be met
  - HB must identify opportunities to support financial position
  - General expenditure to remain at 19/20 level.
- Covid-19 represents a risk to the organisation but the Mth 5 reported 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.
- 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 July reduced the likely delivery to £1.75m 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.
- Detailed review of the forecast position both in year and underlying is due to be completed by end Q2 which will build in non-covid pressures and the impact on the delivery of a balanced target for 2020/21.

## Summary

In summary this paper identifies that:

- PTHB is reporting an over spend at month 5 in FY 2020/21 of £0.270M.
- Within the £0.270m is an assumption that the HB will receive funding from WG to support in full the Covid-19 pressures. WG have indicated that a stabilisation allocation will be issued to Health Boards in mid September.
- PTHB has an assumed £1.75M 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 forecast for Covid-19.
- PTHB has an Capital Resource Limit of £2.2M and has spent £0.573M to date. £0.286m of the spend to date relates to Covid-19 capital spend, in line with the submission on 17<sup>th</sup> July and confirmation of adjusted CRL to reflect this spend is expected in September.
- 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 05 (August 2020)**  
**FY 2020/21**

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Embedded below are extracts from the Period 05 Monthly Monitoring Return submitted to Welsh Government on Reporting Day 9

MMR Narrative



Microsoft Word  
Document

MMR Key Tables



Microsoft Excel  
Worksheet

TTP Tables



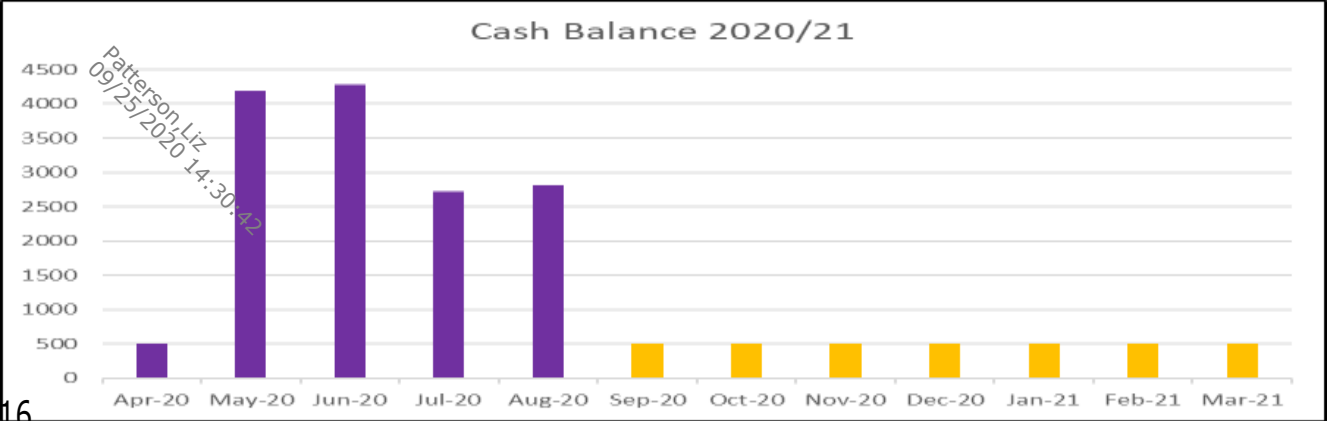
Microsoft Excel  
Worksheet

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st August 2020
<b>WG CRL FUNDING</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>
Discretionary Capital	1.431	1.431	0.226
Sale of Mansion House	0.250	0.250	0.000
Pharmacy Equipment	0.040	0.040	0.000
19.20 Slippage (Pharm Equipment - clinical pharmacy at a distance) into 20.21	0.067	0.067	0.005
19.20 Slippage (Digital Priority Investment Fund) into 20.21	0.078	0.078	0.056
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	0.230	0.230	0.283
Covid-19 - DPIF	0.040	0.040	0.003
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
<b>TOTAL APPROVED FUNDING</b>	<b>2.200</b>	<b>2.200</b>	<b>0.573</b>

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	540	504	4193	4275	2719	2811	500	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	31265	29920	29330	30510	26500	25770	30929	26260	30650	26560	28810	27072
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)	1489	7	351	99	4	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	813
Income from other Welsh NHS Organisations	838	479	211	365	371	400	400	400	400	400	400	400
Other	781	462	173	224	277	300	300	300	300	300	300	300
Total Receipts	34253	30868	29825	31078	27032	26560	31719	28040	31440	28340	29790	31465
Payments												
Primary Care Services : General Medical Services	2556	2405	2679	2587	1970	2500	2679	2300	2400	2600	2400	2200
Primary Care Services : Pharmacy Services	1617	571	222	623	0	450	900	0	900	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	1229	1150	1366	2546	0	1200	2400	0	2400	0	1200	1200
Primary Care Services : General Dental Services	382	403	265	408	439	400	400	400	400	400	400	400
Non Cash Limited Payments	130	128	127	113	116	80	80	80	80	80	80	80
Salaries and Wages	6817	6825	6832	6850	6896	6800	6800	6800	6800	6800	6800	6800
Non Pay Expenditure	21558	15697	18252	19507	17519	17241	18260	18260	18260	18260	18260	19792
Capital Payment	0	0	0	0	0	200	200	200	200	200	200	543
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	34289	27179	29743	32634	26940	28871	31719	28040	31440	28340	29790	31465
NET CASH FLOW IN MONTH	-36	3689	82	-1556	92	-2311	0	0	0	0	0	0
Balance c/f	504	4193	4275	2719	2811	500	500	500	500	500	500	500



Purple = Actual Closing Balance

Yellow = Forecast Closing Balance

<b>Report:</b>	<b>Chief Officer's Report</b>
<b>Author:</b>	<b>Katie Blackburn</b>
<b>Status:</b>	<b>For Information</b>
<b>Date:</b>	<b>30<sup>th</sup> September 2020 (report to 23<sup>rd</sup> September 2020)</b>

## 1. Gathering Public and Patient Feedback

As a result of the pandemic, we are not carrying out any visits to NHS premises or any face-to-face engagement with the public. We are continually looking at different ways of gathering public and patient feedback. All visits and engagement events were cancelled with immediate effect on 12<sup>th</sup> March 2020.

- We are making more use of digital technology as a means of communicating with people and encouraging people to share their views and experience with us.
- On a daily basis, we are posting CHC information to our Facebook and Twitter pages and sharing and re-tweeting information from others.
- We are monitoring the 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 might be relevant to Powys residents.
- We are monitoring the websites of all the above organisations and recording information about changes to services and reinstatement of services.

- We are monitoring and evaluating the public reaction to information which is posted.
- We have found that an effective way to increase our reach on social media is to post information on local community Facebook pages. We use these pages to promote our surveys and to inform people about our advocacy service.

## Surveys

- The national CHC survey about NHS Care during the Coronavirus Crisis is still ongoing. Information obtained from this survey is shared with relevant health boards and also with Welsh Government on a regular basis. The survey is available online [here...](#)

Almost half of the responses received from Powys residents so far relate to GP services. There are some positive comments but also comments about difficulty obtaining appointments, particularly follow-up or routine appointments in relation to ongoing health conditions. Some people report problems with obtaining prescriptions. Comments have also been made about the lack of information on how GP services are working during COVID.

There are a number of comments relating to cancellation of hospital appointments and services and lack of communication or indication of when appointments will be reinstated.

In answer to the question asking for suggestions on how the NHS in Wales could do things differently during the emergency, the most common theme is for better communication to let people know that they have not been forgotten.

- In August, there was a national CHC survey asking people to say what is important to them about their health and care during winter. The report which details the outcome of the survey has been shared with Welsh Government. The Welsh Government has said that the information "will be used to inform health and care planning over the winter period". [You can see the report here.](#)

- Powys CHC is currently running a survey about GP Access During the Pandemic. In particular, we would like to hear from people about their experience and views on telephone and video appointments. The survey is available online: <https://svy.at/aaung>. We are offering people the opportunity to complete a paper copy of the survey if they would prefer. Our members have been distributing paper surveys and information in their local communities.

As at 23 September 2020, we have received 574 responses to the survey.

The survey will close on 30<sup>th</sup> September 2020. Once all the responses have been analysed, we will produce a report which will be shared with Powys Teaching Health Board and Welsh Government. The report will also be made available for the public.

### **Community Engagement**

Powys CHC has virtually attended the following events between 19<sup>th</sup> July 2020 and 23 September 2020.

<b>Venue/Event</b>	<b>Date</b>
Newtown Community Networkers Meeting	15 <sup>th</sup> July 2020
Shropshire Telford & Wrekin Maternity Voices Partnership hub meeting	21 <sup>st</sup> July 2020
SATH Engagement Meeting	28 <sup>th</sup> July 2020
SATH - Healthwatch/CHC eQIA Assurance meeting	13 <sup>th</sup> August 2020
SATH Trauma and Cardiology potential service change meeting with public and patient representatives	17 <sup>th</sup> August 2020
SATH Engagement Meeting	25 <sup>th</sup> August 2020
PtHB Mental Health Engage to Change Meeting	4 <sup>th</sup> September 2020
SATH Engagement Meeting	23 <sup>rd</sup> September 2020



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

- ❖ On 25<sup>th</sup> August 2020, further discussion will took place about the temporary/ urgent service changes that have been (and are being put in place) as a result of COVID-19; the meeting also provided the opportunity to feedback and feed into the PtHB Qtr 3 and Qtr 4 plans.
- ❖ Haygarth Doctors informed Powys CHC on 9<sup>th</sup> July 2020 that they intended to reduce the opening hours at both its surgeries from 1<sup>st</sup> October 2020.

The Practice published a social media post on 2<sup>nd</sup> September giving information about the application and inviting people to send their comments to Powys Teaching Health Board and to Powys CHC by 18<sup>th</sup> September.

The CHC received a total of 20 responses via email. From our monitoring of social media, we noted five posts on Facebook on the subject, with a total of 110 comments in response. We have analysed this information and our Executive Committee will be considering the matter at its meeting on 22<sup>nd</sup> September 2020 and will be submitting its comments and observations to the Health Board.

- ❖ A dedicated meeting to discuss the early opening of The Grange was held on 12<sup>th</sup> August 2020, representatives from PtHB and AB attended. Whilst recognising the need to open GUH four months early, members remain concerned at the timescales for and the detail of, the engagement given that 30,000 individuals of South/ Mid Powys will be affected.

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## **Advocacy** – 19<sup>th</sup> July 2020 – 23 September 2020:

	Previous Period	Current period
Redress	5	<5
Pre-Local Resolution	15	<5
Ombudsman	0	5
Local Resolution	17	13
Further Local Resolution	5	<5
Serious Incident Review	0	<5
CHC Funding	5	<5
<b>TOTAL</b>	<b>35</b>	<b>31</b>

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

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

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

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

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

### **Future meetings (List attached):**

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

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

Throughout the year the CHC has continued to look at recruitment and we are working closely with PAVO on this. Two potential members have been identified and we currently awaiting completed applications. The recent change to membership rules by the Welsh Government has meant that we have been able to retain all of our current members.

The changes were welcome and has given us stability during this difficult period with our Chair and Vice Chair, Frances Hunt and Dr. David Collington respectively, remaining in place.

**Katie Blackburn**

**Prif Swyddog / Chief Officer**

**CIC Powys / Powys CHC**

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## Powys Community Health Council

### Schedule of Meetings

Date	Time	Title
22 <sup>nd</sup> September 2020	9.30am	Executive Committee
22 <sup>nd</sup> September 2020	1.00pm	Service Planning Committee
1 <sup>st</sup> October 2020	9.30am	Montgomeryshire Local Committee
15 <sup>th</sup> October 2020	9.30am	Radnorshire & Brecknock Local Committee
10 <sup>th</sup> November 2020	9.30am	Executive Committee
10 <sup>th</sup> November 2020	1.00pm	Service Planning Committee
8 <sup>th</sup> December 2020	9.30am	Full Council
5 <sup>th</sup> January 2021	9.30am	Montgomeryshire Local Committee
14 <sup>th</sup> January 2021	9.30am	Radnorshire & Brecknock Local Committee
19 <sup>th</sup> January 2021	9.30am	Executive Committee
19 <sup>th</sup> January 2021	1.00pm	Service Planning Committee
9 <sup>th</sup> March 2021	9.30am	Full Council
23 <sup>rd</sup> March 2021	9.30am	Executive Committee
23 <sup>rd</sup> March 2021	1.00pm	Service Planning Committee
1 <sup>st</sup> April 2021	9.30am	Montgomeryshire Local Committee
15 <sup>th</sup> April 2021	9.30am	Radnorshire & Brecknock Local Committee

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<b>BOARD MEETING</b>		<b>Date of Meeting: 30 September 2020</b>
<b>Subject:</b>	<b>CORPORATE RISK REGISTER – September 2020</b>	
<b>Approved and Presented by:</b>	Rani Mallison, Board Secretary	
<b>Prepared by:</b>	Caroline Evans, Head of Risk & Assurance	
<b>Other Committees and meetings considered at:</b>	Risk & Assurance Group, 8 September 2020 Executive Committee, 23 September 2020	

#### **PURPOSE:**

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

#### **RECOMMENDATION(S):**

It is recommended that:

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

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

**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 September 2020.

## **BACKGROUND AND ASSESSMENT:**

### **Management of Strategic Risks**

Strategic risks are those risks that represent a threat to achieving the health board's strategic objectives or its continued existence.

Strategic risks are recorded in the Board's Corporate Risk Register (CRR), which provides an organisational-wide summary of significant risks facing the Board. The criteria for a risk to be included in the Corporate Risk register is:

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

The Risk & Assurance Group was previously stood down as a result of the health board's response to the COVID-19 pandemic. The group was reconvened and met on 8<sup>th</sup> September 2020, where it discussed the organisation's Directorate Risk Registers, and considered risks for escalation to the Corporate Risk Register. The Risk & Assurance Group escalated the following risks to Executive Committee for consideration for escalation to the Corporate Risk Register:

1. South Powys Programme
2. Delivery of the Records Management Improvement Plan
3. Nurse and Therapy Staffing recruitment and retention
4. There is a fire within a PTHB building

The Executive Committee discussed and considered the above risks, to determine whether they should be escalated to the Corporate Risk Register. A summary of the risks discussed by Executive Committee, whether they have been escalated to the Corporate Risk Register, and the rationale for that decision is outlined below: -

Risk	Directorate Risk	Executive Lead	Escalate to CRR	Rationale for Escalation
1	South Powys Programme	DPP	✓	There is a risk that planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients.
2	Delivery of the Records Management Improvement Plan	BS	X	This risk is incorporated and managed within risk CRR 007 Effective governance arrangements are not embedded across all parts of the health board, which is already included within the Corporate Risk Register.
3	Nurse and Therapy Staffing recruitment and retention	DPCMH	X	This risk is incorporated and managed within risk CRR 006 The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors, which is already included within the Corporate Risk Register.

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The Risk & Assurance Group and Executive Committee also considered and reviewed the existing CRR.

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

The Board is asked to consider these changes for approval: -

<b>Corporate Risk</b>	<b>Change to Rating</b>	<b>Recommended Change</b>
<b>CRR 001</b> <b>There is a risk that:</b> Some commissioned services are not sustainable or safe, and do not meet national targets		No change proposed to risk description or rating
<b>CRR 002</b> <b>There is a risk that:</b> The health board does not meet its statutory duty to achieve a breakeven position		No change proposed to risk description or rating
<b>CRR 004</b> <b>There is a risk that:</b> ICT systems are not robust or stable enough to support safe, effective and up to date care		No change proposed to risk description or rating
<b>CRR 005</b> <b>There is a risk that:</b> The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose		No change proposed to risk description or rating
<b>CRR 006</b> <b>There is a risk that:</b> The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors		No change proposed to risk description or rating
<b>CRR 007</b> <b>There is a risk that:</b> Effective governance arrangements are not		No change proposed to risk description or rating

embedded across all parts of the health board	
<b>CRR 008</b> <b>There is a risk that:</b> Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies	No change proposed to risk description or rating
<b>CRR 010</b> <b>There is a risk that:</b> Resources (financial and other) are not fully aligned to the health board's priorities	No change proposed to risk description or rating
<b>CRR 011</b> <b>There is a risk that:</b> A UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys	No change proposed to risk description or rating
<b>CRR 012</b> <b>There is a risk that:</b> 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
<b>CRR 013</b> <b>There is a risk that:</b> Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures	No change proposed to risk description or rating
<b>CRR 014</b> <b>There is a risk that:</b> Potential adverse impact on business continuity and service delivery	No change proposed to risk description or rating

arising from a pandemic outbreak of an infectious disease (COVID-19)		
<b>CRR 015</b> <b>There is a risk that:</b> South Powys planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients	<b>New Risk</b>	Risk escalated by Risk & Assurance Group and Executive Committee

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

### Management of COVID-19 Specific Risks

In light of the COVID-19 pandemic, the Chief Executive Officer established a command and control structure under Business Continuity Planning arrangements, led by a Strategic Command (Gold) Group. Gold Group is responsible for determining the coordinated strategy and policy for the overall management of the health board's response to COVID-19, to protect the reputation of the organisation and ensure the delivery of effective, efficient and safe care for the population of Powys.

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

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

### NEXT STEPS:

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

The COVID-19 Risk Register will continue to be reviewed regularly by

Strategic Command (Gold) Group, to ensure it illustrates a true reflection of the strategic risks that represent a threat to the health board's arrangements for responding to COVID-19.

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GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# **Corporate Risk Register September 2020**

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## CORPORATE RISK HEAT MAP: September 2020

There is a risk that...

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

# CORPORATE RISK DASHBOARD – September 2020

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

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

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DPH	CRR 014	Quality & Safety of Services	Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	<b>4 x 4 = 16</b>	➔	Low	12	*	Executive	Organisational Priorities Underpinning WBO 1 to 8
DPP	CRR 015	Quality & Safety of Services	South Powys planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients	<b>3 x 5 = 15</b>	<b>New</b>	Low	TBC	*	Executive, Strategy and Planning	Organisational Priorities Underpinning WBO 1 to 4

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**KEY:**

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

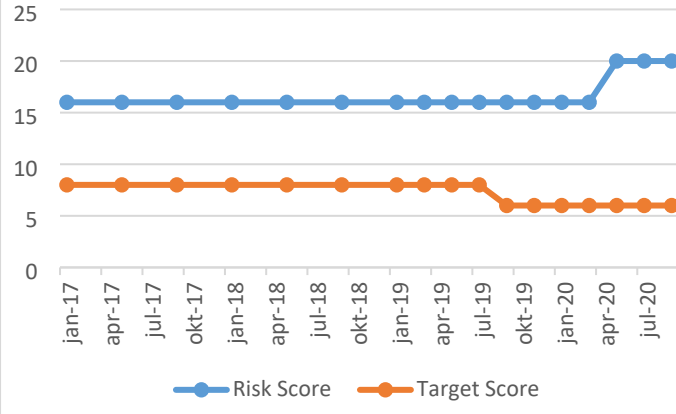
Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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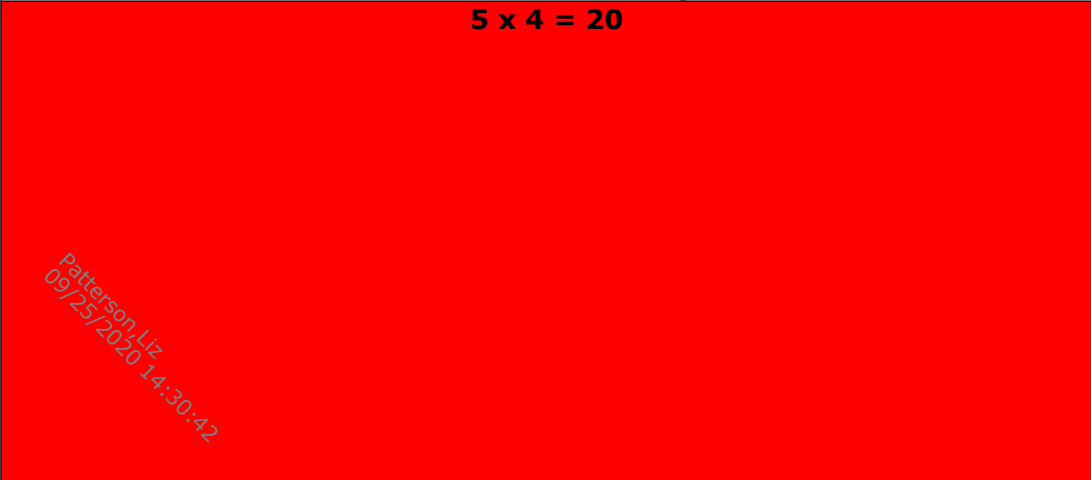
Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health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

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

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

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<b>CRR 001</b>		<b>Lead Director:</b> Director of Planning & Performance																																																	
<b>Risk that:</b> Some commissioned services are not sustainable or safe, and do not meet national targets		<b>Lead Board Committee:</b> Performance and Resources Committee and Experience, Quality and Safety Committee (for experience, quality and safety of commissioned services)																																																	
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 4		<b>Date last reviewed:</b> September 2020																																																	
<div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 5 x 4 = 20</b> Target: 2 x 3 = 6</div>	 <table><caption>Risk and Target Scores over time</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>8</td></tr><tr><td>Apr-17</td><td>16</td><td>8</td></tr><tr><td>Jul-17</td><td>16</td><td>8</td></tr><tr><td>Okt-17</td><td>16</td><td>8</td></tr><tr><td>Jan-18</td><td>16</td><td>8</td></tr><tr><td>Apr-18</td><td>16</td><td>8</td></tr><tr><td>Jul-18</td><td>16</td><td>8</td></tr><tr><td>Okt-18</td><td>16</td><td>8</td></tr><tr><td>Jan-19</td><td>16</td><td>8</td></tr><tr><td>Apr-19</td><td>16</td><td>8</td></tr><tr><td>Jul-19</td><td>16</td><td>8</td></tr><tr><td>Okt-19</td><td>16</td><td>6</td></tr><tr><td>Jan-20</td><td>16</td><td>6</td></tr><tr><td>Apr-20</td><td>20</td><td>6</td></tr><tr><td>Jul-20</td><td>20</td><td>6</td></tr></tbody></table>	Date	Risk Score	Target Score	Jan-17	16	8	Apr-17	16	8	Jul-17	16	8	Okt-17	16	8	Jan-18	16	8	Apr-18	16	8	Jul-18	16	8	Okt-18	16	8	Jan-19	16	8	Apr-19	16	8	Jul-19	16	8	Okt-19	16	6	Jan-20	16	6	Apr-20	20	6	Jul-20	20	6	<div><b>Rationale for current score:</b> PTHB is a predominantly commissioning organisation that must have the capacity, capability and governance processes to commission safely, effectively and compliantly across the whole system. There are four key areas of <b>risk</b>: i) <i>PTHB processes not identifying and addressing risks for Powys residents across the whole system</i> ii) <i>PTHB does not have the right capacity, capability and processes for whole system commissioning</i> iii) <i>Lack of clarity about pathways for Powys patients leading to significant harm (especially in the Midlands); and expenditure will not be in line with budget.</i> iv) <i>Non-compliance with statutory requirements in relation to joint commissioning with the local authority (including Section 33)</i></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																																																	
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<b>Date added to the risk register</b> January 2017																																																			
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																																																	
<ul style="list-style-type: none"><li>Implementation of the Strategic Commissioning Framework (for whole system commissioning)</li><li>Embedding the Commissioning Assurance Framework (CAF) escalation process</li><li>Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services)</li><li>Regular review at Delivery and Performance Meetings</li><li>Scrutiny by Performance and Resources Committee</li><li>Scrutiny by Experience, Quality and Safety Committee</li><li>Internal Audits</li><li>Contract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																																															
		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"> <li>Individual Patient Funding Request Panel and Policy</li> <li>WHSCC Joint Committee and Management Group</li> <li>WHSCC ICP agreed within PTHB IMTP</li> <li>Emergency Ambulances Services Committee</li> <li>Shared Services Framework Agreements</li> <li>Section 33 Agreements</li> <li>Responsible Commissioner Regulations for Vulnerable Children Placed away from Home</li> <li>Specific Organisational Delivery Objectives set out in health board's Annual Plan for 2019-20</li> <li>Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales)</li> <li>Commissioning Intentions set out in IMTP</li> <li>NHS LTA and SLA Overview submitted to the Executive Committee (and approval process)</li> <li>Executive Committee approved LTA and SLA narrative (updated each year)</li> <li>CEO signed LTAs and SLAs for healthcare</li> <li>CAF developed for General Dental Services</li> <li>CAF developed for General Medical Services</li> <li>Recruitment of Public Health Consultant to help strengthen commissioning intelligence</li> <li>Prior approval policy in place</li> <li>EEA policy and arrangements in place</li> <li>INNU policy out to consultation</li> <li>Recruitment of a pooled fund manager for Section 33 Residential Care</li> </ul>	Programme of work to strengthen effective processes to develop and manage condition specific and service plans	DPP	In line with Annual Plan for 2020-21
	Strengthening of commissioning intelligence in line with IMTP	DPP	In line with Annual Plan for 2020-21
	Review Patient flows and activity into specialised services to ensure safe and appropriate pathways	DPP	In line with IMTP/ICP
	Strengthen the organisation's capacity, capability and governance processes for commissioning – including interface with specialised services	DPP	In line with IMTP/ICP
	As a member of the Powys Regional Partnership Board, support delivery of the Powys Area Plan which includes commissioning appropriate, effective and efficient accommodation options for older people, individual children and looked after children	DPP	In line with Annual Plan for 2020-21
	Through the Joint Partnership Board, continue to develop opportunities for pooling Third Sector commissioning	DPP	In line with Annual Plan for 2020-21
	Strengthen the whole system approach to the Big 4	DPP	In line with IMTP
<b>Current Risk Rating</b>		<b>Additional Comments</b>	
<b>5 x 4 = 20</b>  		<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>	

across providers is significantly reduced due to social distancing, PPE and the need to maintain surge capacity.

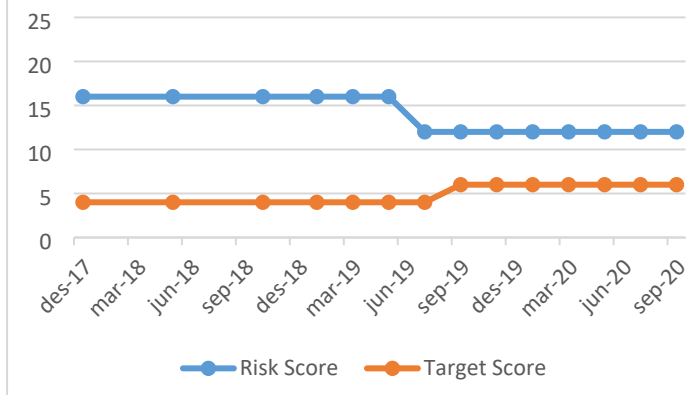
Staffing needs to be strengthened in order to deal with the very complex commissioning consequences of the next phase to help ensure Powys patients can access essential DGH and specialised services; for the restoration of routine services; to focus on cancer pathways; to ensure the stability of the voluntary 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.

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<b>CRR 002</b> <b>Risk that:</b> the health board does not meet its statutory duty to achieve a breakeven position		<b>Lead Director:</b> Director of Finance, Information and IT <b>Lead Board Committee:</b> Performance and Resources Committee																																								
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8.2		<b>Date last reviewed:</b> September 2020																																								
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<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>IMTP Financial Plan approved</li><li>Monthly Reporting via Governance Structure and monitoring of progress of delivery</li><li>Financial Control Procedures and Standing Orders and Standing Financial Instructions</li><li>Budgetary Control Framework</li><li>Contracting Framework</li><li>Savings Plans</li><li>Financial Recovery Plan Workshops and Workstream approach for 2020/21</li><li>Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks</li><li>Regular 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 performance</li><li>Discussions with Welsh Government re baseline budget now resolved</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>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																														
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<b>Current Risk Rating</b> <b>3 x 4 = 12</b>		<b>Additional Comments</b>																																								

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



**3 x 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  
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<b>CRR 005</b> <b>Risk that:</b> the care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose <b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Performance and Resources Committee <b>Date last reviewed:</b> September 2020																																																	
<div><div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 1 x 4 = 4</div><div><b>Date added to the risk register</b> January 2017</div></div> <div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>4</td></tr><tr><td>Apr-17</td><td>16</td><td>4</td></tr><tr><td>Jul-17</td><td>16</td><td>4</td></tr><tr><td>Okt-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>Okt-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>Okt-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></div>		Date	Risk Score	Target Score	Jan-17	16	4	Apr-17	16	4	Jul-17	16	4	Okt-17	16	4	Jan-18	16	4	Apr-18	16	4	Jul-18	16	4	Okt-18	16	4	Jan-19	16	4	Apr-19	16	4	Jul-19	16	4	Okt-19	16	4	Jan-20	16	4	Apr-20	16	4	Jul-20	16	4	<b>Rationale for current score:</b> <b>Estates Compliance;</b> 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. <b>Capital;</b> 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. <b>Environment &amp; Sustainability;</b> 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.	
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<b>ESTATES</b> <ul style="list-style-type: none"><li>Specialist sub-groups for each compliance discipline</li><li>Risk based improvement plans introduced</li><li>Specialist leads identified</li><li>Estates Compliance Group and Capital Control Group established</li><li>Medical Gases Committee; Fire Safety Group; Water Safety Group; Health &amp; Safety Committee in place</li><li>Capital Programme developed for compliance and approved</li><li>Capital and Estates set as a specific Organisational Priority (OP 22) in the health board's Annual Plan for 2019-20 with related Organisational Delivery Objectives</li><li>Address (on an ongoing basis) maintenance and compliance issues</li><li>Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards.</li></ul> <b>CAPITAL</b>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																																															
		Implement the Capital Programme and develop the long term capital programme	DPP	In line with Annual Plan for 2020-21																																															
		Continue to seek WG funding	DPP	In line with Annual Plan for 2020-21																																															
		Develop capacity and efficiency of the Estates and Capital function	DPP	In line with Annual Plan for 2020-21																																															
		Review current structure of capital and estates department – delayed due to COVID-19 activity.	DPP	August 2020																																															

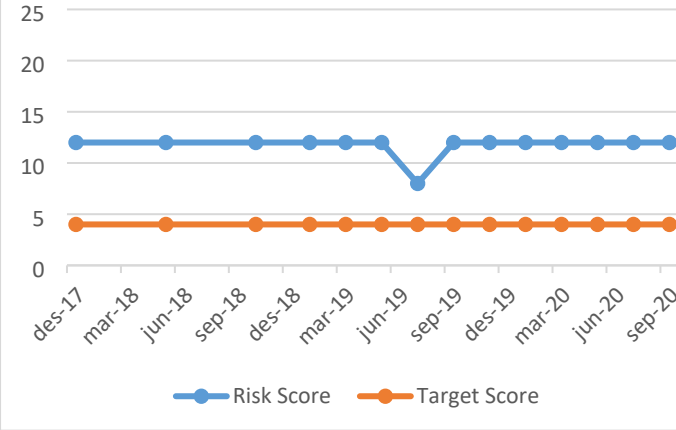
<ul style="list-style-type: none"> <li>Capital Procedures for project activity</li> <li>Routine oversight / meetings with NWSSP Procurement</li> <li>Specialist advice and support from NWSSP Specialist Estates Services</li> <li>Audit reviews by NWSSP Audit and Assurance</li> <li>Close liaison with Welsh Government, Capital Function</li> <li>Reporting routinely to P&amp;R Committee</li> <li>Capital Programme developed and approved</li> <li>Detailed Strategic, Outline and Full Business Cases defining risk</li> <li>Capital and Estates set as a specific Organisational Priority (OP 22) in the health board's Annual Plan for 2018-19 with related Organisational Delivery Objectives</li> </ul> <p><b>ENVIRONMENT</b></p> <ul style="list-style-type: none"> <li>ISO 14001 accreditation with ongoing external audit to retain accreditation</li> <li>Environment &amp; Sustainability Group</li> <li>NWSSP Specialist Estates Services (Environment) support and oversight</li> <li>Welsh Government support and advice</li> </ul>			
Current Risk Rating	Additional Comments		
<p><b>4 x 4 = 16</b></p> <p>Patterson, Liz 09/25/2020 14:30:42</p>	<p><b>COVID-19</b> has introduced risk pressures in respect of the health board's estate and the ability of the Estates team to manage and prioritise risk mitigation in a number of ways:</p> <p><b>ESTATES</b> – continued significant pressures to rapidly introduce bulk <b>oxygen</b> tanks (VIE) into 3 main hospitals will step up the risk around management of specialist enhanced oxygen systems. NWSSP SES <b>ventilation</b> lead in conjunction with Infection Prevention &amp; Control, Microbiologist and H&amp;S have highlighted the need, particularly related to COVID-19, to ensure ward areas have 6 air changes per hour and 12 air changes where aerosol generating practices take place; the only hospital (part) with mechanical ventilation is Brecon and a cost for introducing across our hospitals would be in the order of £0.5 to £1.0M+, with time and access constraints to do the work. <b>Social distancing</b> requests for space planning moves for teams and enhanced measures, such as screens and signs have been delivered. Work group stood up to review quality and adequacy of <b>staff change and shower facilities</b> for COVID activity and to support surge activity. <b>Estates compliance</b> – team 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 &amp; pressures emerge. <b>CAPITAL</b> stand down of capital activity will put Discretionary Capital programme and Major Capital Schemes at risk following WG funding announcement and stand-up of activity overlapping with COVID will create further risk to timelines &amp; cost.</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).

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<b>CRR 006</b>		<b>Director Lead:</b> Director of Workforce & OD and Support Services																																								
<b>Risk that:</b> the health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors		<b>Assuring Committee:</b> Performance & Resources Committee																																								
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 8		<b>Date last reviewed:</b> September 2020																																								
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<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Regular monitoring of demand to ensure there is a sufficient supply through the temporary staffing unit.</li><li>A Recruitment and Retention delivery plan has been developed via the Strategic Recruitment and Retention group. The Group is monitoring and implementing the programme of work, and escalates any issues in relation to the plan via the Executive Team and the Performance &amp; Resources Committee.</li><li>Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored.</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>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																														
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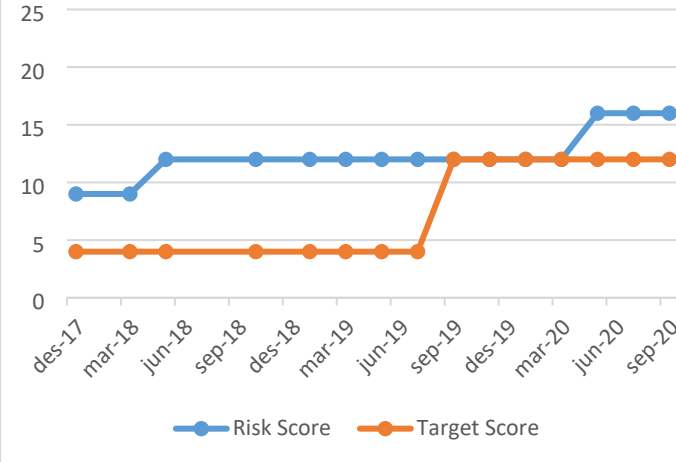
<ul style="list-style-type: none"> <li>Developmental roles have been explored due to a difficulty in recruiting to a band 6 ear care role. Discussions are taking place and we are looking to adopt this approach within occupational therapy and other areas where appropriate.</li> <li>The health board is using a hard-to-fill (enhanced) rate for shifts that are difficult to cover (Registered Nurses only).</li> <li>Workforce Quality and Efficiency Group established, which uses the Insight System to monitor performance against rosters, bank and agency usage.</li> <li>Ensure that recruitment timescales are minimised and that issues of delay are appropriately and proactively managed to ensure recruitment performance indicators are consistent with national targets.</li> <li>To maximise the ability to cover short term ad-hoc staffing requirements through bank workers Temporary Staffing Unit aims to reduce agency worker reliance.</li> <li>We continue to develop alternative clinical models in response to COVID-19 including: ward, community and hospital based services, testing units; and Trace, Track and Protect Team.</li> <li>Establishments have been reviewed in inpatient areas to assess skill mix and staffing requirements, the aim to review staffing numbers and skill mix against bed numbers and patient needs, reflecting the All Wales Staffing Act 25a.</li> <li>Work is progressing to look at developing creative and redesigning roles to meet the changing health needs of the local population. This includes working with the National Nurse Staffing Group to maximise the development of band 4 roles to encourage opportunities for growing and retaining our own staff within the Powys area.</li> <li>Band 4 Assistant Practitioner roles are being introduced into community teams as part of the Neighbourhood Nursing pilot.</li> <li>Pilot Health Care Support Worker Apprenticeship Programme in place.</li> <li>Phase 1 COVID-19 Workforce Model has been developed based on a new clinical model including redeployment opportunities to staff it.</li> <li>WOD closely monitors staff absence levels to ensure gaps are filled due to COVID-19 (shielding, self-isolation and sickness).</li> <li>New volunteering approach has been developed including central coordination of all volunteering, acknowledgement of the memorandum of understanding between PAVO and PTHB and an introduction of an improved standard operating procedure for the deployment of volunteers in PTHB.</li> </ul>	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
<b>Current Risk Rating</b>		<b>Additional Comments</b>	
<b>3 x 4 = 12</b>			

<b>CRR 007</b> <b>Risk that:</b> effective governance arrangements are not embedded across all parts of the health board <b>Risk Impacts on:</b> Organisational Priorities underpinning Enabling Well-being Objectives 1 to 4		<b>Director Lead:</b> Board Secretary <b>Assuring Committee:</b> Audit, Risk and Assurance, and Respective Committees <b>Date last reviewed:</b> September 2020																																								
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<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>▪ Standing Orders</li><li>▪ Standing Financial Instructions</li><li>▪ Board agreed Committee structure</li><li>▪ Risk Management Framework</li><li>▪ Assurance Framework – Board agreed principles and approach</li><li>▪ Policies related to – gifts and hospitality, legal fees, use of Common Seal, Concerns etc.</li><li>▪ Internal audit arrangements in place and focused on risk areas</li><li>▪ Annual Governance Programme has been agreed by the Board</li><li>▪ Self-assessment against ICO 12-steps undertaken</li><li>▪ Electronic Information Asset Register developed, piloted and populated with pilot services assets</li><li>▪ Mandatory IG e-learning training updated to reflect GDPR</li><li>▪ Schedule of WASPI ISPs and other agreements e.g. DDAs in place and process for developing new ISPs exists</li><li>▪ GDPR requirements reflected in existing fair processing notice for staff</li><li>▪ Updated Intranet and Internet GDPR pages with fair processing / privacy</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Deliver the Annual Governance Programme 2020/21</td><td>BS</td><td>In line with Annual Plan for 2020/21</td></tr><tr><td>Deliver the Records Management Improvement Plan</td><td>BS</td><td>In line with Annual Plan for 2020/21</td></tr><tr><td>Implement the Clinical Quality Framework, in-line with its agreed implementation plan</td><td>DN</td><td>In line with Annual Plan 2020/21</td></tr><tr><td>Ensure the effective implementation of the COVID-19 Governance Framework</td><td>BS</td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	Deliver the Annual Governance Programme 2020/21	BS	In line with Annual Plan for 2020/21	Deliver the Records Management Improvement Plan	BS	In line with Annual Plan for 2020/21	Implement the Clinical Quality Framework, in-line with its agreed implementation plan	DN	In line with Annual Plan 2020/21	Ensure the effective implementation of the COVID-19 Governance Framework	BS	Ongoing																								
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notices (patients and staff) ■ Data Protection Officer in place			
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
<b>3 x 4 = 12</b>	In light of COVID-19, the Board will be required to take a greater level of assurance from the organisation in the absence of some of its committees meeting (Performance & Resources Committee and Strategy & Planning Committee). In addition, the Board will be unable to rely on its audit and inspection programmes for assurance during this period given the temporary suspension of the internal audit programme and delays in the external audit programme commencing. Whilst these matters should not impact upon the controls in place to mitigate risk CRR007, the Board will need to place greater reliance on its 1st and 2nd line of defence (assurances) to satisfy itself that the controls are working effectively.		

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<b>Risk that:</b> fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies		<b>Assuring Committee:</b> Strategy and Planning Committee																																								
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4		<b>Date last reviewed:</b> September 2020																																								
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 3 = 9 <b>Current: 4 x 4 = 16</b> Target: 3 x 4 = 12	 <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>dec-19</td><td>12</td><td>12</td></tr><tr><td>mar-20</td><td>12</td><td>12</td></tr><tr><td>jun-20</td><td>16</td><td>12</td></tr><tr><td>sep-20</td><td>16</td><td>12</td></tr></tbody></table>	Date	Risk Score	Target Score	des-17	9	4	mar-18	9	4	jun-18	12	4	sep-18	12	4	des-18	12	4	mar-19	12	4	jun-19	12	4	sep-19	12	4	dec-19	12	12	mar-20	12	12	jun-20	16	12	sep-20	16	12	<b>Rationale for current score:</b>  As a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England currently, strategic change programmes have been paused or significantly changed. Programme management arrangements externally and internally have been paused and are being progressively restored from Q2. The Grange opening is being accelerated by ABUHB as part of winter preparedness in the context of the response to Covid-19 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.	
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<b>Controls (What are we currently doing about the risk?)</b>  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.  Critical controls remaining in place: <ul style="list-style-type: none"><li>- DPP Briefings with CHC; CHC Services Planning Committee to be restored in July 2020</li><li>- Chief Executive and Directors of Planning meetings</li><li>- Quarterly planning cycle in place to respond to Welsh Government quarterly Operating Framework requirements – this includes a review of neighbouring provider plans post submission</li></ul> 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"><li>▪ Implementation of the long term Health and Care Strategy for Powys</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><tr><th>Action – on hold in Q1</th><th>Lead</th><th>Deadline</th></tr><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></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																					
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<p>through the IMTP, Annual Plan and Directorate Planning process.</p> <ul style="list-style-type: none"> <li>Compliance with Wellbeing of Future Generations Act and Social Services and Well-being Act.</li> <li>Specific Organisational Well-being Objective – WBO8 – Transforming in Partnership.</li> <li>Development of a Model of Care for Powys with Rural Regional Centre and Community Wellbeing Hubs; including taking forward the North Powys/Newtown proposals into a business case process.</li> <li>Strategic Change Stocktake process in place and regular updates providing a monitoring tool as part of the reporting cycle for Performance and Resources Committee and PTHB Board.</li> <li>Strategic Change Steering Group in place with a role to monitor external change and assess the impact clinically, operationally, and strategically of live consultations and engagement.</li> <li>Impact Assessment process in place for detailed analysis of live strategic change programmes.</li> <li>Powys Consultation Plans and weekly situation reports developed for each live consultation to ensure PTHB responses take into account the impact on Powys residents.</li> <li>Regular engagement and updates provided to CHC Services Planning Committee and Full Committee on live consultations – being restored in July 2020.</li> <li>Executive Committee Strategic Planning and Commissioning meetings being restored July 2020.</li> <li>Establishment of Project Board to manage impact of the changes in pathways and services in relation to the Grange development.</li> <li>Participation in external Programme mechanisms as appropriate for key live programmes either as watching brief/ receipt of information or as programme participant in the case of NHS Future Fit.</li> </ul>	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
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
<b>4 x 4 = 16</b>			

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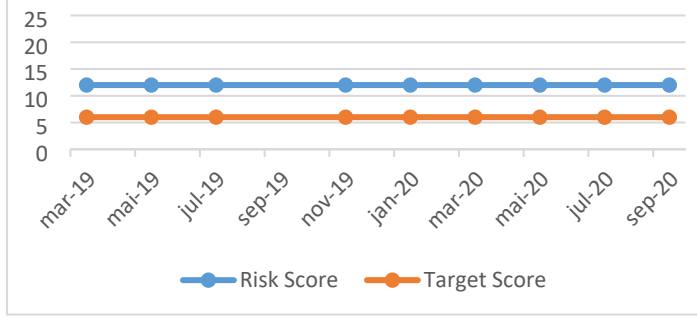
<b>Risk that:</b> resources (financial and other) are not fully aligned to the health board's priorities		<b>Assuring Committee:</b> Performance and Resources Committee																																								
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 8		<b>Date last reviewed:</b> September 2020																																								
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Period	Risk Score	Target Score																																								
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<ul style="list-style-type: none"><li>Clear prioritisation/direction from Welsh Government in terms of response to COVID-19 pandemic outlined in Q2 Operating Framework.</li><li>The revision of the Annual Plan to enable agreement of re-prioritisation, which indicates de-prioritisation of previously agreed organizational priorities (May 2020).</li><li>Clear Financial Control Procedures in place to manage expenditure relating to COVID-19, including regular returns to WG, including risks</li><li>Resources allocated to priority areas for fast-tracking supportive action in relation to COVID-19 and non-COVID-19 activity (e.g. Digital)</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																																						
		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																																						
<b>Current Risk Rating</b>		<b>Additional Comments</b>																																								
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<b>CRR 011</b> <b>Risk that:</b> A UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys <b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 3.1-3.4, 4.1, 4.3, 5.2 and 8.2		<b>Executive Lead:</b> Director of Public Health <b>Operational Lead:</b> Civil Contingencies Manager <b>Lead Board Committee:</b> Executive Committee <b>Date last reviewed:</b> September 2020																									
<b>Risk Rating –</b>  (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 3 x 3 = 9 <b>Date added to the risk register</b> <b>January 2019</b>	 <table border="1"><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>	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	<b>Rationale for current score</b>  Likelihood – LIKELY. If the UK exits transition with no trade deal by 31 <sup>st</sup> December 2020, it is highly likely that this would have a range of significant impacts on the NHS.  Impact - MAJOR. Impact assessments forecast that the timing of EU departure could have a short-term impact in Q4 2020/21 (compounded by winter pressures and COVID-19), as well as a longer-term impact on the NHS in areas such as workforce and overall public spending. The impact is therefore rated as major.	
Date	Risk Score	Target Score																									
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<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>PTHB is currently preparing to step up readiness for a potential UK/EU 'no trade deal' scenario on 1<sup>st</sup> January 2021.</li><li>A review of the status of contingencies previously established in the lead up to Brexit (outlined in bullets below), is now underway and will inform next steps in local preparations. 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"><li>PTHB membership of/engagement in NHS Wales planning arrangements, through its current governance architecture (including WOD).</li><li>Reviewing and updating PTHB business continuity plan (BCP) and arrangements in line with national directive.</li><li>Continued engagement with Welsh Government, the Welsh NHS Confederation and other NHS partners and the Dyfed Powys Local Resilience Forum).</li></ul>Local risk assessment of "No Deal" Brexit, as part of BCP. Communications to lead officers.</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Ensure arrangements are in place to continue to review and test local plan(s) as further clarity and information emerges regarding a no UK/EU trade deal scenario.</td><td>DPH</td><td>Up to 31<sup>st</sup> December 2020 and beyond</td></tr><tr><td>Consider the longer-term impacts of UK exit from EU, not previously considered in detail in earlier programmes of work</td><td>DPH</td><td>Up to 31<sup>st</sup> December 2020 and beyond</td></tr><tr><td>Issue further information and actions to PTHB staff, as these emerge as part of national planning arrangements</td><td>DPH</td><td>Up to 31<sup>st</sup> December 2020 and beyond</td></tr></tbody></table>		Action	Lead	Deadline	Ensure arrangements are in place to continue to review and test local plan(s) as further clarity and information emerges regarding a no UK/EU trade deal scenario.	DPH	Up to 31 <sup>st</sup> December 2020 and beyond	Consider the longer-term impacts of UK exit from EU, not previously considered in detail in earlier programmes of work	DPH	Up to 31 <sup>st</sup> December 2020 and beyond	Issue further information and actions to PTHB staff, as these emerge as part of national planning arrangements	DPH	Up to 31 <sup>st</sup> December 2020 and beyond												
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<b>Current Risk Rating</b> <b>4 x 4 = 16</b>		<b>Additional Comments</b> Welsh Government has given an update on the structure of future EU transition planning in preparation for the 1 <sup>st</sup> January 2021. The Leadership group has been reconvened and is meeting on a regular basis.																									

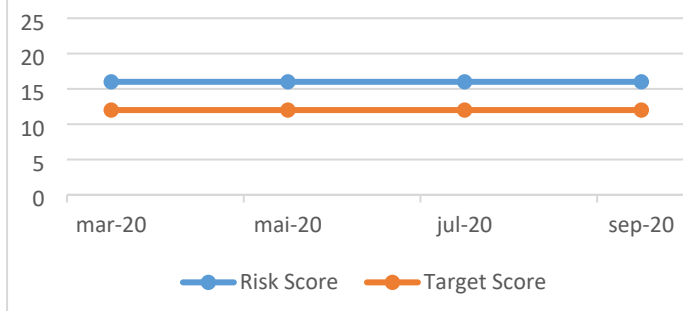
It is envisaged that the SRO group, and all other EU transition subgroups will be reconvened in September.

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<b>CRR 012</b>		<b>Executive Lead:</b> Director of Therapies & Health Sciences																																		
<b>Risk that:</b> the health board does not comply to the Welsh Language standards, as outlined in the compliance notice		<b>Operational Lead:</b> Welsh Language Services Manager																																		
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 8		<b>Lead Board Committee:</b> Performance and Resources Committee																																		
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<div><div><div><b>Risk Rating –</b> (likelihood x impact): Initial: 4 x 3 = 12 <b>Current: 4 x 3 = 12</b> Target: 2 x 3 = 6</div><div><b>Date added to the risk register</b> 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><tr><td>sep-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	sep-20	12	6	<b>Rationale for current score</b> <ul style="list-style-type: none"><li>Absence of 'More than just words' action plan</li><li>Baseline assessment indicates non-compliance of the Welsh Language Standards</li><li>The findings of a recent Internal Audit identified that compliance with Welsh Language Standards needs improvement. Response to be agreed but no capacity to make changes at the current time due to COVID-19.</li></ul>		
Date	Risk Score	Target Score																																		
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<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Undertaken a baseline assessment of current position against the Welsh Language standards</li><li>Established a Welsh Language Steering Group</li><li>Appointment of a Welsh speaking Welsh Language Service Improvement Manager</li><li>Improvement Plan in development</li><li>Temporary appointment of a translator in the Communications and Engagement Team</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Implement Welsh Language Improvement Plan</td><td>DPCMH</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Formulate response to Internal Audit report</td><td>DoTHS</td><td>31 May 2020</td></tr><tr><td>Implement response to Internal Audit report</td><td>DPCMH</td><td>TBD</td></tr></tbody></table>			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																				
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<b>Current Risk Rating</b> <b>4 x 3 = 12</b>		<b>Additional Comments</b> 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.																																		

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<b>CRR 013</b> <b>Risk that:</b> Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures		<b>Lead Director:</b> Director of Primary, Community & Mental Health Services <b>Lead Board Committee:</b> Performance and Resources Committee and Experience, Quality and Safety Committee (for experience, quality and safety of commissioned services) <b>Date last reviewed:</b> September 2020																												
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 4 – specifically 4.3																														
<b>Risk Rating –</b>  (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 3 = 12</b> Target: 3 x 2 = 6 <b>Date added to the risk register</b> July 2019	<table><caption>Risk Rating Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-19</td><td>12</td><td>9</td></tr><tr><td>Sep-19</td><td>12</td><td>6</td></tr><tr><td>Nov-19</td><td>12</td><td>6</td></tr><tr><td>Jan-20</td><td>12</td><td>6</td></tr><tr><td>Mar-20</td><td>12</td><td>6</td></tr><tr><td>May-20</td><td>12</td><td>6</td></tr><tr><td>Jul-20</td><td>12</td><td>6</td></tr><tr><td>Sep-20</td><td>12</td><td>6</td></tr></tbody></table>	Date	Risk Score	Target Score	Jul-19	12	9	Sep-19	12	6	Nov-19	12	6	Jan-20	12	6	Mar-20	12	6	May-20	12	6	Jul-20	12	6	Sep-20	12	6	<b>Rationale for current score</b>  In reach services commissioned from English and Welsh providers, were frequently cancelled / re-booked due to main provider pressures. Services had been continually re-organised at short notice by Directorate teams with limiting any harm to patients or impact on NOF measures.	
Date	Risk Score	Target Score																												
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<ul style="list-style-type: none"><li>Most services are currently on reduced scale due to COVID-19 with little or no in reach provided, thus risk of service failure currently reduced</li><li>Work with providers of services to in reach are active in response to recent WG guidance on 'essential services'</li><li>Implementation of the Strategic Commissioning Framework (for whole system commissioning) includes in reach services commissioned via SLA was in place but currently being managed through direct links with providers including attendance by AD Commissioning at some Silver forum</li><li>NHS LTA and SLA Overview (and approval process)</li><li>Currently performance monitoring by WG has been paused due to COVID-19</li><li>DGH and Specialised Services workstream in place led by Director of Planning and Performance</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																										
		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 <sup>th</sup> Sept 2020																										
		Consultant connect rollout continues to manage new referrals	DPCMH	31 <sup>st</sup> July 2020																										
		Interaction with silver commands across neighbours through PTHB command and control mechanisms	DPP	Ongoing																										
<b>4 x 3 = 12</b>		Historically, key services impacted are Ophthalmology, Endoscopy, Trauma and Orthopaedics																												

<b>CRR 014</b>		<b>Lead Director:</b> Director of Public Health																
<b>Risk that:</b> Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)		<b>Lead Board Committee:</b> Executive Committee, Experience Quality and Safety Committee																
<b>Risk Impacts on:</b> Impact on the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		<b>Date last reviewed:</b> September 2020																
<div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 3 x 4 = 12</div> <div><b>Date added to the risk register</b> February 2020</div>	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>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><tr><td>sep-20</td><td>16</td><td>12</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	16	12	mai-20	16	12	jul-20	16	12	sep-20	16	12	<div><b>Rationale for current score:</b> Likelihood: 'Likely'. Although new cases of COVID-19 are slowing in response to population level interventions, the absence of herd immunity or an effective vaccine means that the likelihood of a large-scale outbreak remains likely across all parts of the UK, including Powys. Whether Test Trace Protect mitigates the additional risk of a gradual lifting of control measures remains to be seen.  Impact: 'Major'. COVID-19 presents four harms to the population: - 1. The direct harm arising from the disease itself; 2. The harm caused by an overwhelmed NHS; 3. The harm caused by stopping other non-COVID activity; and 4. The wider harm to wellbeing caused by population level measures in response to COVID-19.</div>	
Month	Risk Score	Target Score																
mar-20	16	12																
mai-20	16	12																
jul-20	16	12																
sep-20	16	12																
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																
1. Test Trace Protect programme in place: <ul style="list-style-type: none"><li>• PCR testing available for the Powys population via the UK online portal;</li><li>• Contact tracing service started;</li><li>• Regional response cell in place for escalated cases and clusters.</li></ul> 2. Joint management and oversight arrangements in place with Powys County Council.		<b>Action</b> 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.	<b>Lead</b> DPH															
3. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements.			<b>Deadline</b> Ongoing															
<b>Current Risk Rating</b> <b>4 x 4 = 16</b>		<b>Additional Comments</b>																

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<b>CRR 015</b> <b>Risk that:</b> South Powys planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients. <b>Risk Impacts on:</b> Flow and activity modelling incorrect or incomplete and regional response system modelling not reflecting operational reality.		<b>Lead Director:</b> Director of Planning and Performance <b>Lead Board Committee:</b> Executive Committee, Strategy and Planning Committee  <b>Date last reviewed:</b> September 2020		
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 5 = 15 <b>Current: 3 x 5 = 15</b> Target: TBC		<b>Rationale for current score:</b> Differing models and assumptions across organisations; a lack of a shared understanding and agreement to regional level response resulting in unplanned changes to flows.		
<b>Date added to the risk register</b> September 2020				
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>		
<ul style="list-style-type: none"> <li>Agreed to reach shared understanding and agreement of planning assumptions and flows across region. Utilise real life example of Emergency Surgery and Trauma flow pre GUH to test assumptions. Ensure they remain continually under review.</li> <li>Implement South Powys Programme communications and engagement plan.</li> <li>Implement adequate communications and engagement activities across region to ensure public and staff awareness.</li> <li>Close working arrangements with other health boards and WAST.</li> <li>Providers have developed workforce plans. ABUHB workforce resilience improved by early opening of GUH.</li> <li>DoF representation in Programme Board.</li> </ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
		Ensure join up of engagement and communication planning across region and shared messaging wherever possible.	DPP	October 2020
		Agree operational readiness assessment process across the system. Ensure appropriate regional level contingency planning agreed before implementation.	DPP	October – November 2020
		Complete quality and safety assurance review of pathway changes and agree when it is safe to implement. Maintain maternity assurance framework.	DPP	November 2020
		Programme Board to approve Programme resources and budget and support of nominated representatives from all partners.	DPP	Complete
<b>Current Risk Rating</b> <b>3 x 5 = 15</b>		<b>Additional Comments</b>		

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**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# **COVID-19 Risk Register**

## **Phase 2**

**September 2020**

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## COVID-19 RISK HEAT MAP: September 2020

There is a risk that...

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

## COVID-19 RISK DASHBOARD – August 2020

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPH	C-19RR 001	Leadership & Management	Modelling assumptions to inform planning and response arrangements are not robust	3 x 4 = 12	➔		6	✗	Gold Command	Demand and Capacity and the Clinical Response Model
BS	C-19RR 002	Leadership & Management	Governance arrangements required to effectively respond to COVID-19 are not robust and embedded	2 x 3 = 6	➔		6	✓	Gold Command	Clarity on decision making authority delegations
CEO	C-19RR 003	Leadership & Management	We do not have sufficient leadership and management capacity to design, lead and support the implementation of the Phase 2 (incl. Q2) Plan	2 x 3 = 6	➔		6	✓	Gold Command	Grip and pace on the organisation's planning and response to COVID-19
DPP	C-19RR 004	Communications & Engagement	Insufficient strategic delivery and benefits realisation and/or loss of reputation due to ineffective communications and engagement arrangements	3 x 3 = 9	➔		6	✓	Gold Command	Public understanding and confidence in the organisation's response to COVID-19

DN	C-19RR 006	Service Model	Infection, Prevention and Control arrangements are not robust and effective	3 x 3 = 9	↓		6	*	Gold Command	Effective prevention of infection, delaying management of infection and inaccurate monitoring of infection
DN MD DTHS	C-19RR 007	Service Model	Clinical outcomes for patients are compromised	2 x 2 = 4	→		4	✓	Gold Command	Patients undergoing rehabilitative care
MD	C-19RR 008	Service Model	Arrangements for the deceased are insufficient and compromised	1 x 4 = 4	→		4	✓	Gold Command	Families of deceased, funeral directors, care homes
DWOD SS	C-19RR 009	Service Model	COVID-19 may be transmitted in the workplace	3 x 3 = 9	→		6	*	Gold Command	Employees, Employee Families and Patients
DWOD SS	C-19RR 010	Workforce & OD	We do not have sufficient workforce capacity to achieve implementation of the Clinical Response Model	3 x 3 = 9	→		6	*	Gold Command	The ability of the Health Board to deliver its clinical response model
DWOD SS	C-19RR 011	Workforce & OD	Our workforce does not have the required skills and expertise required to achieve implementation of the Clinical Response Model	2 x 3 = 6	→		6	✓	Gold Command	The ability of the Health Board to deliver its clinical response model

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DFIIT	C-19RR 012	Logistics	We do not have the required level of equipment and supplies to achieve implementation of the Clinical Response Model – Including Beds, General Equipment, PPE Supplies and Oxygen	2 x 5 = 10	➔		6	*	Gold Command	The Health Boards ability to provide additional capacity as per the clinical model
DPH	C-19RR 014	Recovery	The organisation does not have effective planning in place to recover from COVID-19 response	2 x 3 = 6	➔		4	*	Gold Command	Lessons learned for future response
DFIIT	C-19RR 015	Leadership & Management	The total quantum for funding for addressing COVID -19 across Wales remains fluid and uncertain	3 x 4 = 12	➔		9	*	Gold Command	Planned outturn for 2020-21
DPCMH	C-19RR 016	Logistics	The need to monitor oxygen supply arrangements and how we identify whether we are reaching capacity	2 x 4 = 8	➔		4	*	Gold Command	Clinical need in terms of numbers and location need to be matched with oxygen supply and availability, not just at point of admission, but proactively as patient needs change. Watford incident where demand exceeded supply.

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DPH	C-19RR 018	Test Trace Protect	People with COVID-19 do not come forward for testing and pass on infection to others	3 x 4 = 12	➔		8	*	Gold Command	Demand on healthcare, ability to remain outside of a 'lockdown' situation.
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**KEY:**

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

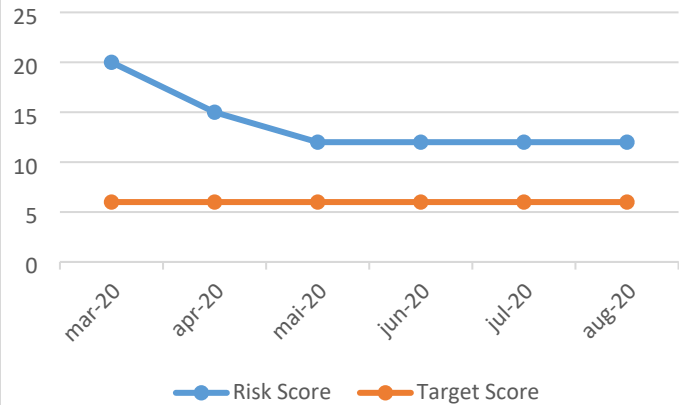
Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of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

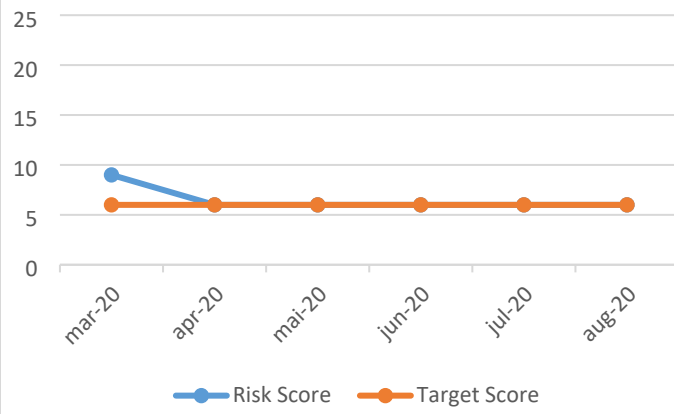
RISK APPETITE		
Category	Appetite for Risk	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

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

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

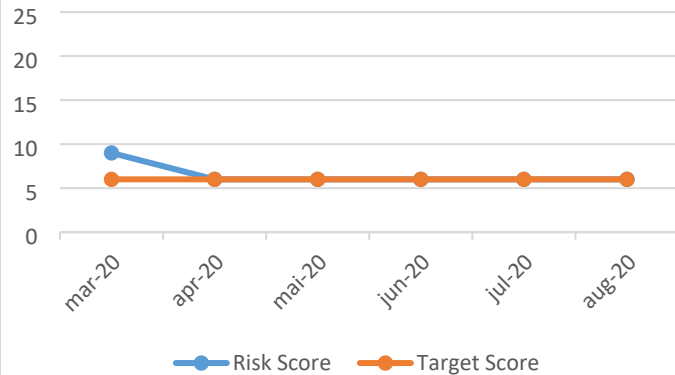


<b>C-19RR 002 (Leadership &amp; Management)</b>		<b>Lead Director:</b> Board Secretary																						
<b>Risk that:</b> Governance arrangements required to effectively respond to COVID-19 are not robust and embedded		<b>Oversight Arrangements:</b> Gold Command & Board																						
<b>Risk Impacts on:</b> <ul style="list-style-type: none"><li>• Appropriate decision making.</li><li>• Effective Risk management arrangements.</li><li>• Compliance with statutory responsibilities.</li><li>• Clarity on roles and responsibilities.</li></ul>		<b>Date last reviewed:</b> July 2020																						
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 3 = 9 <b>Current: 2 x 3 = 6</b> Target: 2 x 3 = 6	 <table><caption>Risk Score History</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>9</td><td>6</td></tr><tr><td>apr-20</td><td>6</td><td>6</td></tr><tr><td>mai-20</td><td>6</td><td>6</td></tr><tr><td>jun-20</td><td>6</td><td>6</td></tr><tr><td>jul-20</td><td>6</td><td>6</td></tr><tr><td>aug-20</td><td>6</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	9	6	apr-20	6	6	mai-20	6	6	jun-20	6	6	jul-20	6	6	aug-20	6	6	<b>Rationale for current score:</b>  The COVID-19 pandemic has had a significant impact upon the business as usual of the organisation. In establishing control and command arrangements to plan and respond to the pandemic, there was a need to ensure clarity on governance arrangements specifically relating to processes and decision making in respect of COVID-19. Significant work has been undertaken to clarify arrangements through the COVID-19 Governance Framework and the COVID-19 Financial Control Procedure. Inevitably a low level of risk will remain during these uncertain times.	
Month	Risk Score	Target Score																						
mar-20	9	6																						
apr-20	6	6																						
mai-20	6	6																						
jun-20	6	6																						
jul-20	6	6																						
aug-20	6	6																						
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>• COVID-19 Governance Framework in place</li><li>• Pandemic Framework and Corporate Business Continuity Plan in place</li><li>• Board and Committee accountability arrangements continue</li><li>• COVID-19 Action Plan</li><li>• COVID-19 Risk Register</li><li>• COVID-19 Financial Control Procedure</li><li>• Board approved Scheme of Delegation and Standing Financial Instructions</li></ul>		<b>Mitigating actions (What more should we do?)</b>																						
		<b>Action</b> Regular review of arrangements to ensure they remain fit for purpose in an evolving situation.	<table><tr><th>Lead</th><th>Deadline</th></tr><tr><td>BS</td><td>Ongoing</td></tr></table>	Lead	Deadline	BS	Ongoing																	
Lead	Deadline																							
BS	Ongoing																							
<b>Current Risk Rating</b> 2 x 3 = 6		<b>Additional Comments</b>																						

<b>C-19RR 003 (Leadership &amp; Management)</b> <b>Risk that:</b> We do not have sufficient leadership and management capacity to design, lead and support the implementation of the Phase 2 (incl. Q2) Plan		<b>Lead Director:</b> Chief Executive <b>Oversight Arrangements:</b> Gold Command & Board	
<b>Risk Impacts on:</b> The grip and pace on the organisation's planning and response to COVID-19.		<b>Date last reviewed:</b> July 2020	
<b>Risk Rating</b>		<b>Rationale for current score:</b>	

(likelihood x impact):  
Initial:  $3 \times 3 = 9$   
Current:  $2 \times 3 = 6$   
Target:  $2 \times 3 = 6$

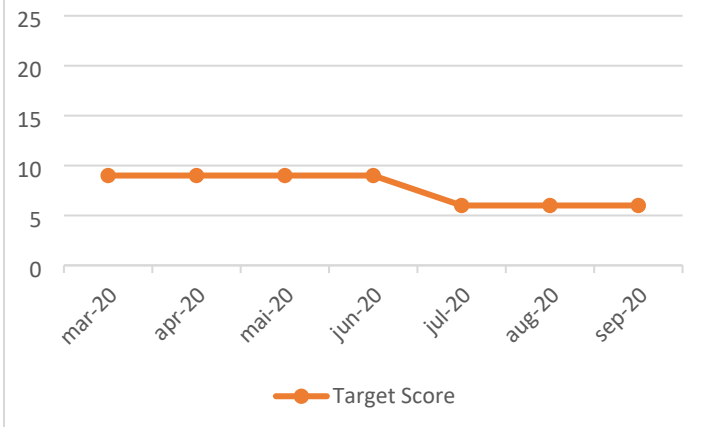
**Date added to the risk register**  
March 2020



Current planning and activity remain largely manageable, however there are some pressure points which are being discussed with individual Directors

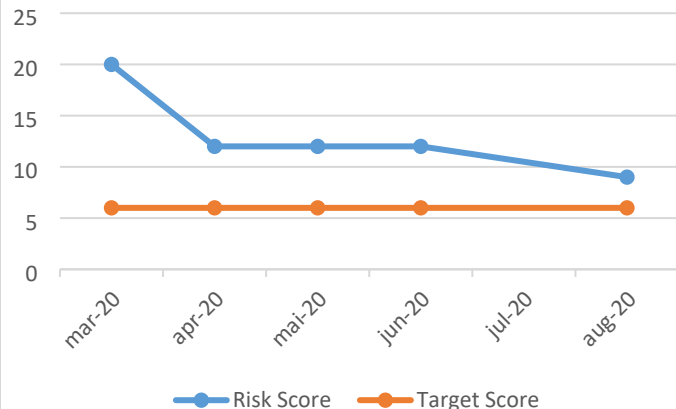
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"><li>Well established Gold Command arrangements in place</li><li>Business as usual activities modified: Executive Committee and most sub-groups managing priority business; Most Board business as usual activities in place managing priority business</li><li>Phase 2 Plan involvement of all Directors and their teams</li><li>Clinical Leadership Group; GP reference group; Cluster mechanisms in place</li><li>Staff wellbeing: Focus on annual leave taking for all staff including leaders and managers; well-being service in place; PADR cycle in place</li><li>Consideration of pressure points with Directors; Executive Director reflection sessions</li></ul>	Action	Lead	Deadline
	Board discussion (29 July) on Phase 2 Plan and revised Annual Plan	CEO	Next review end of August
	Critical Review at end of Q2 in readiness for Q3 & 4	CEO	Next review end of August
	Consideration of specific, targeted and focused work on capacity and capability in specific areas	CEO/DWOD	End August
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"><li>Phase 2 (Q2) Executive Reflection sessions; plus, feedback from Directorates; Review of service activity/new requirements</li><li>Pulse survey results; Trade Union Partnership Forum feedback</li><li>Implementation Plan tracking</li></ul>	<ul style="list-style-type: none"><li>Individual Directorate review of current priorities and work focus – consider mid-year, light-touch reviews</li></ul>		
Current Risk Rating	Additional Comments		
2 x 3 = 6			

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<b>C-19RR 004 (Communications &amp; Engagement)</b> <b>Risk that:</b> Insufficient strategic delivery and benefits realisation and/or loss of reputation due to ineffective communications and engagement arrangements		<b>Lead Director:</b> Director of Planning and Performance <b>Oversight Arrangements:</b> Gold Command, Central Co-ordination Function & Board																		
<b>Risk Impacts on:</b> Public understanding and confidence in the organisation’s response to COVID-19		<b>Date last reviewed:</b> September 2020																		
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 3 = 9 Target: 3 x 2 = 6 <b>Date added to the risk register</b> March 2020	 <table><caption>Target Score Data</caption><thead><tr><th>Month</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>10</td></tr><tr><td>apr-20</td><td>10</td></tr><tr><td>mai-20</td><td>10</td></tr><tr><td>jun-20</td><td>10</td></tr><tr><td>jul-20</td><td>7</td></tr><tr><td>aug-20</td><td>7</td></tr><tr><td>sep-20</td><td>7</td></tr></tbody></table>	Month	Target Score	mar-20	10	apr-20	10	mai-20	10	jun-20	10	jul-20	7	aug-20	7	sep-20	7	<b>Rationale for current score:</b> PTHB operates within a complex environment both as a provider and a significant commissioner of services in both Wales and England. Alongside this we have a sparse rural geography with our staff, service users and wider stakeholders spread across 2000 square miles of mid Wales with a complex network of hyperlocal cultural identities. The organisation therefore needs the capacity, capability and governance processes to ensure effective and compliant engagement and communication across the whole system. There are five key areas of risk: i) PTHB processes not identifying and addressing risks and opportunities for engagement and communication with residents and stakeholders across the whole system ii) PTHB does not have the right capacity, capability and processes for engagement and communication including for sustained response to major incidents iii) PTHB business and operational processes not sufficiently aligned with communication and engagement resulting in reactive or non-aligned communication delivery iv) PTHB does not adequately communicate with its staff to enable their delivery of the organisational response and their advocacy on behalf of the organisation v) Non-compliance with statutory requirements (e.g. Welsh Language, Accessibility, Engagement and Consultation)  Communications capacity is currently in extremis and the current demands on the team exceed specialist capacity, which means we are unable to ringfence specialist capacity to COVID (e.g. cluster response, outbreaks etc.).		
Month	Target Score																			
mar-20	10																			
apr-20	10																			
mai-20	10																			
jun-20	10																			
jul-20	7																			
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<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																		
		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																


<ul style="list-style-type: none"> <li>Overarching communications framework for COVID-19 in place supported by SOPs for internal, external and stakeholder communications and reviewed for Phase 2</li> <li>Key mechanisms in place for internal communication including intranet, daily bulletin, ask the Chief Executive, Facebook Group</li> <li>Key mechanisms in place for external communication including website, social media, media liaison</li> <li>Key mechanisms in place for stakeholder communication including stakeholder bulletins, briefings with MSs/MPs, correspondence log, briefings with PCC members, ongoing liaison with CHC</li> <li>Communications activity aligned with COVID-19 business processes including daily digest of key policy announcements, read out from Management SITREP, comms lead identified for Phase 1 workstreams, planning under way for Phase 2 priorities, comms attendance at CCF</li> <li>Partnership communications mechanisms in place including weekly conference call led by Welsh Government, weekly conference call led by PHW, weekly conference call with PCC engagement and communication team, cross-border liaison with English providers and STP</li> <li>Initial web migration completed on scheduled by 1 July 2020</li> </ul>	Conclude web migration under way for new platform to support Welsh Language compliance and accessibility standards	DPP	September 2020
	Undertake learning and review from interim programmes and channels (e.g. temporary social media channels) to ensure compliance	DPP	July 2020
	Finalise and agree marketing and communication guidance for Welsh Language compliance	DPP/DoTH S	August 2020
	<i>Finalise and agree guidance for producing documents for digital accessibility</i>	<i>DPP/DoTH S</i>	<i>August 2020</i>
	<i>Continue implementation of O365 including replacement of intranet</i>	<i>DFIIT</i>	<i>?</i>
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
3 x 2 = 6			

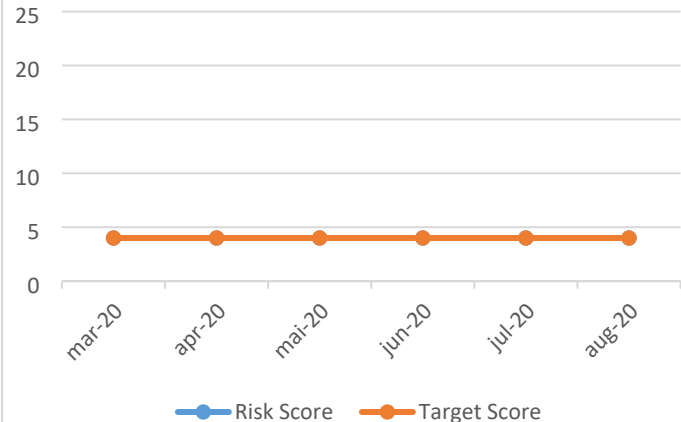
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<b>C-19RR 006 (Service Model)</b>		<b>Lead Director:</b> Director of Nursing																			
<b>Risk that:</b> Infection, Prevention and Control arrangements are not robust and effective		<b>Oversight Arrangements:</b> Gold Command & Board																			
<b>Risk Impacts on:</b> Effective prevention of infection, delaying management of infection and inaccurate monitoring of infection, leading to increased levels of ill health in the population using and providing services		<b>Date last reviewed:</b> August 2020																			
<div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 5 = 20 <b>Current: 3 x 3 = 9</b> Target: 2 x 3 = 6</div> <div><b>Date added to the risk register</b> March 2020</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>20</td><td>6</td></tr><tr><td>apr-20</td><td>12</td><td>6</td></tr><tr><td>may-20</td><td>12</td><td>6</td></tr><tr><td>jun-20</td><td>12</td><td>6</td></tr><tr><td>aug-20</td><td>9</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	20	6	apr-20	12	6	may-20	12	6	jun-20	12	6	aug-20	9	6	<b>Rationale for current score:</b> Changing Welsh Government and Public Health Wales policy in relation to the management of people and COVID-19, including testing, admission and discharge arrangements, multiple stakeholders, domination of COVID-19 related demand with emerging picture of infection trajectory across all settings and vulnerable groups, fragility of staffing model, pre-existing need to refresh and refocus the IPC and decontamination groups, domination of COVID-19 related demand with high reliance on optimum IPC practice. The emerging organisation’s Prevention and Response Plan.	
Month	Risk Score	Target Score																			
mar-20	20	6																			
apr-20	12	6																			
may-20	12	6																			
jun-20	12	6																			
aug-20	9	6																			
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																			
<ul style="list-style-type: none"><li>Increased hands-on senior leadership of the team</li><li>Clinical supervision and support secured from neighbouring health board</li><li>Permanent increase in registrant staffing resource achieved</li><li>Standard operating procedure supporting role of link workers implemented</li><li>Engagement of the wider teams with expertise, i.e. health and safety coordinators and Trade Unions</li><li>Clear plan in place re: managing IPC component of COVID-19</li><li>IPC Group maintained throughout the pandemic</li><li>IPC structure, Terms of Reference, Sub-group, membership and lines of reporting all revised</li><li>Integrated policy and standard operating procedure developed enabling enhanced support to care homes with Powys County Council</li><li>PPE Coordination Group meeting frequency revised due to second phase of response to pandemic</li><li>Regular staff communications and briefings</li><li>Rolling training plan enabling availability to all staff groups, spanning awareness raising to FFP3 fit testing</li><li>Executive-led Nosocomial Transmission Group underpinned by All Wales Policy &amp; Procedure and staff toolkit</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																	
		As per national position and all Wales experience, establish a strategic and operational model enabling right focus right time to maximise effectiveness and secure the capability and capacity to effectively lead and manage IPC within the health board.	DoN	March 2021																	
		PPE Pathway Audit being considered via the Policy Group	DoN	August 2020																	

<b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b>	<b>Gaps in assurance</b> <b>(What additional assurances should we seek?)</b>
<ul style="list-style-type: none"> <li>• Increased audit and quality checks in community ward areas</li> <li>• Percentage uptake of training</li> <li>• Regular reporting of revised IPC arrangements into QGG</li> <li>• Rolling training plan regularly reviewed and revised, and reported via Gold Strategic Command Group</li> </ul>	<ul style="list-style-type: none"> <li>• Nosocomial group reporting via Gold Strategic Command Group</li> </ul>
<b>Current Risk Rating</b>	<b>Additional Comments</b>
3 x 3 = 9	At present, Community transition rates are very low in Wales.

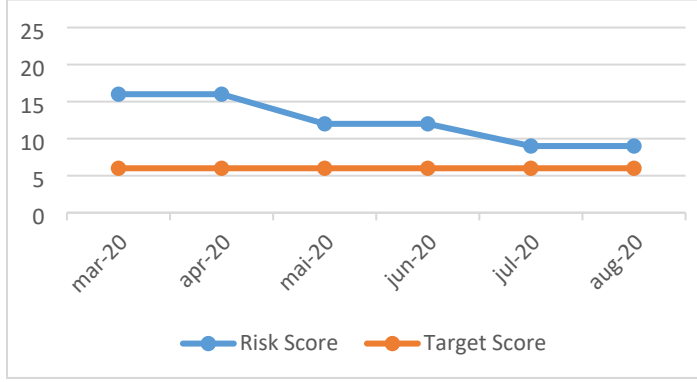
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<b>C-19RR 007 (Service Model)</b>		<b>Lead Director:</b> Clinical Directors																						
<b>Risk that:</b> Clinical outcomes for patients are compromised		<b>Oversight Arrangements:</b> Gold Command & Board																						
<b>Risk Impacts on:</b> Patients undergoing rehabilitative care		<b>Date last reviewed:</b> July 2020																						
<div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 5 = 20 <b>Current: 2 x 2 = 4</b> Target: 2 x 2 = 4</div> <div><b>Date added to the risk register</b> March 2020</div>	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>20</td><td>4</td></tr><tr><td>apr-20</td><td>12</td><td>4</td></tr><tr><td>mai-20</td><td>4</td><td>4</td></tr><tr><td>jun-20</td><td>4</td><td>4</td></tr><tr><td>jul-20</td><td>4</td><td>4</td></tr><tr><td>aug-20</td><td>4</td><td>4</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	20	4	apr-20	12	4	mai-20	4	4	jun-20	4	4	jul-20	4	4	aug-20	4	4	<b>Rationale for current score:</b> The capability and capacity to fully deliver the service response model for the identified (rehabilitative care) patient group is already established within the HB. A Task and Finish Group is in place to map further development requirements. The 7-day working trial is reaching the end, this must be evaluated and if it is deemed a success and consultation will be needed to make it a permanent change.	
Month	Risk Score	Target Score																						
mar-20	20	4																						
apr-20	12	4																						
mai-20	4	4																						
jun-20	4	4																						
jul-20	4	4																						
aug-20	4	4																						
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Service response model planned on national guidance, focused on maximizing strengths of existing model</li><li>Two new services on 7/7 trial</li><li>Service model built on existing well established practices managing these within PTHB</li><li>Further deployment of nurses, therapists and healthcare support workers, supported by training aimed at upskilling</li><li>Revision of policies and protocols</li><li>Resources (information and training being developed)</li><li>Virtual rehabilitation models being explored and evaluated</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Maintain an overview of quality metrics</td><td>MD &amp; DN</td><td>25/07/2020</td></tr><tr><td>Ensure staff support mechanisms are widely known</td><td>WOD</td><td>Ongoing</td></tr><tr><td>Evaluate Virtual Rehabilitation Models</td><td>DoTHS</td><td>25/08/2020</td></tr><tr><td>Review 7 day working trial</td><td>DOTHS D Ops</td><td>30/9/2020</td></tr></tbody></table>		Action	Lead	Deadline	Maintain an overview of quality metrics	MD & DN	25/07/2020	Ensure staff support mechanisms are widely known	WOD	Ongoing	Evaluate Virtual Rehabilitation Models	DoTHS	25/08/2020	Review 7 day working trial	DOTHS D Ops	30/9/2020						
Action	Lead	Deadline																						
Maintain an overview of quality metrics	MD & DN	25/07/2020																						
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Evaluate Virtual Rehabilitation Models	DoTHS	25/08/2020																						
Review 7 day working trial	DOTHS D Ops	30/9/2020																						
<b>Assurances (How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"><li>Review of incidents</li><li>Audit of clinical outcomes</li></ul>		<b>Gaps in assurance (What additional assurances should we seek?)</b> Safety review being completed																						
<b>Current Risk Rating</b> 2 x 2 = 4		<b>Additional Comments</b>																						

<b>C-19RR 008 (Service Model)</b>		<b>Lead Director:</b> Medical Director																					
<b>Risk that:</b> Arrangements for the deceased are insufficient and compromised		<b>Oversight Arrangements:</b> Gold Command & Board																					
<b>Risk Impacts on:</b> Families of deceased, funeral directors, care homes		<b>Date last reviewed:</b> July 2020																					
<div><div><b>Risk Rating</b> (likelihood x impact): Initial: 1 x 4 = 4 <b>Current: 1 x 4 = 4</b> Target: 1 x 4 = 4</div><div><b>Date added to the risk register</b> March 2020</div></div> <div><table border="1"><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>4</td><td>4</td></tr><tr><td>apr-20</td><td>4</td><td>4</td></tr><tr><td>mai-20</td><td>4</td><td>4</td></tr><tr><td>jun-20</td><td>4</td><td>4</td></tr><tr><td>jul-20</td><td>4</td><td>4</td></tr><tr><td>aug-20</td><td>4</td><td>4</td></tr></tbody></table></div>	Month	Risk Score	Target Score	mar-20	4	4	apr-20	4	4	mai-20	4	4	jun-20	4	4	jul-20	4	4	aug-20	4	4	<div><b>Rationale for current score:</b> Significant work has been undertaken between PTHB, PCC and local Funeral Directors, to prepare for an increase in mortality due to COVID-19. However, current mortality rates remain very near average.</div>	
Month	Risk Score	Target Score																					
mar-20	4	4																					
apr-20	4	4																					
mai-20	4	4																					
jun-20	4	4																					
jul-20	4	4																					
aug-20	4	4																					
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Significant work has been undertaken with PCC and local Funeral Directors to ensure there are adequate resources available.</li><li>Additional mortuary capacity has been established</li><li>Work has been undertaken to enable non-doctors to verify deaths</li><li>Arrangements are in place to secure sustainable supplies of body bags</li><li>Funeral Directors have been advised of requirements in respect of PPE</li><li>Contingency arrangements in place in the event of Funeral Directors having insufficient storage capacity</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Working with OOH provider to ensure expected care home deaths are verified by the provider</td><td>MD</td><td>22/05/2020</td></tr></table>		Action	Lead	Deadline	Working with OOH provider to ensure expected care home deaths are verified by the provider	MD	22/05/2020														
Action	Lead	Deadline																					
Working with OOH provider to ensure expected care home deaths are verified by the provider	MD	22/05/2020																					
<b>Current Risk Rating</b> 1 x 4 = 4		<b>Additional Comments</b>																					

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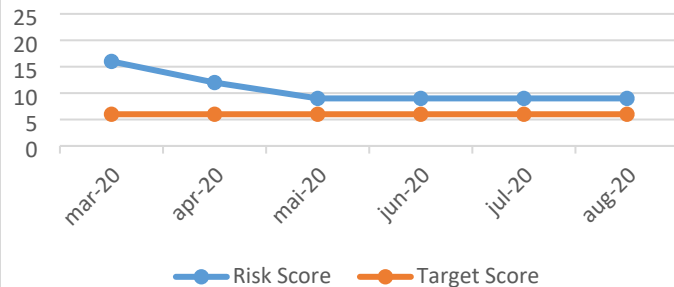


<b>C-19RR 009 (Service Model)</b>		<b>Lead Director:</b> Director of Workforce & OD																						
<b>Risk that:</b> COVID-19 may be transmitted in the workplace		<b>Oversight Arrangements:</b> Gold Command & Board																						
<b>Risk Impacts on:</b> Employees, Employee Families and Patients		<b>Date last reviewed:</b> July 2020																						
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 3 x 3 = 9</b> Target: 2 x 3 = 6	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>16</td><td>6</td></tr><tr><td>apr-20</td><td>16</td><td>6</td></tr><tr><td>mai-20</td><td>12</td><td>6</td></tr><tr><td>jun-20</td><td>12</td><td>6</td></tr><tr><td>jul-20</td><td>10</td><td>6</td></tr><tr><td>aug-20</td><td>10</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	16	6	apr-20	16	6	mai-20	12	6	jun-20	12	6	jul-20	10	6	aug-20	10	6	<b>Rationale for current score:</b>  Changing Welsh Government and Public Health Wales policy in relation to the management of people and COVID-19.  Clinicians required to understand changing needs of patients and the trained staffing model to support.  Complexity and changing requirements around the work departments and service areas must do to maintain robust risk assessments, SOPs and safe systems of work, while bring services online.  Detailed Social Distancing Implementation Plan in place and currently being rolled-out.	
Month	Risk Score	Target Score																						
mar-20	16	6																						
apr-20	16	6																						
mai-20	12	6																						
jun-20	12	6																						
jul-20	10	6																						
aug-20	10	6																						
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																						
<ul style="list-style-type: none"><li>H&amp;S Advice and Guidance to employees, supervisors and managers through the COVID-19 H&amp;S intranet pages.</li><li>Detailed plan to implement social distancing approved by the Executive Board and monitored weekly.</li><li>2 x Health and Safety Trade Union Reps seconded for 3 months to support with implementation of the social distancing program of work.</li><li>Guidance to Managers and Supervisors for vulnerable employees and dedicated risk assessment template.</li><li>Support and advice from Occupational Health.</li><li>The provision of hand washing advice/guidance and posters in all areas.</li><li>Regular Staff updates and bulletins regarding COVID-19.</li><li>Regular dialog with the Trade Unions on matters of H&amp;S.</li><li>Review of Home Working Policy.</li><li>Additional upskilling sessions for clinical staff – e.g. Basic Life Support.</li><li>PPE Coordination Group established to coordinate the rational use of PPE for COVID-19 in Powys. This involves three key strategies: -<ol style="list-style-type: none"><li>Identify / minimize the need for PPE;</li></ol></li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																				
		Departments/teams to confirm that staff who need to work with or may need to work with COVID-19 positive patients have been identified.	DWODSS																					
		Face Fit Testing	Assistant DoN	TBC																				
		Confirmation that the planned installation of appropriate ventilation systems are in place with a completion date	Assistant Dir Estates																					
		To complete work around upgrading showers and changing areas.	Assistant Dir Estates																					
		Implementing revised welsh government policy re test trace and protect to include consideration of people accessing scheduled care and staff providing it	DPH	As per workstream plan																				

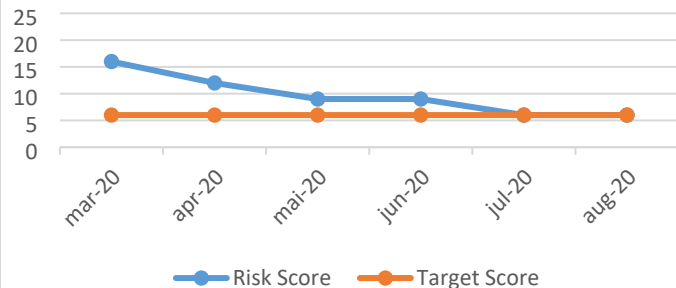
<p>2. Ensure PPE use is rational and appropriate; 3. Coordinate PPE supply chain mechanisms.</p> <ul style="list-style-type: none"> <li>• PPE awareness and update sessions for staff.</li> <li>• H&amp;S continue to provide PPE information in line with PHW to Managers, Supervisors and employees through the H&amp;S COVID-19 website.</li> <li>• Staff who are required to wear FFP3 respirators have been suitably identified and have been fit tested prior to FFP3 respirators being used.</li> <li>• Modelling work carried out to forecast demand for PPE during peak weeks to help support adequate supply.</li> <li>• Established central control process for issuing PPE – to date the supplier RAG rating has been Green.</li> <li>• Ensure PTHB has suitable welfare facilities for changing taking into consideration the potential need for extra staff.</li> <li>• The provision of suitable advice and guidance for the laundering of uniforms.</li> <li>• Suitable ventilation systems to be provided as advised by shared services to ensure air changes meet the necessary requirements in areas with COVID-19 patients to remove potentially contaminated air and prevent oxygen enrichment.</li> <li>• The review and update by operational teams of risk assessments and safe systems of work or SOP'S taking into consideration the risks posed by COVID-19 and implementation of suitable mitigation.</li> <li>• Availability of staff testing.</li> <li>• Implementation of Track, Trace and Protect.</li> <li>• RIDDOR Reporting of staff in line with national guidance.</li> <li>• Departments/teams confirmed that they have reviewed/updated risk assessments, safe systems of work or SOP's in line with the risk posed by COVID-19. Where further control has been identified these have been implemented and cascaded to staff.</li> <li>• PPE awareness / update sessions to target key staff are in place.</li> <li>• PPE awareness session are recorded on ESR.</li> <li>• Staff has been identified and face fit testing has been undertaken.</li> <li>• Virtual service delivery wherever possible using electronic systems.</li> <li>• External communication using local media to reinforce messaging.</li> <li>• Clear signage on hospital sites alerting potential visitors.</li> <li>• Managing the physical environment within the estate to ensure social distancing.</li> <li>• Clinical response model designed on site specific activity.</li> <li>• Cohorting of patients by site and within sites.</li> <li>• Increased cleaning regimes within clinical areas</li> <li>• Safely managing people with actual or suspected COVID-19</li> </ul>	<p>Establish standard operating procedure articulating admission, transfer and discharge arrangements based on welsh government policy</p>	<p>DPCMH</p>	<p>31 May 2020</p>
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<b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b>	<b>Gaps in assurance</b> <b>(What additional assurances should we seek?)</b>
<ul style="list-style-type: none"><li>• PPE use is consistent with current legislation</li></ul>	<ul style="list-style-type: none"><li>• Confirmation on ESR that all staff required to wear PPE have been trained.</li><li>• Robust records detailing conformity of PPE required.</li></ul>
<b>Current Risk Rating</b>	<b>Additional Comments</b>
3 x 3 = 9	

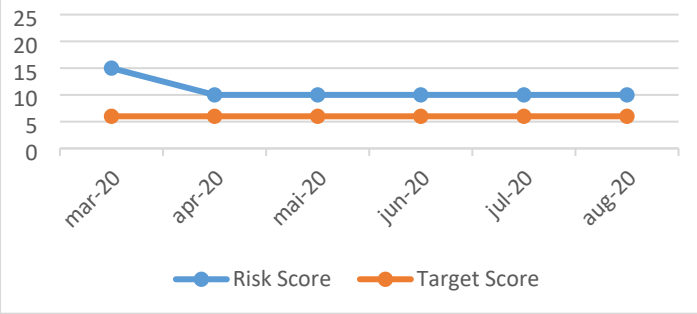
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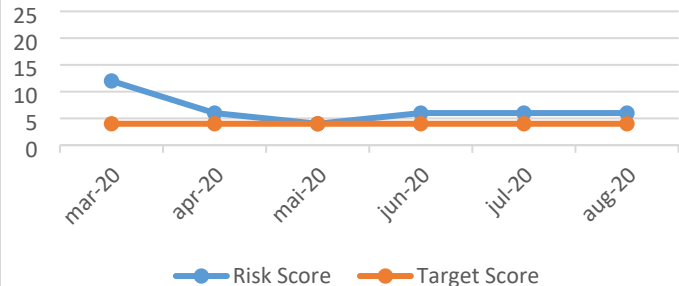
<b>C-19RR 010 (Workforce &amp; OD)</b> <b>Risk that:</b> We do not have sufficient workforce capacity to achieve implementation of the Clinical Response Model		<b>Lead Director:</b> Director of Workforce & OD <b>Oversight Arrangements:</b> Gold Command & Board																						
<b>Risk Impacts on:</b> The ability of the Health Board to deliver its clinical response model		<b>Date last reviewed:</b> July 2020																						
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 3 x 3 = 9</b> Target: 2 x 3 = 6	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>16</td><td>6</td></tr><tr><td>apr-20</td><td>12</td><td>6</td></tr><tr><td>mai-20</td><td>9</td><td>6</td></tr><tr><td>jun-20</td><td>9</td><td>6</td></tr><tr><td>jul-20</td><td>9</td><td>6</td></tr><tr><td>aug-20</td><td>9</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	16	6	apr-20	12	6	mai-20	9	6	jun-20	9	6	jul-20	9	6	aug-20	9	6	<b>Rationale for current score:</b> Potential of having insufficient numbers of clinical staff to be able to resource new models of delivery as services are stepping back up; as well as meeting a surge demand alongside having to resource testing, Track, Trace and Protect; and potential mass vaccination programme.  Bank and agency requests have reduced, which could impact on our ability to retain the bank staff we have recruited if there is less work available.	
Month	Risk Score	Target Score																						
mar-20	16	6																						
apr-20	12	6																						
mai-20	9	6																						
jun-20	9	6																						
jul-20	9	6																						
aug-20	9	6																						
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																						
<ul style="list-style-type: none"><li>Paper being developed for gold to review the current staffing positions for the clinical response model and next steps required in order to maintain our ability to step into this model</li><li>Review of progress of those identified for redeployment in respect of upskill and ward orientation</li><li>Review of existing establishments and recruitment to existing vacancies is taking place in conjunction with service managers.</li><li>Continued progression of bank recruitment and induction activities – including bank recruitment in respect of Contact Tracing and temporary recruitment for the Testing service.</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																				
		To review clinical model to meet surge demand based on changes to bed numbers arising from social distancing.	DWODSS	End of August																				
		To revise redeployment register based on the updated clinical model.	DWODSS	End of August																				
		To deliver a training programme to ensure skill gaps are addressed to staff clinical model.	DWODSS	End of September																				
		To revise staffing model based on step up services.	DWODSS	End of August																				
		To develop a staffing model for delivery of mass vaccination.	DWODSS	End of August																				
<b>Current Risk Rating</b> 3 x 3 = 9		<b>Additional Comments</b>																						

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<b>C-19RR 011 (Workforce &amp; OD)</b> <b>Risk that:</b> Our workforce does not have the required skills and expertise required to achieve implementation of the Clinical Response Model <b>Risk Impacts on:</b> The ability of the Health Board to deliver its clinical response model		<b>Lead Director:</b> Director of Workforce & OD <b>Oversight Arrangements:</b> Gold Command & Board <b>Date last reviewed:</b> July 2020																						
<div><div><div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 2 x 3 = 6</b> Target: 2 x 3 = 6</div><div><b>Date added to the risk register</b> March 2020</div></div><div><table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>16</td><td>6</td></tr><tr><td>apr-20</td><td>12</td><td>6</td></tr><tr><td>may-20</td><td>10</td><td>6</td></tr><tr><td>jun-20</td><td>10</td><td>6</td></tr><tr><td>jul-20</td><td>7</td><td>6</td></tr><tr><td>aug-20</td><td>7</td><td>6</td></tr></tbody></table></div></div>		Month	Risk Score	Target Score	mar-20	16	6	apr-20	12	6	may-20	10	6	jun-20	10	6	jul-20	7	6	aug-20	7	6	<b>Rationale for current score:</b> Potential gaps in skills should the need to step up clinical model to deal with a surge.  Restrictions to training arising from social distancing.	
Month	Risk Score	Target Score																						
mar-20	16	6																						
apr-20	12	6																						
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jul-20	7	6																						
aug-20	7	6																						
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Continue to provide additional upskilling sessions for clinical staff.</li><li>Process in place for clinical staff identified for re-deployment to complete a skills self-assessment tool.</li><li>Provided face to face training across clinical sites to minimize staff travel and streamline training delivery.</li><li>Developed bespoke online Skype training sessions to provide increased accessibility for staff e.g. Respiratory Training.</li><li>Utilized existing staff skills to provide an enhanced CPD offer delivered in 'bite-sized' sessions e.g. Cannulation, Donning &amp; Doffing PPE.</li><li>Developed an approach to a 'buddy system' for new and redeployed staff.</li><li>Trainers are aware of social distancing measures (and implementing when practicably possible) when delivering training.</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Review and refine upskilling sessions to meet new and emerging demands</td><td>DWODSS</td><td>End of August 2020</td></tr><tr><td>Repeat match and gap analysis against skills self-assessment returns based on emerging clinical model.</td><td>DWODSS</td><td>End of August 2020</td></tr></tbody></table>		Action	Lead	Deadline	Review and refine upskilling sessions to meet new and emerging demands	DWODSS	End of August 2020	Repeat match and gap analysis against skills self-assessment returns based on emerging clinical model.	DWODSS	End of August 2020												
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<b>Current Risk Rating</b> 2 x 3 = 6		<b>Additional Comments</b>																						

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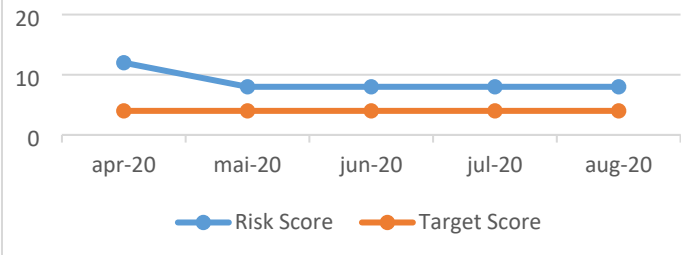
<b>C-19RR 012 (Logistics)</b> <b>Risk that:</b> We do not have the required level of equipment and supplies to achieve implementation of the Clinical Response Model – Including Beds, General Equipment, PPE Supplies and Oxygen		<b>Lead Director:</b> Director of Finance & IT <b>Oversight Arrangements:</b> Gold Command & Board																							
<b>Risk Impacts on:</b> The Health Boards ability to provide additional capacity as per the clinical model		<b>Date last reviewed:</b> July 2020																							
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 5 = 15 <b>Current: 2 x 5 = 10</b> Target: 2 x 3 = 6	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>mar-20</td><td>15</td><td>6</td></tr><tr><td>apr-20</td><td>10</td><td>6</td></tr><tr><td>may-20</td><td>10</td><td>6</td></tr><tr><td>jun-20</td><td>10</td><td>6</td></tr><tr><td>jul-20</td><td>10</td><td>6</td></tr><tr><td>aug-20</td><td>10</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	mar-20	15	6	apr-20	10	6	may-20	10	6	jun-20	10	6	jul-20	10	6	aug-20	10	6	<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>• Equipment (including beds) – Sufficient equipment to meet Surge 1 Capacity has been secured in line with the National Approach.</li><li>• PPE – Central Store and New Management and Control Process Established to Monitor and Control Issue of PPE, monitoring system implemented to identify Number of Days stock based on current burn rates for Restricted Items. Local actions in hand, risk in relation to national supply availability, to date supply has been sufficient to meet demand.</li><li>• Oxygen Supply - Secured VIE facility at Brecon with delivery dates to be confirmed for VIE Installation in Llandrindod and Welshpool.</li></ul>		
Month	Risk Score	Target Score																							
mar-20	15	6																							
apr-20	10	6																							
may-20	10	6																							
jun-20	10	6																							
jul-20	10	6																							
aug-20	10	6																							
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>• Equipment – Main items secured to meet Surge 1, outstanding delivery dates monitored for any outstanding items with mitigating actions identified as back up if needed (relocation of existing equipment).</li><li>• PPE – Monitor and Control system in place to provide timely information of current stock levels, burn rates and number of days’ supply. Usage rates inform future orders from central supply. Number of key areas identified to establish mini stores to provide emergency supply if needed. This area will be closely monitored for the impact of any changes in activity (core and COVID-19 related) and guidance linked to social distancing.</li><li>• Oxygen – VIE to be established at 3 sites (in progress) with alternative Oxygen options identified to support or replace VIE if needed. Plan to increase use of bottled gas and Concentrators, a number of concentrators have been delivered with further numbers on order.</li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Equipment - Regular liaison with clinical leads for respective areas to ensure that equipment available as needed to meet bed capacity as needed up to Surge 1. Additional Storage in place to store additional items as delivery dates are known as contingency plan if needed for Surge 2 and 3.</td><td>Assistant Director Quality &amp; Safety</td><td>Ongoing</td></tr><tr><td>PPE – Establish minor hubs in key locations (as part of Hub and Spoke model) and continue to monitor usage and forecast future supply with Central Procurement.</td><td>Assistant Director Facilities</td><td>Ongoing</td></tr><tr><td>Oxygen – Complete ground works and support BOC inspection re VIE for Llandrindod and Welshpool, identify bottled gas and concentrator requirements.</td><td>Assistant Director Estates</td><td>Ongoing</td></tr></tbody></table>			Action	Lead	Deadline	Equipment - Regular liaison with clinical leads for respective areas to ensure that equipment available as needed to meet bed capacity as needed up to Surge 1. Additional Storage in place to store additional items as delivery dates are known as contingency plan if needed for Surge 2 and 3.	Assistant Director Quality & Safety	Ongoing	PPE – Establish minor hubs in key locations (as part of Hub and Spoke model) and continue to monitor usage and forecast future supply with Central Procurement.	Assistant Director Facilities	Ongoing	Oxygen – Complete ground works and support BOC inspection re VIE for Llandrindod and Welshpool, identify bottled gas and concentrator requirements.	Assistant Director Estates	Ongoing									
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<b>Current Risk Rating</b> 2 x 5 = 10		<b>Additional Comments</b>																							

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

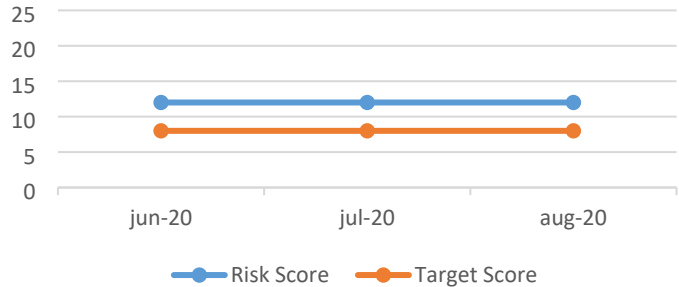
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<b>C-19RR 016 (Logistics)</b>		<b>Lead Director:</b> Director of Primary, Community and Mental Health																			
<b>Risk that:</b> The need to monitor oxygen supply arrangements and how we identify whether we are reaching capacity		<b>Oversight Arrangements:</b> Gold Command & Board																			
<b>Risk Impacts on:</b> Clinical need in terms of numbers and location need to be matched with oxygen supply and availability, not just at point of admission, but proactively as patient needs change. Watford incident where demand exceeded supply.		<b>Date last reviewed:</b> July 2020																			
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 4 = 12 <b>Current: 2 x 4 = 8</b> Target: 1 x 4 = 4	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>apr-20</td><td>12</td><td>4</td></tr><tr><td>mai-20</td><td>8</td><td>4</td></tr><tr><td>jun-20</td><td>8</td><td>4</td></tr><tr><td>jul-20</td><td>8</td><td>4</td></tr><tr><td>aug-20</td><td>8</td><td>4</td></tr></tbody></table>	Month	Risk Score	Target Score	apr-20	12	4	mai-20	8	4	jun-20	8	4	jul-20	8	4	aug-20	8	4	<b>Rationale for current score:</b> The oxygen availability is increasing in response to COVID-19 but has not yet reached desired levels - this baseline capacity needs to be explicit for each site. Issue raised that clinicians need to understand changing needs of patients and whether this will impact oxygen ceiling of availability. Initial assessment undertaken, but awaiting further information around potential further VIE installations at Llandrindod and Welshpool hospitals which could potentially allow release of oxygen cylinders from those sites to other Powys sites to increase capacity.	
Month	Risk Score	Target Score																			
apr-20	12	4																			
mai-20	8	4																			
jun-20	8	4																			
jul-20	8	4																			
aug-20	8	4																			
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																			
<ul style="list-style-type: none"><li>The oxygen availability needs to be defined for each site – VIE installation now in place at Brecon site, which includes telemetry.</li><li>Awaiting potential for release of oxygen cylinders from sites re further VIE installation, which may increase capacity at other sites.</li><li>Availability of oxygen concentrators = 19 x 5L/min in stock.</li><li>Current COVID-19 patient numbers low.</li></ul>		<b>Action</b> Medicines Management and Lead Nurse meeting to agree process and ensure baseline oxygen availability / flow rates are understood and monitored on a site by site basis to avoid excessive demand	<b>Lead</b> Deputy Head of Pharmacy	<b>Deadline</b> Ongoing																	
<b>Current Risk Rating</b>		<b>Additional Comments</b>																			
2 x 4 = 8																					

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<b>C-19RR 018 (Test Trace Protect)</b> <b>Risk that:</b> People with COVID-19 do not come forward for testing and pass on infection to others.		<b>Lead Director:</b> Director of Public Health <b>Oversight Arrangements:</b> Gold Command & Board	
<b>Risk Impacts on:</b> Demand on healthcare, ability to remain outside of a 'lockdown' situation.		<b>Date last reviewed:</b> July 2020	
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 4 = 12 <b>Current: 3 x 4 = 12</b> Target: 2 x 4 = 8 <b>Date added to the risk register</b> June 2020		<b>Rationale for current score:</b> It is <b>POSSIBLE</b> that people with COVID-19 may not come forward for testing, may not self-isolate and may infect others. If the proportion that do not come forward is significant, then the impact could be <b>MAJOR</b> in terms of the demand for health care and a reinstatement of 'lockdown' measures.	
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>	
<ul style="list-style-type: none"> <li>• Test Trace Protect programme in place.</li> <li>• Testing workstream (PTHB led).</li> <li>• Tracing workstream (PCC led).</li> <li>• Testing available via home testing, static sites and mobile units.</li> <li>• National and local media messaging taking place to explain signs and symptoms of COVID-19 and how to access testing via national portal.</li> <li>• Manual contact tracing service in place to follow up contacts of positive cases, promote 14-day isolation, and to respond to outbreaks.</li> <li>• Plans in place to scale up testing and tracing capacity as required.</li> </ul>		<b>Action</b>	<b>Lead</b>
		National testing plan to be published shortly to provide more strategic direction for testing. Local plan will be developed in response to localise some of the national actions.	DPH
<b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b>		<b>Deadline</b> Aug 2020	
• Number of positive cases of COVID-19			
<b>Current Risk Rating</b>		<b>Additional Comments</b>	
3 x 4 = 12			

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**AGENDA ITEM: 3.9a**

<b>BOARD MEETING</b>		<b>DATE OF MEETING: 30<sup>th</sup> SEPTEMBER 2020</b>
<b>Subject :</b>	<b>BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS</b>	
<b>Approved and Presented by:</b>	Board Secretary	
<b>Prepared by:</b>	Corporate Governance Manager	
<b>Other Committees and meetings considered at:</b>	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

**PURPOSE:**

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

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

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

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

## 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 in August and September 2020 is attached as **Appendix 1**.

#### Audit, Risk and Assurance Committee

- The Committee Chair's report of the meetings held on 8 September 2020 and confirmed minutes of the meetings held on 20 July 2020 are attached as **Appendix 2**.

#### Charitable Funds Committee:

- No meetings have been held since the Board last met.
- 

#### Experience, Quality and Safety Committee

- The Committee Chair's report of the meetings held on 30 July 2020 and confirmed minutes of the meetings held on 4 June and 30 July 2020 are attached as **Appendix 3**.

#### Performance and Resources Committee

- No meetings have been held since Board last met. The next meeting is scheduled for 6<sup>th</sup> October 2020.

#### Strategy and Planning Committee

- No meetings have been held since Board last met. The next meeting is scheduled for 6<sup>th</sup> October 2020.

#### **NEXT STEPS:**

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 25 November 2020.



Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	9 <sup>th</sup> September 2020
Paper prepared on:	15 <sup>th</sup> September 2020

## KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 5<sup>th</sup> August, 12<sup>th</sup> August, 26<sup>th</sup> August and 9<sup>th</sup> September.

### **5<sup>th</sup> August 2020**

#### **1. HAYGARTH: PROPOSED CHANGES TO OPENING TIMES**

The Committee RECEIVED an application from Haygarth Medical Practice requesting to reduce surgery opening times across both the Hay-on-Wye and Talgarth site, effective from the 1st October 2020. The application continued to fulfil the practices contractual obligations as set out in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004, therefore, the Health Board had no contractual levers to impose with this proposed change.

The Committee expressed its disappointment in this course of action and noted that this position would require close monitoring. It was AGREED that a response would be sent to the practice seeking further clarification regarding several areas of the application in the interests of the local population.

#### **2. SAFE AND SECURE MANAGEMENT OF REFRIGERATED MEDICINES AND VACCINES POLICY**

The Committee NOTED that the Interim Medical Director and Chief Pharmacist wished to review the policy in more detail prior to its consideration for approval by the Committee.

#### **3. CARIAD PACKAGE**

The Committee discussed the Carer-Administration of as-needed subcutaneous medication for common breakthrough symptoms in home-based dying people in Wales (The CARIAD Package). The package had

been based on national evidence and had been successfully implemented elsewhere. Currently when someone is receiving end of life care at home, and they require as needed subcutaneous medication for symptom control the lay carer needs to phone either the district nurse (in hours) or the OOH GP (Shropdoc) to request a visit to administer the medication. Given the rural nature of PTHB this can cause a delay in achieving appropriate symptom control as the Health Professional has to travel to the patient's home to administer the appropriate medication. The CARiAD Package aims to improve the quality of end of life care by training lay carers (where appropriate – see below), in the safe administration of as required subcutaneous medication for the five common symptoms at end of life. This means that symptom control can be improved as any delay in the administration of required medication is minimised. The use of the CARiAD Package has been shown to improve symptom control, empower lay carers to be involved in the care of the dying person, and improve bereavement experience post death. Lay carers who take on this extended role overwhelmingly reflect positively on the practice. The Committee provided feedback regarding the recording of training, approved medicines and patient administration. The Committee APPROVED the proposal subject to the feedback provided.

#### **4. DRAFT VELINDRE BUSINESS CASE FOR RADIOTHERAPY AT NEVILL HALL HOSPITAL**

The Committee RECEIVED the business case and WELCOMED the addition of radiotherapy service at Nevill Hall Hospital, Abergavenny. The Committee recognised the potential for the provision of more care closer to home for Powys patients, carers and their families. The Committee however acknowledged a need for further clarification of the provision for South Powys patients in light of the opening of the Grange University Hospital, Cwmbran. The Business Case is due for submission to Welsh Government at the end of September 2020. Consideration of further approval mechanisms would take place.

#### **5. 111/CALL FIRST: CROSS BORDER DIFFERENCES**

The Committee was provided an update regarding the introduction of the 111/'call first' approach. The Committee NOTED that differing cross border approaches could potentially lead to a highly complex picture for Powys. It was AGREED that the matter would be discussed with national leads for consideration.

#### **6. E-ROSTERING PRICE INCREASES**

The Committee RECEIVED the paper which summarised the position regarding the procurement of the Allocate HealthRoster e-rostering system. The system had been procured 5 years ago by the Health Board with the current contract due to expire on 30th August 2020. Due to an All Wales procurement process underway the Health Board was in the position of having to negotiate a new contract with Allocate with the

option of migrating to the All Wales contract when it is approved. The need to procure the system on an individual Health Board basis in order to cover the interim period had led to an increase in cost. It was AGREED that the matter would be discussed with the national/Welsh Government lead.

## **7. PAY ARRANGEMENTS FOR NHS LOCUM**

The Committee received a paper regarding the salary of a recently appointed NHS locum doctor. Based upon the individuals experience the Committee APPROVED payment above the incremental point in line with the discretion afforded within the policy framework.

## **8. OPTIONS PAPER: ANNUAL GENERAL MEETING – 20<sup>TH</sup> OCTOBER 2020**

The Committee RECEIVED the paper which proposed the potential approaches to the hosting of the 2020 Annual General Meeting. The option recommended to the Committee was for a one hour live streamed AGM following the meeting of the Board on 20<sup>th</sup> October 2020.

The Committee SUPPORTED the recommended option presented for further consideration by the Chair.

## **9. VIRTUAL EXECUTIVE COMMITTEE APPROVAL: CHC UPLIFT 2020/21**

The Committee formally NOTED that an item regarding the CHC Uplift had received Virtual Executive Committee approval the week commencing 20th July 2020 as requested by the Director of Finance and IT.

## **12<sup>th</sup> August 2020**

### **1. GMS ENHANCED SERVICES**

The Committee RECEIVED the paper which provided assurance across the four independent contractor professions: - General Practice, Dental, Optometry and Pharmacy Services on COVID-19 Recovery Plans. As part of General practices progress during Amber Alert, practices are expected to recommence service delivery back to the 'new normal', albeit in a phased approach from the 1<sup>st</sup> July 2020 with the anticipation that full services will be resumed by the 1<sup>st</sup> October.

When dentistry moved into the Amber phase of the alert system 100% of Powys practices opened in normal hours to see patients and also carry out Aerosol Generating Procedures (AGPs), if able to do so. To undertake AGPs takes considerable infection prevention and control measure therefore the AGP offer from practices has been a steady rollout. All dental practices are expected to offer AGPs from the 17th August 2020. The Optometry move from red alert to amber required practices to provide at least 75% of the service that they were offering pre-COVID-19 by 29<sup>th</sup> June 2020. Two practices have remained closed during amber



level both practices are satellite practices whose owners are re-establishing services in their main practices first, both outside of Powys. From the 3rd August 2020, practices can begin to actively encourage patients to attend their practices by sending out reminders - this is the start of a move towards a Green alert level. In addition to this, routine domiciliary services are likely to begin again on 17th August 2020. All Powys Pharmacies in Powys are operating normal contractual opening hours. 100% of pharmacies report that all enhanced services commissioned and not currently formally suspended are fully available. The Committee ACKNOWLEDGED the level of work being undertaken within Primary Care and expressed a desire to maintain a flexible approach into the winter period.

## **2. DENTAL END OF YEAR UPDATE**

The Committee was provided a summary of performance monitoring and contract management, to provide ongoing assurance, aligned to the NHS (General Dental Services Contracts) (Wales) Regulations 2006 end of year contract review process. The 2019/2020 end of year contract performance data was published in June 2020 and reviewed by the GDS Monitoring Group in July 2020. On the 26th March, the Chief Dental Officer for Wales outlined the support to practices during the initial stages of the COVID-19 outbreak to recognise that some practices would be unable to meet 100% activity targets due to the COVID-19 situation, for example through staff absences, cancelled appointments etc. Flexibility was introduced for the 2019-20 financial year end to have up to 4% of UDA (Unit of Dental Activity) activity credited where needed to support practices towards meeting 100% of the contract target. The same flexibility of up to 4% was applied to all contracts not achieving 100% irrespective of performance.

Following the 4% credit flexibility, 8 contracts have delivered >95% of their contract, but less than 100%. No contract sanctions can be applied to these contracts; therefore, the outstanding balance of UDAs (which applies to the underperformance of up to 5%) has been actioned as a carry forward into 2020/2021 (in line with the regulations). 11 contracts have delivered < 95% of their contract. As per the regulations, all 11 contracts will be issued with a breach notice and the financial claw back process implemented for the underperformance.

The Committee recognised the work undertaken and noted that dental access is a subject often raised by the population, it was suggested that the Dental CAF be updated and discussion be held regarding the wider dental model. It was AGREED that a plan for 2020/21 and an overview of quality indicators would return in early December 2020. The Committee accepted the findings of the report and APPROVED the decision as agreed by the GDS Monitoring Group.

### **3. POINT OF CARE TESTING**

The Committee was discussed the position in relation to Point of Care Testing and APPROVED the appended Terms of Reference of the working group. The Committee discussed whether the Policy was at the right stage of development for approval and it was AGREED that the policy would be circulated to Clinical Executives for further discussion before returning to the Committee for approval.

### **4. MATERNITY SERVICES WORKING PATTERNS**

The Committee RECEIVED the paper which had been developed to ensure alignment of working patterns with regulations or the agenda for change terms and conditions. the paper proposed the operation of an on call, which would be the same working pattern throughout the seven-day week. The Committee APPROVED the proposed working patterns arrangement for Powys midwives.

### **5. WORKFORCE POLICIES**

The Committee RECEIVED and DISCUSSED the following workforce policies:

- HR038 - Volunteers Policy and Procedure
- HR005 - Employee Long Service Recognition & Excellence Awards Policy

The Committee APPROVED the changes to HR038 Volunteers Policy and Procedure to reflect the changes in response to COVID-19.

The Committee discussed the Employee Long Service Policy and noted that the Local Partnership Forum had previously been unable to reach a consensus regarding whether or not to update the requirements for Long Service Award eligibility. The Committee AGREED that the policy should remain unchanged and would return to the Committee when next due for review.

### **6. VIOLENCE AND AGGRESSION UPDATE**

The Committee received a report which provided an update following the Health & Safety Executive (HSE) visit in January 2019, following recommendations to strengthen the Health Board's approach to Violence & Aggression training. A dedicated Violence & Aggression Trainer/Advisor commenced post in July 2019. The health board has implemented a programme of training offers that range from De-escalation through to the full 4-day Prevention & Management of Violence & Aggression (PMVA). The V&A Trainer/Advisor has carried out visits to all PTHB sites, engaging with services and staff on all aspects of violence and aggression in the work place.

The Committee WELCOMED the update and acknowledged the progress made.

## **7. ONCE FOR WALES CONCERNS MANAGEMENT SYSTEM**

The Committee RECEIVED the plans for implementation of the mortality module of the Once for Wales Content Management System, using quality improvement methodology, on one site in the health board with a planned roll out reflecting the outcome of the evaluation of the first site. It was planned to pilot the module, using quality improvement methodology, in Brecon War Memorial Hospital, commencing 1 September 2020.

The Committee recognised the early September timeframe and requested that the work be aligned to the mortality work that was being undertaken by the Interim Medical Director. It was suggested that it may be pragmatic to delay the start of the pilot for four weeks to 1 October 2020 in order to maximise the preparation and opportunity for the success of the pilot.

The Committee AGREED to delay the pilot start date 4 weeks to the 1 October 2020.

### **26<sup>th</sup> August 2020**

#### **1. SCREENING INCIDENT**

The Committee RECEIVED a report regarding a screening incident that had been confirmed in June 2020. The paper presented the Committee with four high-level options emerging for the health board's response to the incident. The Committee held discussion regarding the options presented and concluded that further articulation of the preferred option, timescales and implementation would be required due to the complexity of the matter.

#### **2. END OF LIFE VOLUNTEER SERVICE**

The Committee considered a proposal regarding an End of Life Volunteer project, which is a national project coordinated by Marie Curie and Helpforce aimed at improving the experience of end of life care for patients and relatives through an end of life companion volunteering service. In practice, this would be a service that provides support for end of life inpatients, initially within South Powys (Ystradgynlais Hospital, Brecon War Memorial Hospital and Bronllys Hospital – with potential scope to roll out to other Community Hospitals). The service would be of a virtual nature initially, with the ability to accept referrals to support either end of life inpatients, or their relatives, and post bereavement support.

The Committee APPROVED the setup of the pilot service and approved the appointment of a band 4 central volunteer coordinator (35 hours per week) on a fixed term appointment for 12 months to undertake the coordination work and evaluation of the project.

#### **3. AUDIT RECOMMENDATION TRACKING**

The Committee RECEIVED the report which provided a summary of the Internal and External Audit Recommendations. Due to COVID-19 the audit

recommendation tracking process had been deprioritised, with the process was being reinstated. Recommendations had been allocated a priority rating from 1-3 as agreed by the Audit, Risk and Assurance Committee. For this report only, those recommendations rated priority 1 and 2 were requested for review.

## **9<sup>th</sup> September 2020**

### **1. STAFF RECOGNITION AWARDS**

The Committee was informed that due to COVID-19 the Annual Staff Excellence Awards for 2020 had been cancelled. The Committee agreed that during this especially difficult period a mechanism for recognising staff for their efforts is needed.

The Committee SUPPORTED a simplified, initially quarterly Staff Recognition Awards on a temporary basis that would recognise staff for their contribution based on the organisation's values and principles. The Committee WELCOMED the development and requested that the first awards be held around the end of October to early November if possible.

### **2. WORKFORCE AND ORGANISATIONAL DEVELOPMENT POLICIES:**

The Committee RECEIVED and DISCUSSED the following workforce policies:

- a. HRXXX – Agile Working Policy
- b. HR054 – Induction Policy
- c. HR063 - Supporting Staff Members to Continue Breastfeeding When They Return to Work
- d. HR073 - Evaluating New Jobs & Re-evaluation of Changed Jobs
- e. HR080 - Home Enabled Working
- f. HSP010 – Control of Risk at Work to New and Expectant Mothers Policy
- g. HR081 – Annual Leave Policy

The Committee DEFERRED the following policies pending further clarification and executive discussion; HRXXX (Agile Working Policy), HR073 (Evaluating New Jobs & Re-evaluation of Changed Jobs) and HR080 (Home Enabled Working).

The Committee APPROVED all of the remaining policies.

### **3. WELSH LANGUAGE STANDARDS ANNUAL MONITORING REPORT 2019/20**

The Committee DISCUSSED the report, recognising that the health board's commitment to making improvements in this area. The Committee SUPPORTED the report for presentation at the Board.

This item is included on the agenda of the Board's meeting of 30 September 2020.

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

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

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

The Strategic Planning and Commissioning Group has not met since the last meeting of the Board. Specific planning sessions have however been held to discuss the preparation of the plan for winter 2020/21.

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

- i. Continuing Health Care Q1 Report
- ii. CHC Annual Report
- iii. Powys Provider – Restarting Essential/Routine Services Update
- iv. Quarter 3&4 Planning Process 2020-21
- v. Quarter 2 Plan
- vi. Workforce Analysis Report – May & June 2020
- vii. Performance Dashboard
- viii. PTHB Annual Report
- ix. Commission Assurance Framework & SaTH Update

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

- i. Annual Quality Statement: Final Draft
- ii. Serious Incident and Concerns Report
- iii. Inspections and External Bodies Report and HIW Action Tracking
- iv. Clinical Audit Report
- v. Mortality Reporting
- vi. Mental Health Act Compliance & Powers of Discharge
- vii. Information Governance Quality Report
- viii. Commissioning Arrangements: Shrewsbury & Telford Hospitals NHS Trust

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

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

### **NEXT MEETING**

The next meeting of the Executive Committee is scheduled for 7<sup>th</sup> October 2020.

Reporting Committee:	<b>Audit, Risk and Assurance Committee</b>
Committee Chair	Tony Thomas
Date of last meeting:	08 September 2020
Paper prepared by:	Head of Risk & Assurance
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>As Chair of the Audit, Risk &amp; 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 8 September 2020.</p> <p>The Committee considered the following reports at the September meeting:</p> <ul style="list-style-type: none"> <li>• Application of Single Tender Waivers</li> <li>• COVID-19: Decision Making &amp; Financial Governance – FCP #5</li> <li>• Audit Recommendation Tracking</li> <li>• Losses and Special Payments Annual Report 2019-20</li> <li>• Internal Audit Update</li> <li>• Internal Audit Reports, 2020-21: <ul style="list-style-type: none"> <li>• COVID-19 Governance Arrangements – Advisory</li> <li>• Environmental Sustainability Reporting – Not Rated</li> </ul> </li> <li>• Counter Fraud Update</li> <li>• External Audit Update</li> <li>• Post Payment Verification Annual Report 2019-20</li> <li>• External Audit Reports: <ul style="list-style-type: none"> <li>• Effectiveness of Counter-Fraud Arrangements, PTHB &amp; Management Response</li> <li>• 'Raising Our Game' Tackling Fraud in Wales Report of the Auditor General Wales</li> </ul> </li> <li>• Fraud Threats to the NHS from COVID-19</li> <li>• Committee Work Programme 2020-21</li> </ul> <p>The following items were escalated for the attention of the Board:</p> <ul style="list-style-type: none"> <li>• COVID-19 Governance Review</li> </ul> <p>-----</p>	

## 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. The Internal Audit Plan for 2020/21 includes a review of the health board's Grievance Policy and other related policies. This review will include arrangements for Investigating Officers.

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.

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## APPLICATION OF SINGLE TENDER WAIVER

The Committee received the following Single Tender Waiver for ratification made between 1 July 2020 and 31 July 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
POW1920017	Quote	Auditdata Ltd	System Maintenance	Maintenance of Audiology System - Sole Supplier	23/07/2020	£7,840	1 year	Prospective

The Committee RATIFIED the Single Tender Waiver.

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## COVID-19: DECISION MAKING & FINANCIAL GOVERNANCE – FCP #5

Following the publication of the WG guidance on 30th March an initial draft of the FCP was submitted for approval at Gold (version #1).

The pace of the pandemic resulted in updated guidance and direction being published on a regular basis. To ensure the Interim FCP remains 'live' and relevant it was agreed the FCP would be updated as required.

The health board is now on version #5 of the interim FCP.

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The Committee APPROVED version (#5) of the Interim FCP

**AUDIT RECOMMENDATION TRACKING:**

The overall summary position reported to the Committee at 31/07/2020 in respect of overdue internal audit recommendations classified as Priority Levels 1 and 2 is: -

Overdue Internal Audit Recommendations						
	2017/18		2018/19		2019/20	TOTAL OUTSTANDING
	Number	Progress since last meeting	Number	Progress since last meeting	Number	
High	0	→	1	→	9	10
Medium	4	↓	1	↓	13	21
Low	4	→	0	→	7	11
TOTAL	8		2		32	42

Based on original agreed deadlines, the overall summary position reported to Committee at 31/07/2020 in respect of overdue external audit recommendations classified as Priority Levels 1 and 2 is: -

Overdue External Audit Recommendations		
	Number	Progress since last meeting
2018/19	7	→
2019/20	1	
TOTAL	8	

Key:

↑ - Number Increased

↓ - Number Decreased

→ - Number stayed the same

The Committee RECEIVED and NOTED the Audit Recommendation Tracking update, and APPROVED the revised deadlines for implementation.

**LOSSES AND SPECIAL PAYMENTS ANNUAL REPORT 2019-20**



Losses and special payments are items that the Welsh Government would not have contemplated when they passed legislation or agreed funds for the NHS; such payments would also include any ex gratia payments made by the THB. By their nature they are items which should be avoidable and should not arise. They are subject therefore to special control procedures and are included within a separate note in the THB's annual accounts.

The Committee NOTED the Annual Report on Losses and Special payments covering the period 1st April 2019 to 31st March 2020.

### INTERNAL AUDIT UPDATE

Progress against the Internal Audit Plan 2020-21 was noted as follows:

Number of audits finalised	3
Number of audits issued at draft	1
Number of audits in progress	8
Number of audits not started	10
Year-end reporting	2
<b>Total number of audits in 2020/21 plan</b>	<b>24</b>

The Committee RECEIVED and NOTED the Internal Audit Update.

### INTERNAL AUDIT REPORTS, 2020-21:

#### a) COVID-19 Governance Arrangements – Advisory

This rapid advisory review was requested by the All Wales Finance Directors Group to assess the adjusted financial and overall governance arrangements that were put in place to enable Powys Teaching Health Board ('the health board') to maintain appropriate governance whilst enabling its senior leadership team to respond to the rapidly developing emergency. This report is attached at **Appendix A**.

#### b) Environmental Sustainability Reporting – Not Rated

The review sought to provide assurance that operational procedure is compliant with Welsh Government minimum reporting requirements. HM Treasury released a document: 'Public Sector Annual Reports: Sustainability Reporting Guidance 2019-20', which stipulates the importance of all organisations possessing relevant audit or scrutiny arrangements, to ensure that the correct procedures are in place to produce robust data on performance.

The report identified one medium priority level recommendation.

The Committee RECEIVED and NOTED the update.

## COUNTER FRAUD UPDATE

The report provides an update on key areas of work undertaken by the Health Board Local Counter Fraud Specialists since the last meeting. Counter Fraud resource was utilised in line with the four Strategic Areas aligned to NHS Counter Fraud Standards as presented below: -

Strategic Area	Resource Allocated	Resource Used
Strategic Governance	25	3.5
Inform and Involve	40	4.5
Prevent and Deter	57	5
Hold to Account	106	9
TOTAL	228	22

The Committee RECEIVED and NOTED the update.

## EXTERNAL AUDIT UPDATE

The following audit work is currently underway: -

Topic and relevant Executive Lead	Focus of the work
Structured Assessment 2020 Executive Lead – Chief Executive	The annual structured assessment is one of the main ways in which the AGW discharges his statutory requirement to examine the arrangements NHS bodies have in place to secure efficiency, effectiveness and economy in the use of their resources. In the context of Covid-19, this work will examine governance arrangements, managing financial resources and operational planning.
Orthopaedic services – follow up Executive Lead – Medical Director	This review will examine the progress made in response to our 2015 recommendations. The findings from this work will inform the recovery planning discussions that are starting to take place locally and help identify where there are opportunities to do things differently as the service looks to tackle the significant elective backlog challenges.
Review of WHSSC Executive Lead – Chief Executive Officer	This work will use aspects of the structured assessment methodology to examine the governance arrangements of WHSSC. Our findings will be summarised into a single national report.
Test, Track and Protect	In response to the Covid-19 pandemic, this work will take the form of an overview of the whole system governance arrangements for Test, Track and Protect, and of the Local

The Committee RECEIVED and NOTED the External Audit Update.

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**POST PAYMENT VERIFICATION ANNUAL REPORT 2019/20**

The Committee received a summary of PPV work undertaken in 2019/20.

The Committee RECEIVED and NOTED the Post Payment Verification Annual Report 2019-20.

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**EXTERNAL AUDIT REPORTS:**

The Committee RECEIVED and NOTED the following reports:

- a) Effectiveness of Counter-Fraud Arrangements, PTHB & Management Response
- b) 'Raising Our Game' Tackling Fraud in Wales Report of the Auditor General Wales

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**FRAUD THREATS TO THE NHS FROM COVID-19**

The impact of COVID-19 on fraud within the NHS has already been highlighted in the NHSCFAs *Intelligence Report: Fraud threats to the NHS from COVID-19 April 2020 and multiple other previous updates*. However, the landscape of fraud changes so rapidly that additional updates have been quickly commissioned to highlight further emerging threats, vulnerabilities and enablers of fraud.

- £1.21 Billion of the NHS budget was lost to fraud last year
- 12,964,809 cases of COVID-19 globally
- £342 Billion public sector funding increase in response to COVID-19

The Committee RECEIVED and NOTED the report.

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**COMMITTEE WORK PROGRAMME 2020-21**

The Committee RECEIVED and NOTED the Committee Work Programme.

The Committee received the following Single Tender Waivers for ratification made between 1 June 2020 and 30 June 2020.

<b>ITEMS FOR ESCALATION TO THE BOARD</b>
<ul style="list-style-type: none"><li>• COVID-19 Governance Review (attached)</li></ul>
<b>NEXT MEETING</b>
The next meeting of ARA will be held on 3 November 2020.



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# **Governance Arrangements During Covid-19 Pandemic**

## **Advisory Review Report**

**2020/21**

**Powys Teaching Health Board**

**NHS Wales Shared Services Partnership**

**Audit and Assurance Services**

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<b>Review reference:</b>	PTHB2021-33
<b>Report status:</b>	Final
<b>Fieldwork commencement:</b>	22 <sup>nd</sup> June 2020
<b>Fieldwork completion:</b>	30 <sup>th</sup> July 2020
<b>Discussed with management</b>	3 <sup>rd</sup> August 2020
<b>Draft report issued:</b>	6 <sup>th</sup> August 2020
<b>Final report issued:</b>	28 <sup>th</sup> August 2020
<b>Auditors:</b>	Helen Higgs, Head of Internal Audit Osian Lloyd, Deputy Head of Internal Audit Emma Rees, Audit Manager
<b>Executive sign off:</b>	Pete Hopgood, Director of Finance, Information & IT Services Rani Mallison, Board Secretary
<b>Distribution:</b>	Executive Committee (Gold Group)
<b>Committee:</b>	Audit, Risk & Assurance Committee

## ACKNOWLEDGEMENTS

We would like to acknowledge the time and co-operation given by staff during the course of this review and to thank Executive Directors and Independent Members for their engagement during this challenging period.

### **Please note:**

This advisory review report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee. Advisory review reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Powys Teaching Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

## 1. INTRODUCTION

The NHS in Wales continues to face unprecedented pressure in planning and providing services to meet the needs of those who are affected by Covid-19 and other essential services.

At the time of this report, the number of cases of Covid-19 in Wales is in decline and there is an opportunity for NHS Wales organisations to take stock following the initial peak of cases experienced between March and May 2020.

This rapid advisory review was requested by the All Wales Finance Directors Group to assess the adjusted financial and overall governance arrangements that were put in place to enable Powys Teaching Health Board ('the health board') to maintain appropriate governance whilst enabling its senior leadership team to respond to the rapidly developing emergency.

The Powys county area experienced a relatively low number of Covid-19 cases, with the first peak occurring in mid-late April 2020. The health board planned, prepared and implemented its response plan, but plans to increase beds for surge capacity were not activated due to the low Covid-19 numbers coupled with the fact the health board is predominantly a commissioning organisation with no District General Hospitals or Intensive Care Units. The health board continues to plan and prepare for anticipated future peaks. It is against this backdrop that we have assessed the effectiveness of those arrangements and whether the arrangements were in compliance with Welsh Government guidance. The key objective of the review is to provide independent, timely feedback to enable changes to be made to temporary governance arrangements if they are to be used in the future.

This rapid review was completed during late June and July 2020 and involved interviewing key members of the health board and reviewing associated documentation supplied. We have completed some detailed discussions and walkthroughs of arrangements in place and actions undertaken to manage the pandemic within the health board. However, whilst we have assessed this information against Welsh Government and other guidance, we have not undertaken detailed operational testing of the arrangements in place. We worked closely with Audit Wales to avoid unnecessary duplication with their work, sharing information where relevant and undertaking a number of interviews together.

Further detail regarding the scope of the review, the guidance used as the basis of the assessment and the work undertaken are included in the appendices to this report.



## 2. EXECUTIVE SUMMARY

### Main Observations

The health board's temporary governance arrangements operated effectively during the period covered by our review (March to July 2020). The health board complied with the guidance and the principles issued by Welsh Government.

Board, Audit, Risk & Assurance Committee (ARAC) and Experience, Quality & Safety Committee meetings continued during April and May 2020. On the whole, the business of those meetings was appropriate, balanced with regular informal briefings with Independent Members.

Virtual meetings using Skype and Teams have developed over time, leading to the creation of a virtual meeting etiquette document. All planned meetings have gone ahead.

The Command Structure operated effectively and enabled the organisation to make decisions in an agile way. Financial governance was maintained, although improvements can be made to simplify and increase clarity over audit trails in order to clearly demonstrate the rationale and justification to support decision-making and the appropriate approval of expenditure.

There were no changes to the Scheme of Delegation. Covid-19 related expenditure is being separately identified and reviewed through dedicated cost centres.

Covid-19 specific risk management arrangements were put in place.

The health board continues to assess the ongoing applicability of the temporary arrangements and is looking ahead to securing some of the benefits from working in an agile way and re-focussing governance arrangements.

Partnership working with the Local Authority and involvement of the Community Health Council was effective, and communication with other partners undertaken as required.

Temporary arrangements in place over Long Term Agreements (LTAs) – mandated by the Department of Health and Welsh Government – present a longer term financial risk to the health board. The health board is engaged in national discussions on this matter.

Feedback from the Health Board Chair, Chief Executive and Chairs of the ARAC and EQSC on the health board's Covid-19 response approach was positive. In particular:

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- Once the Governance Framework was set up and Clinical Response Model developed, the Chair and Independent Members felt well informed and involved.
- Revised governance and assurance frameworks, including risk management, operated effectively and sufficient information was available to allow individuals to discharge their duties.
- With the learning from the Phase 1 response, the health board is now better placed to deliver services in a Covid-19 environment and to respond to any future Covid-19 peaks.
- The move towards greater use of digital technology has been positively received by most and there is a desire to further embrace this throughout the organisation.

Matters for future consideration arising from this feedback included:

- The health board was able to identify the staff needed to resource the response plan implemented. However, it was felt that there were certain areas where the health board's workforce would need to be more agile and flexible (for example, working in different locations or areas) should the surge capacity plans require activating in the future.
- The health board was able to make decisions in an agile manner. Part way through the initial response, some local decision-making was achieved through pop-up workshops, which were attended by the Chief Executive. It was felt that this process worked well and that, in future, the health board would benefit from adopting this approach from the outset.

Further responses from these interviews have been incorporated into our findings throughout the report.

## Priority Considerations for the Future

We have not assigned priority ratings to considerations, but we consider the following to be key priorities:

- Reviewing the decisions and supporting justification / information to simplify and increase clarity over audit trails. This may vary between different types, values and levels of decisions, but decisions should be justifiable post-event.
- Ensuring the Gold decision log is kept up to date.
- Developing a protocol pack for future events that require similar arrangements to swiftly implement the required measures – this could be implicit within the Board's Pandemic Framework.

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- Ensuring that risks (Covid-19 and, as appropriate, non-Covid-19) are regularly reported to the Committees.
- Ensuring the work around staff training for Covid-19 is progressed and that relevant staff receive appropriate training to support delivery of services during the Covid-19 pandemic.
- Continuing the work around quantifying the potential impact of temporary LTA arrangements to aid further discussions at a national level, receiving assurances from Welsh Government on how the related costs will be funded and ensuring that learning and agreed actions from these discussions are reflected in the health board's response plans going forward.
- Refreshing business continuity plans throughout the health board to ensure lessons / experiences from the pandemic can be incorporated as appropriate.
- Publishing meeting summaries as soon as possible after Board and Committee meetings.
- Taking a report to ARAC on contract awards and value for money / appropriate use of public money assessment during the Covid-19 period.

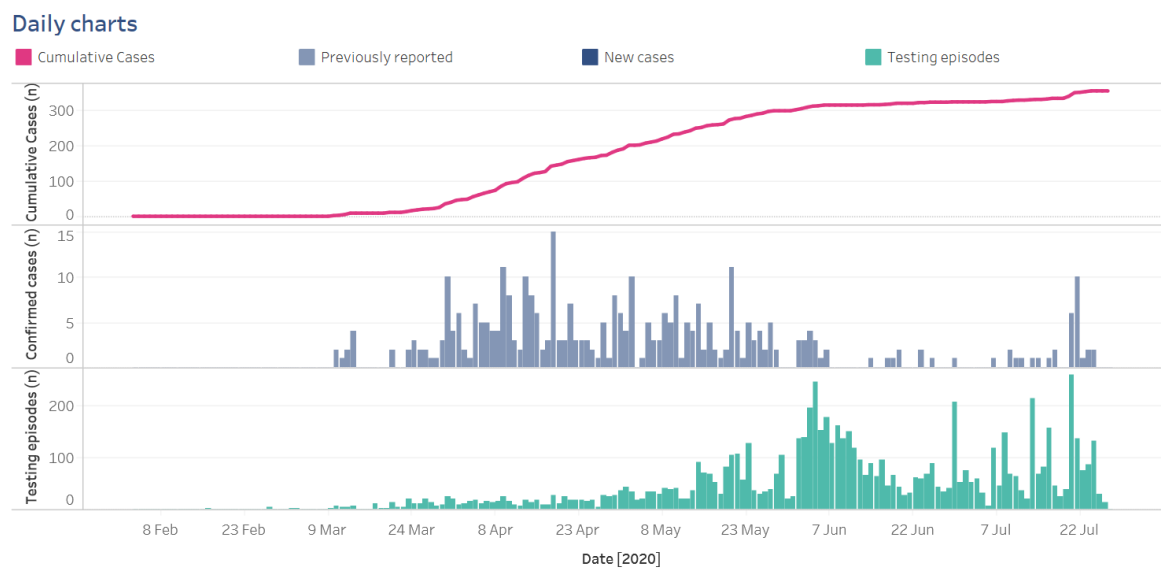
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### 3. DETAILED REPORT

#### Overview of the impact of the pandemic on the health board

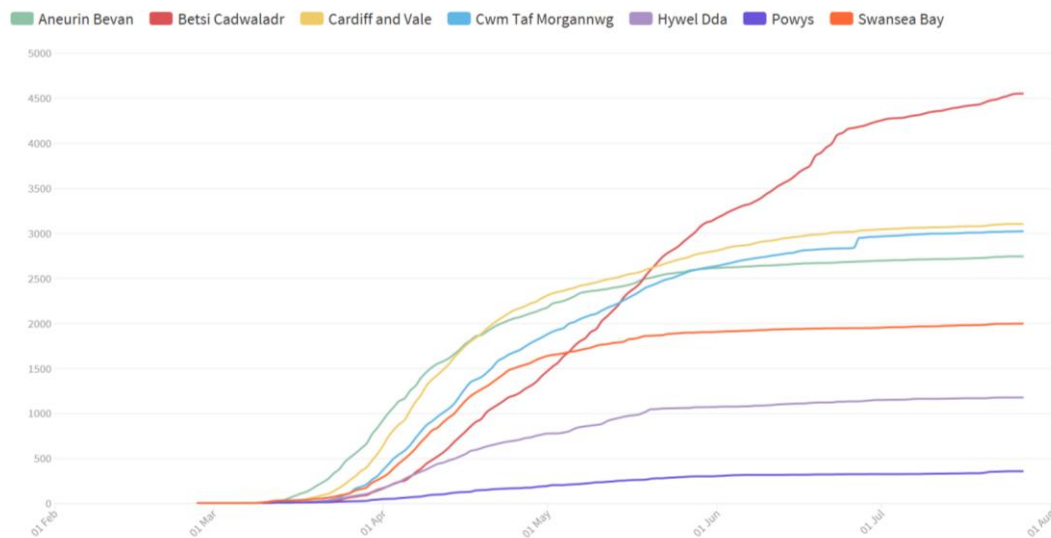
The Powys county area experienced a relatively low number of Covid-19 cases, with the first peak occurring in mid-April 2020. The graphs below illustrate the acceleration of the cases of Covid-19 within the health board's region.

#### Powys Teaching Health Board Daily Covid-19 Case Reports



Source: [Public Health Wales Coronavirus \(Covid-19\) data dashboard](#) (28<sup>th</sup> July 2020)

#### Cumulative Number of Covid-19 Cases by Health Board



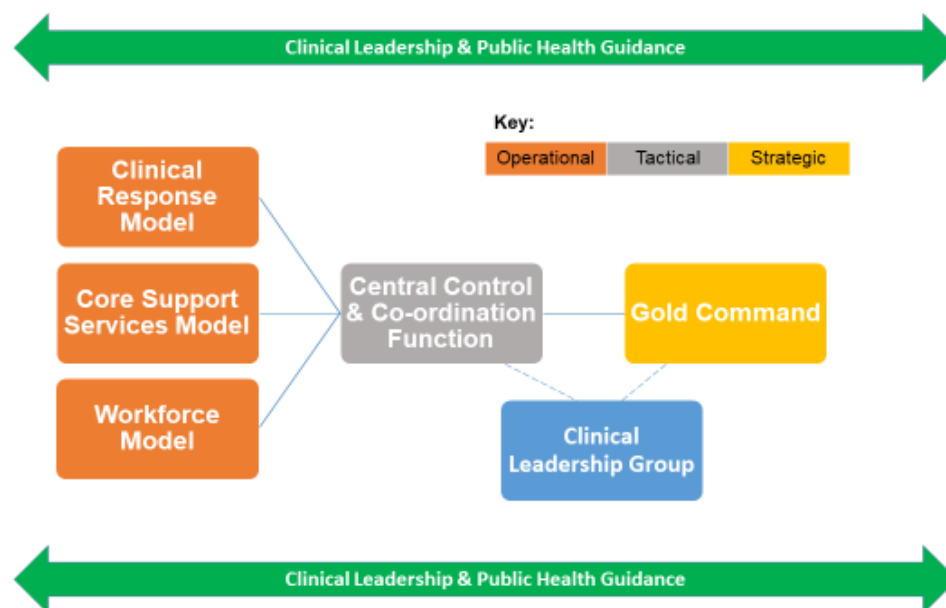
Source: [Graphs | CoronavirusCymru](#) (28<sup>th</sup> July 2020)

The rurality of Powys, nature of its population and the population's adherence to social-distancing measures all played a part in ensuring the level of Covid-19 cases remained relatively low in comparison to the rest of Wales. As at 28<sup>th</sup> July, Powys had 266.5 cases per 100,000 population compared to the All Wales figure of 540.9 cases per 100,000 population (source: [Public Health Wales Coronavirus \(Covid-19\) data dashboard](#)).

As a result of the low case numbers and new daily cases starting to decline from mid-April 2020, the health board planned, prepared and implemented its response plan, but plans to increase beds for surge capacity were not activated.

## Command and Control Structure

The health board rapidly established a temporary hierarchy of command to progress actions / decisions during the initial phase of the pandemic (March to June 2020):



The command structure operated as follows:

- Strategic (Gold) Group (Gold Group) – chaired by the Chief Executive, responsible for determining the coordinated strategy and policy for the overall management of the health board's response to COVID-19.
- Central Control and Coordination Function (the CCF) – led by the Director of Planning & Performance, responsible for coordinating

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actions taken by the organisation to limit the impact on any business continuity disruption and manage the key stages of response.

- Programme Workstreams – the Gold Group established three programme Workstreams, led by nominated Executive Directors, to provide planning and operational management support in response to implementing the tactical plan: Clinical Response Model, Core Support Services Model and the Workforce Model.

The Clinical Leadership Group provided advice on the clinical guidance issued with regard to Covid-19.

### **Clinical Response Model**

The Clinical Response Model (CRM) formed the health board's overarching framework for its response to the Covid-19 pandemic.

Underneath the CRM, we understand that national modelling – tailored to a local level – formed the basis for the health board's surge plans: surge 1 a 199 bed model; surge 2 a 250 bed model; and surge 3 requiring external capacity in a field hospital at the Royal Welsh Showground and additional beds within a Powys nursing home. The health board developed establishment plans for each surge which, having taken into account redeployment, identified the deficit in staff numbers for each surge.

The Core Services Support Model identified essential services required to support the CRM (including facilities, finance, governance, workforce, etc) and the staff required to support those services.

### **Adjusted Governance Arrangements**

In addition to the Command and Control structure, the health board implemented a range of temporary measures to facilitate new ways of working including:

- streamlining of the Board and Committee structure including the suspension of committees of the Board, excepting the 'Audit, Risk & Assurance' and 'Experience, Quality & Safety' Committees;
- the introduction of virtual meetings with the available video conferencing facilities and changes to the public's access to meetings and records; and
- revised financial governance arrangements which were captured through the Interim Covid-19 Financial Control Procedures and remained flexible for adjustments.

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The conclusions and considerations for the future in this report take into account the rapid onset of the pandemic at the beginning of its spread through Wales and England and the consequent impact on the health board, its providers and Powys residents. Considered in this context, the health board quickly established governance arrangements and continued to strengthen measures to manage the pandemic as more guidance became available.

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## **4. DETAILED FINDINGS**

This section sets out the detailed findings of the review, under the headings of Strategic Governance, Financial Governance and Other Areas of Governance.

### **Strategic Governance**

1. Board and Committee Meetings
2. Scheme of Reservation and Delegation (SoRD) and Decision-Making Arrangements
3. Risk Management

### **Financial Governance**

4. Annual Accounts and Reporting
5. Financial Systems and Processes
6. Covid-19 Expenditure (Revenue and Capital)
7. Workforce
8. Budget and Savings

### **Other Governance Areas**

9. Long Term Agreements
10. Partnership Arrangements
11. Charitable Funds
12. Information Governance

Each section provides commentary on the adjusted governance arrangements put in place and considerations for the health board to take into account as it plans for potential further Covid-19 peaks in the future.

Where we consider it appropriate we have suggested areas which should be given greater priority.

Further considerations from our work across NHS Wales will be reported upon conclusion of these reviews.

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## Strategic Governance

### Board and Committee Meetings

#### What we found

Our review identified the following:

- The Board Secretary, Chair and Chief Executive acted quickly to review and streamline the Committees and agendas to focus on Covid-19 and key non-Covid-19 risks. This was communicated to Independent Members and Executive Directors, who showed a great deal of flexibility during this period and are now in a position to reflect on the last few months so that learning opportunities identified are not lost.
- The Board, ARAC, EQSC and Remuneration & Terms of Service Committee continued to operate, with all other committees suspended during Phase 1.
- Assurance and escalation of issues was set out in the agreed approach. We understand that all items that required escalation were taken to Board meetings during this time. The health board also held fortnightly informal briefings for Independent Members on its Covid-19 response and the Chair and Chief Executive were in frequent contact. This was important to keep members informed and give the opportunity to ask questions.
- Performance reporting was directed through to the Board. Whilst the standard performance measures were stood down by Welsh Government, the health board continued to monitor financial performance.
- Quoracy requirements and the standing orders remained unchanged (except for the requirements of Welsh Health Circular 2020/11), where committees still operated.
- All Committees were stood up from June 2020, with temporary changes to the meeting frequency of the Performance & Resources and Executive Committees. This approach was formalised and approved by the Board during May 2020. The 2020/21 Board and Committee Work plans were also taken to the July 2020 Board meeting. We understand the Board is to keep the temporary arrangements under review at each meeting. There may be questions of practicality in adopting a more streamlined approach to meetings on a long term basis.

From April 2020 onwards, the health board held virtual meetings in order to comply with social distancing and other Welsh Government (WG) guidance. To support these meetings, a virtual meeting

etiquette document was developed, which includes submitting questions on papers in advance of meetings.

- Independent Members have generally seen the move to virtual meetings as a positive experience and are keen for the health board to further embrace digital technology.
- During April-July 2020, members of the public were not able to attend meetings in light of the guidance in relation to Covid-19. The 29<sup>th</sup> July Board meeting was recorded and uploaded to the health board's website. We understand future meetings will also be recorded and published until the health board is in a position to livestream meetings.
- The health board committed to publishing meeting summaries within seven days, which has proved challenging. Going forward, the health board has amended this commitment to publishing summaries within ten days of the meeting. We understand all summaries are now published.

#### What could be done differently in the future

We advise that priority should be given to considering the following:

- Publishing meeting summaries as soon as possible after Board and Committee meetings.
- Developing a protocol pack for future events that require similar arrangements to swiftly implement the necessary measures – this could be implicit within the Board's Pandemic Framework. For example:
  - Formally identifying Committees to be suspended or operated on reduced agendas/frequencies and the revised assurance/escalation arrangements to support this;
  - Formally establishing meeting etiquette, membership, platform to use, meeting arrangements, etc;
  - Clarifying records required and decision log requirements (see considerations in the 'Scheme of Reservation and Delegation (SoRD) and Decision-Making Arrangements' section).

Furthermore, we suggest the following considerations as the organisation looks forward:

- Continuing to apply a risk based approach to key business as usual matters in the streamlined agendas and keeping this under review as the pandemic progresses.

• We concur with the health board's intentions to livestream its Board and Committee meetings – this should be made available to the public

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as soon as possible. In doing so, the health board should continue to utilise suitable technology (maintaining privacy and security requirements) that is user friendly and accessible to all members and readily available for members of the public.

- Offer Freephone dial-in numbers for members of the public who may not have access to suitable technology.
- Continue to ensure that all members / participants are suitably trained / offered training to use the conference software available.
- Consider a separate meeting host of the Board and Committees in addition to the Chair to support technical arrangements.
- Continue to review and refresh the virtual meeting etiquette document based on learning from ongoing virtual meetings.

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## **Scheme of Reservation and Delegation (SoRD) and Decision-Making Arrangements**

### What we found

Our review identified the following:

- The health board did not amend its SoRD during the Phase 1 response and does not plan to do so unless staff sickness levels require changes to be made. Similarly, there were no changes to delegated limits or authorised signatories. These arrangements are being kept under review.
- The health board has set out its Covid-19 command and control structure and decision-making arrangements in its Covid-19 Governance Framework (the Framework), which operates in line with the existing SoRD. The initial Framework was based on the health board's Pandemic Flu Framework and was subsequently refined to address the needs of the health board's Covid-19 response.
- We found that financial decisions were processed quickly via the Gold Group for scrutiny and then subsequently reported to the ARAC for ratification / information as appropriate.
- Minutes and actions were maintained for the Gold Group and CCF. We reviewed a sample of four actions, three of which had been followed through. One relating to a capital expenditure paper on ventilation had not been actioned – the related consideration is captured within the Covid-19 Expenditure section below and is not repeated here.
- The Gold Group decision log had only been completed up to the end of April 2020 at the time of our review. Additionally, there is no log for Board or CCF decisions. As a result, we encountered difficulty identifying audit trails to demonstrate the rationale, justification and approval of key financial and non-financial decisions.
- We reviewed nine decisions (financial and non-financial) from the Phase 1 response. For one (the Workforce Plan), we were unable to identify the audit trail to demonstrate appropriate scrutiny and approval. For the remaining eight, we found that supporting evidence was in place, but this was not in a consistent format, was not always easily retrievable and did not always fully justify the decision, noting the point above.
- We acknowledge that a significant level of work has been undertaken to support and record the health board's Covid-19 response and those at Gold level would also have been involved in this. Therefore, relevant individuals would have been able to answer any queries and provide explanations as needed. However, this is not always

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documented in the Gold Group minutes. Over the longer term, there is a risk that the health board may not be able to clearly evidence the scrutiny and approval of key decisions.

- The health board maintained its standard approach to declarations of interest during this time.

#### What could be done differently in the future

We advise that priority should be given to considering the following:

- Reviewing the decisions and supporting justification / information to simplify and increase clarity over audit trails, setting out how additional revenue funding for Covid-19 is linked into the Clinical Response Model and/or supporting plans. Whilst there is a balance between expedience and evidence, it is important that all elements of this process are sufficiently documented. This may vary between different types, values and levels of decisions, but decisions should be justifiable post-event.
- Ensuring the Gold decision log is kept up to date.

Furthermore, we suggest the following considerations as the organisation looks forward:

- Maintaining a decision log at CCF level.

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## **Risk Management**

### What we found

Our review identified the following:

- The Board continued to receive the Corporate Risk Register (CRR) throughout the Covid-19 response. The CRR was updated to reflect the impact of Covid-19 on the health board's strategic objectives.
- A Covid-19 Risk Register (C-19RR) was developed and overseen by Gold Group. The C-19RR covered risks around the health board's ability to respond to Covid-19 and has been reported to the Board since May 2020. This was a useful tool for the Executive to monitor risks in a rapidly changing environment and enabled looking a few weeks ahead which was important.
- Throughout April to July 2020, Committee Risk Registers were not presented to their respective Committees.
- At a directorate level, risks were to be managed as per the Risk Management Framework. However, monitoring and scrutiny by the Risk & Assurance Group was suspended. Executive Directors were asked to review the directorate risk registers. We did not consider the directorate risk registers in our testing.
- Whilst we could see that risks are considered as part of the Clinical Response Model and are broadly considered within the C-19RR, it was less clear how more specific risks had been considered or were linked to the C-19RR in other decisions in our testing which were not supported by a documented risk assessment process.
- A response plan has been developed for future phases of the pandemic. The response plan has been updated every 60-90 days and there is a section in each update on the learning from the previous period and any reviews.
- The health board has reviewed its strategic objectives and priorities and developed a reprioritised annual plan for 2020/21.

### What could be done differently in the future

We advise that priority should be given to considering the following:

- Ensuring that risks (Covid-19 and, as appropriate, non-Covid-19) are regularly reported to the Committees.

Furthermore, we suggest the following considerations as the organisation looks forward:

- Continuing to update the response plan for any changes arising from this review and any other retrospective reviews being completed.

- Continuing to manage non-Covid-19 risks and report as appropriate to respective committees, to ensure that emerging risks are adequately reviewed / managed.
- Continuing to review key objectives and priorities in light of new information.
- Any future decision making framework should incorporate a documented risk assessment process over decisions completed.

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## **Financial Governance**

### **Annual Accounts and Reporting**

#### What we found

Our review identified the following:

- The health board revised its accounts production timetable in line with updated Welsh Government deadlines. Draft accounts were submitted on 21<sup>st</sup> May 2020. Final accounts were signed by the Board on 29<sup>th</sup> June 2020, ahead of the 30<sup>th</sup> June 2020 submission deadline. This is a notable success with the accounts being produced by the team working remotely.
- Audit Wales did not observe any significant issues in the audit of the draft accounts.

#### What could be done differently in the future

We suggest the following consideration as the organisation looks forward:

- The benefits of preparing the final accounts and completing the accompanying statutory audit remotely should be reviewed and retained for future financial years. Any efficiencies implemented to assist in the delivery should be retained / expanded upon.

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## Financial Systems and Processes

### What we found

Our review identified the following:

- Temporary amendments to the Standing Financial Instructions (SFIs) and Financial Control Procedures (FCPs) were captured through the use of an Interim Covid-19 FCP (the Interim FCP). This approach ensured changes to SFIs/FCPs were communicated in a concise and easily understandable manner.
- Whilst the Interim Covid-19 Financial Control Procedure sets out approval levels for Covid-19 revenue expenditure, we identified that the approval process for Covid-19 capital expenditure was not clear (note: we understand that this point was addressed subsequent to the completion of our review).
- Specific Covid-19 cost centres have been established, with linkage to the Oracle approval limits set out in the Interim FCP.
- Indemnity arrangements appear to be in line with advice issued by NWSSP Legal & Risk Services.
- To ensure Personal Protective Equipment (PPE) is available and appropriately distributed, the health board set up a PPE hub at Bronllys hospital, overseen by the Assistant Director of Facilities.
- The Finance department did not have a full Business Continuity Plan in place. However, the Finance Team was able to swiftly respond to set up flexible, safe working arrangements to maintain services levels and meet year end deadlines. In the process, the team has identified improvements that accelerate the implementation of the digital transformation agenda and move away from manual, paper-based processes.
- There were no losses or write offs recorded during the pandemic.

### What could be done differently in the future

We advise that priority should be given to considering the following:

- Refreshing business continuity plans throughout the health board to ensure lessons / experiences from the pandemic can be incorporated as appropriate.

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## **Covid-19 Expenditure (Revenue and Capital)**

### What we found

Our review identified the following:

- Expenditure in our sample testing was authorised in accordance with the SoRD and Governance Framework. However, as noted above, we found that it was not easily possible to identify a clear audit trail and link between the expenditure and the Clinical Response Model or supporting plans and to reconcile the entire decision making process from decisions made within the CCF and Gold Groups, through to the Board (or other applicable forums).
- In line with the Interim FCP, Gold Group has received regular Covid-19 expenditure reports, including details of orders over £5,000, Covid-19 planned capital expenditure and the actual / forecast Covid-19 revenue expenditure.
- The Board has received the actual / forecast Covid-19 expenditure as part of the standard financial performance reports, including the Monthly Monitoring Return which now includes specific reporting on Covid-19 expenditure. The July 2020 ARAC meeting received a report on expenditure over £5,000 without three quotes.
- Due to the ability to make financial decisions quickly via the Gold Group, as noted above, we understand the health board has not had to utilise Chair's Actions during its Covid-19 response so far. However, should the need arise, this option is available under the Standing Orders. Similarly, the Single Tender Waiver process has not been used for Covid-19 to date.
- Additional funding required has yet to be agreed by the Welsh Government, representing a significant financial risk for the health board. This is recognised in the financial reports to the Board, the Monthly Monitoring Returns and the Corporate Risk Register.
- We understand that, in addition to scrutiny and approval of items over £25,000 at Gold Group, expenditure posted to Covid-19 cost centre codes was actively reviewed by Finance to ensure requisitions were appropriate and authorised swiftly.
- There were no payments made in advance by the health board during the pandemic.
- Variable pay costs – such as agency (including off-contract), overtime and bank – are initially allocated to the cost centre where the substantive post holder is paid. This expenditure is then apportioned to Covid-19 based upon the increase above previous years' average monthly spend. This approach is set out in the Interim FCP.

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- Capital expenditure requirements have been reported to Welsh Government. There is transparency of the capital expenditure that has been incurred to date and what is likely to be incurred as the months progress to ensure the health board is in the best position to address the requirements for operating within an appropriate hospital environment.
- In terms of non-Covid-19 capital, only major projects for which Welsh Government funding has been approved have continued during this time.
- There has been no amendment to the discretionary capital amount per the Capital Resource Limit. This has been reviewed to ensure only essential work is included and to ensure a contingency is maintained.

#### What could be done differently in the future

We advise that priority should be given to considering the following:

- Ensuring that a clear audit trail of decisions made is retained for each decision (see considerations in the 'Scheme of Reservation and Delegation (SoRD) and Decision-Making Arrangements' section).
- Taking a report to ARAC on contract awards and value for money / appropriate use of public money assessment during the Covid-19 period.

Furthermore, we suggest the following consideration as the organisation looks forward:

- Liaising with other health boards to identify a more accurate approach to apportioning variable pay costs.

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## Workforce

### What we found

Our review identified the following:

- We understand that a Workforce Plan was developed, which included details of the deficit in staff for each level of the Surge Plan taking into account existing staff and redeployments. However, we have been unable to ascertain where this plan was costed, scrutinised and approved.
- We understand that the health board took the conscious decision to not pay any overtime or enhancements for senior manager (Band 8a and above) or other officers involved in Covid-19 activities. It also did not use any non-Agenda for Change rates or incentives to attract new staff.
- A redeployment process was established, overseen by the Temporary Staffing Unit. The health board was also able to support another health board through staff redeployment.
- Recruitment to support the Covid-19 response was based upon the deficit in the Workforce Plan. A streamlined recruitment process was approved by Gold Group.
- Our testing on a sample of five new Covid-19 starters confirmed pre-employment checks had been undertaken as appropriate.
- The health board ran an induction programme for all new Health Care Support Workers (HCSW). We understand that further training for HCSWs is being planned.
- The health board identified improvements were needed on the uptake on training for Covid-19 Infection Prevention & Control (IPC) and clinical skills, although we were informed that, given the health board did not have to activate its surge capacity plans, there were sufficient staff with the skills and knowledge to meet the requirements of the model in place. This training was aimed at new and redeployed staff, covering care for Covid-19 patients and for staff to adjust to the context of providing services during the Covid-19 pandemic.
- The IPC and Clinical Education Teams are undertaking work around the Covid-19 training offered to ensure all relevant staff receive training in advance of any future peaks and to ensure appropriate reporting mechanisms are in place to capture compliance levels.

### What could be done differently in the future

We advise that priority should be given to considering the following:

- Ensuring that a clear audit trail of decisions made is retained for each decision (see also considerations in the Scheme of Reservation and Delegation (SoRD) and Decision-Making Arrangements' section)
- Ensuring the work around staff training for Covid-19 is progressed and that relevant staff receive appropriate training to support delivery of services during the Covid-19 pandemic.

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## Budget and Savings

### What we found

Our review identified the following:

- The 2020/21 pre-Covid-19 Financial Resource Plan was approved by the Board in May 2020 and is being used to monitor budgets in Board reports and at an operational level.
- Financial reports to the Board assume that the Covid-19 expenditure will be fully funded by Welsh Government. This, along with the risk that full funding may not be provided, is made clear in the reports. The reports also detail the actual, planned and forecast Covid-19 expenditure (revenue and capital).
- Covid-19 expenditure is also separately reported to Welsh Government via the Monthly Monitoring Returns.
- The Interim FCP sets out changes to the budget monitoring process, namely that budget holder meetings were stepped down during the Phase 1 response. We understand that budget holder meetings will be stood up in the near future, which will be reflected in an update to the Interim FCP.
- The savings position is reported in monthly finance reports, which is subsequently reported to the Welsh Government. Covid-19 is anticipated to have a significant impact on the health board's ability to achieve its original savings plan of £5.5m. This is predominantly due to the loss of potential savings within the health board's Long Term Agreements (LTAs), resulting from the block contracts in place for the duration of the Covid-19 response. The revised savings plan is £1.8m.
- Whilst the health board will be unable to realise the benefit of potential savings relating to the LTAs, we understand it will still carry out the work behind these savings in order that the benefit can be felt once the LTA contracts have reverted to pre-Covid-19 arrangements.

### What could be done differently in the future

We suggest the following consideration as the organisation looks forward:

- With the additional expenditure incurred as a result of Covid-19, the health board should continue to refocus efforts onto savings and efficiencies plans. This will become even more pertinent if the request to the Welsh Government for additional funding is not fully granted.

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## Other Governance Areas

### Long Term Agreements

#### What we found

Our review identified the following:

- A temporary, simplified approach is in place over LTAs. We understand this was mandated by the Department of Health for English LTAs and Welsh Government for Welsh LTAs. Cash based payments are being made and, at present, the arrangement does not allow adjustments for under or over performance. We understand these arrangements will be in place until at least September 2020.
- LTA payments above the budgeted IMTP levels are included in the Covid-19 expenditure reported to Welsh Government, calculated based upon updated 2019/20 outturn forecasts vs the October/November 2019 forecasts used in the IMTP. As at month 3, this is forecast to be £2.7m above budget.
- Under these arrangements, the health board has been unable to operate its Commissioning Assurance Framework. However, it has participated in the command arrangements for English regions and has monitored available quality and safety information.
- The related risk has been reported to Gold Group and the Board. Additionally, the Corporate Risk Register was updated to reflect the potential impact of the temporary arrangements on quality and patient safety.
- When the health board moves out of the temporary arrangements and requires additional activity to reduce backlogs in planned activity on top of new referrals, there is a risk that it could overpay for services if underperformance during the temporary arrangements is not accounted for. We understand the health board has explicitly raised this with all parties, including Welsh Government, and has started to undertake analysis of the impact to support further discussions. We also understand the health board is part of the Welsh Government lead group that has been meeting with NHS England with regard to the temporary LTA arrangements.

#### What could be done differently in the future

We advise that priority should be given to considering the following:

- We support the health board's ongoing work to quantify the potential impact of the temporary LTA arrangements to aid further discussions. Management should ensure the health board receives assurances from Welsh Government on how the related costs will be funded and

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that the learning and agreed actions from these discussions are reflected in the health board's response plans going forward.

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## Partnership Arrangements

### What we found

Our review identified the following:

- As noted previously, the health board did not need to activate its plans for surge capacity and, therefore, did not require any external capacity.
- We understand plans are in place for a field hospital, should the need arise in the future. If this were required, the health board is aware of the need to ensure additional standard operating procedures (SOPs) and indemnity arrangements are in place.
- Additional costs for primary care contractors are captured via a dedicated Covid-19 account code. At the time of writing, such costs include an accrual for GP Covid-19 expenditure submissions and additional GP Out-Of-Hours service costs.
- The health board has worked closely with the Local Authority (LA) throughout the response to date, with the LA's Director of Social Services attending the health board's Gold Group meetings. In addition, a specific workstream was set-up to support the Covid-19 response in enhanced and care home settings, which included support for fit testing of FFP3 masks.
- The health board undertook regular meetings with the Community Health Council throughout the pandemic response.
- Risk assessments continued to be completed by the Counter Fraud Team to identify emerging risks relating to fraud, e.g. malware attacks. The promotion of local counter fraud arrangements has continued throughout the pandemic.

### What could be done differently in the future

We suggest the following considerations as the organisation looks forward:

- Ensuring appropriate indemnity arrangements and SOPs are put in place should additional capacity be required.
- Continuing to engage with Local Authority partners to ensure arrangements are confirmed and in place, in preparation for future outbreaks.
- Continuing to review the capacity situation to ensure sufficient capacity is available in the event of surge demand for beds if there are further peaks.

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## **Charitable Funds**

### What we found

Our review identified the following:

- Charitable donations are processed in accordance with the charitable objectives of the Charity.
- A Covid-19 Response Fund was ring-fenced from money received through NHS Charities Together. A bespoke application form was developed and all applications to this Fund were considered by the Gold Group.
- A Just Giving page was established to assist with increased public desire to donate to the health board.
- We were informed that donations were not used for PPE and / or essential equipment as this is provided for by the Welsh Government.
- A report on the amount of donations and expenditure was presented to the July Charitable Funds Committee, which separately identified the income received under the Covid-19 Response Fund.
- We were unable to identify if staff were reminded of their obligation to record gifts or hospitality, or if they were provided with guidance for when approached with donations.

### What could be done differently in the future

We suggest the following consideration as the organisation looks forward:

- Ensuring staff are reminded of their obligation to record gifts or hospitality.
- Providing guidance for staff who are approached with donations.

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## Information Governance

### What we found

Our review identified the following:

- Guidance and controls have been implemented to address emerging risks in relation to Covid-19.
- There was good communication around Information Governance and Cyber Security issues.
- Links were visible into Gold Group for Information Governance and Cyber Security related matters.
- There is evidence that changes to practices included Information Governance and Cyber Security considerations.
- The health board was engaged in communications at a national level around Information Governance and Cyber Security.
- A consistent approach across Wales has been established via the National Information Governance Managers' Group (IGMAG), which helps set processes and guidance for the use of technology at home.

### What could be done differently in the future

There are no improvements identified.

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## Appendix One – Guidance, Principles and Scope

### Guidance and Principles

In its response (dated 26 March 2020) to a letter received on behalf of the Board Secretaries Group, Welsh Government agreed the Governance Principles (the 'Principles') that are designed to help focus consideration of governance matters.

The Principles are:

- public interest and patient safety;
- staff wellbeing and deployment;
- governance and risk management;
- delegation and escalation;
- departures from existing policies and processes;
- one Wales (acting in the best interest of the whole of Wales); and
- communication and transparency.

In particular, the Welsh Government reiterated the importance of continuing the role of both the Audit Committee and the Quality and Patient Safety Committee during the Covid-19 outbreak, in supporting the Board with discharging its responsibilities.

Further detailed guidance was issued regarding financial governance in Covid-19 Financial Guidance to NHS Wales' Organisations and the Covid-19 Decision Making and Financial Governance Letter from Welsh Government dated 30th March 2020.

### Scope of this Advisory Review

The advisory review assessed the adequacy and effectiveness of internal controls in operation during the Covid-19 outbreak, with particular regard to the Principles set out by the Welsh Government regarding maintaining financial governance.

This review focused on the following:

- governance and risk management;
- delegation and escalation; and
- departures from existing policies and processes.

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In particular, we undertook interviews and review of documentation:

- to ensure that appropriate key decisions are made through the revised management arrangements, with risk, impact and value for money adequately assessed;
- to confirm that the Scheme of Delegation and escalation requirements are adhered to;
- to ensure appropriate oversight and scrutiny remains by the Board over applicable matters – for example, the risk appetite level set;
- to ensure that departures from existing standards, frameworks, policies and procedures are appropriately documented and reviewed regularly, but still in accordance with the Principles; and
- to determine if the command structure established is appropriate – for example, achieving the Principles set out by the Welsh Government.

In our interviews with Board Members we discussed the remaining Principles and where appropriate commentary on those is include in the detail of this report.

The potential risks considered in this review were as follows:

- decisions are not completed in the best interest of the public;
- statutory requirements are not met;
- inappropriate expenditure and financial commitments;
- insufficient scrutiny of the risks associated with each key decision;
- the Welsh Government Principles are not adhered to; and
- inappropriate governance arrangements.

As this is an advisory review, the assignment is not allocated an assurance rating, but we have suggested some considerations for the future, should temporary governance arrangements be required in response to further peaks.

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## Appendix Two – What we did

We undertook the following review activity:

- Interviewed the following:
  - Board Secretary;
  - Director of Finance, Information & IT;
  - Director of Workforce & Organisational Development;
  - Director of Planning & Performance;
  - Director of Nursing;
  - Assistant Director of Finance
  - Assistant Director of Workforce
  - Planning Manager
  - Chair of the health board;
  - Chair of the Audit, Risk & Assurance Committee;
  - Chair of the Experience, Quality & Safety Committee; and
  - Chief Executive.
- Reviewed notices, agendas and minutes of the Board, Audit, Risk & Assurance Committee and Experience, Quality & Safety Committee from March 2020.
- Reviewed the public availability of the respective committee papers and meeting summaries on the health board's webpage.
- Reviewed the risk register(s) for Covid-19 and non-Covid-19 risks.
- Reviewed the SoRD, Standing Financial Instructions and Interim Covid-19 Financial Control Procedure.
- Reviewed relevant papers / documentation / logs from Gold Group.
- Observed key committees.
- Selected a sample of seven decisions, four from the Gold decision log and three "expected" decisions, to review the documentation of approval and link with the Clinical Response Model behind each.
- Reviewed the response plans and business continuity arrangements within Finance.
- Reviewed the revised timetable for reporting of annual accounts.
- Reviewed the Monthly Monitoring Returns.
- Considered the impact of Covid-19 on the health board's saving plans.
- Obtained the list of newly created cost centres, specifically created for Covid-19 expenditure.
- Reviewed the command structure for managing Covid-19 arrangements.

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- Reviewed the assets directly linked to the pandemic.
- Reviewed indemnity arrangements within the health board.
- Considered the arrangements for stocks, in particular PPE.
- Reviewed workforce and establishment plans.
- Identified new starters and, for a sample of five, ensured pre-employment checks had been undertaken prior to starting.
- Reviewed the calculations behind variable pay costs apportioned to Covid-19 expenditure.
- Considered the impact of block contract arrangements on the health board and reviewed the calculations behind LTA costs apportioned to Covid-19 expenditure.
- Identified and reviewed partnership arrangements.
- Obtained capital project information, including expenditure incurred.
- Discussed charitable funds arrangements and any changes to policies.
- Discussed Local Counter Fraud arrangements during the Covid-19 response.
- Considered the approach to information governance and cyber security during the Covid-19 response.
- Shared information and emerging findings with Audit Wales for consistency.

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Reporting Committee:	<b>Experience, Quality and Safety Committee</b>
Committee Chair	Mel Davies
Date of last meeting:	30 July 2020
Paper prepared by:	Head of Risk and Assurance

### KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Committee has met on one occasion since the last Experience Quality and Safety Committee Chair's Assurance Report was presented to the Board. The Committee met on 30 July 2020.

The Board is asked to note that the following matters were discussed at EQS on 30 July 2020:

- Commissioning Assurance Report
- Concerns & Serious Incidents Report
- Use of Personal Protective Equipment for Cardiopulmonary Resuscitation and Nasogastric Intubation procedures
- Health & Safety Group Update
- Inspections and External Bodies Report
- Annual Quality Statement

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

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**Thursday 30 July 2020**  
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### Action Log

The Committee received and noted the Action Log and were provided updates regarding actions.

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### **Commissioning Assurance Report**

The Committee received the paper which explained that it had not been possible to apply the PTHB Commissioning Assurance Framework during the COVID 19 pandemic, but that the monitoring of domains was continuing where possible. Key risks in relation to Shrewsbury and Telford Hospitals NHS Trust were highlighted. Ongoing changes were noted to be as a result of Welsh Government requesting the suspension of routine work. Contributing factors were lack of capacity, PPE provision and social distancing. NHS England was noted to have moved into command and control structures when assessing the availability of space and PPE.

The Committee Chair commended the Assistant Director of Commissioning for the clarity of the paper and **ENDORSED** the comments. The Committee agreed the report as sufficiently **DISCUSSED**.

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### **Concerns & Serious Incidents Report**

The Committee received the paper which provided an overview of performance in concerns and an update on the reporting and investigation of serious incidents, current assurance position, summarising lessons learnt and good practice. The Committee acknowledged the report was in development. The Committee Chair requested that once the new Once for Wales Content Management System had been implemented and the safety culture further developed, the report would be brought back to the committee for discussion.

The Committee **DISCUSSED** the report and **NOTED** the actions underway to address areas of non-compliance and where further improvement was needed.

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### **Use of Personal Protective Equipment for Cardiopulmonary Resuscitation And Nasogastric Intubation Procedures**

The Committee received the paper which reviewed guidance on the use of PPE during CPR and nasoenteral (principally nasogastric (NG) intubation procedures on patients during the Covid-19 pandemic and to secure the Experience, Quality and Safety Committee's endorsement of the proposed approach to these procedures. The Medical Director advised there was conflicting guidance on the indication for and use of PPE in settings where the following interventions are indicated and performed:

- CPR
- NE intubation

The Medical Director confirmed the PTHB's approach was to minimise risk to staff.

The committee ENDORSED the proposal:

- That full PPE was to be used for all elements of CPR procedures.
- That full PPE was to be used for all NG tube insertions on PTHB patients in all clinical settings where these interventions are indicated and during the Covid-19 pandemic.

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### **Health & Safety Group Update**

The Committee received the paper which provided an update on the Annual Work Programme in the following areas:

- The HSE inspections and Improvement Notices relating to Legionella;
- Review of progress against Internal Health & Safety inspections undertaken;
- Plan topic specific inspections and audits;
- Monitor compliance with Health & Safety suite of training;
- Provide risk assessment guidance and support to Service Managers;
- Undertake a desktop review of policies that should sit under Health & Safety;
- Support the co-ordination of the Stress Steering Group;
- Compile the Annual Health & Safety Report;
- Training delivery/coordination.

The Committee DISCUSSED and NOTED the content of the update report for the work programme period October 2019 to June 2020.

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

The Committee received the paper which provided an update on the most recent Regulatory Inspections undertaken and any planned inspections the health board have been notified of. A key theme identified by HIW was the positive and excellent staff engagement with patients creating a positive patient experience. In relation to

improvements needed, there are no concerns in relation to themes emerging.

The Board Secretary raised that the committee should receive a report from the identified responsible individual for Cottage View. The Committee endorsed this. The Committee DISCUSSED the report and NOTED the outcomes of Regulatory Inspections across the health board.

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### **Annual Quality Statement**

The Committee received the draft Annual Quality Statement 2019/20 in readiness for approval and publication no later than the 30 September 2019. The AQS first draft was now in place, a few additions would be required to complete. Engagement and feedback were in progress to inform its development and comments would be considered in early August, the intention to complete by mid-August. The Chief Executive noted the Annual Quality Statement should be linked in with the Performance and Quality Report.

The Committee NOTED and DISCUSSED the Annual Quality Statement, prior to reporting assurance to the Committee the Annual Quality Statement 2019/20 was being progressed and was on schedule for approval and publication no later than the 30 September 2019.

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The Board is asked to note that the following matters were presented for information at EQS on 30 July 2020. A summary of the key items for information at the meeting is provided below.

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### **The Health and Social Care (Quality & Engagement) (Wales) Act 2020**

The Committee received the paper which provided an overview of the elements of the Act which would apply to Powys Teaching Health Board upon implementation. Having received Royal Assent on 1 June 2020, the Bill was now The Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The Board Secretary advised, the overriding aims – to improve the quality of health services and ensure the citizens of Wales are kept at the heart of ever-improving health and social care services – would be realised through its four main objectives:

- Strengthen the existing duty of quality on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions;

- Establish an organisational duty of candour on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong;
- Strengthen the voice of citizens, by replacing Community Health Councils with a new all-Wales Citizen Voice Body that would represent the interests of people across health and social care; and
- Enable the appointment of Vice Chairs for NHS Trusts, bringing them into line with health boards.

The Act was not yet in force and a date by which it would be appointed was to be confirmed, although Spring 2022 was anticipated.

The Committee NOTED the update for information.

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### **Putting Things Right Annual Report 2019/20**

The Committee received the Putting Things Right, Claims and Compensation Annual Report 2019/2020 prior to onward approval by the Board.

It was evident the management and handling of concerns and serious incidents required further improvement, and actions had been identified to address these areas. Learning from citizen experience was evident in the report but a greater focus was needed on the learning and sharing of lessons, and assurance that changes had been put in place and sustained. Patient feedback supported the provision of services in Powys as generally positive, but it was recognised work was required to gather feedback from patients irrespective of where they access services, care and treatment. Improvement actions had been identified for 2020/21.

There had been positive feedback from Welsh Government regarding the report's accessibility.

The Committee NOTED and DISCUSSED the Putting Things Right, Claims and Compensation Annual Report 2019/20 prior to onward approval by the Board.

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**PSOW Annual Report 2019/20**

The Committee received the paper which provided an overview of the Public Services Ombudsman (Wales) Act 2019, resulting in changes to the jurisdiction of the Public Services Ombudsman for Wales and how it may affect the health board. In addition to providing a copy of The Public Services Ombudsman for Wales Annual Report and Accounts 2019/2020.

The Committee NOTED the annual Public Service Ombudsman for Wales Report and the Executive Summary.

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**Committee Annual Workplan 2020/21**

The Committee NOTED the 2020/21 Committee workplan which had been approved at Board on 29 July 2020.

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**NEXT MEETING**

The next meeting of EQS will be held on 1 October 2020.

**AGENDA ITEM: 3.9b**

BOARD MEETING		DATE OF MEETING: 30 <sup>th</sup> September 2020	
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Carol Shillabeer, Chief Executive		
Prepared by:	Corporate Governance Manager		
Considered by Executive Committee on:	Not before paper submitted to the Board		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none"><li>▪ Welsh Health Specialised Services Committee (WHSSC); and</li><li>▪ Emergency Ambulance Service Committee (EASC); and</li></ul> <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>			
RECOMMENDATION(S):			
<p>It is recommended that the Board:</p> <ul style="list-style-type: none"><li>▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.</li></ul>			
Approval/Ratification/Decision	Discussion	Information	
x	✓	x	

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09/25/2020 14:20:10

## 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 8<sup>th</sup> September 2020. The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2020-21-whssc-joint-committee> A summary of the meeting is attached at **Item 3.9b, Appendix 1.**

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

The Emergency Ambulance Services Committee held a virtual meeting on 8<sup>th</sup> September 2020. The papers for the meeting are available at:

<http://www.wales.nhs.uk/easc/committee-meetings>

A summary of the meeting held on 8<sup>th</sup> September 2020 and the confirmed minutes from the meeting held on 14<sup>th</sup> July 2020 are attached at **Item 3.9b, Appendix 2.**



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

The meeting scheduled for 29 June 2020 was cancelled due to COVID-19. The next meeting is due to be held on 28 September 2020 which falls after the publication of this paper.

**NEXT STEPS:**

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

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09/25/2020 14:30:11

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

The Welsh Health Specialised Services Committee held its latest public meeting on 8 September 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 14 July 2020 were taken as read and approved.

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

Members noted there were no outstanding actions or matters arising.

### **Chair's Report**

The Chair's Report referred members to a Chair's Action taken on 14 July 2020 to approve temporary amendments to the WHSSC Standing Orders, which was ratified.

The Chair reported that, as planned, this would be her last meeting and that the Minister had appointed her replacement, the details of which would be announced shortly.

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

The Managing Director's report, including updates on a new commissioning assurance framework and Radio-frequency Ablation for Barrett's Oesophagus, was taken as read.

### **TAVI Management of Severe Aortic Stenosis during the COVID-19 Pandemic**

Members received a paper outlining the current situation and the impact of the COVID-19 pandemic on the management of severe aortic stenosis and the evidence to support the short term commissioning arrangements for TAVI for the intermediate patient group during the pandemic, together with proposed funding arrangements.

Members (1) supported the recommendation that WHSSC formally changes the commissioning policy to include intermediate risk patients but allows decision making on individual cases to be taken by clinical discretion through the MDT process, and (2) approved the WHSSC position regarding funding in that payments under the block contract and pass through arrangements for TAVI devices will be limited up to 2019-20 outturn levels.

### **Options Appraisal for a Permanent Perinatal Mental Health In Patient Mother and Baby Unit (MBU) in Wales**

Members received a paper that informed them of the options appraisal exercise and scoring of the short listed options for a permanent perinatal mental health in patient MBU in Wales.

It was reported that a letter from the Board of Community Health Councils in Wales had been received that was supportive of the options appraisal process but noted that more further formal public engagement was expected on the options once a preferred option was identified.

Members (1) noted that both options meet the WHSSC service specification, (2) supported the recommendation from the non-financial options that Neath Port Talbot Hospital is the preferred location of a permanent mother and baby unit, and (3) noted that the final preferred option will be subject to the usual business case process to access Welsh Government capital.

### **Major Trauma Network Readiness Assurance Update**

Members received a paper that provided final assurance that the South Wales Trauma Network is ready to go live on 14th September 2020.

Members received final assurance and noted that following a robust assessment process by the Trauma Network Team and as recommended by the Trauma Network Implementation Board all component parts of the Trauma Network are ready and the Network can proceed to launch on 14th September 2020.

### **Welsh Renal Clinical Network 2019-20 Annual Report**

The Welsh Renal Clinical Network 2019-20 Annual Report was taken as read.

### **Financial Performance Report – Month 4 2020-21**

A paper that set out the financial position for WHSSC for month 4 of 2020-21, including a forecast under spend of £6m at year end, was taken as read. The under spend related mainly to months 1-4 underspend on the pass through elements of Welsh provider SLA's, COVID-19 block arrangements with NHSE for Q1 and Q2 below the plan baseline and Q1 2020-21 development slippage.

The Director of Finance reported that, while the full month 5 report was not yet available, the position had continued to improve.

### 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.



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Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
Date of last meeting	8 September 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/september2020>

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

**CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT**

Stephen Harrhy presented an update on the following areas:

• **Ministerial Ambulance Availability Taskforce**

Members noted that arrangements were continuing to start the work related to the Taskforce. The proposed framework was being developed including the key output products identified. Stephen Harrhy agreed to share the draft work and asked for comments to shape the work as it develops. The aim was to use existing mechanisms where possible and an interim report was planned to be developed by the end of November.

• **Refreshing the Emergency Medical Services (EMS) Framework**

Members were aware of the plans to refresh the EMS Framework and it was suggested that this take place by April 2021. Detailed discussions would take place at the EASC Management Group and a report would be developed for the next EAS Committee meeting. The aim of the refresh would be to ensure that the Framework was streamlined and more reflective of the current position for EMS services.

• **Quality and Delivery (Q&D) Meeting with the Welsh Government (WG)**

Members noted a recent Q&D meeting had taken place and the areas discussed where the biggest concern, and the majority of the meeting's focus, was on the current performance.

• **EASC allocation letters for Major Trauma Services and Critical Care Transfer Services**

Members noted that the allocation letters had been received by the CASC and were pleased to note that they were in line with the expectations of the financial plan within the Integrated Medium Term Plan (IMTP).

## • **Progress on the Emergency Medical Services Demand and Capacity Implementation Plan**

Members were aware of the agreement at EASC to fund up to 90wte additional staff within the plan. The WAST team had previously discussed that a further 46wte staff could be recruited and trained within the financial year.

Members noted that a discussion had taken place at the EASC Management Group regarding the recruitment of the additional front line staff which had been supported, although the source of the funding was unclear. Stephen Harrhy suggested that this additional cost of £1.4m could be included as part of the process to bid for resources under the winter protection fund to ensure maximising front line staff. This suggestion was supported by Members.

The Chair thanked Stephen Harrhy for his report and Members discussed the following matters:

- Concerns were raised regarding the capacity of the system to meet all of the ongoing plans during the potential resurgence of the pandemic. In terms of the revision of the EMS Framework, Members felt that clinical outcomes would be important but there may be a wider requirement to filter the work of the Committee to business critical areas only.
- Members noted that the review of the IMTP would provide an opportunity to redefine the key areas of work and this would be discussed at the EASC Management Group and would be reported to the next EAS Committee meeting.
- Members noted the opportunity to align with the work already underway on seasonal planning and the potential opportunity to be more coordinated with the option of needing to work outside of the formal Committee arrangements if required.
- Members noted that good collective progress had been made on the arrangements to open the Grange University Hospital and a helpful recent meeting had taken place which had resolved some key outstanding issues.

The Chair summarised the discussion and Members **RESOLVED** to:

- **NOTE** the Chief Ambulance Services Commissioner's report
- **NOTE** the need to identify a set of specific priorities
- **NOTE** the aim to link to seasonal priorities
- **APPROVE** the intention to seek £1.4m from the winter protection funding for the additional staff within the EMS Demand and Capacity Implementation plan.

## **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:

- **Serious Adverse Incidents (SAIs)** – a marked reduction in numbers over the recent months although now monitored weekly by the WAST Directors, reported to a WAST sub-committee and onto the WAST Board. The Chair asked if it would be possible to compare the levels of SAIs with other comparable areas as it was difficult to set in context the data presented. Jason Killens agree to try and benchmark with other areas and present the information in the next report.
- **Health and Safety Executive (HSE)** – two improvement notices had been received (sharps injury (disputed) and extended time spent in personal protective equipment).

A full response had been provided to the HSE and the policy position on personal protective equipment (PPE) had been updated. The importance of the turnaround of ambulances at emergency departments was discussed and that WAST staff wearing PPE were reliant on health board staff to comply with the guidance (added to the Action Log). Members noted that it was likely that the HSE would escalate this issue if further situations arose

### **Performance position**

- RED position – for August was below 65%, however the number of calls responded to in 8 minutes was more than the previous August
- 999 handling and 999 calls – good performance
- Incidents – volumes increased from August 2019
- Production comparison August – more this year compared to previous years
- EMS Abstractions – increase due to annual leave as staff were encouraged to take leave before winter
- Overtime reductions – no incentivised overtime
- Covid 19 abstractions now at 3%
- More activity August 2020 compared with 2018 and 2019
- Emergency Ambulance Utilisation (3% tolerance)
- Staffing – focus is on additionality and recruitment

### **Forecast**

- Production stronger in September – on or over 100% for emergency ambulances, more work required on rapid response vehicles
- Amber performance and patients experiencing long waiting times
- Anticipating further Covid19 surge
- Modelling forecast for September - 66%.

Members were concerned about the deterioration in performance; it was noted that Powys had not met the target over the last 5 or 6 months although ongoing discussions were taking place. The performance was worse during 2020 and it was suggested that this could be attributed to the switch away from the deployment of rapid response vehicles (RRVs); it was hoped that the recommencement of RRVs would improve the performance in Powys and other health board areas.

Members asked regarding the impact of 'consultant connect' in terms of managing conveyance and whether any learning could be shared across the system. Members noted that the numbers to date were small and that there was a large variation in the uptake.

The CASC responded to the content of the presentation and highlighted:

- Helpful to note that more front line staff available in August than previous year despite reduction in overtime and an increase in annual leave allocated; therefore, additional investment in demand and capacity plan is starting to become effective
- Support the rebalancing of emergency vehicles and RRV as this will have a positive impact on red performance; however, WAST need to keep in mind any potential negative impact on amber performance

- Keen to work with health board colleagues re handover delays and what do their plans look like – it was agreed that the CASC to contact everyone for their plans (added to the Action Log)
- Confirmed that a detailed analysis of the ambulance performance in August was being undertaken to supplement WAST improvement plan including variation in mobilisation times in South East Wales compared with other regions
- Opportunities for learning across Wales including Cardiff and Vale UHBs CAV 24/7.

The Chair asked regarding the information on current and forecasted future performance and suggested that it would be helpful to have a coordinated plan from WAST to tackle the issues identified. It was felt this overview list would also be helpful for the work of the Ministerial Ambulance Availability Taskforce to coordinate the actions to be taken.

Members agreed that the EASC Management Group receive and discuss the overview list (Added to the Action Log). Members also noted the importance of the impact of cultural issues in terms of the ownership and professional responsibilities in working together and this would be key during the winter months.

Other matters highlighted from the WAST provider report included:

- the recruitment of the additional staff for the front line which was at 119.28wte to date which subject to additional resources could be increased although the additional work by the finance teams would provide clarity.
- Where health board service changes had been planned, Jason Killens thanked colleagues for including the WAST Team as early as possible to support service changes across NHS Wales.

Members **RESOLVED** to:

- **NOTE** the provider report and the actions agreed.

## **FOCUS ON – NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)**

The report and presentation on the Non-Emergency Patient Transport Service (NEPTS) was received. In presenting the report, James Rodaway and Mark Harris explained that the report had been received at the NEPTS Delivery Assurance Group and also at the EASC Management Group.

Members noted:

- NEPTS Headline statistics
- The Collaborative approach undertaken at the NEPTS Delivery Assurance Group – this work included the team at WAST but also health board teams with a focus on continuous improvement
- Commissioning and Quality Assurance undertaken – the Framework was in place and robust processes were in operation. Step 1 and 2 were considered key in ensuring the transport solution is as good as possible
- NEPTS Service Development
- Enhanced Service Provision – renal, oncology and end of life service; renal patients account for 30% of all NEPTS journeys which was steadily increasing and more work ongoing to develop oncology services. It was noted that the End of Life Care Service



had won a Health Service Journal Award and the team were warmly congratulated on this achievement

- Performance/ Service Delivery Improvements
- Governance and Planning – this included a more joined up approach and particularly the tiered staff structure in health boards to support the local commissioning
- NEPTS Demand and Capacity Review now underway
- The Impact and Learning from Covid19
- The NEPTS Delivery Assurance Group at the end of September would be discussing winter planning and discharge capacity matters and the impact of Covid19 on NEPTS activity.

Mark Harris provided detailed operational information regarding the different ways of working within the NEPT service during the pandemic which included support providers, people driving themselves to appointments, student paramedics and also the voluntary sector. The team were working to manage through the agreed script and were finding alternative ways of transporting patients.

The importance of the whole system approach to developing winter plans was discussed and particularly for this service. The longer term issues would also need to be considered including the resetting of plans for outpatients and other work.

The CASC emphasised the importance of the joined up approach and informed Members of the ongoing work with the procurement team to look at all spend on private providers as there may be an opportunity to realise savings and the further development of the NEPT service in line with the 'Once for Wales' ethos. Members were very supportive of the All Wales approach and the improvements being made within the NEPT service to date.

Members discussed the outstanding transfers to complete the 'Once for Wales' approach as agreed and asked about the timescales. Members noted that prior to the pandemic and lockdown all of the work required pre transfer had been completed for the ABUHB area. The aim was now to revisit the data and WAST had appointed a lead manager to oversee the work – ABUHB would be the next area to transfer. The Powys area had also provided data and would follow ABUHB before the end of the financial year.

The CASC explained that the detail would be developed and reported via the NEPTS DAG to the next Committee meeting. In terms of the timescales, it was expected that CTMUHB would transfer in the first half of 2021 and BCUHB by the end of the financial year 2021-22 (added to the Action Log).

The Chair, in summary, confirmed that effectively phase 1 had been achieved and further work was now required to transfer the other services as soon as possible. The WAST team were also congratulated by the Chair on their achievement of the Health Service Journal Award for their End of Life service.

Members **RESOLVED** to: **NOTE** the presentation and report.

Other reports received included:

- Outline Commissioning Intentions which included timescales
- Finance Report – no specific concerns to report
- Unscheduled Care Presentation
- EASC Integrated Medium Term Plan (IMTP) Revised Delivery Plan – to be developed
- Emergency Medical Retrieval And Transfer Service (EMRTS Cymru) Framework Agreement Final Draft
- EASC Risk Register

#### **Key risks and issues/matters of concern and any mitigating actions**

- Red performance
- Increasing handover delays
- Decreasing Amber performance
- Agreed timescales for roll out of transfer of work from health boards to WAST – ABUHB, followed by Powys this financial year; CTMUHB by the end of June in the new financial year and BCUHB by the end of the financial year

#### **Matters requiring Board level consideration and/or approval**

- None

#### **Forward Work Programme**

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
<b>Date of next meeting</b>	<b>10 November 2020</b>			

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09/25/2020 14:30:42

**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**CONFIRMED MINUTES OF THE MEETING HELD ON  
14 JULY 2020 AT 0930 AM VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

**Members:**

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Simon Dean	Interim Chief Executive, Betsi Cadwaladr UHB
Len Richards	Chief Executive, Cardiff and Vale UHB
Nick Lyons	Medical Director, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda UHB
Carol Shillabeer	Chief Executive, Powys THB

**In Attendance:**

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience
James Rodaway	Head of Commissioning & Performance Management
Craige Wilson	Deputy Chief Operating Officer, Swansea Bay UHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
David Lockey	National Director EMRTS Cymru (for Agenda item 2.3)
Matthew Edwards	Programme Manager EMRTS Cymru (for Agenda item 2.3)
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 20/49	<b>WELCOME AND INTRODUCTIONS</b> Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.	
EASC 20/50	<b>APOLOGIES FOR ABSENCE</b> Apologies for absence were received from Tracy Myhill, Sian Harrop-Griffiths and Sharon Hopkins. Craige Wilson, Deputy Chief Operating Officer for Swansea Bay UHB was welcomed to the meeting.	

EASC 20/51	<b>DECLARATIONS OF INTERESTS</b> There were no additional interests to those already declared.	Chair
EASC 20/52	<b>MINUTES OF THE MEETING HELD ON 12 MAY 2019</b> The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 12 May 2019.	Chair
EASC 20/53	<b>ACTION LOG</b> Members <b>RECEIVED</b> the action log and <b>NOTED</b> specific progress as follows:  <b>EASC 19/08 &amp; EASC 19/21 &amp; EASC 19/23</b> <b>Emergency Medical Retrieval Service (EMRTS)</b> <b>Refresh of the commissioning framework</b> Members noted that the work to develop the framework was almost complete and would be provided at the next meeting (Added to the Forward Look).  <b>EASC 19/12</b> <b>Risk Register</b> Members noted the delay in developing the register in line with the host body arrangements. It was agreed that this would be received and considered by the EASC Management Group and then by the Joint Committee at its next meeting (On the Forward Look).  <b>EASC 20/29</b> <b>Safe Cohorting of Patients</b> EASC Management Group to report back to the Committee (added to the Forward Look).  <b>EASC 20/26</b> <b>Coronavirus - Actions</b> Information would be presented for discussion at the EASC Management Group and shared with Members in due course.  <b>EASC 20/44</b> <b>Integrated Medium Term Plan</b> It was agreed that a revised plan would be received at the next meeting.  <b>EASC 20/45</b> <b>Learning Lessons during a pandemic</b> It was agreed that the next WAST provider report would share early findings.  Members <b>RESOLVED</b> to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Action Log.</li> </ul>	CASC  Head of Commissioning  CASC  CASC  Head of Commissioning  CEO WAST

EASC 20/54	<b>MATTERS ARISING</b>  <b>EASC 19/55 &amp; 19/92 &amp; 20/29</b> Carol Shillabeer reported that work was continuing in relation to Mental Health and progressing well; the latest work included data collection to understand the demand on the service and the challenges faced. A further update would be provided at the next meeting.	
EASC 20/55	<b>CHAIRS REPORT</b>  The Chair's report was received. In presenting the report, Chris Turner highlighted the various discussions that had taken place since the previous meeting, including one to one with Martin Woodford, Chair of the Welsh Ambulance Services NHS Trust. Members also noted that Chris Turner had been invited to serve a further year as interim Chair of the Committee and he had accepted.  Members <b>RESOLVED</b> to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report.</li> </ul>	
<b>Part 2. ITEMS FOR DISCUSSION</b>		<b>ACTION</b>
EASC 20/56	<b>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</b>  The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen HARRY highlighted the following key items: <ul style="list-style-type: none"> <li>• The link within the report to the Year End Accounts and the Annual Governance Statement. Members noted the key actions identified going forward which reflected the discussions at each meeting and were felt to be proportionate and supported the agreed focus going forward.</li> <li>• Ministerial Ambulance Availability Task Force – Members noted that the work had been temporarily stood down, although plans were in place to recommence the work; the Minister had been made aware of the plans. However, the work would need to be modified for the members of the Taskforce and would involve greater emphasis on critiquing work and proposals emerging from the work of sub groups. The aim was to try and provide an interim report to the Committee in the autumn in line with the commissioning cycle and the first cut of the Integrated Medium Term Plan at the November meeting. Members noted the importance of the work to implement the Demand and Capacity report recommendations in terms of additionality and direction.</li> </ul>	

<p>Patterson, Liz 09/25/2020 14:42</p>	<ul style="list-style-type: none"> <li>Members noted that the Welsh Ambulance Services NHS Trust response times were generally good, although performance in the most rural areas was not at the level expected.</li> <li>Members noted the desire to learn from the impact of the pandemic on the service and what changes had been made to inform future service provision. Other changes, including transfer and discharge services, as well as the other ongoing changes in NHS Wales would have significant impact on how ambulance services are provided.</li> <li>Members noted that the Emergency Medical Services (EMS) Framework Agreement needed to be reviewed. Members noted that the framework was fit for purpose at the time it was developed but would now need to be modified to get a better balance between the service provision, patient safety / harm and staff experience. Members noted that the EASC Management Group would lead on the development of the EMS Framework Agreement and it would be presented at a future Committee meeting (Added to the Forward Look).</li> <li>Members discussed the issues related to the performance in rural areas which until recently had been good and consistent. Members noted that this had changed over the last 8 weeks and the performance was well under 50%. It was agreed that further information be provided by WAST to understand why this had occurred (Added to the Action Log).</li> <li>Members noted that it was felt that good progress was being made on plans to open the Grange University Hospital. Judith Paget thanked the EASC Team for the support given to assist the Health Board and WAST to get near a solution for the new transport arrangements. Members noted that proposal would be received shortly by the Aneurin Bevan Board to secure the resourcing needed. It was noted that emergency surgery and trauma would be centralised and there may be additional issues with patients needing to be transferred from Nevill Hall sooner than anticipated. Some concerns had been raised by staff at ABUHB and Judith Paget agreed to share the Datix reports from the UHB in order that the WAST team could understand the issues involved (Added to the Action Log).</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the Chief Ambulance Services Commissioner's report.</p>	
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<p>EASC 20/57</p>	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Response to the Pandemic The internal debriefing process in relation to the first wave was now coming to a close, a report was being developed for the Trust Board and would be shared with the Committee (added to the Action Log).</li> </ul> <p>Members noted that 500 staff had given their reflections on pandemic so far which included sharing good practice and areas of learning. Jason Killens explained that an action plan would be developed during July and August to share back with staff i.e. 'You said-we did'. Members noted that WAST was referring to itself as being in a 'monitoring' phase of the pandemic; the organisation had not yet "recovered" and was referring to itself as "in recovery" and this work would help to shape its plans going forward.</p> <ul style="list-style-type: none"> <li>• Summary of long waits for ambulances Members noted that very few patients experienced long waiting times between April and June this year due to the reduced activity and additional capacity in the service.</li> </ul> <p>In terms of RED performance, Members noted that across the first quarter the performance had been over 70% but not in rural areas. Jason Killens explained that the Community First Responders had not been utilised initially during the response to the pandemic, although they were now gradually coming back into service with the appropriate personal protective equipment. It was anticipated that this would have a positive impact and improve performance in rural areas.</p> <p>Members also noted that most of the rapid response vehicles had not been utilised during the initial response to the pandemic which had an impact on red performance. In line with the findings in the Demand and Capacity Report, Members felt the challenge remained to deploy the right number of staff in the right place.</p> <ul style="list-style-type: none"> <li>• Plans for the Grange University Hospital Members noted that teams from across WAST, Aneurin Bevan UHB and the EAS Team were working together to get a settled position, it was anticipated that 84 additional staff would need to be employed.</li> </ul>	<p>CEO WAST</p>
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<p>Patterson 09/25/2020 14:30:42</p>	<ul style="list-style-type: none"> <li>• Quarter 2 Operational Framework plan submissions to the Welsh Government</li> </ul> <p>Jason Killens provided an overview of the Q2 plan and highlighted that 3-4 areas had been identified for Q3 and 4.</p> <ul style="list-style-type: none"> <li>• Emergency Departments</li> </ul> <p>Jason Killens gave an overview of the work which was aiming to divert patients away from emergency departments using Consultant Connect.</p> <p>Len Richards highlighted the ongoing work at Cardiff and Vale UHB, in conjunction with Aneurin Bevan UHB, using the data to determine how patients accessed services during the pandemic and how potentially this could be used to plan or have early warning for surges in activity. Members noted the work and suggested that EASC could consider the implications of this work for potential roll out across NHS Wales. Members noted that additional funding had been requested from the Welsh Government to support having a live feed of data to develop the early warning system.</p> <p>Members noted that Aneurin Bevan UHB were waiting for agreement from the Welsh Government officials in terms of whether the Grange University Hospital would open in November. Judith Paget supported the work of the team at WAST in terms of Consultant Connect and phone first. The pod at the Royal Gwent hospital had experienced staffing issues and the Health Board and WAST were working to resolve.</p> <p>Nick Lyons supported the work and explained that Cwm Taf Morgannwg UHB was also keen to take forward Consultant Connect. Members felt that the pandemic had highlighted the different policies in place across Wales and felt that it would be beneficial to work collectively to avoid the unnecessary pressure within NHS Wales by using the same systems. Members noted the different uses and requirements of personal protective equipment across Wales and agreed that it would be helpful if the WAST team highlighted the differences in approach across Wales (Added to the Action Log).</p> <p>A broader discussion took place on the wider unscheduled work and Stephen Harray highlighted that work had been identified within the 'Amber Review' and discussions could be held with the NHS Wales Informatics Service (NWIS) regarding what could be achieved in real time.</p>	<p>CEO WAST</p>
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	<p>Members noted that the Welsh Government officials had shown some interest in developing an unscheduled care dashboard system and Stephen Harrhy agreed to find out more and report back to the Committee (Added to the Action Log).</p> <p>Stephen Harrhy suggested that further information be presented for discussion at the EASC Management Group to align with the Demand and Capacity Report. Members wished to note the impact of Consultant Connect on conveyancing and the connection to the Clinical Contact Centres within WAST. Other issues to be considered would include the booked appointment processes for emergency departments and the reduced capacity issue related to social distancing.</p> <p>In summarising this section of the meeting, the Chair welcomed the discussion on the interesting initiatives for unscheduled care and the opportunity for the system as a whole to be more coordinated.</p> <ul style="list-style-type: none"> <li>• Healthcare Inspectorate Wales Members noted that WAST had received a draft Healthcare Inspectorate Wales report which was positive overall although was not complimentary with regard to handover delays at emergency departments. The report would be available to Members when published (added to the Action Log).</li> <li>• Health and Safety Executive (HSE) Jason Killens explained that WAST had received a notification from the HSE regarding a material breach of Health and Safety laws in relation to staff using personal protective equipment for excessive periods of time. WAST were providing evidence of the systems employed to the HSE and a further report would be provided at the next meeting (added to the Action Log).</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the provider report and the actions agreed.</li> </ul>	<p>CASC</p> <p>CASC</p> <p>CEO WAST</p>
<p>EASC 20/58</p> <p>Patterson/HZ 09/25/2020 14:30:46</p>	<p><b>FOCUS ON – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE</b></p> <p>In presenting the report, Professor David Lockey highlighted:</p> <ul style="list-style-type: none"> <li>• Phase 1 of the 24/7 went live from the Cardiff Heliport on 1 July 2020</li> <li>• Summary of EMRTS and activity improving service provision and service transfer</li> <li>• Activity levels</li> <li>• Support to the wider NHS Community</li> </ul>	

- Much 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
- 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; importantly the EMRT service was maintained throughout
- Network work; noted to be time consuming in relation to tele conferencing 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
- 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 would be more difficult with a workload of 160 each year at night
- 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.

Members asked whether Professor Lockey felt there was any danger that the work to extend the EMRT service to 24/7 would accelerate the major trauma network work and if this could overwhelm trauma centres. Prof Lockey explained that patients were already taken to the unit for definitive care and doubted whether a lot of change would impact on centres. Members noted the outstanding requirements for the service to be provided 24/7 in terms of the capital for the EMRT service and for critical care services.

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	<p>Members noted that the processes for distributing capital were on hold with Welsh Government at present. As the capital allocation would be made through the Committee a revenue to capital transfer might be considered by Members to ensure progress is maintained. This would be further discussed at a future meeting (Added to the Action Log).</p> <p>The Chair thanked Professor David Lockey and Matthew Edwards from the EMRT Service for excellent work during the pandemic as well as the informative presentation and report.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the presentation and report.</li> </ul>	
<b>Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT</b>		<b>ACTION</b>
EASC 20/59	<p><b>FINANCE REPORT</b></p> <p>Stuart Davies presented the finance report.</p> <p>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.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the report and note the future work on costs</li> </ul>	Director of Finance
EASC 20/60	<p><b>EASC GOVERNANCE UPDATE</b></p> <p>The EASC Governance update report was received. In presenting the report Gwenan Roberts highlighted the following:</p> <ul style="list-style-type: none"> <li>• The EASC Annual Report 2019-2020 was received for the first time. This outlined the work of the Committee, its Members and attendance. Members noted that two of the associate members had not attended a committee meeting for the last two years and the Chair agreed to write a letter to the organisations to remind them. Members agreed to complete the effectiveness survey separately and return to the Committee Secretary and receive an overview of the findings at the next meeting (Added to the Action Log).</li> <li>• The EASC Annual Governance Statement had been previously circulated to Members and it was noted that it had been received and noted at the Audit and Risk Committee in line with the host body arrangements (Cwm Taf Morgannwg UHB).</li> </ul>	Gwenan Roberts

	<ul style="list-style-type: none"> <li>• Risk Register – Members noted the current situation in relation to the development of the risk register through the EASC Management Group and agreed to receive a new register in line with the host body arrangements at the next meeting.</li> <li>• The EASC Management Group Annual Report 2019-20 and Terms of Reference was received.</li> <li>• The Non-Emergency Patient Transport Service Delivery Assurance Group Annual Report 2019-20 and Terms of Reference (and Internal Audit Report) was received</li> <li>• The Emergency Medical Retrieval and Transfer Service Hosted Bodies Annual Report 2019-2020 was received.</li> </ul> <p>In terms of the Sub Groups of EASC, Members noted that all would complete the effectiveness survey and a composite report, including the EASC Members information would be provided at the next meeting.</p> <p>Members noted that Welsh Government officials had written to the NHS Wales Chairs' Group enquiring about the public's access to board meetings. Further work was underway with the Board Secretary group and Gwenan Roberts agreed to report back from an EASC perspective at the next meeting.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> <li>• <b>APPROVE</b> the EASC Committee Annual Report for 2019-2020</li> <li>• <b>RATIFY</b> the EASC Annual Governance Statement 2019-2020</li> <li>• <b>APPROVE</b> the EASC Management Group Annual Report for 2019-2020 and the Terms of Reference</li> <li>• <b>APPROVE</b> the NEPTS DAG Annual Report for 2019-2020 and the Terms of Reference and <b>NOTE</b> the Internal Audit Report.</li> <li>• <b>RATIFY</b> the EMRTS Hosted Bodies Annual Report for 2019-2020.</li> </ul>	Gwenan Roberts
		Gwenan Roberts
		Gwenan Roberts
EASC 20/61	<p><b>CONFIRMED MINUTES OF SUB GROUPS</b></p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <p>EASC Management Group - 21 February 2020</p>	

	<p>Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG) for the following dates:</p> <ul style="list-style-type: none"> <li>• 07 Feb 2020</li> <li>• 24 Apr 2020</li> <li>• 12 May 2020</li> <li>• 26 May 2020</li> <li>• 09 Jun 2020</li> <li>• 23 Jun 2020</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the confirmed minutes as above.</li> </ul>	
EASC 20/62	<p><b>FORWARD PLAN OF BUSINESS</b></p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that the Chair and the Chief Ambulance Services Commissioner finalise outside of the meeting.</p> <p>Following discussion, Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan.</li> </ul>	Chair and CASC
<b>Part 4. OTHER MATTERS</b>		<b>ACTION</b>
EASC 20/63	<p><b>ANY OTHER BUSINESS</b></p> <p>There was one item – temporary amendments to the model Standing Orders.</p>	
EASC 20/64	<p><b>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</b></p> <p>Gwenan Roberts presented the report which outlined the requirements of the Welsh Health Circular published on 9 July.</p> <p>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.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the changes for ratification at all Health Board meetings before the end of July 2020.</li> </ul>	

DATE AND TIME OF NEXT MEETING		
EASC 20/48	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 8 September 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed .....  
**Christopher Turner (Chair)**

Date .....

Patterson Liz  
09/25/2020 14:30:42

## AGENDA ITEM: 3.10

BOARD MEETING		DATE OF MEETING: 30 <sup>th</sup> September 2020
<b>Subject :</b>	<b>SUMMARY OF PARTNERSHIP BOARD ACTIVITY</b>	
<b>Approved and Presented by:</b>	Carol Shillabeer, Chief Executive	
<b>Prepared by:</b>	Corporate Governance Manager	
<b>Considered by Executive Committee on:</b>	Not before paper submitted to the Board	
<b>Other Committees and meetings considered at:</b>	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

### PURPOSE:

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

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

### RECOMMENDATION(S):

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

Ratification	Discussion	Information
✗	✓	✗

## 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 23 July 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.

- The next meeting of the PPSB is scheduled for 25 September 2020 which is after this paper will have been published. An oral update will be provided to the Board at its meeting on 30 September 2020.

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.

An oral update regarding the RPB's activity will be provided to the Board at its meeting on 30 September 2020.

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 15<sup>th</sup> September 2020.

### **NEXT STEPS:**

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

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## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Mrs Margaret Foster, Chair
<b>Lead Executive</b>	Mr Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	23 July 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. Managing Director's Update

The Managing Director updated the Committee on:

**COVID-19** – Since the start of the COVID-19 crisis, NWSSP have been able to deliver over 200m items of PPE to front line staff in NHS Wales and in Social Care. Staff across NWSSP have worked extremely hard to keep sufficient stocks of PPE available to meet demand and this is continuing as we move towards a potential 2<sup>nd</sup> wave of COVID 19 combined with the usual winter pressures. In anticipation of this, over 600m additional items of PPE are currently on order and, when delivered, will put us in a very strong position to be able to continue to meet demand going forward.

SSPC members and other key stakeholder groups are shortly to be surveyed on their views of NWSSP's performance across all services during the crisis so that lessons can be learnt so we can understand what can be improved upon in future.

**IP5** - The establishment of specialist laboratories in IP5 continues and NWSSP have been working with Public Health Wales, Welsh Government and the Department of Health & Social Care to support the construction of the laboratories on the 1<sup>st</sup> floor. The principles behind these developments have been agreed by the IP5 Project Board. Leases and memoranda for the occupation are currently being drawn up and implemented to govern the arrangements that cover the occupation of the building for this purpose.

**Audit & Assurance** - All 2019/20 annual opinions have been issued and presented to Audit Committees. Revised plans for 2020/21 have been agreed by Audit Committees and work is underway at all health bodies. Plans are likely to change again depending on the continued impact of COVID-19 and Audit & Assurance will continue to be flexible and work with health bodies to agree any

further changes that will need to be made.

**Employment Services** – the recent announcement of the retirement of the Director of Employment Services, Paul Thomas, with effect from 31 October, has provided the opportunity to strategically realign the Employment Services portfolio formally under the direction and leadership of our Workforce Director Gareth Hardacre.

## 2. Items for Approval

**Quarter 2 Plans** – Alison Ramsey introduced the paper on the Q2 Plans. The key messages in our submission were:

- We have not stood down any of our core services during the period and performance levels have been maintained.
- We have adapted quickly to the needs of the NHS in Wales; solution focussed and dynamic in our response.
- We continue to forecast a breakeven outturn for 2020/21; this includes a significant increase in the level of income and expenditure in 2020/21 compared with our IMTP.
- We have adopted a number of new ways of working. The most significant of which in terms of scale, risk and cost has been providing PPE supplies to the wider healthcare areas: social care, funeral directors and the four family practitioner areas.
- We revised our Scheme of Delegation to facilitate rapid decision making and maintain sound governance, particularly to secure supplies of priority stocks including oxygen, PPE, ventilators and beds.
- We moved the majority of our workforce to a home working model within a few weeks, and our ICT infrastructure has proved to be resilient. This was facilitated through the provision of additional capital provided by Welsh Government.
- We have brought forward a number of planned initiatives that were included in our IMTP: roll-out of Office 365, adoption of agile working and a review of our contact centres.
- We have extended the consultation process and postponed the TUPE process for the Laundry service programme until April 2021 to avoid disruption to planning for winter pressures and a potential second peak of COVID-19.
- We paused the Medical Examiner service programme, but this has resumed from 1 July.

Q2 continues to be a challenge as we aim to evaluate the new ways of working we have adopted quickly, re-focus on our planned service improvements for 2020-21, enable our staff to take a well-earned break, whilst planning with our customers for a potential second peak to COVID-19. We are well placed to meet the challenge but we are seeking confirmation on a number of revenue and capital funding streams to help us achieve our aims for the year ahead.

The Committee **APPROVED** the Q2 Plan for submission. The Committee separately **NOTED** two papers on the Planning and Recovery Group, and its successor, the Adapt and Future Change Group, which were provided in support of this item.

**All-Wales Laundry Programme Business Case** – the agenda item was introduced by the Capita consultant who has been engaged on the Programme. She reminded Committee members of the progress achieved thus far and outlined the specific elements of the Business Case. There was a detailed discussion on the report and she outlined the detailed information that was required by Welsh Government to satisfy their initial feedback on the initial OBC. She also highlighted the further information that would be required as part of the next stage. The Committee **APPROVED** the Business Case for submission to Welsh Government.

**Temporary Medicines Unit** – An update was provided on progress with the Unit which is governed by a Project and Service Management Board. The build of the facility is well advanced within IP5 with completion expected at the end of July. Validation work is being programmed for August with the aim of declaring the unit functionally ready to use from September onwards, if the COVID situation should require. A Technical Agreement has been drawn up, in consultation with the Chief Pharmacist Group and other key stakeholders, covering the respective responsibilities of the TMU Service and the Health Boards in the supply of medicines. In summary:

- The TMU is a Technical & Professional Service;
- All Clinical responsibilities and decisions lie with the Health Boards; and
- The TMU will only make and supply the products which the Health Boards request.

The Chief Pharmacist Group have now endorsed the agreement, and the Committee were therefore content to **APPROVE** the Technical Agreement.

**Single Lead Employer** - The Committee received an update on progress with the project and also a request to approve a set of revised operating and management governance framework documents required to support the expansion of the current SLE Model from 30 July 2020. The Committee **APPROVED** the documents and also noted that if there were any further minor changes or amendments required, they were happy to delegate these to the Project Board. Any significant changes would however need to be brought back to the SSPC in September 2020

**Amendments to Standing Orders** - The Committee:

- **NOTED** the extension of the increased financial limits for COVID-19 expenditure to 30 September 2020 which was approved by the June Velindre Trust Board; and
- **ENDORSED** the amendments directed by Welsh Government relating to the temporary disapplication of tenure of office of the Chair prior to formal approval by the Velindre University NHS Trust Board.

### **Service Level Agreements 2020/21**

The Committee **APPROVED** the core Service Level Agreements for 2020/21

noting that there were no significant amendments from the prior year.

#### 4. Items for Noting

**Medical Examiner Update** – the impact of COVID 19 meant that the implementation timeframe had to be suspended in March, with Medical Examiner Service capacity at that point diverted to support Health Boards manage the impact of the disease on the death certification process.

**Finance & Workforce Report** - NWSSP had achieved a small surplus of £11k for the 2019/20 financial year. The accounts have now been formally audited by Audit Wales and the position confirmed. This has been separately reported to the NWSSP Audit Committee. The current forecast position for 2020/21 remains break even on the assumption that we are fully funded by Welsh Government for COVID related expenditure. The forecast outturn for the risk pool is consistent with that set out in the IMTP which will the risk sharing agreement to be invoked. Staff sickness is currently at very low levels, which may at least in part be due to a large number of staff being able to work from home.

**Corporate Risk Register** – The Register now contains the COVID-related risks that were previously reported separately. There are three red risks on the register relating to:

- the replacement of the NHAIS system which has had some technical difficulties but is still on-track to go live in October;
- 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;
- we have yet to receive confirmation of COVID funding from Welsh Government

#### 6. Items for Information

The following papers were provided for information:

- Finance Monitoring Reports (April, May, June 2020); and
- Audit Committee Highlight Report (June 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

17 September 2020

## AGENDA ITEM: 3.11

BOARD MEETING		DATE OF MEETING: 30 <sup>th</sup> September 2020
<b>Subject :</b>	<b>SUMMARY OF ACTIVITY OF THE BOARD'S LOCAL PARTNERSHIP FORUM</b>	
<b>Approved and Presented by:</b>	Director of Workforce & OD	
<b>Prepared by:</b>	Corporate Governance Manager	
<b>Other Committees and meetings considered at:</b>	Not presented at any other meeting	

### PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.

### RECOMMENDATION(S):

It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

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

**DETAILED BACKGROUND AND ASSESSMENT:**

**Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.**

**PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.**

**A formal meeting of the Local Partnership Forum took place on 17<sup>th</sup> September 2020. A summary of this meeting is attached at Appendix 1. The next meeting of the LPF will be a briefing on 12<sup>th</sup> October 2020 with the next formal meeting due to be held on 19<sup>th</sup> November 2020.**

**NEXT STEPS:**

The next update will be presented to the Board on 25 November 2020.

Patterson, Liz  
09/25/2020 14:30:42



Reporting Committee:	<b>Local Partnership Forum</b>
Committee Chair	Jane Jones & Carol Shillabeer (Joint Chairs)
Date of last meeting:	17 September 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 17 September 2020 the following matters were discussed:

- Review of Minutes - Matters Arising / Action Log
- Updates on:
  - Healthier Working Relationships
  - Surveys
  - Director of Workforce update report
  - Innovative Environments
  - Covid-19 related staff absence update
  - Workforce Performance Report
- Information reports on:
  - Chief Executive Report (Board Meeting, 29 July)
  - Financial Performance Month 5 2020/21
  - LPF Work Programme

A short summary of the issues discussed at the meeting on 17 September 2020 follows.

#### Minutes

The minutes of the meeting held on 16 July 2020 were agreed.

#### Action Log

The action log was updated with a number of the actions either under consideration at the meeting, included in the work programme or complete.

### **Healthier Working Relationships**

James Moore from Health Education and Improvement Wales gave a presentation on Healthier Working Relationships discussing work place culture and how this can be embedded. Cross Wales compassionate leadership principles were outlined together with using the national survey to start local conversations. The place for policies within healthier working relationships was raised together with informal resolution processes.

### **Surveys**

The HEIW representative outlined potential arrangements for national surveys with confirmation that there was an expectation that an annual survey would take place.

The Assistant Director for Innovation and Innovation presented the initial findings from the New Ways of Working survey outlining how the next stage would be the production of an Interim Report.

### **Director of Workforce update report**

The report included updates on:

- Policies
- National pension consultations
- Florence Text Messaging Service
- Social Distancing

### **Innovative Environments**

The Head of Estates and Property updated members on work including:

- planned preventative maintenance,
- helpdesk,
- ventilation,
- oxygen and fire-oxygen enhancement,
- fire training,
- electrical loading,
- water management
- changing facilities
- space planning for social distancing
- discretionary capital works

He advised both HSE water improvement notices had been signed off and updated on the following capital projects:

- Bro Ddyfi Hospital Redevelopment
- Phase 2 Redevelopment Llandrindod

Updates on the following Innovative Environment projects were provided:

- North Powys Wellbeing Programme
- Bronllys Health and Care Academy
- Brecon Carpark

### **Covid-19 related staff absence update**

The current position regarding shielding and self-isolating staff was outlined together with actions taken to put in place appropriate working arrangements for these staff.

### **Workforce Performance Report**

A workforce analysis report was presented which it was confirmed would be a regular item on the LPF agenda.

### **Items for information**

- Chief Executives Report from the Board meeting of 29 July 2020
- Financial Performance summary for Month 4
- Local Partnership Forum Work Programme

### **NEXT MEETING**

The next LPF briefing will be held on 12<sup>th</sup> October 2020. The next meeting of the LPF will be held on 19<sup>th</sup> November 2020.