

# PTHB Board Meeting

Wed 31 March 2021, 10:00 - 13:00

Teams Meeting

## Agenda

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10:00 - 10:00

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### 1. PRELIMINARY MATTERS


 Board\_Agenda\_31Mar21\_FINAL.pdf (3 pages)

#### 1.1. Chair's Opening Remarks


##### 1.1.1. Welcome and Apologies for Absence

#### 1.2. Declarations of Interest

#### 1.3. Minutes of Previous Meeting 27 January 2021 (for approval)

 Board\_Item\_1.3\_Unconfirmed PTHB Board Minutes 2021-01-27.pdf (11 pages)

#### 1.4. Summary of Board Meeting held In-Committee on 27 January 2021 (for noting)

 Board\_Item\_1.4\_Summary of Board I-C 27Jan2021.pdf (1 pages)

#### 1.5. Matters Arising from the Minutes of Previous Meeting


#### 1.6. Board Action Log

 Board\_Item\_1.6\_PTHB\_Action\_Log\_post Jan21.pdf (1 pages)

#### 1.7. Update from the

##### 1.7.1. Chair

 Board\_Item\_1.7a\_Chairs Report.pdf (4 pages)

 Board\_Item\_1.7ai\_WHC 2021 002 Board Champion Roles - English.pdf (6 pages)

##### 1.7.2. Vice Chair

To Follow

##### 1.7.3. Chief Executive

To Follow

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10:00 - 10:00

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


#### 2.1. Strategic Planning 2021/22:

To Follow

##### 2.1.1. Learning from COVID-19 and New Ways of Working

### **2.1.2. Strategic Priorities for Renewal & Recovery: Interim Annual Plan**

## **2.2. Capital Programme 2021/22**

 Board\_Item\_2.2\_Capital Programme 2021 to 2023 (updated to include EFAB Funding).pdf (11 pages)

## **2.3. Introduction of the Socioeconomic Duty for Wales and PTHB's Policy on Equality Impact Assessment**

 Board\_Item\_2.3\_Equality Socioeconomic Duty Report.pdf (4 pages)

 Board\_Item\_2.3a\_Appendix 1\_Equality Impact Assessment Policy PTHB March 2021.pdf (25 pages)

## **2.4. Funded Nursing Care - Methodology to be applied 2021/22**

 Board\_Item\_2.4\_FNC board March 2021.pdf (7 pages)

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## **3. ITEMS FOR DISCUSSION**

### **3.1. Performance Overview**

 Board\_Item\_3.1\_PerformanceOverview\_March 2021\_Final.pdf (24 pages)

### **3.2. Financial Performance Report**

 Board\_Item\_3.2\_Financial Performance Report Mth 11 Board #2 (002).pdf (17 pages)

### **3.3. Audit Wales: Annual Audit Report 2020**

 Board\_Item\_3.3\_Annual Audit Report\_cover paper.pdf (3 pages)


 Board\_Item\_3.3a\_2161A2020-21 PTHB Annual Audit Report 2020.pdf (18 pages)

### **3.4. Corporate Risk Register, March 2021**

 Board\_Item\_3.4\_CRR\_March\_2021.pdf (6 pages)

 Board\_Item\_3.4a\_Appendix A\_CRR\_March\_2021.pdf (34 pages)


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

 Board\_Item\_3.5\_CO Report for PTHB March 2021 FINAL FINALdocx.pdf (6 pages)

### **3.6. Assurance Report of the Board's Partnership Committees**

#### **3.6.1. PTHB Committees**


 Board\_Item\_3.6a\_A\_Committee Chair Reports March 2021.pdf (3 pages)

 Board\_Item\_3.6a\_Appendix\_1\_Executive Committee Chair's Assurance Report\_Mar21.pdf (9 pages)

 Board\_Item\_3.6a\_Appendix\_2\_ARA\_Chairs\_Report\_9 March 2021.pdf (11 pages)


 Board\_Item\_3.6a\_Appendix\_3\_Charitable Funds Report March 2021.pdf (5 pages)

 Board\_Item\_3.6a\_Appendix\_4\_Experience Quality Safety Chairs Assurance Report 4 February 2021.pdf (4 pages)

 Board\_Item\_3.6a\_Appendix\_5\_Performance and Resources Chairs Assurance Report 22 February 2021.pdf (6 pages)

#### **3.6.2. Joint Committees**

 Board\_Item\_3.6b\_A\_Joint Committee Reports\_March2021.pdf (3 pages)

 Board\_Item\_3.6b\_Appendix 1\_2021.03.09 JC Briefing v1.0.pdf (4 pages)

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

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- 📄 Board\_Item\_3.7\_A\_Partnership Board Reports March 2021.pdf (3 pages)
- 📄 Board\_Item\_3.7\_Appendix 1\_SSPC Assurance Report 21 January 2021.pdf (4 pages)

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

- 📄 Board\_Item\_3.8\_LPF Advisory Groups March 2021.pdf (3 pages)
- 📄 Board\_Item\_3.8a\_App 1\_Advisory Groups\_LPF Report Mar 2021.pdf (4 pages)

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## **4. OTHER MATTERS**

### **4.1. Any Other Urgent Business**

### **4.2. Minutes of the Board Meeting held in-committee on 27 January 2021, for approval**

### **4.3. Strategic Annual Plan & Financial Plan 2021/22**

### **4.4. Contract Arrangements for GMS Out of Hours Services**

### **4.5. Any Other Urgent Business**

### **4.6. Close**

Date of the Next Meeting: 26 May 2021, 10:00AM, Live Streamed Event

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**POWYS TEACHING HEALTH BOARD  
BOARD MEETING  
WEDNESDAY 31 March 2021  
COMMENCING AT 10:00am  
TO BE HELD VIA TEAMS**



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**AGENDA**

Estimated Time	Item	Title	Attached / Oral	Presenter
<b>1: PRELIMINARY MATTERS</b>				
10.00am	<b>1.1</b>	Chair's Opening Remarks • Welcome and Apologies for Absence	Oral	Chair
	<b>1.2</b>	Declarations of Interest	Oral	All
	<b>1.3</b>	Minutes of Previous Meeting: 27 January 2021 (for approval)	Attached	Chair
	<b>1.4</b>	Summary of Board Meeting held In-Committee on 27 January 2021 (for noting)	Attached	Chair
	<b>1.5</b>	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	<b>1.6</b>	Board Action Log	Attached	Chair
	<b>1.7</b>	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
<b>2: ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>				
10.30am	<b>2.1</b>	Strategic Planning 2021/22: a) Learning from COVID-19 and New Ways of Working b) Strategic Priorities for Renewal & Recovery: Interim Annual Plan	Attached & Presentation	Chief Executive & Executive Directors
	<b>2.2</b>	Capital Programme 2021/22	Attached	Director of Planning & Performance
	<b>2.3</b>	Introduction of the Socioeconomic Duty for Wales and PTHB's Policy on Equality Impact Assessment	Attached	Board Secretary
	<b>2.4</b>	Funded Nursing Care – Methodology to be applied 2021/22	Attached	Director of Nursing & Midwifery
<b>3: ITEMS FOR DISCUSSION</b>				
12.00pm	<b>3.1</b>	Performance Overview	Attached	Director of Planning & Performance
	<b>3.2</b>	Financial Performance Report	Attached	Director of Finance & IT



	<b>3.3</b>	Audit Wales: Annual Audit Report 2020	Attached	Board Secretary
	<b>3.4</b>	Corporate Risk Register, March 2021	Attached	Board Secretary
	<b>3.5</b>	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
	<b>3.6</b>	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
	<b>3.7</b>	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
	<b>3.8</b>	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD

#### 4: OTHER MATTERS

	<b>4.1</b>	Any Other Urgent Business	Oral	Chair
<p>The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p> <p><u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u></p> <p><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".</i></p>				
	<b>4.2</b>	Minutes of the Board Meeting held in-committee on 27 January 2021, for approval		
	<b>4.3</b>	Strategic Annual Plan & Financial Plan 2021/22		
	<b>4.4</b>	Contract Arrangements for GMS Out of Hours Services		
	<b>4.5</b>	Any Other Urgent Business		
	<b>4.6</b>	Close		
		Date of the Next Meeting:		
		▪ 26 May 2021, 10.00, Live Streamed Event		

#### 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	

<p><b>MESSAGE TO THE PUBLIC:</b></p> <p><b>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.</b></p>
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**POWYS TEACHING HEALTH BOARD**

**UNCONFIRMED**

**MINUTES OF THE MEETING OF THE BOARD**

**HELD ON WEDNESDAY 27 JANUARY 2021, AT 10.00AM**

**VIA TEAMS**

**Present**

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

**In Attendance**

Rani Mallison	Board Secretary
Katie Blackburn	CHC
Liz Patterson	Corporate Governance Manager
Caroline Evans	Head of Risk and Assurance

**Apologies for absence**

None

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<b>PRELIMINARY MATTERS</b>	
<p>RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members.</p> <p>The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.</p>	
PTHB/20/116	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. There were no apologies for absence.</p>
PTHB/20/117	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No new declarations of interest were made.</p>
PTHB/20/118	<p><b>MINUTES OF MEETING HELD ON:</b></p> <p><b>25 November 2020</b></p> <p>The minutes of the meeting held on 25 November 2020 were AGREED as a true and accurate record.</p> <p><b>21 December 2020</b></p> <p>The minutes of the meeting held on 21 December 2020 were AGREED as a true and accurate record.</p>
PTHB/20/119	<p><b>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</b></p> <p>There were no matters arising from the minutes.</p>
PTHB/20/120	<p><b>BOARD ACTION LOG</b></p> <p>There were no outstanding items on the Action Log.</p>
PTHB/20/121	<p><b>RATIFICATION OF DECISIONS TAKEN VIA CHAIR'S ACTION ON:</b></p> <p><b>8 December 2020</b></p> <p>The minutes of the Chair's Action held on 8 December 2020 were AGREED as a true and accurate.</p>

	<p><b>14 December 2020</b></p> <p>The minutes of the Chair's Action held on 14 December 2020 were AGREED as a true and accurate record.</p>
PTHB/20/122	<p><b>UPDATE FROM THE:</b></p> <p><b>a) Chair</b></p> <p>The Chair noted this had been a busy period with a need to hold an additional meeting and 2 Chair's Actions since the last Board meeting. In addition, interviews for the two Independent Member vacancies had been held and thanks were expressed to Carl Cooper from PAVO for acting as a Lay Member on the interview panel. Recommendations had been made to the Minister and it is hoped that the two new appointments would be shortly made.</p> <p><b>b) Vice-Chair</b></p> <p>The Vice-Chair presented her report and drew attention to the Maternity Services Framework and Public Services Ombudsman for Wales report which had been considered at the Experience, Quality and Safety Committee where ongoing oversight would take place.</p> <p><b>c) Chief Executive</b></p> <p>The Chief Executive noted that the previous day had been sombre with the announcement of over 100,000 covid-19 deaths with people from Powys communities included in these figures. Although the case rate for covid-19 was falling it was not at the rate hoped for with a Level 4 Alert. New variants of covid-19 were being identified and it was recognised the efforts made by residents in helping to reduce the case rates. Services have been under a huge amount of pressure and had only been weeks or even days away from being overwhelmed. The NHS in Wales and England was now largely focussing on emergency care only. The vaccination programme was progressing well and would be discussed in detail during the meeting. In respect of planned care, arrangements were in place to redeploy staff if necessary, however, it would be essential to ensure that cover for existing services was maintained.</p>
<b>ITEMS OR APPROVAL, DECISION OR RATIFICATION</b>	
PTHB/20/123	<b>COVID-19 VACCINATION PROGRAMME DELIVERY PLAN</b>

	<p>The Director of Planning and Performance presented the report outlining that 16,681 first vaccinations had been administered across three mass vaccination sites and good progress was being made to meet the national targets. Care home residents and staff had been prioritised and nearly all had received their first vaccination unless they had been unwell or had had covid-19 within the last four weeks. Invitations were now being sent to cohorts 1-4 following which the clinically extremely vulnerable would receive their invitations.</p> <p>Challenges to the programme had included the rurality of the county as it was intended to offer vaccinations as close to home as possible. Demographic issues also feature as within the first 4 cohorts there are 40,000 residents (one third of the population of the area).</p> <p>As of this weekend it was expected that all Care Home residents and staff would have been offered their first vaccination and by Mid-February cohorts 1-4 should also have been offered their first vaccination (vaccinating these cohorts is expected to protect against 88% of preventable deaths). By Spring it was expected cohorts 1-6 would have been offered their first vaccination (protecting against 99% of preventable deaths).</p> <p>This was a fast-moving programme aiming to vaccinate as many residents as possible in a safe way with the principle that no-one was left behind. The mass vaccination centres administer the Pfizer vaccine of which there was a guaranteed supply and there was the capacity to flex lane capacity in these sites as necessary. The 16 GP practices were administering the Oxford/AstraZeneca vaccine and pharmacies had expressed an interest although this would require the sourcing of additional vaccine supply.</p> <p>Care home residents were receiving vaccinations from mobile provision and District Nurses were vaccinating housebound residents.</p> <p>The workforce had been exceptional along with volunteers supported by PAVO which have enabled the success of the programme. There had been some issues around telephony which have been addressed by partnering with Powys County Council and more positive comments regarding the reserve list and ability to change appointments were now being received.</p>
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	<p>Further work was planned examining uptake to identify possible barriers such as access to transport along with targeting groups such as the homeless and gipsy traveller community.</p> <p><i>Congratulations on the way this programme has been stepped up which is inspirational. Inevitably there have been teething problems. What additional information can be given regarding the transport plan (at present GP vaccinations in Brecon are being administered from the Sennybridge surgery)?</i></p> <p>The Chief Executive advised that Gold Command had agreed with PAVO a transport scheme and this would be promoted through Community Connectors, Town Councils, County Councillors etc. The Brecon arrangements were designed to allow the continuation of GP services from the surgery in Brecon</p> <p><i>What is the position regarding Shielding residents who are unable to access the reserve list due to their age?</i></p> <p>The Health Board had asked GP surgeries to undertake vaccination of the Shielding cohort as they were best placed to know the particular requirements of Shielding residents. This would be kept under review.</p> <p><i>What arrangements are in place to ensure residents who do not have capacity are able to receive a vaccination.</i></p> <p>The Director of Nursing and Midwifery advised that the need to give informed consent was vital. The Safeguarding Team are building on existing arrangements in place to garner informed consent for the annual flu vaccination.</p> <p><i>What arrangements are in place to vaccinate the Over 80 cohort who are yet to receive their vaccination?</i></p> <p>All residents over the age of 80 have received an invitation for a vaccination. There is an online form to complete if there are any residents who have yet to receive an invitation. Residents who are over 80 and are not online are able to telephone to advise they have yet to receive an invitation.</p>
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	<p><i>Are carers, who are not in the cohorts invited for vaccination, able to access a vaccination under the 'no waste' policy?</i></p> <p>The Chief Executive advised that Carers are in Cohort 6, however, if a carer is unable to leave the person they are caring for there are exceptional circumstances where they could receive a vaccination.</p> <p>The Covid-19 Vaccination Delivery Plan Phase 2 was APPROVED.</p>
PTHB/20/124	<p><b>SOUTH EAST WALES VASCULAR ENGAGEMENT</b></p> <p>The Director of Planning and Performance presented the report which sought endorsement from the Board for a period of region-wide engagement on proposed changes to vascular services in South East Wales. It was confirmed that whilst the timing of the engagement during the pandemic was not ideal all residents potentially affected by the changes would be contacted.</p> <p><i>Would it be possible to include a formal approach to rehabilitation within Powys in the documentation?</i></p> <p>The current engagement proposals are restricted to the acute phase rather than rehabilitation at present.</p> <p><i>What is the problem with information availability since all patient procedures are coded?</i></p> <p>The engagement phase was pre-consultation and offers the community an opportunity to suggest other information which should be taken into account to support decision making.</p> <p>Board:</p> <ul style="list-style-type: none"> <li>• NOTED the background, history and longevity of clinical discussions in respect of vascular surgery in South East Wales</li> <li>• CONSIDERED the proposed focus of engagement and the process designed to enable it</li> <li>• CONSIDERED the documentation prepared to support a discussion on the future configuration of vascular services in South East Wales</li> </ul>



	<ul style="list-style-type: none"> <li>• SUPPORTED the proposed timeline</li> <li>• AGREED to receive the outcome of the engagement back to the May meeting of the Board (or alternate should any programme slippage arise).</li> </ul>
<b>ITEMS FOR DISCUSSION</b>	
PTHB/20/125	<p><b>PLANNING AND PERFORMANCE UPDATE</b></p> <p><b>A) UPDATE AGAINST WINTER PROTECTION PLAN (Q3)</b></p> <p>The Director of Planning and Performance presented the report updating on delivery against the Winter Protection Plan between 1 October 2020 and 31 December 2021.</p> <p>The report was NOTED</p> <p><b>B) PERFORMANCE OVERVIEW (Q3)</b></p> <p>The Director of Planning and Performance presented the report updating on the changes to the NHS Delivery Framework for 2020/21 and latest performance position at Month 8 2020/21, a high-level overview of covid, test, trace and protect and the mass vaccination programme.</p> <p>The Director of Primary, Community Care and Mental Health noted that it had been hoped that waiting times would have been kept shorter however, clinical teams were continuing to monitor referrals and prioritise. At present the service was running at 60% capacity due to shielding but new staff were being appointed to increase capacity and assist with recovery. Eye surgery was a priority with no patients waiting over 52 weeks for cataract surgery and it was hoped that this would be reduced to no longer than 36 weeks by March 2021.</p> <p><i>What actions are being taken to improve GP access (Measure 17 on page 10 of the report)? This does not appear to accord with what is presented at Performance and Resources Committee.</i></p> <p>This measure was wider than simply answering calls. An access forum had been established and the CHC had recently produced a report on access. Welsh Government had recently permitted a reduction in performance for some</p>

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	<p>subsets of data. The difference in information presented was a timing issue and this would be brought back to Performance and Resources Committee.</p> <p><i>The improved performance in Mental Health is noted however, the measure relating to a GP diagnosis of dementia remains a longstanding concern.</i></p> <p>This was a longstanding challenge as a dementia diagnosis requires a CT scan and GPs do not always wish to send patients out of county to receive a CT scan.</p> <p>The Performance Overview was NOTED.</p> <p><b>C) ANNUAL PLAN 2021-2022 APPROACH</b></p> <p>The Director of Planning and Performance presented the report providing the priorities set for the Annual Plan 2021/22 and the approach to plan development in line with the NHS Wales Annual Planning Framework 2021/22. This would be brought back to Board in March and attention was drawn to the new Socio-economic Duty which would come into force on 31 March 2021.</p> <p>The Annual Planning Approach was NOTED.</p>
PTHB/20/126	<p><b>FINANCIAL PLANNING AND PERFORMANCE:</b></p> <p><b>A) FINANCIAL PERFORMANCE REPORT, MONTH 09 (DECEMBER)</b></p> <p>The Director of Finance and IT presented the report noting that Month 9 had shown an underspend of £189k giving a cumulative position of an £8k overspend. A breakeven position was forecast on the understanding that covid-19 related expenditure would be fully funded. Capital spend to date is £1.9m and the organisation was slightly under target in relation to the public sector payment policy. The covid-19 spend was estimated to be £28.4million which included local authority partner costs for Test, Trace and Protect and an estimated cost for mass vaccination. It was expected there would be a cost in relation to carry forward leave.</p>

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*Bullet point 4 on page 11 describes an assumption that a savings shortfall will be met by covid-19 funding. Is this reasonable?*

The Director of Finance and IT outlined that covid-19 funding included direct and indirect costs. Indirect costs included items such as the block contract with secondary care providers and the impact on the ability to deliver savings due to covid-19.

*Will staff be able to carry forward leave?*

The Director of Finance and IT advised that potentially staff would not be able to take leave for operational reasons. If leave was carried forward there would be an accounting cost.

The Director of Workforce and OD advised that the service was calculating the amount of leave yet to be taken and encouraging staff to take leave where possible. Depending on staff areas and circumstances Gold are looking at up to 10 days leave to be carried forward.

Board:

- DISCUSSED and NOTED the Month 9 2020/21 financial position.
- NOTED that actions would be required in 2020/21 to deliver a balanced position at the 31<sup>st</sup> March 2021.
- NOTED and APPROVED Covid-19 Revenue position in main report and the Capital and TTP and Mass Vaccination positions detailed in Appendix 1.
- NOTED the additional risks on delivery of balance position at 31 March 2021.

## **B) REVENUE ALLOCATION LETTER AND ANNUAL RESOURCE PLAN 2021/22**

The Director of Finance and IT presented the report noting the Allocation letter outlined a total of £323.7million an increase of 2% (£4.6million) excluding covid-19 spend. The uplift to Primary Care had yet to be agreed and Discretionary Capital Funding remains at £1.4million. The timeline for the development of the plan ahead of Board in March was outlined and it was confirmed baseline budgets had been realigned to ensure resources were allocated to the right areas.

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	<p>Board:</p> <ul style="list-style-type: none"> <li>• NOTED the summary provided</li> <li>• NOTED next steps to be taken in the wider Financial Planning process</li> <li>• AGREED principles outlined in Appendix 1</li> </ul>
PTHB/20/127	<p><b>POST-COVID SYNDROME MANAGEMENT</b></p> <p>The Director of Therapies and Health Sciences presented the report updating Board on the Powys pathway for patients with post covid-19 symptoms. This was for people who continued to experience symptoms after 12 weeks with people experiencing a range of symptoms. Whilst the long-term effects of covid-19 were not known the service had experience of treating patients with post viral conditions.</p> <p><i>What is it expected will be needed from this service?</i></p> <p>It was difficult to predict demand but a variety of services may be required including mental health, musculoskeletal, respiratory and cardio. These were services already in place in the community however, a review would be undertaken to ascertain if additional funding is required to support these services.</p> <p>Board NOTED the report.</p>
PTHB/20/128	<p><b>UPDATE ON EU TRANSITION</b></p> <p>The Director of Public Health presented the report which was NOTED.</p>
<b>ITEMS FOR NOTING</b>	
PTHB/20/129	<p><b>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES:</b></p> <p><b>A) PTHB COMMITTEES</b></p> <p><b>B) JOINT COMMITTEES</b></p> <p>The reports were NOTED.</p>
PTHB/20/130	<p><b>ASSURANCE REPORTS OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</b></p> <p>The reports were NOTED.</p>

PTHB/20/131	<b>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</b> The reports were NOTED.
PTHB/20/132	<b>REPORT OF THE HIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</b> The reports were NOTED.
<b>OTHER MATTERS</b>	
PTHB/20/133	<b>ANY OTHER URGENT BUSINESS:</b>
<p>The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p> <p><u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u></p> <p><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".</i></p> <p>The meeting moved to confidential session.</p>	
PTHB/20/134	<b>THIRD PARTY DEVELOPMENT, LLANFAIR CAEREINION: HEAD LEASE ARRANGEMENT</b> This item was considered In-Committee.
PTHB/20/135	<b>TRANSFER OF THE PROPERTY LEASE FOR PRESTEIGNE MEDICAL CENTRE TO PTHB</b> This item was considered In-Committee.
PTHB/20/137	<b>MINUTES OF THE BOARD MEETING HELD IN-COMMITTEE ON 29 JULY 2020, FOR APPROVAL</b> This item was considered In-Committee.
PTHB/20/138	<b>DATE OF THE NEXT MEETING:</b> 27 January 2021, 10:00 via Teams



**POWYS TEACHING HEALTH BOARD**  
**SUMMARY OF**  
**IN-COMMITTEE MINUTES OF THE MEETING**  
**HELD ON 27 JANUARY 2021**  
**VIA TEAMS**

PTHB/20/134	<p><b>THIRD PARTY DEVELOPMENT, LLANFAIR CAEREINION: HEAD LEASE ARRANGEMENT</b></p> <p>The Associate Director of Estates and Property outlined that the purpose of the paper presented was to seek approval in principle to accept responsibility for the head lease by PTHB, with a sub-lease arrangement with the GP practice and note the position regarding progress and timelines, rental cost and sale price of the existing premises.</p> <p>Board approved in principle the proposal that the health board take on the head lease obligations for the development with a sub-lease arrangement for the GP practice.</p>
PTHB/20/135	<p><b>TRANSFER OF THE PROPERTY LEASE FOR PRESTEIGNE MEDICAL CENTRE TO PTHB</b></p> <p>The Director of Primary and Community Care and Mental Health presented the report noting that the GMS contract at Presteigne Medical Centre had been handed back in 2017 with Red Kite taking over for a short period before that too was handed back to the Health Board in July 2018. It was noted that the Health Board will continue to provide services at this site.</p> <p>The Board therefore approved to take out a new property lease for Prestiegne Medical Centre.</p>
PTHB/20/136	<p><b>MINUTES OF THE BOARD MEETING HELD IN-COMMITTEE ON 29 JULY 2020, FOR APPROVAL</b></p> <p>The minutes of the meeting held on 29 July 2020 were AGREED as a true and accurate record.</p>

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**Key:**

Action Complete
Not yet due
Due
Overdue

**BOARD ACTION LOG (Updated March 2021)**

Board Minute	Board Date	Action	Responsible	Progress at 31/03/2021	Status
<i><b>There are no actions outstanding at 31 March 2021</b></i>					

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## AGENDA ITEM: 1.7a

BOARD MEETING		Date of Meeting: 31 March 2021
<b>Subject :</b>	<b>CHAIR'S REPORT</b>	
<b>Approved and Presented by:</b>	Vivienne Harpwood, PTHB Chair	
<b>Prepared by:</b>	Vivienne Harpwood, PTHB Chair	
<b>Other Committees and meetings considered at:</b>	None	

### PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in January 2021.

### RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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Chair's Report

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

**CHAIR'S REPORT:**

Board Arrangements

As a Board, we are committed to openness and transparency, and conduct as much of our business as possible in a session that members of the public are normally welcome to attend and observe. During the pandemic, we introduced live streaming of board meetings for the public, our partners and stakeholders to view. Further details are available of the website.

We continue to keep our governance arrangements under review as we move through the pandemic, ensuring arrangements remain appropriate and proportionate. In April 2021, the Board will take an opportunity to reflect on its effectiveness over the past year to learn lessons from new ways of working and to ensure that the committee structure and membership supporting the board to discharge its responsibilities remains fit for purpose. In addition, we will be able to learn from independent reviews of our governance arrangements, such as the findings of Audit Wales, set out in Structured Assessment 2020 (included at agenda item 3.3).

Board Membership

I am delighted to welcome Dr Rhobert Lewis to the Board as Independent Member.

Rhobert joins us with expertise in the application of physics to chemistry, he is a Fellow of the Royal Society of Chemistry and Honorary Fellow and former Executive Board member and Dean of Engineering and Science at the University of South Wales. For the last three years Rhobert has been a member of Powys Community Health Council. He is also an independent

governor of the Neath Port Talbot Group of colleges and a member of the cross-party Science, Technology, Engineering, Mathematics and Medicine group within the Welsh Parliament (Senedd Cymru). Rhobert lives in Powys and is very excited about joining the Health Board.

### Board Champions

In January 2021, Welsh Government issued a Welsh Health Circular (**WHC/2021/002** [attached]), which confirmed that during 2020 a detailed assessment of all Board Champion roles had been undertaken to assess the need for them to continue. The assessment identified roles that would need to be maintained and seven roles to be discontinued.

The table below confirms the current PTHB Board Champion Roles. It should be noted that there are three roles which are to be confirmed. These will be reviewed at the time of reviewing committee membership and other commitments of Independent Members.

Role	Executive Director (ED)/ Independent Member (IM)	Statutory Requirement ✓/✗	Nominated Individual(s)
Fire Safety	ED	✗	Executive Director of Workforce & Support Services
Emergency Planning	ED	✓	Executive Director of Public Health
Caldicott	ED	✗	Executive Medical Director
Violence and Aggression	ED	✗	Executive Director of Workforce & Support Services
Infection prevention and control	IM	✗	Trish Buchan, Independent Member
Armed Forces and Veterans	IM	✗	Susan Newport, Independent Member
Mental Health	Vice Chair	✗	Melanie Davies, Vice Chair
Equality	IM	✗	TBC, Independent Member
Children and Young People	ED and IM	✓	<ul style="list-style-type: none"> <li>Executive Director, Nursing &amp; Midwifery</li> <li>Melanie Davies, Vice Chair</li> </ul>
Putting Things Right	ED and IM	✓	<ul style="list-style-type: none"> <li>Executive Director, Nursing &amp; Midwifery</li> <li>TBC, Independent Member</li> </ul>
Raising Concerns (staff)	ED or IM	✗	<ul style="list-style-type: none"> <li>Executive Director of Workforce &amp; Support Services; and</li> <li>Board Secretary</li> </ul>

Welsh Language	ED	✖	Executive Director of Therapies & Health Sciences
Older Persons	IM	✖	TBC, Independent Member

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Chair's Report

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# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

**Issue Date:** 19 January 2021

**STATUS: ACTION / INFORMATION**

**CATEGORY: GOVERNANCE**

**Title: Board Champion Roles**

**Date of Expiry / Review:** March 2023

**For Action by:**

Chairs of NHS Trusts and Local Health Boards (LHBs)

Chief Executives of NHS Trusts and Local Health Boards

Directors of Corporate Governance/Board Secretaries of NHS Trusts and LHBs

**Action required by:**

In accordance with Board and Committee timetable but no later than 31 March 2021. See paragraph 4.

**For Information:**

Chair of Health Education and Improvement Wales (HEIW)

Interim Chair of Digital Health and Care Wales (DHCW)

Chairs of the Welsh Health Specialised Services Committee (WHSSC), the Emergency Ambulance Services Committee (EASC) and the Shared Services Committee (NWSSP Committee)

Directors of Corporate Governance/Board Secretaries of HEIW and DHCW

Committee Secretaries of WHSSC, EASC AND NWSSP Committee

Directors of Finance

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Directors of Workforce & OD  
Medical Directors  
Directors of Nursing

Directors of Therapies and Health Sciences  
Directors of Planning  
Directors of Public Health

**Sender:** Maureen Potter, Vulnerable Groups & NHS Governance, Health and Social Services Group

**HSSG Welsh Government Contact(s):**

Lyn Summers, Central Legislation Support Team, Mental Health, Vulnerable Groups & NHS Governance, Health and Social Services Group, [lyn.summers@gov.wales](mailto:lyn.summers@gov.wales)

Melanie Westlake, NHS Governance, Mental Health, Vulnerable Groups & NHS Governance, Health and Social Services Group, [melanie.westlake@gov.wales](mailto:melanie.westlake@gov.wales)

Maureen Potter, Central Legislation Support Team, Mental Health, Vulnerable Groups & NHS Governance, Health and Social Services Group, [maureen.potter@gov.wales](mailto:maureen.potter@gov.wales)

Mailbox: [HSSG-CentralLegislationSupport@gov.wales](mailto:HSSG-CentralLegislationSupport@gov.wales)

**Enclosure(s):** One

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## 1. Introduction

Board champion posts have been introduced to Local Health Boards and NHS Trusts since 2003 and are a mix of statutory and non-statutory roles, to be held at non-executive (independent member), executive director level or both.

## 2. Decision

During 2020 Welsh Government officials undertook a detailed assessment of all the Champion roles to assess the need for them to continue. This assessment identified roles that need to be maintained and seven roles to be discontinued.

### Roles to be discontinued:

- **Health Sustainability:** The Well-being of Future Generations (Wales) Act 2015 and the 'Healthier Wales: Our Plan for Health and Social Services' makes the role no longer necessary as the Act embeds sustainability into Boards' decisions, with the plan setting the direction for the NHS in Wales.
- **Patient Champion for Cleaning (hospital environment):** This is now embedded best practice.
- **Design role:** Concluded that the Champion role had been met and does not need to continue.
- **Public and Patient Involvement:** Superseded by the Putting Things Right statutory roles.
- **Estates:** Concluded that the Champion role does not need to continue.
- **Security Management:** Concluded that the Champion role does not need to continue.
- **Delayed Transfers of Care:** The remit now falls within Director responsible for performance.

## 3. Roles to continue:

These are set out in the Annex to this WHC.

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#### 4. Next Steps

Local Health Boards and NHS Trusts should undertake the following action:

- Identify the individuals currently fulfilling the Champion roles stated in this WHC as to be discontinued and advise them of this decision.
- Ensure the identification of individuals to perform the roles where the requirement remains.

Welsh Government will undertake the following action:

- Welsh Government policy leads will over the coming months introduce a role description for the Champion roles which are continuing (for those posts where currently there is none) to provide greater clarity regarding the expectations of the role and for evaluating the effectiveness. This will also assist in assessing the value in maintaining the role in the future.

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## ANNEX: Continuing Roles

<b>Role</b>	<b>Executive (E) / Non-Executive (NE)</b>	<b>Reason for maintaining</b>	<b>Statutory</b>
<b>Fire Safety</b>	E	The role is considered essential (WHC/054/2002).	
<b>Emergency Planning</b>	E	NHS organisations have a duty under the Civil Contingency Act 2004.	Y
<b>Caldicott</b>	E	Ongoing activity. (WHC (99) 92).	
<b>Violence and Aggression</b>	E	Provides leadership to the roll out of the 'Obligatory Responses to Violence in Healthcare' 2018.	
<b>Infection prevention and control</b>	NE	Continued need for the role to ensure infection prevention and control is embedded in the organisation and reflected by policy and procedures.	
<b>Armed Forces and Veterans</b>	NE	Advocate for veterans and service personnel to ensure their needs are reflected in local service plans.	
<b>Mental Health</b>	Vice Chair	Continuing need and a specific responsibility of Vice Chairs. Routine meetings between Vice Chairs and Minister.	
<b>Equality</b>	NE	Continuing need for the role	
<b>Children and Young People</b>	E & NE	Specified in Chapter 31 of The Children's Act 2004	Y

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<b>Role</b>	<b>Executive (E) / Non-Executive (NE)</b>	<b>Reason for maintaining</b>	<b>Statutory</b>
<b>Putting Things Right</b>	E & NE	Specified by the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011	<b>Y</b>
<b>Raising Concerns (Staff)</b>	E or NE	Bullying and harassment identified as a particular issue across all NHS organisations. Leadership necessary to enable a safe route for staff to raise concerns. (Procedure for NHS Staff to Raise Concerns (Whistleblowing) 2017)	
<b>Welsh Language</b>	E	Leadership necessary to ensure Welsh language is promoted and mainstreamed into the work of the Health Board and Trusts. (WHC (2008) 002 and More Than Just Words 2016)	
<b>Older Persons</b>	NE	Under further consideration	

END

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**Agenda item: 2.2**

<b>BOARD MEETING</b>		<b>Date of Meeting: 31 March 2021</b>
<b>Subject:</b>	<b>CAPITAL PROGRAMME</b>	
<b>Approved and Presented by:</b>	Hayley Thomas, Director of Planning and Performance	
<b>Prepared by:</b>	Wayne Tannahill, AD Estates & Property	
<b>Other Committees and meetings considered at:</b>	Performance and Resources Committee: 22 February. Innovative Environments Group: 28 January and 17 March.	

**PURPOSE:**

The paper has been prepared for the Board to receive an update on the Discretionary Capital Programme for 2020/2021, including COVID-19 impacts and activity, along with a current status report for major project activity and business cases.

The 2021-23 draft capital programme was considered and supported by Innovative Environments Group on 28 January and Performance and Resource Committee on 22 February, recognising the potential for change factors influencing the make up of the programme going forward, as now reflected by EFAB.

The Board is requested to consider and approve the updated draft two-year Discretionary Capital Programme for 2021-2023, which reflects Estates Funding Advisory Group funding for 2021/2022, as allocated in early March 2021. The paper additionally outlines associated risks and opportunities.

**RECOMMENDATION(S):**

The position on the 2020/2021 capital spend is provided for **information** along with a status report on major capital project activity.

It is recommended that the Board **approve** the revised draft Discretionary Capital Programme, 2021/2022–2022/2023.

Approval/Ratification/Decision <sup>1</sup>		Discussion	Information
✓		x	✓
<b>THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):</b>			
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:

**Overview:** the overall capital position has been affected by COVID-19 during the 2020/2021 financial year period, impacting the progress of schemes, supplier and contractor costs, availability of materials and access to clinical areas to deliver projects. In addition, the department has experienced internal staff challenges, including availability of the Capital and Estates resource, who have been instrumental in supporting COVID-19 project activity, which was not envisaged at the start of the 2020/2021 financial year.

The picture, however, at Quarter 4 and looking forward to the 2021/2022 financial year, is more positive, reflecting on achievements under significant pressures in the current financial year, and acknowledging substantial funding opportunities moving forward.

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

**The following matters will be covered by the paper:**

**Discretionary Capital Programme 2020/21:** Capital Resource Limit (CRL) of in excess of £6M including £1.9M allocated for COVID-19.

**Welsh Government Capital Slippage 2020/21:** £1.075M was awarded from slippage funds on 15 January 2021 with paper presented at Innovative Environments Group. Funding includes equipment / medical device purchases as well as critical infrastructure works to replace boilers at Ystradgynlais, etc.

**All Wales Capital Funding (AWCF) / Integrated Care Funding (ICF) – major project update:** there are a number of major projects including Machynlleth, North Powys Programme, Llandrindod Phase 2 and Brecon Car Park where PTHB has developed and submitted business cases to Welsh Government (WG), and are currently awaiting feedback/decision. PTHB is actively responding to the scrutiny grid questions from WG for the Llandrindod project.

**Discretionary Capital Programme 2021/22 - 2022/23:** the proposed capital programme pipeline has been revised to include funding secured via the Estates Funding Advisory Board (EFAB). WG have ringfenced £34M of additional funds across a number of technical / specialist areas including; decarbonisation, fire, infrastructure and mental health. Proposals were submitted on the 26 February with NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) leading the pilot for the Estates Funding Advisory Board to assist WG with prioritisation to specifically address and reduce Backlog Maintenance across the health board estates. Powys submitted bids across the specialist areas to the value of £5.2M and successfully secured £2,218,576 additional funding equating to 6.27% of overall allocation.

This has meant that items such as roof repairs previously included in the initial draft Capital Programme, no longer need to be funded by Discretionary Capital, enabling circa £0.455M to be reallocated to include replacement schemes in the Discretionary Programme.

**Audit:** despite a challenging year in 2020/21, the department is in a strong position, having recently secured a 'substantial' assurance from the NWSSP Audit and Assurance, Capital Systems audit. Audit fieldwork for Llandrindod Phase 1 project ongoing.

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## DETAILED BACKGROUND AND ASSESSMENT:

**Discretionary Capital Programme 2020/21:** during the current financial year, discretionary capital has been impacted by issues related to major project activity, as the limited discretionary capital carries the risk burden for any cost overrun implications: in total £570K at Llandrindod and Machynlleth, which led to the need to defer some programmed activity. This was further impacted by the restrictions associated with COVID-19, which also meant a number of schemes needed to be deferred. This places increased pressure on the pipeline for 2021/22-2022/23.

In the 2020/21 financial year a £1.9M capital allocation was made to the health board in recognition of COVID-19 critical activity. This included a significant £0.97M project to introduce air changes via mechanical ventilation systems into the ward environment in Brecon, Llandrindod and Welshpool, with this work now successfully delivered. A number of exceptional circumstances affecting cost in respect of labour and material limitations as well as delays due to COVID-19 restrictions in the workplace, has meant that the funding for the both phase one and phase two (dental suites pan-Powys and some further limited work in other community hospitals) has been expended on phase one work only. WG have routinely been kept updated and have acknowledged the exceptional pressures and offered additional financial support to complete the work – a further £0.16M was allocated from capital slippage in January 2021 for works at Glan Irfon dental suites at Builth Wells. Further significant work included the successful introduction of bulk oxygen storage tanks and adaptations to the medical gas pipeline systems within the hospitals at Brecon, Llandrindod and Welshpool, mirroring the ventilation upgrades, all acting to support COVID-19 activity in these three sites.



Oxygen VIE, Brecon



Ventilation ductwork, Welshpool

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**Major Capital Project, AWCF/ICF update:** There are currently a number of schemes which have either been approved or are currently being reviewed by WG. The position in relation to AWCF would currently be: -

<b>Project Title</b>	<b>Status</b>
AWCF: Mental Health Pan Powys Anti-ligature	<b>£1.17m</b> has been allocated for anti-ligature schemes. Around £600k will be used at Bronllys and new IT systems in Bryntirion. £70k committed 2020/21 financial year.
AWCF: Machynlleth Redevelopment	<b>£14.9M</b> FBC submitted in November 2020. Scrutiny comments have been responded to. Decision anticipated imminently.
AWCF: Llandrindod Phase 2	Programme Business Case submitted and responding to scrutiny comments: WG potentially providing phased BJC funding for remedial works and development of back of hospital from 2021/22.
ICF & Regeneration: North Powys Project	Programme Business Case submitted. Scrutiny comments have been responded to. Awaiting decision.
Community / AWCF: Brecon Car Park	<b>£1.4M</b> Business Justification Case submitted to WG.
ICF: Bronllys, Health and Care Academy	<b>£0.446M</b> allocated for spend in 2020/21: Opportunities to secure further funding to complete subsequent phases such as external learning spaces and the conversion of a bungalow on site to provide an 'activities of daily living' suite.
Capital Slippage 2020/21	<b>£1.075M</b> allocated 15 January for a range of projects to alleviate risk related to the estates infrastructure along with some equipment purchase.

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Machynlleth Proposed Reception



Basil Webb, Health & Care Academy, Bronllys

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**Discretionary Capital 2021/22 - 2022/23:** The anticipated programme of works which relates to the £1.431M annual capital allocation has been developed and reviewed by Capital Control Group considering the following influencing factors:

- A number of projects, deferred as a result of factors related to COVID-19, are being carried across in to the 2021/22 programme of works; an example would be the ward improvements planned for Machynlleth. The scope was developed and design complete, however, at the point of tender it became apparent that access to the ward during COVID-19 would not be appropriate. This scheme is, however, ready to commence once the peak of the pandemic activity has passed.
- The remaining schemes have been listed in priority order based on a number of factors including; risk, health and safety, audit and service delivery/development. NWSSP Audit and Assurance have audited the risk based approach adopted by the health board in building the capital programme in previous years, and have offered assurance around the resilience of our process. It is also important to remain agile to respond to changes in priority or opportunities such as alternative funding streams.
- The compliance pipeline now includes a number of programmes of work to be delivered over 3-6 years responding to key compliance areas such as fire compartmentation, building management systems (**BMS**) upgrades and thermostatic mixer valves (**TMV**) related to water safety compliance. Again, it is important to remain agile with a number of 'reserve' schemes available should additional WG funding become available.

The proposed Discretionary Capital Programme 2021/2022-2022/23 is outlined at **Appendix A**. This was considered, and supported by Innovative Environments Group on 28 January and Performance and Resource Committee on 22 February, also recognising the potential for change factors influencing the make up of the programme going forward. Reflecting this need for an agile approach, the proposed Capital Programme reflects the positive nature of the changes from the success for the EFAB bid outcome in early March and has been updated – the EFAB update was discussed at the Innovative Environments Group on 17 March.

**Estates Funding Advisory Board (EFAB):** Welsh Government has ringfenced £34M in 2021/2022 to specifically address compliance and backlog maintenance issues across a number of technical / specialist areas, which would not normally attract business case submissions, in the following categories: -

- Decarbonisation: £13M
- Infrastructure £10M
- Fire: £6M
- Mental Health: £5M

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In order to maximise this opportunity, a number of strong and compelling project bids have been developed across the specialist areas to the value of £5M and successfully secured £2,218,576 of additional funding, equating to 6.27% of overall national budget. Schemes 'approved' subject to confirmation are:-

- Fire: **£556,576** to complete fire compartmentation at Welshpool and Knighton
- Infrastructure:
  - Ystradgynlais roof (phased) **£968K**
  - Brecon roof: **£183K**
  - Newtown boilers: **£180K**
- Decarbonisation: **£331K** for 3 of 4 Building Management System scheme bids

Securing these schemes in these categories will provide significant assistance in accelerating estates compliance programmes of work across the estate and, therefore, act to mitigate risks in a shorter timeframe.

This is a pilot scheme led by NWSSP-SES, and should this pilot be successful, it is likely that further funding will be made available in future years to continue to support estates compliance and backlog maintenance to act to mitigate and reduce the current, circa £73M of backlog maintenance in the health board.

WG and NWSSP-SES have been very clear in respect of the availability of this additional targeted funding, and that it must be an accelerator to act to diminish backlog maintenance values across Wales, and not displace existing ringfenced monies set aside for this same purpose.

**Innovative Environments Strategic Framework:** further more detailed work to develop the framework has been delayed by COVID-19 activity, but is included as a priority in the early part of the 2021/22 Annual Plan commitment.

**Audit:** Despite a challenging year the department is in a strong position, having recently secured a 'substantial' assurance from a recent NWSSP capital systems audit. This provides an important reassurance in respect of the good governance of project activity by the health board whilst we have a number of business cases seeking approval. Audit activity on the major project for Llandrindod phase one work is currently ongoing.

**RISKS:** it is clear that Coronavirus has had a significant impact on capital expenditure. The health board is developing an ambitious programme of capital projects and these are well advanced and receiving strong support. As further funding is secured the pipeline needs to continue to be agile in terms of prioritisation decision making.

It remains important to note that any overspend on major capital projects is required by WG to be absorbed by Discretionary Capital funding, which for PTHB is comparatively low. The health board will continue to work to ensure

that suitable contingency sums are included within the capital bids. The contingency set aside in the 2021/22 capital programme is in the order of 10% and this will be closely monitored throughout the period.

The additional funding presents its own challenges in terms of ensuring a suitable project management resource is available to deliver the projects effectively, and there can be a risk in any delay until the appropriate staff capacity and capability can be identified and put in place. Funding for project managers can be drawn directly from capital monies allocated; recruitment will need to keep pace with funding, and match an increased but consistent capital pipeline year on year, allowing the core team resource to be developed to ensure service resilience. The pipeline of projects for 2021/22 (discretionary and AWCF) is potentially in the order of £15M.

The revised proposed Discretionary Capital Programme 2021/2022-2022/23 is outlined at Appendix A.

#### **NEXT STEPS:**

- Complete delivery of current capital projects to achieve required spend in Q4 of the 2020/2021 financial year.
- Progress the approval process for the revised Discretionary Capital Programme for 2021/2022-2022/23 through to Board.
- Support major project activity for Machynlleth, North Powys, Llandrindod Phase 2 and Brecon Car Park.
- Develop proposals and increase capital team resource to enable successful delivery of the step up in project activity within financial year constraints for 2021/22.
- Develop the Innovative Environments Strategic Framework as a priority to provide the context and ambition for capital investment for the health board long term planning.

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## APPENDIX A; PROPOSED DISCRETIONARY CAPITAL PROGRAMME

2021/2022-2022/23 Discretionary Capital budget 1.431M per annum

### General Projects

PROJECT DESCRIPTION:	2021/22	2022/23
Equipment budget (ringfenced)	£150,000	£150,000
IT Budget (ringfenced)	£50,000	£50,000
Redesign of Physiotherapy Gym, Llanidloes	£45,000	
Renew Integrated Plumbing System (IPS), Ystradgynlais	£60,000	
Replace extractor fans, skylights and kitchen in Cottage View, Knighton	£25,000	
Essential ward improvements, Machynlleth	£42,000	
Replace Windows: Ward/Therapy and Outpatients MCI, Newtown	£8,000	
Replacement of Windows at Park Street, Newtown	£10,000	
Patient Services Flat Roof Repairs, Brecon - EFAB	£0	
Roof Repairs, Ystradgynlais - EFAB	£0	
Reconfiguration of Hazels, Llandrindod	£50,000	
Fire Escape improvement work to Admin Block, Newtown	£13,000	
Improvements to Hospital Reception area, Brecon	£30,000	
Replace front doors, Park Street Clinic, Newtown	£20,000	
Clinical area electrical upgrade, Adelina Patti Ward, Ystradgynlais	£25,000	
Outpatients reception/waiting area, Ystradgynlais	£14,000	
Health & Care Academy (Basil Webb), Bronllys	£175,000	
Secure Records Store, Bronllys	£80,000	
Monnow Ward Reconfiguration, Bronllys	£80,000	
Provision of Medical Records Storage, Welshpool		£64,000
Storage Enhancement, Welshpool		tba
Extension and Upgrade of Brecon Mortuary		tba
Conversion of Community Workshops into record storage, Caersws		£38,000
Flooring replacement, Felindre Ward, Bronllys		£6,500
Outpatients Department Office - facilitate improved working conditions & people flow, Llanidloes		£31,000
Bronllys, Concert Hall roof repairs		£150,000
Crug Day Hospital, Brecon - alterations to the layout to maximise space utilisation and functionality		£32,000
IT Data Enclosures, pan-Powys		£40,000
Bronllys Car Parking issues - Phase 1		£82,000
Nurse call upgrades, pan-Powys		£50,000
Refurbishment of Podiatry Waiting area, Welshpool		£26,000
<b>Total</b>	<b>£877,000</b>	<b>£919,000</b>
<b>Balance of funds/ contingency</b>	<b>£77,000</b>	<b>£34,500</b>

**Estates Compliance Schemes: £0.447M of £1.431M Discretionary Capital ringfenced**

<b>PROJECT DESCRIPTION: ESTATES COMPLIANCE</b>	<b>2021/22</b>	<b>2022/23</b>
BMS Upgrade Phase 2; Pan-Powys	£0	£40,000
Fire compartmentation programme	£0	£60,000
Water - TMV compliance programme	£60,000	£60,000
Electrical: switchgear replacement	£45,000	£60,000
Ventilation fire damper programme	£0	£40,000
Fire Doors - remedial work and replacement: pan-Powys	£25,000	£25,000
Asbestos encapsulation, Boiler House, Bronllys	£15,000	
Med Gas pipeline improvement work, Brecon	£15,000	
Electrical generator fuel tank upgrade, Brecon	£25,000	
Liquid Pollution Mitigation, pan-Powys	£25,000	
Fire alarm; system replacement, Newtown	£65,000	
Access to roof plant infrastructure: Llandrindod	£20,000	
Electrical substation capacity upgrade: Llandrindod	£138,000	
<b>DISCRETIONARY VALUE: SUB-TOTAL</b>	<b>£408K</b>	<b>£285K</b>
ESTATES COMPLIANCE sum ringfenced within £1.431M Discretionary allowance	£477K	£477K
Balance of Estates Compliance Funding to be allocated (Contingency)	£69K	£192K

**Overall Contingency allowance £0.146M of £1.431M for 2021/22**

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<b>BOARD MEETING</b>		<b>Date of Meeting: 31 March 2021</b>
<b>Subject:</b>	<b>Socio-economic Duty</b>	
<b>Approved and Presented by:</b>	Presented by Rani Mallison, Board Secretary on behalf of Claire Madsen, Executive Director of Therapies and Health Sciences	
<b>Prepared by:</b>	Kathryn Cobley, Services Improvement Manager – Welsh Language & Equalities	
<b>Other Committees and meetings considered at:</b>	None	
<b>Links</b>	<a href="#">A More Equal Wales: The Socio-economic Duty   GOV.WALES</a>	

#### **PURPOSE:**

To provide an overview of the requirements of the Socioeconomic Duty (SED) and the plans to implement the duty within PTHB.

To seek approval for the revised Equality Impact Assessment (EIA) Policy to include the requirements of the SED.

#### **RECOMMENDATION:**

The Board is asked to **DISCUSS and Approve** the implementation plans for the SED and the revised EIA Policy.

<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	x
	6. Promote Innovative Environments	✓
	7. Put Digital First	x
	8. Transforming in Partnership	x
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	x
	8. Governance, Leadership & Accountability	✓

**EXECUTIVE SUMMARY:**

The introduction of the SED from 31 March 2021 means that Health Boards must now be able to evidence that due regard has been given to the impact of its strategic decisions upon those living with socioeconomic disadvantage. The Board must be assured before approving strategic decisions. Should a complaint arise relating to socioeconomic disadvantage the Health Board could become subject to judicial review. There are no annual reporting procedures attached to the SED.

The best way to meet the requirements of the SED is via consultation, engagement and EIA). The existing EIA policy has been reviewed to include the requirements of the SED and new template for EIA has been developed.

Training has been provided by Welsh Government, and further training and promotion is planned over the coming months.

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## BACKGROUND AND ASSESSMENT:

### Overview

The Socioeconomic Duty (SED) will come into force on 31 March 2021. The aim is to deliver better outcomes for those who experience socio-economic disadvantage. This means when making strategic decisions, the Health Board must undertake an assessment to consider the impact upon those who live with socioeconomic disadvantage. Health Boards must be assured and be able to provide evidence that sufficient consultation and engagement has been undertaken to understand the views of those impacted. Public bodies should be able to evidence a clear audit trail for all strategic decisions made.

The Duty provides the following definition: "Living in less favourable social and economic circumstances than other in the same society".

The Duty applies to all strategic decisions taken by the Board but does not apply to 'day to day decisions'.

The Board must be assured that sufficient consultation, engagement and consideration has been given before approving strategic decisions.

### Risks and Implications

The Health Board could find itself subject to judicial review should a member of the public challenge the Health Board in relation to its strategic decisions and the impact upon those living with socioeconomic disadvantage.

The existing policy for Equality Impact Assessment does not adequately include the requirements of the SED.

The COVID-19 pandemic and winter pressures mean that managers are already working under extreme pressure and may find it difficult to attend training and adopt new procedures into their work plans.

### Mitigating Actions

- Board Members attended training and information session on the SED 27 January 2021;
- Training and information session presented at Board Development 23 February 2021 – Claire Madsen & Emma Tobutt (WG);
- Promote the SED and procedural guidelines to staff across the health board via Powys Announcements, the staff intranet, team meetings, etc;

- Review existing Equality Impact Assessment Policy and Procedural Guidelines to include a new template which includes Impact Assessment for strategic decisions to meet the requirements of the Equality Act, PSED, Welsh Language Standards and the Socioeconomic Duty. **(APPENDIX A)**
- Managers will be required to complete the new Impact Assessment Template for strategic decisions. Board members will need to be assured that sufficient consultation and engagement has taken place to assess the socioeconomic impact upon disadvantaged communities within Powys;
- Further advice and support will be available from the SIM for Welsh Language and Equality;
- SIM for Equality and Welsh Language to develop and provide Impact Assessment Information Workshops for staff.

### Recommendations

It is recommended that the Board **DISCUSS & APPROVE** the mitigating actions in this report.

It is recommended that the Board **APPROVE** the reviewed EIA Policy and Template to be implemented from 1 April 2021.

### NEXT STEPS:

The following actions will be taken forward:

- Continue to raise awareness amongst staff of the SED requirements;
- Hold EIA Workshops with staff;
- Promote the new EIA template;
- Promote further training sessions to staff;
- Liaise with the Equality Leadership Group and provide updates on the plans to review EIA as part of the Once for Wales program.



# Equality Impact Assessment Policy

Document Reference No:	CGP 009	
Version No:	5	
Issue Date:	March 2021	
Review Date:	March 2024	
Author:	Kathryn Cobley Service Improvement Manager for Welsh Language and Equality	
Document Owner:	Executive Director of Therapies and Health Sciences	
Accountable Executive:	Executive Director of Therapies and Health Sciences	
Approved By:		
Approval Date:		
Document Type:	Policy	Non-clinical
Scope:	PTHB or Directorate wide	

## Version Control

Version	Summary of Changes/Amendments	Issue Date
1	First version approved	Sept/2009
2	V2 Amendment Policy Review Group	April 2013
3	V3 Amendment Policy Review Group	July 2014
4	V4 Workforce Policy Review Group	June 2017
5	Review undertaken to ensure requirements of Socio-economic Duty	

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Executive Director of Therapies and Health Sciences
Board Secretary
Service Improvement Manager for Welsh Language and Equality
Head of Corporate Governance
Corporate Governance Manager
Assistant Director of Communications

Circulated to the following for Consultation

Date	Role / Designation
03/03/2021	Welsh Language and Equality Service Leads
10/03/2021	Executive Committee
March 2021	Board

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Evidence Base
<p><b>Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?</b></p> <ul style="list-style-type: none"><li>Equality Act 2010</li><li>Public Sector Equality Duty (PSED)</li><li>Welsh Language Act 1993</li><li>Welsh Language Measure 2011</li><li>Welsh Language Standards (no.7) Regulations 2018</li><li>More Than Just Words Strategic Framework</li><li>All Wales Standards for Accessible Communication and Information for People with Sensory Loss</li><li>Socio-economic Duty Wales</li><li>Well-being of Future Generations (Wales) Act 2015</li><li>Social Services and Well-being (Wales) Act 2015</li><li>Health Impact Assessment (non-statutory but good practice)</li><li>The Human Rights Act 1998</li><li>United Nations Convention on the Rights of the Child 1989</li><li>United Nations Convention on Rights of Persons with Disabilities 2009</li><li>United Nations Principles for Older Persons 1991</li><li>Welsh Government Health &amp; Care Standards 2015</li></ul>

IMPACT ASSESSMENTS

Equality Impact Assessment Summary				
	No impact	Adverse	Differential	Positive
				This policy will enable the staff to identify and reduce health inequalities when making strategic decisions.
				The policy will encourage good practice to put actions in place to mitigate any risks or disadvantage for persons in these groups.
Age				X
Disability				X
Gender reassignment				X
Pregnancy and Maternity				X
Race				X
Religion or Belief				X
Sex				X
Sexual Orientation				X
Marriage and Civil Partnership				X
Welsh Language				X

Risk Assessment Summary	
<b>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</b>	N/A
<b>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</b>	N/A
<b>Have you identified any training and / or resource implications as a result of implementing this?</b>	Training sessions on the Socioeconomic Duty already provided to Independent Board Members and the Executive Committee. Service Improvement Manager to hold EIA workshops for staff and advise on EIA procedures.

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## Introduction

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

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

With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the health board is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)

Equality Impact Assessment should be considered by **all staff**. This policy is particularly relevant to those staff who are responsible for policy development, strategic decision making and their ratification and approval.

## Purpose

The aim of this policy is to provide policy guidance and procedures to ensure that equality and human rights principles are identified and considered in everything we do. It also aims to ensure the organisation develops the necessary capacity and competence to undertake robust impact assessments.

The purpose of the policy is to ensure that equality impact assessment forms part of organisational strategic decision-making processes. This will enable the organisation to identify ways in which it can more effectively embed equality considerations into decision-making thereby ensuring compliance with specific legislative requirements for Wales and contributing to service improvement.

## Statutory Requirements

This policy should be considered in line with the following legislation and regulations which place statutory duties upon public sector organisations in Wales

- Equality Act 2010
- Public Sector Equality Duty (PSED)
- Welsh Language Act 1993
- Welsh Language Measure 2011
- Welsh Language Standards (no.7) Regulations 2018
- More Than Just Words Strategic Framework
- All Wales Standards for Accessible Communication and Information for People with Sensory Loss
- Socio-economic Duty Wales
- Well-being of Future Generations (Wales) Act 2015
- Social Services and Well-being (Wales) Act 2015
- Health Impact Assessment (non-statutory but good practice)
- The Human Rights Act 1998
- Data Protection Legislation
- Freedom of Information Act (FOIA) 2000
- Environmental Information Regulations (EIR) 2004
- IGP 012 Information Governance Policy (PTHB)
- Privacy and Electronic Communications Regulations (PECR) 2003
- United Nations Convention on the Rights of the Child 1989
- United Nations Convention on Rights of Persons with Disabilities 2009
- United Nations Principles for Older Persons 1991
- Welsh Government Health & Care Standards 2015

## Definitions

### Equality Impact Assessment (EIA).

Impact assessment is simply a process which enables the organisation to consider the effects of its decisions, policies or services on different communities, individuals or groups. This involves:

- anticipating or identifying the consequences of our strategic decisions on individuals or groups of service users/employees;
- making sure that any negative effects are eliminated, minimized and that mitigating actions are put in place to reduce any negative impact; and
- maximising opportunities for promoting positive effects and reducing health inequalities.

EIA is not optional, it is embedded in Equality legislation and this organisation, together with all other Public Sector organisations, has a statutory duty to demonstrate it is meeting the requirements of the Human Rights Act and the Equality Duties with regard to Equality Impact Assessment.

### Strategic Decision Making

In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of

powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions.

## Due Regard

Giving weight to a particular issue in proportion to its relevance.

## Why do we undertake EIA?

EIA is crucial to improving the quality of local health services and to meeting the needs of those using them (and the needs of our employees) by ensuring that individuals and groups consider the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, age, Welsh language, socioeconomic situations and human rights.

## When do we undertake EIA?

The purpose of an EIA is to ensure equality considerations are taken into account as part of the decision-making and policy development processes. It is therefore important that the assessment takes place **before or during** these processes, and is not considered as an additional task to be undertaken after the policy has been developed or as a means of justifying decisions that have already been made.

## How do we undertake EIA?

### 1. Before you start

The Assessment Tool in Appendix 1 will help you to undertake an EIA. Please read through this before you start. Also, the extremely comprehensive toolkit on the NHS Centre for Equality and Human Rights Website has some useful information too.

### 2. Who should do the EIA?

Decide who should be part of the assessment. Try to involve subject experts, and people who might be affected by the change or proposal, for example, may wish to contact staff who lead on equality and public consultation. The Service Lead or a Senior Manager would usually be the person tasked with shaping or managing the proposal or change.

### 3. Consider the reason for or purpose of proposal or change. Is this clear?

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Can the purpose of the proposal or change be stated in one or two sentences? This is a good indicator of clarity.

4. Involve and engage. Consider who else should be involved and who you need to engage with. Decide how to do this and when.

#### 5. Relevant Evidence

- Is there a robust business case for the proposal or change?
- Is there enough national or local evidence for you to be able to make an informed assessment regarding equality? If not, how can you obtain this information? If it is not available could this be a show stopper or is there time to collect the information?
- Throughout the process keep asking who might benefit and who might be disadvantaged by the proposal or change.
- If there is a potential for disadvantage or discrimination, consider ways to eliminate or mitigate the risks.

#### 6. Justification

- Either decide to do nothing and to proceed with the proposal as planned; OR
- change the proposal putting a contingency in place to eliminate or alleviate any identified harm; OR
- scrap the proposal or change altogether.

#### 7. Summary Outcome Report (see Appendix 1).

Complete this and attach to any report containing recommendations or seeking approval and send a copy to the Equalities Team for monitoring and publication purposes.

(Remember that these reports will be published so use appropriate and anonymised language). Keep all records accumulated during the process locally to support the Summary Outcome Report and to complete the audit trail. This should include the relevant evidence, engagement activities and group thinking.

## Roles and Responsibilities

Responsibility and ownership of the EIA process, including any actions that arise from the assessment rests with originators of the particular work stream and will include managers and staff who develop new, or modify existing, policies, strategies, procedures, etc. EIA is an organisational responsibility.

With effect from the implementation of this policy, approval of new or amended policies, strategies and other proposals including service changes and developments, for example, will only be given if the Board are satisfied and assured that due regard has been given and evidence of sufficient EIA is provided at the time of ratification and approval.

Executive Directors and Senior Managers are responsible for ensuring this policy and procedure is implemented in their respective areas and that sufficient EIAs are completed. Executive Directors and Senior Managers will also ensure that the Board are aware of any identified equality impacts and any proposals to mitigate these when presenting a proposal or report to a decision maker for approval or decision.

## Corporate Governance

The Corporate Governance Team will monitor the implementation and effectiveness of this policy and will arrange for the publication of any relevant EIAs to ensure compliance with the requirements of the PSED for Wales.

## Training

Targeted support on EIA procedures will be offered and provided routinely by the Service Improvement Manager for Equality. General Awareness raising will be undertaken whenever there is an opportunity to do so, e.g. during corporate induction, staff briefings.

## Review

This policy will be reviewed every 3 years or sooner if changes are required in line with any new statutory requirements.

## References and useful links

[Equality and Human Rights Commission](#)

[Equality Act 2010](#)

[The Welsh Language Standards \(No. 7\) Regulations 2018 \(legislation.gov.uk\)](#)

[Public Sector Equality Duty in Wales](#)

[All Wales Sensory Loss Standards](#)

[Wellbeing of Future Generations \(Wales\) Act 2015](#)

[Social Services and Well-being \(Wales\) Act 2014](#)

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## APPENDICES

### Appendix 1

<b><u>For:</u></b>	(Insert title of proposal, service, decision etc.)
<b><u>Date form completed:</u></b>	
<b><u>Name of Completer</u></b>	

### **Any organisation providing a public function is subject to the general duty under the Equality Act 2020.**

In summary, those subject to the general equality duty must have had due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Equality Impact Assessments **must** be carried out for all new policies, strategies, service plans, new services and service change proposals.

Generally speaking, the majority of new policies, strategies, and plans, will be developed with the intention of improving conditions for members of staff and the public. They usually promote equality and seek to have a positive impact. However, you should still complete the template on page 6 to accompany your documents prior to gaining approval. The EIA template may prompt you to make further improvements to your document which you may not have considered previously. It could also highlight any possible omissions or issues which you may need to address before seeking approval.

New service proposals and service change will require a more in-depth consultation and engagement procedure, and will required a more detailed EIA.

The following guidelines provide a simple template to help you consider the general equality duty in relation to the services you provide, and particularly in relation to any plans for changes in the ways those services are provided.

It is good practice to engage with service users and other stakeholders in the development and ongoing review of your equality impact assessment. For example, by asking them what they think the impact might be, working with them to agree mitigation actions to address adverse impact, and continuing your dialogue to check that your actions are having the desired effect.

In addition to the statutory duties under the Equality Act it is also good practice for independent contractors to also consider the impact on:

- Welsh Language
- Carers
- People living in Socio Economic Disadvantage

## Preparing your EIA document

### Service Change Proposal / Strategy / Policy

You should state the title outline the nature of what you are equality impact assessing here.

### Background / Introduction:

Use this section to give context to the EIA. You should introduce the EIA outlining the details of the proposal. This section should also include details about the nature of your service, the area it covers and the population it serves. You should refer to data in the most recent [Population Needs Assessment](#) to inform your EIA.

For example, you should you should provide the following:

- General information on the service area – which areas does it cover? Who does it serve?. It would be good to include some basic info about the local population and your service users if they are available to you, e.g. age range of service users / how many have a registered disability / any social deprivation / rural challenges, etc.
- Description of the proposal / Background situation e.g. why are you undertaking an EIA? What changes to services are you making? What do you propose? Why are you making these changes? How have demands on the primary care service changed and what changes are needed to incorporate them? What is your current capacity to deliver the required changes? What resources are available to meet the needs of your service users and implement the required changes? (It would be good if you could include some data / statistics / graphs here to illustrate the type of services accessed over a set period of time to demonstrate any trends / changes in access to services. Is

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there any data that you can share to demonstrate how you have reached your decision to make the proposed changes?

### Description of the EIA undertaken

What did you do? You should provide details about the level of consultation and engagement you have undertaken. The feedback obtained from the consultation and engagement needs to inform your EIA, so giving details about the type of engagement you have done is paramount.

You should include precise details – dates, timescales, how people were invited to respond, etc.

You should provide more specific details of the consultation and engagement which took place e.g. give details of public meeting events, social media engagement, letter correspondence, posters, notices, local press announcements, etc. Did you consider any other form of consultation and engagement? What there any restrictions? For example due to COVID-19, inclement weather, etc, and what impact did this have?

How many responses were received? How were they received? How have you analysed them?

Do you have plans for any continued consultation / communication with service users?

What was the expected outcome of the EIA? Dis this differ to the actual outcome?

Was there a mix of positive and negative responses to the proposals?

**NOTE:** any stats or information collected during consultation/engagement may be subject to FOI. Consideration should be made for service users who have conditions, or fall under a protected characteristic, where there are few in number in PTHB and may be easily identifiable if consultation information is published to the health board website. Staff should follow the guidance available in the national Information Governance Policy on how to treat Personal Identifiable Information (PII)

### Common Themes

You should acknowledge and analyse any common themes arising from the responses received. It is important to demonstrate that you have listened to the concerns raised and have explored mitigating actions. What discussions have taken place after the consultation and engagement? How have you analysed the responses? Have you sought advice from external organisations? E.g. support from Service Improvement Manager for Equality in PTHB, 3<sup>rd</sup> Sector organisations, etc.? Do you intend to seek advice from other organisations to help put mitigating actions in place? E.g.

Local Councils, Accessibility Powys, RNIB, local action groups, patient stakeholder groups, etc?

### Lessons Learned / Mitigating Actions

You should look at each of the common themes identified and explain how you have or will address any concerns.

For example, if a key theme appears to be miscommunication, a mitigating action would be to develop clear communication channels between your team and your service users in order to alleviate concerns. For example, you could work with Local Councils, other service areas, 3<sup>rd</sup> sector organisations, etc, to help promote further communication to service users and the public to help clarify your proposals and what this will mean for your service users to avoid any future misunderstanding and misinterpretation.

### How does your service promote equality?

Look at the EIA template which lists the protected characteristics, Welsh Language, Carers and Socio-economic conditions. You should provide details of the procedures you have in place to deal with the specific individual needs of your service users, for example, how is your service accessible to those with a physical disability? How do you promote this accessibility? Does your service have alternative methods for communicating with individuals who have a sensory loss? Do you use interpretation services, emailing and text services for those who are hard of hearing? Do you use interpretation services for individuals who's first language is not English? Is your signage and documentation available in Welsh and English? Do you have any Welsh speaking staff? If you do not have any systems in place to cater for individual needs, you should state how you will mitigate these risks, and outline the actions you will take. You should approach this thinking about the protected groups as a whole but also take into consideration the specific comments received from individuals.

For example, if an individual has made comments on physical access to buildings, you could refer to any mitigating actions that you already have in place, or will put in place to resolve this issue. You should outline any further steps which could take e.g. methods of promoting accessibility to buildings. This could be included under the disability section of the EIA template.

Another example could be how your service deals with services users who have a sensory loss. You should state your intention to work with relevant 3<sup>rd</sup> sector organisations to introduce and promote available support such as the use of live sign / Relay UK, Type Talk, or establish an email / text

system for Deaf/deaf patients. You could also look to source sensory loss awareness training for staff and specialist advice in the future to help improve accessibility to your services for those with sensory loss.

## Conclusions

You should summarise all of the above and state your intentions whether you wish to continue with your proposed changes or not.

You should summarise what you feel the impact of the proposals will be upon your service users, in particular those who may face additional challenges due to a protected characteristic.

You should acknowledge any challenges which remain and how you will continue to address them. What impact should the mitigating actions have? How will you improve service delivery?

Did you consider any alternative service change proposals? Could they have had a worst impact upon service users to those which you propose?

You should reinforce your reasons for the proposed changes and outline how you intend to monitor the changes and how it will impact upon your service users in the future. Will you review the situation within a set timescale? Will you continue to monitor the impact the changes have upon those with a protected characteristic? For example, establish a service user stakeholder group? Work with local action groups? Repeat engagement activity at regular intervals? Etc.

## EIA Table

Please indicate overleaf that you have considered the impact of the proposal on the protected characteristics for all those that might be impacted (service users, patients, staff, patient's relatives and carers etc.).

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken  Make reference to where the mitigation is included in the document, as appropriate
<b>Age</b>  For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>			
<b>Persons with a disability as defined in the Equality Act 2010</b>  Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			
<b>People of different genders:</b>  Consider men, women, people undergoing gender reassignment  <b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical			



How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken  Make reference to where the mitigation is included in the document, as appropriate
procedures. Sometimes referred to as Trans or Transgender			
<b>People who are married or who have a civil partner.</b>			
<b>Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.			
<b>People of a minority race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken  Make reference to where the mitigation is included in the document, as appropriate
<b>People with a religion or belief or with no religion or belief.</b>  The term 'religion' includes a religious or philosophical belief			
<b>People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>the opposite sex (heterosexual);</li> <li>the same sex (lesbian or gay);</li> <li>both sexes (bisexual)</li> </ul>			
<b>People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>  Well-being Goal – A Wales of vibrant culture and thriving Welsh language			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken  Make reference to where the mitigation is included in the document, as appropriate
<b>People according to their income related group:</b>  Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health			
<b>People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities. This also may include wifi poverty, travel poverty and fuel poverty.			
<b>Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>			

**How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate  Make reference to where the mitigation is included in the document, as appropriate
<b>People being able to access the service offered:</b>  Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales			
<b>People being able to improve /maintain healthy lifestyles:</b>  Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus			

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate  Make reference to where the mitigation is included in the document, as appropriate
<p>access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p><b>People in terms of their income and employment status:</b></p> <p>Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p>			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate  Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A prosperous Wales			
<p><b>People in terms of their use of the physical environment:</b></p> <p>Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate  Make reference to where the mitigation is included in the document, as appropriate
<b>People in terms of social and community influences on their health:</b>  Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos  Well-being Goal – A Wales of cohesive communities			
<b>People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government			

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate  Make reference to where the mitigation is included in the document, as appropriate
<p>policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>			

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## Appendix 2

### Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
  - Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
  - Allow adequate time to complete the Equality Health Impact Assessment
  - Identify what data you already have and what are the gaps.
  - Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
  - Remember to consider the impact of your decisions on your staff as well as the public.
  - Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
  - Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
  - Report on positive impacts as well as negative ones.
  - Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

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<b>BOARD MEETING</b>		<b>Date of Meeting: 31 March 2021</b>
<b>Subject:</b>	<b>Funded Nursing Care: Methodology to apply for 2021/2022</b>	
<b>Presented by: Approved by:</b>	Alison Davies, Executive Director of Nursing and Midwifery	
<b>Prepared by:</b>	Alison Davies, Executive Director of Nursing and Midwifery  Rhian Price Evans, Senior Nurse Lead Continuing Health Care  Christian Thomas, Finance Business Partner – Mental Health Primary Care and Corporate	
<b>Other Committees and meetings considered at:</b>	None	

## **PURPOSE:**

This paper:

- Provides the Board with a summary of the position regarding Funded Nursing Care
- Provides the Board with the recommended option for setting the Funded Nursing Care rate for 2021/2022;
- Seeks formal Board approval for the methodology to be used to set the Funded Nursing Care rate for 2021/2022.

## **RECOMMENDATION(S):**

Given the lack of a contemporary policy position, along with the demands of COVID-19 which are limiting the capacity available to consider other matters, the Board is asked to:

- NOTE the need for HB Boards to review the methodology;
- NOTE the impacts of the COVID-19 pandemic and the lack of a contemporary policy position as key factors that limit the options available to HBs;

- NOTE the recommendation of HB professional and finance leads; lead Executive Directors; and CEOs that the Inflationary Uplift Mechanism be retained for 2021/22 with a commitment to review when the policy position is updated;
- Consider and APPROVE retaining the Inflationary Uplift Mechanism as the recommended option for 2021/22, with a commitment to review the methodology when the policy position is available.

Approval/Ratification/Decision	Discussion	Information
✓	✓	

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

Strategic Objectives:	1. Focus on Wellbeing	x
	2. Provide Early Help and Support	x
	3. Tackle the Big Four	x
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	x
	7. Put Digital First	x
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	X
	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:

Health Boards need to consider the methodology used to calculate the Funded Nursing Care rate for 2021/2022. The current methodology is the Inflationary Uplift Mechanism which calculates both the RN time and the costs of continence products.

The options to undertake a different approach are currently limited considerably by the lack of contemporary policy guidance to guide Health Boards in operating within policy expectations and requirements. A Welsh Government policy review has been delayed due to COVID-19 demands and Welsh Government has committed to a review of Funded Nursing Care policy commencing in the spring of 2021. Health Boards will need to review the approach adopted to set the Funded Nursing Care rate following this to ensure compliance with policy.

The views of other interested parties have been sought in reaching the recommendation. Care Forum Wales, on behalf of Providers, recognise the limits due to the policy position but have identified the need to consider other factors as set out in this paper. A commitment to undertake further work once the policy position is confirmed will therefore be necessary.

An extension to the Inflationary Uplift Mechanism for 2021/2022 is recommended, with a commitment to review the methodology as soon as an updated policy position is available. Lead Executive Directors can provide Board members with further background information as necessary to support consideration.

## DETAILED BACKGROUND AND ASSESSMENT:

### 1. Background

Funded Nursing Care (FNC) refers to the NHS funding of Registered Nursing (RN) care within care homes, where the need for nursing input has been assessed as necessary. It is a statutory requirement set out in s49 of the Health and Social Care Act and the Funded Nursing Care rate covers both the costs of the services provided by the Registered Nurse along with funding for continence products that may be necessary.

Legal proceedings instigated initially by Providers in 2014 challenged the way the Funded Nursing Care rate was calculated. These culminated in Supreme Court proceedings in 2017 when the Court rejected the arguments of both the Health Boards and Local Authorities and determined that s49 had been misinterpreted. Instead, the Court provided its own view of what services should be included in the Funded Nursing Care rate<sup>1</sup>. The rate was subsequently adjusted to include paid breaks and clinical supervision time, with some of the Registered Nurse time where care had been provided incidentally now being funded via the appropriate Local Authority<sup>2</sup>.

Comprehensive information regarding the 2017 Supreme Court Judgement has been shared in previous papers and briefings. A summary of the rate and how it is now broken down is attached as Appendix 1 of this paper.

<sup>1</sup> The Court concluded that "“nursing care by a registered nurse” covers (a) time spent on nursing care, in the sense of care which can only be provided by a registered nurse, including both direct and indirect nursing time as defined by the Laing and Buisson study; (b) paid breaks; (c) time receiving supervision; (d) stand-by time; and (e) time spent on providing, planning, supervising or delegating the provision of other types of care which in all the circumstances ought to be provided by a registered nurse because they are ancillary to or closely connected with or part and parcel of the nursing care which she has to provide".

The additional cost pressures of the paid breaks and clinical supervision time were absorbed by HBs with no ongoing funding provided by WG. WG has provided ongoing funding to LAs to meet the costs of the personal care provided by the RN that each LA now funds.

## **2. Assessment**

### **2.1 Setting the FNC rate**

Since 2014 Health Boards have used the Inflationary Uplift Mechanism (IUM) to set the Funded Nursing Care rate. This is made up of two components:

- The 'labour' component – i.e. time spent by the care home Registered Nurse in providing direct and indirect care and supervision. This is funded at the mid-point of Band 5 on the Agenda for Change pay scale;
- The continence supplies component. This is uplifted annually in line with the Consumer Price Index (CPI).

The Inflationary Uplift Mechanism was initially approved by Health Boards to operate for a period of five years then review. In 2019 Boards approved a proposal to extend the Inflationary Uplift Mechanism for a further two years in order to allow for Welsh Government to revise and reissue the Funded Nursing Care Policy Guidance (which has not been updated since 2004). This also allowed the Inflationary Uplift Mechanism to continue to operate for the full three-year period covered by the NHS pay award.

It is of note that the Inflationary Uplift Mechanism as a mechanism has not been subject to challenge during the legal proceedings. Instead, the legal proceedings focused on the services that should be included within the Funded Nursing Care rate.

The current extension to the Inflationary Uplift Mechanism ends on 31 March 2021 and Health Board professional and finance leads for longer term care have worked to identify options that may be appropriate to apply from April 2021 onwards. It had been expected that a revised policy approach would have been in place to support this work – Welsh Government committed to a Funded Nursing Care policy review following on from the legal action and this has yet to proceed. The impacts of COVID-19 upon policy makers is recognised, the work has been delayed for several years prior to this.

### **2.2 The 2021 Methodology**

The professional and finance leads for long term care in all seven health boards have undertaken work to consider options for the methodology. In considering options the leads were mindful of the Supreme Court definition of the factors to be included. A significant limiting factor in exploring wide options has been the lack of contemporary national policy guidance – the extant Funded Nursing Care Guidance was issued in 2004 and reflects neither the current policy landscape nor the outcomes of the legal challenges. Health Boards are therefore currently operating in a policy vacuum with associated inherent risks.

The lack of a contemporary policy position; the long-standing nature of the Inflationary Uplift Mechanism as an appropriate mechanism; along with the significant challenges relating to the COVID-19 pandemic have all informed the consideration of options and led to the recommendation that the most appropriate approach for 2021/22 is to retain the Inflationary Uplift Mechanism, with an explicit commitment to review when the policy position is revised.

This recommendation has been considered and ratified by both the lead Executive Director in each Health Board and by Health Board Chief Executive Officers. Welsh Government colleagues have indicated that they intend to commence the policy review in the Spring of this year so the recommended extension of the current methodology should only need to apply for the 2021/2022 financial year.

In reaching this recommendation Health Boards have been keen to seek the views of other key stakeholders, including:

- The National Commissioning Board (NCB)<sup>3</sup> were provided with a Note to inform and assist them in considering views, supported by a presentation at the October NCB meeting. No feedback or response was received;
- The lead Local Authority Director was contacted separately to seek views on behalf of Local Authority Directors. No response was received;
- The views of Providers have been sought via the Chief Executive of Care Forum Wales, their main representative body. Views were sought informally earlier in 2020 on two occasions, and again in December 2020 when the recommended option was shared for a view and comment. No response to the recommended option has been received, recognising though that COVID-19 related demands are impacting on the ability to respond rapidly, undertake wider work, and canvass views from members. The general views identified through dialogue though have been identified earlier in this paper.

### 3. Recommendation

Given the lack of a contemporary policy position. Along with the demands of COVID-19 which are limiting the capacity available to consider other matters, the Board is asked to:

- Note the need for HB Boards to review the methodology;
- Note the impacts of the COVID-19 pandemic and the lack of a contemporary policy position as key factors that limit the options available to HBs;
- Note the recommendation of HB professional and finance leads; lead Executive Directors; and CEOs that the Inflationary Uplift Mechanism be

<sup>3</sup> A WG funded body that is accountable to the Minister and is comprised of a range of WG policy officials, HB representatives, local authority representatives, and the WLGA

retained for 2021/2022 with a commitment to review when the policy position is updated;

- Consider and approve retaining the Inflationary Uplift Mechanism as the recommended option for 2021/2022, with a commitment to review the methodology when the policy position is available.

### Next Steps

- If approved, the Health Board will retain Inflationary Uplift Mechanism for 2021/22 with a commitment to review when the policy position is updated.

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## Appendix 1: The Implications of the 2015–2017 Legal Proceedings

The implications of the Judgment were significant and, post Supreme Court, WG commissioned work to address these:

- The Judgment set out the Supreme Court's view on the services that should be included as part of the FNC rate. In doing this the Court determined that some services the RN provides are incidental so should not be for HBs to fund – i.e. they are provided by the RN as a matter of convenience rather than a requirement. The funding for this component of the rate has been calculated at 0.385 hours per week and is funded either by the LA or is self-funded, whichever is appropriate.
- HBs have revised their approach to include the additional factors the Court determined should be provided for under the FNC rate. Including the paid breaks and clinical supervision time<sup>4</sup> led to an increase in the time funded by HBs (up to 8.855 hours per week) forming the basis of the calculation of the rate.
- The total RN time funded per resident per week is now 9.24 hours. This is made up of the 8.855 hours funded by the NHS and 0.385 hours funded by the LA/self-funder. The total FNC rate therefore is now made up of:
  - 8.855 hours of RN time funded by the NHS
  - 0.385 hours of RN time funded by the appropriate LA/self-funder
  - Funding to support any continence supplies that are necessary.

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<sup>4</sup> This was calculated by WG following work they commissioned.





**Agenda item: 3.1**

<b>BOARD MEETING</b>		<b>Date of Meeting: 31 March 2021</b>
<b>Subject:</b>	<b>Performance Overview against National Outcome Framework – Month 11, 2020/21</b>	
<b>Approved and Presented by:</b>	Director of Planning and Performance	
<b>Prepared by:</b>	Lead Performance Information Analyst	
<b>Other Committees and meetings considered at:</b>	Delivery and Performance Group	

**PURPOSE:**

This report provides a brief update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position for Powys Teaching Health Board at Month 11, and a high-level overview of COVID, Test, Trace and Protect and mass vaccination 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>
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 a performance update against the 2020/21 NHS Delivery Framework.

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

This report contains a high-level summary of COVID e.g. infection rates, mortality and vaccination progress.

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

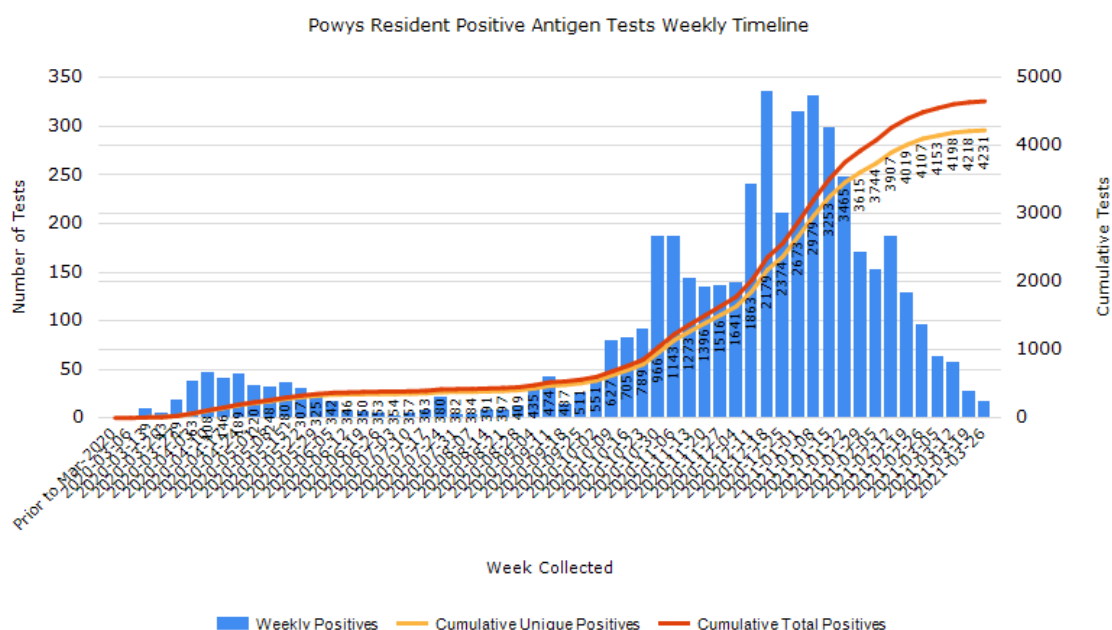
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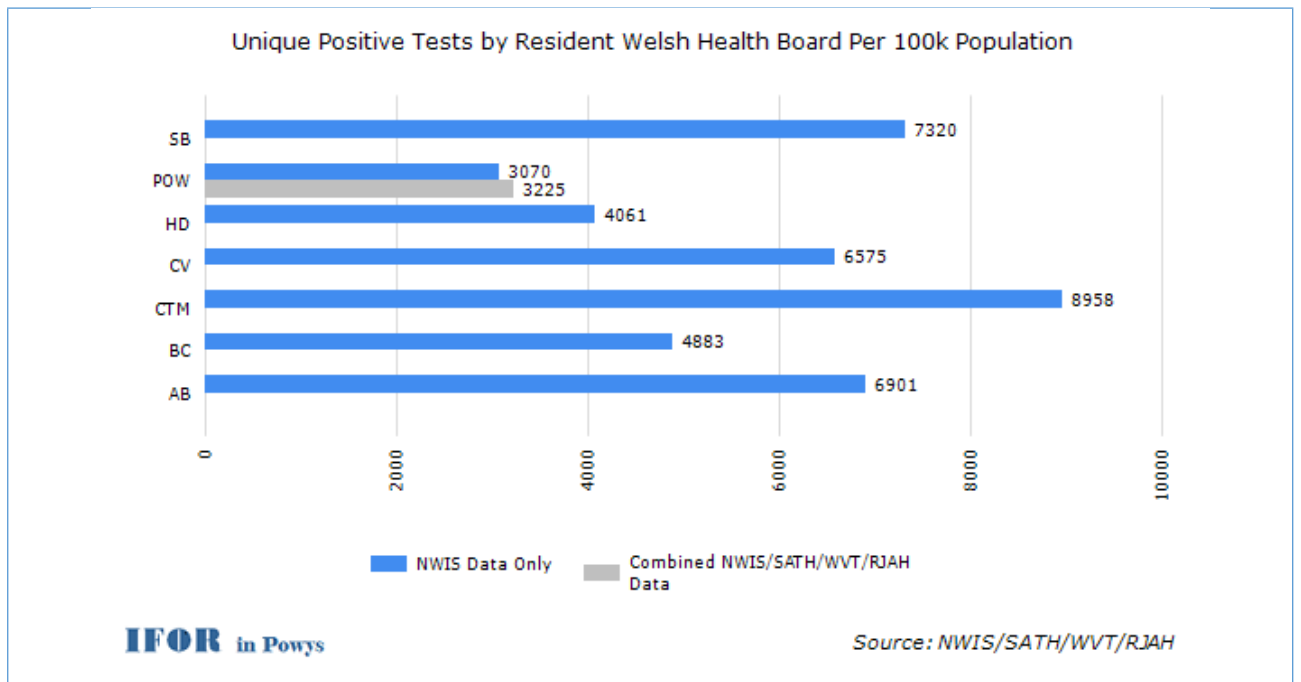
## DETAILED BACKGROUND AND ASSESSMENT:

### COVID-19 Update

#### Powys Resident Positive Cases –

The latest Powys position on COVID infection rates shows that the number of reported positive cases on a weekly basis has fallen from the peaks of December and January. Cumulatively 4231 unique patients have tested positive since the start of the pandemic in March 2019. The reduction of positive cases is a result of the effective national lockdown and mass vaccination programme in Wales. It should be noted that testing capacity is significantly higher than during phase one of COVID, this makes positive incidence non-comparable to the initial peak.

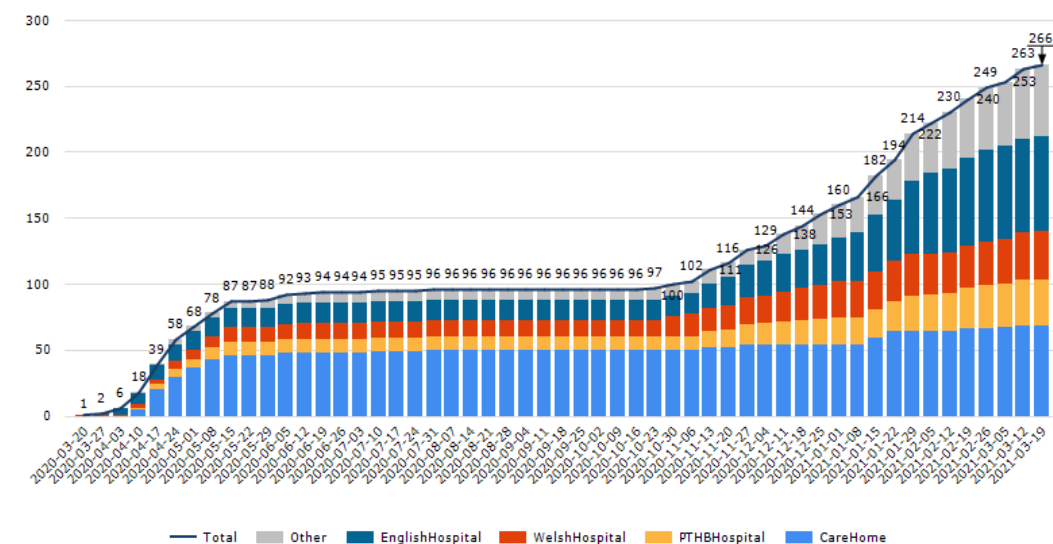




## Resident Deaths – Source ONS

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

Covid Deaths Weekly Cumulative Timeline



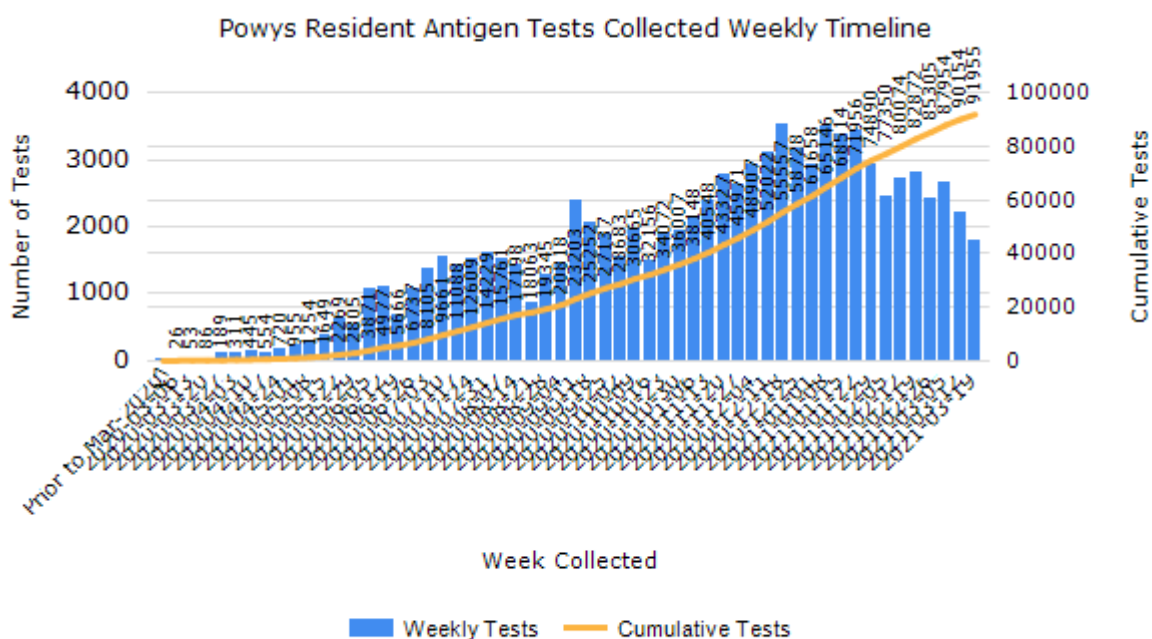
In Powys the cumulative total deaths from COVID is **266** since the pandemic started, this is the latest snapshot (25/03/2021). From the end of October which marked the start of the second rise in infections we have seen deaths steadily increasing across all settings. This second rise in deaths has resulted in an increase of 166% when compared to the Mar-20 to end of Oct-20 period.

## TEST, TRACE, PROTECT

The COVID-19 seven-day case incidence rate for the period 4<sup>th</sup> to 10<sup>th</sup> of March was **35 cases per 100,000 population**. The test positivity rate for the same period was **4.7%**.

Approximately **651** tests were performed on Powys residents during the week ending 8<sup>th</sup> March. A timeline of weekly testing is shown below.

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



**contacts**, of which **89%** were followed up within 24 hours and **100%** within 48hrs.

*Data source: PTHB TTP team*

### **MASS VACCINATION PROGRESS**

Please find below a brief summary of the vaccination progress for Powys.

Powys Teaching Health Board has provided a total of **84,512** doses of vaccine since the week starting the 07/12/2020.

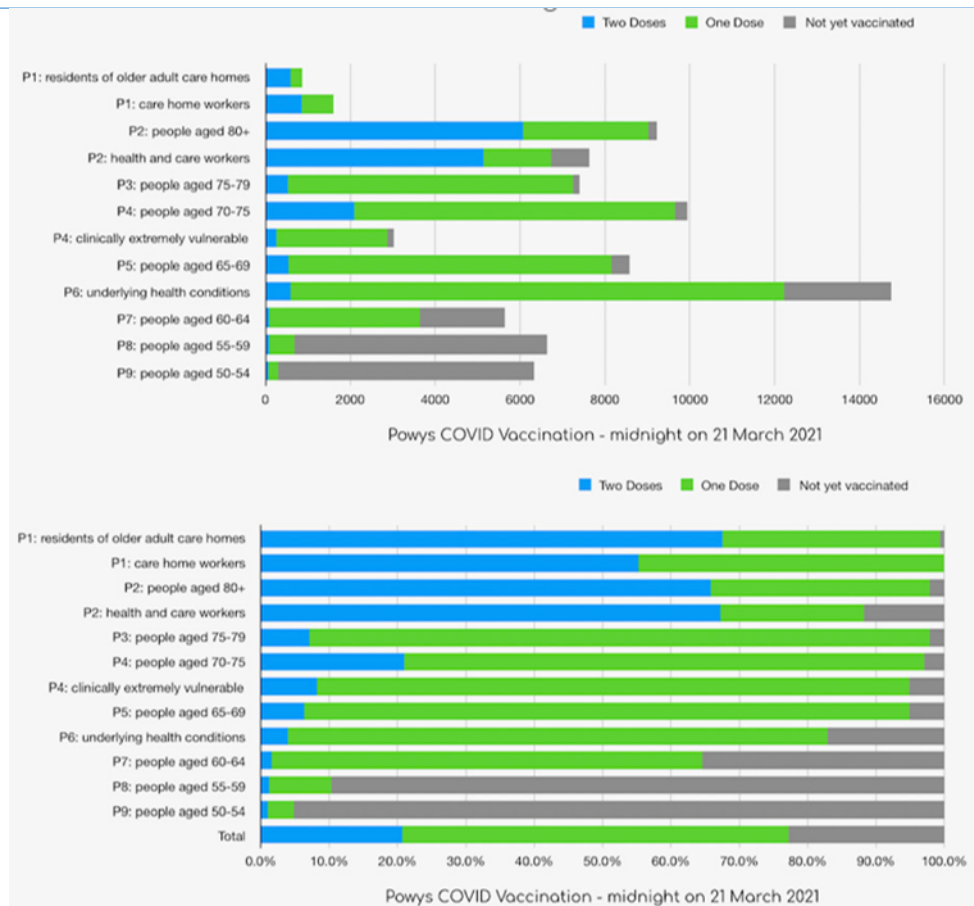
- **64,377 1<sup>st</sup> doses**
- **20,135 2<sup>nd</sup> doses**

Data is accurate as of 25/03/2021 05:12am – Source WIS).

In line with the Vaccination Strategy for Wales the Powys responsible JCVI cohorts in Milestone 1 (P1.1 to P4.2) having a 1<sup>st</sup> dose of vaccine met the mid-February deadline, and currently Milestone 2 is on track to achieve P5 – P9 1<sup>st</sup> dose vaccinations by 19th-April.

The graphs below show compliance against JCVI groups as of midnight 21<sup>st</sup> March 2021 – source WIS

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Continuing risks for delivery which are being managed include changes in vaccine supply and the potential of inclement weather.

## **NHS DELIVERY FRAMEWORK PERFORMANCE**

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

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

- **Quadruple Aim 1:** People in Wales have improved health and well-being and better prevention and self-management.
- **Quadruple Aim 2:** People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.
- **Quadruple Aim 3:** The health and social care workforce in Wales is motivated and sustainable.

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

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

### **PTHB Performance**

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

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

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

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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%	Q3 20/21	96.2%	98.5%	95.8%	4th	95.2%
3	2 doses of the MMR vaccine by age 5	95%	Q3 20/21	91.8%	94.4%	91.3%	5th	92.1%
4	Attempted to quit smoking - Cum	5%	Q2 20/21	1.58%		1.44%	6th	1.65%
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	Q2 20/21	517.8	278.5	354.2	4th	364.3
7	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q3 20/21	69.8%	48.6%	71.4%	2nd	64.0%
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%	Jan-21	68.8%	95.2%	95.2%	3rd	83.2%
10b	MH Part 2 - % residents with CTP 18+	90%	Jan-21	90.7%	91.3%	92.3%	2nd	86.2%
11	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

- 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 e.g. access to vaccinators through lockdowns and low numbers within the cohort requiring vaccination, resident levels of vaccination have been maintained in line with the target, and rest of Wales.
- The percentage of children who received 2 doses of the measles mumps & rubella (MMR) vaccine by age 5 has not met the national target. This fall in performance is significant from Q2 and below national average, although at a similar level to the previous year. It is expected that low cohort number variation, and the impacts of COVID will have played a part in this drop, further work around this reduction will be carried out as detailed data becomes available.
- Smoking cessation services have shown that for Q2 2020/21 the uptake in those residents attempting to quit smoking (1.44%) is lower than at the same period last financial year (1.58%). In regards to patients being CO-validated the COVID pandemic has stopped this work being carried out within Pharmacies and the data is not available.
- 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 healthcare workers, which has remained constant at 64.3%. Where the national target has not been met for +65 years and <65 years at risk we are benchmarked closely to the national average

or slightly above. Pregnant women and staff uptake were very good in comparison nationally. It is expected that the national drive and associated COVID risk should see the performance levels improve through 2020/21.

- The new cancer screening measures added for 2020/21 show that in 2018/19 Powys Teaching Health Board had similar uptake to screening as the national picture. For the uptake of bowel screening 58.3% of residents ranked us 1<sup>st</sup> in Wales for uptake and with improving trend. Breast screening services had a 69.1% uptake ranking us 7<sup>th</sup> with a national average of 72.8% (lowest in Wales). Further work is being undertaken with PHW to assess this position. Cervical screening performance for 2018/19 placed Powys 1<sup>st</sup> with 76.1% significantly higher than the all Wales average of 73.2%.
- The Mental Health Part 2 measure focuses on the Care Treatment Plan (CTP) compliance for health board patients. As part of the 2020/21 framework revisions all Mental Health is reported within two distinct age categories, under 18, and 18+. Monthly performance for CTP's in the +18 category has continued to meet the target in January 2021 (92.3%). For the <18 measure the health board has also met the national target with 95.2% compliance in January. When compared to the national ranking, PTHB has provided an improved position ranking 3rd and 2nd respectively.
- Of the patients estimated to have dementia, over the age of 64, with a GP diagnosis has reduced in Powys to 42.4%. This compares to the national average of (53.1%), Powys Teaching Health Board ranks 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.**

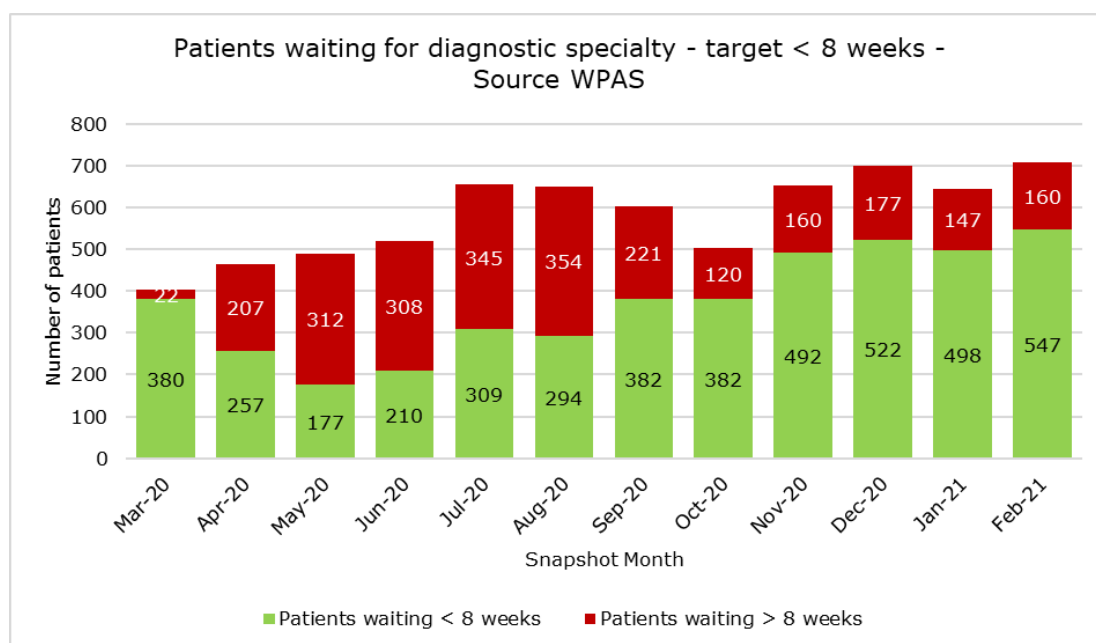
Please find below a table of the Powys applicable outcome measures for aim 2:

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 20/21	62.8%	60.5%	57.9%	6th	63.8%
20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Feb-21	68.2%	61.1%	70.1%	3rd	64.4%
22	MIU % patients who waited <4hr	95%	Feb-21	100.0%	100%	99.8%	1st*	74.2%
23	MIU patients who waited +12hrs	0	Feb-21	0	0	0	1st*	5,462
32	Number of diagnostic breaches 8+ weeks	0	Feb-21	11	147	160	1st*	56,619
33	Number of therapy breaches 14+ weeks	0	Feb-21	1	108	59	1st*	4,094
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Feb-21	97.1%	63.2%	66.1%	1st*	51.6%
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Feb-21	0	1063	863	1st*	221,849
36	Number of patients waiting for a follow-up outpatient appointment	<=5581	Feb-21	7320	6142	6250	1st*	754,816
37	Number of patient follow-up outpatient appointment delayed by over 100%	< 290	Feb-21	223	501	480	1st*	202,329
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Feb-21	95.1%	64.2%	61.1%	1st*	42.7%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Feb-21	4.3%	0.9%	0.4%		
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%	Feb-21	84.4%	84.4%	71.9%	3rd*	47.1%
41a	MH Part 1 - Assessments <28 days <18	80%	Jan-21	97.1%	97.8%	97.1%	1st	No national compliance figure available
41b	MH Part 1 - Assessments <28 days 18+	80%	Jan-21	85.2%	97.7%	96.6%	1st	
42a	MH Part 1 - Interventions <28 days <18	80%	Jan-21	100.0%	100.0%	89.3%	4th	
42b	MH Part 1 - Interventions <28 days 18+	80%	Jan-21	51.4%	95.2%	76.7%	6th	
43	Children/Young People neurodevelopmental waits	80%	Feb-21	100.0%	52.6%	60.0%	2nd*	27.8%
44	Adult psychological therapy waiting < 26 weeks	80%	Feb-21	98.0%	93.1%	94.8%	2nd*	58.0%
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	Feb-21			3.30	PTHB is not nationally benchmarked for infection rates	
46b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Feb-21			0.83		
46c	HCAI - C.difficile per 100k pop cum	TBC	Feb-21			4.95		
47a	HCAI - Klebsiella sp per 100k pop cum	TBC	Feb-21			1.65		
47b	HCAI - Aeruginosa per 100k pop cum	TBC	Feb-21			0.83		
48	Number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Q2 2020/21	0	0	0	1st	6

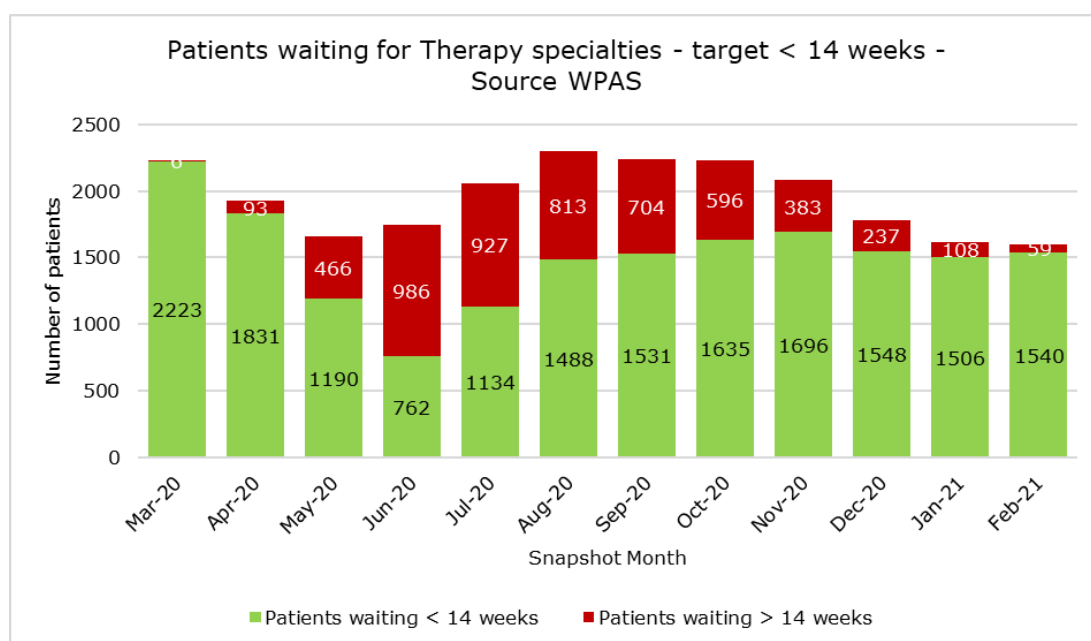
- Measure 17 the percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS and Measure 18. Percentage of children regularly accessing NHS primary dental care within 24 months are both new to the 2020/21 outcome framework. Further work is required to assess, analyse and provide further narrative in the next performance report

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- WAST monthly performance against Red 8-minute calls has met the target for the first time since May 2020, February performance showed improvement to 70.1%, this exceeded the all Wales average of 64.4%. Ongoing challenges including geography (location), ambulance handover times at DGH's and other complications including low number variation can cause fluctuations against the compliance target in Powys.
- Minor Injury Unit (MIU) access compliance remains excellent, Powys consistently provides a rapid and comprehensive service via its MIU's.
- Diagnostic performance, the latest validated position for patients waiting over 8 weeks increased in February to a total of 160 patients breaching target, in context this is an improvement against the total waiters (707) with 77.4% waiting less than 8 weeks. To ensure safe care, on receipt all referrals are risk assessed with urgent patients receiving their care within recommended best practice, however small numbers of long waits for routine diagnostics remain. Specialties including Endoscopy, Cardiology, and Urodynamics have all been affected by COVID constraints resulting in reduced clinical capacity. The health board continues to work with in-reach service providers, Regional Plans, and the National Endoscopy Programme, developing recovery plans to optimise patient care pathways and enhance service restoration. Further to this, work is underway to develop Powys Teaching Health Board as a JAG accredited training site for endoscopists across Wales, this would be of benefit by potentially attracting staff to work in Powys.



- Therapies performance has improved month on month since June 2020, as at the February 2021 snapshot 59 patients were waiting 14 weeks or longer. In context it should be noted that total waiting patients has fallen by 40.5% when compared to February 2020, this can be attributed to key variables including, a reduction in muscular skeletal (MSK) referrals as a result of COVID (limiting sporting injuries etc.) and a new referral triage system for podiatry effectively managing demand. Further waiting list initiatives include, temporary staff to deliver additional sessions, ongoing waiting list validation and the use of virtual solutions. Continued areas of challenge are Podiatry due to the COVID impact on ventilation and cleaning, this results in a circa 50% reduction in throughput.



- The latest validated provider RTT position for February is improved with 66.1% of 3362 patients waiting less than 26 weeks (excluding Diagnostics & Therapies), the number of patients that had waited 36+ weeks decreased to 863, of these a total of 544 are waiting longer than 52 weeks. The challenges to the end of quarter 4 and into the new financial year will be the cohort of patients initially delayed when services were suspended during the initial phase of COVID, and the potential ongoing fragility of specialist Commissioned diagnostics and COVID linked capacity bottlenecks especially for aerosol generating procedures. At a high-level Powys Teaching Health Board mirrors the position across Wales and England for patients waiting on RTT pathways. As with other health care providers ongoing work to minimise patient harm include risk stratification of new and existing waiters, to ensure appropriate access to treatment and management. Engagement with the national programmes for various essential

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services, and working with Welsh Government to scope and adopt transformation plans to modernise the patient pathways.

Tables summarising RTT performance as a provider:

Powys Teaching Health Board RTT Performance (exc. D&T) – Source NWIS	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
% of patients waiting < 26 weeks for treatment	90.5%	79.8%	71.1%	60.0%	48.6%	43.3%	49.4%	55.8%	58.8%	63.2%	66.1%
Number of patients waiting < 26 weeks for treatment	3208	2852	2576	2229	1879	1692	1924	2088	2202	2267	2222
Number of patients waiting 26 - 35 weeks	313	634	807	973	1119	1158	612	176	208	256	277
Number of patients waiting 36 - 51 weeks	24	86	239	511	846	996	1193	1227	929	571	319
Total Patients waiting 36 weeks and over	24	86	239	512	867	1060	1356	1478	1337	1063	863
Total Patients waiting	3545	3572	3622	3714	3865	3910	3892	3742	3747	3586	3362

Source: NWIS	Powys Provider RTT - Waits Open Pathway Snapshot February 2021 (exc. D&T)				
Snapshot Month: Feb 2021					
Specialty	<26 weeks	26-35 weeks	36-52 weeks	Over 52 weeks	Total
100 - GENERAL SURGERY	253	30	16	64	363
101 - UROLOGY	96	16	24	32	168
110 - TRAUMA & ORTHOPAEDICS	322	63	79	153	617
120 - ENT	329	47	56	17	449
130 - OPHTHALMOLOGY	547	50	51	44	692
140 - ORAL SURGERY	123	21	49	145	338
143 - ORTHODONTICS	14	0	8	24	46
191 - PAIN MANAGEMENT	42	0	0	0	42
300 - GENERAL MEDICINE	44	2	2	4	52
320 - CARDIOLOGY	74	17	13	20	124
330 - DERMATOLOGY	19	0	0	0	19
410 - RHEUMATOLOGY	81	6	0	1	88
420 - PAEDIATRICS	17	1	0	0	18
430 - GERIATRIC MEDICINE	40	7	9	36	92
502 - GYNAECOLOGY	221	17	12	4	254
Total	2222	277	319	544	3362

Table below summarising Commissioned RTT percentage for residents waiting under 26 weeks and the number waiting longer than 36 weeks for definitive treatment within English and Welsh Commissioned services. Work continues with NWIS and English providers to enhance the wait information detail for the cross-border flows, particularly in relation to long waiters. This work is expected to be completed shortly, other ongoing challenges include timely cross border data for the NWIS validation process, the impact of non-alignment of reporting can cause delays e.g. Wye Valley last update reported as December.

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

Source NWIS	Feb-21	
Welsh Providers	% of Powys residents < 26 weeks for treatment	Patients waiting 36+ weeks
Aneurin Bevan Local Health Board	55.9%	646
Betsi Cadwaladr University Local Health Board	36.7%	256
Cardiff & Vale University Local Health Board	50.0%	155
Cwm Taf Morgannwg University Local Health Board	39.4%	202
Hywel Dda Local Health Board	57.3%	386
Swansea Bay University Local Health Board	43.6%	724

Source NWIS	Jan-21	
English Providers	% of Powys residents < 26 weeks for treatment	Patients waiting 36+ weeks
English Other	69.6%	11
Shrewbury & Telford Hospital	69.4%	589
Robert Jones & Agnes Hunt Orthopaedic & District Trust	63.9%	584

Source NWIS	Dec-20	
English Providers	% of Powys residents < 26 weeks for treatment	Patients waiting 36+ weeks
Wye Valley Trust	65.7%	619

- The Commissioned RTT position for our residents mirrors the local challenge, a large cohort of patients remains in the system as back log. All providers are challenged to restore capacity with urgent cases taking the clinical priority. The numbers of long waiters and backlog across Welsh and English providers has continued to remain and is now expected to increase following the suspension of routine and some urgent pathways in the second peak.
- Follow-up (FUP) outpatient measure performance is not meeting the 20% reduction target from the March 20 baseline, and has seen an increase in total waiters. The challenge for waiters is that FUP patients are waiting longer due to capacity challenges of the service e.g. risk stratification for priority patients. The second wave of COVID has placed pressure back on planned care, unfortunately this provides further challenge on timely patient FUP appointments.
- As an essential service the Eye Care provision in Powys has remained robust when compared to the All Wales performance this year. However as predicted in Quarter 2, a second peak of COVID and in reach service fragility has resulted in Ophthalmology service retraction resulting in reduced capacity. The performance has been challenged and has dropped slightly for Month 11 to 61.1%. All Wales performance

for the previous period was 42.7% and Powys continues to rank 1<sup>st</sup> in Wales. Performance for patient pathways without an HRF factor local measure has improved significantly reducing to 0.4%, and the health board has the best in Wales cataract performance, forecasting no patients beyond 52 weeks. The health board successful bid to get equipment to enhance eye care services from the Welsh Eye Care Digital Programme, which is part of the National Digital EPR for Eye care in Wales. Eye care transformation bids have also been developed in line with the North Powys Wellbeing Programme. The health board has also completed the first nurse injector, trained to support WET AMD services in Brecon.

- Mental Health performance has remained robust in 2020/21 even with the challenge of COVID. Part 1 measures for assessments have consistently met the target. For interventions under 18s have also been compliant against the 80% target, however interventions for +18 patients has been challenged by fluctuating performance missing the target in January at 76.7%, this performance drop should rectify by the end of Q1 21/22 with staff appointments to vacant positions within the North Powys team.
- Neurodevelopmental waits (children and young people) – Due to the impact of COVID the service was suspended and has been significantly affected. The latest data shows significant improvement from Q2 & Q3 with 60% compliance following the implementation of a robust improvement plan during Q3. This is better than the All Wales average of 27.8% in January.
- National Delayed Transfers of Care (DTC) reporting remains suspended, the health board continues to track performance locally and there is a strong operational focus on managing flow. Assurance of delays is now carried out in a weekly capacity snapshot with Welsh Government.
- For the safety and quality measures around infections PTHB continues to report low levels of incidence, the health board is not nationally benchmarked.

## **Cancer**

The COVID pandemic continues to significantly challenge cancer services across Wales, this disruption due to capacity impacts for outpatients, diagnostics, surgery and treatments are the key challenges that affect Powys residents in both provider and commissioned services. Significant work both nationally and locally has been undertaken to minimise patient harm. As a provider of USC endoscopy diagnostics, the health board has maintained a



zero-backlog position. Although PTHB does not carry out acute care/treatment we are still responsible for reporting our part of the cancer pathway as agreed with Welsh Government. Performance reporting during February showed that 19 Urgent Suspected Cancer (USC) referrals were received, and during the same period 13 patients were downgraded following a cancer referral. The compliance for downgrade within the recommended 28-day period has continued to remain high at 76.9%. To clarify Powys residents that require treatment have their care pathway target compliance reported by both Welsh and English providers.

Welsh provider performance saw compliance against the Urgent Suspected Cancer (USC) pathway for November at 100% for 6 patients completing pathways in this month. The Non-Urgent Suspected Cancer (NUSC) performance for the same period was 75% of 8 patients compliant within the 31-day target, with two breaches.

Welsh provider cancer performance measurement and reporting will change from January 2021 as the new 62-day single cancer pathway replaces the USC (62 day) and NUSC (31-day pathways). The new measure is the percentage of patients starting treatment within 62 days (without suspensions) of first being suspected of cancer.

English Providers – For our main providers via direct breach reporting, four breaches were reported in Wye Valley NHS Trust during December 2020. Within SATH four 62-day breaches were reported to the health board for January 2021. All English breaches had a root cause analysis carried out to provide assurance of care pathways.

There is a risk that all cancer breaches are reported from a closed pathway position e.g. patients will be currently breaching but not yet reported. All cancer breaches reported are reviewed via the Commissioning Assurance process.

### **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:

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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%	Feb-21	79.0%	66.0%	65.0%	3rd (Jul-20)	62.7% (Jul-20)
55	Core Skills Mandatory Training	85%	Feb-21	86.3%	77.9%	76.5%	2nd (Jul-20)	80.0% (Jul-20)
57	(R12) Sickness Absence	12m↓	Feb-21	4.83%	5.02%	4.97%	3rd (Jul-20)	5.97% (Jul-20)
60	Concerns & Complaints	75%	Q3 20/21	28.2%	50.0%	69.4%	7th	71.9%

- PADR compliance has not met the national target in February (65.0%), the compliance has continued to fall over a 12-month period. Three of 15 directorates within the health board achieved or exceeded the 85% target. Workforce & OD Department review the data on a monthly basis enabling Business Partners to focus on areas of low compliance, providing support in an effort to improve performance.
- The health board for the sixth consecutive month has not met the mandatory core skills, and training requirements against the national target of 85%. In comparison this performance is 9% lower than the equivalent period in 2020. Proactive work with managers is being undertaken to improve compliance of staff, and whilst performance was monitored during COVID a focused approach is being undertaken to improve compliance.
- The rolling 12 figure for sickness is reported at 4.97% in February, this is a slight improvement monthly but does not meet the rolling 12-month reduction target. Actual monthly sickness has fallen to a reported rate of 4.54% (1.01% short term and 3.52% long term). The top 3 reasons for sickness include anxiety, depression and musculoskeletal problems, COVID related sickness made up 0.52% of the rolling rate. There is a continued focus by the Business Partners and HR Advisors in monitoring and reviewing long term sickness cases. These are highlighted through a fortnightly caseload tracker. The Business Partners are also exploring opportunities to return staff to work in a different capacity where possible. They continue to work proactively with managers to ensure they are complying with the policy trigger points, along with reporting monthly to the Directorates on Sickness Absence.
- The health board's compliance to complaints that receive a final reply within 31 days has remained non-compliant against target. In Q3 we have seen improvement and the health board was 69.4% compliant (local data) against the 75% national target. In comparison to other health boards in Wales, PTHB ranks below the national average of 71.9%.

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**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	11	Q2 20/21			1	9th	6,378
62	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	1	Q2 20/21			0	5th	73
63	Crude hospital mortality rate (74 years of age or less)	12m↓	Jan-21	2.20%	3.64%	3.62%	Not applicable	1.24%
68	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q2 20/21	96.1%	96.6%	96.7%	6th	98.3%
69	Total antibacterial items per 1,000 STAR-PUs	221.6↓	Q2 20/21	226.9	199.6	198.2	1st	230.6
70	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q2 20/21	474	478	497	1st	10,205
72	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q2 20/21	4063.3	4001.2	3964.8	2nd	4390.4
76	R12 Number of procedures postponed for specified non-clinical reasons	<=81 Mar-21	Feb-21	95	27	16	1st*	5,398
77	Agency spend as a percentage of the total pay bill	12m↓	Jan-21	8.1%	6.8%	5.7%	10th*	4.20%
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 has not met the Welsh Government target, one patient has been recruited in Q2 2020/21.
- Crude Mortality rate in the health board has reduced slightly in January (3.62%) for the first time since December 2019. This is the highest reported position of any health board in Wales although PTHB is not benchmarked by Welsh Government as a non-acute care provider. This measure and achieving the reduction target is challenging for Powys Teaching Health Board due to the service provided for inpatient care. Predominately the deaths of this under 75-year age group are linked to cancer diagnosis and our services are used to support palliative care pathways. Another complication when measuring crude mortality is that during COVID, regular admissions have significantly reduced (lower denominator) directly affecting the percentage calculation. Detailed Mortality reporting is undertaken through the Experience, Quality and Safety Committee.
- Powys performance in relation to new medicines availability has improved slightly to 96.7% (Q2 2020/21). This does not meet the required performance level of 100% for new medicines recommended by AWMSG and NICE being made available within 2 months of publication of NICE Final Appraisal Determination or the AWMSG appraisal but is an improvement when compared to the equivalent time period 12 months prior.

- For antibacterial prescribing, a reduced rate of 198.2 in Q2 2020/21 meets the new national target for Powys, the health board is ranked 1<sup>st</sup> in Wales.
- Prescriptions for antipsychotics in the 65+ patient age group have increased in Q2 2020/21 to 497, this is a slight increase from Q1 2020/21 (478) and the equivalent period in 2019/20. It should be noted that although we have prescribed the least in Wales and rank 1<sup>st</sup>, our resident population is smaller.
- PTHB are compliant for the new Opioid measure with 3964.8 per 1000 patients in Q2 2020/21 against the national target of 4 quarter reduction, the health board is ranked 2<sup>nd</sup> in Wales.
- The number of procedures postponed for non-clinical reasons has reduced to 16 (R12) meeting the Welsh Government target of 81 or less. This continual fall is a direct impact of COVID with a significant reduction in procedures and limited restoration of specialties.
- The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has not been met but it should be noted that our Jan-21 performance reported locally by finance at 5.2% is lower than the previous period.
- Powys Teaching Health Board normally provides excellent compliance to coding requirements e.g. 99+%, however in December, 79.3% of records were coded with a valid primary diagnosis code within the required target. This reduction is linked to COVID 19 pressure in staffing and notes access. For coding accuracy during 2019/20 the health board improved to 95.9% where it ranks 2<sup>nd</sup> in Wales, the national average is 93.9%.

### **Essential Services – Provider update as at 18/03/2020**

The health board continues to achieve national guidance where applicable for essential services. Of those services carried out in Powys, the health board's position remains as reported to the board in November, this is attached as appendix 1.

### **NEXT STEPS:**

With the upcoming anniversary of the first lockdown, COVID infection rates are falling across Powys and the country. The improvement follows a successful Welsh Government lockdown strategy, and a successful rollout of the mass vaccination programme. For the health board similar key challenges throughout the last 12 months will remain into the 2021/22 financial year:

### Mass vaccination

Milestone 2 means that the health board must vaccinate JCVI groups P5 – P9 by mid-April. It is planned that PTHB will achieve this by the deadline, but as with Milestone 1 there are risks to delivery e.g. vaccine supply.

### Test, Trace and Protect

The ongoing key workstream of mass and mobile testing to identify and protect the population, to manage and analyse outbreaks including potential new variants of COVID-19. Part of this work includes supporting patients with tests prior to surgery in their home setting, and will be essential as routine services recover.

### Service restoration and backlog management

Following the significant second peak of infections during Q3, and the start of Q4 services were suspended or restricted within acute care settings. Key to patient well-being and treatment will be these services re starting and restoring. With system pressure starting to reduce as infection rates go down acute care settings will revert back to concentrating on routine patient pathways to address the significant backlog of waiters from the suspension of services last year. Further work is described in the health board's annual report on the renewal priorities set to support service restoration and backlog management.

The ability to mitigate the challenges over the past 12 months have been key, utilising robust operational planning and management, regular operational delivery and coordination groups, commissioned services coordination and especially workforce and volunteers willing to go the extra mile to provide care and support. Hopefully with the proactive vaccination delivery and national measures put in place, the risk of a 3<sup>rd</sup> wave of COVID will be managed in turn reducing service impacts.

## **Appendix 1**

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

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

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

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

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

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

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

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

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

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

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

#### Access to primary care services

- General Medical Services
- Community pharmacy services
- Red alert urgent/emergency dental services
- Optometry services
- Community Nursing/Allied Health Professionals services
- 111/OOH (Shropdoc)

#### Urgent cancer treatments

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

#### Life Saving Medical Services

- Stroke Care (Stroke Rehab service) Diabetic Care (service provided by specialist nursing team)
- Diabetic Care (Emergency podiatry services)
- Neurological conditions

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- Rehabilitation (Community Physio & OT)

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

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

#### Maternity Services

- Community midwifery and obstetric ultrasound service

#### Termination of Pregnancy

- Service provided by British Pregnancy Advisory Service (BPAS)

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

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

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

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

#### Renal care-dialysis

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

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

- Service continued throughout COVID with no flagged challenges

#### Blood and Transplantation Services

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

#### Palliative Care

PTHB continues to provide both community and admitted patient care

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### Diagnostics

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

### Therapies

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

### **Essential Services running with reported normal operation**

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

- Crisis Services including perinatal care

#### Emergency Ambulance Services

- Service provided by WAST

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

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# Powys THB Finance Department Financial Performance Report Board

**Period 11 (February 2021)  
FY 2020/21**

**Date Meeting: 31<sup>st</sup> March 2021  
Agenda Item: 3.2**

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<b>Subject:</b>	<b>FINANCIAL PERFORMANCE REPORT FOR MONTH 11 OF 2020-21</b>
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Deputy Director of Finance
Other Committees and meetings considered at:	Performance & Resources Committee Delivery & Performance Group

<b>PURPOSE:</b>
This paper provides the Board/Committee with an update on the February 2021 (Month 11) 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 11 2020/21 financial position.</li> <li>• NOTE that actions will be required in 2020/21 to deliver a balanced position at the 31<sup>st</sup> March 2021.</li> <li>• NOTE and APPROVE Covid-19 Revenue position in main report and the Capital and TTP and Mass Vaccination positions detailed in appendix 1.</li> <li>• NOTE additional risks on delivery of balance position at 31<sup>st</sup> March 2021.</li> </ul>

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

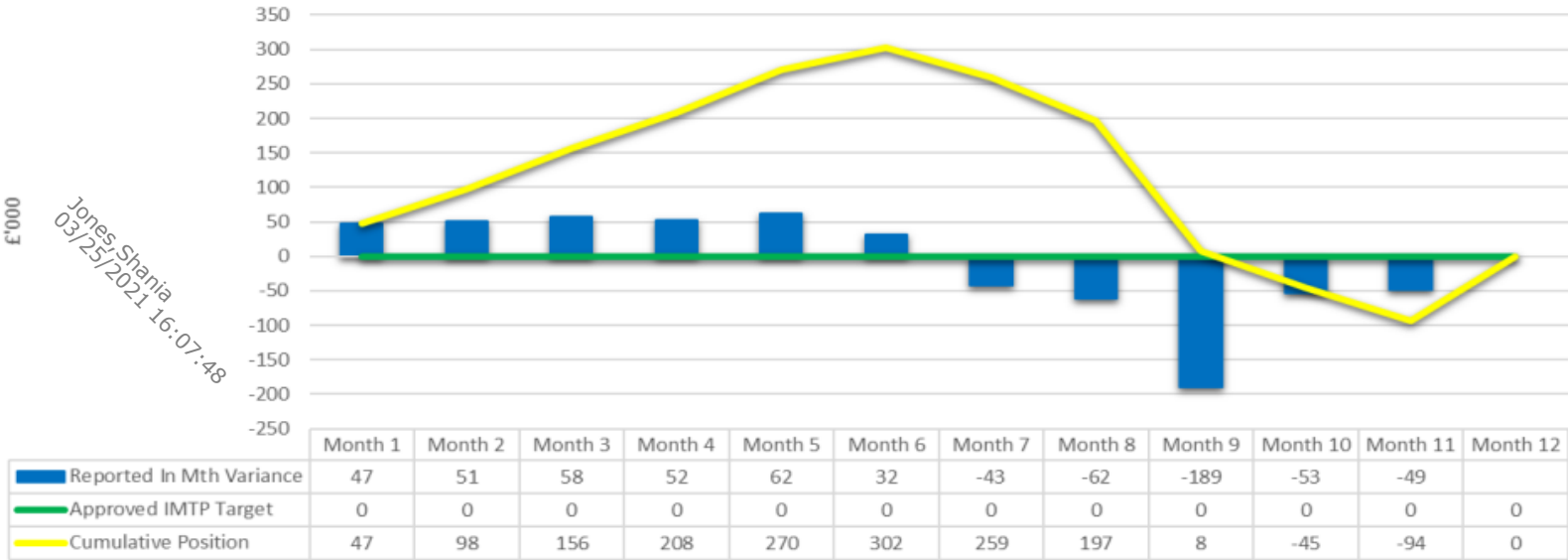
Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Green	-49	↓
Reported Year To Date financial position – deficit/(surplus) –Green	-94	↓
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	6,359	↑
Reported Year to Date expenditure	2,695	↑
Reported year end forecast – deficit/(surplus) – Forecast Green	0	→

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value £'000	Trend
Cumulative year to date % of invoices paid within 30 days (by number) @end Q3 - Amber	92.3%	↓

Health Board Financial Performance 2020/21



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 allocations from WG, so is not directly contributing to the £0.094m underspend at Mth 11.

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

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

PSPP – deterioration in the monthly figures during Q3 which has resulted in an cumulative position reducing from 92.5% to 92.3%.

## Overall Summary of Variances YTD £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(315,652)	(315,652)	0
02 - Capital Donations	(119)	(119)	0
03 - Other Income	(5,296)	(4,267)	1,029
<b>TOTAL INCOME</b>	<b>(321,067)</b>	<b>(320,038)</b>	<b>1,029</b>
05 - Primary Care - (excluding Drugs)	37,449	35,332	(2,117)
06 - Primary care - Drugs & Appliances	26,345	28,959	2,614
07 - Provided services - Pay	74,835	73,455	(1,380)
08 - Provided Services - Non Pay	24,110	20,598	(3,512)
09 - Secondary care - Drugs	921	1,037	115
10 - Healthcare Services - Other NHS Bodies	126,665	128,912	2,246
12 - Continuing Care and FNC	13,178	14,269	1,090
13 - Other Private & Voluntary Sector	2,821	2,640	(181)
14 - Joint Financing & Other	11,481	11,481	(0)
15 - DEL Depreciation etc	3,215	3,215	0
16 - AME Depreciation etc	46	46	0
18 - Profit/Loss Disposal of Assets	0	0	0
<b>TOTAL COSTS</b>	<b>321,067</b>	<b>319,944</b>	<b>(1,123)</b>
<b>TOTAL</b>	<b>(0)</b>	<b>(94)</b>	<b>(94)</b>

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

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

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

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

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

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

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

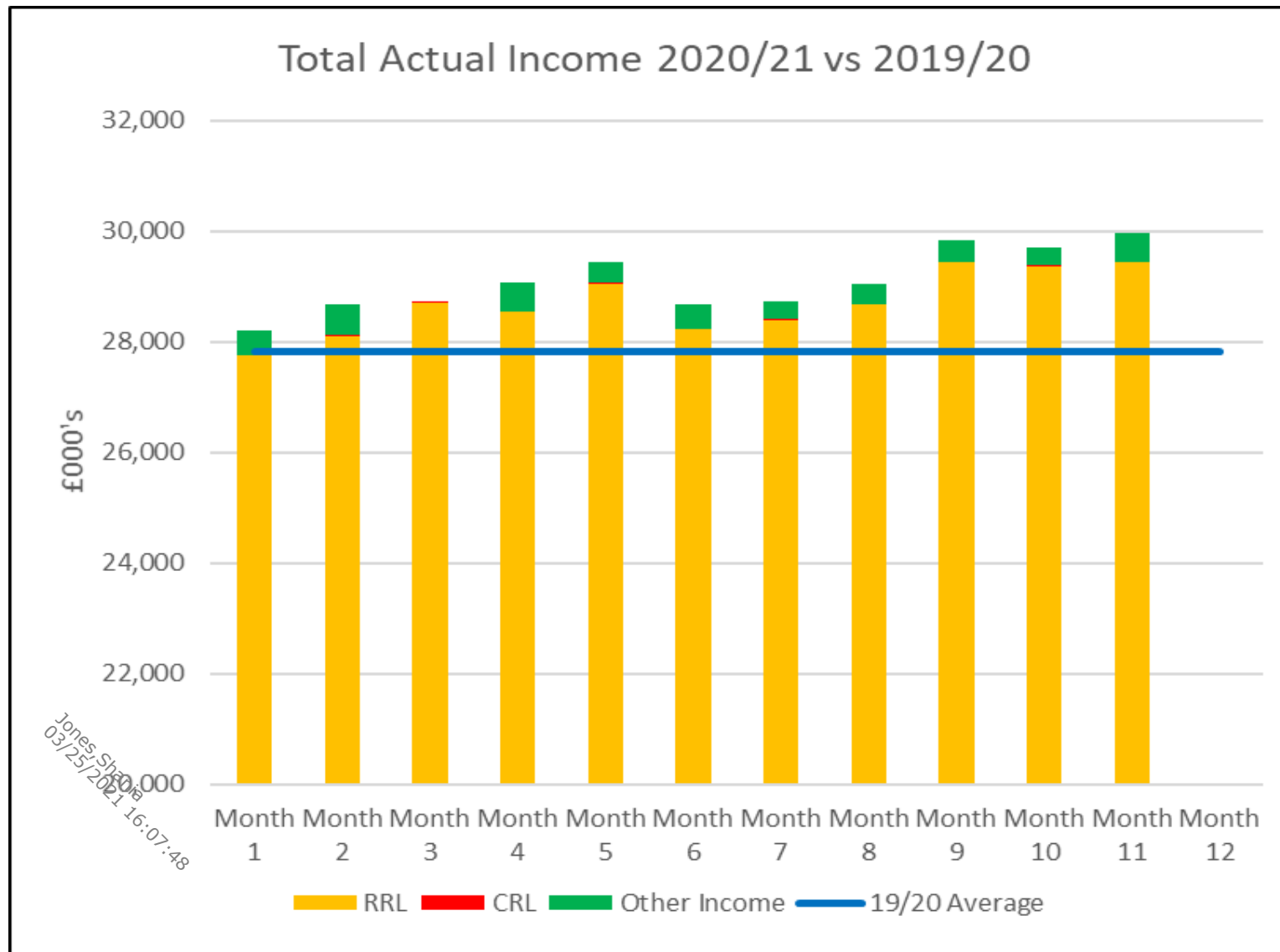
2. Movement from Original Planned Schemes = **£5.0m** (£5.487m - £1.746m)

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

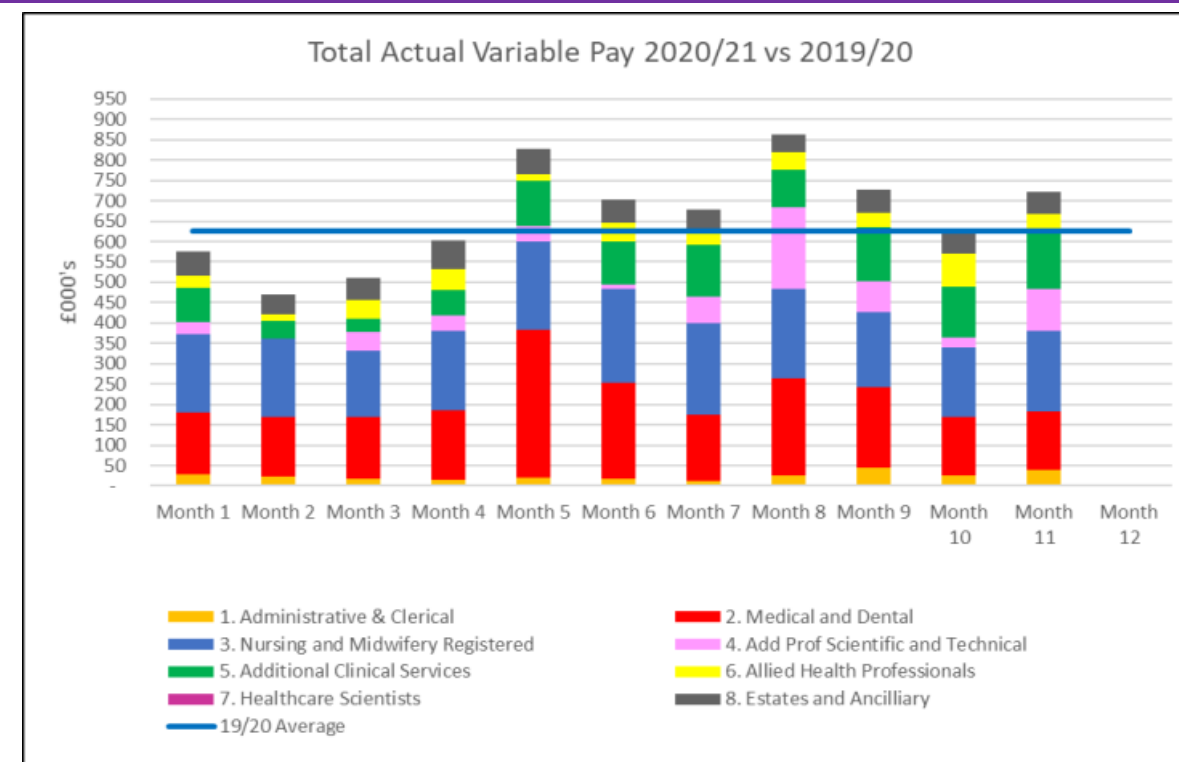
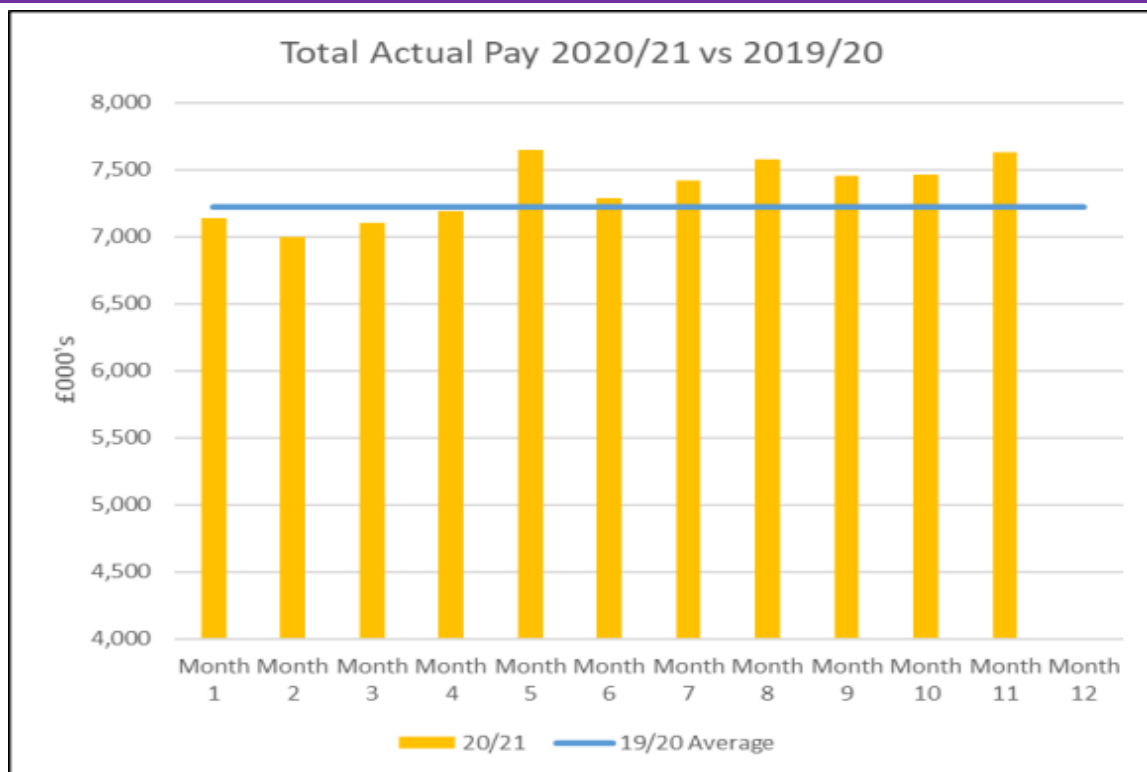
Further details on the Savings positions, the assumptions underpinning the revised plan and actions going forward are documented in the WG Narrative Report attached to Appendix 1

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

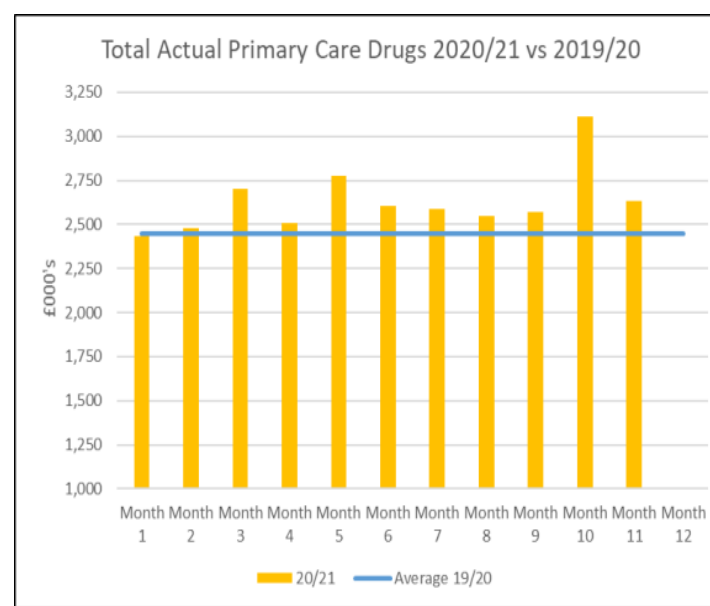
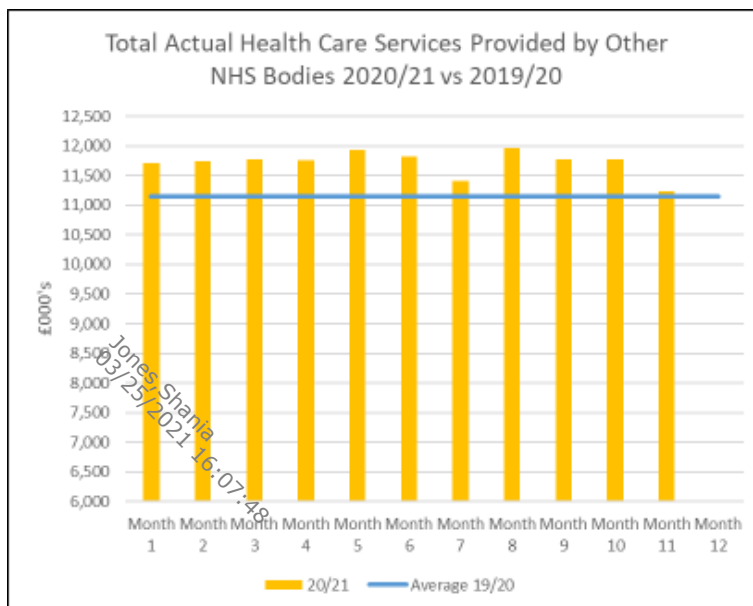
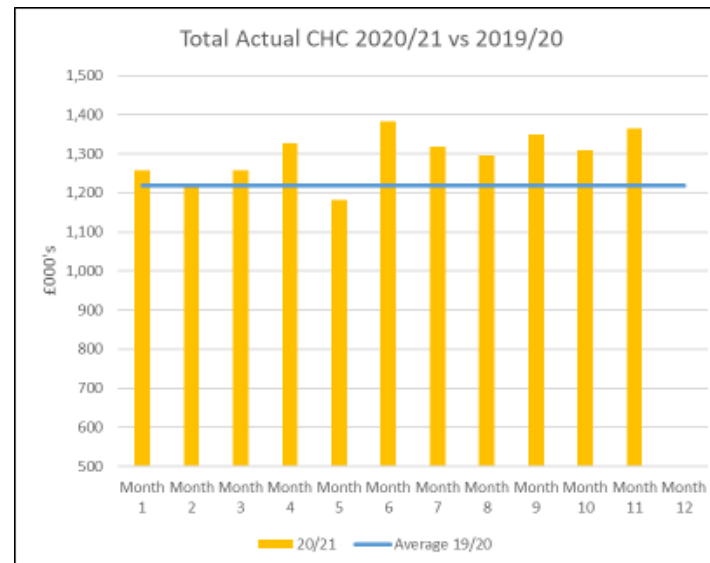
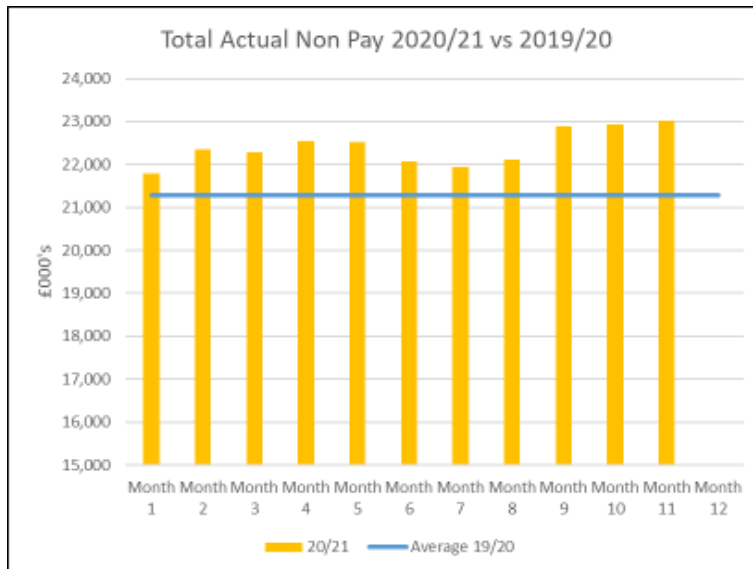
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- The total income received in 2020/21 is higher than the average for 2019/20. In the main this will relate to the allocation uplift provided by WG as well as additional in year funding.
- Other income reduced significantly in month 3 which is linked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



- The month 11 YTD pay is showing an underspend of £1.4m against the year to date plan. Underspends are being experienced across a number of the service areas.
- Variable pay costs have increased significantly compared to the 19/20 monthly average during Mth 5 and has remained above average in Mth 6 through to Mth 9. For Mth 5 and 6 this predominantly relates to medical locum costs and work but Mth 8 saw an increase in variable pay linked to Nursing and Add Prof Scientific and Technical. Mth 10 saw reduction overall but in Mth 11 this returned to Mth 9 levels.



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



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

Area	YTD @ Mth 11		Mth 12		2020/21	
	£'000		£'000		£'000	
<b>Pay</b>						
General C-19	1,578		570		2,149	
Annual Leave Provision	-		2,847		2,847	
Mass Vaccination	140		147		287	
TTP	550		139		689	
		2,267		3,704		5,971
<b>Non Pay</b>						
PC	358		701		1,059	
PPE	460		43		503	
Provider	5,125		2,590		7,715	
LTA	2,986		301		3,287	
Mass Vaccination	155		539		694	
TTP	1,295		526		1,821	
		10,379		4,700		15,079
<b>Non Delivery Savings</b>		4,750		401		5,152
<b>Reduction Spend</b>		- 202		-		- 202
<b>TOTAL</b>		<b>17,195</b>		<b>8,805</b>		<b>26,000</b>

## Key Points:

- Health Board is to remain within the funding envelope provided by WG, which includes £15.5m allocated as part of the Q3/Q4 plan
- Funding for TTP, PPE and Mass Vaccinations will be provided in addition to the core Covid-19 allocation detailed above
- All fixed Covid anticipated costs need to be top sliced from £15.5m funding which includes additional staffing posts agreed by Gold, Block LTA Contracts (£3m), non delivery savings (£5m), loss Dental income (£1.5m), Prescribing pressures (£1.7m)
- From Mth 9 £2.8m has been included to reflect an estimated provision for the accounting treatment of unused Annual Leave which will be c/f into 2021/22. Previously the HB has not included this in the year end accounts as staff have been required use all leave. The calculation is based on a draft All Wales methodology and will need to be updated closer to the Year End.
- Remainder will support Surge Beds & the underlying assumptions as per the Q3/Q4 Plan submitted to WG. Mass Vaccinations (Extended Flu & Covid-19) – final costs have been included in the submission to WG in Mth 11.

Summary Financial Plan 2020/21	
Areas	£ '000
1. Opening IMTP	- 21
2. Generic Budgetary Pressures/Removal Underlying Underspends:	2,584
3. Recognised Risks Incorporated Into Forecast	468
4. Recognised Opportunities Incorporated into Forecast	- 5,670
5. In Year Operational Pressures	2,435
6. Anticipated Technical Adjustments	204
7. Covid Related Expenditure (exc. TTP/PPE)	28,439
8. Funding Assumptions	- 28,439
<b>TOTAL Deficit / (Surplus)</b>	<b>-</b>

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

*Point 1 Opening IMTP* – this is the starting point reported in the IMTP submitted on 31<sup>st</sup> January 2020.

*Point 2 Generic Budgetary Pressures / Removal Underlying Underspends* – the Health Board has historically reported an underlying deficit, even though it has balanced year on year. This ability to balance was a result of underspends and opportunities in all budgetary areas. This line represents the reduction in budgets required to formally realign and remove the underlying deficit. But the delivery against target has not been delivered in part as a result of Covid and the wider resources required to support the pandemic.

*Point 3 Risks* – these are currently the recognised risks that are feeding into the forecast plan for 2020/21 and include the impact of WRP.

*Point 4 Opportunities* – in part these will support point 2 and the historic ability to deliver but are also required this year to mitigate the increasing operations pressures detailed in point 5. One of the key deliverables to achieve balance is to see a reduction in the HB commissioning costs as well as utilising underspends on projects and funding, which may be needed to be re-provided in 2021/22.

*Point 5 In Year Operational Pressures* – in addition to non-delivery of point 2 there is a significant increase in spend above the 2020/21 budgetary plan. Whilst this is under constant review and challenge it is assumed the current patterns of spend will continue as we head into Q4.

*Point 6 Technical Adjustments* – it is recognised there are adjustments that are only recognised in I&E as part of the annual accounting adjustments. This covers areas such as bad debt provision and AME. The figures are indicative for 2020/21 as this point.

*Point 7 Covid* – this relates back to Table B3 but excludes the impact of TTP and PPE.

*Point 8 Funding* – this is based on the funding assumptions linked to table B3 of the MMR.

So, in summary whilst the Health Board is continuing to report a balanced financial plan based on the current forecast and assumptions as detailed above, there remains a significant amount of risk in the delivery of this position.

Table 1: Risk Reflected MMR Mth 11

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	0	-
Continuing Healthcare Prescribing	-60	Medium
Pharmacy Contract	0	-
WHSSC Performance	0	-
Other Contract Performance	-1,200	Medium
GMS Ring Fenced Allocation Underspend Potential Claw back	0	-
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
Blended Model if Surge Requirement Exceeds Q3/Q4 Plan	0	-
Operational Growth Pressures	0	-
Total	-1,260	

Table 2: Opportunities Reflected MMR Mth 11

Opportunity	£ '000	Likelihood
Annual Leave Provision	600	Medium
Other Contract Performance	300	
Blended Model if Surge Not Required as per Q3/Q4 Plan	250	Medium
Funding Slippage	50	Medium
Total	1,200	

## Key Messages

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

- Health Board has an approvable IMTP for 2020/21 which had a number of assumptions detailed in the Resources Plan presented to Board, but in summary:
  - Savings target agreed in IMTP need to be met
  - HB must identify opportunities to support financial position
  - General expenditure to remain at 19/20 level.
- Covid-19 represents a risk to the organisation if it cannot remain within the funding envelope and if the Surge requirements planned for Q3/Q4 exceed the funding provided by WG.
- Savings required and agreed by the Board in the IMTP was £5.6m. Whilst there were plans to deliver this the Covid-19 pandemic has had a significant impact of the HB ability to deliver. The assessment undertaken at the end of September, which has been adjusted for in Mth 11, reduced the likely delivery to £0.5M.
- There are further potential risks to the position which are detailed on page 10 of the report above those included in the Forecast (page 9).
- Page 9 provides a summary of the current financial plan and forecast for 2020/21. To deliver this all risks must be minimised and mitigated and all opportunities within the plan delivered to achieve a balanced plan in 2020/21.

## Summary

In summary this paper identifies that:

- PTHB is reporting an under spend at month 11 for FY 2020/21 of £0.094M.
- Financial Forecast to 31<sup>st</sup> March is to maintain a balanced plan based on assumptions detailed on slide 9.
- Plan is based on the HB remaining within the funding envelop provided by WG for Covid-19.
- PTHB has an assumed £0.5M savings against the target of £5.6M. The £5.1M shortfall is being met from the £15.5M Covid funding from WG.
- PTHB has an Capital Resource Limit of £6.4M and has spent £2.7M to date. £1.4m of the spend to date relates to Covid-19 capital spend, in line with the profiles supplied to WG .

# Powys THB Finance Department

## Financial Performance Report - Appendices

**Period 11 (February 2021)**  
**FY 2020/21**

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Embedded below are extracts from the Period 11 Monthly Monitoring Return submitted to Welsh Government on Reporting Day 9 and the most recent Covid Capital submission.

MMR Narrative



MMR Key Tables



Mass Vac Tables



TTP Tables



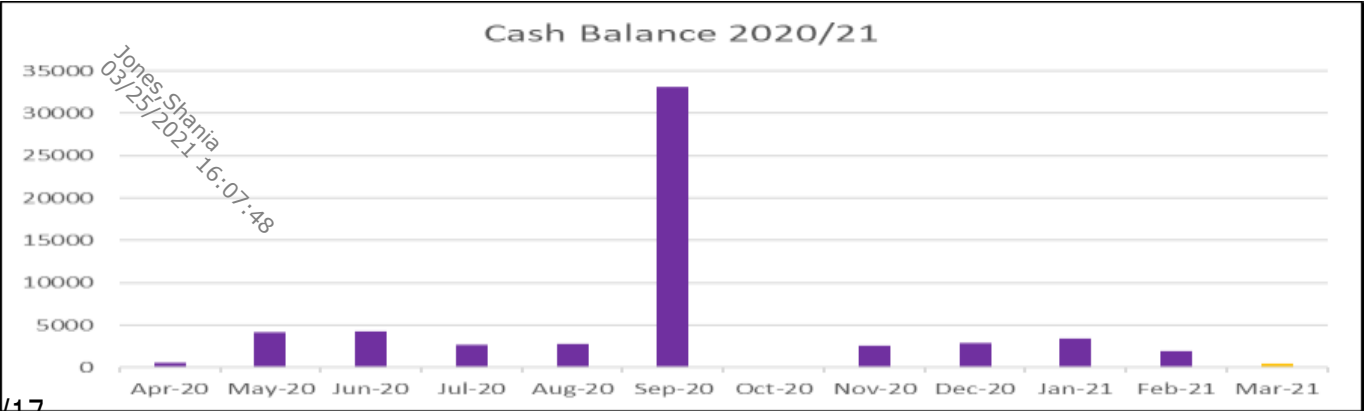
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 28th February 2021
<b>WG CRL FUNDING</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>
Discretionary Capital	1.431	1.431	1.016
Sale of Mansion House	0.250	0.250	0.002
Pharmacy Equipment	0.040	0.040	0.000
19.20 Slippage (Pharm Equipment - clinical pharmacy at a distance) into 20.21	0.067	0.067	0.027
19.20 Slippage (Digital Priority Investment Fund) into 20.21	0.078	0.078	0.067
19.20 Slippage (19.20 Year End Capital - Dental Equipment) into 20.21	0.042	0.042	0.030
Covid-19 Digital Devices	0.022	0.022	0.021
Covid-19 - Tranche 2 (July 2020)	0.230	0.230	0.230
Covid-19 - Forecast Expenditure - Funding not yet on CRL	1.347	1.347	0.742
Covid-19 - DPIF	0.040	0.040	0.028
ICF - Health & Care Academy (Bronllys)	0.446	0.446	0.086
Anti Ligature	0.175	0.175	0.000
Covid 19 - Tranche 5 Funding (December 2020)	0.351	0.351	0.351
Eye Care Funding	0.277	0.277	0.000
NDR funding (Transfer from NWIS)	0.121	0.121	0.000
Digital Eye Care Funding	0.175	0.175	0.000
Y/E Funding - January 2021	1.076	1.076	0.095
Y/E Funding - March 2021	0.094	0.094	0.000
Devices for Community Nursing Groups	0.055	0.055	0.000
DPIF Mobile Devices Funding	0.042	0.042	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
<b>TOTAL APPROVED FUNDING</b>	<b>6.359</b>	<b>6.359</b>	<b>2.695</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	33156	119	2533	2892	3373	1954
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	31265	29920	29330	30510	26500	57580	0	27610	31017	26201	26688	29207
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	-120	0	-240	-120	-120	-240	0	-120	-530	-175	-106	-183
WG Revenue Funding - Other (e.g. invoices)	1489	7	351	99	4	4	83	891	60	1009	32	1500
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	0	400	0	200	1413	630	342	3187
Income from other Welsh NHS Organisations	838	479	211	365	371	351	368	275	300	314	264	400
Other	781	462	173	224	277	446	295	351	510	289	413	300
Total Receipts	34253	30868	29825	31078	27032	58541	746	29207	32770	28268	27633	34411
Payments												
Primary Care Services : General Medical Services	2556	2405	2679	2587	1970	2237	2555	2430	2987	2988	2392	2200
Primary Care Services : Pharmacy Services	1617	571	222	623	0	277	470	0	439	0	614	450
Primary Care Services : Prescribed Drugs & Appliances	1229	1150	1366	2546	0	1322	2563	0	2618	0	1244	1200
Primary Care Services : General Dental Services	382	403	265	408	439	456	450	396	306	294	397	400
Non Cash Limited Payments	97	95	95	84	86	96	47	83	76	68	78	80
Salaries and Wages	6817	6825	6832	6850	6896	6846	6918	7043	7023	7071	7163	7000
Non Pay Expenditure	21481	15726	18066	19476	17368	16644	20184	16628	18753	16911	16833	20741
Capital Payment	110	4	218	60	181	318	596	213	209	455	331	3794
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	34289	27179	29743	32634	26940	28196	33783	26793	32411	27787	29052	35865
NET CASH FLOW IN MONTH	-36	3689	82	-1556	92	30345	-33037	2414	359	481	-1419	-1454
Balance c/f	504	4193	4275	2719	2811	33156	119	2533	2892	3373	1954	500





	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr 20	Feb 21	Mar 21
	£'000	£'000	£'000
Tangible & Intangible Assets	74,674	77,402	77,402
Trade & Other Receivables	23,815	24,406	22,551
Inventories	156	156	156
Cash	540	1,953	500
<b>Total Assets</b>	<b>99,185</b>	<b>103,917</b>	<b>100,609</b>
Trade and other payables	35,164	29,378	35,000
Provisions	23,140	23,469	23,469
<b>Total Liabilities</b>	<b>58,304</b>	<b>52,847</b>	<b>58,469</b>
<b>Total Assets Employed</b>	<b>40,881</b>	<b>51,070</b>	<b>42,140</b>
<b>Financed By</b>			
General Fund	768	10,957	2,027
Revaluation Reserve	40,113	40,113	40,113
<b>Total Taxpayers' Equity</b>	<b>40,881</b>	<b>51,070</b>	<b>42,140</b>

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## AGENDA ITEM: 3.3

BOARD MEETING		DATE OF MEETING: 31 March 2021
<b>Subject:</b>	<b>AUDIT WALES, ANNUAL AUDIT REPORT 2020 (EXTERNAL AUDIT)</b>	
<b>Approved and Presented by:</b>	Board Secretary	
<b>Prepared by:</b>	Board Secretary	
<b>Considered by Executive Committee on:</b>	None at the time of reporting	
<b>Other Committees and meetings considered at:</b>	Audit, Risk & Assurance Committee, 26 January 2021	

### PURPOSE:

The purpose of this paper is to present the Auditor General's Annual Audit Report 2020 for PTHB.

### RECOMMENDATION(S):

It is recommended that the Board:

- RECEIVE and NOTE the Auditor General's Annual Audit Report 2020

Approval/Ratification/Decision	Discussion	Information
	✓	

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

Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	

	6. Put Digital First	
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

## EXECUTIVE SUMMARY:

The Auditor General's Annual Audit Report 2020 summarises the findings from audit work undertaken at Powys Teaching Health Board during 2020. The Audit Work undertaken was in relation to the Auditor General's responsibilities set out in the Public Audit (Wales) Act 2004.

The Public Audit (Wales) Act 2004, requires the Auditor General to:

- examine and certify the accounts submitted by the Health Board, and to lay them before the Senedd;
- satisfy himself that the expenditure and income to which the accounts relate have been applied to the purposes intended and in accordance with the authorities which govern it; and
- satisfy himself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

For 2020, the Auditor General concluded that:

- Audit of the Accounts
  - The Health Board's accounts were properly prepared and materially accurate and an unqualified audit opinion was issued.
  - No material weaknesses in the Health Board's internal controls (as relevant to my audit) were identified. However, two Emphasis of Matter paragraphs were included in the audit report to draw attention to disclosures in the accounts relating to Clinicians' pension tax contingent liabilities and the effects of COVID-19 on the estimation of valuations of land and buildings.
  - The Health Board achieved financial balance for the three-year period ending 31 March 2020, and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, resulting in an unqualified opinion on the regularity of the financial transactions within the Health Board's 2019-20 accounts.
  - As the Health Board achieved financial balance and had an approved three-year plan in place and there were no other issues which

warranted highlighting, no substantive report was placed on the Health Board's accounts.

- Arrangements for securing efficiency, effectiveness and economy in the use of resources
  - The Health Board maintained overall good governance during the COVID-19 pandemic;
  - The Health Board adapted its financial control procedures to manage during COVID-19 but there is an increasing risk to financial balance at the end of 2020-21;
  - Operational plans are informed by data modelling and demonstrate a clear commitment to staff wellbeing and, although progress and performance is monitored and reported, information on commissioned services is currently limited;
  - The Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.

**The Auditor General's Annual Audit Report 2020 is attached at Appendix A.**

The Audit, Risk and Assurance Committee has considered the findings of the report and will continue to oversee implementation of those improvement actions identified through external audit reviews.

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# Annual Audit Report 2020 – Powys Teaching Health Board

Audit year: 2019-20

Date issued: January 2021

Document reference: 2161A2020-21

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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# Summary report

## About this report

- 1 This report summarises the findings from my 2020 audit work at Powys Teaching Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
  - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
  - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
  - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
  - Audit of accounts
  - Arrangements for securing economy, efficiency and effectiveness in the use of resources
- 3 This year's audit work took place at a time when public bodies were responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Given its impact, I re-shaped my planned work programmes by considering how to best assure the people of Wales that public funds are well managed. I considered the impact of the current crisis on both resilience and the future shape of public services and aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. All on-site audit work was suspended whilst we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on the delivery of some of my planned audit work but has also driven positive changes in our ways of working.
- 4 The delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of new considerations for financial statements arising directly from the pandemic. The success in delivering to the amended timetable reflects a great collective effort by both my staff and the Health Board's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.
- 5 At the onset of the pandemic I suspended the publication of some performance audit reports nearing completion, reflecting the capacity of audited bodies to support remaining fieldwork and contribute to the clearance of draft audit outputs. I have also adjusted the focus and approach of some other planned reviews to ensure their relevance in the context of the crisis. New streams of work have been introduced, such as my review of the Test, Trace and Protect programme, and my local audit teams have contributed to my wider COVID-19 learning work.

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- 6 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of planned work currently being re-scoped.
- 7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2020 Audit Plan.
- 8 **Appendix 3** sets out the financial audit risks set out in my 2020 Audit Plan and how they were addressed through the audit.
- 9 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit, Risk and Assurance Committee on 26 January 2021. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 10 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

## Key messages

### Audit of accounts

- 11 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed two Emphasis of Matter paragraphs in my report to draw attention to disclosures in the accounts relating to Clinicians' pension tax contingent liabilities and the effects of COVID-19 on the estimation of valuations of land and buildings. I brought several additional issues to the attention of officers and the Audit, Risk and Assurance Committee which are set out in my detailed report below.
- 12 The Health Board achieved financial balance for the three year period ending 31 March 2020, and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within the Health Board's 2019-20 accounts.
- 13 As the Health Board achieved financial balance and had an approved three-year plan in place and there were no other issues which warranted highlighting, no substantive report was placed on the Health Board's accounts.

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## Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 14 My programme of Performance Audit work has led me to draw the following conclusions:
- The Health Board maintained overall good governance during the COVID-19 pandemic
  - The Health Board adapted its financial control procedures to manage during COVID-19 but there is an increasing risk to financial balance at the end of 2020-21
  - Operational plans are informed by data modelling and demonstrate a clear commitment to staff wellbeing and, although progress and performance is monitored and reported, information on commissioned services is currently limited
  - The Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs
- 15 These findings are considered further in the following sections.

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# Detailed report

## Audit of accounts

- 16 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2019-20. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.
- 17 My 2020 Audit Plan set out the financial audit risks for the audit of the Health Board's 2019-20 financial statements. **Exhibit 5** in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.
- 18 My responsibilities in auditing the Health Board's financial statements are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

## Accuracy and preparation of the 2019-20 financial statements

- 19 **I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit), however, I placed two Emphasis of Matter paragraphs in my report to draw attention to disclosures in the accounts relating to Clinicians' pension tax liabilities and the effects of Covid-19 on the estimation of valuations of land and buildings.**
- 20 We received the draft financial statements for the year ended 31 March 2020 on 21 May 2020, in line with the agreed timetable. The working papers were prepared to a high standard.
- 21 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Health Board's Audit, Risk and Assurance Committee on 25 June 2020. **Exhibit 1** summarises the key issues set out in that report.

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## Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	<p>We identified that the prescribing accrual for 2019/20 had been under accrued by £322k when compared to the actual amounts for March 2020. We do not consider that this represents a weakness in the Health Board's estimation methodology as this was consistent with previous years. An additional allocation for the value of £270k has been received against this amount and has therefore been corrected in the financial statements leaving an uncorrected amount of £52k. If the £52k were to be adjusted, this would reduce the underspend against allocation from £55k to £3k.</p> <p>We identified that an error had been made when entering a value for the impairment of assets. This error amounted to £314k. If this error were to be adjusted, this would have a nil effect on the year end position as this would result in an allocation adjustment to match this value.</p>
Corrected misstatements	<ul style="list-style-type: none"> <li>• Additional narrative note to describe the potential impact of a decision to fund NHS Clinicians' pension tax liabilities</li> <li>• Additional narrative note to describe the material uncertainty included in the valuer's report</li> <li>• A small number of presentational and typographical errors were identified within the draft financial statements</li> </ul>
Other significant issues	None

22 In addition, we identified some areas for improvement around journal procedures, classification of expenditure and year-end cut off procedures to ensure expenditure and income are included in the correct year.

23 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position at 31 March 2020 and the return was prepared in accordance with the Treasury's instructions.

- 24 My separate independent examination of the charitable funds financial statements is substantially complete.

## Regularity of financial transactions

- 25 **The Health Board achieved financial balance for the three-year period ending 31 March 2020 and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within the Health Board's 2019-20 accounts.**
- 26 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 27 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. The Health Board achieved financial balance in 2017-18, 2018-19 and 2019-20 as shown in **Exhibit 2**. The Health Board therefore met its statutory duty to break even over the three years.

### Exhibit 2: financial position at year end

Financial year	Financial position at year end (£000)
2017-18	96
2018-19	65
2019-20	55

- 28 As the Health Board met both of its financial duties: to achieve financial balance (as set out above) and to have an approved three-year plan in place; and there were no other issues warranting report, I did not issue a substantive report on the accounts.

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## Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 29 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively and economically;
  - reviewing the effectiveness of the Health Board's counter-fraud arrangements.
- 30 My conclusions based on this work are set out below.

### Structured assessment

- 31 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they responded to the next phase of the COVID-19 pandemic. The key focus of the work was on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous recommendations where these related to important aspects of organisational governance and financial management especially in the current circumstances.
- 32 The structured assessment grouped our findings under three themes:
- governance arrangements;
  - managing financial resources; and
  - operational planning: to support the continued response to the pandemic balanced against the provision of other essential services.

### Governance arrangements

- 33 My work considered the Health Board's ability to maintain sound governance arrangements while having to respond rapidly to the unprecedented challenges presented by the pandemic. My work found that **the Health Board maintained overall good governance during the COVID-19 pandemic.**
- 34 The Board adapted its governance arrangements to maintain openness and transparency, support agile decision-making and ensure effective scrutiny and leadership during the pandemic. The Board is committed to using learning to help

shape future arrangements. A strong and resilient Executive Team supported by the Board led the organisation during the COVID-19 response.

- 35 Essential systems of assurance were maintained during the COVID-19 response. The Health Board's risk management system ensured it was well placed to respond to COVID-19-related risks. The Health Board is strengthening quality assurance arrangements, including updating key policies and its commissioning assurance arrangements.

## Managing financial resources

- 36 I considered the Health Board's financial performance, changes to financial controls during the pandemic and arrangements for monitoring and reporting financial performance. I found that **the Health Board adapted its financial control procedures to manage during COVID-19 but there is an increasing risk to financial balance at the end of 2020-21.**
- 37 The Health Board continued to meet its financial duties in 2019-20. It also delivered £3.7 million of savings in 2020-21 but COVID-19 is affecting its ability to achieve the £5.6 million savings target it set for 2020-21. It continues to forecast breakeven for 2020-21 on the assumption that additional COVID-19 expenditure is funded in full. The Health Board's assessment of the net financial impact of COVID-19 for the year is estimated at £20.1 million. Financial control procedures were adapted to manage during COVID-19 in line with Welsh Government guidance.

## Operational Planning

- 38 My work considered the Health Board's progress in developing and delivering quarterly operational plans to support the ongoing response to COVID-19 and to provide other essential services and functions in line with Welsh Government planning guidance. At the time of our work, the focus was on essential services with the aim of restoring normal and routine activities when it is safe and practicable to do so. My work found that **operational plans are informed by data modelling and demonstrate a clear commitment to staff wellbeing. Although progress and performance is monitored and reported, information on commissioned services is currently limited.**
- 39 Quarterly plans reflected the requirements set out in the Welsh Government's Operating Framework. The Health Board revised its strategic priorities as part of its response to COVID-19, which included the identification of additional surge capacity as both a provider and commissioner of services.
- 40 Staff wellbeing is a high priority for the Health Board with focussed attention on protecting staff safety and in ensuring their wellbeing during the pandemic. Some workforce challenges were experienced as the pandemic progressed, but these were less severe than the original modelling has predicted.
- 41 There is good oversight and scrutiny of overall performance and operational plan delivery but the lack of performance information for commissioned services is

particularly challenging with providers largely focused on responding to the pandemic. The pandemic provides challenges to the existing arrangements, although the relationships developed with providers have helped to maintain communication and provide assurance.

## Effectiveness of counter-fraud arrangements

- 42 In June 2019, I published an overview for the Public Accounts Committee describing counter-fraud arrangements in the Welsh public sector. My team then undertook a more detailed examination across a range of Welsh public sector bodies to examine how effective counter-fraud arrangements are in practice and to make recommendations for improvement. In July 2020 I published Raising Our Game – Tackling Fraud in Wales setting out a summary of my findings and seven 'key themes' that all public bodies need to focus on in raising their game to tackle fraud more effectively.
- 43 Whilst this work was not included in the Health Board's audit plan, I also published an additional report setting out the Health Board's specific arrangements for preventing and detecting fraud. I found that **the Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.**

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# Appendix 1

## Reports issued since my last annual audit report

### Exhibit 3: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2020.

Report	Date
<b>Financial audit reports</b>	
Audit of Financial Statements Report	2 July 2020
Opinion on the Financial Statements	2 July 2020
<b>Performance audit reports</b>	
Structured Assessment 2020	October 2020
Effectiveness of counter-fraud arrangements	August 2020
<b>Other</b>	
2020 Audit Plan	March 2020

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**Exhibit 4: performance audit work still underway**

There are a number of performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work. These dates are subject to change as we adjust our work in response to the COVID pandemic.

Report	Estimated completion date
Orthopaedics	February 2021
Review of Welsh Health Specialised Services Committee	March 2021
Test, Trace and Protect	February 2021
Unscheduled care	Phase 1 – March 2021 Further work to be included as part of 2021 plan
Quality Governance arrangements	June 2021

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# Appendix 2

## Audit fee

The 2020 Audit Plan set out the proposed audit fee of £262,655 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

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# Appendix 3

## Financial audit risks

### Exhibit 5: financial audit risks

My 2020 Audit Plan set out the financial audit risks for the audit of the Health Board's 2019-20 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	My audit team will: <ul style="list-style-type: none"><li>• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li><li>• review accounting estimates for biases;</li><li>• evaluate the rationale for any significant transactions outside the normal course of business.</li></ul>	We completed the following audit work in relation to this risk: <ul style="list-style-type: none"><li>• tested the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li><li>• reviewed accounting estimates for biases;</li><li>• evaluated the rationale for any significant transactions outside the normal course of business.</li></ul> We have raised a recommendation in relation to the journals. Our testing has not identified any other issues to bring to your attention.
Healthcare commissioning contracts are a high value expenditure stream which could potentially be incorrectly stated resulting in a material misstatement with the	My audit team will: <ul style="list-style-type: none"><li>• walkthrough the controls;</li><li>• substantively test contract expenditure;</li><li>• agree NHS creditors, debtors, income and</li></ul>	We completed the following audit work in relation to this risk; <ul style="list-style-type: none"><li>• undertaken a walkthrough of the controls;</li><li>• substantively tested contract expenditure;</li></ul>

<p>greatest risk arising from variations that have not yet been settled in Q4.</p>	<p>expenditure to balance agreements;</p> <ul style="list-style-type: none"> <li>• test around the year-end transactions to ensure that accruals are complete; and</li> <li>• substantively test accruals.</li> </ul>	<ul style="list-style-type: none"> <li>• agreed NHS creditors, debtors, income and expenditure to balance agreements;</li> <li>• tested the year-end transactions to ensure that accruals are complete; and</li> <li>• substantively tested accruals.</li> </ul> <p>During our testing we noted one contract that was unsigned.</p> <p>Our testing has not identified any other issues to bring to your attention.</p>
<p><b>Impact of COVID-19</b> The COVID-19 national emergency may see a significant delay in the preparation and audit of accounts. There is a risk that the quality of the accounts and supporting working papers e.g. around estimate and valuations, may be compromised leading to an increased incidence of errors.</p> <p>Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p>	<p>We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and make arrangements to monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.</p>	<p>We received the majority of audit evidence in electronic format via the use of the Inflo portal. We have used various techniques to ensure its validity, such as the use of screen sharing via Microsoft Teams software to observe reports being run and observed these being uploaded directly in Inflo or attached to secure Mimecast emails.</p>

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**Agenda item: 3.4**

<b>BOARD MEETING</b>		<b>Date of Meeting:</b> <b>31 March 2020</b>
<b>Subject:</b>	<b>CORPORATE RISK REGISTER UPDATE: MARCH 2021</b>	
<b>Approved and Presented by:</b>	Board Secretary	
<b>Prepared by:</b>	Head of Risk & Assurance	
<b>Other Committees and meetings considered at:</b>	Executive Committee, 17 March 2021	

**PURPOSE:**

The purpose of this paper is to provide the Board with the March 2021 version of the Corporate Risk Register for REVIEW and RATIFICATION.

**RECOMMENDATION(S):**

It is recommended that:

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

<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	

Health and Care Standards:	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

### EXECUTIVE SUMMARY:

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

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

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

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

### BACKGROUND AND ASSESSMENT:

The Head of Risk & Assurance has liaised with Executive Directors and Assistant Directors to review and update the Corporate Risk Register for the last reporting period of 2020/21. There were no new risks escalated to the Corporate Risk Register during the current reporting period.

### Proposed Changes to the Corporate Risk Register

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



Corporate Risk	Change to Rating	Recommended Change
<b>CRR 001</b> <b>There is a risk that:</b> Some commissioned services are not sustainable or safe, and do not meet national targets		No change proposed to risk description or rating
<b>CRR 002</b> <b>There is a risk that:</b> The health board does not meet its statutory duty to achieve a breakeven position in 2020/21	<b>Risk Rating reduced from 12 (L3xI4) to 8 (L2xI4)</b>	It is proposed that the likelihood of this risk occurring be reduced from 'Possible' to 'Unlikely' <i>(this risk will be re-assessed in April 2021 for the 2021/22 financial year)</i>
<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 embedded across all parts of the health board		No change proposed to risk description or rating
<b>CRR 008</b>		No change proposed to risk description or

<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	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	<b>Risk de-escalated</b>	The UK and EU agreed a Trade and Cooperation Agreement (TCA) on 30th December 2020.
<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 arising from a pandemic outbreak of an infectious disease (COVID-19)	No change proposed to risk description or rating	
<b>CRR 015</b>	<b>Risk de-</b>	Phase 1 of the South Powys

<p><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</p>	<p><b>escalated</b></p>	<p>Programme has been completed. There are no outstanding risks for Phase 1. The change in emergency flows took place on the 17th November 2020. Monitoring has shown that the flows have been as envisaged and there have been no significant difficulties.</p> <p>There will be a revised Corporate Risk Register submission of any risks over 15 in relation to Phase 2, following the Programme Board meeting on 18th March 2021.</p>
<p><b>CRR 016</b> <b>There is a risk that:</b> The Health Board is non-compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation</p>	<p>No change proposed to risk description or rating</p>	
<p><b>CRR 017</b> <b>There is a risk that:</b> A fire incident occurring within health board premises is not effectively managed</p>	<p>No change proposed to risk description or rating</p>	

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.

### **Alignment with Strategic Priorities 2021/22**

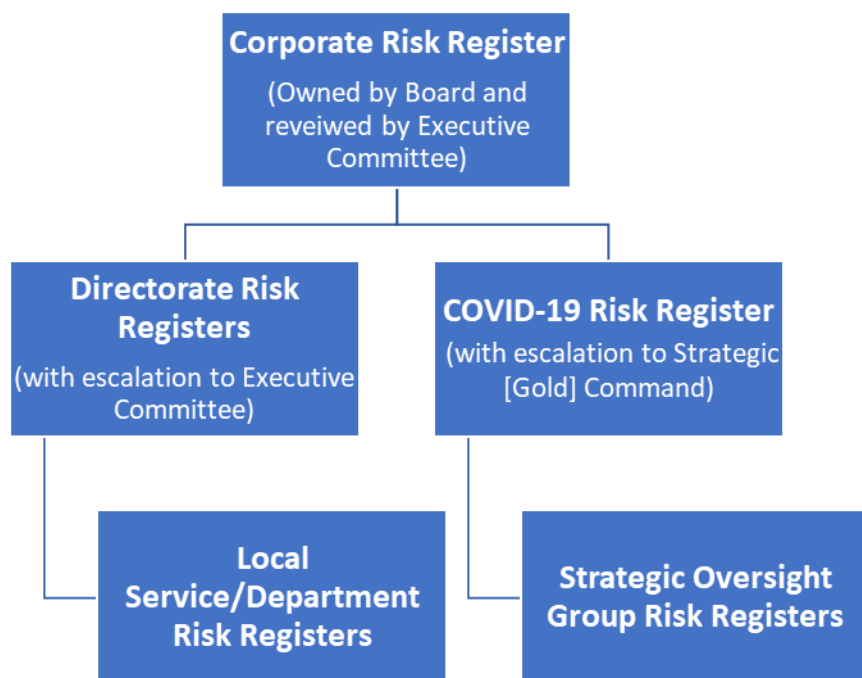
The Board will consider and approve its Annual Plan 2021/22 in March 2021 (agenda item 2.1). Following approval of the strategic priorities for the year ahead, a full review of the Corporate Risk Register will take place to ensure that those risks which could threaten achievement of the board's priorities are identified, assessed and mitigating actions established.

### **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.

A revised COVID-19 Pandemic Governance Framework was approved by Strategic Gold Command in February 2021. The framework sets out the hierarchy of risk registers, which remains in-line with the Risk Management Framework as agreed by the Board in September 2019. This hierarchy is outlined below:



There have been no risks identified for escalation to the Corporate Risk Register during this reporting period.

#### **NEXT STEPS:**

The Corporate Risk Register will be reframed to ensure that it continues to articulate the strategic risks that are deemed to impact delivery of the organisation's strategic objectives, as outlined in the health board's Annual Plan 2021/22.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# **Corporate Risk Register March 2021**

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# CORPORATE RISK HEAT MAP: March 2021

There is a risk that...

Impact	Catastrophic	5					
	Major	4		<ul style="list-style-type: none"><li>▪ The health board does not meet its statutory duty to achieve a breakeven position in 2020/21</li></ul>	<ul style="list-style-type: none"><li>▪ ICT systems are not robust or stable enough to support safe, effective and up to date care</li><li>▪ The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors</li><li>▪ Effective governance arrangements are not embedded across all parts of the health board</li><li>▪ Resources (financial and other) are not fully aligned to the health board's priorities</li><li>▪ <del>South Powys planning and activity assumptions to inform flows / operational response are not robust, which could result in significant harm to patients</del></li></ul>	<ul style="list-style-type: none"><li>▪ The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose</li><li>▪ Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the COVID-19 pandemic</li><li>▪ Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)</li><li>▪ <del>A UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys</del></li><li>▪ The Health Board fails is non-compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation</li><li>▪ A fire incident occurring within health board premises is not effectively managed</li></ul>	<ul style="list-style-type: none"><li>▪ Some commissioned services are not sustainable or safe, and do not meet national targets</li></ul>
	Moderate	3				<ul style="list-style-type: none"><li>▪ The health board does not comply with the Welsh Language standards, as outlined in the compliance notice</li><li>▪ Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures</li></ul>	
	Minor	2					
	Negligible	1					
	Jones, Shenja 08/25/2021 16:07:48			1	2	3	4
Rare				Unlikely	Possible	Likely	Almost Certain
Likelihood							

# CORPORATE RISK DASHBOARD – March 2021

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 in 2020/21	2 x 4 = 8	↓	Moderate	8	✓	Performance and Resources	Organisational Priorities underpinning WBO 8.2
DFIIT	CRR 004	Quality & Safety of Services	ICT systems are not robust or stable enough to support safe, effective and up to date care	3 x 4 = 12	→	Low	6	✗	Performance and Resources	Organisational Priorities underpinning WBO 1 to 4, 7.1, 7.2 & 7.3
DPP	CRR 005	Quality & Safety of Services	The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	4 x 4 = 16	→	Low	4	✗	Performance and Resources	Organisational Priorities Underpinning WBO 1 to 4
DWODSS	CRR 006	Quality & Safety of Services	The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors	3 x 4 = 12	→	Low	6	✗	Performance and Resources	Organisational Priorities Underpinning WBO 1 to 8
BS	CRR 007	Regulation & Compliance	Effective governance arrangements are not embedded across all parts of the health board	3 x 4 = 12	→	Low	6	✗	Audit, Risk and Assurance	Organisational Priorities Underpinning WBO 1 to 4

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

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

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**KEY:**

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

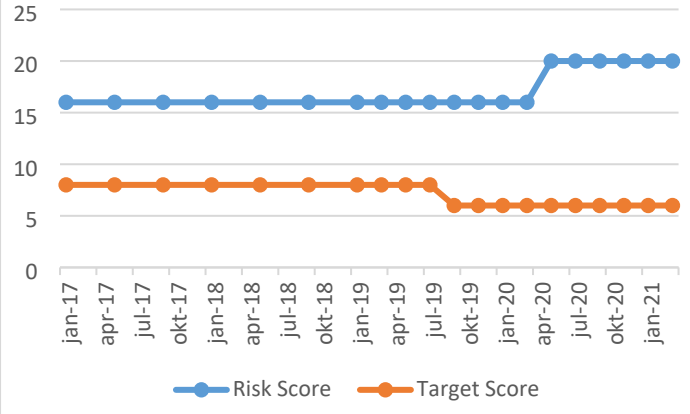
Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of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

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

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

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<b>CRR 001</b> <b>Risk that:</b> Some commissioned services are not sustainable or safe, and do not meet national targets		<b>Lead Director:</b> Director of Planning & Performance <b>Lead Board Committee:</b> Performance and Resources Committee and Experience, Quality and Safety Committee (for experience, quality and safety of commissioned services)																																																							
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 4		<b>Date last reviewed:</b> March 2021																																																							
<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> <div><b>Date added to the risk register</b> January 2017</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>8</td></tr><tr><td>Apr-17</td><td>16</td><td>8</td></tr><tr><td>Jul-17</td><td>16</td><td>8</td></tr><tr><td>Okt-17</td><td>16</td><td>8</td></tr><tr><td>Jan-18</td><td>16</td><td>8</td></tr><tr><td>Apr-18</td><td>16</td><td>8</td></tr><tr><td>Jul-18</td><td>16</td><td>8</td></tr><tr><td>Okt-18</td><td>16</td><td>8</td></tr><tr><td>Jan-19</td><td>16</td><td>8</td></tr><tr><td>Apr-19</td><td>16</td><td>8</td></tr><tr><td>Jul-19</td><td>16</td><td>8</td></tr><tr><td>Okt-19</td><td>16</td><td>6</td></tr><tr><td>Jan-20</td><td>16</td><td>6</td></tr><tr><td>Apr-20</td><td>20</td><td>6</td></tr><tr><td>Jul-20</td><td>20</td><td>6</td></tr><tr><td>Okt-20</td><td>20</td><td>6</td></tr><tr><td>Jan-21</td><td>20</td><td>6</td></tr></tbody></table>	Date	Risk Score	Target Score	Jan-17	16	8	Apr-17	16	8	Jul-17	16	8	Okt-17	16	8	Jan-18	16	8	Apr-18	16	8	Jul-18	16	8	Okt-18	16	8	Jan-19	16	8	Apr-19	16	8	Jul-19	16	8	Okt-19	16	6	Jan-20	16	6	Apr-20	20	6	Jul-20	20	6	Okt-20	20	6	Jan-21	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 five 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 <b>including</b> joint commissioning with the local authority (including Section 33)</i> v) <i>Patients are not able to access safe, sustainable and timely services due to the impact of the COVID-19 pandemic</i></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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Jan-21	20	6																																																							
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b> Actions in relation to externally commissioned services including SaTH, the Big 4, the South Powys Programme and waiting times are set out in the organisation's 13 main priorities and revised quarterly plan (rather than the actions in the original annual plan below)																																																							
<div><ul style="list-style-type: none"><li>Implementation of the Strategic Commissioning Framework (for whole system commissioning) – partially restored</li><li>Embedding the Commissioning Assurance Framework (CAF) escalation process - partially restored</li><li>Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services – currently replaced by the DGH Log mapping pathway changes across multiple providers across England and Wales due to the COVID-19 pandemic)</li></ul></div>		<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																																																					

<ul style="list-style-type: none"> <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>WHSCC Joint Committee and Management Group</li> <li>WHSSC ICP agreed within PTHB IMTP – and process underway for 21/22</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 (response to the pandemic currently being implemented not commissioning intentions)</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 (currently transferred to COVID-19 related duties)</li> <li>Prior approval policy in place</li> <li>[Following the EU exit the EEA policy has ceased to apply]</li> <li>INNU policy in place</li> <li>Pooled fund manager for Section 33 Residential Care</li> <li>SATH Improvement Alliance with UHB in place</li> <li>Respiratory and Circulatory Transformation leads in place (but circulatory support was temporarily diverted to help manage changes to emergency flows). Temporary cancer post to help ensure appropriate pathways for patients with cancer</li> <li>DGH and Specialised Work-stream within PTHB's COVID-19 response plan</li> <li>PTHB CEO Lead Programme Board involving 3 health boards and WAST</li> <li>Participation in cross-border command and control structures</li> <li>Essential Services Framework implementation underway</li> </ul>	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
	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

<p>■ PTHB Children's Home Group in response to the COVID-19 pandemic</p>			
Current Risk Rating	Additional Comments		
<p>5 x 4 = 20</p> <p>Jones, Shania 03/25/2021 16:07:48</p>	<p>During the COVID-19 period the usual commissioning arrangements are not in place, nor the actions set out in the <b>original</b> Annual Plan. Health Boards and NHS Trusts providing services for Powys patients have made service changes in response to directions from respective governments in England and Wales through the different phases of the pandemic. Neighbouring English providers have moved into whole system Silver and Gold command arrangements.</p> <p>It was not possible to score the Commissioning Assurance Framework (CAF) in the first COVID-19 peak. It has been restored where possible, but not all domains can be scored or escalated in the usual way (for example Finance and NHS LTAs and SLAs are in block arrangements and finance and activity patterns are different to anticipated due to the pandemic.) There are now extensive delays across the NHS for elective procedures with a growing number of patients waiting more than 52 weeks for treatment (capacity across providers is significantly reduced due to social distancing, PPE and the need to maintain surge capacity and due to the priority of the mass vaccination programme.) The peak in Q4 of 20/21 <b>reduced</b> the DGH capacity available for patients with other needs. Providers are using Royal College and Government guidance to risk stratify and prioritise patients and service provision). There are approximately <b>2,000+</b> Powys residents waiting more than a year for treatment.</p> <p>The <b>cumulative risk</b> in relation to commissioned services remains extremely challenging. Whilst, changes to emergency flows in South Powys in response to early opening of the Grange University Hospital have been managed; an Improvement Alliance with UHB is in place for SaTH; and the UK has exited the EU with a deal – the underlying position for commissioned services is unprecedented in terms of the pressures arising from COVID-19 (in winter) and the impact this is having on capacity and waiting times for routine services.</p> <p>The need to prioritise accelerated changes in emergency flows in South Powys diverted strategic planning and commissioning resource from other areas including SaTH risks and circulatory services. SaTH remains in special measures and of concern. Transformational resource to address circulatory services is being rebalanced.</p> <p>Mitigating actions in place include: the priorities set out in the Q3&amp;Q4 plan; South Powys Pathways Worksteam <b>Phase 2</b>; DGH &amp;</p>		

Specialised workstream; participation in the command and control arrangements for neighbouring English regions; monitoring Q&S and maternity information; a weekly DGH log of pathway changes; shared modelling assumptions with NHS partners; implementation of the Welsh Government Essential Services Framework; fast-tracking of elements of the Big 4 respiratory work to strengthen local resilience; Exec led meetings with the Ambulance Service; continued work with the Welsh Health Specialised Services Committee; restoration of the Section 33 Group for residential care; participation in system working in England; a renewed focus on SaTH and planning for 2021/22. There will need to be whole system work to renewal including to address waiting times.

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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 in 2020/21		<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> March 2021																																														
<b>Risk Rating</b>  (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 2 x 4 = 8</b> Target: 2 x 4 = 8  <b>Date added to the risk register</b> March 2017	<table border="1"><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>dec-17</td><td>16</td><td>4</td></tr><tr><td>mar-18</td><td>12</td><td>4</td></tr><tr><td>jun-18</td><td>16</td><td>4</td></tr><tr><td>sep-18</td><td>16</td><td>4</td></tr><tr><td>dec-18</td><td>12</td><td>4</td></tr><tr><td>mar-19</td><td>12</td><td>4</td></tr><tr><td>jun-19</td><td>12</td><td>4</td></tr><tr><td>sep-19</td><td>12</td><td>4</td></tr><tr><td>dec-19</td><td>12</td><td>8</td></tr><tr><td>mar-20</td><td>12</td><td>8</td></tr><tr><td>jun-20</td><td>12</td><td>8</td></tr><tr><td>sep-20</td><td>12</td><td>8</td></tr><tr><td>dec-20</td><td>12</td><td>8</td></tr><tr><td>mar-21</td><td>8</td><td>8</td></tr></tbody></table>	Month	Risk Score	Target Score	dec-17	16	4	mar-18	12	4	jun-18	16	4	sep-18	16	4	dec-18	12	4	mar-19	12	4	jun-19	12	4	sep-19	12	4	dec-19	12	8	mar-20	12	8	jun-20	12	8	sep-20	12	8	dec-20	12	8	mar-21	8	8	<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>As at Month 10 2020/21 the Health Board is £0.045m under spent</li><li>Approved balanced 3-year IMTP included balanced plan for 2020/21</li><li>Plans identified to meet Financial Recovery Plan savings target included in plan of £5.6m, significant non-delivery forecast (linked to Covid-19) with slippage included in overall position forecast (including Covid-19 funding allocation and as per the WRP)</li><li>Breakeven forecast includes a number of risks and opportunities that need to be managed to deliver</li><li>The impact of Covid-19 and the assumption that WG will fund the direct and indirect costs in full is key (and this has been confirmed for 2020/21) in relation to the breakeven forecast (risk in relation funding allocated and forecast included under Covid-19 Risk Register)</li><li>Given confirmation of Covid-19 funding levels to be allocated, the risk can be reduced in line with Board acceptable levels</li></ul>	
Month	Risk Score	Target Score																																														
dec-17	16	4																																														
mar-18	12	4																																														
jun-18	16	4																																														
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mar-21	8	8																																														
<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, includes progress / delivery</li><li>Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework</li><li>Contracting Framework and impact of Block arrangements in 20/21 and going forward</li><li>Savings Plans, new Efficiency Framework approved and go live from November 2020</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 regarding the impact of Covid-19 and expectations regarding funding</li><li>Discussions with Welsh Government regarding 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 Deputy Director of Finance in post and structure realignment in process of being implemented</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and go live from Nov 20, Value Board to be established from April 21.</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 Deputy Director of Finance in post and structure realignment in process of being implemented	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and go live from Nov 20, Value Board to be established from April 21.	DFIIT	In Progress																																				
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<b>Current Risk Rating</b> 3 x 4 = 12		<b>Additional Comments</b> Risk level reduced given increased certainty regarding funding.																																														



<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> March 2021																																														
<div><div><div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 3 x 4 = 12</b> Target: 2 x 3 = 6</div><div><b>Date added to the risk register</b> January 2017</div></div><div><table><caption>Risk Rating History</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>des-17</td><td>16</td><td>6</td></tr><tr><td>mar-18</td><td>16</td><td>6</td></tr><tr><td>jun-18</td><td>16</td><td>6</td></tr><tr><td>sep-18</td><td>16</td><td>6</td></tr><tr><td>des-18</td><td>16</td><td>6</td></tr><tr><td>mar-19</td><td>16</td><td>6</td></tr><tr><td>jun-19</td><td>16</td><td>6</td></tr><tr><td>sep-19</td><td>12</td><td>6</td></tr><tr><td>des-19</td><td>12</td><td>6</td></tr><tr><td>mar-20</td><td>12</td><td>6</td></tr><tr><td>jun-20</td><td>12</td><td>6</td></tr><tr><td>sep-20</td><td>12</td><td>6</td></tr><tr><td>des-20</td><td>12</td><td>6</td></tr><tr><td>mar-21</td><td>12</td><td>6</td></tr></tbody></table></div></div>		Date	Risk Score	Target Score	des-17	16	6	mar-18	16	6	jun-18	16	6	sep-18	16	6	des-18	16	6	mar-19	16	6	jun-19	16	6	sep-19	12	6	des-19	12	6	mar-20	12	6	jun-20	12	6	sep-20	12	6	des-20	12	6	mar-21	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>Upgrade data centre to remove high level risks (e.g. power, air-conditioning, wide area network, physical security) <b>OR</b></li><li>Invest in alternative data centre capability to address high risks (such capability could be provisioned via “Cloud”, third party data centre, shared data centre or our own new data center) <b>AND</b></li><li>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 <b>for early 2021/22.</b></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 regarding impact of Covid-19), high level Digital Plan in place for 2020/21 with support of PCC regarding Section 33 Links.</li><li>Re-established Digital Transformation Board and supporting sub-groups and workstreams to ensure plan is delivered.</li><li>Establishment of a specific Data Centre Programme.</li><li>Engagement and input into the National Implementation Board.</li><li>Disaster Recovery arrangements in place.</li><li>System Performance Measures in place.</li><li>Specific Well-being Objective 7 – Digital First-<i>Digital Infrastructure and Intelligence</i> set as an Organisational Priority in the health board’s Annual Plan for 2020-21.</li><li>Enhanced and accelerated systems implemented in response to Covid-19.</li></ul>		<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 <b>including cloud-based preparations</b></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 <b>including cloud-based preparations</b>	DFIIT	In line with Annual Plan for 2020-21																																				
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$$3 \times 4 = 12$$

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

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

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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>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Performance and Resources Committee																																																							
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4		<b>Date last reviewed:</b> March 2021																																																							
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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 Group; Fire Safety Group; Water Safety Group; Health &amp; Safety Group in place. New Ventilation Safety Group being set up</li><li>Capital Programme developed for compliance and approved</li><li>Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan</li><li>Address (on an ongoing basis) maintenance and compliance issues</li><li>Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards</li></ul> <b>CAPITAL</b> <ul style="list-style-type: none"><li>Capital Procedures for project activity</li><li>Routine oversight / meetings with NWSSP Procurement</li></ul>		<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Implement the Capital Programme and develop the long term capital programme</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Continue to seek WG Capital pipeline programme funding continuity</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Develop capacity and efficiency of the Estates and Capital function</td><td>DPP</td><td>In line with Annual Plan for 2020-21</td></tr><tr><td>Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review delayed due to COVID-19 activity</td><td>DPP</td><td>August 2021</td></tr></tbody></table>	Action	Lead	Deadline	Implement the Capital Programme and develop the long term capital programme	DPP	In line with Annual Plan for 2020-21	Continue to seek WG Capital pipeline programme funding continuity	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 – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review delayed due to COVID-19 activity	DPP	August 2021																																								
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<ul style="list-style-type: none"> <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</li> </ul> <p><b><u>ENVIRONMENT</u></b></p> <ul style="list-style-type: none"> <li>ISO 14001 routine 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 to identify and fund decarbonisation project initiatives</li> </ul>			
Current Risk Rating	Additional Comments		
<p>4 x 4 = 16</p>	<p><b>COVID-19</b> has introduced risk pressures in respect of the health board's estate and the ability of the Estates &amp; Property team to manage and prioritise risk mitigation in a number of ways:</p> <p><b>ESTATES:</b> Estates compliance – team continues to support core statutory compliance along with multiple COVID related high priority activities which puts business as usual activity at risk.</p> <p><b>CAPITAL</b> impacts from COVID on ability to deliver Discretionary Capital programme. Major Capital Schemes continuing at pace with risk of overlap with COVID creating further risk to timelines &amp; cost.</p> <p><b>ENVIRONMENT &amp; SUSTAINABILITY</b> accreditation for ISO 14001 retained in April 2021 with limited progress and engagement ability during COVID period.</p> <p><b>FIRE:</b> changes in use and staffing of space at short notice. Responsible Persons and overall structure require clarity and this is a significant risk for the organisation.</p> <p><b>PROPERTY:</b> COVID moves of staff in uncontrolled manner will need to be addressed to step back up business as usual alongside implementation of new agile working approach.</p>		

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<ul style="list-style-type: none"> <li>▪ <b>Ongoing recruitment and</b> monitoring of demand to ensure there is a sufficient supply through the temporary staffing unit.</li> <li>▪ Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored.</li> <li>▪ Developmental roles have been explored due to a difficulty in recruiting to posts. Discussions are taking place and we are looking to adopt this approach within <b>Therapies</b> 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. <b>However, this is currently on hold due to extended work to support response to COVID-19.</b></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>▪ 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>▪ 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. <b>However, nationally, this work has been delayed as organisations have been responding to the COVID 19 pandemic.</b></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>▪ <b>Escalation models are in place and identification of supply requirements to meet this demand has been developed.</b></li> <li>▪ WOD closely monitors staff absence levels to ensure gaps are filled due to COVID-19 (self-isolation and sickness).</li> <li>▪ <b>The advice from Welsh Government regarding people in the Clinically Extremely Vulnerable (shielding) category was revised on 22 December 2020. As a result, those Clinically Extremely Vulnerable (CEV) individuals who were 'shielding' earlier this year are now being advised to no longer attend work outside the home. Workforce and Od are working with managers to ensure that those staff are able to work remotely, although this does include a number of clinical staff.</b></li> <li>▪ New volunteering approach has been developed including central</li> </ul>	Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board.	DWODSS	Ongoing
	The health board has been chosen as a pilot area for the new 'Nurse Cadet Scheme'.	DWODSS	TBD
	Implement Standard Operating Procedures for internal operational workforce planning and work with directorates to develop their workforce plans.	DWODSS	TBD
	Implement an approach to succession planning: identify critical posts; run assessment and development centres for tier 4.	DWODSS	TBD
	<b>The Health Board will be acting as a gateway employer on behalf of Powys Social Services department, PAVO and PTHB to roll out the Kick Start Programme. A partnership lead will be appointed to lead the programme of work across the three partners. It is anticipated that the first group of participants will commence their programme or learning on the 1st May 2021.</b>	DWODSS	May 2021
	To support temporary arrangements in response to the COVID-19 pandemic.	DWODSS	TBD

<p>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.</p> <ul style="list-style-type: none"> <li>▪ Agile ways of working have been developed to mitigate impact on recruitment due to COVID-19 work restrictions; this includes virtual interviews and online pre-employment checks.</li> <li>▪ Streamlining recruitment processes, including review of shortlisting as applications are received, automatic invite to interview for registered nurses if they provide NMC registration <b>and open-ended adverts</b>.</li> <li>▪ Workforce plans and challenges for winter and covid-19 has been identified to <b>DCG</b>.</li> <li>▪ <b>Extensive recruitment activity is being managed internally to support the health board in managing vacancies related to COVID 19, in particular, in relation to mass vaccination.</b></li> </ul>			
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
3 x 4 = 12			

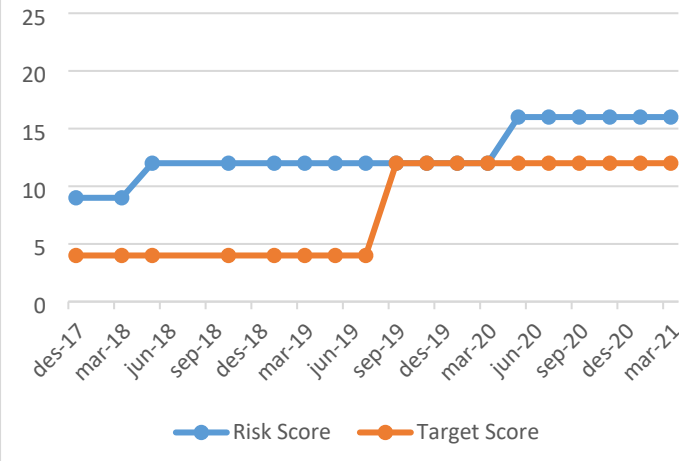
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<b>CRR 007</b> <b>Risk that:</b> effective governance arrangements are not embedded across all parts of the health board <b>Risk Impacts on:</b> Organisational Priorities underpinning Enabling Well-being Objectives 1 to 4		<b>Director Lead:</b> Board Secretary <b>Assuring Committee:</b> Audit, Risk and Assurance, and Respective Committees <b>Date last reviewed:</b> March 2021										
<div><b>Risk Rating</b> (likelihood x impact): Initial: 3 x 4 = 12 <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><b>Rationale for current score:</b> Wales Audit Office’s Structured Assessment report for 2019 outlined that the health board is generally well led and has a comprehensive plan to continue to strengthen its governance arrangements. The delivery of these improvements is ongoing, some of which have been delayed due to COVID-19 Pandemic.  The Structured Assessment report for 2020, undertaken during the COVID-19 Pandemic, reported that the Board adapted its governance arrangements to maintain openness and transparency, support agile decision-making and ensure effective scrutiny and leadership during the pandemic.  In 2019/20, Internal Audit issued a ‘limited assurance’ rated review on Freedom of Information and a ‘no assurance’ rated review for records management. These reviews make a number of recommendations with regards to the need for improvement in compliance and governance areas. In addition, an internal audit of risk management arrangements identified gaps in relation to the embedding of the Risk Management Framework. Follow up reviews to assess progress against the improvements required and provide the Board with further assurances will be undertaken in Q4 of 2020/21.  The Board’s Clinical Quality Framework identifies actions for implementation that relate to the strengthening of the organisation’s clinical governance arrangements. Gaps in arrangements at this time will represent a level of risk, noting that mitigating actions will be in place.</div>										
<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></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></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
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<ul style="list-style-type: none"> <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 notices (patients and staff)</li> <li>▪ Data Protection Officer in place</li> <li>▪ COVID-19 Governance Framework</li> </ul>	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
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
3 x 4 = 12	In light of COVID-19, the progress in taking forward some improvement actions to strengthen governance in the organisation may be delayed.		

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<b>CRR 008</b> <b>Risk that:</b> fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic		<b>Director Lead:</b> Director of Planning & Performance <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> March 2021																																														
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<b>Controls (What are we currently doing about the risk?)</b>  A number of critical controls remain in place however some have been paused as a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England. These will be progressively restored dependent on the deployment priorities for the planning and commissioning teams and the North Powys Well-Being Programme Team.  Critical controls remaining in place: <ul style="list-style-type: none"><li>- DPP Briefings with CHC; CHC Services Planning Committee restored from July 2020, Local Committees restored</li><li>- Chief Executive and Directors of Planning meetings</li><li>- <b>Annual Plan development for 2021/2022 underway and will be submitted to PTHB Board and Welsh Government 31 March 2021, this will be a directional plan reflecting the significant complexity and uncertainty in the planning environment and responding to the Welsh Government</b></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>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></tbody></table>		Action	Lead	Deadline	Provide robust management of and response to the Future Fit Programme in Shrewsbury and Telford Hospital NHS Trust	DPP	In line with Annual Plan for 2020-21	Continuous monitoring of impact as Hywel Dda UHB's Transforming Clinical Services Programme is implemented	DPP	In line with Annual Plan for 2020-21	Provide robust management of engagement and response to the Hereford and Worcestershire Sustainability and Transformation Plan and Stroke programme	DPP	In line with Annual Plan for 2020-21	Provide robust management of engagement and response to the Clinical Futures programme in Aneurin Bevan UHB	DPP	In line with Annual Plan for 2020-21																														
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<p>requirement for a more fluid and adaptive approach. It will include an appraisal of learning and evidence and a set of critical priorities for 21/22 in the context of continued prevention and response to Covid-19 and essential operational service delivery, as well as longer term planning across the whole system to respond to Powys residents' needs in the light of the impact of the pandemic. This is set in the context of partnership work for 'A Healthy Caring Powys', and ministerial priorities / legislation</p> <ul style="list-style-type: none"> <li>- Quarterly planning cycle operational throughout 2020 and expected to be continued in 2021 to respond to Welsh Government quarterly planning requirements – this includes a review of neighbouring provider plans post submission</li> <li>- Winter Protection Plan for Q3/Q4 completed and reflects PTHB Strategic Priorities; operational winter plan also completed in partnership with RPB (Regional Partnership Board); Service Options Framework provided by Welsh Government in use to support operational planning</li> <li>- North Powys Well-Being Programme - PBC Welsh Government scrutiny grid received and responded to during February 21. Procurement discussions commenced to support Infrastructure and health, care and supported living Strategic Outline Cases. ARCHUS appointed to support with the demand, capacity and financial modelling work. Most acceleration for change project business cases approved and projects have either commenced or are being set up. Work underway on benefits plan to agree indicators and collect baseline data. South Powys Programme Board already in place to implement the respond to the South Wales Programme and the opening of the Grange University Hospital in Spring 21. Scope revised to enable fast-tracking of South Powys pathways by mid November 2020. First phase of programme delivered up to the opening of the Grange University Hospital; second phase of programme underway</li> <li>- Partnership mechanisms are in place in key areas of work including joint oversight and leadership of Test, Trace and Protect, Care Homes, Unscheduled Care and Winter Preparedness. The RPB and PSB are re-established and have commenced recovery planning</li> <li>- Powys Consultation Plans and situation reports developed for each live consultation to ensure PTHB responses consider the impact on Powys residents</li> </ul> <p>Controls that will be reconsidered, adapted or resumed when it is safe and appropriate to deploy capacity back into strategic change planning, from COVID-19 planning: -</p> <ul style="list-style-type: none"> <li>- Strategic Change Stocktake process superseded by the processes developed during 2020 as part of the covid response – this is likely to continue to be necessary for 20/21 with the revised CAF process providing the updates and monitoring on neighbouring service change</li> </ul>	Robustly manage the response and engagement with external service change programmes and developments as they arise during the year	DPP	In line with Annual Plan for 2020-21
	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
	<p>Key focus for north Powys programme: -</p> <p>Short term integrated model of care and wellbeing: -</p> <ul style="list-style-type: none"> <li>• All acceleration for change projects to have baselines, indicators, milestone and finance plans agreed in April 21.</li> <li>• Business case developed for Ophthalmology WET AMD. Confirm investment in respiratory MDT team. Agree focus and lead for prehab.Undertake Gap analysis on community service, look at new future models and agree implementation plan.</li> <li>• Continue with roll out of Powys together (children's first), Bach A Iach, Repatriation of children looked after.</li> </ul> <p>Work to support longer term integrated model of care and wellbeing:</p> <ul style="list-style-type: none"> <li>• Launch integrated model of care and wellbeing in late spring.</li> <li>• Undertake demand, capacity and financial modelling to support new model of care – assessing sustainability and affordability.</li> <li>• Undertake detailed service planning work to include service specific plans for RRC/CWH and review and development of pathways to support the business case.</li> <li>• Strategic Outline Cases for Health &amp; Care, Infrastructure, Housing and Community.</li> </ul>	DPP	In line with Annual Plan for 2020-21

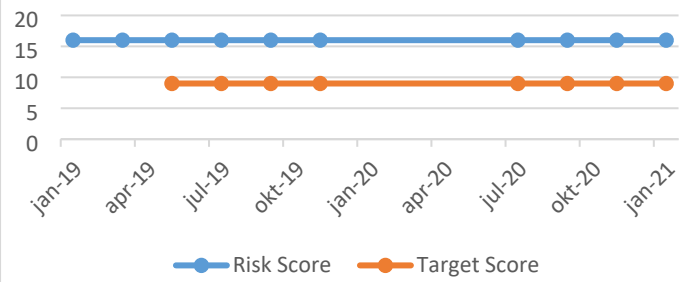
- Impact Assessment process in place for detailed analysis of live strategic change programmes
- Participation in external Programme mechanisms as appropriate for key live programmes either as watching brief / receipt of information or as programme participant in the case of NHS Future Fit

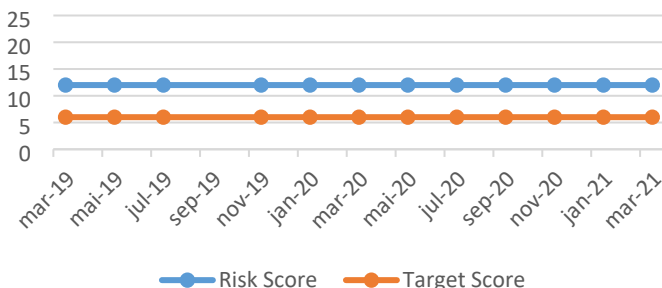
Current Risk Rating	Additional Comments		
4 x 4 = 16			

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<b>CRR 010</b> <b>Risk that:</b> resources (financial and other) are not fully aligned to the health board's priorities <b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 8		<b>Director Lead:</b> Chief Executive <b>Assuring Committee:</b> Performance and Resources Committee <b>Date last reviewed:</b> March 2021																																														
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<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Clear prioritisation/direction from Welsh Government in terms of response to COVID-19 pandemic outlined in Q2 Operating Framework.</li><li>The revision of the Annual Plan to enable agreement of re-prioritisation, which indicates de-prioritisation of previously agreed organizational priorities (May 2020).</li><li>Clear Financial Control Procedures in place to manage expenditure relating to COVID-19, including regular returns to WG, including risks</li><li>Resources allocated to priority areas for fast-tracking supportive action in relation to COVID-19 and non-COVID-19 activity (e.g. Digital)</li></ul>		<b>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>Further review and revision of the Annual Plan for consideration by Board at end of July</td><td>CEO</td><td>End July 2020</td></tr><tr><td>Resource (Financial) Plan - revised for rest of Q2 including forward look across rest of financial year</td><td>DFIT</td><td>End July 2020</td></tr></tbody></table>		Action	Lead	Deadline	Further review and revision of the Annual Plan for consideration by Board at end of July	CEO	End July 2020	Resource (Financial) Plan - revised for rest of Q2 including forward look across rest of financial year	DFIT	End July 2020																																				
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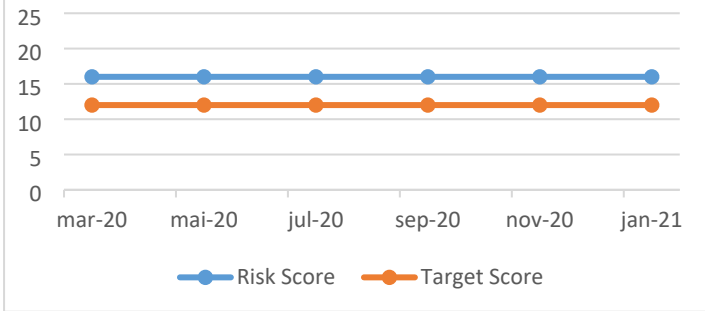
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<b>CRR 011</b> <b>Risk that:</b> A UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys <b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 3.1-3.4, 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> March 2021																															
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 3 x 3 = 9 <b>Date added to the risk register</b> <b>January 2019</b>	 <table><caption>Risk Score 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>Okt-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><tr><td>Okt-20</td><td>16</td><td>9</td></tr><tr><td>Jan-21</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	Okt-19	16	9	Jan-20	16	9	Apr-20	16	9	Jul-20	16	9	Okt-20	16	9	Jan-21	16	9	<b>Rationale for current score</b> <b>Likelihood – LIKELY.</b> 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. <b>Impact – MAJOR.</b> Impact assessments forecast that the timing of EU departure could have a short-term impact in Q4 2020/21 (compounded by winter pressures and COVID-19), as well as a longer-term impact on the NHS in areas such as workforce and overall public spending. The impact is therefore rated as major.	
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<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>PTHB is currently stepping up readiness for a potential UK/EU 'no trade deal' scenario on 1<sup>st</sup> January 2021. An internal planning group is currently meeting monthly to coordinate business continuity planning.</li><li>A review of the status of contingencies previously established in the lead up to Brexit (outlined in bullets below), is now underway and will inform next steps in local preparations. This will include:<ul style="list-style-type: none"><li>PTHB membership of/engagement in NHS Wales planning arrangements, through its current governance architecture (including WOD).</li><li>Reviewing and updating PTHB business continuity plan (BCP) and arrangements in line with national directive.</li><li>Continued engagement with Welsh Government, the Welsh NHS Confederation and other NHS partners and the Dyfed Powys Local Resilience Forum).</li><li>Local risk assessment of "No Deal" Brexit, as part of BCP.</li><li>Communications to lead officers.</li></ul></li></ul>		<b>Mitigating actions (What more should we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Ensure arrangements are in place to continue to review and test local plan(s) as further clarity and information emerges regarding a no UK/EU trade deal scenario.</td><td>DPH</td><td>Up to 31<sup>st</sup> December 2020 and beyond</td></tr><tr><td>Consider the longer-term impacts of UK exit from EU, not previously considered in detail in earlier programmes of work</td><td>DPH</td><td>Up to 31<sup>st</sup> December 2020 and beyond</td></tr><tr><td>Issue further information and actions to PTHB staff, as these emerge as part of national planning arrangements</td><td>DPH</td><td>Up to 31<sup>st</sup> December 2020 and beyond</td></tr></tbody></table>		Action	Lead	Deadline	Ensure arrangements are in place to continue to review and test local plan(s) as further clarity and information emerges regarding a no UK/EU trade deal scenario.	DPH	Up to 31 <sup>st</sup> December 2020 and beyond	Consider the longer-term impacts of UK exit from EU, not previously considered in detail in earlier programmes of work	DPH	Up to 31 <sup>st</sup> December 2020 and beyond	Issue further information and actions to PTHB staff, as these emerge as part of national planning arrangements	DPH	Up to 31 <sup>st</sup> December 2020 and beyond																		
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<b>Current Risk Rating</b> 4 x 4 = 16		<b>Additional Comments</b> Welsh Government has given an update on the structure of future EU transition planning in preparation for the 1 <sup>st</sup> January 2021. The Leadership group has been reconvened and is meeting on a regular basis.																															

<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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<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Welsh Language Steering Group continues to monitor progress against the Standards and are sharing and encouraging best practice</li><li>Response to Internal Audit Report completed and work has begun on implementing the recommendations.</li><li>Departmental Action Plans updated and fed into compliance matrix. Compliance levels have increased significantly since the baseline assessment was undertaken in January 2019. Invitation sent to Service Leads for departmental monitoring meetings for 2020-2021.</li><li>Overarching Welsh Language and Equality Plan developed in line with WL Standards, MTJW Strategic Framework and SEP.</li><li>Review of resource and capacity to implement the Standards undertaken. Recruitment process to 2 additional WL / Equality Posts underway.</li><li>Welsh language awareness session developed and delivered to some key staff groups to promote the Standards and the Active Offer principle.</li><li>Increased compliance with bilingual communication – patient leaflets, letter templates, website information.</li><li>WL Annual Monitoring Reports submitted to WG and WL Commissioner demonstrating progress made and highlighting achievements</li></ul>		<b>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>Recruit internal translator and WL / Equalities Officer to assist with the implementation of the wider WL / EQ objectives and continue to monitor resource capacity</td><td>DOTH</td><td>March 2021</td></tr><tr><td>Continue to monitor compliance levels within each service area and work with Service Leads to address any gaps in compliance</td><td>DOTH</td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	Implement Welsh Language Improvement Plan	DPCMH	In line with Annual Plan for 2020-21	Recruit internal translator and WL / Equalities Officer to assist with the implementation of the wider WL / EQ objectives and continue to monitor resource capacity	DOTH	March 2021	Continue to monitor compliance levels within each service area and work with Service Leads to address any gaps in compliance	DOTH	Ongoing																														
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Continue to monitor compliance levels within each service area and work with Service Leads to address any gaps in compliance	DOTH	Ongoing																																											
<b>Current Risk Rating</b> 4 x 3 = 12		<b>Additional Comments</b> Due to COVID-19 pressures staff have little capacity to move WL initiatives forward.																																											

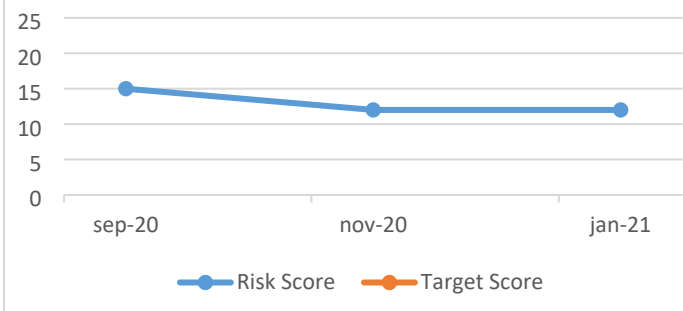
<b>CRR 013</b> <b>Risk that:</b> Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures		<b>Lead Director:</b> Director of Primary, Community & Mental Health Services <b>Lead Board Committee:</b> Performance and Resources Committee and Experience, Quality and Safety Committee (for experience, quality and safety of commissioned services) <b>Date last reviewed:</b> March 2021																																					
<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 Current: 4 x 3 = 12 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>7</td></tr><tr><td>Nov-19</td><td>12</td><td>7</td></tr><tr><td>Jan-20</td><td>12</td><td>7</td></tr><tr><td>Mar-20</td><td>12</td><td>7</td></tr><tr><td>May-20</td><td>12</td><td>7</td></tr><tr><td>Jul-20</td><td>12</td><td>7</td></tr><tr><td>Sep-20</td><td>12</td><td>7</td></tr><tr><td>Nov-20</td><td>12</td><td>7</td></tr><tr><td>Jan-21</td><td>12</td><td>7</td></tr><tr><td>Mar-21</td><td>12</td><td>7</td></tr></tbody></table>	Date	Risk Score	Target Score	Jul-19	12	9	Sep-19	12	7	Nov-19	12	7	Jan-20	12	7	Mar-20	12	7	May-20	12	7	Jul-20	12	7	Sep-20	12	7	Nov-20	12	7	Jan-21	12	7	Mar-21	12	7	<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																																					
Jul-19	12	9																																					
Sep-19	12	7																																					
Nov-19	12	7																																					
Jan-20	12	7																																					
Mar-20	12	7																																					
May-20	12	7																																					
Jul-20	12	7																																					
Sep-20	12	7																																					
Nov-20	12	7																																					
Jan-21	12	7																																					
Mar-21	12	7																																					
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																																					
<ul style="list-style-type: none"><li>Most services are operating in physical and virtual capacity albeit in reduced scale due to COVID-19. In reach is in place but remains at risk due to pressures in host DGHs</li><li>Implementation of the Strategic Commissioning Framework (for whole system commissioning) includes in reach services commissioned via SLA was in place but currently being managed through direct links with providers including attendance by AD Commissioning at some Silver forum</li><li>NHS LTA and SLA Overview (and approval process)</li><li>Currently performance monitoring by WG has been paused due to COVID-19</li><li>DGH and Specialised Services workstream in place led by Director of Planning and Performance</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																																			
		WPP submission includes details of current service delivery across range of services including “essential services”. This remains reduced by COVID-19 requirements and guidance and is monitored continually dependent on guidance, staffing locally and inreach provision	DPCMH	31 <sup>st</sup> Dec 2020																																			
		Consultant connect rollout continues to manage new referrals	DPCMH	Ongoing																																			
		Interaction with silver commands across neighbours through PTHB command and control mechanisms	DPP	Ongoing																																			
<b>Current Risk Rating</b> 4 x 3 = 12		<b>Additional Comments</b> Historically, key services impacted are Ophthalmology, Endoscopy, Trauma and Orthopaedics																																					



<b>CRR 014</b> <b>Risk that:</b> Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)		<b>Lead Director:</b> Director of Public Health <b>Lead Board Committee:</b> Executive Committee, Experience Quality and Safety Committee																						
<b>Risk Impacts on:</b> Impact on the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		<b>Date last reviewed:</b> March 2021																						
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 3 x 4 = 12 <b>Date added to the risk register</b> February 2020	 <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-20</td><td>17</td><td>13</td></tr><tr><td>mai-20</td><td>17</td><td>13</td></tr><tr><td>jul-20</td><td>17</td><td>13</td></tr><tr><td>sep-20</td><td>17</td><td>13</td></tr><tr><td>nov-20</td><td>17</td><td>13</td></tr><tr><td>jan-21</td><td>17</td><td>13</td></tr></tbody></table>	Date	Risk Score	Target Score	mar-20	17	13	mai-20	17	13	jul-20	17	13	sep-20	17	13	nov-20	17	13	jan-21	17	13	<b>Rationale for current score:</b> Likelihood: 'Likely'. Notwithstanding the start of vaccination, the absence of significant herd immunity means that the likelihood of a large-scale outbreak remains likely across all parts of the UK, including Powys.  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.	
Date	Risk Score	Target Score																						
mar-20	17	13																						
mai-20	17	13																						
jul-20	17	13																						
sep-20	17	13																						
nov-20	17	13																						
jan-21	17	13																						
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																						
1. Test Trace Protect programme in place: <ul style="list-style-type: none"><li>RT-PCR testing available for the Powys population via the UK online portal;</li><li>Contact tracing service operating;</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, including a joint Prevention and Response Group. 3. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements. 4. Powys Prevention and Response Plan in place. 5. Mass vaccination programme started.		<b>Action</b>	<b>Lead</b>																					
			<b>Deadline</b>																					
<b>Current Risk Rating</b> 4 x 4 = 16		<b>Additional Comments</b>																						

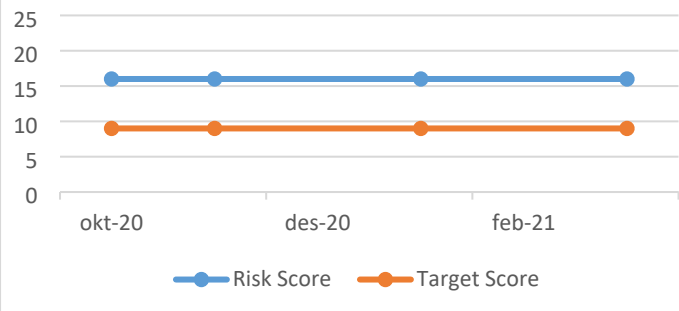
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<b>CRR 015</b> <b>Risk that:</b> South Powys planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients. <b>Risk Impacts on:</b> Flow and activity modelling incorrect or incomplete and regional response system modelling not reflecting operational reality.		<b>Lead Director:</b> Director of Planning and Performance <b>Lead Board Committee:</b> Executive Committee, Strategy and Planning Committee and Experience, Quality and Safety Committee <b>Date last reviewed:</b> March 2021																
<b>Risk Rating</b> (likelihood x impact): Initial: 3 x 5 = 15 Current: 3 x 4 = 12 Target: TBC <b>Date added to the risk register</b> September 2020	 <table><caption>Risk Score History</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>sep-20</td><td>15</td><td>TBC</td></tr><tr><td>nov-20</td><td>12</td><td>TBC</td></tr><tr><td>jan-21</td><td>12</td><td>TBC</td></tr></tbody></table>	Date	Risk Score	Target Score	sep-20	15	TBC	nov-20	12	TBC	jan-21	12	TBC	<b>Rationale for current score:</b> Initially there were differing models and assumptions across organisations but work undertaken by the Programme Board in Phase 1 resolved this and a common understanding was identified.  This specific risk is now scored 12, and there are no individual risks in excess of 15. Operational and patient flows are being closely monitored especially in light of the current system pressures of Covid-19 winter this is also a factor in the Programme risk score remaining at 12. A new Risk register is also being developed for Phase 2 of the Programme.				
Date	Risk Score	Target Score																
sep-20	15	TBC																
nov-20	12	TBC																
jan-21	12	TBC																
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>South Powys Pathways Programme Board in place chaired by PTHB CEO, with executive level representation from CTMUHB, WAST, PTHB and ABUHB</li><li>Workstreams in place including patient flows, engagement and communication, operational-clinical pathways and maternity</li><li>Shared understanding and agreement of planning assumptions and flows across region reached through the work of the programme in Phase 1</li><li>PTHB hosted series of clinical summits including partner organisations and Cluster</li><li>Expected patient flows agreed via the Programme Board</li><li>Agencies built capacity into Q3 and Q4 plans and surge plans</li><li>Winter protection plans in place to help reduce demand (e.g. Flu vaccination)</li><li>PTHB and CTMUHB weekly bilateral meetings in place (with commitment to weekly monitoring)</li><li>PTHB review of most admitted paediatric and emergency cases to help prevent emergency admission. Advanced care plans shared for easy access</li><li>Therapies part of Programme plan with close working relationships and pathways established for discharge to help maintain flow with CTMUHB</li><li>DoPs system readiness assessment agreed &amp; confirmed in ABUHB CEO communication</li><li>Implementation of South Powys Programme communications and</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>Ongoing review of pathway changes</td><td>DPP</td><td>Ongoing</td></tr><tr><td>Maintain maternity assurance framework</td><td>DPP</td><td>Spring 2021</td></tr><tr><td>Phase 2 planning underway for Maternity changes in line with outcome of South Wales Programme</td><td>DPP</td><td>Spring 2021</td></tr><tr><td>Phase 2 risk register to be agreed by Programme Board</td><td>DPP</td><td>Spring 2021</td></tr></tbody></table>		Action	Lead	Deadline	Ongoing review of pathway changes	DPP	Ongoing	Maintain maternity assurance framework	DPP	Spring 2021	Phase 2 planning underway for Maternity changes in line with outcome of South Wales Programme	DPP	Spring 2021	Phase 2 risk register to be agreed by Programme Board	DPP	Spring 2021
Action	Lead	Deadline																
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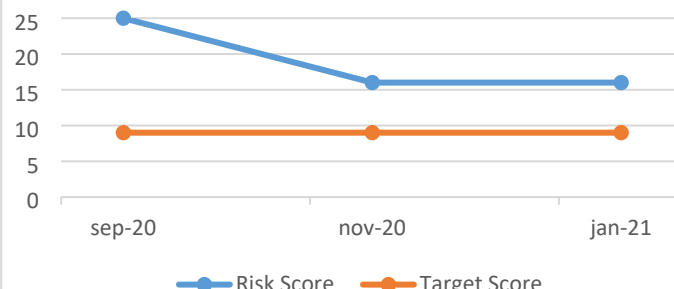
<p>engagement plan in alignment with ABUHB comms and engagement plan</p> <ul style="list-style-type: none"><li>• Implemented adequate communications and engagement activities across region to ensure public and staff awareness using mixed methods including digital and household drop</li><li>• Close working arrangements with other health boards and WAST</li><li>• Providers have developed workforce plans. Assurances provided by ABUHB and CTMUHB of workforce resilience to manage the change in emergency flows</li><li>• DoF representation in Programme Board</li><li>• Programme Board approved Programme resources and budget and support of nominated representatives from all partners for Phase 1</li><li>• Phase 1 closed (including closure report)</li></ul>			
<b>Current Risk Rating</b>	<b>Additional Comments</b>		
3 x 4 = 12	As reported to the Experience, Quality and Safety Committee:- 'Covid-19 cases occurring at the same time as seasonal pressures on DGHs such as flu and the general increase in activity over the winter period whilst undertaking major service and operational changes'. The actions listed above have been taken to reduce risk: clarification of the expected flows; winter protection plan to try and reduce demand; Q3 & Q4 plans including demand and capacity; review of the most admitted cases to NHH last year in terms of paediatrics and respiratory cases; clinical summits; operational and clinical meetings.		

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<b>CRR 016</b> <b>Risk that:</b> the Health Board is non-compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation		<b>Lead Director:</b> Director of Workforce, OD and Support Services <b>Lead Board Committee:</b> Executive Committee														
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 – 4		<b>Date last reviewed:</b> March 2021														
<b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 3 x 3 = 9	 <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>okt-20</td><td>16</td><td>9</td></tr><tr><td>des-20</td><td>16</td><td>9</td></tr><tr><td>feb-21</td><td>16</td><td>9</td></tr></tbody></table>	Month	Risk Score	Target Score	okt-20	16	9	des-20	16	9	feb-21	16	9	<b>Rationale for current score:</b> It is evident from discussions with Service Managers through the Health & Safety workshop that there is an inability to identify and manage H&S risks, with a clear framework and process for recording, training and escalation. The H&S group agreed that there was a significant gap in the ability for Managers to: - <ul style="list-style-type: none"><li>clearly identify Health &amp; Safety risks</li><li>be able to complete a comprehensive risk assessment</li><li>be able to identify and record suitable and sufficient mitigation to manage or reduce the risk</li><li>ensure staff are involved and understand the risk assessments</li></ul> In the absence of undertaking risk assessments, unknown risks relating to: compliance with legal obligations; safe environments for staff, visitors, patients and contractors; and, the use of safe equipment could materialise. Failure to identify and manage organisational risks could lead to poor reputation; financial liability; and, legal prosecution and civil claims.		
Month	Risk Score	Target Score														
okt-20	16	9														
des-20	16	9														
feb-21	16	9														
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Health &amp; Safety workshop undertaken</li><li>Health &amp; Safety work risk assessment work program identified</li><li>Delivery of the 'Power hour' risk assessment sessions ongoing throughout 2021</li><li>Specialised professional Health &amp; Safety Senior Officer support</li><li>Specialist sub-groups set up e.g. fire safety, water safety, medical gases, estates compliance, asbestos, radiation</li><li>Health &amp; Safety Group standing item on risk</li><li>Responding to issues identified by HSE</li><li>Responding to issues identified by Internal Audit</li><li>Risk Management Framework</li><li>Risk Assessment Toolkit &amp; Template</li><li>Health &amp; Safety Policies</li><li>Delivery of the IOSH one-day 'Working Safely' training for Managers</li><li>Framework developed and circulated to services for population for the identification and management of H&amp;S risks</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>Complete a desktop exercise to identify which services undertake a programme of risk assessments</td><td>Assistant Director of OD</td><td>31/03/2021</td></tr><tr><td>Provide focused support and advice to services to enable them to identify and manage their risks</td><td>Assistant Director of OD</td><td>28/02/2021</td></tr><tr><td>Continued rollout of IOSH one-day 'Working Safely' training for Managers</td><td>Assistant Director of OD</td><td>Ongoing</td></tr></tbody></table>			Action	Lead	Deadline	Complete a desktop exercise to identify which services undertake a programme of risk assessments	Assistant Director of OD	31/03/2021	Provide focused support and advice to services to enable them to identify and manage their risks	Assistant Director of OD	28/02/2021	Continued rollout of IOSH one-day 'Working Safely' training for Managers	Assistant Director of OD	Ongoing
Action	Lead	Deadline														
Complete a desktop exercise to identify which services undertake a programme of risk assessments	Assistant Director of OD	31/03/2021														
Provide focused support and advice to services to enable them to identify and manage their risks	Assistant Director of OD	28/02/2021														
Continued rollout of IOSH one-day 'Working Safely' training for Managers	Assistant Director of OD	Ongoing														
<b>Assurances</b>		<b>Gaps in assurance</b>														

(How do we know if the things we are doing are having an impact?)	(What additional assurances should we seek?)
<ul style="list-style-type: none"> <li>• Health and Safety reporting</li> <li>• Oversight of the executive team</li> <li>• Audit and Inspection Programme ensuring compliance with Health &amp; Safety Policies</li> <li>• Executive Committee approval of Health &amp; Safety Forward Work Programme – key focus area risk assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Health and Safety risks reported through the Health and Safety Group</li> <li>• Aggregation of risks identified through sub-groups e.g. fire safety, water safety, medical gases, estates compliance, asbestos, radiation reporting</li> <li>• Organisational Health &amp; Safety risks presented to the Risk and Assurance Group</li> <li>• Escalation of non-compliance with risk assessment framework</li> <li>• Communication and cascade of Health &amp; Safety information</li> </ul>
Current Risk Rating	Additional Comments
4 x 4 = 16	

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<b>CRR 017</b>		<b>Director Lead:</b> Director of Workforce, OD and Support Services													
<b>Risk that:</b> A fire incident occurring within health board Premises is not effectively managed		<b>Lead Board Committee:</b> Experience, Quality & Safety Committee													
<b>Risk Impacts on:</b> Organisational Priorities Underpinning WBO 1 to 8		<b>Date last reviewed:</b> March 2021													
<b>Risk Rating</b> (likelihood x impact): Initial: 5 x 5 = 25 <b>Current: 4 x 4 = 16</b> Target: 3 x 3 = 9	 <table><caption>Risk Rating Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>sep-20</td><td>25</td><td>9</td></tr><tr><td>nov-20</td><td>16</td><td>9</td></tr><tr><td>jan-21</td><td>16</td><td>9</td></tr></tbody></table>	Date	Risk Score	Target Score	sep-20	25	9	nov-20	16	9	jan-21	16	9	<b>Rationale for current score:</b> There has been a considerable amount of activity recently with regards to surveys and additional preventative maintenance; which has lowered the overall risk rating to 16. There still remains operational gaps in fire management roles and activity to ensure the health board can respond in the event of a fire. There is still a considerable amount of work to be done as included in the mitigating actions below, to reduce this risk rating to meet target.	
Date	Risk Score	Target Score													
sep-20	25	9													
nov-20	16	9													
jan-21	16	9													
<b>Date added to the risk register</b> November 2020															
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>													
<ul style="list-style-type: none"><li>• <b>Fire Service Inspections:</b> series of inspections documented</li><li>• <b>Fire Training:</b> Training programme in place</li><li>• <b>Compartmentation:</b> Surveys are completed for identifying any deficiencies, a continuing programme of remedial works is in place, and improved controls on work activities are in place</li><li>• <b>Fire Doors:</b> Fire door inspections are on the Estates Planned Preventative Maintenance schedule for in-house staff</li><li>• <b>Fire Alarm System:</b> Systems have been risk assessed, and a programme for replacement has been agreed. An asset list is maintained, and they are serviced to identify system failings</li><li>• <b>Fire Extinguishers:</b> New Fire extinguisher maintenance contract currently undergoing quality scoring with the aim of awarding contract during the first week of October 2020</li><li>• <b>Emergency Lighting:</b> Lighting is checked as part of Estates Planned Preventative Programme, and there is a replacement programme of works</li><li>• <b>Responsible Persons/Fire Drills:</b> Fire safety advisors are working with all sites to bring fire drills up to date, and report progress to the Fire Safety Group</li><li>• <b>Waste Compounds:</b> Risks have been identified, and improvements are being actioned by Support Services</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>											
		Improve documentation and plans for ventilation ductwork and fire dampeners	AD Estates & Property	2021											
		New Fire Alarm and Emergency Lighting Maintenance Contract for 2020 to be drafted and put in place. To include one full asset survey to inform future planning	DPP	April 2021											
		Planned programme for replacement of Alarm Systems at high risk of failure	DPP	Newtown and Machynlleth in 2021											
		Agree funding from WG for a full replacement Programme for Fire Doors. Identify suitably robust door sets to meet fire standards and enable anti-ligature measures to be incorporated	DWODSS	2021 - 2025											
		Implement the framework of responsible persons to ensure trained roles are in place to drive fire drill process	DWODSS	Jan 2021											
		Agree with Support Services and organization-wide an agreed standard operating procedure for waste and recycling storage around all sites	DWODSS	2021											
		Review fire training to refocus and address any resilience issues	DWODSS	2021											
		Bring all Fire Safety Manuals up to date	DWODSS	2021											

	<p>PTHB is looking at training options for Fire Doors to provide formal accreditation to staff. There are several training options based on the work to be undertaken. On completion of the training PTHB staff will receive formal accreditation to undertake PPM checks and minor repairs, and external specialists are used for significant repairs</p> <p>Compartmentation works as identified in previous surveys to be implemented.</p>	DPP	2021
		DPP	2021 - 2025
<b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b>		<b>Gaps in assurance</b> <b>(What additional assurances should we seek?)</b>	
<ul style="list-style-type: none"> <li>• <b>Compartmentation surveys</b> have been completed across all PTHB major sites, and a programme of works is in place to address any remedial issues identified</li> <li>• <b>Estates Planned Preventive Maintenance Inspection of Doors, and emergency lighting</b> is completed regularly and reported. New defects will be identified and added to the programme of remedial works, or listed for replacement. Staff to receive formal accreditation</li> <li>• <b>Fire Alarm Systems</b> inspected annually by third party specialist contractor</li> <li>• <b>Fire Drills</b> are carried out across all sites to assure procedures are in place</li> <li>• <b>Fire Training</b> is in place to continually upskill those involved in fire prevention</li> <li>• <b>Fire Service External Inspections</b> carried out by Mid &amp; West Wales FRS as an independent overview of risk</li> <li>• <b>NWSSP</b> carry out an annual audit at one site per year to test compliance</li> </ul>		<ul style="list-style-type: none"> <li>• Fire Policy needs to be revised to reflect Organisational Realignment</li> <li>• New contract will be in place, and monitored for fire alarm, and emergency lighting maintenance</li> <li>• Site Responsible Persons, assisted by the Fire Safety Advisors to reinvigorate drills across PTHB sites by assisting in practical sessions, and providing advice on how and when to carry out future fire drills</li> <li>• Services to proactively undertake fire drills across all departments</li> <li>• Identified site managers to lead on fire issues at each Health Board site</li> <li>• Full and up-to-date list of all fire wardens across all sites who are trained in the requirements of role</li> <li>• Individuals/Nursing staff need to be appointed as designated persons for isolation of Oxygen to ward areas for patient safety, for Medical Gas Systems</li> <li>• The responsibilities for the inspection, servicing and maintenance of evacuation equipment needs to be identified, along with identifying and training suitable numbers of staff in its use</li> </ul>	
<b>Current Risk Rating</b> 4 x 4 = 16		<b>Additional Comments</b>	
		<ul style="list-style-type: none"> <li>• <b>COVID-19:</b> Additional Fire risk assessments have been undertaken in relation to activities supporting oxygen enrichment in wards, VIE installations, surge bed expansion, social distancing and change of use of space, one- way system, and ventilation.</li> </ul>	

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<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>31<sup>st</sup> March 2021 (report to 22<sup>nd</sup> March 2021)</b>

## **1. Gathering Public and Patient Feedback**

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

## **2. Surveys**

- The national CHC survey on NHS Care During the Coronavirus Crisis is still ongoing. The survey is available at the following link <http://ow.ly/ueeI50BXdQo>
- Tell us what you think about your NHS. The survey is available at the following link <https://svy.at/95qnn>
- In January, we carried out a 'mystery shopper' exercise which involved telephone calls to dental practices in Powys to ascertain whether they would be able to assess/provide an appointment for someone who was not registered with a dentist and who was experiencing pain.

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- In addition to this exercise, we issued a survey to dental practices in Powys, requesting information on services available and, at the time of writing this report, we are still awaiting some responses. We will analyse the information obtained from both these exercises and will produce a report.

### **3. CHC National Reports**

#### **Feeling Forgotten – waiting for care and treatment during the coronavirus pandemic**

[Feeling forgotten - waiting for care and treatment during the coronavirus pandemic.pdf \(wales.nhs.uk\)](#)

### **4. Powys CHC Website – launched December 2020**

[Home - Powys Community Health Council \(nhs.wales\)](#)

### **5. Community Engagement**

Powys CHC has virtually attended the following events between 18<sup>th</sup> January 2021 and 22<sup>nd</sup> March 2021.

12 <sup>th</sup> January	Shrewsbury & Telford Hospital NHS Trust (SATH) – Dermatology Update
12 <sup>th</sup> January	Update to CHC members on COVID-19 Vaccination provided by Carol Shillabeer, Chief Executive of Powys Teaching Health Board
19 <sup>th</sup> January	Shropshire, Telford & Wrekin Maternity Voices Partnership Meeting
28 <sup>th</sup> January	Powys Dementia Network Event
22 <sup>nd</sup> February	Shrewsbury & Telford Hospital NHS Trust – Initial meeting to discuss development of a Public Assurance Forum
23 <sup>rd</sup> February	Shrewsbury & Telford Hospital NHS Trust – Engagement Update (not for public)



23 <sup>rd</sup> February	Powys Association of Voluntary Organisations (PAVO) – Welshpool/Montgomery/Llanfair Caereinion Community Workers Network Meeting – first meeting of this network
2 <sup>nd</sup> March	Shrewsbury & Telford Hospital NHS Trust – Quality Assurance Discussion
3 <sup>rd</sup> March	Powys Association of Voluntary Organisations (PAVO) - Llandrindod /Rhayader and Builth/Llanwrtyd Wells Localities Network Meeting
4 <sup>th</sup> March	Powys Association of Voluntary Organisations (PAVO) – Crickhowell Networkers Meeting
4 <sup>th</sup> March	Powys Teaching Health Board (PTHB) Mental Health Partnership Engage to Change Sub Group
4 <sup>th</sup> March	SATH/Healthwatch/CHC Meeting
16 <sup>th</sup> March	Public Engagement Event re. Vascular Services in South East Wales
16 <sup>th</sup> March	PTHB Mental Health Planning & Development Partnership Meeting
25 <sup>th</sup> March	SATH Ockenden Assurance Committee

In January, we re-commenced fortnightly virtual ‘catch-up’ sessions with CHC members so that they are able to share any concerns or information from their local communities. This provides the Chief Officer and Chair with information on any issues which need to be shared with Powys Teaching Health Board and/or with Welsh Government at the weekly meetings. It also allows officers to provide regular updates to members.

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

All Powys CHC meetings have been re-instated and are being attended by members of the public.

At the moment, all service changes have predominantly been “urgent” service changes which are considered at the Services Planning Committee.

Members have attended the consultation events held as part of the proposed changes to vascular services – a review of the analysis will be undertaken and comments fed back to both PtHB and the Project Team.

## **7. Advocacy** – 18<sup>th</sup> January 2021 – 22<sup>nd</sup> March 2021.

### **Open cases as of 31<sup>st</sup> December 2020: 30**

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
<5	14	<5	<5	<5	<5	<5	30

### **Open Cases as of 22nd March 2021: 29**

Pre Local Resolution	Local Resolution	Further Local Resolution	Public Services Ombudsman for Wales	Continuing Health Care Funding	Redress	Serious Incident Review	Total
<5	16	<5	<5	<5	<5	<5	29

New Cases: 31<sup>st</sup> December 2020 – 22<sup>nd</sup> March 2021: **9**

Closed Cases: 31<sup>st</sup> December 2020 – 22<sup>nd</sup> March 2021: **8**

Date opened	Date Closed
28/1/2018	25/2/2021
9/4/2018	15/1/2021
3/8/2018	15/1/2021
20/9/2018	12/2/2021
1/10/2018	2/2/2021
21/1/2020	15/1/2021
28/1/2020	29/2/2021
11/11/2020	2/2/2021

Enquires: 31<sup>st</sup> December 2020 - 22<sup>nd</sup> March 2021: **20**

Of the 20 enquiries received:

- 13** were COVID Vaccine Related
- 5** remain active
- 2** was escalated to a concern
- 13** were resolved & closed

Number of Complaints	Number of Incidents
29	39

### **8. Meeting schedule for 2021-2022**

Please see attached – members of the public are very welcome to join these meetings (please note they are meetings held in public, not public meetings, but there is the opportunity to ask questions); if you would like to attend please contact

[Ann.Gerrish@waleschc.org.uk](mailto:Ann.Gerrish@waleschc.org.uk)

### **Finally.....**

Powys CHC would like to extend their thanks to all the staff of PtHB for the organisation, dedication and commitment to rolling out the mass vaccination programme across Powys. Weekly contact between the CHC and HB ensures that any issues can be resolved asap. Powys CHC is picking up very positive feedback on the “experience” – and the tremendous support being provided by volunteers, the military and staff. Thank you.

**Katie Blackburn**

**Prif Swyddog / Chief Officer**

**CIC Powys / Powys CHC**

# POWYS COMMUNITY HEALTH COUNCIL

## MEETING SCHEDULE 2021/2022

Date	Time	Title
9th March 2021	9.30am	Full Council
16 <sup>th</sup> March 2021	9.30am	Executive Committee
23rd March 2021	1.00pm	Service Planning Committee
8th April 2021	9.30am	Montgomery Local Committee
22 <sup>nd</sup> April 2021	9.30am	R&B Local Committee
11 <sup>th</sup> May 2021	9.30am	Executive Committee
18 <sup>th</sup> May 2021	1.00pm	Service Planning Committee
8 <sup>th</sup> June 2021	9.30am	Full Council and AGM
1 <sup>st</sup> July 2021	9.30am	Montgomery Local Committee
13 <sup>th</sup> July 2021	9.30am	Executive Committee
20 <sup>th</sup> July 2021	1.00pm	Service Planning Committee
22 <sup>nd</sup> July 2021	9.30am	R&B Local Committee
7 <sup>th</sup> September 2021	9.30am	Full Council
14 <sup>th</sup> September 2021	9.30am	Executive Committee
21 <sup>st</sup> September 2021	1.00pm	Service Planning Committee
14 <sup>th</sup> October 2021	9.30am	Montgomery Local Committee
28 <sup>th</sup> October 2021	9.30am	R&B Local Committee
9 <sup>th</sup> November 2021	9.30am	Executive Committee
16 <sup>th</sup> November 2021	1.00pm	Service Planning Committee
7 <sup>th</sup> December 2021	9.30am	Full Council
11 <sup>th</sup> January 2022	9.30am	Executive Committee
13 <sup>th</sup> January 2022	9.30am	Montgomery Local Committee
18 <sup>th</sup> January 2022	1.00pm	Service Planning Committee
27 <sup>th</sup> January 2022	9.30am	R&B Local Committee
1 <sup>st</sup> March 2022	9.30am	Full Council
8 <sup>th</sup> March 2022	9.30am	Executive Committee
15 <sup>th</sup> March 2022	1.00pm	Service Planning Committee

**AGENDA ITEM: 3.6a**

<b>BOARD MEETING</b>		<b>DATE OF MEETING:</b> <b>31 March 2021</b>
<b>Subject :</b>	<b>BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS</b>	
<b>Approved and Presented by:</b>	Board Secretary	
<b>Prepared by:</b>	Corporate Governance Manager	
<b>Other Committees and meetings considered at:</b>	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

**PURPOSE:**

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

**RECOMMENDATION(S):**

The Board is asked to:

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

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

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

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

## DETAILED BACKGROUND AND ASSESSMENT:

### ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

#### Executive Committee

- The Committee Chair's report of the meetings held in January and February 2021 is attached at **Appendix 1.**

#### Audit, Risk and Assurance Committee

- The Committee Chair's report of the meeting held on 26 January 2021 and 9 March 2021 is attached at **Appendix 2.**

#### Charitable Funds Committee:

- The Committee Chair's report of the meeting held on 4 March 2021 is attached at **Appendix 3.**

#### Experience, Quality and Safety Committee

- The Committee Chair's report of the meetings held on 4 February 2021 is attached at **Appendix 4.**

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### Performance and Resources Committee

- The Committee Chair's report of the meetings held on 22 February 2021 is attached at **Appendix 5**.

### Strategy and Planning Committee

- The Strategy and Planning Committee has not met in this reporting period.
- The Board has recently held a number of informal discussions regarding the development of its strategic priorities for 2021/22, in readiness for consideration and approval at the formal meeting in March 2021 (agenda item 2.1). In light of this, and the importance of the full board being engaged in strategic planning discussions, a decision has been taken to cancel the scheduled meeting of the Strategy and Planning Committee meeting in April 2021 (20<sup>th</sup>). Committee arrangements will be reviewed by the Board in April 2021 to inform committee workplans and priorities.

### **NEXT STEPS:**

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 26 May 2021.

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Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	10 <sup>th</sup> March 2021
Paper prepared on:	12 <sup>th</sup> March 2021

## KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 10<sup>th</sup> February, 24<sup>th</sup> February and 10<sup>th</sup> March.

### **10<sup>th</sup> February 2021**

#### **1. AGE APPROPRIATE BED REPORT**

The Committee RECEIVED the item which sought agreement on the provision of an age appropriate bed for young people aged 16-17 years during a mental health crisis in Powys, in the short term, where all other options had been exhausted. It was suggested that for this client group, there are few other options available to the health board, other than creating our own short-term admissions facility. The Committee expressed its reluctance and highlighted concern that this approach may become normalised however it was recognised that there was a need for the ability to support these children in an appropriate environment should no other options be available. It was confirmed that Serious Incident procedures would be utilised on each occasion this pathway would use and the Committee was assured that the urgency for Tier 4 support would not be diminished by utilising the pathway.

The Committee SUPPORTED the paper and it was agreed that the item would be escalated to the Experience, Quality and Safety Committee for support.

#### **2. SAFE ACCOMODATION FOR CHILDREN WITH COMPLEX NEEDS**

It was reported that in September 2019 the Start Well Board considered a proposal for a therapeutic children's home and agreement was given to progress the proposal by the Regional Partnership Board (RPB). An exploration of a model incorporating partners had taken place, a project



board was set up with Alison Davies, Executive Director of Nursing and Midwifery along with Alison Bulman, Director of Social Services as co-sponsors. Welsh Government and the Childrens Commissioner for Wales had been encouraging all areas of Wales to develop their own accommodation for children with complex needs rather than children and young people being placed far away from home, often in placements that do not meet their needs.

It was felt by the Committee that having clarity regarding outcomes and benefits was an importance part of establishing the model, it was NOTED that at the time of the meeting the case did not have an explanation of underpinning outcome measures. The Committee recognised the Local Authority as the Corporate Parent with legal responsibility and SUPPORTED the health board contribution in relation to health needs, however the Committee was not supportive of funding the basic infrastructure costs which were funded by the Local Authority within the current arrangement. The Committee SUPPORTED the assessment of outcomes by assessing individual on entry and reviewing clinical outcomes.

### **3. NORTH POWYS WELLBEING PROGRAMME – STAFFING**

The Committee considered the substantial appointment of a Change Manager post and a Clinical Change Manager post to provide long-term stability to the staffing of the programme.

The Committee APPROVED the request for the two substantive posts.

### **4. WORKFORCE POLICIES**

The Committee RECEIVED and APPROVED the following workforce policies:

- Recruitment and Retention Payment and Protocol
- Special Leave Policy

### **5. DEMENTIA CARE LEAD NURSE POST**

The Committee received a report regarding the Dementia Care Lead Nurse post, which had been in place since October 2017, the post had originally been funded by the Charitable Funds Committee.

The Committee recognised the importance of the Dementia Care Lead Nurse and acknowledged the large scope of the agenda, it was suggested that it be ensured that the post was aligned to funding. The Committee SUPPORTED the post IN PRINCIPLE pending confirmation of funding.

### **6. KICKSTART GATEWAY EMPLOYER**

The Committee RECEIVED an item regarding the national 'Kickstart' scheme which had been launched in September 2020. The scheme encouraged organisations of all sizes to apply and support 16 to 24-year olds who were claiming Universal Credit, are at risk of long-term unemployment and access to job placements. Through the lens of the Regional Partnership Board Health and Care Academy the health board

were successful in their application to support up to 50 placements across the sector. The partners named in this application were Powys Teaching Health Board (acting as the gateway employer), Powys County Council Social Services Department and Powys Association of Voluntary Organisations. To achieve this at pace, it was proposed to recruit a Kickstart Scheme Partnership Lead/Practice Facilitator, hosted by the gateway employer. The Committee WELCOMED the paper and highlighted the importance of providing young people with such opportunities. The Committee SUPPORTED the scheme pending confirmation of funding stream from the Director of Finance and IT.

## **7. COMPLIANCE WITH THE PUBLIC SECTOR ACCESSABILITY REGULATIONS 2018**

The Committee NOTED that NHS Wales Informatics Service (NWIS) was due to withdraw support for Cascade at the end of March 2021, due to pressures from COVID-19 and South Powys Pathway the Communications team had been unable to transfer all of the necessary documents to the new MURA system therefore a significant amount of data was at risk of being lost following 31st March 2021. It was suggested that delivery of the programme of work would require two posts for an initial period of 12 months subject to review (a SharePoint / Web Developer and a Digital Communications Officer). The Committee noted that discussions were underway with NWIS to seek a 1-2 month extension to allow the recruitment to the posts and the work to be carried out. The Committee highlighted the importance of considering the item in light of planning ahead and the broader digital agenda.

The Committee recognised the need for decision regarding the individual case however expressed the preference for a more transformational offer for consideration. The Committee SUPPORTED the short terms posts to support the urgent migration works however requested a formalised project approach be developed regarding the broader transformation opportunity.

## **8. INFORMATION GOVERNANCE COMPLIANCE REPORT**

The Committee RECEIVED and NOTED the Information Governance Compliance Report which would also be presented to the Performance & Resources Committee.

## **9. INFORMATION GOVERNANCE KEY PERFORMANCE METRICS**

The Committee RECEIVED and NOTED the Information Governance Key Performance Metrics which would also be presented to the Experience, Quality & Safety Committee.

## **10. INFORMATION GOVERNANCE TOOLKIT TURN OUT REPORT**

The Committee RECEIVED and NOTED the Information Governance Toolkit Turn Out Report which would also be presented to the Experience, Quality & Safety Committee.

## **11. INFORMATION GOVERNANCE TOOLKIT IMPORVEMENT PLAN**

The Committee RECEIVED and NOTED the Information Governance Toolkit Improvement Plan which would also be presented to the Experience, Quality & Safety Committee.

## **12. AUDIT AND ASSURANCE PROGRAMME FOR THE PUTTING THINGS RIGHT PROGRAMME**

The Committee RECEIVED the report and recognised the links to the Clinical Quality Framework were acknowledged and the Committee recognised the challenges regarding Putting things Right. The Committee SUPPORTED the paper and recognised the further work and clear direction within the paper.

## **13. NWSPP: TRAMS REVENUE**

The Committee RECEIVED the item regarding the NWSSP programme business case that had been developed which proposed the creation of three regional hubs in South East, South West and North Wales, concentrating specialising resources and processes in order to improve efficiency and achieve regulatory compliance and service stability. The Committee APPROVED the TRAMS Revenue paper.

## **14. ANNUAL LEAVE PROVISION**

The Committee RECEIVED and NOTED the information regarding the calculation of provision that would be included within the Annual Accounts; the principles adopted by the health board in line with the All Wales approach and the details of the funding submission made in January to Welsh Government.

### **24<sup>TH</sup> February 2021**

## **1. PODIATRY SERVICES IN POWYS**

An update on the recommendations identified in the internal audit review undertaken in September 2019 following an outcome of limited assurance was provided. The Committee received an overview of the work undertaken following the engagement with key stakeholders of implementing a new model of safe and sustainable Podiatry services across Powys, the progress of the service redesign and feedback from clinicians. The Committee RECEIVED and NOTED the report and recognised that work was under way with further modernisation and broadening of services due to take place.

## **2. WORKFORCE POLICIES**

The Committee RECEIVED and NOTED the following Workforce policies:

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

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The Committee APPROVED the updated Working Time Regulations Policy and Procedure and Domestic Abuse and Sexual Violence Policy.

### **3. COMMUNITY CARDIOLOGY PROPOSAL – HCIG FUNDING 2021/2022**

The Committee RECEIVED the item which proposed a funding application to the Wales Heart Conditions Implementation Group for non-recurrent funding in 2021/22 for the development of a community cardiology service, including introduction of BNP or NTproBNP blood testing in primary care to reduce referrals to secondary care. It was noted that work was underway to determine the prevalence of use of BNP or NTproBNP blood test in Primary Care. Should the tests already be widely utilised this aspect of the bid may be withdrawn.

It was suggested that Cardiology is closely linked to frailty and the wider Powys clinical picture was highlighted. The Committee APPROVED the application for submission and it was AGREED that content regarding the frailty links would be included prior to submission.

### **4. REVIEW OF SENIOR DENTAL LEADERSHIP ROLE**

The Committee RECEIVED the item which recommended the alignment of the dental clinical leadership model to the medical clinical leadership model within the health board and the change in job title to Associate Dental Director. The Committee welcomed the paper and highlighted the importance of how clinical leaders operate across the organisation and across teams. The Committee SUPPORTED the introduction of additional sessions for the Associate Dental Director.

### **5. HEALTH AND SAFETY POLICIES**

The Committee RECEIVED and APPROVED the following health and safety policies:

- HSP006 Lone Working
- HSP007 Display Screen Equipment
- HSP012 Control of risk at work to young persons

### **6. AUDIT RECOMMENDATION TRACKING**

The Committee RECEIVED and NOTED an overview of the current position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit and External Audit (Audit Wales).

## **7. DEVELOPMENT AND IMPLEMENTATION OF THE INVESTMENTS BENEFITS GROUP**

The Committee RECEIVED the recommendation for the establishment of an Investments Benefits Group which would review and make a recommendation to the Executive Team on the cases requiring approval which would help to focus the value-based approach. The Committee highlighted the importance of clinical membership and APPROVED the establishment of the Group and AGREED that the Group would be reviewed in 6 months.

**10<sup>th</sup> March 2021**

### **1. VIOLENCE AGAINST WOMEN DOMESTIC AND SEXUAL VIOLENCE (VAWDASV) FUNDING**

The Committee was informed that in September 2020 the Committee had agreed a contribution of £12,500 to the funding of the VAWDASV Regional Advisor and Regional Co-Ordinator posts if central funding was not made available in 2021/22. External funding had now been secured and this contribution from the health board will not be required, and therefore the focus and request of this item was to further enhance the offer to the population of Powys.

Each statutory partner of the Mid and West Wales VAWDASV Board had been asked to consider making an equal financial contribution of £19,850 to improve the regional availability of perpetrator intervention programmes, to be delivered via service development projects in 2021/22. The programmes would support victims and survivors of abuse, tackle perpetrators, ensure professionals had the tools and knowledge to act, increase awareness of the issues and help children, young people and other vulnerable groups to understand inequality in relationships, and that abusive behaviour is always wrong. The Committee SUPPORTED the item and it was NOTED that funding sources such as ICF could be considered to support.

### **2. GRADUATE TRAINEE DEVELOPMENT UNDER THE REMIT OF THE REGIONAL PARTNERSHIP BOARD HEALTH AND CARE ACADEMY OF POWYS**

The Committee RECEIVED an overview of the Academi Wales General Management Graduate programme for Public Services. It was noted that health board already supported Health Education Improvement Wales (HEIW) NHS General Management Graduate Programme and NHS Wales Finance Academy Graduate programme which were more health sector focused.

The Committee SUPPORTED continued investment in the HEIW NHS General Management programme and the NHS Wales Finance Academy Graduate programme funded by Powys Teaching Health Board, alongside, further investment into the Academi Wales General Management Programme, working in a cluster with Powys County Council and third

sector subject to agreement by Powys County Council. This would increase the health board's Graduate offer and provide further reach into the Public and third sector element through placements into local authority and third sector.

### **3. INTENSIVE LEARNING ACADEMY**

The Committee was provided a presentation which provided an overview of the Intensive Learning Academy. It was recognised that the approach aligned well the health board's workforce futures and digital strategies and that the academy could support a whole range of projects, such as attend anywhere. The University of South Wales had developed the business case, and the health board had been asked to confirmed that they were partner in readiness for its submission on 19<sup>th</sup> March. Powys Teaching Health Board would be the pilot area for the initial project. The Committee WELCOMED the update.

### **4. CROSS BORDER BUSINESS CASE**

The Committee RECEIVED the joint business Case which had been developed in collaboration with NHS Wales Informatics Service (NWIS). The case highlighted six workstreams and recommendations to help improve cross border information flow and access to support safe and effective patient care.

The aim of the Business Case Justification (BJC) would be to:-

1. Improve Patient Treatment through the introduction of electronic processes.
2. Remove delays in Patient access to treatment through the introduction of electronic process.
3. Improve patient safety through the introduction of electronic processes.

The Committee APPROVED the business case.

### **5. DIGITAL FIRT UPDATE**

The Committee RECEIVED and NOTED the key developments made regarding Digital First.

### **6. PROGRESS REPORT FOR THE IMPLMENTATION OF THE ONCE FOR WALES CONCERNS MANAGEMENT SYSTEM**

The Committee was informed that based upon the most recent readiness assessment undertaken the implementation had not been as delayed as anticipated. The health board had continued to be respond to national requests regarding matter such as hierarchies, staff information and locations throughout the pandemic. It was therefore proposed that the system would be able to be launched in April 2021. A separate Patient Experience Module had also been offered to health board's as an optional addition, it was noted that business case was under development for consideration at a later date. The Committee APPROVED the launch date of Tuesday 13<sup>th</sup> April 2021.

## **7. SOCIOECONOMIC DUTY**

It was reported that an All Wales Equality Impact Assessment tool was due to be released by Welsh Government however it had been agreed to update the health board's existing policy as an interim measure. The approach had been trialled in Ystradgynlais Mass Vaccination and appeared fit for purpose for the interim period. The Committee SUPPORTED the updated approach.

## **8. CLINICAL POLICIES UPDATE**

The Committee RECEIVED and NOTED an update on the management of Clinical Policies and supporting processes.

## **9. SECTION 33 PAYMENT PLAN 2021/22**

The Committee was informed that historically there had been ongoing issues with delays in Section 33 payments. To address the issue the approach proposed that's standardised payments were made in Quarters 1, 2 and 3, with an adjustable payment made in Quarter 4 based upon performance. The Committee SUPPORTED the approach.

## **10. COUNTER FRAUD SERVICE LEVEL AGREEMENT**

The Committee was informed that Counter fraud Services in Powys are provided by Swansea Bay University Health Board (SBUHB), SBUHB also provides Counter Fraud support to Cwm Taf Morgannwg University Health Board (CTMUHB). It was noted that there had been a slight increase in cost for 2021/22 based upon a number of posts implemented in response to Audit Wales recommendation. The Committee SUPPORTED the Service Level Agreement.

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

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

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

- i. Annual Plan 2021/22

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

- i. Finance Performance Report, Month 10
- ii. Commissioning Assurance Framework Update
- iii. Annual Plan Minimum Dataset
- iv. Performance Dashboard

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

- i. Clinical Quality Framework, Implementation Plan Update
- ii. Community Service Group Quality Governance Reporting
- iii. Approach to assessing Harm from COVID-19
- iv. Serious Incidents and Concerns Report
- v. Regulatory Inspections Report
- vi. Pressure Ulcer Scrutiny Panel
- vii. Funded Nursing and Continuing Healthcare

### **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> April 2021.



Reporting Committee:	<b>Audit, Risk and Assurance Committee</b>
Committee Chair	Tony Thomas
Date of last meeting:	09 March 2021
Paper prepared by:	Head of Risk & Assurance

### KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk & Assurance Committee I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee when it met on 26 January 2021 and 9 March 2021. The confirmed minutes of the meeting held on 26 January 2021 can be found at: [Minutes of ARAC 26 January 2021](#).

The Committee considered the following reports at the January meeting:

- Application of Single Tender Waivers
- COVID-19 Decision Making & Financial Governance
- Audit Recommendation Tracking
- Losses and Special Payments Interim Report 2020-21
- Internal Audit Progress Update
- Internal Audit Reports, 2020-21:
  - Capital Systems (Substantial Assurance)
  - GP Access Standards (Substantial Assurance)
  - Partnership Governance (Limited Assurance)
- Counter Fraud Update
- Counter Fraud Proactive Exercise – Pre-Employment Checks
- External Audit Update, January 2021
- External Audit Annual Report 2020
- Committee Workplan 2020/21
- Revised Contract Procedures

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

- Internal Audit of Partnership Governance (Limited Assurance)
- 

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## COMMITTEE ACTION LOG

ARA/19/68: Executive Committee has approved a training programme for Investigating Officers with a core pool of officers established.  
The Committee AGREED that this action is to be closed.

ARA/19/115e (The management response in respect of the timeliness of signing of contract documentation will be picked up with the Director of Planning & Performance): It was proposed that this action is closed from the action tracker. Agenda item 3.4a provides the Committee with substantial assurance on capital systems. Any future issues would be addressed in individual audit reviews.  
The Committee AGREED that this action is to be closed.

ARA/19/115e (The management response in respect of the timeliness of signing of contract documentation will be picked up with the Director of Planning & Performance): This action has been identified as priority level 3 for implementation and will continue to be tracked via the audit recommendations process.

ARA/20/59: A Losses and Special Payments Report is scheduled on the agenda under item 3.3.  
The Committee AGREED that this action is to be closed.

ARA/20/64: To be arranged for March 2021.

ARA/20/82: Action transferred to the Experience, Quality & Safety Committee Action Log, as requested by ARA Committee (November 2020).

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## APPLICATION OF SINGLE TENDER WAIVER

The Committee received the following Single Tender Waivers for ratification made between 1 October 2020 and 31 December 2020.

Single Tender Reference	Request to waive QUOTE or TENDER threshold?	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective/ Retrospective	Appendix Ref
POW2021010	Quote	Anne Phillimore	Independent Investigation services	Time critical response required to Ombudsman requirement	04/11/2020	£6,600	To complete 1 assignment	Prospective	A1

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POW2021009	Tender	Oswestry Limited Liability Partnership	Healthcare service delivered on Health Board Premises	No NHS Provision available and clinical need	02/12/2020	£40,500	12 months	Prospective	A2
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The Committee RATIFIED the Single Tender Waiver.

## COVID-19 DECISION MAKING & FINANCIAL GOVERNANCE

The Committee APPROVED Update #5 of the Interim FCP, which outlines the operational processes overseen by the finance function in support of COVID-19 and outlined in 'FCP Interim Covid-19 Decision Making & Financial Governance'.

## AUDIT RECOMMENDATIONS TRACKING

The Committee RECEIVED an update on the reprioritised approach for the management of audit recommendations during the COVID-19 pandemic. Outstanding audit recommendations have been prioritised on the following basis:

Priority level 1	<ul style="list-style-type: none"> <li>Action(s) within the Winter Protection Plan are dependent on implementation of this recommendation</li> <li>Delivery of the Board's agreed Strategic Priorities are dependent on implementation of this recommendation</li> <li>High risk to patient or staff safety / wellbeing identified</li> <li>Prioritised Compliance with legal requirement / statutory duty identified</li> </ul>
Priority level 2	<ul style="list-style-type: none"> <li>Action(s) within the Winter Protection Plan are not supported by implementation of this recommendation</li> <li>Low risk to patient or staff safety / wellbeing identified</li> <li>Compliance with legal requirement / statutory duty identified</li> </ul>
Priority level 3	<ul style="list-style-type: none"> <li>Action(s) within the Winter Protection Plan are not supported by implementation of this recommendation</li> <li>No risk to patient or staff safety / wellbeing identified</li> <li>No legal / compliance issues identified</li> </ul>

Based on the re-prioritised approach, the overall summary position in respect of overdue audit recommendations is: -

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Overdue Internal Audit Recommendations					
	2017/18	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number	Number
Priority 1	0	0	2	1	3
Priority 2	5	2	19	0	26
Priority 3	1	0	13	0	14
Not Yet Prioritised	2	0	3	1	6
<b>TOTAL</b>	<b>8</b>	<b>2</b>	<b>37</b>	<b>2</b>	<b>49</b>

Overdue External Audit Recommendations				
	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number
Priority 1	0	0	0	0
Priority 2	2	1	4	7
Priority 3	1	0	2	3
Not Yet Prioritised	1	0	8	9
<b>TOTAL</b>	<b>4</b>	<b>1</b>	<b>14</b>	<b>19</b>

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## LOSSES AND SPECIAL PAYMENTS REPORT, INCLUDING BENCHMARKING

The Committee received an update on the following special payments for the period 1 April 2020 to 31 October 2020:

	No. of payments/Receipts	No. of cases	£
Clinical Negligence / Personal Injury (Payment)	9	5	£155,570.00
Redress Payments	9	6	£6,670.00
Other Special Payments	2	2	£727.92

The Committee RECEIVED and NOTED the Loss and Special Payments Report.

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## INTERNAL AUDIT PROGRESS UPDATE

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

Number of audits finalised	10
Number of audits issued at draft	1
Number of audits in progress	5
Number of audits not started	4
Year-end reporting	2
<b>Total number of audits in 2020/21 plan</b>	<b>22</b>

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The Committee RECEIVED and NOTED the update.

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**INTERNAL AUDIT REPORTS, 2020-21:**

**a) CAPITAL SYSTEMS (SUBSTANTIAL ASSURANCE)**

The review identified four low rated recommendations.

**b) GP ACCESS STANDARDS (SUBSTANTIAL ASSURANCE)**

The review identified one low rated recommendation.

**c) PARTNERSHIP GOVERNANCE (LIMITED ASSURANCE)**

The review identified three high, one medium and one low rated recommendations.

The Committee RECEIVED and NOTED the updates.

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**COUNTER FRAUD UPDATE**

Resource has been utilised in line with the four Strategic Areas aligned to NHS Counter Fraud Standards as of 31st December 2020 as follows:

Strategic Area	Resource Allocated	Resource Used
Strategic Governance	25	24
Inform and Involve	40	22
Prevent and Deter	57	37
Hold to Account	106	31
TOTAL	228	114

The Committee RECEIVED and NOTED the Counter Fraud Update.

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**COUNTER FRAUD PROACTIVE EXERCISE – PRE-EMPLOYMENT CHECKS**

The Committee received a report in relation to an exercise completed by Counter Fraud to review pre-Employment Check arrangements. In response to an identified risk, an exercise was undertaken to seek assurance that agency staff supplied to the health board have had the relevant pre-employment checks completed and recorded in line with the contract specification for the supply of

Registered Agency Nurses, Midwives and Health Visitors, Healthcare Assistants and Operating Department Practitioners to Health Boards and Trusts in Wales. The process of conducting and retaining pre-employment checks is complied with by agencies, as well as the Health Board itself in relation to substantive staff. However, there are concerns around potential bad practice with regards to verification of qualifications/certificates and regular DBS checks. This matter is to be followed up, with an update provided to the next Committee meeting.

The Committee RECEIVED and NOTED the Counter Fraud Update.

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### EXTERNAL AUDIT UPDATE

The following audit work is currently underway: -

Topic	Executive Lead	Focus of the work	Current status
Orthopaedic services – follow up	Medical Director	This review will examine the progress made in response to 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.	Report being drafted
Review of the Welsh Health Specialised Services Committee (WHSSC)	Chief Executive Officer	WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales. This work will use aspects of our structured assessment methodology to examine the governance arrangements of WHSSC. Our findings will be summarised into a single national report.	Report drafting
Test, Track and Protect	Director of Public Health	In response to the Covid-19 pandemic, this work will take the form of an overview of the whole system governance arrangements for Test, Track and Protect, and of the Local Covid-19 Prevention and Response Plans for each part of Wales.	Clearance process; publication expected February 2021
Quality Governance	Director of Nursing	This work will allow us to undertake a more detailed examination of factors underpinning quality governance such as strategy, structures and processes, information flows, and reporting. This work follows our joint review of Cwm Taf Morgannwg UHB and as a result of findings of previous structured assessment work across Wales which has pointed to various challenges with quality governance arrangements.	Set-up meeting held

The Committee RECEIVED and NOTED the External Audit Update.

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## **EXTERNAL AUDIT ANNUAL REPORT**

The Committee received the findings from the 2020 audit work at the health board, undertaken to fulfil the Auditor General responsibilities under the Public Audit (Wales) Act 2004. This is included on the agenda of the board's meeting.

The Committee RECEIVED and NOTED the External Audit Annual Report.

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

The Committee RECEIVED and NOTED the Committee Work Programme.

The Committee considered the following reports at the March meeting:

- Application of Single Tender Waivers
- Approach to 2020/21 Annual Accounts
- Audit Recommendation Tracking
- Internal Audit Progress Update
- Internal Audit Report, 2020-21:
  - IMT Control and Risk Assessment (Not Rated)
- Internal Audit Plan 2021/22
- External Audit Update, March 2021
- External Audit Plan 2021/22
- Counter Fraud Work Plan 2021/22

## **COMMITTEE ACTION LOG**

ARA/19/115e (The management response in respect of the timeliness of signing of contract documentation will be picked up with the Director of Planning & Performance): This action has been identified as priority level 3 for implementation and will continue to be tracked via the audit recommendations process.

ARA/20/64: To be arranged for March 2021.

ARA/20/82: Action closed.

## **APPLICATION OF SINGLE TENDER WAIVER**

The Committee received the following Single Tender Waivers for ratification made between 1 January 2021 and 28 February 2021.

Single Tender Reference	Request to waive QUOTE or TENDER threshold?	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective/ Retrospective	Appendix Ref
POW2021011	Tender	Parkway Clinic	Dental Surgical Interventions for Children and Young Adults	No NHS Provision available and clinical need	20/01/2021	£30,000	1 year	Prospective	A1
POW2021012	Quote	Nanosonics	Equipment Maintenance	Sole Supplier	03/02/2021	£8,448	1 year	Prospective	A2
POW2021013	Tender	My Dentist	Out of Hours Emergency Dental Service Llandrindod and Newtown	Service continuation in advance of tender	03/02/2021	£74,382	1 year	Prospective	A3
POW2021015	Quote	Consultation Institute	Expert Support advice and Learning to develop service change	Assessed on individual case basis due to Covid pandemic in line with PPN 01/20	10/02/2021	£12,500	1 year	Prospective	A4
POW2021017	Quote	Tllichim Llanfyllin Dental Practice	Emergency and New Dental patient access for North Powys	Service continuation in advance of tender	10/02/2021	£16,163	1 year	Prospective	A5
POW2021018	Tender	E G Davies Machynlleth	Personal Dental Service Contract with focus on vulnerable high needs children	Service continuation in advance of tender	10/02/2021	£28,615	1 year	Prospective	A6

The Committee RATIFIED the Single Tender Waivers.

## APPROACH TO 2020-21 ANNUAL ACCOUNTS

The Committee received the approach and principles to be adopted for completion of the 2020-21 Annual Accounts together with the planned approach to key financial areas.

The Committee APPROVED the paper as presented.

## AUDIT RECOMMENDATIONS TRACKING

The Committee RECEIVED a progress update on the implementation of outstanding audit recommendations. The overall summary position in respect of overdue audit recommendations is: -



Overdue Internal Audit Recommendations					
	2017/18	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number	Number
Priority 1	0	0	0	3	3
Priority 2	5	2	19	0	26
Priority 3	1	0	13	0	14
Not Yet Prioritised	0	0	3	2	5
<b>TOTAL</b>	<b>6</b>	<b>2</b>	<b>35</b>	<b>5</b>	<b>48</b>

Overdue External Audit Recommendations				
	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number
Priority 1	0	0	0	0
Priority 2	2	1	4	7
Priority 3	1	1	2	4
Not Yet Prioritised	1	0	7	8
<b>TOTAL</b>	<b>4</b>	<b>2</b>	<b>13</b>	<b>19</b>

## INTERNAL AUDIT PROGRESS UPDATE

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

Number of audits finalised	11
Number of audits issued at draft	0
Number of audits in progress	9
Number of audits not started	0
Year-end reporting	2
<b>Total number of audits in 2020/21 plan</b>	<b>22</b>

## INTERNAL AUDIT REPORTS, 2020-21:

### a) IM&T CONTROL AND RISK ASSESSMENT (NOT RATED)

As this was a baseline review there were no recommendations identified. The committee could not take assurance from the report in its current form, and requested that a revised report is issued and presented by IT colleagues from Internal Audit at the next meeting.

## INTERNAL AUDIT PLAN 2021-22

The Committee RECEIVED and NOTED the Internal Audit Plan.

## EXTERNAL AUDIT UPDATE

The following audit work is currently underway: -

Topic	Executive Lead	Focus of the work	Current status
Orthopaedic services – follow up	Medical Director	This review will examine the progress made in response to 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.	Report being drafted
Review of the Welsh Health Specialised Services Committee (WHSSC)	Chief Executive Officer	WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales. This work will use aspects of our structured assessment methodology to examine the governance arrangements of WHSSC. Our findings will be summarised into a single national report.	Report in clearance
Test, Trace and Protect	Director of Public Health	In response to the Covid-19 pandemic, this work will take the form of an overview of the whole system governance arrangements for Test, Track and Protect, and of the Local Covid-19 Prevention and Response Plans for each part of Wales.	Report in clearance and due for national publication on 18 March
Quality Governance	Director of Nursing	This work will allow us to undertake a more detailed examination of factors underpinning quality governance such as strategy, structures and processes, information flows, and reporting. This work follows our joint review of Cwm Taf Morgannwg UHB and as a result of findings of previous structured assessment work across Wales which has pointed to various challenges with quality governance arrangements.	Set-up underway
Structured Assessment	Chief Executive	This work will continue to reflect the ongoing arrangements of NHS bodies in response to the COVID-19 emergency. The work will be undertaken in two phases. Phase 1 will review the effectiveness of operational planning arrangements to help NHS bodies continue to respond to the challenges of the pandemic and to recover and restart services. Phase 2 will examine how well NHS bodies are embedding sound arrangements for corporate governance and financial management, drawing on lessons learnt from the initial response to the pandemic.	Fieldwork underway – Phase 1 Phase 2 due to start in May 2021

Vaccination rollout		This fact-based review will provide a high-level overview on key aspects relating to the administration, planning and approach for the rollout of vaccinations in Wales. This review will not seek to investigate detailed arrangements within health bodies.	Fieldwork underway
<p>-----</p> <p><b>EXTERNAL AUDIT PLAN 2021-22</b></p> <p>Given the on-going uncertainties around the impact of COVID-19 on the sector, some timings may need to be revisited.</p> <p>The Committee RECEIVED and NOTED the External Audit Plan 2021/22.</p> <p>-----</p> <p><b>COUNTER FRAUD WORKPLAN 2021-22</b></p> <p>The Committee RECEIVED and NOTED the Counter Fraud Work Plan 2021-22.</p>			
<b>ITEMS FOR ESCALATION TO THE BOARD</b>			
<ul style="list-style-type: none"> <li>Internal Audit of Partnership Governance (Limited Assurance)</li> </ul>			
<b>NEXT MEETING</b>			
The next meeting of ARA will be held on 29 April 2021.			

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Reporting Committee:	<b>Charitable Funds Committee</b>
Committee Chair	Vivienne Harpwood
Date of meeting:	4 March 2021
Paper prepared by:	Charity Manager

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

The confirmed minutes of the previous meeting of the Charitable Funds Committee held on 3 December 2020 can be found on the PTHB website via the following link: [PTHB | Charitable Funds Committee \(wales.nhs.uk\)](https://www.wales.nhs.uk/pthb/charitable-funds-committee).

The Charitable Funds Committee last met on 4 March 2021. This Committee meeting was chaired by Vivienne Harpwood.

At that meeting the matters discussed were:

- Applications to General Funds (for Approval)
- COVID Response Fund
- Marketing Charity Brand Development Proposal
- Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)
- Charity Activity & Income Report
- Charitable Funds Financial Summary Report
- Review of Charitable Funds Delegation Levels
- Terms & Conditions for Grant Holders
- Investment Managers Update Report

There was also an additional in-committee item that was discussed by the committee:

- Legacy property deed of trust and conveyance documentation

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## **Applications to General Funds (for Approval)**

The Committee APPROVED the following Bids seeking approval from Charitable Funds:

- Horizon arts and mental health project - £35,000
- Research midwife post - £19,000
- Additional wellbeing support sessions for staff - £10,000
- ICJ books on prescription - £2,500

The Horizon project was APPROVED in principal, on the basis of some small adjustments to the proposal terms and receiving support from the wider Executive Committee.

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## **COVID Response Fund**

The Committee RECEIVED the applications to the COVID response fund which had been previously APPROVED by the COVID-19 Gold Group under delegated authority with a combined value of £13,456.

The Committee RATIFIED the applications to the COVID response fund.

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## **Charity Brand Development Work Proposal**

The Committee RECEIVED the brand development work proposal which outlined a strategy and workplan from Cowshed marketing to support the Charity with the creation of its new brand identity.

The Committee SUPPORTED the vision of the proposal but requested greater clarity on the project outputs before providing a final approval. The proposal will return to the Committee for a remote decision prior to the next Committee meeting.

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## **Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)**

The Committee RECEIVED the expenditure approved under the £10k delegated authority limit between November 2020 and January 2021, which amounted to £9,197.

The Committee RATIFIED the expenditure.

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**The following Items were presented for Discussion:**

- **Charity Activity & Income Report**

The Charity Manager provided an overview of recent activity and noted a focus on expanding third sector relationships, an upcoming comprehensive review of the Charity's governance, in addition to recent press coverage celebrating the impact of Sir Captain Tom Moore's fundraising efforts in conjunction with other NHS charities. The Charity Manager agreed to create a health board-wide thank you for the late Captain Sir Tom's family, who have a historic connection to Powys.

The Committee RECEIVED the report and NOTED the progress that had been made.

- **Charitable Funds Financial Summary**

The Committee RECEIVED the Income Report for the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> December 2020. It was noted that expenditure in quarter one was high, but this was reduced in quarter two and three, this was a result of the position of the health board during those periods. It was noted that these periods were lower because of the COVID-19 pandemic.

- **Review of Charitable Funds Delegation Levels**

The Committee RECEIVED the information on the Charitable Funds delegation levels with three distinct strands of delegation between local funds, the COVID response fund, and General Funds. It was NOTED that it was important to ensure there is a balance between enabling access to Charitable Funds but also ensuring there is appropriate governance. The Committee agreed to continue to review the delegation levels on an annual basis.

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**The following Items were presented for Information:**

- **Terms and Conditions for Grant Holders**

The Committee RECEIVED the new terms and conditions document for all grant holders and NOTED that additional information about project exit strategies would also be helpful for applicants during the initial application process.

- **Investment Manager's Report**

The Committee RECEIVED the update report from Brewin Dolphin which covered the period to the end of December 2020. The report indicated that the Charity's investment had grown by £400,000 in less than 12 months.

**The following was presented as an In-Committee item:**

- **Legacy property deed of trust and conveyance documentation**

The Committee RECEIVED the latest updates on a property which has been part left to the Charity as a legacy and remains a long-term investment for the charity. The Committee AGREED for the Deed of Trust and Conveyance documents, which have been developed with the support of legal and risk services, for final signature and approval.

**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD**

- **Horizon Arts and Mental Health Project**

This project, approved by the Committee (and supported by the Executive Committee), is a collaborative project between the health board, council and third sector organisations which aims to develop and demonstrate a successful framework to inform a potential Powys-wide 'Arts in Health' strategy. The project will act as a pilot to trial new methods of engaging with patients and communities, with the evaluation shaping the framework. It is hoped that the results of the project will be considered by the participating organisations and lead to a new cross-sector strategy being adopted in Powys.

- **Charity Brand Development Proposal**

The proposal presented to the Committee outlines the anticipated direction for the creation and implementation of a unique brand for the Charity. This will encompass visual designs such as logos and straplines, in addition to tone and messaging. All of this will inform future marketing, communications and fundraising campaigns.

If supported, the proposal will see a Consultancy work alongside the Charity Manager to develop guidelines for the brand based on research from existing NHS charities in Wales, feedback from the Charity's audiences and input from the Committee and PTHB staff.

- **Appointment of Charity Administration Support Officer**

Following the decision of the Committee to approve the introduction of a new permanent staff member for the Charity in December, a successful candidate was recruited in February 2021. Shania Jones will start in the Charity Administration Support Officer role from April/May. Joining from the Corporate Governance team, she brings valuable experience of existing PTHB governance operations and previous roles in the third sector. This additional support will greatly expand the scope and potential of the Charity as it aims to introduce and embed its new brand in 2021.

- **Additional COVID Response Funding from NHS Charities Together**

A total of £99,500 in COVID Response Funding had been awarded to the PTHB Charity as of December 2020 from NHS Charities Together. Following the December Committee Meeting this funding was entirely allocated, with the Charity meeting its target of allocating the entire funding in the 2020 calendar year.

An additional allocation to the above of £50,000 for internal PTHB projects was given to the Charity in January 2021. The Charity will aim to utilise the entirety of this funding in 2021 in the same manner as the previous allocations.

The Charity is also collaborating with the Regional Partnership Board in order to develop a strategic response to COVID in partnership with local government and the third sector. The Charity is working to implement a long-term COVID-19 community recovery programme (beginning from April 2021 and lasting for two years) to support the development of local projects with a separate designated pot of funding from NHS Charities Together.

## **NEXT MEETING**

2 June 2021





Reporting Committee:	<b>Experience, Quality and Safety Committee</b>
Committee Chair	Mel Davies
Date of last meeting:	04 February 2021
Paper prepared by:	Committee Secretary

## 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 4 February 2021.

The Board is asked to note that the following matters were discussed at EQS on 4 February 2021.

- Review of Action Log
- Serious Incidents and Concerns Report
- Inspections and External Bodies Report
- Mortality Report
- Safeguarding Update
- Covid-19 Incident Management Report
- Maternity Services Priorities
- CAF Escalation Report & SaTH Update

### Action Log

The Committee received the action log and the following updates were provided.

ARA/20/82 – Transferred from Audit, Risk and Assurance Committee. Internal Audit Report: Fire Safety (Limited Assurance). A follow-up report to be presented to the Experience, Quality and Safety Committee.

EQS 19/22 – The Hazels (Community Mental Health) Llandrindod Wells – application to reconfigure/refurbish submitted to Welsh Government as part of the Llandrindod Hospital Programme Business Case. £50k discretionary capital allocated for immediate repairs subject to Board

approval.

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

The Director of Nursing and Midwifery presented the previously circulated report to the committee. The Audiology Department recorded the highest number of compliments which was a result of the proactive approach to gaining patient experience feedback.

It was noted that the formal and informal complaints are within the Welsh Government target however, improvement is needed. The performance for responding to formal complaints was within the margin of 40-50%.

In relation to Patient Safety Solutions a senior member of staff has been appointed to oversee a move to compliance in this area.

The committee DISCUSSED and NOTED the Serious Incidents and Concerns Report.

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

The Director of Nursing and Midwifery presented the report informing Committee of the outcome of regulatory inspections that had taken place during this period and outlining the progress of the actions that were taken forward as part of the inspection process against the Health Inspectorate Wales (HIW) tracker.

The committee DISCUSSED and NOTED the Inspections and External Bodies Report.

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### **Mortality Report**

The Assistant Medical Director presented the Mortality Report on behalf of the Medical Director outlining the changes that had been made to strengthen the mortality review process.

Prior to these changes there was a good practice of stage one reviews being undertaken. Stage two reviews had not been systematised therefore, the Medical Director initiated an action in order to begin the process.

The committee DISCUSSED and NOTED the Mortality Report.

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## Safeguarding Update

The Director of Nursing and Midwifery presented the safeguarding update. The report gave the committee assurance regarding the way in which safeguarding and public protection had been handled during the COVID-19 pandemic.

The Director of Nursing and Midwifery advised that safeguarding had remained a key priority throughout the COVID-19 pandemic.

The report included examples of developments of progress made regarding how matters were addressed within Powys, and advised of the next steps that to be taken for improvements surrounding the safeguarding agenda.

The committee DISCUSSED and NOTED the Safeguarding Update.

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## COVID-19 Incident Management Report

The Director of Public Health presented the paper which highlighted the appropriate operation and effectiveness of the local outbreak management response in regards to the COVID-19 pandemic.

The Communicable Disease Outbreak Plan for Wales (2020), was the approved plan by the Welsh Government, NHS Wales and the Directors for Public Protection for dealing with an outbreak and the immediate response. An addendum was added in the last six months concerning the management of outbreaks in a hospital setting.

There are two Incident Management Team (IMTs) structures which are interlinked with an overarching multi-agency Incident Management Team, that includes colleagues from Police, local authority and Public Health Wales, and includes cross border colleagues where necessary.

The committee DISCUSSED and NOTED the Covid-19 Incident Management Update Report.

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## Maternity Services Priorities

The Head of Midwifery and Sexual Health presented the report to the committee. The report highlighted the findings and recommendations from the Ockenden Report of Maternity services published in December 2020, which aligned to the Health Inspectorate Wales (HIW) National Report for Maternity Services published January 2021.

Jones, Sheryl  
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The purpose of the report was to provide an overview of the themes and messages that emerged, which informed key priorities to develop Powys' Maternity Services Improvement Plan and the Assurance Framework for Commissioned Services.

The committee DISCUSSED and NOTED the Maternity Service Priorities paper.

### CAF Escalation Report & SaTH Update

The Assistant Director of Commissioning Development presented the CAF Escalation Report and SaTH Update advising that the report highlighted the providers that are currently in Special Measures or scored a level four following January 2021 Powys Teaching Health Board Internal Commissioning Assurance Meeting (ICAM).

The committee DISCUSSED and NOTED the CAF Escalation Report & SaTH Update.

### NEXT MEETING

The next meeting of EQS will be held on 15 April 2021.



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Reporting Committee:	<b>Performance &amp; Resources Committee</b>
Committee Chair	Mark Taylor
Date of last meeting:	22 February 2021
Paper prepared by:	Head of Risk and Assurance

### KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Committee has met on one occasion since the last Performance & Resources Committee Chair's Assurance Report was presented to the Board. The Committee met on 22 February 2021.

The approved minutes of the meeting of Performance & Resources Committee (P&R) held on 6 October 2020 have been published on the PTHB website.

The Board is asked to note that the following matters were discussed at P&R on 22 February 2021:

- Financial Performance
  - Month 10,2020/21
  - Delivery of Annual Savings
- Workforce Performance Report
- Discretionary Capital Programme: Delivery Of 2020/21 – 2021/22 Plan and Draft 2021/22 – 2022/23 Plan
- Information Governance:
  - Key Performance Metrics
  - Ig Toolkit
- Commissioning Assurance Framework
- Committee Chair's Annual Report 2019/20

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

Jones, Shania  
03/25/2021 16:07:48



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**Monday 22 February 2021**  
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## **FINANCIAL PERFORMANCE:**

- **MONTH 10,2020/21**
- **DELIVERY OF ANNUAL SAVINGS**

The Committee received a report of the Director of Finance which provided an overview of financial performance at Month 10. The Committee discussed the report and noted that:

- The health board was reporting an under spend at month 10 for FY 2020/21 of £0.045M.
- The Financial Forecast to 31<sup>st</sup> March was to maintain a balanced plan based on assumptions detailed within the paper.
- The Plan is based on the health board remaining within the funding envelop provided by Welsh Government for Covid-19.
- The health board had an assumed £0.5M savings against the target of £5.6M. The £5.1M shortfall was being met from the £15.5M Covid funding from Welsh Government. The Committee noted that any further deterioration would impact on the funding available to support Surge and the baseline winter plan.
- PTHB had a Capital Resource Limit of £3.6M and had spent £2.4M to date. £1.2m of the spend to date related to Covid-19 capital spend.

The Committee NOTED the performance as set out.

## **WORKFORCE PERFORMANCE REPORT**

The Committee received an update in relation to the staffing demands and the actions underway to mitigate a risk included on the Corporate Risk Register that: *the health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors.*

The Committee was advised that the health board continues to experience difficulties in recruiting to a number of clinical roles with Registered Nurse and Medical roles continuing to present a particular challenge. However, despite a turnover of 8% between April 2020 and February 2021, the health board has continued to see an increase in the number of employed clinical staff. Further, registered nurse vacancy levels within the wards has reduced with an overall vacancy deficit (excluding absence) of 28% in April 2020, reducing to 20% as of 31 January 2021.

The Committee was informed that despite this success, the health board continues to have a number of vacancies which are currently been

covered via Bank or Agency staffing, ensuring safe staffing levels are in place. With a limited pool of registered nurse staff available on the bank, this will likely continue to have an impact on the reliance on agency usage and subsequent spend.

The Committee was assured that the Workforce & OD team will continue to work with services to support targeted recruitment activity in the most challenging areas, including continued support to both the modelling and extensive recruitment and training activity required to continue to respond to the COVID 19 pandemic.

The paper outlined concluded that it was unlikely that the overall risk would be reduced in the near future and was therefore proposed that the risk was mitigated to a level that should be tolerated by the Board.

The Committee held detailed discussion regarding the paper and the concerns of members were noted with regard to the impact that this risk would have on achieving the board's priorities, should it materialise. There was a recognition that there was a need for a board level discussion regarding workforce sustainability and future models that were fit for purpose. It was agreed that this would therefore be discussed further with the board as part of planning for the year ahead when determining strategic priorities.

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## **DISCRETIONARY CAPITAL PROGRAMME:**

### **DELIVERY OF 2020/21 – 2021/22 PLAN AND DRAFT 2021/22 – 2022/23 PLAN**

The Committee received an update on the Discretionary Capital Programme for 2020/2021, including COVID-19 impacts and activity along with the current status report for major project activity and business cases.

The Committee was advised that the overall capital position had been affected by COVID-19 during the 2020/2021 financial year period, which had impacted on the progress of schemes, supplier and contractor costs, availability of materials and access to clinical areas to deliver projects. In addition, the department had experienced internal staff resource impacts, including availability of the Capital and Estates resource, who had been instrumental in supporting COVID-19 project activity, which had not been envisaged at the start of the 2020/2021 financial year.

The Committee was pleased to note, however, that the position, at Quarter 4 and looking forward to the 2021/2022 financial year, was



more positive, reflecting on achievements under significant pressures in the current financial year and acknowledging substantial funding opportunities moving forward.

The Committee was requested to consider and recommend to Board for approval the draft two-year Discretionary Capital Programme for 2021-2023 with detail included in the paper. The Committee AGREED that the Discretionary Capital Programme should be presented to the Board for formal approval.

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## INFORMATION GOVERNANCE:

### • KEY PERFORMANCE METRICS

The Committee received a summary of compliance against key information governance (IG) performance indicators for the reporting period was 1 September to 31 December 2020. There were no issues of concern that the Committee felt required further discussion or escalation.

The Committee NOTED the paper.

### • IG TOOLKIT

The Committee received a paper which outlined the health board's performance against the Welsh Information Governance (IG) Toolkit assessment for the period 2019-2020. During this submission the IG Toolkit was in Pilot Phase and the Covid-19 pandemic had meant key staff/services were not available to progress certain areas of work. An IG Toolkit Improvement Plan had been developed which highlighted those areas of work required to improve the current score and assurance level in readiness for the 2020-21 submission.

The Committee was pleased to note that progress had already been made during the current year to improve compliance in some of the areas identified within the Improvement Plan in preparation for the latest toolkit assessment (2020-2021). A number of categories in the next edition of the Toolkit had been updated in the system to reflect any agreed national changes, and additional content added as the pilot has progressed. These changes have ensured that the toolkit assessment aligns with the NHS Digital toolkit, and updated guidance from the ICO.

The Committee DISCUSSED and NOTED the paper.

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Jones Sian  
03/25/2021 16:07:48





## COMMISSIONING ASSURANCE FRAMEWORK

The Committee received a report which highlighted those providers in Special Measures (including Shrewsbury and Telford Hospitals NHS Trust) or scored as Level 4 under the PTHB Commissioning Assurance Framework. There were:

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

The report also provided an update in relation to:

- Shrewsbury and Telford Hospitals NHS Trust (SaTH), including the publication of the first Ockenden Report.
- Essential Services.
- The deteriorating position in relation to referral to treatment times (RTT) times and the programme of work needed for renewal and recovery.

In the period covered by this report the NHS had been responding to the second COVID-19 peak; winter; mass vaccination; and the EU exit.

The Committee DISCUSSED the paper and noted the importance of this context when discussing the board's planning ahead for 2021/22.

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## COMMITTEE CHAIR'S ANNUAL REPORT 2020/21

The Committee received the Chair's Annual Report for 2020/21. The Committee Chair thanked all members for work contributed and thanked the Executive Team for bringing through timely and accurate reports. This report is attached for the Board's information.

The Committee RECEIVED and DISSCUSSED the paper.



Committee Chairs  
Annual Report 2020-21

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## NEXT MEETING

The next meeting of P&R will be held on 6 May 2021.

Jones, Shania  
03/25/2021 16:07:48

**AGENDA ITEM: 3.6b**

BOARD MEETING		DATE OF MEETING: 31 March 2021	
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Carol Shillabeer, Chief Executive		
Prepared by:	Corporate Governance Manager		
Considered by Executive Committee on:	Not before paper submitted to the Board		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none"><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	

Jones Shania  
03/25/2021 16:00

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

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

## EXECUTIVE SUMMARY:

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

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

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

## DETAILED BACKGROUND AND ASSESSMENT:

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

The Welsh Health Specialised Services Committee held an extraordinary virtual meeting on 9 March 2021. The papers for the meeting are available at:

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

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

A meeting of the EASC took place on the 19 February 2021. The papers for the meeting will be made available at:

[Meetings and Papers - Emergency Ambulance Services Committee \(nhs.wales\)](#)

The Chair's Summary from this meeting is yet to be made available.

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

- Dates for these meetings during 2021 have not yet be listed.

#### **NEXT STEPS:**

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

Jones, Shania  
03/25/2021 16:00:00

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

The Welsh Health Specialised Services Committee held its latest public meeting on 9 March 2021. 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.

The papers for the meeting are available at:

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

### **Minutes of Previous Meetings**

The minutes of the meetings of 10 November and 15 December 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 Chair's Actions taken to approve proposals to utilise forecast underspend in 2020-21 and a Chair's Action taken to approve the conversion of a locum plastic consultant surgeon post in the South Wales Trauma Network to a substantive post, which were ratified.

In addition, the Chair reported that Ian Phillips has agreed to stand for a further two years as an Independent Member, in accordance with the WHSSC Standing Orders. His initial term expires on 31 March. The Chair recommended his re-appointment with effect from 1 April 2021 which was supported by members.

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

The Managing Director's report, including updates on the PET CT Programme Business Case and the revised WHSSC Risk Management Strategy, was taken as read.

In addition, an oral report was given on UHW2, explaining that, on 23 February, the CEO and representatives from CVUHB met with the WHSSC

Executive team to present an overview of their programme business case for the development of a new strategic model for services, including specialised services, in Cardiff including the redevelopment of hospital based services. The current proposal does not set a physical location for hospital services but rather the key elements of the service model. The CVUHB team emphasised that core to the development of the case has been partnership working with other Welsh providers and commissioners. In addition they emphasised the opportunities of strengthening and building upon academic partnerships and business partners in the field of biotechnology. Following on from the meeting the team from CVUHB have agreed to extend the scope of the engagement to NHSE providers where synergies may exist or be developed.

The WHSSC Executive team support the scope and approach to the development of the programme business case.

### **CAMHS Tier 4 Services**

Members received a paper that sought to inform them of the current Tier 4 CAMHS commissioning issues and risks. It also highlighted a number of wider pathway concerns that are having an impact on Tier 4 and the actions being proposed to address them.

A progress update will be provided to the May Joint Committee meeting.

Members (1) noted the current Tier 4 CAMHS commissioning issues affecting service delivery outlined in the report; and (2) supported the proposed actions to address these issues including the wider pathway concerns.

### **2.5 Disestablishment of the All Wales Posture and Mobility Partnership Board**

Members received a paper that provided a brief overview of the work that has been undertaken to improve the Posture and Mobility Service in Wales and sought support to disband the All Wales Posture and Mobility Service Partnership Board and its sub-groups with Stakeholder and Partnership Engagement events continuing twice yearly under 'business as usual' arrangements.

Members (1) noted the work undertaken by the Posture and Mobility Service and the Partnership Board; (2) supported the proposal to disband the All Wales Posture and Mobility Service Partnership Board along with the sub-groups; and (3) supported the recommendation to hold Stakeholder and Partnership Engagement events twice yearly.

### **Socio-economic Duty**

Members received a paper that briefed them on the new Socio-economic Duty that comes into effect from 31 March 2021 and the work done by the WHSS Team to prepare for compliance with the Duty.

Members noted the content of the report.

### **WHSSC Joint Committee Annual Business Cycle 2021-22**

Members received a paper that provided them with the Draft Joint Committee Annual Business Cycle 2021-22.

Members noted and supported the content of the report, including the schedule of meetings for 2021-22.

### **Integrated Commissioning Plan 2021-22 (ICP)**

Members received and supported the final version of the ICP that reflected the changes agreed by the Joint Committee on 16 February 2021.

### **Activity Report for Month 9 2020-21**

Members received a paper that highlighted the scale of the decrease in activity levels during the COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted the information presented in the report.

### **Financial Performance Report – Month 10 2020-21**

Members received a paper that set out the financial position for WHSSC for month 10 of 2020-21, including an under spend to Month 10 of £16.7m and a forecast under spend of £14.7m at the year end.

The under spend related mainly to months 1-10 underspend on the pass through elements of Welsh provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1 – Q3 2020-21 development slippage.

Members noted the current financial position and forecast year-end position.

### **Other reports**

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

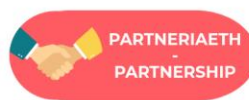
- Management Group;
- All Wales Individual Patient Funding Request Panel;



- Quality & Patient Safety Committee; and
- Integrated Governance Committee

### **South Wales Neonatal Transport**

Members received a letter from clinicians working in the south Wales Neonatal Transport Service expressing their concerns with the current proposal to commission a permanent 24/7 service based on a lead provider model. Members were advised that the WHSS Team had agreed the next steps in commissioning the service in discussion with C Shillabeer and the Director of the NHS Wales Health Collaborative, whereby a paper outlining the issues will be taken to the NHS Wales Health Collaborative Executive Group meeting on the 16 March 2021.



Jones, Shania  
03/25/2021 16:07:48

## AGENDA ITEM: 3.7

BOARD MEETING		DATE OF MEETING: 30 March 2021
<b>Subject :</b>	<b>SUMMARY OF PARTNERSHIP BOARD ACTIVITY</b>	
<b>Approved and Presented by:</b>	Carol Shillabeer, Chief Executive	
<b>Prepared by:</b>	Corporate Governance Manager	
<b>Considered by Executive Committee on:</b>	Not before paper submitted to the Board	
<b>Other Committees and meetings considered at:</b>	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

### PURPOSE:

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

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

### RECOMMENDATION(S):

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

Ratification	Discussion	Information
x	✓	x

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

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

## BACKGROUND AND ASSESSMENT:

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

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

- NWSSP held a meeting on 21 January 2021 and the Chair's Report from that meeting is attached at Item **Appendix 1**
- A further meeting was held on the 18 March 2021. The Chair's Report from that meeting will be brought to the next meeting of Board.

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

- No meetings of the PPSB have been held since the last meeting of Board.

Jones, Shania  
03/25/2021 16:07:46

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

- The RPB met on the 1 February 2021 where the following items were discussed:
  - Integrated Care Fund update
- The RPB met on the 23 March 2021 where the following items were discussed:
  - Research, Innovation and Improvement Hub delivery plan
  - RPB Investment Plan 2021-22
  - Integrated Care Fund update

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

- The JPB met on the 24 March 2021 where the following items were discussed:
  - Therapeutic Children's Home
  - Section 33 Agreements

## **NEXT STEPS:**

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

Jones, Shania  
03/25/2021 16:07:46

## 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>	21 January 2021
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<p>1. <b>Health Courier Services</b> – The Head of HCS updated the Committee on the significant challenges faced since March 2020. The service's response to the Pandemic has been exceptional, and the team adapted to the new ways of working and continued to supply, collect and distribute a significant amount of medical and non-medical supply/stock to NHS sites across Wales, whilst ensuring that the appropriate governance arrangements, and social distancing controls were in place. In an average year, approximately 60m items would be transported by HCS for NHS organisations. In 2020, that figure is more than 630m items, with 580m being PPE. The additional demand on the service has resulted in an increase of its workforce by 50%. At first, staff were sourced through external agencies, but were swiftly relocated to the NWSSP bank to reduce the costs. A major concern is fatigue and staff overall welfare, which needs to be managed carefully. The current vaccine rollout has brought many new challenges in terms of distribution and storage requirements. Security arrangements have been enhanced, whilst ensuring that the vaccine is kept in accordance with regulated storage requirements. HCS staff are included in the early vaccination programme roll-out. The Committee were united in their appreciation of the significant achievements of the HCS team</p> <p>2. <b>Planning Update</b> – The Director of Planning, Performance &amp; Informatics presented NWSSP's strategic plan to the Committee. In line with the current requirements from Welsh Government, this is a one-year plan, but one that blends the current operational focus with the longer-term objectives of NWSSP. The Ministerial priorities remain unchanged, but it reflects the current four harms - Harm from Covid itself, Harm from an overwhelmed NHS and Social Care system, Harm from reduced non-Covid activity, and finally harm from wider societal actions/lockdown. The Committee discussed and reviewed the outline plan. The Director will meet individual Committee members over the next few months to ensure that local strategic requirements are considered in developing the full plan. The final version of the plan will be reviewed and</p>	

signed off at the March Committee meeting prior to submission to Welsh Government.

3. **Managing Director's Report** – the main issues noted were:

- **IP5** - The facility has continued to provide NHS Wales a number of strategic benefits over the past 12 months. It has proved to be invaluable during the first and second waves of the COVID pandemic together with adding important resilience during the BREXIT preparations. The Minister has recently endorsed NWSSP proposals within the overall IP5 Programme Business Case and has also agreed to cover the additional recurring running costs. Work on the PHW laboratory is almost complete and final checks are being worked through. The SLA for the support to the UK Lighthouse Laboratory has been agreed and ownership will transfer to NHS Wales in approximately 18 – 24 months.
- **Transforming Access to Medicine** - The TRAMS Programme Business Case (PBC) has been endorsed by the Chief Pharmacists Group and subsequently approved at the November 2020 Committee for submission to Welsh Government, who subsequently had some queries which have now been addressed. In particular some changes had been made to the accounting treatment of project implementation and transition costs which had been discussed with Audit Wales. In addition even though the project would generate cumulative revenue savings, proposals have been developed to close the temporary non-recurring revenue funding gap in year 3 and 4. The PBC will now be presented to the Welsh Government Infrastructure Investment Board at the end of January 2021 for formal scrutiny as part of the government approval process.
- **Temporary Medicines Unit** - The TMU, established with Welsh Government funding in response to COVID-19, has now produced its first batches of product. This follows months of hard work by staff from across NHS Wales, including input from the NHS Wales national quality assurance lead, in supporting the creation of the Unit and in particular in the development of the operating model and quality management processes. This recently culminated in a rigorous inspection from the Medicines and Healthcare Products Regulatory Agency, resulting in the granting of a wholesale distribution license as well as a production license at IP5. We continue to work with our host, Velindre Trust, in developing the Quality and Safety Committee arrangements which the Committee signed off in September 2020.

The service will initially supply key medicines needed for Health Board critical care units in ready-to-use syringes. Capacity is for 2,600 syringes a week to be supplied, ensuring continuity of supply, and saving significant hours of nurse time to be redirected towards patient care, across all of Wales. The unit has also been involved in supporting the additional distribution of COVID vaccines and related consumable supplies, as part of the national contingency response. Welsh Government have also confirmed funding for the Unit for the next two years.

## Items Requiring SSPC Approval

4. **Digital Workforce Systems Scheduling** – The Committee received a proposal relating to the adoption of a Once for Wales e-scheduling system contract for District Nursing. This work is being taken forward at the request of Welsh Government and follows on from several successful pilots in Health Boards. The chosen e-scheduling system enables District Nursing teams to work more safely and efficiently, reducing non-clinical contact time and duplicate visits; and gave the opportunity to interface mileage usage to the Expense system, supporting more accurate payment of expenses with reduced administration. Funding has been made available by Welsh Government to support the national roll-out of the e-scheduling system, and the Committee were asked to support a single tender action to take this matter forward. It was proposed that NWSSP enter into a short-term contract, which will enable NHS Wales to explore the market further and to enter into a competitive procurement exercise, exploring additional efficiencies/service improvements through the development of a technical specification, and opportunities for further cost savings via economies of scale. The Committee **ENDORSED** this approach.
5. **Scan for Safety** – The Committee received a paper requesting approval of the full Business Case to be submitted to Welsh Government as at the end of January. Following some delays caused by COVID and a required change in the technical specification, the timescales for approving this project have been squeezed. The project will deliver improvements to patient safety through tracking of medical devices to ensure the right product is provided to the right patient and that products can, where required, be swiftly identified and recalled in the event of product safety alerts. Nine suppliers were approached to submit tenders for this service, and five have submitted formal bids, all of which are significantly less expensive than forecast. Following review, the Committee **APPROVED** the submission of the business case to Welsh Government.
6. **Once for Wales Concerns Management Database** – the Committee received and **APPROVED** the updated Terms of Reference for the Programme Board for this initiative which is being led by NWSSP on behalf of NHS Wales.
7. **Updated Standing Orders** – the Committee **APPROVED** the proposed changes to the NWSSP Standing Orders and Schedule of Delegation.

## Finance, Workforce and Governance Updates

8. **Project Management Office Update** – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the 30 different schemes being managed.
9. **Finance and Workforce Report** - As at Month 8, NWSSP are reporting a break-even position, with an underlying underspend position of £1.8m. Review of the forecast position has resulted in a declaration of a further distribution of £1.25m to NHS Wales. The Welsh Risk Pool forecast outturn remains at

£121m, with the continued expectation that £13.8m will be funded under the risk sharing agreement with contributions from health organisations. Staff sickness levels remain at a historically low level and most key performance indicators are on track.

10. **Corporate Risk Register** – there are three red risks on the register, all of which should either come off shortly or reduce in score. These relate to the replacement of two separate payments systems in Primary Care Services and working through the implications of the UK Government’s deal with the European Unit at the end of December.
11. **Gifts & Hospitality Report** – the Committee noted the annual report for 2019/20.
12. **Finance Monitoring Reports** – the Committee were provided with the monitoring returns for Months 7 and 8 for information.

#### **Matters requiring Board/Committee level consideration and/or approval**

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

#### **Matters referred to other Committees**

N/A

<b>Date of next meeting</b>	18 March 2021
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Jones, Shania  
03/25/2021 16:02:48



## AGENDA ITEM: 3.8

BOARD MEETING		DATE OF MEETING: 31 March 2021
<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

Jones Shania  
03/25/2021 16:07:48

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

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

**DETAILED BACKGROUND AND ASSESSMENT:**

**Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.**

**PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.**

**A meeting of the Local Partnership Forum took place on 18 March 2021. A summary of that meeting is attached at Appendix A. A short LPF Briefing took place on both the 14 January 2021 and 17 February 2021 following the Chief Executive Staff Briefing.**

**NEXT STEPS:**

The next update will be presented to the Board on 16 May 2021.

Jones, Shania  
03/25/2021 16:02:48

Board Committees: Joint  
Advisory Groups  
Local Partnership Forum

Page 3 of 3

Board Meeting  
31 March 2021  
Agenda Item 3.8

Reporting Committee:	<b>Local Partnership Forum</b>
Committee Chair	Jane Jones & Carol Shillabeer (Joint Chairs)
Date of last meeting:	18 March 2021
Paper prepared by:	Corporate Governance Manager

### KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 18 March 2021 the following matters were discussed:

- Review of Minutes - Matters Arising / Action Log
- Engagement on the proposed establishment of a vascular network for South East Wales
- Workforce Futures Update on Health and Care Academy
- Updates on:
  - Staff Survey
  - Kickstart scheme
- Oversight Group reports
  - Mass vaccination
  - Prevention and Response
- Annual Plan – Renewal and recovery
- New Ways of Working – Learning from the pandemic
- The Socioeconomic Duty
- Update reports
  - CEO
  - Finance – Month 10 2020/21
  - Digital
  - Staffing
- Work Programme

A summary of key issues discussed on 18 March 2021 is provided below.

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## **Matters Arising / Action Log**

The following actions were discussed at the LPF:

There were a number of actions within the action log which dated from before the pandemic and it would be necessary to take a detailed look and ensure that the actions remain appropriate in light of the developments over the last year.

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## **SOUTH EAST WALES VASULAR NETWORK**

The engagement arrangements for the proposed Vascular Network for South East Wales were presented with Members invited to take part in the engagement process should they wish to.

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## **WORKFORCE FUTURES UPDATE ON HEATH AND CARE ACADEMY**

A presentation was given on the progress on the programme together with the physical progress on the hub site and sources of funding that had been accessed. There had been a delay to the proposed opening date at Bronllys and it was now expected to take place mid-May.

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## **DIRECTOR OF WORKFORCE AND OD SUMMARY REPORT**

- Kickstart programme – launched in September 2020 to support 16-24 year olds claiming universal credit to access job placements with between 30 and 50 placements across the sector (PTHB, PCC and PAVO) starting in June 2021.
- The following policies had been approved:
  - HSP006 Lone Working
  - HSP007 Display Screen Equipment
  - HSP012 Control of risk at work to young persons
  - HSP013 Control of Substances Hazardous to Health (COSHH) Policy
  - HR048 Special Leave Policy
- Student Streamlining
- Senior Appointments at PTHB:

Marie Davies has been appointed as the Deputy Director of Nursing

Lucie Cornish started working with us on 6<sup>th</sup> January 2021 as the Assistant Director of Therapies & Health Science

Louise Turner, will start in April 2021 as the Assistant Director of Women & Children's Services

- Celebration of volunteers – will take place the first week in June with a focus on volunteers who have offered help and support during the pandemic
- Certificate of Appreciation
- Draft Social Partnership and Public Procurement (Wales) Bill – a deadline for consultation of 23 April 2021
- NHS Wales National Survey – PTHB had the highest response rate of 29% and whilst necessary learning was identified there were no areas of particular concern.
- Staywell SharePoint site – launched in December 2020 with numbers accessing the site gradually increasing
- Wellbeing funding through Charitable Funds and Unison – currently there is enough funding to continue support to April 2021. A bid has also been successful to support a Counselling service and monthly virtual wellbeing workshops

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## **STRATEGIC OVERSIGHT GROUPS**

### **MASS VACCINATION -**

- Over 72,000 vaccinations given at Mass Vaccination Centres and via Primary Care.
- 56,000 first doses given and 16,000 second doses given
- There have been challenges including problems with the booking system, staffing a sustainable model, complex cohorts and dealing with enquiries from residents
- On track to meeting the Mid April target for over 50s and all adults target of end of July

### **PREVENTION AND RESPONSE**

The main message was of the extent of the role and the strong partnership with PCC colleagues to operate test and trace but also

undertake an enforcement role. Lateral Flow Testing is being rolled out across schools and workplaces in the county.

## **ANNUAL PLAN – RENEWAL AND RECOVERY**

The items discussed today would form part of the work proposed in the annual plan which will set out both the ongoing work related to covid-19 but also the critical priorities identified as the country comes out of the pandemic. Welsh Government are expecting an interim plan as any plan will need to be implemented under a new Government after the May elections.

## **NEW WAYS OF WORKING – LEARNING FROM THE PANDEMIC**

The work on learning from the pandemic found common themes also expressed in the staff survey, the wellbeing survey and workforce futures and this would all tie into the annual plan.

## **SOCIOECONOMIC DUTY**

A presentation was given on the socioeconomic duty which would come into effect from 1 April 2021 and would be the subject of a Board report to the March Board.

### **Information Items**

LPF received updates for information on:

1. Chief Executives Report (oral)
2. Financial Performance Month 10 2020/21
3. Digital update
4. Staffing update

## **NEXT MEETING**

The next meeting of LPF will be a briefing due to be held on 14 April 2021